Wilkes University Curriculum Committee

PROPOSAL SUBMITTAL FORM

Directions:

- Use this set of forms for all proposals sent to the Curriculum Committee.
- Pages 1-3 of this document are required. Any unnecessary forms should be deleted from the packet before submissions. If multiple forms are needed (course addition, course deletion, etc), simply copy and paste additional forms into this packet.
- Note that all new programs (majors and minors), program eliminations, significant program revisions and all general education core revisions must be reviewed and approved by the Provost and Academic Planning Committee (APC) prior to submission to the Curriculum Committee. The Provost will make the decision if a program revision requires APC review.
- Completed and signed forms are due no later than the first Tuesday of every month. Submit one signed original hard copy and a scanned electronic copy with all signatures to the Chair of the Curriculum Committee.

1. Originator: Name: Mary Jane Miskovsky DNP CRNP NP-C
   Department: Graduate Nursing
   Phone and email: maryjane.miskovsky@wilkes.edu 408-3811

   Proposal Title: Advanced Health Assessment — (Incidental)

2. 

3. Check only one type of proposal: (double click on the appropriate check box and change default value to “checked”).

   - New Program. (Major or Minor Degree Programs). This requires prior review and approval by the Provost and APC.
   - Elimination of Program. (Major or Minor Degree Programs). This requires prior review and approval by the Provost and APC.
   - Program Revision. Significant revisions to a program require review and approval by the Provost. The Provost determines if review and approval by APC is necessary.
   - General Education Revision. Submissions only accepted from the General Education Committee (GEC). Must be reviewed and approved by the Provost.
   - Creation of new departments, elimination of existing department. This requires prior review and approval by the Provost and APC.
   - Course additions or deletions not affecting programs (such as elective courses, transition of “topics” courses to permanent courses).
   - Change in course credit or classroom hours.
   - X Incidental Changes. Includes changes in course/program title, course descriptions, and course prerequisites. (Although these changes do require approval by the Curriculum Committee, they do not go before the full faculty for approval).
4. Indicate the number of course modification forms that apply to this proposal:

- Course Addition Form (plus syllabi)
- Course Deletion Form
- X Course Change Form

5. Executive Summary of Proposal.
Briefly summarize this proposal. The breadth and depth of this executive summary should reflect the complexity and significance of the proposal. Include an overview of the proposal, background and reasoning behind the proposal and a description of how the proposal relates to the mission and strategic long-range plan of the unit and/or university. For incidental changes a one or two sentence explanation is adequate.

Course description is being changed to reflect the required residency for nurse practitioner students.

6. Other specific information. (Not applicable for incidental changes.)

What other programs, if any, will be affected by this proposal? Describe what resources are available for this proposal. Are they adequate? What would be the effect on the curriculum of all potentially affected programs if this proposal were adopted? Include any potential effects to the curriculum of current programs, departments and courses.

There are no other programs affected by this proposal. All resources are available and adequate for this proposal.

7. Program Outline. (Not applicable for incidental changes).
A semester-by-semester program outline as it would appear in the bulletin for a new program or any modified program with all changes clearly indicated.

This course will be for all those students entering the Nurse Educator or Nurse Executive program. This course will be offered in an 8 week semester.
8. Signatures and Recommendations. (please date)
   - Signatures of involved Department chair(s) and Dean(s) indicate agreement with the proposal and that adequate resources (library, faculty, technology) are available to support proposal.
   - If a potential signatory disagrees with a proposal he/she should write “I disagree with this proposal” and a signed statement should be attached to this submission.

Mary Ann Merrigan - Assoc. Dean
Print Name/Title: Mary Ann Merrigan
Department chair(s) of all potentially affected programs
Signature: Mary Ann Merrigan
Date: 4/15/14

Bernard Graham - Dean
Print Name/Title: Bernard Graham
Dean(s) of any potentially affected College/School.
Signature: Bernard Graham
Date: 4/15/14

Susan Hritzak
Print Name: Susan Hritzak
Registrar
Signature: Susan Hritzak
Date: 4/16/14

Print Name: ____________________________  Signature: ____________________________  Date: ____________________________
Provost (For new programs, significant revisions and revisions to the General Education Program revisions only).
   Provost should check here ___ if this proposal is a program revision AND the significance of the revision requires review and approval by APC prior to Curriculum Committee.

Print Name: ____________________________  Signature: ____________________________  Date: ____________________________
Chair, Academic Planning Committee.  For new programs, program revisions sent via the provost. Signature indicates that the proposal has been reviewed and approved by APC.

Print Name: ____________________________  Signature: ____________________________  Date: ____________________________
Chair, General Education Committee.  For revisions to General Education program only. (Signature indicates that the proposal has been approved by GEC).
Wilkes University Curriculum Committee  
COURSE CHANGE FORM

**Directions:** Use this form to change information relating to an existing course. Please note, changes to course number require separate course addition/deletion forms (not this form!). Only indicate changes that are proposed (existing and proposed), other fields should be left blank.

**Course Number:** NSG 500  
**Course Title:** Advanced Health Assessment

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Existing</th>
<th>Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Health Assessment</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Credit hours. (Indicate classroom, lab or “other” hours.)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Standing</td>
<td></td>
</tr>
<tr>
<td>This course presents an overview of the full and comprehensive health assessment of patients across the life span. Emphasis on multiple aspects of assessment including physical, functional, and mental health assessment along with transcultural variations, will prepare the student for advanced practice nursing. Students are given the opportunity to practice their assessment skills in a laboratory component.</td>
<td></td>
</tr>
<tr>
<td>This course presents an overview of the full and comprehensive health assessment of patients across the life span. Emphasis on multiple aspects of assessment including physical, functional, and mental health assessment along with transcultural variations, will prepare the student for advanced practice nursing. (Nurse Practitioner students are required to complete an onsite residency).</td>
<td></td>
</tr>
</tbody>
</table>

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1 Course descriptions provide an overview of the topics covered. If the course is offered on a scheduled basis, i.e. every other year, or only during a set semester, note this in the description. Course descriptions should be no more than two to three sentences in length.