

Pettit, Hilda

From: COURIE, VANESSA
Sent: Monday, May 11, 2009 3:34 PM
To: Pettit, Hilda
Subject: Respiratory Therapy

These are the revisions I've made to the CCP/BDS

RTT 11000 Remove Prereq from CCP; on BDS Registration by Spec. Approv. Remove yes mark no
RTT 11001 BDS Registration by Spec. Approv. Remove yes mark no
11002 BDS Registration by Spec. Approv. Remove yes mark no
11003 CCP Change Dept. to College of Ed; BDS Registration by Spec. Approv. Remove yes mark no
11004 CCP Change Dept. to College of Ed; BDS Registration by Spec. Approv. Remove yes mark no
11005 CCP Change Dept. to College of Ed
21000 CCP Change Dept. to College of Ed, remove title, remove abbreviation selections; BDS Registration by Spec. Approv. Remove yes mark no
21001 CCP Change Dept. to College of Ed; BDS Registration by Spec. Approv. Remove yes mark no
21002 CCP Change Dept. to College of Ed; BDS Registration by Spec. Approv. Remove yes mark no
21003 CCP Change Dept. to College of Ed, select CBE; BDS Registration by Spec. Approv. Remove yes mark no
21004 CCP Change Dept. to College of Ed, select CBE; BDS Registration by Spec. Approv. Remove yes mark no
21005 CCP Change Dept. to College of Ed, select CBE; BDS Registration by Spec. Approv. Remove yes mark no
21010 CCP remove selection on number, add (1) as maximum credits

Also, the roadmap revision of GPA is 2.0 not 2.75. I'm sending copies of all the CCP/BDS. - *OK this against 1/09*

Vanessa M. Courie
Administrative Secretary
330-672-2286 (25814)
FAX: 330-672-2000 (22000)

*To Regional Campuses
5/12/09*

Interdepartmental Correspondence

To: Lynne E. Rowan, Ph.D., CCC-SLP

Director School of Speech Pathology and Audiology

From: David Goswick Director of Respiratory Therapy Technology Program

Date: 4/28/2009

Re: Revisions in the Respiratory Therapy Program Curriculum

Attached are the documents to revise the Associate of Applied Science Degree in the Respiratory Therapy Program's curriculum. The following are included: proposal summary, the corrected program requirement sheet, corrected undergraduate catalog, corrected roadmap, the program CCP form, memo of impact from PTAT, the courses CCP/BDS forms.

Proposal Summary

Title:

Revision of the Associate of Applied Science Respiratory Therapy Program Curriculum

Subject Specification:

The purpose of this proposal is to revise the courses and course sequence of the AAS in Respiratory Therapy Technology (RTT) Program Curriculum.

Background Information:

The initial curriculum proposal for the Associate of Applied Science in Respiratory Therapy Technology was developed February 2006. The curriculum was approved by the Educational Policies Council (EPC) in September 2007 and the Kent State University Board of Trustees November 7, 2007. It was not approved by the Ohio Board of Regents until March 2009. Unfortunately between the time the curriculum was developed and approved the accreditation standards issued by The Committee on Accreditation for Respiratory Care (CoARC) changed. Thus, it is critical that the curriculum be changed to meet accreditation standards. Many of the changes are not substantial, but adding and integrating didactic, laboratory, and clinical content. Those changes are outlined below. (No students are enrolled in the Respiratory Therapy Program under the current curriculum.) A chart was created to clarify the changes made.

Current Curriculum	Credit Hours	Proposed Curriculum	Credit Hours	Comments
RTT 11000 Intro to Resp. Therapy	3	RTT 11000 Intro to Resp. Therapy	2	Decreased credit hours from 3 to 2
RTT 11001 Pharmacology	3	RTT 11001 Pharmacology	2	Decreased credit hours from 3 to 2
RTT 11002 Cardiopulmonary Diseases	3	RTT 11002 Cardiopulmonary Diseases	4	Increased credit hours from 3 to 4
RTT 11003 Cardiopulmonary Physiology	3	RTT 11003 Cardiopulmonary Anatomy and Physiology	3	Content changed to add anatomy
RTT 11004 ABG/EKG Interpretation	2	RTT 11004 Therapeutics I	5	Incorporated content to other classes, increased credit hours from 2 to 5; lecture, lab, and clinical added to meet CoARC standards
RTT 11005 Mechanical Ventilation	2			Content moved to 2 nd year, RTT 21001

RTT 12001 Clinical Education I	1			Incorporated into RTT 11004 Therapeutics I
RTT 12002 Clinical Education II	2			Incorporated into RTT 21000 Therapeutics II
RTT 21000 Critical Care	3	RTT 21000 Critical Care	5	Credit hour increased from 2 to 5 due to adding a clinical component
RTT 21001 Neonatal and Pediatric Respiratory Care	3	RTT 21001 Mechanical Ventilation	3	Course changed due to sequencing, Neo/Peds has new course number RTT 21003
RTT 21002 Long Term Care and Rehabilitation	3	RTT 21002 Therapeutics II	6	Course hours increased 3 to 6, due to new course content of lecture, lab, and clinical, RTT 22001 content added
No Course		RTT 21003 Perinatal and Pediatric Respiratory Therapy	2	New Course due to course sequencing, and new content
No Course		RTT 21004 Advanced Diagnostics	2	New course to meet CoARC standards
No Course		RTT 21005 Special Fields in Respiratory Therapy	1	New content and content moved here from RTT 21002 Long Term Care and Rehab.
RTT 21010 Contemporary Issues in Respiratory Therapy	1	RTT 21010 Respiratory Therapy Capstone Course	5	Credit hours increased from 1 to 5, Content moved from RTT 21011, and clinical component added from RTT 22002
RTT 21011 Preparation for CRT/RRT	1			Content moved to RTT 21010
RTT 22001 Clinical Education III	2			Content moved to RTT 21002
RTT 22002 Clinical Education IV	2			Content moved to RTT 21010

Although, this curriculum revision adds 5 credit hours, it brings it into compliance with CoARC's standards. Even with the additional hours, it is still the lowest in Northeastern Ohio Region (CCC 73, Lakeland 70, and Gannon 73). A sixty-nine credit hour program is

comparable to other Allied Health Programs in the Kent State System (OTAT 68, PTAT 70, RADT 70).

Alternatives and Consequences:

There is no viable alternative to the proposed curriculum changes. Consequence of inaction is CoARC will not accredit this program, and students won't enroll in a non-accredited Respiratory Therapy Program. If this proposal is not approved at this time, the Respiratory Therapy Technology Program will not start in January 2010.

Timetables and Actions Required:

Ashtabula Dean: April 27, 2009

School of Speech Pathology and Audiology:

College of Education, Health, and Human Services:

EPC:

Effective Date:

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date 22-Apr-09 Curriculum Bulletin _____
Effective Date Spring 2010 Approved by EPC _____

Department College of Education, Health, and Human Services
College RC - Regional Campuses
Degree AAS - Associate of Applied Science
Program Name **Respiratory Therapy Technology** Program Code RTT
Concentration(s) Concentration(s) Code(s)
Proposal Revise Program

Description of proposal:

To revise the Respiratory Therapy Technology Program to meet accreditation standards. This will allow the program to get accredited and start in January of 2010 with students.

Does proposed revision change program's total credit hours? ☒ Yes ☐ No

Current total credit hours: 64 Proposed total credit hours 69



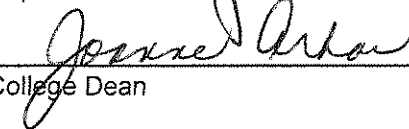
Describe impact on other programs, policies or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need; audience; prerequisites; teacher education licensure):

The only impact is on the PTAT program because a medical terminology class (PTST 10009) will be a requirement.

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

Director of PTAT wrote a statement of support for the PTST 10009 requirement. No other departments, programs, or campuses are affected by this proposal.

REQUIRED ENDORSEMENTS

 _____ Department Chair / School Director / Campus Dean	 _____ 4/27/09 5/4/09
 _____ College Dean	5/11/09
_____ Executive Dean of Regional Campuses / Dean of Graduate Studies	____/____/____
_____ Senior Vice President for Academic Affairs and Provost	____/____/____

Special Notes for Degree/Major:

Liberal Education Requirements (LER)

Students must complete a minimum 36 credit hours of Liberal Education Requirements. Colleges or degree programs may specify certain courses to fulfill the requirements. Courses in the students' major field will not count toward the completion of any LER. Honors equivalents shall satisfy the LER. None of the courses on the LER list may be taken with a pass/fail grade.

Diversity Course Requirement

Students must complete a two-course diversity requirement, consisting of one with a domestic focus and one with a global focus. One course must be come from the LER and cannot be in the student's major. The second course may be taken as a second LER; or within a major or minor; or as a general elective; or, with dean's approval, by completing one semester of study in another country.

Writing-Intensive Course Requirement

Students must complete a one-course writing-intensive requirement in their major and earn minimum C (2.00) grade.

Program Requirement Sheet
Associate of Applied Science Degree Campus:
RESPIRATORY THERAPY TECHNOLOGY

Student Name: _____

2009-2010

DEVELOPMENTAL PRESCRIPTION COURSES

Determined by Basic Skills Assessment (Check Required Courses)

- Dept. Cts. No Title Cr. Hrs Sem/Yr Comp
- ☐ ENG 11001 Intro. to College Writing S (3)
 - ☐ ENG 11002 College Writing I – Stretch (3) 6
 - ☐ MATH 10021 Core Mathematics I 2
 - ☐ MATH 10022 Core Mathematics II 2
 - ☐ MATH 10023 Core Mathematics III 2
 - ☐ MATH 10024 Core of Mathematics IV 2
 - ☐ MATH 10006 Core Mathematics I and II 4
 - ☐ MATH 10007 Core of Mathematics III and IV 4
 - ☐ US 10003 Reading Strategies for College Success 3
 - ☐ US 10006 Study Strategies for College Success 3

TECHNICAL COURSES

Course Credit Sem./Yr. Grd. Qty.

- Dept. Number Title Hours Completed (0-4) Point
- RTT 11000 Introduction to Respiratory Therapy 2
 - RTT 11002 Cardiopulmonary Diseases 4
 - RTT 11004 *Therapeutics I (5)
 - RTT 21000 *Critical Care (5)
 - RTT 21001 *Mechanical Ventilation 3
 - RTT 21002 *Therapeutics (6)
 - RTT 21003 Perinatal and Pediatric Respiratory Therapy 2
 - RTT 21004 *Advanced Diagnostics 2
 - RTT 21005 Special Fields in Respiratory Therapy 1
 - RTT 21010 *Respiratory Therapy Capstone Course (5)

Total Technical Course Hours 35

Core GPA _____

Notes

Core GPA = Technical Quality Points / Technical Credit Hours

*A grade of "C" or better in theory and a designation of "satisfactory" in the laboratory and clinical component must be achieved in this course in order to pass, and stay in the program.

