#### Attachment 8-Page 43 KENT STATE UNIVERSITY RTT 11000 **CERTIFICATION OF CURRICULUM PROPOSAL**

	Preparation Date 3-Jun-07				Curriculum Bulletin		
		E	ffective Date	Fall 2007	Approved by EPC		
Department	Respira	atory Thera	py Technolo	gy			
College	RC - Regional Campuses						
Proposal	Establish Course						
Course Subject	RTT	Course N	Number 1100	)0			
Course Title	Introduction to Respiratory Therapy						
Minimum Credits	03	Maximun	n Credits 3				
	🖾 Subje	ot		s-Listed / Slas	h		
	🖾 Numt	ber	🖾 Grad	e Rule			
	🛛 Title		🖾 Credi	t by Exam			
Selected items	🖾 Title /	Abbreviation	🔲 Cours	se Fee			
are new	🛛 Credi	t Hours	🔲 Liber	Liberal Education Requirements (LER)			
	🛛 Prere	quisites	🔲 Writir	Writing-intensive			
	🛛 Desci	ription	🗍 Diver	sity			

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

C Other

No impact on other policies, programs, or procedures.

Schedule Type

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

**REQUIRED ENDORSEMENTS** 

Department Chair / School Director / Campus Dean

Collede Dean

**Executive Dean** Campuses

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#### All data entered below should reflect revised information.

Preparation Date	3-Jun-07	Requested Effect	ive Term	Fall 2007 g			
Course Subject	RTT	Course Number	11000	Ŷ			
Course Title	Introduction to	Respiratory Thera	ару				
Title Abbreviation	Intro PO Respiratory Therapy Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)						
Slash Course	/ / 4/5, 4/5/7 or 6/7	Cross-listed with					
Minimum Credit	03 🖾 to 🗔 or	Maximum Credit	<b>03</b> (e.g., 3	3 to 3 credits, 1 to 12 credits, 2 or 4 credits)			
Contact Hours Per Week	⊠ Lecture □ Laboratory	Minimum Hours Minimum Hours .	⊡ to	o ☐ or Maximum Hours <b>03</b> o			
	Other Contact hours should	Minimum Hours d be per week.	🗖 to	o 🔲 or Maximum Hours			
Repeat Status	NR - Course may not be repeated If repeats, course limit OR maximum hours						
Course Level	UG - Undergrad	uate					
Grade Rule	B - Letter						
Schedule Type(s)	LEC - Lecture						
Sourse Attribute(s)	None						
Credit By Exam	N - Credit by Ex	am Not Approved	I				
COMPLETE ONLY WHA	T IS APPLICABLE TO	) THE COURSE	nifalið ræði af líðir sek sænindarann	N I CONTRACTO CONTRACTOR IN CONTRACTOR OTHER DE LE CONTRACTOR DE L			

Prerequisite Course(s) Test Score(s)

Corequisite(s)

Registration is by permission only

COMPLETED BY PROVOST OFFICE OBR Program Code <u>93</u>	
	j.
OBR Subsidy Code	
OBR Course Level 2	
CIP Code <u>510908</u>	۰.

Restrict Registration Admission to Respiratory Therapy Major

(e.g., VCD majors, East Liverpool Campus, sophomore level and above, graduate standing, BA-CHEM program)

Catalog Description Survey of respiratory therapy as a health care profession. Topics include basic terminology, legal implications for practice, patient safety, recordkeeping and communication, medical ethics, licensure and credentialing, membership in professional associations, professional behavior, and cultural awareness and diversity. Prerequisite: Admission to the Respiratory Therapy major.

Previous Title Previous Subject

**Previous Number** 

Contact Hours	Outline
	Job shadowing experiences: one 3 hour session each week for 4 weeks; three experiences in a hospital setting, one in a home healthcare setting.

- 6.00 Basic terminology and healthcare communication
- 6.00 Respiratory therapy as a profession
- 6.00 Respiratory therapy career options (guest speakers from home care and hospital settings)
- 3.00 Degree expectations, requirements, and experiences
- 3.00 HIPAA requirements
- 6.00 Introduction to gases and equipment
- 3.00 Introduction to computer equipment

45.00 Total Contact Hours

Textbook(s) Used in this Course

Writing Expectations

Egan's Fundamentals of Respiratory Care, Eighth Edition (Hardcover) by Robert L. Wilkins and James K. Stoller Students will complete short written summaries of job shadowing

experiences and guest speakers; short answer questions on examinations.

Instructor(s) Expected To Teach Instructor(s) Contributing to Content

Kimberly Gray

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REQUIRED ENDORSEMENT

9/5/07 21/9/07

Department Chair School Director / Campus Dean

# KENT STATE UNIVERSITY RT 1100

			Preparation Dat Effective Date	e 3-Jun-07 Fall 2007 8	Curriculum Bulletin Approved by EPC			
Department	Respira	atory The	rapy Technolo	ogy				
College	RC - Regional Campuses							
Proposal	Establish Course							
Course Subject	RTT Course Number 11001							
Course Title	Pharmacology							
Minimum Credits	03 Maximum Credits 3							
	🖾 Subje	ect	□ Cros	s-Listed / Slash				
	🖾 Numi		⊠ Grad					
	🖾 Title		🛛 Cred	it by Exam				
Selected items	🖾 Title /	Abbreviatio	n 📋 Cour	se Fee				
are néw	🖾 Credi	t Hours	🔲 Liber	Liberal Education Requirements (LER)				
	🖾 Prere	quisites	🗇 Writi	Writing-Intensive				
	🖾 Desc	ription	🗌 Dive	Diversity				
	🖾 Sche	dule Type	🗌 Othe	r				

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

**REQUIRED ENDORSEMENTS** 

No impact on other policies, programs, or procedures.

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

Department Chair / School Director / Campus Dean

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Shely & Barton

Executive Dean of Regional Campuses

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#### All data entered below should reflect revised information.

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Preparation Date	3-Jun-07	Requested Effect	tive T	erm	Fall 2	097	
Course Subject	RTT	Course Number	110	01		8	
Course Title	Pharmacology						
Title Abbreviation	Pharmacology Maximum 30 spaces no spaces before or		or spea	cial cha	aracters	(exception: forward slash "/" is allowed with	
Slash Course	/ / 4/5, 4/5/7 or 6/7	Cross-listed with					
Minimum Credit	03 ⊠ to 🗋 or	Maximum Credit	03	(e.g., 3	to 3 cre	edits, 1 to 12 credits, 2 or 4 credits)	
Contact Hours Per Week	<ul> <li>Lecture</li> <li>Laboratory</li> <li>Other</li> <li>Contact hours should</li> </ul>	Minimum Hours Minimum Hours Minimum Hours d be per week.	03	⊡ to	o 🗌 or	Maximum Hours <b>03</b> Maximum Hours Maximum Hours	
Repeat Status	NR - Course ma if repeats, course	<b>ay not be repeated</b> e limit OR max		hour	S		
Course Level	ourse Level UG - Undergraduate						
Grade Rule	B - Letter						
Schedule Type(s)	LEC - Lecture						
Course Attribute(s)	None						
Credit By Exam	N - Credit by Ex	am Not Approved	1				
COMPLETÉ ONLY WHA	T IS APPLICABLE TO	) THE COURSE	todní se vno chaire	<i></i>	ande Marketon San I	т түтөлөгөө на налагы калан	
<u>Prerequisite</u> Course(s) Test Score(s)	BSCI 20020	T 11000				COMPLETED BY PROVOST OFFICE OBR Program Code 95 OBR Subsidy Code 06	
Corequisite(s)	·					OBR Course Level 2	
Registration is by per	rmission only 🔲 `	Yes 🛛 No				CIP Code <u>510908</u>	
Restrict Registration (e.g., VCD majors, East L		homore level and abov	/e, gra	duate s	standing	, BA-CHEM program)	
Catalog Description	Principles of pulmonary and conducting airway pharmacology; the treatment of obstructive lung diseases and other disorders.						
Previous Title							
Previous Subject		Previous Number					

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Contact Hours	Outline
15.00	Priciples of pulmonary pharmacology - Receptor and target cells
1	-Autonomic innervation
	-Mediators of inflammation
	-Airway smooth muscle
	-Cytokines in the lungs
	-Inflammation
4 = 00	-Toxicology and environmental factors
15.00	Pharmacology of conducting airways
	-Beta-adrenergic agonists
	-Drugs that inhibit Phosphodiesterase
	-Anticholingeric agents
	-Corticosteriods
	-Anti-inflammatory drugs other than corticosteriods
	-Stimulants and mucolytics
	-Adverse drug reactions
10.00	Treatment of Obstructive lung diseases
	-Asthma treatment
	-COPD Treatment
	-Cystic Fibrosis treatment
5.00	Other disorders
	Dulmonary ambalian treatment

-Pulmonary embolism treatment -Connective tissue disorder treatment

45.00 Total Contact Hours

Textbook(s) Used in this Course Writing Expectations

#### Instructor(s) Expected To Teach Instructor(s) Contributing to Content

**Kimberly Gray** 

**REQUIRED ENDORSEMENT** wan Department Chair / School Director / Campus Dean

9/5/07 21/9107

# KENT STATE UNIVERSITY RT 1100 CERTIFICATION OF CURRICULUM PROPOSAL

		Pr	eparation Dat	e 3-Jun-07	Curriculum Bulletin		
		Ef	fective Date	Fall 2007	Approved by EPC		
Department	Respir	atory Thera	by Technolo	y y			
College	RC - Regional Campuses						
Proposal	Establish Course						
Course Subject	ect RTT Course Number 11002						
Course Title	Cardiopulmonary Diseases						
Minimum Credits	03	Maximum	Credits 03				
	🖾 Subje	ect	🗋 Cros	s-Listed / Slas	h		
	🖾 Number		🛛 Grad	🖾 Grade Rule			
	🛛 Title		🖾 Cred	it by Exam			
Selected items	🛛 Title	Abbreviation	🗖 Cour				
are new	🖾 Cred	it Hours	🔲 Liber	Liberal Education Requirements (LER)			
	🛛 Prere	equisites	🛄 Writii	U Writing-Intensive			
	🖾 Desc	ription	📋 Diver	rsity			

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

C Other

No impact on other policies, programs, or procedures.

Schedule Type

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

**REQUIRED ENDORSEMENTS** 

Department Chair / School Director / Campus Dean

College Dean

Thily & Barton

Executive Dean of Regional Campuses

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#### All data entered below should reflect revised information.

Preparation Date	3-Jun-07	Requested Effective Term Fall 2007
Course Subject	RTT	Course Number 11002
Course Title	Cardiopulmona	nry Diseases
Title Abbreviation	Cardiopulmona Maximum 30 spaces no spaces before or	s, with no punctuation or special characters (exception: forward slash "/" is allowed with
Slash Course	/ / 4/5, 4/5/7 or 6/7	Cross-listed with
Minimum Credit	03 ⊠ to □ or	Maximum Credit 03 (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
Contact Hours Per Week	<ul> <li>Lecture</li> <li>Laboratory</li> <li>Other</li> <li>Contact hours shoul</li> </ul>	Minimum Hours       03       ⊠ to □ or Maximum Hours       03         Minimum Hours       □ to □ or Maximum Hours       03         Minimum Hours       □ to □ or Maximum Hours         Id be per week.       □ to □ or Maximum Hours
Repeat Status	NR - Course ma If repeats, course	ay not be repeated e limit OR maximum hours
Course Level	UG - Undergrad	juate
Grade Rule	B - Letter	
Schedule Type(s)	LEC - Lecture	
Course Attribute(s)	None	
Credit By Exam	N - Credit by Ex	kam Not Approved
COMPLETE ONLY WHA	AT IS APPLICABLE TO	O THE COURSE
Prereguisite		COMPLETED BY PROVOST OFFICE

Course(s)

Test Score(s)

Corequisite(s)

Registration is by permission only

**RTT 11000** 

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OBR Program Code	93
OBR Subsidy Code	
OBR Course Level	
CIP Code 510	908

#### **Restrict Registration**

(e.g., VCD majors, East Liverpool Campus, sophomore level and above, graduate standing, BA-CHEM program)

Catalog Description Introduction to cardiopulmonary disease. Topics include patient assessment,

obstructive airway diseases, infectious pulmonary diseases, pulmonary vascular diseases, cancer, environmental lung disease, and sleep disorders.

**Previous Title** 

**Previous Subject** 

Previous Number

Contact Hours	Outline
6.00	Patient assessment
)	-Radiologic examination of the chest
	-Data collection
	-Assessment skills and critical thinking
	-Treatment plans
	-Infection control
9.00	Obstructive airway diseases
	-Chronic bronchitis
	-Emphysema
	-Asthma
	-Cystic Fibrosis
0.00	-Croup
9.00	Infectious Pulmonary Diseases -Pneumonia
	-Pheumonia -AIDS
	-Lung abcess
	-Tuberculosis
	-Fungal diseases of the lung
	0
6.00	Pulmonary vascular diseases
	-Pulmonary edema
	-Pulmonary embolism or infarction
1.50	Chest and Pleural trauma
1.50	Cancer of the lungs
1.50	Environmental lung disease
1.50	Acute Respiratory Distress Syndrome (ARDS)
1.50	Disorders of the Pleura and chest wall
6.00	Neurological and Sleep Apnea
	-Guillian Barre Syndrome
	-Sleep Apnea
4 50	-Myasthenia Gravis
1.50	Other
	-Drowning

-Smoke inhalation -Post-operative atelectasis

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#### Textbook(s) Used in this Course

Writing Expectations

Students will complete patient assessments, treatment plans, and short answer questions on examinations.

Ínstructor(s) Expected To Teach Instructor(s) Contributing to Content

**Kimberly Gray** 

**REQUIRED ENDORSEMENT** Ja.

9/5/07 71/9107

Department Chair / School Director / Campus Dean

# KENT STATE UNIVERSITY Attachment 8-Page 54 **CERTIFICATION OF CURRICULUM PROPOSAL**

			Preparation Date	e 3-Jun-07 Fall 2007	Curriculum Bulletin			
				1 411 - 048				
Department	Respira	tory Ther	apy Technolo	gy				
College	RC - Re	RC - Regional Campuses						
Proposal	Establi	Establish Course						
Course Subject	RTT	Course	Number 1100	)3				
Course Title	Cardiopulmonary Physiology							
Minimum Credits	03	Maximu	m Credits 03					
	🔀 Subje	ct		s-Listed / Slas	h			
			⊠ Grad					
	 ⊠ Title			it by Exam				
Selected items	🖾 Title A	bbreviation		-				
are new	🖾 Credil	Hours	🔲 Liber	Liberal Education Requirements (LER)				
	🖾 Prere	quisites	🗖 Writir	☐ Writing-Intensive				
	🖾 Descr	lption	🗌 Diver	Diversity				
	Schedule Type		🔲 Other	Other				

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

No impact on other policies, programs, or procedures.

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

**REQUIRED ENDORSEMENTS** 

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Department Chair / School Director / Campus Dean

College/Dean

Executive Dean of Reg ampuses

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# All data entered below should reflect revised information.

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Preparation Date	3-Jun-07	Requested Effect	ive Te	rm	Fall 20	0078		
Course Subject	RTT	Course Number	1100	3		•		
Course Title	Cardiopulmonary Physiology							
Title Abbreviation	<b>Cardiopulmona</b> Maximum 30 spaces no spaces before or	, with no punctuation o	or speci	al cha	racters	(exception: forward sla	sh "/" is allowed with	
Slash Course	/ / 4/5, 4/5/7 or 6/7	Cross-listed with						
Minimum Credit	03 ⊠ to □ or	Maximum Credit	<b>03</b> (e	ə.g., 3	to 3 cre	dits, 1 to 12 credits, 2	or 4 credits)	
Contact Hours Per Week	<ul> <li>Lecture</li> <li>Laboratory</li> <li>Other</li> <li>Contact hours should</li> </ul>	Minimum Hours Minimum Hours Minimum Hours d be per week.		to	or 🖂 or	Maximum Hours Maximum Hours Maximum Hours	03	
Repeat Status	NR - Course ma If repeats, course	e limit OR maxi		hour	s			
Course Level	UG - Undergrad	uate						
Grade Rule	B - Letter							
Schedule Type(s)	LEC - Lecture							
Course Attribute(s)	None							
Credit By Exam	N - Credit by Exam Not Approved							
COMPLETE ONLY WHAT		) THE COURSE	744.X07.17.49.7.X		an an training an			
<u>Prerequisite</u> Course(s) Test Score(s)	BSCI 20020	T 11000				OBR Program ( OBR Subsidy C	ode <u>06</u>	
Corequisite(s)						OBR Course Le		
Registration is by per	mission only	res 🖾 No				CIP Code	310108	
Restrict Registration (e.g., VCD majors, East Li	verpool Campus, sop	homore level and abov	re, grad	luate s	standing	, BA-CHEM program)	19 Jacobar - 14 Jacobar Shuaran Charlana (Charles Charles (Martina))	
Catalog Description		rdiopulmonary pr hanics, cardiovas						
Previous Title						V		
Previous Subject		Previous Number						

Contact Hours	Outline
15.00 ) /	Pulmonary Mechanics -Control of respirations -Ventilation, perfusion, and gas exchange -Oxygen transport and cellular respiration -Metabolic events in the lungs
15.00	Cardiovascular Mechanisms -Cardiac adaptations -Tissue perfusion -Pressor/depressor mechanisms
	-Cardiac rhythmicity
15.00	Neuromuscular mechanisms -Neural integration -Autonomic control of cardiovascular functions
	-Autonomic control of cardiovascular functions

#### 45.00 Total Contact Hours

Textbook(s) Used in this CourseWriting ExpectationsInstructor(s) Expected To TeachInstructor(s) Contributing to ContentKimberly Gray

**REQUIRED ENDORSEMENT** 

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9/5/07 71/9107

Department Chair / School Director / Campus Dean

# KENT STATE UNIVERSITY RTT 1004 CERTIFICATION OF CURRICULUM PROPOSAL

		Preparation Date	e 3-Jun-07 Fall 2007	Curriculum Bulletin Approved by EPC			
Department	<b>Respiratory TI</b>	erapy Technolo	gу				
College	RC - Regional	Campuses					
Proposal	Establish Cou	rse					
Course Subject Course Title	RTT Course Number 11004 ABG/EKG Interpretation Artural Blood Gae and Electrocourch ogram 101 Maximum Credits 02						
Minimum Credits	02 Maxi	mum Credits 02	1414	the construction t			
	Subject		s-Listed / Slas	h			
	⊠ Number ⊠ Title	⊠ Grade	e Rule t by Exam				
Selected items	⊠ Title Abbrevia		•				
are new	🖾 Credit Hours	🔲 Libera	al Education F	lequirements (LER)			
	🖾 Prerequisites	🗖 Writir	Writing-Intensive				
	Description	🛄 Diver	Diversity				
	🛛 Schedule Typ	e 🗌 Other					

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

No impact on other policies, programs, or procedures.

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

**REQUIRED ENDORSEMENTS** 

Department Chair / School Director / Campus Dean

College Dean

Executive Dean of Regional Campuses

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#### All data entered below should reflect revised information.

Preparation Date	3-Jun-07	Requested Effect	ive Term	Fall 2007 8		
Course Subject	RTT	Course Number	11004			
Course Title	ABG/EKG Inter	pretation Anicrial B	blood Gas	, and Electropardigram Interpretation		
Title Abbreviation	Abg/Ekg Interp	retation s, with no punctuation o		racters (exception: forward slash "/" is allowed with		
Slash Course	/ / 4/5, 4/5/7 or 6/7	Cross-listed with				
Minimum Credit	02 ⊠ to □ or	Maximum Credit	<b>02</b> (e.g., 3	to 3 credits, 1 to 12 credits, 2 or 4 credits)		
Contact Hours Per Week	Lecture Laboratory Other Contact hours should	Minimum Hours Minimum Hours Minimum Hours d be per week.	to	☐ or Maximum Hours <b>02</b> ☐ or Maximum Hours ☐ or Maximum Hours		
Repeat Status	NR - Course ma If repeats, course	<b>iy not be repeated</b> e limit OR maxi	l mum hour	8		
Course Level	UG - Undergrad	luate				
Grade Rule	B - Letter					
Schedule Type(s)	LEC - Lecture					
Course Attribute(s)	None					
Credit By Exam	N - Credit by Ex	am Not Approved	I			
COMPLETE ONLY WHA	T IS APPLICABLE TO	O THE COURSE	фла. (1 15°, 1922) — 1 булай — 1 байна 1973 и соф	<b></b>		
<u>Prerequisite</u> Course(s) Test Score(s)	BSCI 20020	T 11000 11003		COMPLETED BY PROVOST OFFICE OBR Program Code <u>93</u> OBR Subsidy Code <u>06</u>		
Corequisite(s)		0		OBR Course Level Z		
Registration is by permission only    □ Yes    ⊠ No    CIP Code    5/0708						
Restrict Registration (e.g., VCD majors, East L	iverpool Campus, sop	homore level and abov	e, graduate s	tanding, BA-CHEM program)		
Catalog Description	Principles of ob electrocardiogra	ams.	and interp	reting arterial blood gas tests and		

Previous Title

**Previous Subject** 

**Previous Number** 

Contact Hours	Outline
15.00	Electrocardiograms
)	-Obtaining
	-Reading
15.00	Arterial blood gas tests
	-Obtaining
	-Reading
	-Interpretation
	-Treatment of interpretation

Textbook(s) Used in this Course Writing Expectations Instructor(s) Expected To Teach

Students will complete short answer questions on examinations.

Instructor(s) Contributing to Content

**Kimberly Gray** 

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**REQUIRED ENDORSEMENT** 

9/5/07 71/902

Department Chair / School Director / Campus Dean

# KENT STATE UNIVERSITY ATT 1005 CERTIFICATION OF CURRICULUM PROPOSAL

			reparation Dat ffective Date	e 3-Jun-07 Fall 2007	Curriculum Bulletin Approved by EPC		
Department	Respira	atory Thera	py Technolo	gy			
College	RC - Re	egional Car	npuses				
Proposal	Establi	sh Course					
Course Subject	RTT	Course N	Number 110	05			
Course Title	Mechanical Ventilation						
Minimum Credits	02	Maximun	n Credits 02				
	🛛 Subje	ect	Cros	s-Listed / Slasl	n		
	🛛 Numl		⊠ Grad	e Rule			
	🛛 Title		🖾 Cred	it by Exam			
Selected items	🖾 Title /	Abbreviation	门 Cour	se Fee			
are new	🛛 Credi	t Hours	🔲 Liber	al Education R	tequirements (LER)		
	🛛 Prere	quisites	🛄 Writii	ng-Intensive			
	🖾 Desc	ription	🔲 Diver	rsity			
	🖾 Sche	dule Type	🗋 Othe	r			

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

No impact on other policies, programs, or procedures.

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

**REQUIRED ENDORSEMENTS** 

Department Chair / School Director / Campus Dean

College/Dean

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Executive Dean of Regional Campuses

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Preparation Date	3-Jun-07	Requested Effect			Fall 20	iyi g		
Course Subject	RTT Course Number 11005							
Course Title	Mechanical Ventilation							
Title Abbreviation	Mechanical Ven Maximum 30 spaces no spaces before or	s, with no punctuation of	or spe	cial cha	aracters	(exception: forward slas	h "/" is allowed with	
Slash Course	/ / 4/5, 4/5/7 or 6/7	Cross-listed with						
Minimum Credit	02 ⊠ to □ or	Maximum Credit	02	(e.g., 3	to 3 cre	edits, 1 to 12 credits, 2 o	r 4 credits)	
Contact Hours Per Week	<ul> <li>Lecture</li> <li>Laboratory</li> <li>Other</li> <li>Contact hours should</li> </ul>	Minimum Hours Minimum Hours Minimum Hours d be per week.	02	to	o ⊡ or	Maximum Hours Maximum Hours Maximum Hours	02	
Repeat Status	NR - Course ma	<b>iy not be repeate</b> e limit OR max		n hour	S			
Course Level	UG - Undergraduate B - Letter LEC - Lecture							
Grade Rule								
Schedule Type(s)								
Sourse Attribute(s)	None							
Credit By Exam	N - Credit by Ex	am Not Approved	ł					
COMPLETE ONLY WHA	T IS APPLICABLE TO	O THE COURSE	utratili. Deanti 44 M			er særen særen fær sæste det det det det det det det det det d	1. 1. 22 27 24 4 4 4 5 27 14 27 14 27 14 27 14 27 14 27 14 27 14 27 14 27 14 27 14 27 14 27 14 27 14 27 14 27 1	
<b>Prerequisite</b>	Ŷ					COMPLETED BY P	ROVOST OFFICE	
Course(s)	BSCI 200200RT	T 11003				OBR Program C	ode <u>93</u>	
Test Score(s)	()					OBR Subsidy C		
Corequisite(s)	•					OBR Course Le	The second s	
Registration is by per	rmission only ☐ Yes ⊠ No CIP Code <u>5/090</u>						510708	
Restrict Registration (e.g., VCD majors, East L	iverpool Campus, sop	homore level and above	ve, gra	aduate	standing	J, BA-CHEM program)	an a shinin a san katika a kata na na ma	
Catalog Description		echanical ventilat hods, compliance				ent of initial param g	ieters,	
Previous Title			ď					
Previous Subject		Previous Number	r					

Contact Hours	Outline
2.00	Expired minute ventilation
2.00	Tidal volume
2.00	Frequency
3.00	Total dead minute ventilation
3.00	Alveolar minute ventilation
3.00	CO2 elimination
3.00	Regulatory compliance
3.00	Compliance monitoring
3.00	Flow rate vs. driving pressure
3.00	Tubing compliance

3.00 Establishment of intial parameters

30.00 Total Contact Hours

Textbook(s) Used in this Course

Writing Expectations

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content Kimberly Gray

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**REQUIRED ENDORSEMENT** 

Students will complete short answer questions on examinations.

Department Chair / School Director / Campus Dean

# KENT STATE UNIVERSITY Attachment 8-Page 63 CERTIFICATION OF CURRICULUM PROPOSAL

			Preparation Date	e 3-Jun-07 Fall 2007	Curriculum Bulletin			
Department	Respira	tory Ther	apy Technolo	уgy				
College	RC - Re	gional Ca	mpuses					
Proposal	Establis	sh Course	ŧ.					
Course Subject	RTT	Course	Number 1200	01				
Course Title	Clinical	Clinical Education I						
Minimum Credits	01	Maximu	m Credits 01					
	🛛 Subje	ct	Cros	s-Listed / Slasl	1			
	🖾 Numb		⊠ Grad	e Rule				
	🛛 Title		🖾 Cred	it by Exam				
Selected items	🛛 Title A	bbreviation	🗌 Cour	se Fee				
are new	🛛 Credit	Hours	🗌 Liber	al Education R	equirements (LER)			
	🛛 Prere	quisites	🗖 Writir	🗇 Writing-Intensive				
	🛛 Descr	iption	📋 Diver	sity				
	X Scher	fule Type	C Othe	r				

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

No impact on other policies, programs, or procedures.

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

**REQUIRED ENDORSEMENTS** Tan

Department Chair / School Director / Campus Dean

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College/Dean

Executive Dean of Regional Campuses

9/5/07 71902

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#### All data entered below should reflect revised information.

Preparation Date	3-Jun-07	Requested Effective Term Fall 2007
Course Subject	RTT	Course Number 12001
Course Title	<b>Clinical Educati</b>	on I
Title Abbreviation	Clinical Educati Maximum 30 spaces no spaces before or	, with no punctuation or special characters (exception: forward slash "/" is allowed with
Slash Course	/ / 4/5, 4/5/7 or 6/7	Cross-listed with
Minimum Credit	01 ⊠ to □ or	Maximum Credit 01 (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
Contact Hours Per Week	<ul> <li>Lecture</li> <li>Laboratory</li> <li>Other</li> <li>Contact hours should</li> </ul>	Minimum Hours       □ to □ or Maximum Hours         Minimum Hours       □ to □ or Maximum Hours         Minimum Hours       02       ☑ to □ or Maximum Hours         Minimum Hours       02       ☑ to □ or Maximum Hours         d be per week.       0       0
Repeat Status	NR - Course ma If repeats, course	n <b>y not be repeated</b> e limit OR maximum hours
Course Level	UG - Undergrad	luate
Grade Rule	C Letter and I	n Progress (IP)
Schedule Type(s) <pre> pourse Attribute(s) </pre>	CLN - Clinic Non <del>e</del>	
Credit By Exam	N - Credit by Ex	am Not Approved

#### COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite Course(s) RTT 11000

Test Score(s)

Corequisite(s)

Registration is by permission only  $\Box$  Yes  $\boxtimes$  No

COMPLETED BY PROVO	ST OFFICE
OBR Program Code	93
OBR Subsidy Code	06
OBR Course Level	2
CIP Code 510	908

#### **Restrict Registration**

(e.g., VCD majors, East Liverpool Campus, sophomore level and above, graduate standing, BA-CHEM program)

Catalog Description Supervised experience and observation with emphasis on Oxygen delivery devices, sustained maximal inflation (SMI) and aerosol treatments. Assigned to a clinical education center for 30 hours.

Previous Title

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**Previous Subject** 

**Previous Number** 

Contact Hours Outline

Five 6-hour sessions at a clinical education center with emphasis on Oxygen delivery systems, SMI, and aerosol treatments

30.00 Total Contact Hours

Textbook(s) Used in this Course

Writing Expectations

Instructor(s) Expected To Teach Instructor(s) Contributing to Content

**Kimberly Gray** 

experiences.

**REQUIRED ENDORSEMENT** m i da

9/5/07

Students will complete written reflection papers regarding clinical

Department Chair / School Director / Campus Dean

# KENT STATE UNIVERSITY RTT AT 200 200 66 CERTIFICATION OF CURRICULUM PROPOSAL

			Preparation Dat Effective Date	e 3-Jun-07 Fall 2007	Curriculum Bulletin			
Department	Respira	tory The	rapy Technolo	ogy				
College	RC - Re	RC - Regional Campuses						
Proposal	Establish Course							
Course Subject	RTT Course Number 12002							
Course Title	Clinical Education II							
Minimum Credits	02 Maximum Credits 02							
	🛛 Subje	ot	Cros	s-Listed / Slas	h			
	🖾 Numb		🖾 Grad					
	🛛 Title		🛛 Cred	it by Exam				
Selected items	🖾 Title A	bbreviatio	n 📋 Cour	se Fee				
are new	🛛 Credit	Hours	🔲 Liber	al Education I	Requirements (LER)			
	🛛 Prerec	quisites	🖾 Writii	Writing-Intensive				
	🛛 Descr	ption	🛄 Dive	rsity				
	Sched	ule Type	🗋 Othe	r				

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

No impact on other policies, programs, or procedures.

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

**REQUIRED ENDORSEMENTS** 

Department Chair / School Director / Campus Dean

College Déan

Executive Dean of Regional Campuses

9/5/07 719107

9,27,07

9,28,07

Provost

#### All data entered below should reflect revised information.

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Preparation Date	3-Jun-07	Requested Effect	ive Term	Fall 200	$\sigma_{\overline{Q}}$
Course Subject	RTT	Course Number	12002		0
Course Title	<b>Clinical Educat</b>	ion II			
Title Abbreviation	Clinical Educat Maximum 30 spaces no spaces before or	s, with no punctuation of	or special cha	racters (e	exception: forward slash "/" is allowed with
Slash Course	/ / 4/5, 4/5/7 or 6/7	Cross-listed with			
Minimum Credit	02 🛛 to 🗔 or	Maximum Credit	<b>02</b> (e.g., 3	to 3 cred	its, 1 to 12 credits, 2 or 4 credits)
Contact Hours Per Week	Lecture Laboratory Other Contact hours should	Minimum Hours Minimum Hours Minimum Hours Id be per week.	🗌 to	🗌 or	Maximum Hours Maximum Hours Maximum Hours <b>42</b> 4
Repeat Status	NR - Course ma If repeats, course	ay not be repeated e limit OR maxi	1 imum hours	3	
Course Level	UG - Undergrad	Juate			
Grade Rule	C - Letter and I	In Progress (IP)			
Schedule Type(s)	CLN - Clinic				
Course Attribute(s)	None				
Credit By Exam	N - Credit by Ex	kam Not Approved	ł		
COMPLETE ONLY WHA	T IS APPLICABLE T	O THE COURSE	* 83247 87773 49 76793346 447943976	n hinde of the second	
Prerequisite					COMPLETED BY PROVOST OFFICE
Course(s)	RTT 12001				OBR Program Code 93

Test Score(s)

Corequisite(s)

Registration is by permission only 📋 Yes 🖾 No

OBR	Progra	am C	ode	9	3	
	Subsi				6	
OBR	Cours	e Le	vel	2	2	
CIP C	lode		510	90%	9	ini Na st

**Restrict Registration** 

(e.g., VCD majors, East Liverpool Campus, sophomore level and above, graduate standing, BA-CHEM program)

Catalog Description Continuation of Clinical Education I, with emphasis on aerosol treatments, chest physical therapy (CPT), bronchial hygiene, electrocardiogram (EKG), and Oxygen therapy. Assigned to a clinical education center for 60 hours.

**Previous Title** 

Previous Subject

**Previous Number** 

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Contact Outline

60.00 Assigned to a clinical education center with emphasis on aersol treatments, CPT, bronchial hygiene, EKG, and Oxygen therapy.

60.00 Total Contact Hours

Textbook(s) Used in this Course Writing Expectations

Students will complete written reflection papers regarding clinical experiences.

Instructor(s) Expected To Teach Instructor(s) Contributing to Content

Kimberly Gray

**REQUIRED ENDORSEMENT** 

P/5/07 71907

Department Chair / School Director / Campus Dean

# KENT STATE UNIVERSITY RT 210005 Page 69 CERTIFICATION OF CURRICULUM PROPOSAL

			Preparation Dat Effective Date	e 3-Jun-07 Fall 2007	Curriculum Bulletin				
Department	Respira	atory The	rapy Technolo	gy					
College	RC - Re	RC - Regional Campuses							
Proposal	Establi	Establish Course							
Course Subject	RTT Course Number 21000								
Course Title	Critical Care								
Minimum Credits	03 Maximum Credits 03								
	🔀 Subje	ect	Cros	s-Listed / Slas	n				
	Num!		Grad	e Rule					
	🛛 Title		🖾 Cred	it by Exam					
Selected items	🖾 Title /	Abbreviatio	n 📋 Cour	se Fee					
are new	🖾 Credi	t Hours	🗍 Liber	Liberal Education Requirements (LER)					
	🖾 Prere	quisites	🛄 Writi	Writing-Intensive					
	🛛 Desc	ription	📋 Dive	rsity					
	Schedule Type		🗍 Othe	Other					

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

No impact on other policies, programs, or procedures.

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

**REQUIRED ENDORSEMENTS** 

Department Chair / School Director / Campus Dean

Executive Dean of Regional Campuses

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# All data entered below should reflect revised information.

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Preparation Date	3-Jun-07	Requested Effect	ive Te	erm	Fail 20	107	
Course Subject	RTT	Course Number	2100	)0		-	
Course Title	<b>Critical</b> Care						
Title Abbreviation	Critical Care Maximum 30 spaces no spaces before or	s, with no punctuation ( after the slash)	or spec	ial cha	racters	(exception: forward sla	is allowed with
Slash Course	/ / 4/5, 4/5/7 or 6/7	Cross-listed with					
Minimum Credit	03 ⊠ to □ or	Maximum Credit	03 (			edits, 1 to 12 credits, 2	
Contact Hours Per Week	<ul> <li>Lecture</li> <li>Laboratory</li> <li>Other</li> <li>Contact hours should</li> </ul>	Minimum Hours Minimum Hours Minimum Hours Id be per week.	03	🗌 to	o 🗌 or	Maximum Hours Maximum Hours Maximum Hours	03
Repeat Status	NR - Course ma If repeats, cours	a <b>y not be repeate</b> e limit OR max	<b>d</b> cimum	hou	ſS		
Course Level	UG - Undergrad	duate					
Grade Rule	B - Letter						
Schedule Type(s)	LEC - Lecture						
Course Attribute(s)	None						
Credit By Exam	N - Credit by E	xam Not Approve	d				NY DEGREGATION OF A DESCRIPTION OF A
COMPLETE ONLY WHA	T IS APPLICABLE T	O THE COURSE	LEVEL, EFFECT				
<u>Prerequisite</u> Course(s) Test Score(s)	RTT 110018110	003511004511005				OBR Program OBR Subsidy	
Corequisite(s)	•	0				OBR Course L	
Registration is by pe	ermission only	Yes 🖾 No				CIP Code	510108
Restrict Registration (e.g., VCD majors, East	l Liverpool Campus, so	phomore level and ab	ove, gra	aduate	standin	g, BA-CHEM program	)
Catalog Description	Principles of p definitions of c	atient care in a clocitical situations	ritical , critic	care cal ca	envire are equ	onment. Topics i uipment, and cas	nclude: e studies.
Previous Title						X	
Previous Subject		Previous Numb	er				
-							

Contact Hours	Outline
15.00	Dealing with patients in the critical care environment
5.00	Critical care situations
7.50	Critical care case studies
7.50	Critical care equipment

45.00 Total Contact Hours

Textbook(s) Used in this Course Writing Expectations Instructor(s) Expected To Teach

to Content Kimberly Gray

Instructor(s) Contributing to Content

**REQUIRED ENDORSEMENT** m

9/5/07

Students will complete short answer questions on examinations.

Department Chair / School Director / Campus Dean

#### KENT STATE UNIVERSITY ATT 200 CERTIFICATION OF CURRICULUM PROPOSAL

		•	aration Dat ctive Date	e 3-Jun-07 Fall 2007 <sub>6</sub>	Curriculum Bulletin			
Department	Respir	atory Therapy	Technolo	ogy Pgy				
College	RC - R	RC - Regional Campuses						
Proposal	Establish Course							
Course Subject	RTT Course Number 21001							
Course Title	Neonatal and Pediatric Respiratory Care							
Minimum Credits	03 Maximum Credits 03							
	🔀 Subj	ect		s-Listed / Slas	h			
	🖾 Num		🛛 Grad	de Rule				
	🛛 Title		🛛 Crea	tit by Exam				
Selected items	🛛 Title	Abbreviation	🔲 Cou	rse Fee				
are new	🖾 Cred	lit Hours	🛄 Libe	Liberal Education Requirements (LER)				
	🖾 Pren	equisites	🛄 Writ	Writing-Intensive				
	🛛 Dese	cription	🔲 Dive	ersity				
	🖾 Sche	edule Type	📋 Othe	ər				

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

No impact on other policies, programs, or procedures.

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

**REQUIRED ENDORSEMENTS** 

Department Chair / School Director / Campus Dean

College Dean

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Executive Dean of Regional Campuses

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#### All data entered below should reflect revised information.

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Preparation Date	3-Jun-07	Requested Effect	ive Te	ərm	Fall 20	976	
Course Subject	RTT	Course Number	2100	D1			
Course Title	Neonatal and Pe	ediatric Respirato	ry Ca	are			
Title Abbreviation	Neonatal/Pediat Maximum 30 spaces no spaces before or	, with no punctuation o	or spec	ial cha	racters	(exception: forward slash "/" is allowed with	
Slash Course	/ / 4/5, 4/5/7 or 6/7	Cross-listed with					
Minimum Credit	03 ⊠ to □ or	Maximum Credit	03 (	e.g., 3	to 3 cre	edits, 1 to 12 credits, 2 or 4 credits)	
Contact Hours Per Week	<ul> <li>Lecture</li> <li>Laboratory</li> <li>Other</li> <li>Contact hours should</li> </ul>	Minimum Hours Minimum Hours Minimum Hours d be per week.	03	⊡ to	🗌 or	Maximum Hours <b>03</b> Maximum Hours Maximum Hours	
Repeat Status	NR - Course ma If repeats, course	i <b>y not be repeate</b> d e limit OR maxi		hour	s	•	
Course Level	UG - Undergrad	luate					
Grade Rule	B - Letter						
Schedule Type(s)	LEC - Lecture						
Course Attribute(s)	None						
Credit By Exam	N - Credit by Ex	am Not Approved				<b>`</b>	
COMPLETE ONLY WHA	T IS APPLICABLE TO	O THE COURSE	*****		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
<u>Prerequisite</u> Course(s) Test Score(s)	RTT 110018110	03511004511005				COMPLETED BY PROVOST OFFICE         OBR Program Code       23         OBR Subsidy Code       06	
Corequisite(s)	-	U s				OBR Course Level 2	
Registration is by per	rmission only 📋	Yes 🖾 No				CIP Code <u>510908</u>	
Restrict Registration (e.g., VCD majors, East L	iverpool Campus, sop	phomore level and above	ve, gra	duate	standing	, BA-CHEM program)	
Catalog Description	pediatric patien	stem developmen its; common infai nts, and pediatric	nt and	d ped	liatric	d care of newborn, infant, and diseases; and respiratory care of	F
Previous Title		7					
Previous Subject		Previous Number	r				

Contact Hours	Outline
7.50	Development of the respiratory system
)	-Defense mechanisms of the respiratory tract
1.10°	-Abnormalities of the respiratory tract
15.00	Evaluation and care of the newborn/infant/pediatric patient
	-Code pink deliveries
	-Mechonium -C-section
	-C-section -Distress
	-Premature
	-Multiple births
	-Poor/no prenatal care
7.50	Common respiratory diseases in the infant/pediatric patient
	-Croup
	-RSV
	-Nasal flaring
	-Asthma Enjalottia
15.00	-Epiglottis Respiratory care of the newborn/infant/pediatric patient
10.00	-Oxygen therapy
	-Aersol therapy
	-IPPV
	-Bronchial hygiene
	-Mechanical ventilation

45.00 Total Contact Hours

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Jextbook(s) Used in this Course Writing Expectations

Students will complete short answer questions on examinations and appropriate written assignments.

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REQUIRED ENDORSEMENT van

9/5/07 2119102

Department Chair / School Director / Campus Dean

# KENT STATE UNIVERSITY RT 21002 CERTIFICATION OF CURRICULUM PROPOSAL

			Preparation Dat Effective Date	e 3-Jun-07 Fall 2007	Curriculum Bulletin Approved by EPC				
Department	Respira	atory The	apy Technolo	ogy					
College	RC - Regional Campuses								
Proposal	Establi	Establish Course							
Course Subject	RTT	Course	Number 210	02					
Course Title	Long Term Care and Rehabilitation								
Minimum Credits	03	Maxim	um Credits 03	5					
	🖾 Subje	ect		ss-Listed / Slas	sh .				
	⊠ Numl		🖂 Gra	de Rule					
	🖾 Title		🛛 Cre	🖾 Credit by Exam					
Selected items	🔀 Title	Abbreviatio	n 📑 Cou	rse Fee					
are new	🛛 Cred	it Hours	🗌 Libe	Liberal Education Requirements (LER)					
	🛛 Prere	equisites	🗖 Writ	Writing-Intensive					
	🛛 Desc	ription	🔲 Dive	ersity					
	🖾 Sche	dule Type	📋 Oth	er					

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

No impact on other policies, programs, or procedures.

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

**REQUIRED ENDORSEMENTS** 

Department Chair / School Director / Campus Dean

College Dear

Executive Dean of Regional Campuses

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#### All data entered below should reflect revised information. Fall 2007 (2 **Requested Effective Term** 3-Jun-07 Preparation Date Course Number 21002 RTT **Course Subject** Long Term Care and Rehabilitation **Course Title** Long Term Care And Rehab **Title Abbreviation** Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash) Cross-listed with 1 1 Slash Course 4/5, 4/5/7 or 6/7 Maximum Credit 03 (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits) 🖾 to 🔲 or **Minimum Credit** 03 ⊠ to □ or Maximum Hours 3 03 Minimum Hours Lecture **Contact Hours** □ to □ or Maximum Hours Minimum Hours Laboratory Per Week i to i or Maximum Hours Minimum Hours 📋 Other Contact hours should be per week. NR - Course may not be repeated **Repeat Status** or maximum hours If repeats, course limit UG - Undergraduate Course Level **B** - Letter Grade Rule **LEC - Lecture** Schedule Type(s) Course Attribute(s) None N - Credit by Exam Not Approved Credit By Exam Ε

COMPLETE ONLY WHAT IS	APPLICABLE	TO THE COURSI

Prerequisite

Course(s) Test Score(s)

Corequisite(s)

RTT 11002 11003 11004

COMPLETED BY PROVOST OFFICE 93 **OBR Program Code** 06 **OBR Subsidy Code** Z **OBR** Course Level 510908 CIP Code

Registration is by permission only 📋 Yes 🖾 No

**Restrict Registration** (e.g., VCD majors, East Liverpool Campus, sophomore level and above, graduate standing, BA-CHEM program)

Principles of pulmonary function testing (PFT), long term care environments and **Catalog Description** rehabilitation methods.

**Previous Title Previous Subject** 

**Previous Number** 

Contact Hours 30.00

Outline

- **Pulmonary function tests** 
  - Measurement theory and practice
  - Instrumentation
  - Prediction of normal values
  - Spirometry and flow volume loop
  - Measurement of lung values: multiple breath Nitrogen method, closed circuit Helium dilution method
  - Body plethmography
  - -Pulmonary diffusion capacity
  - Maximal inspiratory and expiratory pressures
  - Response to bronchodilators
  - Exercise testing
- Long term care 7.50
  - Nursing home
  - Assisted living
  - In-home care

#### Rehabilitation 7.50

- Criteria for rehabilitation
- Inpatient setting
- Outpatient setting

**Total Contact Hours** 45.00

Jextbook(s) Used in this Course

Writing Expectations

Students will complete short answer questions on examinations and appropriate written assignments.

#### Instructor(s) Expected To Teach Instructor(s) Contributing to Content

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**Kimberly Gray** 

9/5/07 21 19107 REQUIRED ENDORSEMENT 0

## KENT STATE UNIVERSITY RTT Matter 80 **CERTIFICATION OF CURRICULUM PROPOSAL**

Curriculum Bulletin

	Preparation Date 3-Jun-07 Curriculum Bulletin						
			all 2007	Approved by EPC			
Department College Proposal Course Subject Course Title Minimum Credits	Respiratory Therapy Technology RC - Regional Campuses Establish Course RTT Course Number 21010 Contemporary Issues in Respiratory Therapy						
		Credits 01					
Selected items are new	<ul> <li>Subject</li> <li>Number</li> <li>Title</li> <li>Title Abbreviation</li> <li>Credit Hours</li> <li>Prerequisites</li> <li>Description</li> </ul>	⊠ Grade ⊠ Credit □ Course □ Libera	by Exam Fee I Education g-Intensive	sh Requirements (LER)			

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

Other

No impact on other policies, programs, or procedures.

Description

Schedule Type

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

REQUIRED ENDORSEMENTS

Department Chair / School Director / Campus Dean

College Dean

Executive Dean of Campuses

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## All data entered below should reflect revised information.

) Preparation Date	3-Jun-07	Requested Effective Term Fall 2007
Course Subject	RTT	Course Number 21010
Course Title	Contemporary I	ssues in Respiratory Therapy
Title Abbreviation	Contemporary	s, with no punctuation or special characters (exception: forward slash "/" is allowed with
Slash Course	/ / 4/5, 4/5/7 or 6/7	Cross-listed with
Minimum Credit	01 ⊠ to □ or	Maximum Credit 01 (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
Contact Hours Per Week	<ul> <li>Lecture</li> <li>Laboratory</li> <li>Other</li> <li>Contact hours should</li> </ul>	Minimum Hours       01       ⊠ to □ or Maximum Hours       01         Minimum Hours       □ to □ or Maximum Hours       □ to □ or Maximum Hours         Minimum Hours       □ to □ or Maximum Hours         Id be per week.       □ to □ or Maximum Hours
Repeat Status	RP - Course ma If repeats, cours	
Course Level	UG - Undergrad	luate
Grade Rule	B - Letter	
Schedule Type(s)	LEC - Lecture	
Course Attribute(s)	None	
Credit By Exam	N - Credit by E	xam Not Approved
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#### COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite Course(s)

RTT 11000

Test Score(s)

Corequisite(s)

Registration is by permission only

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in the state of the state of	Subsid	3 - 5. 3.5 (1)	1960 C 1967	06	
	Course			2	
	Code		109	08	
	5000				

**Restrict Registration** 

(e.g., VCD majors, East Liverpool Campus, sophomore level and above, graduate standing, BA-CHEM program)

Catalog Description Exploration of major social, regulatory, and educational trends and implications for professional practice.

**Previous Title** 

**Previous Subject** 

Contact Hours 15.00

Outline Contemporary issues in respiratory therapy as appropriate to programmatic and professional need.

#### 15.00 Total Contact Hours

Textbook(s) Used in this Course Writing Expectations Instructor(s) Expected To Teach

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Instructor(s) Contributing to Content Kir

Kimberly Gray

**REQUIRED ENDORSEMENT** 

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Current materials appropriate to the specific topics covered.

Students will complete and appropriate written assignments.

# KENT STATE UNIVERSITY RTT 2101

		Prepara Effective		3-Jun-07 Fall 2007	Curriculum Bulletin
				18	•• •
Department	Respiratory	Therapy Te	chnolog	у	
College	RC - Region	nal Campuse	<b>8</b> 5		
Proposal	Establish Course				
Course Subject	RTT Course Number 21011 Certified Respiratory Thurspist and Registered Respiratory- Preparation for CRT/RRT Thurspist and Registered Respiratory-				
Course Title	Preparation for CRT/RRT Therapiet				
Minimum Credits	01 M	aximum Cree	dits 01		
	🖾 Subject		Cross	-Listed / Slash	1 · ·
	🛛 Number		🛛 Grade	Rule	
	🛛 Title		🛛 Credii	by Exam	
Selected items	I Title Abbro	eviation	Cours	e Fee	
are new	🖾 Credit Hou	urs	🗌 Libera	I Education R	equirements (LER)
	🛛 Prerequisi	tes	🗋 Writin	g-Intensive	
	🛛 Descriptio	n	Diver:	sity	
	Schedule 🛛	Туре	C Other		

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

No impact on other policies, programs, or procedures.

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

**REQUIRED ENDORSEMENTS** Department Chair / Sonool Director / Campus Dean

College Dean

Executive Dean of Regional Campuses

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#### All data entered below should reflect revised information.

Preparation Date	3-Jun-07	Requested Effective Term Fall 2007			
Course Subject	RTT	Course Number 21011 Certified Repiratory Thurapist and Registered Repiratory Thurapist GRT/RRTS			
Course Title	<b>Preparation for</b>	GRT/RRT			
Title Abbreviation	Maximum 30 spaces	Preparation For CRT/RRT Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)			
Slash Course	/ / 4/5, 4/5/7 or 6/7	Cross-listed with			
Minimum Credit	01 ⊠ to □ or	Maximum Credit 01 (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)			
Contact Hours Per Week	<ul> <li>Lecture</li> <li>Laboratory</li> <li>Other</li> <li>Contact hours should</li> </ul>	Minimum Hours       01       Image: toten			
Repeat Status	RP - Course ma If repeats, course				
Course Level	UG - Undergrad	duate			
Grade Rule	F - Satisfactory	//Unsatisfactory			
Schedule Type(s)	LEC - Lecture	×			
Course Attribute(s)	None				
Credit By Exam	N - Credit by Ex	xam Not Approved			

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite Course(s) **RTT 22002** Test Score(s) Corequisite(s)

COMPLETED BY PROVOST OFFICE	
OBR Program Code	
OBR Subsidy Code	
OBR Course Level Z	
CIP Code 510908	

Registration is by permission only 📋 Yes 🖾 No

Restrict Registration

(e.g., VCD majors, East Liverpool Campus, sophomore level and above, graduate standing, BA-CHEM program)

Catalog Description Preparation for examinations for Certified Respiratory Therapist and Registered Respiratory Therapist.

Previous Title

**Previous Subject** 

**Previous Number** 

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Contact Hours **15.00** Testi

Testing procedures and requirements; CRT practice examinations, RRT practice examinations, and Clinical SIMS practice examinations.

**15.00** Total Contact Hours

Textbook(s) Used in this Course

Writing Expectations

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content

Kimberly Gray

**CRT and RRT study guides** 

**REQUIRED ENDORSEMENT** rem p

9/5/07

#### KENT STATE UNIVERSITY アイイジャックラッジ CERTIFICATION OF CURRICULUM PROPOSAL

	Preparation Dat		Curriculum Bulleun			
	Effective Date	Fall 2007	Approved by EPC			
Respira	atory Therapy Technolo	ogy				
RC - Re	egional Campuses					
Establi	sh Course					
RTT Course Number 21095						
Specia	I Topics in Respiratory	Therapy				

Minimum Credits 01 Maximum Credits 03

Selected items are new

Department

College

Proposal

**Course Subject** 

**Course Title** 

- ⊠ Subject
   □ Crock

   ⊠ Number
   ⊠ Grading

   ⊠ Title
   ⊠ Creck

   ⊠ Title Abbreviation
   □ Construction

   ⊠ Credit Hours
   □ Libing

   ⊠ Prerequisites
   □ Write

   ⊠ Description
   □ Diving

   ⊠ Schedule Type
   □ Other
- Cross-Listed / Slash
  Grade Rule
  Credit by Exam
  Course Fee
  Liberal Education Requirements (LER)
  Writing-Intensive
  Diversity
  Other

denie Physical and the

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

No impact on other policies, programs, or procedures.

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

**REQUIRED ENDORSEMENTS** 

Department Chair / School Director / Campus Dean

College/Dean

Executive Dean of Regional Campuses

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## All data entered below should reflect revised information.

)		A
Preparation Date	3-Jun-07	Requested Effective Term Fall 2007
Course Subject	RTT	Course Number 21095
Course Title	<b>Special Topics</b>	in Respiratory Therapy
Title Abbreviation	Special Topics Maximum 30 spaces no spaces before or	In RTy ST in Respiratory Therapy s, with no punctuation or special characters (exception: forward slash "/" is allowed with rafter the slash)
Slash Course	/ / 4/5, 4/5/7 or 6/7	Cross-listed with
Minimum Credit	01 ⊠ to □ or	Maximum Credit 03 (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
Contact Hours Per Week	<ul> <li>Lecture</li> <li>Laboratory</li> <li>Other</li> <li>Contact hours should</li> </ul>	Minimum Hours       01       Image: Total and t
Repeat Status	RP - Course ma If repeats, cours	
Course Level	UG - Undergrad	duate
Grade Rule	B - Letter	
Schedule Type(s)	LEC - Lecture	
ourse Attribute(s)	None	
Credit By Exam	N - Credit by E	xam Not Approved

#### COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite Course(s)

RTT 11000

Test Score(s)

Corequisite(s)

Registration is by permission only

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				1. 1. 1. 1. 1. 1. 1.	1.0 5 5 5 6	3	
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1.1.10	9 - C. 19	Subsi		an the second	<u> </u>	26	
0	BR (	Cours	e Lev	vel	2	<b>2</b> 	
C	IP C	ode	ંદ	510	908		
							τ. 

Restrict Registration (e.g., VCD majors, East Liverpool Campus, sophomore level and above, graduate standing, BA-CHEM program)

Catalog Description Scheduled topics of interest to students and faculty.

**Previous Title** 

**Previous Subject** 

Previous Number

)

Contact Hours	Outline
15.00	Scheduled topics of interest to students and faculty
)	

15.00 Total Contact Hours per credit hour

Textbook(s) Used in this Course Current materials a

Current materials appropriate to the specific topics covered.

Writing Expectations

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content

Kimberly Gray

**REQUIRED ENDORSEMENT** Cont

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# KENT STATE UNIVERSITY RTADIO

Preparation Date 3-Jun-07

Curriculum Bulletin \_

		Effectiv	e Date	Fall 2007	Approved by EPC	<u></u>	
Department	Respirat	ory Therapy T	echnolo	gy			
College	RC - Reg	jional Campus	ses				
Proposal	Establis	h Course					
Course Subject	RTT	Course Numb	per 210	96			
Course Title	Individu	Individual Investigation in Respiratory Therapy					
Minimum Credits							
	🛛 Subjec	st	Cros	s-Listed / Slas	h		
	🖾 Numb		🛛 Grad	le Rule			
	🛛 Title		🛛 Cred	lit by Exam			
Selected items	🛛 Title A	bbreviation	Course Fee				
are new	🛛 Credit	Hours	🔲 Libei	ral Education F	Requirements (LER)		
	Prerec	luisites	🔲 Writi	ng-Intensive			
	🖾 Descr	ption	📋 Dive	rsity			

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

Other

No impact on other policies, programs, or procedures.

Schedule Type

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

**REQUIRED ENDORSEMENTS** 

Department Chair / School Director / Campus Dean

College Dean

Executive Dean of Regional Campuses

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COMPLETED BY PROVOST OFFICE

OBR Program Code

OBR Subsidy Code

**OBR** Course Level

CIP Code

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#### All data entered below should reflect revised information.

}						
reparation Date	3-Jun-07	Requested Effective Term Fall 2007				
Course Subject	RTT	Course Number 21096				
Course Title	Individual Inves	tigation in Respiratory Therapy				
Title Abbreviation	Maximum 30 spaces	<b>Individual Investigation / RT</b> Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)				
Slash Course	/ / 4/5, 4/5/7 or 6/7	Cross-listed with				
Minimum Credit	01 ⊠ to □ or	Maximum Credit 03 (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)				
Contact Hours Per Week	<ul> <li>Lecture</li> <li>Laboratory</li> <li>Other</li> <li>Contact hours should</li> </ul>	Minimum HoursI to I or Maximum HoursMinimum HoursI to I or Maximum HoursMinimum Hours01Minimum Hours01d be per week.				
Repeat Status	RP - Course ma					
Course Level	UG - Undergrad	luate				
Grade Rule	F - Satisfactory/Unsatisfactory					
Schedule Type(s)	IND - Individual Investigation					
ourse Attribute(s)	None	None				
Credit By Exam	N - Credit by Ex	kam Not Approved				

#### COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite Course(s)

Test Score(s)

Corequisite(s)

Registration	is by	r permission only	🛛 Yes	🗋 No
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#### Restrict Registration RTT Majors

(e.g., VCD majors, East Liverpool Campus, sophomore level and above, graduate standing, BA-CHEM program)

Catalog Description	<del>(Repeatable for a total of 6 hours) (Readings</del> and/or investigation of respiratory therapy topics supervised by respiratory therapy faculty. S/U grading
Previous Title	

**Previous Subject** 

15.00 Total Contact Hours per credit hour

Textbook(s) Used in this Course Current materials appropriate to the specific topics covered.

Writing Expectations

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content

Kimberly Gray

**REQUIRED ENDORSEMENT** 

9/5/07

## KENT STATE UNIVERSITY RTT 2000 192 **CERTIFICATION OF CURRICULUM PROPOSAL**

	Preparation Date 3-Jun-07						
		Effec	ctive Date	Fall 2007	Approved by EPC		
Department	Respir	atory Therapy	Technolo	ogy			
College	RC - R	RC - Regional Campuses					
Proposal	Establ	Establish Course					
Course Subject	RTT	Course Nu	nber <b>220</b>	01			
Course Title	Clinical Education III						
Minimum Credits	02	Maximum (	Credits 02	2			
	🔀 Subj	ect	Cros	s-Listed / Slas	h		
	🖾 Num	ber	🛛 Grad	de Rule			
	🖾 Title		🖾 Crea	dit by Exam			
Selected items	🖾 Title	Abbreviation	🗋 Cou	rse Fee			
are new	Credit Hours		📋 Libe	ral Education F	Requirements (LER)		
		equisites	🔲 Writ	ing-Intensive			
	Desi		🗂 Dive	ersitv			

Schedule Type

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

Other

No impact on other policies, programs, or procedures.

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

**REQUIRED ENDORSEMENTS** Department Chair / School Director / Campus Dean

College Dean

Regional Campuses Executive Dean of/

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#### All data entered below should reflect revised information.

) Preparation Date	3-Jun-07	Requested Effect	ive Ter	m I	Fall 20	197 r
Course Subject	RTT	Course Number	22001			0
Course Title	<b>Clinical Educat</b>	ion III				
Title Abbreviation	Clinical Educat Maximum 30 spaces no spaces before or	s, with no punctuation of	or specia	i char	acters (	(exception: forward slash "/" is allowed with
Slash Course	/ / 4/5, 4/5/7 or 6/7	Cross-listed with				
Minimum Credit	02 ⊠ to 🗂 or	Maximum Credit	<b>02</b> (e	g., 3	o 3 cre	dits, 1 to 12 credits, 2 or 4 credits)
Contact Hours Per Week	Lecture Laboratory Other Contact hours shou	Minimum Hours	Į	_ to	🗆 or	Maximum Hours Maximum Hours Maximum Hours 124
Repeat Status	NR - Course ma If repeats, cours	ay not be repeated se limit OR max	d imum h	noure	6	
Course Level	UG - Undergrad	duate				
Grade Rule	C - Letter and	In Progress (IP)				
Schedule Type(s)	CLN - Clinic					
Course Attribute(s)	None					
Credit By Exam	N - Credit by E	xam Not Approve	d			
COMPLETE ONLY WH	AT IS APPLICABLE T	TO THE COURSE	gan gegenen menger ir deta 378	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩		
<u>Prerequisite</u> Course(s)	RTT 12002					COMPLETED BY PROVOST OFFICE OBR Program Code
Test Score(s)						OBR Subsidy Code
Corequisite(s)						OBR Course Level Z
Registration is by pe	ermission only 📋	Yes 🖾 No				CIP Code <u>510908</u>
Restrict Registratior (e.g., VCD majors, East	ו Liverpool Campus, so	phomore level and abo	ve, grad	uate s	standing	g, BA-CHEM program)

## Catalog Description Continuation of Clinical Education II, with emphasis on aerosol therapy, Oxygen therapy, suction, EKG, ABG, ventilators, and ICU. Assigned to a clinical education center for 60 hours.

**Previous** Title

Previous Subject

#### Contact Outline

Hours 60.00

Assigned to a clinical education center with emphasis on aersol therapy, Oxygen therapy, suction, bronchial hygiene, EKG, ABG, ventilators, and ICU.

60.00 Total Contact Hours

Textbook(s) Used in this Course Oakes, Dana ISBN 0932887007

Writing Expectations

Students will complete written reflection papers regarding clinical experiences.

**Clinical Practicioners Pocket Guide to Respiratory Therapy** 

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content

Kimberly Gray

REQUIRED ENDORSEMENT 05 72

9/5/07

## KENT STATE UNIVERSITY

		Preparation Date 3-Jun-07			Curriculum Bulletin		
		Effective	e Date	Fall 2007	Approved by EPC		
Department	Respirate	ory Therapy Te	chnolo	ду			
College	RC - Regional Campuses						
Proposal	Establish Course						
Course Subject	RTT Course Number 22002						
Course Title	Clinical Education IV						
Minimum Credits	02	Maximum Cre					
Selected items are new	<ul> <li>☑ Subject</li> <li>☑ Numbe</li> <li>☑ Title</li> <li>☑ Title Ab</li> <li>☑ Credit H</li> <li>☑ Prerequ</li> <li>☑ Descrip</li> <li>☑ Schedu</li> </ul>	breviation lours lisites tion	Grad	t by Exam se Fee al Education R ng-Intensive sity	n lequirements (LER)		

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

No impact on other policies, programs, or procedures.

Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

**REQUIRED ENDORSEMENTS** Department Chair / School Director / Campus Dean

Colleg# Dean

Executive Dean of Regional Campuses

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COMPLETED BY PROVOST OFFICE

OBR Program Code

CIP Code 510908

OBR Subsidy Code OBR Course Level 93

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#### All data entered below should reflect revised information.

Preparation Date	3-Jun-07	Requested Effective Term Fall 2007
Course Subject	RTT	Course Number 22002
Course Title	<b>Clinical Educati</b>	ion IV
Title Abbreviation	Clinical Educati Maximum 30 spaces no spaces before or	s, with he punctuation or special characters (exception: forward slash "/" is allowed with
Slash Course	/ / 4/5, 4/5/7 or 6/7	Cross-listed with
Minimum Credit	02 ⊠ to 🗋 or	Maximum Credit 02 (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
Contact Hours Per Week	<ul> <li>Lecture</li> <li>Laboratory</li> <li>Other</li> <li>Contact hours should</li> </ul>	Minimum Hours 92, 🖾 to 🗀 or Maximum Hours 11
Repeat Status		ay not be repeated e limit OR maximum hours
Course Level	UG - Undergrad	luate
Grade Rule	C - Letter and I	n Progress (IP)
Schedule Type(s)	CLN - Clinic	
Course Attribute(s)	None	
Credit By Exam	N - Credit by Ex	cam Not Approved
REAL AND THE PARTY AND A MARKED AND A COMPARED AND A COMPARED AND A COMPARISON OF A COMPARED AND A COMPARED AND	NAME AND DESCRIPTION OF THE OWNER	ŢġġŊŊĊŎŦŔŎŎĸŔŎŎĬŎſŊŢŎĔĔŦĔŔŎŎĹĹŎŊŎŎĊŖŢŢŢŶŢĬŎŦŦŎŎĬŔŎĬĔŢſſĔſŎŢŎŢŦĸŎŎĸŎŎĿĿĔſŔĿĔſŔĿŢŎŢŶŢŎŢŎĊŎĿŎŎĹŎĬŎŢŎŢŎĬŎĊŎĔŎŎŎĬŎĬŎŎĬŎŎĬŎŎĬŎŎĬŎŎĬŎŎĬŎŎĬŎŎĬŎŎĬŎŎĬŎŎ

#### COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

PrerequisiteCourse(s)RTT 22001Test Score(s)Corequisite(s)

Registration is by permission only	Yes	🖾 No
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Restrict Registration

(e.g., VCD majors, East Liverpool Campus, sophomore level and above, graduate standing, BA-CHEM program)

Catalog Description Continuation of Clinical Education III, with emphasis on pulmonary function tests (PFT), neonatal care, critical care, emergency care and pediatrics. Assigned to a clinical education center for 60 hours.

Previous Title

**Previous Subject** 

Page 3 of 3 Attachment 8-Page 97

Content Outline (include contact hours for each section)

Contact Hours Outline

f0.00

Assigned to a clinical education center with emphasis on neonatal care, ventilators, PFTs, critical care, emergency care, pediatrics, review previous clinical concepts.

60.00 Total Contact Hours

Textbook(s) Used in this Course Oakes, Dana ISBN 0932887007

Writing Expectations

Students will complete written reflection papers regarding clinical experiences.

**Clinical Practicioners Pocket Guide to Respiratory Therapy** 

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content

Kimberly Gray

**REQUIRED ENDORSEMENT** 

9/5/07