REAL Curriculum Program Alignment Proposal

Department or School	School of Nursing	Date: 5/5/2020
Degree type: ☐BS [□BA □BBA 図BSN □BM □BFA □BSW □Mino	or □Certificate
Program: Nursi	ng, "RN-to-BSN" or "Post Licensure"	
REAL Area Program De	signation Sought (check all that apply):	□R □E □A 図L
Dept/School Contact:	Dean Johnnie Sue Wijewardane, PhD, RN, FN	IP
BS/BA Requirements:	n/a	
 area covered. A A single major of unless all four R A single minor of Degree program All courses doct designated in the All courses that required to be to formally common degree program partnering departnering depart	gram that fulfills a REAL area must include at least 1 least 3 of these 9 credit hours must be at the 1 legree program may fulfill no more than three REAL areas are fulfilled by accreditation or licens or certificate degree program may fulfill no more may cover up to two REAL areas using a single umenting the coverage of a REAL area must fulfill at area. document fulfillment of a REAL area within a deaught by the department/school. However, depunicate with other departments about reliance of plans of study. Indicate this through signature artment or school in the areas below. It schools that seek to fulfill REAL areas must ack or those areas. Assessment of degree seeking study by the department or school offering the degree schools want to use a menu of courses to fulfictions below for each REAL area and include interesting the degree of options.	300 level or above REAL areas for any one student, sure requirements. e than two REAL areas. e prefix. ill all learning outcomes and be egree program of study are NOT partments/schools are expected to on and inclusion of courses in their of chair or director of the enowledge assessment sudents is required to be gree program. fill a particular area, please

By signing, the department/school acknowledges the above conditions and considerations:

Date:

Dept/School Signature

Official Program Description:

Admission:

- Option 1:
 - o Holds an Associate Degree or Diploma in Nursing from a State-approved program.
 - Holds an active Registered Nurse license with the Virginia Board of Nursing or a Nurse Licen
 another state and be eligible for licensure in the Commonwealth of Virginia.
 - o Has at least a 2.5 cumulative GPA on all nursing courses attempted and on all cumulative co
 - May pursue full-time or part-time studies

- Option 2:

- o Enrolled in an Associate of Applied Science Nursing Program in any VCCS school.
- o Completed at least one year of program.
- o Students admitted concurrently are limited to taking one course per term.
- o Has at least a 2.5 cumulative GPA on all nursing courses attempted and on all cumulative co

Program Outcomes-

The graduate of the baccalaureate program of Radford University School of Nursing:

- Integrate life-long learning strategies into professional nursing practice.
- Assume leadership role within complex healthcare systems to promote holistic health for diverse populations.
- Utilize evidenced-based processes in collaboration with other members of the healthcare team to improve nursing practice and health care outcomes.
- Utilize technology and information systems to enhance clinical decision making.
- Advocate for policies and legislation that promote a safe, affordable, patient-centered health care expenses.
- Utilize effective communication strategies to create a positive professional work environment.
- Collaborate in the design, implementation, and evaluation of a health promotion program.
- Exemplify the core values of nursing as a collaborative member of the health care team.
- Facilitate coordination of care within a variety of healthcare settings.

120 credit hours required for graduation including general education and nursing major requirements

- 30 credit hours minimum at Radford University
 - Ten 3 credit hour nursing courses
 - Students are required to complete
- All RN-to-BSN students will need to complete the following courses, or their transfer equivalencies, Anatomy/Physiology (equivalent to 8 total credit hours), Microbiology with lab, Statistics (this is a p Nutrition.

Curriculum:

REAL General Education Curriculum (students in this program will likely be bringing in more than 60 credit hadditional nursing requirements will map to cover R and A and students will need an additional course to codepartment will allow nursing courses from regionally accredited programs to transfer in as NURS 1ELE in the

NURS 400 RN Strategies for Professional Nursing (3)

NURS 401 RN Theoretical Foundations of Nursing (3)

NURS 402 RN Healthcare Informatics and Technology (3)

NURS 403 RN Healthcare Policy (3)

NURS 404 RN Community Health Nursing (3)

NURS 405 RN Gerontological Nursing (3)

NURS 406 RN Holistic Nursing Practice (3)

NURS 407 RN Leadership and Management (3)

NURS 408 RN Nursing Research and Evidence Based Practice (3)

NURS 409 RN Interprofessional Clinical and Capstone (3)