Minimum C (2.0) grade in all required courses, including Technical Courses, Related courses, General Studies Courses, and Prescribed Developmental Courses. (A minimum 2.75 cumulative GPA is required to enter and stay in the program.)

†PTAT 10009 is a prerequisite for this course.

‡MATH 10024 is a prerequisite for this course

Issued by the office of the Executive Dean for Regional Campuses

RELATED COURSES

Course Credit Sem./Yr.

- Dept. Number Title Hours Completed
- BSCI 11010 Anatomy and Physiology I for Allied Hlth. 3
 - BSCI 11020 Anatomy and Physiology II for Allied Hlth. 3
 - BSCI 20021 Microbiology 3
 - PHY 12111 Physics for Health Technologies 3
 - RTT 11003 ‡Cardiopulmonary Anatomy and Physiology 3
 - RTT 11001 †Pharmacology 2
 - PTST 10009 Medical Terminology 1

Total Related Course Hours 18

GENERAL STUDIES COURSES

- COMM 15000 Introduction to Human Communication 3
- CHEM 10050 Fundamentals of Chemistry 3
- ENG 11011 College Writing I 3
- ENG 21011 College Writing II 3
- PSYC 11762 General Psychology 3
- US 10097 Destination Kent State: First Year Exp. 1

Total General Studies Course Hours 16

TOTAL REQUIREMENTS 69

Student Signature Date _____

Advisor Signature Date _____

KAPS Coding

RESPIRATORY THERAPY TECHNOLOGY

2009-2010 Course

Requirement

General Studies

US 10097

- Waive – transfer 25 or more semester hours
- Waive for other reason

Substitution by Exception
SUB FORM REQUIRED

X

Global Substitution
NO SUB FORM REQUIRED

X

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **14-Apr-09** Curriculum Bulletin _____

Effective Date **Spring 2010** Approved by EPC _____

Department **College of Education, Health, and Human Services**

College **RC - Regional Campuses**

Proposal **Revise Course**

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

Course Title **Introduction to Respiratory Therapy**



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

Checked items are new or revised	<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input type="checkbox"/> Title Abbreviation	<input checked="" type="checkbox"/> Course Content
	<input checked="" type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input checked="" type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<input checked="" type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input 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; teacher education licensure):
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

4127109
5/4/09


College Dean

5111109

Executive Dean of Regional Campuses / Dean of Graduate Studies

 / /

Senior Vice President for Academic Affairs and Provost

 / /

BASIC DATA SHEET

Complete all fields. Data entered below should reflect new/revised information.

Preparation Date **14-Apr-09** Requested Effective Term **Spring 2010**
 Course Subject **RTT** Course Number **11000**
 Course Title **Introduction to Respiratory Therapy**
 Title Abbreviation **Intro to Respiratory Therapy**
 NOTE: 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 _____ Cross-list Banner code _____
 4/5, 4/5/7 or 6/8 NOTE: To be completed by Curriculum Services.
 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 **02.00** ☒ to ☐ or Maximum Hours **2**
 Per Week ☐ Laboratory Minimum Hours ☐ to ☐ or Maximum Hours _____
☐ Other Minimum Hours ☐ to ☐ or Maximum Hours _____
 NOTE: 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)

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s)

Corequisite(s)

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **Admission to the Respiratory Therapy Major**

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

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **Provides a broad foundation in the field of Respiratory Therapy. Topics include: the history, career options, licensure, and credentialing for therapists. In addition, students will be instructed on professional behavior, legal and ethical implications of practice, documentation, communication, infection control, HIPAA standards, OSHA standards, and regulations for medical gas storage.**

(do not include prerequisites)

Complete the following only if applicable:

Previous Title

Previous Subject

Previous Number

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact Hours	Outline
3.00	History of Respiratory Care
	-Career Options
	-Program & Clinical Policies and Procedures
1.00	Licensure and Credentialing
1.00	Membership in Professional Organizations
1.00	Professional Behavior
1.00	Cultural Awareness and Diversity
1.00	Legal and Ethical Implications of Practice
2.00	Patient Safety, Record Keeping, and Communication
1.00	Computer Applications in Respiratory Care
2.00	Quality and Evidence-Based Respiratory Care
1.00	HIPAA Requirements
1.00	Principles of Infection Control
6.00	Physical Principles of Respiratory Therapy
3.00	Regulations on Storing Medical Gases
4.00	Various Medical Gas Equipment
2.00	Gas Analyzers

30 Total Contact Hours

Textbook(s) Used in this Course **Egan's Fundamentals of Respiratory Care**
by Robert L. Wilkins PhD, RRT, James K. Stoller M.D., and Robert M. Kacmerk, PhD, RRT

Mosby's Respiratory Care Equipment, Eighth Edition
by J.M. Cairo, PhD., RRT, and Susan P. Pilbeam, MS, RRT

Writing Expectations **Students will be required to write about professional and ethical behaviors. Students will be required to write short answers to questions on exams.**

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content **Kimberly Gray, David Goswick, Melissa Stanley**

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean

5,4109

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **15-Apr-09** Curriculum Bulletin _____

Effective Date **Spring 2010** Approved by EPC _____

Department **College of Education, Health, and Human Services**

College **RC - Regional Campuses**

Proposal **Revise Course**

Course Subject **RTT** Course Number **11001**

Course Title **Pharmacology**

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

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

Checked items
are new
or revised

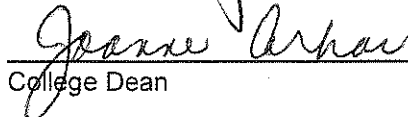
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites; teacher education licensure):
No impact on other policies, programs, or procedures.

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

4/27/09


College Dean

5/4/09
5/11/09

Executive Dean of Regional Campuses / Dean of Graduate Studies

____/____/____

Senior Vice President for Academic Affairs and Provost

____/____/____

BASIC DATA SHEET

Complete all fields. Data entered below should reflect new/revised information.

Preparation Date **15-Apr-09** Requested Effective Term **Spring 2010**
 Course Subject **RTT** Course Number **11001**
 Course Title **Pharmacology**
 Title Abbreviation **Pharmacology**
 NOTE: 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 _____ Cross-list Banner code _____
 4/5, 4/5/7 or 6/8 NOTE: To be completed by Curriculum Services.
 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 **02.00** ☒ to ☐ or Maximum Hours **02.00**
 Per Week ☐ Laboratory Minimum Hours ☐ to ☐ or Maximum Hours
☐ Other Minimum Hours ☐ to ☐ or Maximum Hours
 NOTE: 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 and PTST 10009**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s) _____

Corequisite(s) **RTT 11003**

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **Admission to the Respiratory Therapy Major**

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

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **Basic principles in respiratory care pharmacology; covers the pharmacokinetic actions of drugs. Principles of drug action include: basics of drug administration, standard drug calculations, effect on the body systems. Drugs frequently used by respiratory therapists, those used to treat critical care, and cardiovascular patients will be covered.**

(do not include prerequisites)

Complete the following only if applicable:

Previous Title _____

Previous Subject _____

Previous Number _____

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact Hours	Outline
5.00	Basic Concepts and Principles in Pharmacology -Introduction to Respiratory Care Pharmacology -Principles of Drug Action -Administration of Aerosolized Agents -Calculating Drug Doses
20.00	Drugs used to treat the Respiratory System -Adrenergic Bronchodilators -Anticholinergic Bronchodilators -Xanthines -Mucus-Controlling Drug Therapy -Surfactant Agents -Corticosteroids in Respiratory Care -Nonsteroidal Antiasthma Agents -Aerosolized Antifungal Agents -Antimicrobial Agents -Cold and Cough Agents -Selected Agents of Pulmonary Value -Neonatal and Pediatric Aerosolized Drug Therapy
5.00	Critical Care and Cardiovascular Drug Classes -Skeletal Muscle Relaxants (Neuromuscular Blocking Agents -Vasopressors, Inotropes, and Antiarrhythmic Agents -Drugs Affecting Circulation: Antihypertensives, Antianginals, Antithrombotics -Diuretic Agents -Drugs Affecting the Central Nervous System

30.00 Total Contact Hours

Textbook(s) Used in this Course

**Rau's Respiratory Care Pharmacology, Seventh Edition
by Douglas S. Gardenhire, EdD, RRT
ISBN: 978-0-323-03202-5**

Writing Expectations

Students will be required to write short answers to questions on exams.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content **Kimberly Gray, David Goswick, Melissa Stanley**

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean

5,4,09

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **15-Apr-09** Curriculum Bulletin _____

Effective Date **Spring 2010** Approved by EPC _____

Department **College of Education, Health, and Human Services**

College **RC - Regional Campuses**

Proposal **Revise Course**

Course Subject **RTT** Course Number **11002**

Course Title **Cardiopulmonary Diseases**

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

	<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
Checked items	<input type="checkbox"/> Title Abbreviation	<input checked="" type="checkbox"/> Course Content
are new	<input checked="" type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
or revised	<input checked="" type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<input checked="" type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input 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; teacher education licensure):

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

  4/27/09
 Department Chair / School Director / Campus Dean 5/4/09

 5/11/09
 College Dean

 Executive Dean of Regional Campuses / Dean of Graduate Studies / /

 Senior Vice President for Academic Affairs and Provost / /

BASIC DATA SHEET

Complete all fields. Data entered below should reflect new/revised information.

Preparation Date **15-Apr-09** Requested Effective Term **Spring 2010**
 Course Subject **RTT** Course Number **11002**
 Course Title **Cardiopulmonary Diseases**
 Title Abbreviation **Cardiopulmonary Diseases**
 NOTE: 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 _____ Cross-list Banner code _____
 4/5, 4/5/7 or 6/8 NOTE: To be completed by Curriculum Services.
 Minimum Credit **04** ☐ to ☐ or Maximum Credit **04** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
 Contact Hours ☒ Lecture Minimum Hours **04.00** ☒ to ☐ or Maximum Hours **04.00**
 Per Week ☐ Laboratory Minimum Hours ☐ to ☐ or Maximum Hours
☐ Other Minimum Hours ☐ to ☐ or Maximum Hours
 NOTE: 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 and RTT 11003 and PTST 10009**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s) _____

Corequisite(s) **RTT 11004**

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **Admission to the Respiratory Therapy Major**

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

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **Diseases and disorders affecting the cardiopulmonary system; emphasis in diagnosis, selection, and implementation of therapeutic modalities; the role of the respiratory therapist in treatment.**

(do not include prerequisites)

Complete the following only if applicable:

Previous Title _____

Previous Subject _____

Previous Number _____

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact Hours	Outline
2.00	Clinical data obtained at the patients bedside: patient interview, the physical examination and its basics in physiology
8.00	Clinical data obtained from lab tests and special procedures: pulmonary function study assessments, arterial blood gas analysis and assessment, oxygenation assessments, cardiovascular system assessments, radiologic examination of the chest
4.00	The therapist driven protocol approach: a therapist driven protocol program and the role of the respiratory practitioner, recording skills (the basis for data collection, organization, assessment skills, and treatment plans
7.00	Obstructive Airway Diseases: chronic bronchitis, emphysema, asthma, bronchiectasis
5.00	Infectious pulmonary diseases: pneumonia, lung abscess, tuberculosis, fungal diseases of the lung
3.00	Pulmonary Vascular Diseases: pulmonary edema, pulmonary embolism
2.00	Chest and Pleural Trauma: flail chest, pneumothorax
2.00	Disorders of the Pleura and Chest Wall: Pleural Diseases, kyphoscoliosis
1.00	Environmental Lung Diseases: pneumoconiosis
2.00	Neoplastic Disease: cancer of the lungs
2.00	Diffuse Alveolar Disease: Acute Respiratory Distress Syndrome
2.00	Chronic Infectious Parenchymal Disease: chronic interstitial lung disease
3.00	Neurologic Disorders and Sleep Apnea: Guillain-Barre' Syndrome, Myasthenia Gravis, sleep apnea
13.00	Newborn and Early Childhood Respiratory Disorders: clinical manifestations common with newborn and early childhood respiratory disorders, meconium aspiration syndrome, transient tachypnea of the newborn, idiopathic (infant) respiratory distress syndrome, pulmonary air leak syndromes, respiratory syncytial virus, bronchopulmonary dysplasia, diaphragmatic hernia, croup syndrome (laryngotracheobronchitis and acute epiglottitis, cystic fibrosis
4.00	Other Important Topics: near drowning, smoke inhalation and thermal injuries, postoperative atelectasis, respiratory failure

60.00 Total Contact Hours

Textbook(s) Used in this Course

Cardiopulmonary Anatomy & Physiology
by Terry Des Jardins

Writing Expectations


Students will be required to write short answers to questions on exams, and write short summaries on diseases. Students will be required to do a presentation on a disease to the class that is not represented in the course outline/syllabus.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content

Kimberly Gray, David Goswick, Melissa Stanley

REQUIRED ENDORSEMENT


 Department Chair / School Director / Campus Dean

514 109

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **15-Apr-09** Curriculum Bulletin _____
 Effective Date **Spring 2010** Approved by EPC _____

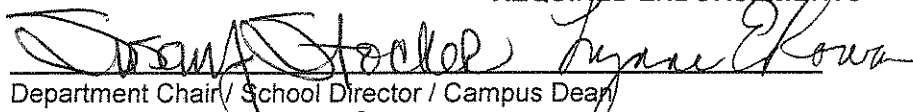
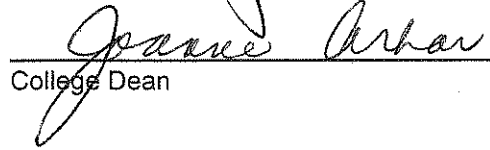
Department **Respiratory Therapy Technology**
 College **RC - Regional Campuses**
 Proposal **Revise Course**
 Course Subject **RTT** Course Number **11003**
 Course Title **Cardiopulmonary Physiology**
 Minimum Credits **03** Maximum Credits **03**

Checked items are new or revised	<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input checked="" type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input checked="" type="checkbox"/> Title Abbreviation	<input checked="" type="checkbox"/> Course Content
	<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input checked="" type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<input checked="" type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input 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; teacher education licensure):
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

<div style="text-align: center;">  _____ Department Chair / School Director / Campus Dean </div> <div style="text-align: center;">  _____ College Dean </div> <div style="text-align: center;"> _____ Executive Dean of Regional Campuses / Dean of Graduate Studies </div> <div style="text-align: center;"> _____ Senior Vice President for Academic Affairs and Provost </div>	<div> <u>4/27/09</u> <u>5/4/09</u> <u>5/11/09</u> ____/____/____ ____/____/____ </div>
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BASIC DATA SHEET

Complete all fields. Data entered below should reflect new/revised information.

Preparation Date **15-Apr-09** Requested Effective Term **Spring 2010**
 Course Subject **RTT** Course Number **11003**
 Course Title **Cardiopulmonary Anatomy & Physiology**
 Title Abbreviation **Cardiopulm Anatomy & Phys**
 NOTE: 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 _____ Cross-list Banner code _____
 4/5, 4/5/7 or 6/8 NOTE: To be completed by Curriculum Services.
 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 **03.00** ☒ to ☐ or Maximum Hours **3.00**
 Per Week ☐ Laboratory Minimum Hours _____ ☐ to ☐ or Maximum Hours _____
☐ Other Minimum Hours _____ ☐ to ☐ or Maximum Hours _____
 NOTE: 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 and MATH 10024**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s) _____

Corequisite(s) **RTT11001**

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **Admission to the Respiratory Therapy Major**

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

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **Provides a solid foundation in cardiopulmonary anatomy and physiology with relevant applied physiology as it relates to the profession of respiratory care. Knowledge in this course is essential for successfully completing respiratory therapy courses.**

(do not include prerequisites)

Complete the following only if applicable:

Previous Title _____

Previous Subject _____

Previous Number _____

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact Hours	Outline
27.00	The Cardiopulmonary System -The anatomy and physiology of the respiratory system -Ventilation -Diffusion of pulmonary gases -Pulmonary function measurements -The anatomy and physiology of the circulatory system -Oxygen transport -Carbon dioxide transport and acid-base balance -Ventilation-perfusion relationships -Control of Ventilation -Fetal development and the cardiopulmonary system -Aging and the cardiopulmonary system
12.00	Advanced Cardiopulmonary Essentials -Electrophysiology of the heart and its application to electrocardiography -ECG recording, wave forms, and measurements -Cardiac arrhythmias -Hemodynamic monitoring -Renal failure and its effects on the cardiopulmonary system
6.00	The Cardiopulmonary System during unusual environmental conditions -Sleep physiology and its relation to the cardiopulmonary system -Exercise and its effects on the cardiopulmonary system -High altitude -High pressure environments -Symbols and abbreviations commonly used in respiratory physiology

45.00 Total Contact Hours

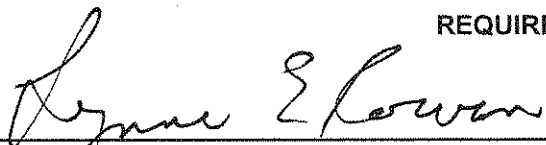
Textbook(s) Used in this Course **Cardiopulmonary Anatomy & Physiology
by Terry Des Jardins**

Writing Expectations **Students will be required to write short answers to questions on exams.**

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content **Kimberly Gray, David Goswick, Melissa Stanley**

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean

5, 4, 09

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **15-Apr-09** Curriculum Bulletin _____

Effective Date **Spring 2010** Approved by EPC _____

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

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

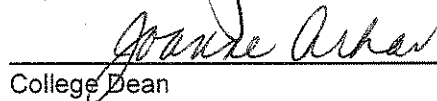
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites; teacher education licensure):
No impact on other policies, programs, or procedures.

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

4/27/09
5/4/09
5/11/09


 College Dean

 Executive Dean of Regional Campuses / Dean of Graduate Studies

 / /

 Senior Vice President for Academic Affairs and Provost

 / /

BASIC DATA SHEET

Complete all fields. Data entered below should reflect new/revised information.

Preparation Date **18-Apr-09** Requested Effective Term **Spring 2010**
 Course Subject **RTT** Course Number **11004**
 Course Title **Therapeutics I**
 Title Abbreviation **Therapeutics I**
 NOTE: 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 _____ Cross-list Banner code _____
 4/5, 4/5/7 or 6/8 NOTE: To be completed by Curriculum Services.
 Minimum Credit **05** ☐ to ☐ or Maximum Credit **05** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
 Contact Hours ☒ Lecture Minimum Hours **02.00** ☒ to ☐ or Maximum Hours **02.00**
 Per Week ☒ Laboratory Minimum Hours **01.00** ☒ to ☐ or Maximum Hours **01.00**
☒ Other Minimum Hours **02.00** ☒ to ☐ or Maximum Hours **02.00**
 NOTE: 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 or In Progress (IP)**
 Schedule Type(s) **LLB - Combined Lecture and Laboratory 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 11001 and RTT 11003**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s) _____

Corequisite(s) **RTT 11002**

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **Admission to the Respiratory Therapy Major**

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

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **An introductory course on patient assessment, vital signs, oxygen therapy, aerosol therapy, and hyperinflation therapy. There is a laboratory and clinical component to this class for skill check offs and clinical competence.**
 (do not include prerequisites)

Complete the following only if applicable:

Previous Title **Arterial Blood Gas and Electrocardiogram Interpretation**

Previous Subject _____ Previous Number _____

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact Hours	Outline
3.00	Bedside Assessment
5.00	Cardiopulmonary Resuscitation: principles, indications, delivery, devices utilized, hazards, assessment. (obtain American Heart Association Card for Health Practitioners)
5.00	Oxygen Therapy: principles, equations, delivery mechanisms, devices, indications, contraindications, hazards, assessment of therapy's effectiveness, and alternative therapies.
5.00	Humidity and Bland Aerosol Therapy: principles, delivery mechanisms and devices, indications, contraindications, hazards, assessment of therapy's effectiveness, and alternative therapies.
6.00	Medical Nebulizer Drug Therapy: principles, delivery mechanisms and devices, indications, contraindications, hazards, assessment of therapy's effectiveness, and alternative therapies.
5.00	Hyperinflation Therapy (Lung Expansion Therapy): principles, delivery mechanisms and devices (intermittant positive pressure ventilation, interpulmonary percussive ventilation, continuous positive airway pressure, EZ-PAP, sustained maximal inhalation), indications, contraindications, hazards, assessment of therapy's effectiveness, and alternative therapies.
1.00	Peak Flow: principles, indication, procedure, and equipment utilized
30.00	In Lab: Instruction of procedural skills, student practicing of skills, and student skill check offs for each procedure learned in class.
180.00	Clinical skill check offs at clinical affiliates. Two six hour shifts per week.

