

KENT STATE UNIVERSITY RTT 11000 CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07**

Curriculum Bulletin _____

Effective Date **Fall 2007₈**

Approved by EPC _____

Department **Respiratory Therapy Technology**

College **RC - Regional Campuses**

Proposal **Establish Course**

Course Subject **RTT** Course Number **11000**

Course Title **Introduction to Respiratory Therapy**

Minimum Credits **03** Maximum Credits **3**

- | | | |
|---------------------------|--|---|
| Selected items
are new | <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| | <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| | <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| | <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| | <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| | <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| | <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| | <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> 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

<i>Lynne E Rowan</i>	9/5/07
_____ Department Chair / School Director / Campus Dean	<u>7/19/07</u>
<i>Jeanne Arvan</i>	9/27/07
_____ College Dean	9/28/07
<i>Shelby J Barton</i>	_____
_____ Executive Dean of Regional Campuses	_____
_____ Provost	_____

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **3-Jun-07** Requested Effective Term **Fall 2007/8**
 Course Subject **RTT** Course Number **11000**
 Course Title **Introduction to Respiratory Therapy**
 Title Abbreviation **Intro ^{to} 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 **/ /** Cross-listed with
4/5, 4/5/7 or 6/7
 Minimum Credit **03** to or Maximum Credit **03** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
 Contact Hours Lecture Minimum Hours **03** to or Maximum Hours **03**
 Per Week Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours to or Maximum Hours
Contact hours should be per week.
 Repeat Status **NR - Course may not be repeated**
If repeats, course limit OR maximum hours
 Course Level **UG - Undergraduate**
 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 IS APPLICABLE TO THE COURSE

Prerequisite
 Course(s)
 Test Score(s)
 Corequisite(s)
 Registration is by permission only Yes No
 Restrict Registration **Admission to Respiratory Therapy Major**
(e.g., VCD majors, East Liverpool Campus, sophomore level and above, graduate standing, BA-CHEM program)

COMPLETED BY PROVOST OFFICE

OBR Program Code 93
 OBR Subsidy Code 06
 OBR Course Level 2
 CIP Code 510908

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

Content Outline (include contact hours for each section)

Contact Hours	Outline
12.00	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

Egan's Fundamentals of Respiratory Care, Eighth Edition (Hardcover) by Robert L. Wilkins and James K. Stoller

Writing Expectations

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

REQUIRED ENDORSEMENT

Lynne E. Brown
Michelle Perry

Department Chair / School Director / Campus Dean

9/5/07
2/19/07

KENT STATE UNIVERSITY *RTT 11001* CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07**

Curriculum Bulletin _____

Effective Date **Fall 2007**
8

Approved by EPC _____

Department **Respiratory Therapy Technology**
 College **RC - Regional Campuses**
 Proposal **Establish Course**
 Course Subject **RTT** Course Number **11001**
 Course Title **Pharmacology**
 Minimum Credits **03** Maximum Credits **3**

- | | | |
|---------------------------|--|---|
| Selected items
are new | <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| | <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| | <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| | <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| | <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| | <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| | <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| | <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> 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

<i>Therese J Rowan</i> _____ Department Chair / School Director / Campus Dean	<i>9/5/07</i> <i>7/19/07</i>
<i>Jeanne Arhau</i> _____ College Dean	<i>9,27,07</i>
<i>Shelley J Bortor</i> _____ Executive Dean of Regional Campuses	<i>9,28,07</i>
_____ Provost	<i>1/1</i>

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **3-Jun-07** Requested Effective Term **Fall 2007**
 Course Subject **RTT** Course Number **11001**
 Course Title **Pharmacology**
 Title Abbreviation **Pharmacology**
 Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)
 Slash Course **/ /** Cross-listed with
4/5, 4/5/7 or 6/7
 Minimum Credit **03** to or Maximum Credit **03** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
 Contact Hours Lecture Minimum Hours **03** to or Maximum Hours **03**
 Per Week Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours to or Maximum Hours
 Contact hours should be per week.
 Repeat Status **NR - Course may not be repeated**
 If repeats, course limit **OR** maximum hours
 Course Level **UG - Undergraduate**
 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 IS APPLICABLE TO THE COURSE

Prerequisite Course(s) **BSCI 20020 ^{second} RTT 11000**

Test Score(s)

Corequisite(s)

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)

COMPLETED BY PROVOST OFFICE	
OBR Program Code	<u>95</u>
OBR Subsidy Code	<u>06</u>
OBR Course Level	<u>2</u>
CIP Code	<u>510908</u>

Catalog Description **Principles of pulmonary and conducting airway pharmacology; the treatment of obstructive lung diseases and other disorders.**

Previous Title

Previous Subject

Previous Number

Content Outline (include contact hours for each section)

Contact Hours	Outline
15.00	Principles of pulmonary pharmacology <ul style="list-style-type: none">- Receptor and target cells-Autonomic innervation-Mediators of inflammation-Airway smooth muscle-Cytokines in the lungs-Inflammation-Toxicology and environmental factors
15.00	Pharmacology of conducting airways <ul style="list-style-type: none">-Beta-adrenergic agonists-Drugs that inhibit Phosphodiesterase-Anticholinergic agents-Corticosteroids-Anti-inflammatory drugs other than corticosteroids-Stimulants and mucolytics-Adverse drug reactions
10.00	Treatment of Obstructive lung diseases <ul style="list-style-type: none">-Asthma treatment-COPD Treatment-Cystic Fibrosis treatment
5.00	Other disorders <ul style="list-style-type: none">-Pulmonary embolism treatment-Connective tissue disorder treatment

45.00 Total Contact Hours

Textbook(s) Used in this Course

Writing Expectations

Students will complete short answer questions on examinations.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content **Kimberly Gray**