SCIENTIFIC AND QUANTITATIVE REASONING

SCIENTIFIC / NVD QO/ NVTI	THE REASONING
R Area:	Is this course required or an elective for your degree program? ☐ Required ☐ Elective
Course Prefix:	Is this course offered within your dept/school? ☐ Yes ☐ No
Course Number:	If no, collaborating dept/school must also complete the remaining elements, and must sign below.
Course Title:	
Credit Hours:	Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)
New course: ☐ Yes ☐ No	
Revised course: ☐ Yes ☐ No	Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year
	☐ At least once every three years ☐ Other
Projected enrollment need per	
academic year:	Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if
·	not offered in dept/school:
R Area:	Is this course required or an elective for your degree program? ☐ Required ☐ Elective
Course Prefix:	Is this course offered within your dept/school? ☐ Yes ☐ No
Course Number:	If no, collaborating dept/school must also complete the remaining elements, and must sign below.
Course Title:	
Credit Hours:	Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)
New course: ☐ Yes ☐ No	
Revised course: ☐ Yes ☐ No	Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year
11.555 555.55. 1765 1100	☐ At least once every three years ☐ Other
Projected enrollment need per	
academic year:	Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if
,	not offered in dept/school:
R Area:	Is this course required or an elective for your degree program? ☐ Required ☐ Elective
Course Prefix:	Is this course offered within your dept/school? \square Yes \square No
Course Number:	If no, collaborating dept/school must also complete the remaining elements, and must sign below.
Course Title:	
Credit Hours:	Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)
New course: ☐ Yes ☐ No	
Revised course: ☐ Yes ☐ No	Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year
Nevised course. El res El No	☐ At least once every three years ☐ Other
Projected enrollment need per	
academic year:	Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if
assuss , surr	not offered in dept/school:
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R Area:	
Learning Goal: To apply s	scientific and quantitative reasoning to questions about the natural world,
mathematics, or related	areas.
Describe assessment pla	
Describe assessifient hig	II.
Learning Outcome 1:	Description of learning outcome assessment plan:
Students apply scientific and	
quantitative information to	
test problems and draw	
conclusions.	
Learning Outcome 2:	Description of learning outcome assessment plans
_	Description of learning outcome assessment plan:
Students evaluate the	
quality of data, methods, or	
inferences used to generate	
scientific and quantitative	
knowledge.	

HUMANISTIC OR ARTISTIC EXPRESSION

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E Area:	Is this course required or an elective for your degree program? ☐ Required ☐ Elective
Course Prefix:	Is this course offered within your dept/school? ☐ Yes ☐ No
Course Number:	If no, collaborating dept/school must also complete the remaining elements, and must sign below.
Course Title:	
Credit Hours:	Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)
New course: ☐ Yes ☐ No	
Revised course: ☐ Yes ☐ No	Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year
Neviseu course. Li res Li No	☐ At least once every three years ☐ Other
Projected enrollment need per	The least office every times years in other
academic year:	Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if
academic year.	not offered in dept/school:
E Area:	Is this course required or an elective for your degree program? ☐ Required ☐ Elective
Course Prefix:	Is this course offered within your dept/school? Yes No
	If no, collaborating dept/school must also complete the remaining elements, and must sign below.
Course Number:	in no, conaborating acpt/scribor mast also complete the remaining elements, and must sign below.
Course Title:	Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)
Credit Hours:	Course Rotation:
New course: ☐ Yes ☐ No	
Revised course: ☐ Yes ☐ No	Intended Frequency:
	☐ At least once every three years ☐ Other
Projected enrollment need per	
academic year:	Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if
	not offered in dept/school:
E Area:	Is this course required or an elective for your degree program? ☐ Required ☐ Elective
Course Prefix:	Is this course offered within your dept/school? ☐ Yes ☐ No
Course Number:	If no, collaborating dept/school must also complete the remaining elements, and must sign below.
Course Title:	
Credit Hours:	Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)
New course: ☐ Yes ☐ No	
Revised course: ☐ Yes ☐ No	Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year
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Projected enrollment need per	, ,
academic year:	Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if
deadenne year.	not offered in dept/school:
	1.
E Area:	
Learning Goal: To explor	e humanistic or artistic expression through inquiry or creativity.
Describe assessment pla	n:
Learning Outcome 1:	Description of learning outcome assessment plans
Students demonstrate	Description of learning outcome assessment plan:
understanding of diverse	
ideas, languages, products,	
or processes of humanistic	
inquiry or artistic	
expression.	
Learning Outcome 2:	Description of learning outcome assessment plan:
Students critically evaluate,	Description of learning outcome assessment plan.
synthesize, or create forms	
of human expression or	
inquiry.	

