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**1. Contact Person (Name, Email Address, Phone Number)**

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**2. Proposed starting term and Bulletin year for new course or modification to take effect**

Spring 2023 Bulletin 2022-2023...

**Instructions:**

Please complete all sections unless otherwise noted. For course modifications, sections with a "Modification requested?" prompt need not be completed if the answer is "No."

3.

	Current (Course Modifications Only)	Proposed (New or Modified) <i>(Indicate "N/A" if no modification)</i>
Prefix	NURS	N/A
Number*	871V	N/A
Title (include a short title that's 30 characters or fewer)	DNP ANESTHESIA PRACTICUM III	N/A
Description**	The course focus is anesthetic management KSAs in functionally incapacitated, moribund, and specialty surgery and anesthesia areas' patients (PS 3E, 4, & 5). Theoretical knowledge from basic sciences, evidence-based practice, safety and quality's frameworks is applied to practice. Restricted to DNP Nurse Anesthesia Program.	N/A

\* Confirm with the Registrar's Office that number chosen has not been used before and is available for use. For variable credit courses, indicate variable range. *Proposed number for experimental course is 9.*

\*\*Forty words or fewer (excepting prerequisites and other restrictions) as it should appear in the Bulletin.

**4. Proposed prerequisites and major restrictions [Modification requested? NO]**

(Indicate all prerequisites. If this course is restricted to a specific major, which major. If a student does not have the prerequisites or does not have the appropriate major, the student will not be allowed to register).

a. **Yes / No** Are there any prerequisites?

a. If yes, which ones?

Enter text...

b. Why or why not?

Enter text...

b. **Yes / No** Is this course restricted to a specific major?

a. If yes, which major?

**5. Proposed course frequency** **[Modification requested? NO]**  
(e.g. Fall, Spring, Summer; if irregularly offered, please indicate, "irregular.") *Not applicable to Graduate courses.*

**6. Proposed course type** **[Modification requested? NO]**  
Will this course be lecture only, lab only, lecture and lab, activity (e.g., physical education), dissertation/thesis, capstone, independent study, internship/practicum, seminar, special topics, or studio? Please choose one.

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**7. Proposed grade type** **[Modification requested? YES]**  
What is the grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental, or other [please elaborate])  
**PASS/FAIL REPLACED WITH LETTER GRADE**

**8. NO** Is this course dual-listed (undergraduate/graduate)?

**9. NO** Is this course cross-listed?  
*(If it is, all course entries must be identical including course descriptions. Submit appropriate documentation for requested changes. It is important to check the course description of an existing course when adding a new cross-listed course.)*

a. – If yes, please list the prefix and course number of the cross-listed course.

b. – **Yes / No** Can the cross-listed course be used to satisfy the prerequisite or degree requirements this course satisfies?

**10. NO** Is this course in support of a new program?

a. If yes, what program?

**11. NO** Will this course be a one-to-one equivalent to a deleted course or previous version of this course (please check with the Registrar if unsure)?

a. If yes, which course?

## Course Details

**12. Proposed outline** **[Modification requested? NO]**  
(The course outline should be topical by weeks and should be sufficient in detail to allow for judgment of the content of the course.)

**13. NO Proposed special features** **[Modification requested? NO]**  
(e.g. labs, exhibits, site visitations, etc.)

**14. NO Department staffing and classroom/lab resources NO**

Enter text...

- a. Will this require additional faculty, supplies, etc.?

Enter text...

**15. NO** Does this course require course fees?

*If yes: please attach the New Program Tuition and Fees form, which is available from the UCC website.*

## Justification

### Modification Justification (Course Modifications Only)

#### 16. Justification for Modification(s)

- 1.) These are high stakes courses and require a lot of time and preparation on the part of the student.
- 2.) This is a complete hands on learning clinical practicum in anesthesia areas of hospitals.
- 3.) Prior to the program becoming doctoral, all master's clinical practicums were a standard letter grade. There is no justification to change that standard that the program has held since its inception.
- 4.) A letter grade is more conducive to better communicate the level at which a student is performing in the clinical arena. A letter grade is a better indicator of who needs the most help and who is progressing at a higher level.
- 5.) It is easier to measure how a student is mastering program standards

### New Course Justification (New Courses Only)

#### 17. Justification for course. Must include:

- a. Academic rationale and goals for the course (skills or level of knowledge students can be expected to attain)

Enter text...

- b. How does the course fit with the mission of the department? If course is mandated by an accrediting or certifying agency, include the directive.

Enter text...

- c. Student population served.

Enter text...

- d. Rationale for the level of the course (lower, upper, or graduate).

Enter text...

## Assessment

### Assessment Plan Modifications (**Course Modifications Only**)

18. NO Do the proposed modifications result in a change to the assessment plan?

*If yes, please complete the Assessment section of the proposal*

## Bulletin Changes

### Instructions

Please visit <http://www.astate.edu/a/registrar/students/bulletins/index.dot> and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Please include a before (with changed areas highlighted) and after of all affected sections.

**THERE WILL BE NO CHANGES IN THE BULLETIN**

Paste bulletin pages here...