California State University, San Marcos

• AUTHORIZATION TO OFFER TOPICS COURSES FOR ACADEMIC CREDIT THROUGH EXTENDED STUDIES •

(Note: Extended Studies sections of topic classes for which the appropriate form E-T is not on file in the Office of Academic Programs will be removed from BANNER as periodic audits of course offerings are performed.)

Note: Any proposed topic can only be offered two times before being converted to a non-topics course. Academic Programs will assign the appropriate suffix and edit the topic description provided.

1. College of: CoEHHS 2. Center/Program/Department: Nursing

3. Instructor Susan Andera, PhD, RN
   (If more than one instructor will be teaching the course, list full name of the "instructor of record.")

4. Topic Abbreviation and Number: NURS 496-2 EX 10 5. Grading Method A-F

6. Term Spring 7. Year 2013 8. Variable Units* 4

9. Has this topic been offered previously? ___Yes ___No If yes, indicate term(s) _______Year

10. Topic Title: Practicum: Community-Oriented Nursing and Case Management

11. Topic Description: Note: This part can be skipped if answer to part 9 is "yes." (NOTE: Please provide detailed information about the topic. Please type. You may also attach the topic description on a separate sheet if you do not have enough space.

Clinical experience is provided by rotation through multiple community-oriented settings to include traditional public health, and home health, hospice, school, and other community practice settings that include acute care settings. Students perform population-focused nursing practice with identified high-risk or vulnerable populations. In acute care settings, the student identifies high-risk clients and initiates early discharge planning and implements nursing care management interventions. Prerequisites: NURS 320, 321. Simultaneous enrollment in NURS 440 and 442.

12. Does this topic have prerequisites? Yes – NURS 320 and NURS 321

13. Does this topic have co-requisites? Yes _NURS 440 and NURS 442

14. Does the topic require consent for enrollment? ___Yes ___No

Faculty ___Credentialed Analyst ___Dean _X Program/Center/Department - Director/Chair

15. Is topic crosslisted: ___Yes ___No If yes, indicate which course_____________and obtain signature in #18.

16. What resources are needed to offer this topic (including technology)?
   Smart classroom

17. Justification for offering this topic.

   This course has been revised and the School of Nursing would like to offer this course in Spring 2013 as the P2 and C2 forms for the revised course get reviewed by the UCC.

* Enter units only if this is a variable-units topic course.
18. Does this topic impact any other disciplines? Note: This number can be skipped if answer to part 9 is “yes.”

_____ Yes  X No  If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.

Discipline ___________________________  Signature ___________________________  Date ___________________________

Support _____ Oppose _____

Discipline ___________________________  Signature ___________________________  Date ___________________________

Support _____ Oppose _____

19. Location (if topic not offered at main campus)

________________________________________________________________________

20. Is this course being offered on-line?  _____ Yes  _____ No

21. Is this a contract topic?  _____ Yes  _____ No

22. Enrollment Limit

23. Requested Bldg/Room

Please call Extended Studies first to reserve the room.

Please note: A separate Form E-T must be submitted for each section offered.

SIGNATURES

1. Program/Center/Department – Director/Chair

   [Signature]

   12/11/12  Date

2. College Dean (or Designee)

   [Signature]

   12/12/12  Date

The academic credentials of the instructor listed above are known to the Program/Center/Department (either regular faculty, or adjunct faculty with a curriculum vitae on file in the Program/Center/Department Office). The instructor is qualified to deliver the topic as described in part 9 (or on a previous Form T or Form E-T in the case of a topic that has already been offered).

3. Dean of Extended Studies (or Designee)

   [Signature]

   12/13/12  Date

Completed form received in the Office of Extended Studies

4. Associate Vice President for Academic Affairs – Academic Programs

   [Signature]

   1/22/13  Date

For Academic Programs Use Only:  [Signature]  [Date]