CULTURAL OR BEHAVIORAL ANALYSIS

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A Area:	Is this course required	or an elective for your degree program? ☐ Required ☐ Elective
Course Prefix:	Is this course offered v	within your dept/school? ☐ Yes ☐ No
Course Number:	If no, collaborating dept/	school must also complete the remaining elements, and must sign below.
Course Title:		
Credit Hours:	Course Rotation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)
New course: ☐ Yes ☐ No		
Revised course: ☐ Yes ☐ No	Intended Frequency:	\square Every academic year \square Every semester \square Every other year
		☐ At least once every three years ☐ Other
Projected enrollment need per		
academic year:	-	ting chair/director indicating acknowledgement for inclusion and designation if
	not offered in dept/scl	
A Area:		or an elective for your degree program? \square Required \square Elective
Course Prefix:		within your dept/school? □ Yes □ No
Course Number:	If no, collaborating dept/	school must also complete the remaining elements, and must sign below.
Course Title:		
Credit Hours:	Course Rotation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)
New course: ☐ Yes ☐ No		
Revised course: ☐ Yes ☐ No	Intended Frequency:	☐ Every academic year ☐ Every semester ☐ Every other year
		☐ At least once every three years ☐ Other
Projected enrollment need per		
academic year:		ting chair/director indicating acknowledgement for inclusion and designation if
	not offered in dept/school:	
A Area:		or an elective for your degree program? \square Required \square Elective
Course Prefix:		within your dept/school? ☐ Yes ☐ No
Course Number:	If no, collaborating dept/s	school must also complete the remaining elements, and must sign below.
Course Title:		
Credit Hours:	Course Rotation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)
New course: ☐ Yes ☐ No		
Revised course: ☐ Yes ☐ No	Intended Frequency:	☐ Every academic year ☐ Every semester ☐ Every other year
		☐ At least once every three years ☐ Other
Projected enrollment need per		
academic year:		ting chair/director indicating acknowledgement for inclusion and designation if
	not offered in dept/scl	nooi:
A Area:		
Learning Goal: To exami	ne the context and	d interactions of culture(s) and/or behavior(s).
Describe assessment pla		
Describe assessment pla	ill.	
Learning Outcome 1:	Description of lea	arning outcome assessment plan:
Students describe		·
behaviors, beliefs, cultures,		
social institutions, and/or		
environments.		
Learning Outcome 2:	Description of les	arning outcome assessment plan:
Students analyze the	Description of lea	arming outcome assessment plan.
interactions of behaviors,		
beliefs, cultures, social		
institutions, and/or		
environments.	l	

