

## APPLICATION FOR NEW COURSE

1. Submitted by College of Nursing Date 9/25/07

Department/Division offering course Undergraduate Nursing Program

2. Proposed designation and Bulletin description of this course

a. Prefix and Number NUR 875 b. Title\* Nur Care of Childbearing Families

\*NOTE: If the title is longer than 24 characters (including spaces), write  
A sensible title (not exceeding 24 characters) for use on transcripts \_\_\_\_\_

NUR care of Childrear Fam

c. Lecture/Discussion hours per week 2 d. Laboratory hours per week 6

e. Studio hours per week \_\_\_\_\_ f. Credits 4

g. Course description

This course is designed to provide classroom and clinical experiences to enable the student to provide continuity of nursing care for families during uncomplicated labor and delivery, postpartum and neonatal periods. Lecture 2 credits : clinical 2 credits (6 hrs per week).

h. Pre-requisite NUR 871, BCLS Certification, required immunizations, or consent of instructor.

Co-req. NUR 873.

i. May be repeated to a maximum of \_\_\_\_\_ (if applicable)

4. To be cross-listed as

\_\_\_\_\_  
Prefix and Number

\_\_\_\_\_  
Signature, Chairman, cross-listing department

5. Effective Date Fall 2008 (semester and year)

6. Course to be offered  Fall  Spring  Summer

7. Will the course be offered each year?  Yes  No  
(Explain if not annually)

8. Why is this course needed?

The current course NUR 873 (7 credits) does not provide sufficient time to cover the significant content areas in the Nursing Care of Childbearing Families (Obstetrics) and Childrearing Families (Pediatrics). Students consistently report in course evaluations, confusion in the two content areas when OB and Peds share lecture days. With the doubling of the nursing enrollment from 40 to 80 students each semester, it is increasingly more difficult to schedule OB and Peds clinical experiences when part of the same course.

9. a. By whom will the course be taught? Regular Faculty
- b. Are facilities for teaching the course now available?  Yes  No  
If not, what plans have been made for providing them?
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10. What enrollment may be reasonably anticipated? 80

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11. Will this course serve students in the Department primarily?  Yes  No
- Will it be of service to a significant number of students outside the Department?  Yes  No  
If so, explain.
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Will the course serve as a University Studies Program course?  Yes  No

If yes, under what Area? \_\_\_\_\_

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12. Check the category most applicable to this course
- traditional; offered in corresponding departments elsewhere;
- relatively new, now being widely established
- not yet to be found in many (or any) other universities

13. Is this course applicable to the requirements for at least one degree or certificate at the University of Kentucky?  Yes  No

14. Is this course part of a proposed new program:  Yes  No  
If yes, which?

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15. Will adding this course change the degree requirements in one or more programs?  Yes  No  
If yes, explain the change(s) below (NOTE – If “yes,” a program change form must also be submitted.)

This course is an additional requirement for the BSN Degree.

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16. Attach a list of the major teaching objectives of the proposed course and outline and/or reference list to be used.
18. If the course is 400G or 500 level, include syllabi or course statement showing differentiation for undergraduate and graduate students in assignments, grading criteria, and grading scales.  Check here if 400G-500.
19. Within the Department, who should be contacted for further information about the proposed course?

Name Dr. Patricia V. Burkhart, Director Phone Extension 323-6253  
Undergraduate Program

**APPLICATION FOR NEW COURSE**

**Signatures of Approval:**

*September 7, 2007 / Undergraduate Faculty*  
Date of Approval by Department Faculty

*Patricia V Burkhardt*  
Reported by Department Chair  
*Director Undergraduate Programs*  
*Jim Kusilj 10/15/07*  
Reported by College Dean

Date of Approval by College Faculty

Reported by Undergraduate Council Chair

\*Date of Approval by Undergraduate Council

Reported by Undergraduate Council Chair

\*Date of Approval by Graduate Council

Reported by Graduate Council Chair

\*Date of Approval by Health Care Colleges Council (HCCC)

Reported by HCCC Chair

\*Date of Approval by Senate Council

Reported by Senate Council Office

\*Date of Approval by University Senate

Reported by Senate Council Office

\*If applicable, as provided by the Rules of the University Senate