REQUIRED ENDORSEMENT

Lynne E. Rowan
Kimberly Gray

Department Chair / School Director / Campus Dean

9/5/07
2/19/07

KENT STATE UNIVERSITY RTT 11002

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07**

Curriculum Bulletin _____

Effective Date **Fall 2007**

Approved by EPC _____

Department **Respiratory Therapy Technology**
 College **RC - Regional Campuses**
 Proposal **Establish Course**
 Course Subject **RTT** Course Number **11002**
 Course Title **Cardiopulmonary Diseases**
 Minimum Credits **03** Maximum Credits **03**

- | | | |
|---------------------------|--|---|
| Selected items
are new | <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| | <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| | <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| | <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| | <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| | <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| | <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| | <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> Other |

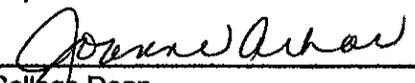
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

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

	9/5/07
Department Chair / School Director / Campus Dean	<u>7/19/07</u>
	9/27/07
College Dean	<u>9/28/07</u>
	9/28/07
Executive Dean of Regional Campuses	<u>1/1</u>
_____ Provost	<u>1/1</u>

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **3-Jun-07** Requested Effective Term **Fall 2007^g**
 Course Subject **RTT** Course Number **11002**
 Course Title **Cardiopulmonary Diseases**
 Title Abbreviation **Cardiopulmonary Diseases**
 Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)
 Slash Course **/ /** Cross-listed with
4/5, 4/5/7 or 6/7
 Minimum Credit **03** to or Maximum Credit **03** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
 Contact Hours Lecture Minimum Hours **03** to or Maximum Hours **03**
 Per Week Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours to or Maximum Hours
 Contact hours should be per week.
 Repeat Status **NR - Course may not be repeated**
 If repeats, course limit **OR** maximum hours
 Course Level **UG - Undergraduate**
 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 IS APPLICABLE TO THE COURSE

Prerequisite Course(s) **RTT 11000**
 Test Score(s)
 Corequisite(s)
 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)

COMPLETED BY PROVOST OFFICE	
OBR Program Code	<u>93</u>
OBR Subsidy Code	<u>06</u>
OBR Course Level	<u>2</u>
CIP Code	<u>510908</u>

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

Content Outline (include contact hours for each section)

Contact Hours	Outline
6.00	Patient assessment <ul style="list-style-type: none">-Radiologic examination of the chest-Data collection-Assessment skills and critical thinking-Treatment plans-Infection control
9.00	Obstructive airway diseases <ul style="list-style-type: none">-Chronic bronchitis-Emphysema-Asthma-Cystic Fibrosis-Croup
9.00	Infectious Pulmonary Diseases <ul style="list-style-type: none">-Pneumonia-AIDS-Lung abscess-Tuberculosis-Fungal diseases of the lung
6.00	Pulmonary vascular diseases <ul style="list-style-type: none">-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 <ul style="list-style-type: none">-Guillain Barre Syndrome-Sleep Apnea-Myasthenia Gravis
1.50	Other <ul style="list-style-type: none">-Drowning-Smoke inhalation-Post-operative atelectasis

45.00 Total Contact Hours

Textbook(s) Used in this Course

Writing Expectations

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

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content **Kimberly Gray**

REQUIRED ENDORSEMENT

Lynne Showan
Kimberly Gray

Department Chair / School Director / Campus Dean

9/5/07
7/19/07

KENT STATE UNIVERSITY *RTT 11003* CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07**

Curriculum Bulletin _____

Effective Date **Fall 2007** *8*

Approved by EPC _____

Department **Respiratory Therapy Technology**

College **RC - Regional Campuses**

Proposal **Establish Course**

Course Subject **RTT** Course Number **11003**

Course Title **Cardiopulmonary Physiology**

Minimum Credits **03** Maximum Credits **03**

- | | | |
|---------------------------|--|---|
| Selected items
are new | <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| | <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| | <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| | <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| | <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| | <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| | <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| | <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> 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

<i>Lynne E. Brown</i> _____ Department Chair / School Director / Campus Dean	<i>9/5/07</i> <i>7/12/07</i>
<i>Jouanne Arhan</i> _____ College Dean	<i>9/27/07</i>
<i>Shelby J. Baston</i> _____ Executive Dean of Regional Campuses	<i>9/28/07</i>
_____ Provost	<i>1/1</i>

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **3-Jun-07** Requested Effective Term **Fall 2007/8**
 Course Subject **RTT** Course Number **11003**
 Course Title **Cardiopulmonary Physiology**
 Title Abbreviation **Cardiopulmonary Physiology**
Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)
 Slash Course **/ /** Cross-listed with
4/5, 4/5/7 or 6/7
 Minimum Credit **03** to or Maximum Credit **03** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
 Contact Hours Lecture Minimum Hours **03** to or Maximum Hours **03**
 Per Week Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours to or Maximum Hours
Contact hours should be per week.
 Repeat Status **NR - Course may not be repeated**
If repeats, course limit OR maximum hours
 Course Level **UG - Undergraduate**
 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 IS APPLICABLE TO THE COURSE

Prerequisite Course(s) **BSCI 20020 ^{found} RTT 11000**

Test Score(s)

Corequisite(s)

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)

COMPLETED BY PROVOST OFFICE	
OBR Program Code	<u>93</u>
OBR Subsidy Code	<u>06</u>
OBR Course Level	<u>2</u>
CIP Code	<u>510908</u>

Catalog Description **Principles of cardiopulmonary processes and functions. Topics include pulmonary mechanics, cardiovascular mechanisms, and neuromuscular mechanisms.**

Previous Title

Previous Subject

Previous Number

Content Outline (include contact hours for each section)

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

45.00 Total Contact Hours

Textbook(s) Used in this Course

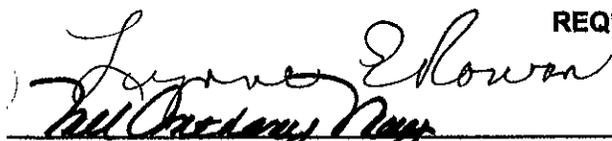
Writing Expectations

Students will complete short answer questions on examinations.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content Kimberly Gray

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean

9/5/07
2/19/07

KENT STATE UNIVERSITY RTT 11004 CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07** Curriculum Bulletin _____
Effective Date **Fall 2007/8** Approved by EPC _____

Department **Respiratory Therapy Technology**
College **RC - Regional Campuses**
Proposal **Establish Course**
Course Subject **RTT** Course Number **11004**
Course Title **ABG/EKG Interpretation Arterial Blood Gas and Electrocardiogram Interpretation**
Minimum Credits **02** Maximum Credits **02**

- | | | |
|---------------------------|--|---|
| Selected items
are new | <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| | <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| | <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| | <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| | <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| | <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| | <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| | <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> Other |

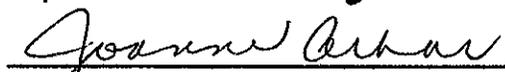
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

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

	9/5/07
Department Chair / School Director / Campus Dean	7/19/07
	9/27/07
College Dean	9/28/07
	9/28/07
Executive Dean of Regional Campuses	1/1/07
_____ Provost	1/1/07

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **3-Jun-07** Requested Effective Term **Fall 2007/8**
 Course Subject **RTT** Course Number **11004**
 Course Title **~~ABG/EKG Interpretation~~ Arterial Blood Gas and Electrocardiogram Interpretation**
 Title Abbreviation **Abg/Ekg Interpretation**
Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)
 Slash Course **/ /** Cross-listed with
4/5, 4/5/7 or 6/7
 Minimum Credit **02** to or Maximum Credit **02** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
 Contact Hours Lecture Minimum Hours **02** to or Maximum Hours **02**
 Per Week Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours to or Maximum Hours
Contact hours should be per week.
 Repeat Status **NR - Course may not be repeated**
If repeats, course limit OR maximum hours
 Course Level **UG - Undergraduate**
 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 IS APPLICABLE TO THE COURSE

Prerequisite Course(s) **BSCI 20020, RTT 11000, 11003**

Test Score(s)

Corequisite(s)

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)

COMPLETED BY PROVOST OFFICE	
OBR Program Code	<u>93</u>
OBR Subsidy Code	<u>06</u>
OBR Course Level	<u>2</u>
CIP Code	<u>510908</u>

Catalog Description **Principles of obtaining, reading, and interpreting arterial blood gas tests and electrocardiograms.**

Previous Title

Previous Subject

Previous Number

Content Outline (include contact hours for each section)

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

30.00 Total Contact Hours

Textbook(s) Used in this Course

Writing Expectations

Students will complete short answer questions on examinations.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content **Kimberly Gray**

REQUIRED ENDORSEMENT

Stephen E. Rowan
Kimberly Gray

9/5/07

7/19/07

Department Chair / School Director / Campus Dean

KENT STATE UNIVERSITY *RTT 11005* CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07**

Curriculum Bulletin _____

Effective Date **Fall 2007/8**

Approved by EPC _____

Department **Respiratory Therapy Technology**

College **RC - Regional Campuses**

Proposal **Establish Course**

Course Subject **RTT** Course Number **11005**

Course Title **Mechanical Ventilation**

Minimum Credits **02** Maximum Credits **02**

- | | | |
|---------------------------|--|---|
| Selected items
are new | <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| | <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| | <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| | <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| | <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| | <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| | <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| | <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> 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

Spencer Showman
Neil O'Donoghue

Department Chair / School Director / Campus Dean

9/5/07
7/19/07

Jouanne Arhan

College/Dean

9/27/07

Shirley J. Barton

Executive Dean of Regional Campuses

9/28/07

Provost

1/1

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **3-Jun-07** Requested Effective Term **Fall 2007**
Course Subject **RTT** Course Number **11005**
Course Title **Mechanical Ventilation**
Title Abbreviation **Mechanical Ventilation**
Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)
Slash Course **/ /** Cross-listed with
4/5, 4/5/7 or 6/7
Minimum Credit **02** to or Maximum Credit **02** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
Contact Hours Lecture Minimum Hours **02** to or Maximum Hours **02**
Per Week Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours to or Maximum Hours
Contact hours should be per week.
Repeat Status **NR - Course may not be repeated**
If repeats, course limit **OR** maximum hours
Course Level **UG - Undergraduate**
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 IS APPLICABLE TO THE COURSE

Prerequisite Course(s) **BSCI 20020 RTT 11003**
Test Score(s)
Corequisite(s)
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)

COMPLETED BY PROVOST OFFICE	
OBR Program Code	<u>93</u>
OBR Subsidy Code	<u>06</u>
OBR Course Level	<u>2</u>
CIP Code	<u>510908</u>

Catalog Description **Principles of mechanical ventilation; establishment of initial parameters, ventilation methods, compliance, and monitoring**
Previous Title
Previous Subject Previous Number

Content Outline (include contact hours for each section)

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 initial parameters

30.00 Total Contact Hours

Textbook(s) Used in this Course

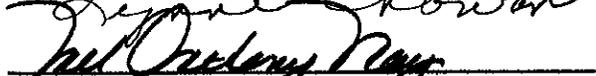
Writing Expectations

Students will complete short answer questions on examinations.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content **Kimberly Gray**

REQUIRED ENDORSEMENT

Department Chair / School Director / Campus Dean

9/5/07
7/19/07

KENT STATE UNIVERSITY RTT 12001 CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07**

Curriculum Bulletin _____

Effective Date **Fall 2007**

Approved by EPC _____

Department **Respiratory Therapy Technology**

College **RC - Regional Campuses**

Proposal **Establish Course**

Course Subject **RTT** Course Number **12001**

Course Title **Clinical Education I**

Minimum Credits **01** Maximum Credits **01**

- | | | |
|---------------------------|--|---|
| Selected items
are new | <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| | <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| | <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| | <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| | <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| | <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| | <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| | <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> Other |

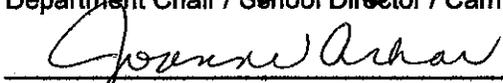
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

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

	9/5/07
Department Chair / School Director / Campus Dean	<u>7/19/07</u>
	9/27/07
College Dean	<u>9/28/07</u>
	9/28/07
Executive Dean of Regional Campuses	<u> </u>
	<u> </u>
Provost	

BASIC DATA SHEET

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 **Clinical Education I**

Title Abbreviation **Clinical Education I**
Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)

Slash Course **/ /** Cross-listed with
4/5, 4/5/7 or 6/7

Minimum Credit **01** to or Maximum Credit **01** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours Lecture Minimum Hours to or Maximum Hours
Per Week Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours **02** to or Maximum Hours **08**

Contact hours should be per week.

Repeat Status **NR - Course may not be repeated**
If repeats, course limit **OR** maximum hours

Course Level **UG - Undergraduate**

Grade Rule **C - Letter and In Progress (IP)**

Schedule Type(s) **CLN - Clinic**

Course Attribute(s) **None**

Credit By Exam **N - Credit by Exam 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 Yes No

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

COMPLETED BY PROVOST OFFICE	
OBR Program Code	<u>93</u>
OBR Subsidy Code	<u>06</u>
OBR Course Level	<u>2</u>
CIP Code	<u>510908</u>

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

Previous Subject Previous Number

Content Outline (include contact hours for each section)

Contact
Hours

Outline

30.00 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

Students will complete written reflection papers regarding clinical experiences.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content **Kimberly Gray**

REQUIRED ENDORSEMENT

Sydney E. Howard
Kimberly Gray

Department Chair / School Director / Campus Dean

9/5/07
211907

KENT STATE UNIVERSITY *RTT 12002* CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07**

Curriculum Bulletin _____

Effective Date **Fall 2007**

Approved by EPC _____

Department **Respiratory Therapy Technology**

College **RC - Regional Campuses**

Proposal **Establish Course**

Course Subject **RTT** Course Number **12002**

Course Title **Clinical Education II**

Minimum Credits **02** Maximum Credits **02**

- | | | |
|---------------------------|--|---|
| Selected items
are new | <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| | <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| | <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| | <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| | <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| | <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| | <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| | <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> 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

Lynne E. Glowan
Neil Cochran, Ph.D.

Department Chair / School Director / Campus Dean

9/5/07
7/19/07

Josune Arhau

College Dean

9/27/07

Shirley J. Barton

Executive Dean of Regional Campuses

9/28/07

Provost

 / /

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **3-Jun-07** Requested Effective Term **Fall 2007^g**

Course Subject **RTT** Course Number **12002**

Course Title **Clinical Education II**

Title Abbreviation **Clinical Education II**
Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)

Slash Course **/ /** Cross-listed with
4/5, 4/5/7 or 6/7

Minimum Credit **02** to or Maximum Credit **02** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours Lecture Minimum Hours to or Maximum Hours
Per Week Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours **02⁴** to or Maximum Hours **12⁴**
Contact hours should be per week.

Repeat Status **NR - Course may not be repeated**
If repeats, course limit OR maximum hours

Course Level **UG - Undergraduate**

Grade Rule **C - Letter and In Progress (IP)**

Schedule Type(s) **CLN - Clinic**

Course Attribute(s) **None**

Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite Course(s) **RTT 12001**

Test Score(s)

Corequisite(s)

Registration is by permission only Yes No

COMPLETED BY PROVOST OFFICE	
OBR Program Code	<u>93</u>
OBR Subsidy Code	<u>06</u>
OBR Course Level	<u>2</u>
CIP Code	<u>510908</u>

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

Content Outline (include contact hours for each section)

Contact
Hours

Outline

60.00 Assigned to a clinical education center with emphasis on aerosol 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



Department Chair / School Director / Campus Dean

9/5/07
7/19/07

KENT STATE UNIVERSITY *RTT 21000* CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07**

Curriculum Bulletin _____

Effective Date **Fall 2007**

Approved by EPC _____

Department **Respiratory Therapy Technology**
College **RC - Regional Campuses**
Proposal **Establish Course**
Course Subject **RTT** Course Number **21000**
Course Title **Critical Care**
Minimum Credits **03** Maximum Credits **03**

- | | | |
|---------------------------|--|---|
| Selected items
are new | <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| | <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| | <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| | <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| | <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| | <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| | <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| | <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> Other |

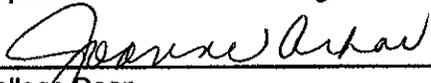
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

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

	<u>9/5/07</u>
Department Chair / School Director / Campus Dean	<u>7/19/07</u>
	<u>9/27/07</u>
College Dean	<u>9/28/07</u>
	<u>9/28/07</u>
Executive Dean of Regional Campuses	<u>1/1</u>
Provost	

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **3-Jun-07** Requested Effective Term **Fall 2007/8**
 Course Subject **RTT** Course Number **21000**
 Course Title **Critical Care**
 Title Abbreviation **Critical Care**
 Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)
 Slash Course **/ /** Cross-listed with
4/5, 4/5/7 or 6/7
 Minimum Credit **03** to or Maximum Credit **03** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
 Contact Hours Lecture Minimum Hours **03** to or Maximum Hours **03**
 Per Week Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours to or Maximum Hours
 Contact hours should be per week.
 Repeat Status **NR - Course may not be repeated**
 If repeats, course limit **OR** maximum hours
 Course Level **UG - Undergraduate**
 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 IS APPLICABLE TO THE COURSE

Prerequisite Course(s) **RTT 11001, 11003, 11004, 11005**
 Test Score(s)
 Corequisite(s)
 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)

COMPLETED BY PROVOST OFFICE	
OBR Program Code	<u>93</u>
OBR Subsidy Code	<u>06</u>
OBR Course Level	<u>2</u>
CIP Code	<u>510908</u>

Catalog Description **Principles of patient care in a critical care environment. Topics include: definitions of critical situations, critical care equipment, and case studies.**

Previous Title
 Previous Subject Previous Number

Content Outline (include contact hours for each section)

Contact Hours	Outline
15.00	Dealing with patients in the critical care environment
15.00	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

Students will complete short answer questions on examinations.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content Kimberly Gray

REQUIRED ENDORSEMENT

Lynne Edman
Kimberly Gray

 Department Chair / School Director / Campus Dean

9/5/07
 7/19/07

KENT STATE UNIVERSITY **RTT 21001** CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07**

Curriculum Bulletin _____

Effective Date **Fall 2007/8**

Approved by EPC _____

Department **Respiratory Therapy Technology**
 College **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**

- | | | |
|---------------------------|--|---|
| Selected items
are new | <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| | <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| | <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| | <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| | <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| | <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| | <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| | <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> 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

Jeanne E. Rowan
Neil Orchard

Department Chair / School Director / Campus Dean

9/5/07
7/19/07

Joseph A. Arban

College Dean

9/27/07

Shelby J. Barton

Executive Dean of Regional Campuses

9/28/07

Provost

1/1

BASIC DATA SHEET.

All data entered below should reflect revised information.

Preparation Date **3-Jun-07** Requested Effective Term **Fall 2007**

Course Subject **RTT** Course Number **21001**

Course Title **Neonatal and Pediatric Respiratory Care**

Title Abbreviation **Neonatal/Pediatric Resp Care**
Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)

Slash Course **/ /** Cross-listed with
4/5, 4/5/7 or 6/7

Minimum Credit **03** to or Maximum Credit **03** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours Lecture Minimum Hours **03** to or Maximum Hours **03**
Per Week Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours to or Maximum Hours

Contact hours should be per week.

Repeat Status **NR - Course may not be repeated**
If repeats, course limit **OR** maximum hours

Course Level **UG - Undergraduate**

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 IS APPLICABLE TO THE COURSE

Prerequisite Course(s) **RTT 11001, 11003, 11004, 11005**

Test Score(s)

Corequisite(s)

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)

COMPLETED BY PROVOST OFFICE	
OBR Program Code	<u>93</u>
OBR Subsidy Code	<u>06</u>
OBR Course Level	<u>2</u>
CIP Code	<u>510908</u>

Catalog Description **Respiratory system development; evaluation and care of newborn, infant, and pediatric patients; common infant and pediatric diseases; and respiratory care of newborns, infants, and pediatric patients.**

Previous Title

Previous Subject

Previous Number

Content Outline (include contact hours for each section)

Contact Hours	Outline
7.50	Development of the respiratory system -Defense mechanisms of the respiratory tract -Abnormalities of the respiratory tract
15.00	Evaluation and care of the newborn/infant/pediatric patient -Code pink deliveries -Mechonium -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 -Epiglottis
15.00	Respiratory care of the newborn/infant/pediatric patient -Oxygen therapy -Aersol therapy -IPPV -Bronchial hygiene -Mechanical ventilation

45.00 Total Contact Hours

Textbook(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 **Kimberly Gray**

REQUIRED ENDORSEMENT

Lynne E. Sloman
Kimberly Gray

Department Chair / School Director / Campus Dean

9/5/07
7/19/02

KENT STATE UNIVERSITY RTT 21002 CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07**

Curriculum Bulletin _____

Effective Date **Fall 2007**

Approved by EPC _____

Department **Respiratory Therapy Technology**
 College **RC - Regional Campuses**
 Proposal **Establish Course**
 Course Subject **RTT** Course Number **21002**
 Course Title **Long Term Care and Rehabilitation**
 Minimum Credits **03** Maximum Credits **03**

- | | | |
|---------------------------|--|---|
| Selected items
are new | <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| | <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| | <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| | <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| | <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| | <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| | <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| | <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> Other |

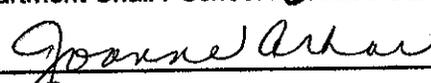
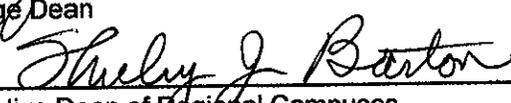
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

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	9/5/07 <u>7/19/07</u>
 _____ College Dean	9/27/07
 _____ Executive Dean of Regional Campuses	9/28/07
_____ Provost	____/____/____

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **3-Jun-07** Requested Effective Term **Fall 2007^g**
 Course Subject **RTT** Course Number **21002**
 Course Title **Long Term Care and Rehabilitation**
 Title Abbreviation **Long Term Care And Rehab**
Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)
 Slash Course **/ /** Cross-listed with
4/5, 4/5/7 or 6/7
 Minimum Credit **03** to or Maximum Credit **03** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
 Contact Hours Lecture Minimum Hours **03** to or Maximum Hours **3**
 Per Week Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours to or Maximum Hours
Contact hours should be per week.
 Repeat Status **NR - Course may not be repeated**
If repeats, course limit OR maximum hours
 Course Level **UG - Undergraduate**
 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 IS APPLICABLE TO THE COURSE

Prerequisite Course(s) **RTT 11002, 11003, 11004**

Test Score(s)

Corequisite(s)

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)

COMPLETED BY PROVOST OFFICE	
OBR Program Code	<u>93</u>
OBR Subsidy Code	<u>06</u>
OBR Course Level	<u>2</u>
CIP Code	<u>510908</u>

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

Previous Title

Previous Subject

Previous Number

Content Outline (include contact hours for each section)

Contact Hours	Outline
30.00	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
7.50	Long term care - Nursing home - Assisted living - In-home care
7.50	Rehabilitation - Criteria for rehabilitation - Inpatient setting - Outpatient setting

45.00 Total Contact Hours

Textbook(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 **Kimberly Gray**

REQUIRED ENDORSEMENT

Lynne E. Rowan

9/5/07

Neil O'Rourke

Department Chair / School Director / Campus Dean

7/19/07

KENT STATE UNIVERSITY RTT 21010 Attachment 8 Page 80

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07**

Curriculum Bulletin _____

Effective Date **Fall 2007**

Approved by EPC _____

Department **Respiratory Therapy Technology**
 College **RC - Regional Campuses**
 Proposal **Establish Course**
 Course Subject **RTT** Course Number **21010**
 Course Title **Contemporary Issues in Respiratory Therapy**
 Minimum Credits **01** Maximum Credits **01**

- | | | |
|---------------------------|--|---|
| Selected items
are new | <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| | <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| | <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| | <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| | <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| | <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| | <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| | <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> Other |

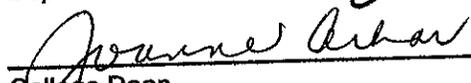
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

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

	9/5/07
Department Chair / School Director / Campus Dean	<u>7/19/07</u>
	9/27/07
College Dean	<u>9/28/07</u>
	_____
Executive Dean of Regional Campuses	_____
_____ Provost	_____

BASIC DATA SHEET**All data entered below should reflect revised information.**

Preparation Date **3-Jun-07** Requested Effective Term **Fall 2007⁸**
 Course Subject **RTT** Course Number **21010**
 Course Title **Contemporary Issues in Respiratory Therapy**
 Title Abbreviation **Contemporary Issues In RT**
 Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)

Slash Course **/ /** Cross-listed with
4/5, 4/5/7 or 6/7

Minimum Credit **01** to or Maximum Credit **01** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
 Contact Hours Lecture Minimum Hours **01** to or Maximum Hours **01**
 Per Week Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours to or Maximum Hours
 Contact hours should be per week.

Repeat Status **RP - Course may be repeated**
 If repeats, course limit OR maximum hours

Course Level **UG - Undergraduate**
 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 IS APPLICABLE TO THE COURSE

Prerequisite
 Course(s) **RTT 11000**
 Test Score(s)
 Corequisite(s)
 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)

COMPLETED BY PROVOST OFFICE	
OBR Program Code	<u>93</u>
OBR Subsidy Code	<u>06</u>
OBR Course Level	<u>2</u>
CIP Code	<u>510908</u>

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

Previous Title
 Previous Subject Previous Number

Content Outline (include contact hours for each section)

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

15.00 Total Contact Hours

Textbook(s) Used in this Course

Current materials appropriate to the specific topics covered.

Writing Expectations

Students will complete and appropriate written assignments.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content

Kimberly Gray

REQUIRED ENDORSEMENT

Lynne Elowan
Kimberly Gray
 Department Chair / School Director / Campus Dean

9/5/07
7/19/07

KENT STATE UNIVERSITY *RTT 21011* CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07**

Curriculum Bulletin _____

Effective Date **Fall 2007**
8

Approved by EPC _____

Department **Respiratory Therapy Technology**

College **RC - Regional Campuses**

Proposal **Establish Course**

Course Subject **RTT** Course Number **21011**

Course Title **Preparation for ~~CERT/RTT~~ *Certified Respiratory Therapist and Registered Respiratory Therapist***

Minimum Credits **01** Maximum Credits **01**

- | | | |
|---------------------------|--|---|
| Selected Items
are new | <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| | <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| | <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| | <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| | <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| | <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| | <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| | <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> 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

<i>[Signature]</i>	<u>9/5/07</u>
<i>[Signature]</i>	<u>7/19/07</u>
Department Chair / School Director / Campus Dean	
<i>[Signature]</i>	<u>9/27/07</u>
College Dean	
<i>[Signature]</i>	<u>9/28/07</u>
Executive Dean of Regional Campuses	
_____ Provost	<u> / / </u>

BASIC DATA SHEET**All data entered below should reflect revised information.**

Preparation Date **3-Jun-07** Requested Effective Term **Fall 2007/8**

Course Subject **RTT** Course Number **21011**
Certified Respiratory Therapist and Registered Respiratory Therapist

Course Title **Preparation for CRT/RRT**

Title Abbreviation **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 **/ /** Cross-listed with
 4/5, 4/5/7 or 6/7

Minimum Credit **01** to or Maximum Credit **01** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours Lecture Minimum Hours **01** to or Maximum Hours **01**
 Per Week Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours to or Maximum Hours
 Contact hours should be per week.

Repeat Status **RP - Course may be repeated**
 If repeats, course limit **OR** maximum hours

Course Level **UG - Undergraduate**

Grade Rule **F - Satisfactory/Unsatisfactory**

Schedule Type(s) **LEC - Lecture**

Course Attribute(s) **None**

Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite Course(s) *Coreq* **RTT 22002**

Test Score(s)

Corequisite(s)

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)

COMPLETED BY PROVOST OFFICE	
OBR Program Code	<u>93</u>
OBR Subsidy Code	<u>06</u>
OBR Course Level	<u>2</u>
CIP Code	<u>510908</u>

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

Previous Title

Previous Subject

Previous Number

Content Outline (include contact hours for each section)

Contact Hours	Outline
15.00	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 CRT and RRT study guides

Writing Expectations

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content Kimberly Gray

REQUIRED ENDORSEMENT

James E. Rowan
Kimberly Gray

 Department Chair / School Director / Campus Dean

9/5/07
7/19/07

KENT STATE UNIVERSITY RTT 21095 Attachment Page 86

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07**

Curriculum Bulletin _____

Effective Date **Fall 2007**

Approved by EPC _____

Department **Respiratory Therapy Technology**
 College **RC - Regional Campuses**
 Proposal **Establish Course**
 Course Subject **RTT** Course Number **21095**
 Course Title **Special Topics in Respiratory Therapy**
 Minimum Credits **01** Maximum Credits **03**

- | | | |
|---------------------------|--|---|
| Selected items
are new | <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| | <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| | <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| | <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| | <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| | <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| | <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| | <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> Other |

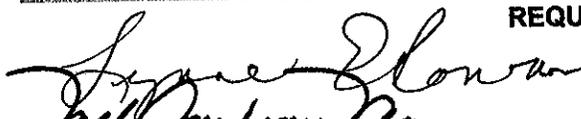
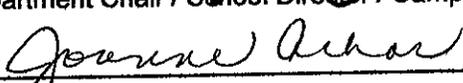
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

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

	9/5/07
 Department Chair / School Director / Campus Dean	7/19/07
 College/Dean	9/27/07
 Executive Dean of Regional Campuses	9/28/07
 Provost	<u> </u> / <u> </u> / <u> </u>

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **3-Jun-07** Requested Effective Term **Fall 2007**

Course Subject **RTT** Course Number **21095**

Course Title **Special Topics in Respiratory Therapy**

Title Abbreviation **Special Topics in RT, ST in 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 **/ /** Cross-listed with
4/5, 4/5/7 or 6/7

Minimum Credit **01** to or Maximum Credit **03** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours Lecture Minimum Hours **01** to or Maximum Hours **03**
 Per Week Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours to or Maximum Hours
 Contact hours should be per week.

Repeat Status **RP - Course may be repeated**
 If repeats, course limit OR maximum hours

Course Level **UG - Undergraduate**

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 IS APPLICABLE TO THE COURSE

Prerequisite
 Course(s) **RTT 11000**

Test Score(s)

Corequisite(s)

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)

COMPLETED BY PROVOST OFFICE	
OBR Program Code	<u>93</u>
OBR Subsidy Code	<u>06</u>
OBR Course Level	<u>2</u>
CIP Code	<u>510908</u>

Catalog Description **Scheduled topics of interest to students and faculty.**

Previous Title

Previous Subject Previous Number

Content Outline (include contact hours for each section)

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 appropriate to the specific topics covered.**

Writing Expectations

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content **Kimberly Gray**

Supra E. Rowan
Kimberly Gray

Department Chair / School Director / Campus Dean

REQUIRED ENDORSEMENT

9/5/07
7/19/07

KENT STATE UNIVERSITY RTT 21096 Attachment 3-Page 89

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07** Curriculum Bulletin _____
 Effective Date **Fall 2007** Approved by EPC _____

Department **Respiratory Therapy Technology**
 College **RC - Regional Campuses**
 Proposal **Establish Course**
 Course Subject **RTT** Course Number **21096**
 Course Title **Individual Investigation in Respiratory Therapy**
 Minimum Credits **01** Maximum Credits **03**

- | | | |
|---------------------------|--|---|
| Selected items
are new | <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| | <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| | <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| | <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| | <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| | <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| | <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| | <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> Other |

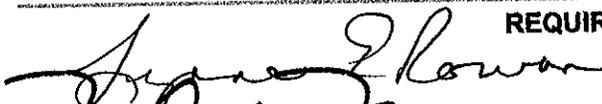
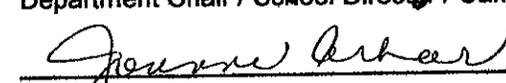
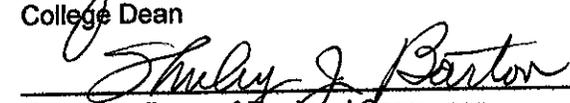
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

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

	9/5/07
Department Chair / School Director / Campus Dean	<u>7/19/07</u>
	9/27/07
College Dean	<u>9/28/07</u>
	_____
Executive Dean of Regional Campuses	_____
_____ Provost	_____

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **3-Jun-07** Requested Effective Term **Fall 2007**⁸
 Course Subject **RTT** Course Number **21096**
 Course Title **Individual Investigation in Respiratory Therapy**
 Title Abbreviation **Individual Investigationⁱⁿ RT**
 Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)
 Slash Course **/ /** Cross-listed with
4/5, 4/5/7 or 6/7
 Minimum Credit **01** to or Maximum Credit **03** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
 Contact Hours Lecture Minimum Hours to or Maximum Hours
 Per Week Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours **01** to or Maximum Hours **03**
 Contact hours should be per week.
 Repeat Status **RP - Course may be repeated**
 If repeats, course limit **OR** maximum hours **6**
 Course Level **UG - Undergraduate**
 Grade Rule **F - Satisfactory/Unsatisfactory**
 Schedule Type(s) **IND - Individual Investigation**
 Course Attribute(s) **None**
 Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite

Course(s)

Test Score(s)

Corequisite(s)

Registration is by permission only Yes No

Restrict Registration **RTT Majors**

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

COMPLETED BY PROVOST OFFICE

OBR Program Code 93

OBR Subsidy Code 06

OBR Course Level 2

CIP Code 510908

Catalog Description ~~(Repeatable for a total of 6 hours)~~ **Readings and/or investigation of respiratory therapy topics supervised by respiratory therapy faculty. SIU grading.**

Previous Title

Previous Subject

Previous Number

Content Outline (include contact hours for each section)

Contact Hours	Outline
15.00	Readings and/or investigation of respiratory therapy topics supervised by respiratory therapy faculty.

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

Lynne Elowan
Kimberly Gray

9/5/07

7/19/07

Department Chair / School Director / Campus Dean

KENT STATE UNIVERSITY *RTT 22001* CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07**

Curriculum Bulletin _____

Effective Date **Fall 2007/8**

Approved by EPC _____

Department **Respiratory Therapy Technology**
 College **RC - Regional Campuses**
 Proposal **Establish Course**
 Course Subject **RTT** Course Number **22001**
 Course Title **Clinical Education III**
 Minimum Credits **02** Maximum Credits **02**

- Selected items are new
- | | |
|--|---|
| <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> Other |

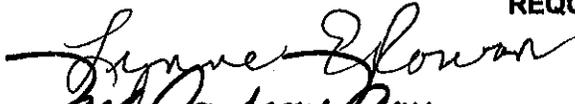
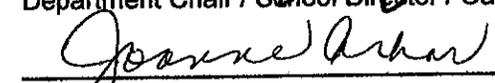
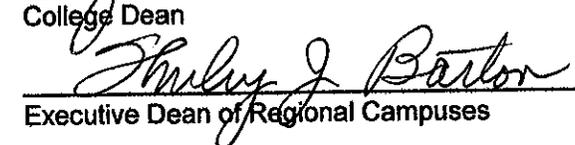
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

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

	<u>9/5/07</u>
 Department Chair / School Director / Campus Dean	<u>7/19/07</u>
 College Dean	<u>9/27/07</u>
 Executive Dean of Regional Campuses	<u>9/28/07</u>
_____ Provost	<u> / / </u>

BASIC DATA SHEET**All data entered below should reflect revised information.**

Preparation Date **3-Jun-07** Requested Effective Term **Fall 2007/8**
 Course Subject **RTT** Course Number **22001**
 Course Title **Clinical Education III**
 Title Abbreviation **Clinical Education III**
 Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)
 Slash Course **/ /** Cross-listed with
 4/5, 4/5/7 or 6/7
 Minimum Credit **02** to or Maximum Credit **02** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
 Contact Hours Lecture Minimum Hours to or Maximum Hours
 Per Week Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours **02** to or Maximum Hours **12/4**
 Contact hours should be per week.
 Repeat Status **NR - Course may not be repeated**
 If repeats, course limit OR maximum hours
 Course Level **UG - Undergraduate**
 Grade Rule **C - Letter and In Progress (IP)**
 Schedule Type(s) **CLN - Clinic**
 Course Attribute(s) **None**
 Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite
 Course(s) **RTT 12002**
 Test Score(s)
 Corequisite(s)
 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)

COMPLETED BY PROVOST OFFICE	
OBR Program Code	<u>93</u>
OBR Subsidy Code	<u>06</u>
OBR Course Level	<u>2</u>
CIP Code	<u>510908</u>

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

Previous Number

Content Outline (include contact hours for each section)

Contact Hours	Outline
60.00	Assigned to a clinical education center with emphasis on aerosol 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

Clinical Practicioners Pocket Guide to Respiratory Therapy

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

Signature of Suzanne E. Brown
Signature of Kimberly Gray

9/5/07
7/19/02

Department Chair / School Director / Campus Dean

KENT STATE UNIVERSITY RTT 22002 Attachment 8 Page 95

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Jun-07** Curriculum Bulletin _____
 Effective Date **Fall 2007/8** Approved by EPC _____

Department **Respiratory Therapy Technology**
 College **RC - Regional Campuses**
 Proposal **Establish Course**
 Course Subject **RTT** Course Number **22002**
 Course Title **Clinical Education IV**
 Minimum Credits **02** Maximum Credits **02**

- | | | |
|---------------------------|--|---|
| Selected items
are new | <input checked="" type="checkbox"/> Subject | <input type="checkbox"/> Cross-Listed / Slash |
| | <input checked="" type="checkbox"/> Number | <input checked="" type="checkbox"/> Grade Rule |
| | <input checked="" type="checkbox"/> Title | <input checked="" type="checkbox"/> Credit by Exam |
| | <input checked="" type="checkbox"/> Title Abbreviation | <input type="checkbox"/> Course Fee |
| | <input checked="" type="checkbox"/> Credit Hours | <input type="checkbox"/> Liberal Education Requirements (LER) |
| | <input checked="" type="checkbox"/> Prerequisites | <input type="checkbox"/> Writing-Intensive |
| | <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Diversity |
| | <input checked="" type="checkbox"/> Schedule Type | <input type="checkbox"/> Other |

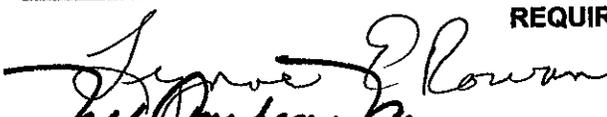
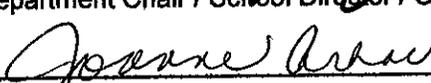
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

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

	9/5/07
Department Chair / School Director / Campus Dean	719107
	9127107
College Dean	
	9128107
Executive Dean of Regional Campuses	
_____ Provost	_ _ _

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **3-Jun-07** Requested Effective Term **Fall 2007/8**

Course Subject **RTT** Course Number **22002**

Course Title **Clinical Education IV**

Title Abbreviation **Clinical Education Iv**
 Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)

Slash Course **/ /** Cross-listed with
4/5, 4/5/7 or 6/7

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 Lecture Minimum Hours to or Maximum Hours
 Laboratory Minimum Hours to or Maximum Hours
 Other Minimum Hours **02/4** to or Maximum Hours **12/4**
 Contact hours should be per week.

Repeat Status **NR - Course may not be repeated**
 If repeats, course limit OR maximum hours

Course Level **UG - Undergraduate**

Grade Rule **C - Letter and In Progress (IP)**

Schedule Type(s) **CLN - Clinic**

Course Attribute(s) **None**

Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite Course(s) **RTT 22001**

Test Score(s)

Corequisite(s)

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)

COMPLETED BY PROVOST OFFICE	
OBR Program Code	<u>93</u>
OBR Subsidy Code	<u>06</u>
OBR Course Level	<u>2</u>
CIP Code	<u>510908</u>

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 Previous Number

Content Outline (include contact hours for each section)

Contact Hours	Outline
60.00	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

Clinical Practicioners Pocket Guide to Respiratory Therapy

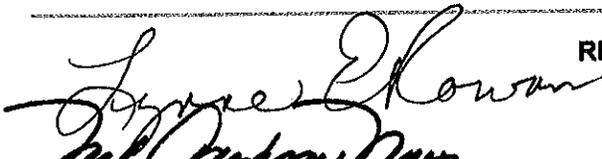
Writing Expectations

Students will complete written reflection papers regarding clinical experiences.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content **Kimberly Gray**

REQUIRED ENDORSEMENT



 Department Chair / School Director / Campus Dean

9/5/07
7/19/07