APPLIED LEARNING

L Area: Course Prefix: NURS Course Number: 407 Course Title: RN Leadership and Management Credit Hours: 3 New course: □ Yes □ No Revised course: □ Yes □	ALL LIED LEARINING			
If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Title: RN Leadership and Management Credit Hours: 3 See RN-BSN Carousel (every 5 minimesters of 7 week courses) Intended Frequency: Every academic year Every semester Every other year See RN-BSN Carousel (every 5 minimesters of 7 week courses) Intended Frequency: Every academic year Every semester Every other year Course Rotation Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: Is this course required or an elective for your degree program? Required Elective Every collaborating dept/school Elective Every semester Every other year Every other year Every semester Every other year Every other year Every semester Every other year Every other year Every semester Every other year Every semester Elective Every other year Every other year Every semester Every other year Every other year Every semester Every other year Every other year Every other year Every semester Every other year Every Semester Every other year Every o	L Area:	Is this course required or an elective for your degree program? ⊠ Required ☐ Elective		
Course Title: RN Leadership and Management Course Title: RN Leadership and Management Course Rotation:	Course Prefix: NURS	Is this course offered within your dept/school? ☑ Yes ☐ No		
Course Rotation: Fall Spring Intersession Other (Explain below)	Course Number: 407	If no, collaborating dept/school must also complete the remaining elements, and must sign below.		
Course Rotation: Fall Spring Intersession Other (Explain below)	Course Title: RN Leadership and			
See RN-BSN Carousel (every 5 minimesters of 7 week courses) New courses Yes No No At least once every three years Every other year Every other year Every semester Every semester Every other year Every semester Every othe	·	Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☒ Other (Explain below)		
Revised course:	0	See RN-BSN Carousel (every 5 minimesters of 7 week courses)		
Revised course:	New course: ⊠ Yes □ No	Intended Frequency: ⊠ Every academic year □ Every semester □ Every other year		
Online Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: L Area: L St this course required or an elective for your degree program? ⋈ Required ☐ Elective Is this course required or an elective for your degree program? ⋈ Required ☐ Elective Is this course required or an elective for your degree program? ⋈ Required ☐ Elective Is this course required or an elective for your degree program? ⋈ Required ☐ Elective Is this course fered within your dept/school? ⋈ Yes ☐ No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Title: Community Health Nursing Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ⋈ Other (Explain below) See RN-BSN Carousel (every 5 minimesters of 7 week courses) Intended Frequency: ⋈ Every academic year ☐ Every semester ☐ Every other year Online Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: L Area: Course Prefix: NURS Course Prefix: NURS Course Prefix: NURS Course Number: 409 Course Number: 409 Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ⋈ Other (Explain below) Is this course offered within your dept/school? ⋈ Yes ☐ No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Title: RN Interprofessional Clinical and Capstone Professional Role Transition Credit Hours: 3 New course: ⋈ Yes ☐ No Revised course: ⋈ Yes ☐ No Revised course: ⋈ Yes ☐ No Online Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: Elective See RN-BSN Carousel (fixed final course offered every 7 week courses) Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year At least once every three years ⋈ Other Online Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/s	Revised course: ☐ Yes No	☐ At least once every three years ☐ Other		
Academic year: 150+	_	·		
L Area: Second	Projected enrollment need per	Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if		
Course Prefix: NURS Course Number: 404 Course Title: Community Health Nursing Credit Hours: 4 New course: ☑ Yes ☐ No Revised course: ☐ Yes ☐ No Revised course Prefix: NURS Credit Hours: 4 New course: ☑ Yes ☐ No Revised course: ☐ Yes ☐ No Revised course Prefix: NURS Course Prefix: NURS Course Prefix: NURS Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☑ Other (Explain below) See RN-BSN Carousel (fixed final course offered every 7 week courses) Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☑ Other (Explain below) See RN-BSN Carousel (fixed final course offered every 7 week courses) Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☑ Other (Explain below) See RN-BSN Carousel (fixed final course offered every 7 week courses) Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☑ Other (Explain below) See RN-BSN Carousel (fixed final course offered every 7 week courses) Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☑ Other (Explain below) See RN-BSN Carousel (fixed final course offered every 7 week courses) Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☑ Other (Explain below) Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☑ Other (Explain below) Course Rotation: ☐ Fall ☐	academic year: 150+	not offered in dept/school:		
Course Number: 404 Course Title: Community Health Nursing Credit Hours: 4 New course: □ Yes □ No Revised course: □ Yes □ No Projected enrollment need per academic year: 4150+ Course Prefix: NURS Course Prefix: NURS Course Number: 409 Course Title: RN Interprofessional Clinical and Capstone Professional Role Transition Credit Hours: 3 New course: □ Yes □ No Revised course: □ Yes □ No Course Rotation: □ Fall □ Spring □ Intersession □ Other (Explain below) See RN-BSN Carousel (every 5 minimesters of 7 week courses) Intended Frequency: □ Every academic year □ Every semester □ Every other year Online Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: L Area: Course Prefix: NURS Course Number: 409 Course Title: RN Interprofessional Clinical and Capstone Professional Role Transition Credit Hours: 3 New course: □ Yes □ No Revised course: □ Yes □ No Revised course: □ Yes □ No Gredit Hours: □ Fall □ Spring □ Intersession □ Other (Explain below) See RN-BSN Carousel (fixed final course offered every 7 week courses) Intended Frequency: □ Every academic year □ Every semester □ Every other year □ At least once every three years □ Other □ At least once every three years □ Other □ Online □ Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:	L Area:	Is this course required or an elective for your degree program? ⊠ Required ☐ Elective		
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Nursing Credit Hours:4 New course: ☑ Yes ☐ No Revised course: ☐ Yes ☐ No Projected enrollment need per academic year: 4150+ Course Prefix: NURS Course Number: 409 Course Title: RN Interprofessional Clinical and Capstone Professional Role Transition Credit Hours: 3 New course: ☑ Yes ☐ No Revised course: ☐ Yes ☐ No Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year ☐ At least once every three years ☐ Other Online Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: L Area: Is this course required or an elective for your degree program? ☒ Required ☐ Elective Is this course offered within your dept/school? ☒ Yes ☐ No Course Title: RN Interprofessional Clinical and Capstone Professional Role Transition Credit Hours: 3 New course: ☒ Yes ☐ No Revised course: ☒ Yes ☐ No Revised course: ☒ Yes ☐ No Gnline Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered within your dept/school: At least once every three years ☒ Other Online Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered energy of the year ☐ Every other year At least once every three years ☒ Other Online Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:	Course Number: 404	If no, collaborating dept/school must also complete the remaining elements, and must sign below.		
Credit Hours:4 See RN-BSN Carousel (every 5 minimesters of 7 week courses) New course:	Course Title: Community Health			
New course: Yes No Revised course: Yes No	Nursing	Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☒ Other (Explain below)		
Revised course:	Credit Hours:4	See RN-BSN Carousel (every 5 minimesters of 7 week courses)		
Online Projected enrollment need per academic year: 4150+ L Area:	New course: ⊠ Yes ☐ No	Intended Frequency: ⊠ Every academic year □ Every semester □ Every other year		
Projected enrollment need per academic year: 4150+ L Area: Course Prefix: NURS Course Number: 409 Course Title: RN Interprofessional Clinical and Capstone Professional Role Transition Credit Hours: 3 New course: ☑ Yes ☐ No Revised course: ☐ Yes ☑ No Revised course: ☐ Yes ☑ No Collaborating dept/school: ☐ Every academic year ☐ Every semester ☐ Every other year Nolline Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: Is this course required or an elective for your degree program? ☑ Required ☐ Elective Is this course required or an elective for your degree program? ☑ Required ☐ Elective Is this course equired ☐ Elective Is the course equired ☐ Elective Is the cours	Revised course: ☐ Yes ☐ No	☐ At least once every three years ☐ Other		
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Capstone Professional Role Transition Credit Hours: 3 New course: ☑ Yes ☑ No Revised course: ☐ Yes ☒ No Projected enrollment need per See RN-BSN Carousel (fixed final course offered every 7 week courses) Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year ☐ At least once every three years ☒ Other Online Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:				
Capstone Professional Role Transition Credit Hours: 3 New course: ☑ Yes ☑ No Revised course: ☐ Yes ☑ No Projected enrollment need per See RN-BSN Carousel (fixed final course offered every 7 week courses) Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year		Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☒ Other (Explain below)		
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New course: ☐ Yes ☐ No ☐ At least once every three years ☐ Other Revised course: ☐ Yes ☐ No ☐ At least once every three years ☐ Other Online Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:	•			
New course: 🗆 Yes 🗀 No Revised course: 🗀 Yes 🖾 No Projected enrollment need per Revised course: 🗆 Yes 🖾 No Online Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:	Credit Hours: 3	Intended Frequency: □ Every academic year □ Every semester □ Every other year		
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Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:	Revised course: ☐ Yes No	· · ·		
Projected enrollment need per not offered in dept/school:				
	Projected enrollment need per			
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L Area:

Learning Goal: To explore professional practice through the application of knowledge, skills, and critical reflection.

critical reflection.	
Learning Outcome 1: Students apply acquired knowledge and skills to develop professional identity or professional practice.	Description of learning outcome assessment plan: We plan to utilize the university-based assessment that is developed for REAL minors. This program plans to opt-in to the assessment that the university will offer for direct and indirect measures.
Learning Outcome 2: Students critically reflect on their learning, abilities, experiences, or role within professional contexts.	Description of learning outcome assessment plan: We plan to utilize the university-based assessment that is developed for REAL minors. This program plans to opt-in to the assessment that the university will offer for direct and indirect measures.

alignment, this is a preexisting co	onal material resources wou oncern: We lack IT instruction RU Main Campus, RHEC and	ogram alignment proposal? Ild be needed? <u>Independent of the REAL</u> In design specialists. This is something RUC. This is also promised with the
Are existing space resources add ⊠ Yes □ No If not, what additi		
alignment, this is a preexisting of also 3 administrative assistant permission to fill these to be ab	onal human resources would oncern: We are lacking perm ositions. We have also lost s le to adequately operate our	gram alignment proposal? Independent of the REAL Ission to search for 10 faculty lines and Ission ome of our AP positions and are seeking Issimulation centers (this is utilized by Issal need during the unknown times
Department Curriculum Committee Recommendation:	Signature:	Date:
Chair/Dean on Behalf of Dept/School:	Signature:	Date:
College Curriculum Committee Approval:	Signature:	Date:
Dean/AVP Approval:	Signature:	Date:
REAL Council Recommendation:	Signature:	Date:
Faculty Senate Curriculum Committee Recommendation:	Signature:	Date:
Faculty Senate Approval:	Signature:	Date:

Date:

Signature:

Provost Approval: