



Course Addition

Originator: Carole Grady

Department: Nursing

Replacement Course ID:

- 1. Course Title: **Family Health Concepts** Prefix & Num. **NURS 2530**
- 2. Pre-requisite(s): **Admission to the Dixie State College Associate Degree in Nursing Program** Instructor permission required: **Yes**
 Co-requisite(s):
 Class Hours/Week: *LEC: **5.00** *LBC w/cr: **0.00** *LNC w/no cr: **0.00** Credits: **5.00**
 Clinical: **0.00** Practicum: **0.00** Independent Study: **0.00**
- 3. Semester to be Implemented: **Spring, 2011** Day Extended Day Grade type **Regular**
- 4. Cost Code: **HEA 303** Lab Fee: Additional Fees: **250** Potential WLF: **5.00**
 Explanation of Fees: **Cost of ATI Testing package**
- 5. Is this course designed for a specific group? **Yes** Who? **Students admitted to the ADN program**
- 6. Catalog Description: Now in Print, or Proposed Below:
Second semester course. Further develops health and illness concepts within the three domains of the client, healthcare, and nursing. Emphasis is placed on the concepts of oxygenation, thermoregulation, sexuality, reproduction, infection, grief and loss, mood and affect, behavior, development, family, critical thinking, and nursing process. Course fee required. Prerequisites: Admission to the Dixie State College Associate Degree in Nursing Program.
- 7. Course justification (attach sheets if needed):
- 8. Are library resources adequate to support this change? **Yes** If not, how are those resources to be acquired?
- 9. Are technical and other resources available? **Yes** If not, how are those resources to be acquired?
- 10. Relationship to the curriculum: Would the course fill a G.E. requirement? **No** If yes, which G.E. area? **If it does not fill a G.E. requirement, would the course offer elective credit? Yes**
- 11. Transferability of the course: List comparable courses at other colleges and universities:

G.E.	Elective	Course Title	Credits	Prefix & Num.	Institution
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Family Health Nrs/Clinical	2	NURS1120/1130	CEU
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nrsg Care Children/Clinical	3	NSG1500/05	SLCC
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Maternal/Newborn/Clinical	2	NSG1400/05	SLCC

Approval Signatures:

Department Chair: *Carole Grady*

Date: *3/4/2010*

Associate Dean/Dean: *Victor Hasfurther*

Date: *3/4/2010*

Curriculum Chair: _____

Date: _____

Academic VP: _____

Date: _____