New Course Request

Indiana University
South Bend Campus

Check Appropriate Boxes: Undergraduate credit □  Graduate credit □  Professional credit □  95

1. School/Division: NURD/DNHP (CHSC)
2. Academic Subject Code: NURS

3. Course Number: P578 (must be cleared with University Enrollment Services)
4. Instructor: T. Dobryzynski

5. Course Title: Primary Health Care Nursing of Families
   Recommended Abbreviation (Optional): Primary Care of Families
   (Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): Fall, 2010

7. Credit Hours: Fixed at 5 or Variable from to

8. Is this course to be graded S-F (only)? Yes □  No □

9. Is variable title approval being requested? Yes □  No □

10. Course description (not to exceed 50 words) for Bulletin publication: This course enables the FNP student to develop a practice base for clinical decision-making in the assessment and management of health care of families. The course includes identification of health needs, nursing interventions for the prevention of illness, health promotion, and therapeutic interventions for selected clinical problems.

11. Lecture Contact Hours: Fixed at or Variable from to

12. Non-Lecture Contact Hours: Fixed at 25/week or Variable from to

13. Estimated enrollment: 15 of which 100 percent are expected to be graduate students.

14. Frequency of scheduling: 1/year Will this course be required for majors? Yes

15. Justification for new course: Required course for new MSN Family Nurse Practitioner major

16. Are the necessary reading materials currently available in the appropriate library? Yes

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by:

[Signature]
Department Chairman/Division Director Date 8/11/09

[Signature]
Dean of Graduate School (when required) Date 8/30/09

Approved by:

[Signature]
Dean Date 7/11/09

[Signature]
Chancellor/Vice-President Date 7/15/09

[Signature]
University Enrollment Services Date 7-27-09

Couse ID: 035999

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.