240 Total Contact Hours

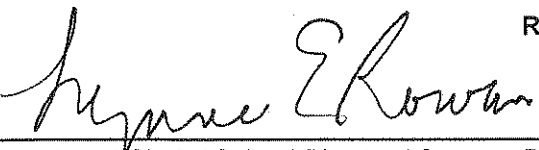
Textbook(s) Used in this Course Egan's Fundamentals of Respiratory Care
by Robert L. Wilkins PhD, RRT, James K. Stoller M.D., and Robert M. Kacmerk, PhD, RRT
Mosby's Respiratory Care Equipment
by J.M. Cairo, PhD., RRT, and Susan P. Pilbeam, MS, RRT

Writing Expectations Students will be required to write answers on exams using an essay format.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content Kimberly Gray; David Goswick, Melissa Stanley

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean

5,4109

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **15-Apr-09** Curriculum Bulletin _____
 Effective Date **Spring 2010** Approved by EPC _____

Department **Respiratory Therapy Technology**
 College **RC - Regional Campuses**
 Proposal **Inactivate Course**
 Course Subject **RTT** Course Number **11005**
 Course Title **Mechanical Ventilation**
 Minimum Credits **02** Maximum Credits **02**

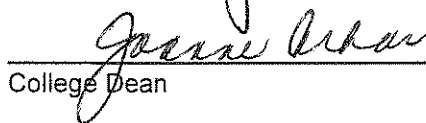
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	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input type="checkbox"/> Title Abbreviation	<input type="checkbox"/> Course Content
	<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<input type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input 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; teacher education licensure):
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

4/27/09
5/4/09
5/11/09

 Executive Dean of Regional Campuses / Dean of Graduate Studies

 / /

 Senior Vice President for Academic Affairs and Provost

 / /

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **24-Apr-09** Curriculum Bulletin _____

Effective Date **Spring 2010** Approved by EPC _____

Department **College of Education, Health, and Human Services**

College **RC - Regional Campuses**

Proposal **Inactivate Course**

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

Course Title **Clinical Education I**

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

Checked items are new or revised	<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input type="checkbox"/> Title Abbreviation	<input type="checkbox"/> Course Content
	<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<input type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input 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; teacher education licensure):

No impact on other policies, programs, or procedures

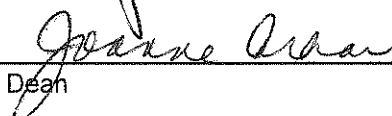
Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

REQUIRED ENDORSEMENTS


Department Chair / School Director / Campus Dean

4/27/09
5/4/09


College Dean

5/11/09

Executive Dean of Regional Campuses / Dean of Graduate Studies

1 1

Senior Vice President for Academic Affairs and Provost

1 1

Transmittal Memo

From: David Goswick, Program Director, Respiratory Therapy Technology

Date: 4/22/2009

Re: Inactivate an existing course

Comments: Inactivating course RTT 12001 Clinical Education I because it is being merged with RTT 11004 Therapeutics I. A satisfactory is required to pass Clinical Education I; a letter grade is not appropriate. KAPS doesn't easily recognize an "S" as a requirement to pass and continue on in a program.

- a) RTT 12001, Clinical Education I, 01 credit hour
- b) A satisfactory is required to pass Clinical Education I; a letter grade is not appropriate. KAPS doesn't easily recognize an "S" as a requirement to pass and continue on in a program. This class will be merged into RTT 11004 Therapeutics I, so I can use the satisfactory grade rule within this class. In addition, this is the class that will prepare students for their clinical education.
- c) There is no impact on students.
- d) There is no impact on staffing
- e) No responsive memos from other potentially affected areas required.

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **24-Apr-09** Curriculum Bulletin _____

Effective Date **Spring 2010** Approved by EPC _____

Department **College of Education, Health, and Human Services**

College **RC - Regional Campuses**

Proposal **Inactivate Course**

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

Course Title **Clinical Education II**


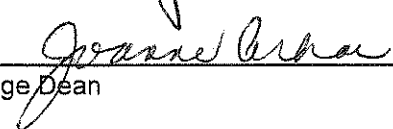
Minimum Credits **02** Maximum Credits **02**

Checked items are new or revised	<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input type="checkbox"/> Title Abbreviation	<input type="checkbox"/> Course Content
	<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<input type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input 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; teacher education licensure):
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)	4/12/09 5/4/09 5/11/09
 College Dean	_____ _____
_____ Executive Dean of Regional Campuses / Dean of Graduate Studies	_____ _____
_____ Senior Vice President for Academic Affairs and Provost	_____ _____

Transmittal Memo

From: David Goswick, Program Director, Respiratory Therapy Technology

Date: 4/22/2009

Re: Inactivate an existing course

Comments: Inactivating course RTT 12002 Clinical Education II because it is being merged with RTT 22000 Therapeutics II. A satisfactory is required to pass Clinical Education II; a letter grade is not appropriate. KAPS doesn't easily recognize an "S" as a requirement to pass and continue on in a program.

- a) RTT 12002, Clinical Education II, 02 credit hour
- b) A satisfactory is required to pass Clinical Education III; a letter grade is not appropriate. KAPS doesn't easily recognize an "S" as a requirement to pass and continue on in a program. This class will be merged into RTT 22000 Therapeutics II, so I can use the satisfactory grade rule within this class. In addition, this is the class that will prepare students for their clinical education.
- c) There is no impact on students.
- d) There is no impact on staffing
- e) No responsive memos from other potentially affected areas required.

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **15-Apr-09** Curriculum Bulletin _____

Effective Date **Spring 2010** Approved by EPC _____

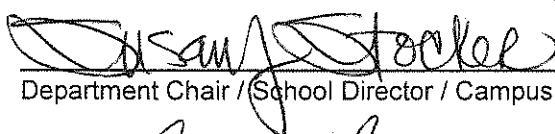
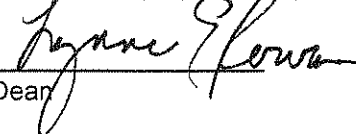
Department **Respiratory Therapy Technology**
College **RC - Regional Campuses**
Proposal **Revise Course**
Course Subject **RTT** Course Number **21000**
Course Title **Critical Care**
Minimum Credits **03** Maximum Credits **3**

Checked items are new or revised	<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input checked="" type="checkbox"/> Grade Rule
	<input checked="" type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input checked="" type="checkbox"/> Title Abbreviation	<input checked="" type="checkbox"/> Course Content
	<input checked="" type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input checked="" type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<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; teacher education licensure):
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

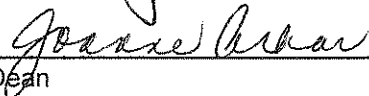
REQUIRED ENDORSEMENTS

Department Chair / School Director / Campus Dean

4/10/09

5/4/09



College Dean

5/11/09

Executive Dean of Regional Campuses / Dean of Graduate Studies

1/1/

Senior Vice President for Academic Affairs and Provost

1/1/

BASIC DATA SHEET

Complete all fields. Data entered below should reflect new/revised information.

Preparation Date **19-Apr-09** Requested Effective Term **Spring 2010**
 Course Subject **RTT** Course Number **21000**
 Course Title **Critical Care**
 Title Abbreviation **Critical Care**
 NOTE: 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 _____ Cross-list Banner code _____
 4/5, 4/5/7 or 6/8 NOTE: To be completed by Curriculum Services.
 Minimum Credit **05** ☐ to ☐ or Maximum Credit **05** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
 Contact Hours ☒ Lecture Minimum Hours **02.00** ☒ to ☐ or Maximum Hours **02.00**
 Per Week ☐ Laboratory Minimum Hours _____ ☐ to ☐ or Maximum Hours _____
☒ Other Minimum Hours **03.00** ☒ to ☐ or Maximum Hours **03.00**
 NOTE: 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 or In Progress (IP)**
 Schedule Type(s) **LEC - Lecture 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) **21001**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s) _____

Corequisite(s) **RTT 21003 and RTT 21004**

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **Admission to the Respiratory Therapy Major**

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

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **An advanced course, which covers the underlying pathophysiology and management of respiratory failure, sepsis, shock, and trauma. Provides a broad understanding of how to manage patients in the intensive care units utilizing ventilators, pharmacology, and fluid filled monitoring systems by indwelling catheters. Students will perform hemodynamic and metabolic measurements, interpret and apply data, and learn advanced cardiac life support. There is a clinical component to this course.**

(do not include prerequisites)

Complete the following only if applicable:

Previous Title _____

Previous Subject

Previous Number

Term Start _____

Term End _____

NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact Hours	Outline
5.00	Monitoring the hemodynamic monitoring of critically ill patients, recognizing hemodynamic dysfunction, and recommending appropriate pharmacologic and/or ventilatory intervention.
1.00	Arterial Mean Lines, Central Venous Lines, balloon tipped-flow directed catheters
3.00	In Lab: instruction on arterial line insertion, student practice, and check offs
1.00	Hemodynamic waveform interpretation
1.00	Monitoring intercranial pressures
2.00	Metabolic cart utilization
2.00	Obtaining, analyzing, and monitoring mixed venous blood samples.
2.00	Monitoring cardiac output
1.00	Intra-aortic balloon pumps
2.00	Pharmacologic influences on hemodynamic parameters and hemodynamic equations
1.00	End-tidal CO2 monitoring
3.00	Advanced Cardiac Life Support (ACLS)
3.00	In Lab: ACLS check off
2.00	Extracorporeal Membrane Oxygenation (ECMO)
1.00	Hyperbaric Oxygen Therapy
225.00	Clinicals: competence gained in the intensive care units.

255 Total Contact Hours

Textbook(s) Used in this Course

Hemodynamic Monitoring
by Gloria Obolouk Darovic, RN, CCRN

Writing Expectations

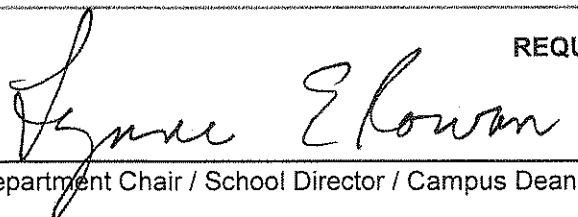
Students will be required to write answers to questions on exams using an essay format.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content

Kimberly Gray, David Goswick, Melissa Stanley

REQUIRED ENDORSEMENT



 Department Chair / School Director / Campus Dean

5,14,109

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **15-Apr-09** Curriculum Bulletin _____

Effective Date **Spring 2010** Approved by EPC _____

Department **Respiratory Therapy Technology**
 College **RC - Regional Campuses**
 Proposal **Revise Course**
 Course Subject **RTT** Course Number **21001**
 Course Title **Neonatal and Pediatric Respiratory Care**
 Minimum Credits **03** Maximum Credits **3**

Checked items are new or revised	<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input checked="" type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input checked="" type="checkbox"/> Title Abbreviation	<input checked="" type="checkbox"/> Course Content
	<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input checked="" type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<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; teacher education licensure):
No impact on other policies, programs, or procedures.

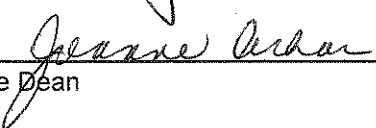
Units consulted (other departments, programs or campuses affected by this proposal):
Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

REQUIRED ENDORSEMENTS

Department Chair / School Director / Campus Dean

4/27/09
5/4/09



College Dean

5/11/09

Executive Dean of Regional Campuses / Dean of Graduate Studies

 / /

Senior Vice President for Academic Affairs and Provost

 / /

BASIC DATA SHEET

Complete all fields. Data entered below should reflect new/revised information.

Preparation Date **19-Apr-09** Requested Effective Term **Spring 2010**
 Course Subject **RTT** Course Number **21001**
 Course Title **Mechanical Ventilation**
 Title Abbreviation **Mechanical Ventilation**
 NOTE: 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 _____ Cross-list Banner code _____
 4/5, 4/5/7 or 6/8 NOTE: To be completed by Curriculum Services.
 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 **02.00** ☒ to ☐ or Maximum Hours **02.00**
 Per Week ☒ Laboratory Minimum Hours **01.00** ☒ to ☐ or Maximum Hours **01.00**
☐ Other Minimum Hours _____ ☐ to ☐ or Maximum Hours _____
 NOTE: 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) **LLB - Combined Lecture and Laboratory**
 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 11004**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s) _____

Corequisite(s) **RTT 21000**

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **Admission to the Respiratory Therapy Major**

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

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **The principles of mechanical ventilation: modes, phase variables, triggering, compliance, resistance; Indications, contraindications, physiological effects, complications, hazards, assessment, monitoring, weaning, and troubleshooting of mechanical ventilation.**
 (do not include prerequisites)

Complete the following only if applicable:

Previous Title **Neonatal and Pediatric Respiratory Care**

Previous Subject _____ Previous Number _____

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact Hours	Outline
4.00	Respiratory Failure and the need for Ventilatory Support: principles of respiratory failure and establishing indications, contraindications, assessment, hazards, and benefits for mechanical ventilatory support
6.00	Concepts of mechanical ventilation: normal spontaneous ventilation vs. positive and negative pressure ventilation (power/drive mechanisms of mechanical ventilation, triggering and cycling of mechanical ventilation, classification of mechanical ventilation according to design and functional
8.00	Modes of Ventilation: control, assist control, synchronized intermittent mandatory ventilation, continuous spontaneous ventilation with airway pressure support, airway pressure release ventilation, bilevel ventilation, mandatory minute ventilation, pressure regulated volume control, high-frequency jet ventilation, high-frequency oscillation, new emerging modes of ventilation.
6.00	Phase Variables: volume, pressure, inspiratory/expiratory time, flow characteristics, respiratory rate, total cycle time, patient triggering
2.00	Compliance and Resistance
15.00	In Lab exercises on content listed above
2.00	Alarm types and settings
1.00	Ventilator tubing and circuit types
1.00	Initial ventilator settings
1.00	Effects, Complications, and Hazards
2.00	Troubleshooting
2.00	Ventilator Monitoring, Assessment of Ventilation, adjusting parameters,
2.00	Weaning criteria, parameters, techniques, and hazards
8.00	In Lab exercises on content listed above

60.00 Total Contact Hours

Textbook(s) Used in this Course

Egan's Fundamentals of Respiratory Care
by Robert L. Wilkins PhD, RRT, James K. Stoller M.D., and Robert M. Kacmerk, PhD, RRT
Mosby's Respiratory Care Equipment, Eighth Edition
by J.M. Cairo, PhD., RRT, and Susan P. Pilbeam, MS, RRT

Writing Expectations

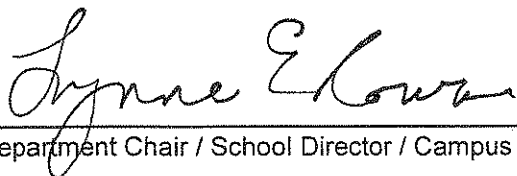
Students will be required to write answers to questions on exams using an essay format.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content

Kimberly Gray, David Goswick, Melissa Stanley

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean

5/14/09

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **15-Apr-09** Curriculum Bulletin _____

Effective Date **Spring 2010** Approved by EPC _____

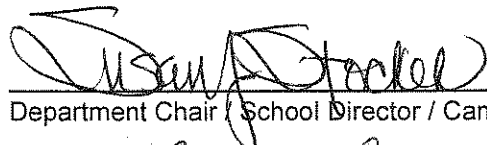
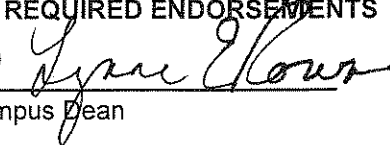
Department **Respiratory Therapy Technology**
 College **RC - Regional Campuses**
 Proposal **Revise Course**
 Course Subject **RTT** Course Number **21002**
 Course Title **Long Term Care and Rehabilitation**
 Minimum Credits **03** Maximum Credits **03**

Checked items are new or revised	<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input checked="" type="checkbox"/> Grade Rule
	<input checked="" type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input checked="" type="checkbox"/> Title Abbreviation	<input checked="" type="checkbox"/> Course Content
	<input checked="" type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input checked="" type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<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; teacher education licensure):
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 / Dean of Graduate Studies

 Senior Vice President for Academic Affairs and Provost

4/27/09
5/4/09
5/11/09

____/____/____

____/____/____

BASIC DATA SHEET

Complete all fields. Data entered below should reflect new/revised information.

Preparation Date **18-Apr-09** Requested Effective Term **Spring 2010**

Course Subject **RTT** Course Number **21002**

Course Title **Therapeutics II**

Title Abbreviation **Therapeutics II**
NOTE: 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 _____ Cross-list Banner code _____
4/5, 4/5/7 or 6/8 NOTE: To be completed by Curriculum Services.

Minimum Credit **06** ☒ to ☐ or Maximum Credit **06** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours ☒ Lecture Minimum Hours **02.00** ☒ to ☐ or Maximum Hours **02.00**
Per Week ☒ Laboratory Minimum Hours **01.00** ☒ to ☐ or Maximum Hours **01.00**
☒ Other Minimum Hours **03.00** ☒ to ☐ or Maximum Hours **03.00**
NOTE: 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 or In Progress (IP)**

Schedule Type(s) **LLB - Combined Lecture and Laboratory 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 11004**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s) _____

Corequisite(s) **RTT 21001**

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **Admission to the Respiratory Therapy Major**

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

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **A continuation of Therapeutics I including: ECGs, bronchopulmonary hygiene therapy, airway management, obtaining arterial and venous blood. In addition, this course provides and introduction to mechanical ventilation. There is a laboratory and clinical component for skill check offs and clinical competence.**

(do not include prerequisites)

Complete the following only if applicable:

Previous Title **Long Term Care and Rehabilitation**

Previous Subject _____ Previous Number _____

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact Hours	Outline
4.00	Echocardiography: principles, indication, procedure, and equipment utilized
2.00	Bronchoscopy Assisting and conscious sedation
4.00	Nasal and Oral artifical airways
8.00	Bronchopulmonary Hygiene Therapy: principles, delivery mechanisms (postural drainage and percussion/chest physiotherapy) and devices (PEP, flutter value, acapella, high frequency chest wall oscillation/chest vest), indications, contraindications, hazards, assessment of therapy's effectiveness, and alternative therapies.
8.00	Airway Management: endotracheal intubation (principles, mechanisms, devices, indications, contraindications, hazards, assessment), endotracheal extubation (principles, mechanisms, devices, indications, contraindications, hazards, assessment), tracheostomy tubes (principles, mechanisms, devices, indications, contraindications, hazards, assessment, insertion, maintance, and care), nasal tracheal and endotracheal suctioning (principles, mechanisms, devices, indications, contraindications, hazards, assessment)
4.00	Arterial and Venous blood: principles, indications for percurment, contraindications, hazards, assessment of site, analysis of results.
30.00	In Lab: instruction on procedures, student practicing of procedures, student clincal skill check offs.
225.00	Clinical skill check offs at clinical affililate sites. Two eight hour shifts per week.

285.00 Total Contact Hours

Textbook(s) Used in this Course

Egan's Fundamentals of Respiratory Care
by Robert L. Wilkins PhD, RRT, James K. Stoller M.D., and Robert
M. Kacmerk, PhD, RRT
Mosby's Respiratory Care Equipment
by J.M. Cairo, PhD., RRT, and Susan P. Pilbeam, MS, RRT

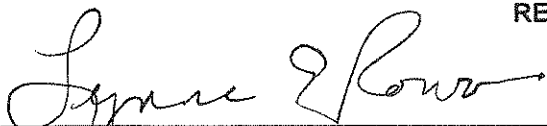
Writing Expectations

Students will be required to write answers to questions on exams
using an essay format.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content Kimberly Gray, David Goswick, Melissa Stanley

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean

5/14/09

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **15-Apr-09** Curriculum Bulletin _____
 Effective Date **Spring 2010** Approved by EPC _____


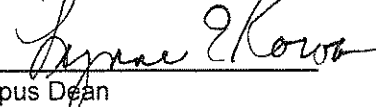
Department **Respiratory Therapy Technology**
 College **RC - Regional Campuses**
 Proposal **Establish Course**
 Course Subject **RTT** Course Number **21003**
 Course Title **Perinatal and Pediatric Respiratory Therapy**
 Minimum Credits **02** Maximum Credits **2**

Checked items are new or revised	<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 type="checkbox"/> Credit by Exam
	<input checked="" type="checkbox"/> Title Abbreviation	<input checked="" type="checkbox"/> Course Content
	<input checked="" type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input checked="" type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<input checked="" type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input checked="" type="checkbox"/> Schedule Type	<input type="checkbox"/> Other

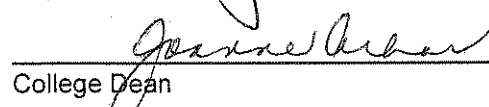
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites; teacher education licensure):
No impact on other policies, programs, or procedures.

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

4/27/09
5/4/09


 College Dean

5/11/09

 Executive Dean of Regional Campuses / Dean of Graduate Studies

 / /

 Senior Vice President for Academic Affairs and Provost

 / /

BASIC DATA SHEET

Complete all fields. Data entered below should reflect new/revised information.

Preparation Date **19-Apr-09** Requested Effective Term **Spring 2010**
 Course Subject **RTT** Course Number **21003**
 Course Title **Perinatal and Pediatric Respiratory Therapy**
 Title Abbreviation **Perinatal/Ped Resp Therapy**
 NOTE: 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 _____ Cross-list Banner code _____
 4/5, 4/5/7 or 6/8 NOTE: To be completed by Curriculum Services.
 Minimum Credit **02** ☐ to ☐ or Maximum Credit **2** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
 Contact Hours ☒ Lecture Minimum Hours **02.00** ☒ to ☐ or Maximum Hours **02.00**
 Per Week ☐ Laboratory Minimum Hours ☐ to ☐ or Maximum Hours _____
☐ Other Minimum Hours ☐ to ☐ or Maximum Hours _____
 NOTE: 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) **21001**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s) _____

Corequisite(s) **RTT 21002 and RTT 21004**

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **Admission to the Respiratory Therapy Major**

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

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **Development of the fetus; assessment, treatment, and evaluation of perinatal and pediatric patients requiring respiratory therapy intervention; perinatal and pediatric cardiopulmonary diseases; management of mechanical ventilation, prepares students for the perinatal/pediatric specialty exam from the NBRC.**

(do not include prerequisites)

Complete the following only if applicable:

Previous Title _____

Previous Subject _____

Previous Number _____

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact Hours	Outline
1.00	Development and care of the fetus: conception to birth
3.00	Assessment of fetal growth and development, labor, delivery, and physiologic changes after birth.
2.00	Techniques of neonatal and pediatric resuscitation and equipment utilized by RT's
1.00	Assessment of the neonatal and pediatric patients
2.00	Pharmacology for neonates and pediatric patients
1.00	Problems of prematurity
1.00	Persistent perinatal illness
1.00	Assessment of oxygenation and ventilation
1.00	Interpretation of Chest X-Rays
2.00	Pediatric diseases requiring respiratory care
5.00	Management of ventilation and oxygenation: concepts of mechanical ventilation, conventional methods of mechanical ventilation, common ventilator and monitors, special procedures, and nonconventional ventilatory techniques.
2.00	In Lab: instruction on neonatal and pediatric ventilators, student practicing, and skill check offs
1.00	Perinatal transport
1.00	Home care
1.00	Care of parents
1.00	Lecture on neonatal and pediatric resuscitation card
2.00	NPR card
2.00	Clinical case studies

30.00 Total Contact Hours

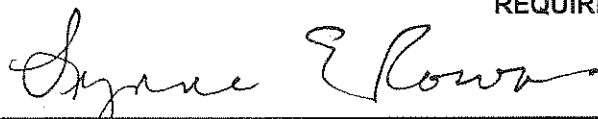
Textbook(s) Used in this Course Comprehensive Perinatal & Pediatric Respiratory Care
by Kent Whitaker, MEd, RRT

Writing Expectations Students will be required to write answers on exams using an
essay format. Student will write and present case studies.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content Kimberly Gray, David Goswick, Melissa Stanley

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean

5/4/09

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **15-Apr-09** Curriculum Bulletin _____
 Effective Date **Spring 2010** Approved by EPC _____


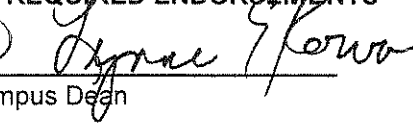
Department **Respiratory Therapy Technology**
 College **RC - Regional Campuses**
 Proposal **Establish Course**
 Course Subject **RTT** Course Number **21004**
 Course Title **Advanced Diagnostics**
 Minimum Credits **02** Maximum Credits **2**

Checked items are new or revised	<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 type="checkbox"/> Credit by Exam
	<input checked="" type="checkbox"/> Title Abbreviation	<input checked="" type="checkbox"/> Course Content
	<input checked="" type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input checked="" type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<input checked="" type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input checked="" type="checkbox"/> Schedule Type	<input type="checkbox"/> Other

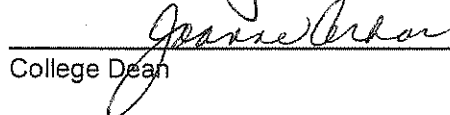
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites; teacher education licensure):
No impact on other policies, programs, or procedures.

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

4/27/09
5/4/09
5/11/09


 College Dean

 Executive Dean of Regional Campuses / Dean of Graduate Studies

____/____/____

 Senior Vice President for Academic Affairs and Provost

____/____/____

BASIC DATA SHEET

Complete all fields. Data entered below should reflect new/revised information.

Preparation Date **19-Apr-09** Requested Effective Term **Spring 2010**
 Course Subject **RTT** Course Number **21004**
 Course Title **Advanced Diagnostics**
 Title Abbreviation **Advanced Diagnostics**
 NOTE: 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 _____ Cross-list Banner code _____
 4/5, 4/5/7 or 6/8 NOTE: To be completed by Curriculum Services.
 Minimum Credit **02** ☐ to ☐ or Maximum Credit **2** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
 Contact Hours ☒ Lecture Minimum Hours **02.00** ☒ to ☐ or Maximum Hours **02.00**
 Per Week ☐ Laboratory Minimum Hours ☐ to ☐ or Maximum Hours
☐ Other Minimum Hours ☐ to ☐ or Maximum Hours
 NOTE: 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) **21001**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s)

Corequisite(s) **RTT 21002 and RTT 21003**

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **Admission to the Respiratory Therapy Major**

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

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **Provides knowledge and skills necessary to work effectively in a pulmonary function laboratory. Topics include: pulmonary function tests, testing standards and techniques, equipment set up and utilization, analyzing test results and applying them in clinical situations will be emphasized. Quality assurance for equipment and testing data. Preparation for the CPFT and RPFT credentialing examinations.**
 (do not include prerequisites)

Complete the following only if applicable:

Previous Title

Previous Subject

Previous Number

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact Hours	Outline
2.00	Lung Volume Tests
1.00	Ventilation and Ventilatory Control Tests
3.00	Spirometry and Pulmonary Mechanics
3.00	In Lab: instruction on spirometry tests, student practice, skills check off.
2.00	Gas Distribution Tests
2.00	Diffusion Tests
3.00	In Lab: instruction on Gas Distribution and Diffusion Tests
3.00	Exercise Testing
2.00	Specialized Test Regimens
3.00	Pulmonary Function Testing Equipment: including blood gas analyzers
5.00	Quality Assurance in the Pulmonary Function Lab: introduction of statistical analysis
1.00	Case Studies

30.00 Total Contact Hours

Textbook(s) Used in this Course

**Manual of Pulmonary Function Testing, Ninth Edition
by Gregg L. Ruppel MEd, RRT, RPFT**

Writing Expectations

Students will be required to write answers on exams using an essay format.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content

Kimberly Gray, David Goswick

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean

5/4/09

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **15-Apr-09** Curriculum Bulletin _____

Effective Date **Spring 2010** Approved by EPC _____

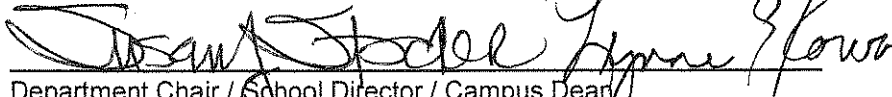
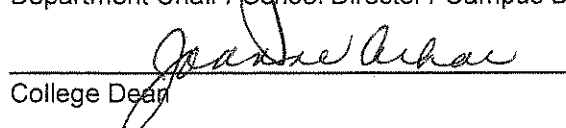
Department **Respiratory Therapy Technology**
 College **RC - Regional Campuses**
 Proposal **Establish Course**
 Course Subject **RTT** Course Number **21005**
 Course Title **Speical Fields in Respiratory Therapy**
 Minimum Credits **01** Maximum Credits **1**

Checked items are new or revised	<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 type="checkbox"/> Credit by Exam
	<input checked="" type="checkbox"/> Title Abbreviation	<input checked="" type="checkbox"/> Course Content
	<input checked="" type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input checked="" type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<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; teacher education licensure):
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	<u>1/22/09</u> <u>5/4/09</u>
 College Dean	<u>5/11/09</u>
_____ Executive Dean of Regional Campuses / Dean of Graduate Studies	____/____/____
_____ Senior Vice President for Academic Affairs and Provost	____/____/____

BASIC DATA SHEET

Complete all fields. Data entered below should reflect new/revised information.

Preparation Date **19-Apr-09** Requested Effective Term **Spring 2010**
 Course Subject **RTT** Course Number **21005**
 Course Title **Special Fields in Respiratory Therapy**
 Title Abbreviation **Special Fields In Resp Therpy**
 NOTE: 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 _____ Cross-list Banner code _____
 4/5, 4/5/7 or 6/8 NOTE: To be completed by Curriculum Services.
 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 **01.00** ☒ to ☐ or Maximum Hours **1**
 Per Week ☐ Laboratory Minimum Hours ☐ to ☐ or Maximum Hours _____
☐ Other Minimum Hours ☐ to ☐ or Maximum Hours _____
 NOTE: 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) **21004**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s)

Corequisite(s) **RTT 21010**

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **Admission to the Respiratory Therapy Major**

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

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **Other roles for respiratory therapists out of the acute care hospital setting.**
 (do not include prerequisites)

Complete the following only if applicable:

Previous Title

Previous Subject

Previous Number

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact Hours	Outline
3.00	Long Term Care
3.00	Cardiopulmonary Rehabilitation
3.00	Sleep Studies
3.00	Asthma Certification
3.00	Hyperbaric Oxygen Therapy

15.00 Total Contact Hours

Textbook(s) Used in this Course

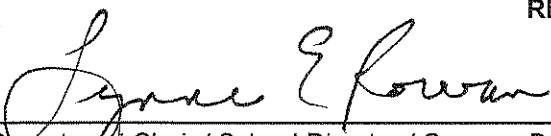
Writing Expectations

Students will be required to write answers on exams using an essay format.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content **Kimberly Gray, David Goswick, Melissa Stanley**

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean

5/4/09

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **19-Apr-09** Curriculum Bulletin _____
 Effective Date **Spring 2010** Approved by EPC _____


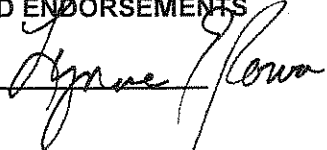
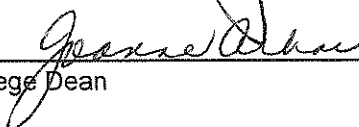
Department **College of Education, Health, and Human Services**
 College **RC - Regional Campuses**
 Proposal **Revise Course**
 Course Subject **RTT** Course Number **21010**
 Course Title **Contemporary Issues in Respiratory Therapy**
 Minimum Credits **01** Maximum Credits _____

Checked items are new or revised	<input 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 type="checkbox"/> Credit by Exam
	<input checked="" type="checkbox"/> Title Abbreviation	<input checked="" type="checkbox"/> Course Content
	<input checked="" type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input checked="" type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<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; teacher education licensure):
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	 _____ Lynne Plow
 _____ College Dean	4/22/09 5/4/09 5/11/09
_____ Executive Dean of Regional Campuses / Dean of Graduate Studies	____/____/____
_____ Senior Vice President for Academic Affairs and Provost	____/____/____

BASIC DATA SHEET

Complete all fields. Data entered below should reflect new/revised information.

Preparation Date **19-Apr-09** Requested Effective Term **Spring 2010**

Course Subject **RTT** Course Number **21010**

Course Title **Respiratory Therapy Capstone Course**

Title Abbreviation **Resp Thery Capstone Course**
NOTE: 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 _____ Cross-list Banner code _____
4/5, 4/5/7 or 6/8 NOTE: To be completed by Curriculum Services.

Minimum Credit **05** ☒ to ☐ or Maximum Credit **05** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours ☒ Lecture Minimum Hours **02.00** ☒ to ☐ or Maximum Hours **02.00**
 Per Week ☐ Laboratory Minimum Hours _____ ☐ to ☐ or Maximum Hours _____
☒ Other Minimum Hours **03.00** ☒ to ☐ or Maximum Hours **03.00**
NOTE: 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 or In Progress (IP)**

Schedule Type(s) **LEC - Lecture 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 21004**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s) _____

Corequisite(s) **RTT 21005**

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **Admission to the Respiratory Therapy Major**

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

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **Contemporary issues and current trends in respiratory therapy; preparation for the CRT/RRT national board credentialing examinations. There is a clinical component to this course.**
(do not include prerequisites)

Complete the following only if applicable:

Previous Title **Contemporary Issues in Respiratory Therapy**

Previous Subject _____ Previous Number _____

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact Hours	Outline
4.00	Current Trends in Respiratory Therapy
4.00	Contemporary Issues in Respiratory Therapy
6.00	Preparation for the CRT credentialing examination
6.00	Preparation for the RRT credentialing examination (written portion)
10.00	Preparation for the RRT credentialing examination (clinical simulation portion)
225.00	Clinicals at the site of area concentration.

255.00 Total Contact Hours

Textbook(s) Used in this Course

Writing Expectations

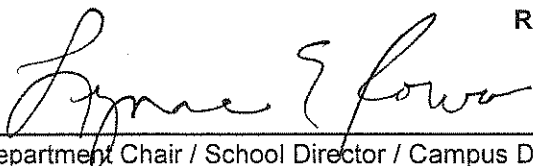
Students will be required to write answers on exams using an essay format.

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content

Kimberly Gray, David Goswick, Melissa Stanley

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean

5,4109

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **15-Apr-09** Curriculum Bulletin _____

Effective Date **Spring 2010** Approved by EPC _____


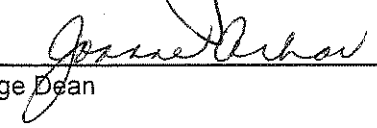
Department **Respiratory Therapy Technology**
 College **RC - Regional Campuses**
 Proposal **Inactivate Course**
 Course Subject **RTT** Course Number **21011**
 Course Title **Certified Respiratory Therapist and Registered Respiratory Therapist**
 Minimum Credits **01** Maximum Credits **1**

Checked items are new or revised	<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input type="checkbox"/> Title Abbreviation	<input type="checkbox"/> Course Content
	<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<input type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input 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; teacher education licensure):
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	<u>4/22/09</u> <u>5/4/09</u>
 College Dean	<u>5/11/09</u>
_____ Executive Dean of Regional Campuses / Dean of Graduate Studies	____/____/____
_____ Senior Vice President for Academic Affairs and Provost	____/____/____

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **24-Apr-09** Curriculum Bulletin _____
 Effective Date **Spring 2010** Approved by EPC _____

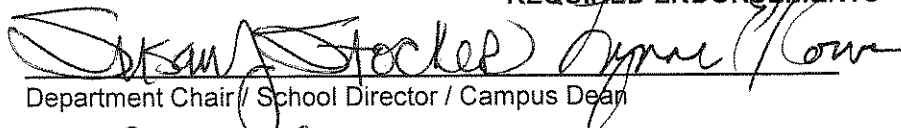
Department **College of Education, Health, and Human Services**
 College **RC - Regional Campuses**
 Proposal **Inactivate Course**
 Course Subject **RTT** Course Number **22001**
 Course Title **Clinical Education III**
 Minimum Credits **02** Maximum Credits **02**

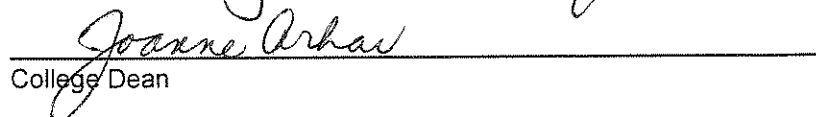
Checked items are new or revised	<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input type="checkbox"/> Title Abbreviation	<input type="checkbox"/> Course Content
	<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<input type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input 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; teacher education licensure):
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 / Dean of Graduate Studies

 Senior Vice President for Academic Affairs and Provost

4/27/09
5/4/09
5/11/09

____/____/____

____/____/____

Transmittal Memo

From: David Goswick, Program Director, Respiratory Therapy Technology

Date: 4/22/2009

Re: Inactivate an existing course

Comments: Inactivating course RTT 22001 Clinical Education III because it is being merged with RTT 21002 Critical Care. A satisfactory is required to pass Clinical Education III; a letter grade is not appropriate. KAPS doesn't easily recognize an "S" as a requirement to pass and continue on in a program.

- a) RTT 22001, Clinical Education III, 02 credit hour
- b) A satisfactory is required to pass Clinical Education III; a letter grade is not appropriate. KAPS doesn't easily recognize an "S" as a requirement to pass and continue on in a program. This class will be merged into RTT 21002 Critical Care, so I can use the satisfactory grade rule within this class. In addition, this is the class that will prepare students for their clinical education.
- c) There is no impact on students.
- d) There is no impact on staffing
- e) No responsive memos from other potentially affected areas required.

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **24-Apr-09** Curriculum Bulletin _____

Effective Date **Spring 2010** Approved by EPC _____

Department **College of Education, Health, and Human Services**

College **RC - Regional Campuses**

Proposal **Inactivate Course**

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

Course Title **Clinical Education IV**

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

Checked items are new or revised	<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input type="checkbox"/> Title Abbreviation	<input type="checkbox"/> Course Content
	<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<input type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input 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; teacher education licensure):

No impact on other policies, programs, or procedures

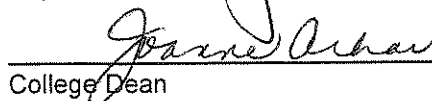
Units consulted (other departments, programs or campuses affected by this proposal):

Ashtabula Faculty Council, Speech Pathology and Audiology, EHHS

REQUIRED ENDORSEMENTS

 
Department Chair / School Director / Campus Dean

4/27/09
5/4/09


College Dean

5/11/09

Executive Dean of Regional Campuses / Dean of Graduate Studies

____/____/____

Senior Vice President for Academic Affairs and Provost

____/____/____

Transmittal Memo

From: David Goswick, Program Director, Respiratory Therapy Technology

Date: 4/22/2009

Re: Inactivate an existing course

Comments: Inactivating course RTT 22002 Clinical Education IV because it is being merged with RTT 21010 Respiratory Therapy Capstone Course. A satisfactory is required to pass Clinical Education IV; a letter grade is not appropriate. KAPS doesn't easily recognize an "S" as a requirement to pass and continue on in a program.

- a) RTT 22002, Clinical Education IV, 02 credit hour.
- b) A satisfactory is required to pass Clinical Education IV; a letter grade is not appropriate. KAPS doesn't easily recognize an "S" as a requirement to pass and continue on in a program. This class will be merged into RTT 21010 Respiratory Therapy Capstone Course, so I can use the satisfactory grade rule within this class. In addition, this is the class that will prepare students for their clinical education.
- c) There is no impact on students.
- d) There is no impact on staffing
- e) No responsive memos from other potentially affected areas required.

Critical requirements are boldface in shaded areas

Course Subject and Title	Credit Hours	Upper Division	Min. Grade	Important Notes
Spring Semester : [13]				
Required: minimum 2.75 cumulative GPA				
RTT 11000 Introduction to Respiratory Therapy	2		C	Must be enrolled in RTT program
BSCI 11010 Anatomy & Physiology for Allied Health I	3		C	
CHEM 10050 Fundamentals of Chemistry	3		C	
ENG 11011 College Writing I	3		C	
PTST 10009 Medical Terminology	1		C	Prerequisite for RTT 11002
US 10097 Destination Kent State: First Year Exp.	1		C	
Summer Semester : [11]				
Required: minimum 2.75 cumulative GPA				
RTT 11001 Pharmacology	2		C	Must be enrolled in RTT program
RTT 11003 Cardiopulmonary Anatomy & Physiology	3		C	Must be enrolled in RTT program Pre-requisite PTST 10009 Medical Terminology
PHY 12111 Physics for Health Technologies	3		C	
BSCI 11020 Anatomy & Physiology for Allied Health II	3		C	
Fall Semester : [12]				
Required: minimum 2.75 cumulative GPA				
RTT 11002 Cardiopulmonary Diseases	4		C	Must be enrolled in RTT program
RTT 11004 Therapeutics I	5		C	Must be enrolled in RTT program
BSCI 20021 Microbiology	3		C	*BSCI 20022 Microbiology Lab is optional
Spring Semester: [12]				
Required: minimum 2.75 cumulative GPA				
RTT 21001 Mechanical Ventilation	3		C	Must be enrolled in RTT program
RTT 21002 Therapeutics II	6		C	Must be enrolled in RTT program
ENG 21011 College Writing II	3		C	
Summer Semester : [9]				
Required: minimum 2.75 cumulative GPA				
RTT 21000 Critical Care	5		C	Must be enrolled in RTT program
RTT 21003 Perinatal & Pediatric Respiratory Therapy	2		C	Must be enrolled in RTT program
RTT 21004 Advanced Diagnostics	2		C	Must be enrolled in RTT program
Fall Semester: [12]				
Required: minimum 2.75 cumulative GPA				
RTT 21005 Special Fields in Respiratory Therapy	1		C	Must be enrolled in RTT program
RTT 21010 Respiratory Therapy Capstone Course	5		C	Must be enrolled in RTT program
PSYC 11762 General Psychology	3		C	
COMM 15000 Introduction to Human Communication	3		C	

Graduation Requirements Summary

Total Hours	Upper-Division Hours	Liberal Education Requirements Hours	Diversity Course Global / Domestic	Writing-Intensive	Minimum Major GPA	Minimum Overall GPA
69		16			2.75	2.75

Special Notes for Degree/Major:

Liberal Education Requirements (LER)

Students must complete a minimum 36 credit hours of Liberal Education Requirements. Colleges or degree programs may specify certain courses to fulfill the requirements. Courses in the students' major field will not count toward the completion of any LER. Honors equivalents shall satisfy the LER. None of the courses on the LER list may be taken with a pass/fail grade.

Diversity Course Requirement

Students must complete a two-course diversity requirement, consisting of one with a domestic focus and one with a global focus. One course must be come from the LER and cannot be in the student's major. The second course may be taken as a second LER; or within a major or minor; or as a general elective; or, with dean's approval, by completing one semester of study in another country.

Writing-Intensive Course Requirement

Students must complete a one-course writing-intensive requirement in their major and earn minimum C (2.00) grade.

Critical requirements are boldface in shaded areas

Course Subject and Title	Credit Hours	Upper Division	Min. Grade	Important Notes
Semester One: Summer I [3 Credit Hours]				
Required: minimum 2.00 cumulative GPA				
HED 14020 Medical Terminology	3		C	Pre-requisite to program admission
Semester Two: Fall [14 Credit Hours]				
Required: minimum 2.00 cumulative GPA 2.75				
RTT 11000 Intro to Respiratory Therapy	12		C	Must be enrolled in RTT program
BSCI 11010 A & P for Allied Health I	3		C	
CHEM 11050 Fundamentals of Chemistry	3		C	
ENG 11011 College Writing I	3		C	
MATH 11009 Modeling Algebra	3		C	
PTST 11007 Medical Terminology	1 credit hour		C	Pre-requisite for RTT 11002
US 10097 Destination Kent State, First Year Exp.	11 hours		C	
Semester Three: Spring [10 Credit Hours]				
Required: minimum 2.00 cumulative GPA 2.75				
RTT 11001 Cardiopulmonary Diseases	2		C	Must be enrolled in RTT program
RTT 12000 Clinical Education I	3		C	Must be enrolled in RTT program
BSCI 11020 A & P for Allied Health II	3		C	Pre-requisite PTST 10009
PHY 12111 Physics for Health Technologies	3		C	
PSYC 11762 General Psychology	3		C	
COMM 15000 Intro. to Human Communication	3		C	
Semester Four: Summer II [5 Credit Hours]				
Required: minimum 2.00 cumulative GPA 2.75				
RTT 11001 Cardiopulmonary Diseases	2		C	Must be enrolled in RTT program
RTT 11002 Cardiopulmonary Physiology	3		C	Must be enrolled in RTT program
RTT 12001 Clinical Education II	3		C	Must be enrolled in RTT program
Semester Five: Fall [13 Credit Hours]				
Required: minimum 2.00 cumulative GPA 2.75				
RTT 11001 Cardiopulmonary Diseases	2		C	Must be enrolled in RTT program
RTT 11002 Cardiopulmonary Physiology	3		C	Must be enrolled in RTT program
RTT 12001 Clinical Education II	3		C	Must be enrolled in RTT program
BSCI 20021 Microbiology	3		C	
BSCI 20022 Microbiology Lab	1		C	
ENG 11011 College Writing I	3		C	
Semester Six: Spring [13 Credit Hours]				
Required: minimum 2.00 cumulative GPA 2.75				
RTT 21000 Critical Care	5		C	Must be enrolled in RTT program
RTT 21001 Neonatal & Pediatric Respiratory Care	2		C	Must be enrolled in RTT program
RTT 21002 Long-Term Care & Rehabilitation	2		C	Must be enrolled in RTT program
RTT 21010 Contemporary Issues in RT	1		C	Must be enrolled in RTT program
RTT 21011 Preparation for CRT/RTT	1		C	Must be enrolled in RTT program
RTT 22002 Clinical Education IV	2		C	Must be enrolled in RTT program

Semester Six FALL 12 Required min. cum. GPA 2.75
 RTT 21005 Special Fields in Respiratory Therapy 1 credit hr. "C" must be enrolled in RTT program.
 RTT 21010 Respiratory Therapy Capstone Course 5 credit hr. "C" must be enrolled in RTT program.
 PSYC 11762 Gen Psych. 3 credit hours "C"
 COMM 15000 Intro. to Human Communication 3 credit hours "C"

Graduation Requirements Summary

Total Hours	Upper-Division Hours	Liberal Education Requirements Hours	Diversity Course Global / Domestic	Writing-Intensive	Minimum	
					Major GPA	Overall GPA
69	0	16	N/A	N/A	2.00	2.00

2.75 2.75

Special Notes for Degree/Major:

Liberal Education Requirements (LER)

Students must complete a minimum 36 credit hours of Liberal Education Requirements. Colleges or degree programs may specify certain courses to fulfill the requirements. Courses in the students' major field will not count toward the completion of any LER. Honors equivalents shall satisfy the LER. None of the courses on the LER list may be taken with a pass/fail grade.

Diversity Course Requirement

Students must complete a two-course diversity requirement, consisting of one with a domestic focus and one with a global focus. One course must be come from the LER and cannot be in the student's major. The second course may be taken as a second LER; or within a major or minor; or as a general elective; or, with dean's approval, by completing one semester of study in another country.

Writing-Intensive Course Requirement

Students must complete a one-course writing-intensive requirement in their major and earn minimum C (2.00) grade.

Upper-Division Requirement

In general, baccalaureate programs require the successful completion of at least 39 upper-division (numbered 30000 to 49999) credit hours of coursework. Programs in the College of Arts and Sciences require a minimum of 42 hours of upper-division coursework.

Program Requirement Sheet
Associate of Applied Science Degree
RESPIRATORY THERAPY TECHNOLOGY
2009-2010

Student Name: _____
Campus: _____

DEVELOPMENTAL PRESCRIPTION COURSES

Determined by Basic Skills Assessment (Check Required Courses)

Dept.	Crs No	Title	Cr Hrs	Sem/Yr	Comp
<input type="checkbox"/>	ENG 11001	Intro. to College Writing S (3)			
<input type="checkbox"/>	ENG 11002	College Writing I - Stretch (3)	6		
<input type="checkbox"/>	MATH 10021	Core Mathematics I	2		
<input type="checkbox"/>	MATH 10022	Core Mathematics II	2		
<input type="checkbox"/>	MATH 10023	Core Mathematics III	2		
<input type="checkbox"/>	MATH 10024	Core Mathematics IV	2		
<input type="checkbox"/>	MATH 10006	Core Mathematics I & II	4		
<input type="checkbox"/>	MATH 10007	Core Mathematics III & IV	4		
<input type="checkbox"/>	US 10003	Reading Strategies for College Success	3		
<input type="checkbox"/>	US 10006	Study Strategies for College Success	3		

TECHNICAL COURSES

Dept.	Course Number	Title	Credit Hours	Sem./Yr.	Completed	Grd (0-4)	Qty.	Point
RTT	11000	Introduction to Respiratory Therapy	3-2					
RTT	11002	Cardiopulmonary Diseases	3-4					
RTT	11004	*ABC/EKG Interpretation Therapeutics I	2-5					
RTT	11005	Mechanical Ventilation	2					
RTT	12001	Clinical Education I	1					
RTT	12002	Clinical Education II	2					
RTT	21000	Critical Care	3-5					
RTT	21001	Neonatal and Pediatric Respiratory Care	3					
RTT	21002	Mechanical Ventilation Long Term Care and Rehabilitation *Therapeutics II	3-6					
RTT	21003	Perinatal and Pediatric Respiratory Care	2					
RTT	21004	*Advanced Diagnostics	2					
RTT	21005	Special Fields in Respiratory Therapy	1					
RTT	21010	Contemporary Issues in RT *Respiratory Therapy Capstone Course	4-5					
RTT	24014	Preparation for CPT/RTT	1					
RTT	22001	Clinical Education III	2					
RTT	22002	Clinical Education IV	2					

Total Technical Course Hours

34.35

Core GPA

Issued by the office of the Executive Dean for Regional Campuses

RELATED COURSES

Dept.	Course Number	Title	Credit Hours	Sem./Yr.	Completed
BSCI	11010	Anatomy and Physiology I for Allied Hlth.	3		
BSCI	11020	Anatomy and Physiology II for Allied Hlth.	3		
BSCI	20021	Microbiology	3		
BSCI	20022	Microbiology Lab	1		
PHY	12111	Physics for Health Technologies	3		
PTST	10009	Medical Terminology	1		
RTT	11001	Pharmacology	3-2		
RTT	11003	Cardiopulmonary Physiology Anatomy and Physiology	3		

Total Related Course Hours

46-18

GENERAL STUDIES COURSES

COMM	15000	Introduction to Human Communication	3		
CHEM	10050	Fundamentals of Chemistry	3		
ENG	11011	College Writing I	3		
ENG	21011	College Writing II	3		
MATH	14009	Modeling Algebra	4		
PSYC	11762	General Psychology	3		
US	10097	Destination Kent State: First Year Exp.	1		

Total General Studies Course Hours

44-16

TOTAL REQUIREMENTS

64-69

Student Signature

Date

Advisor Signature

Date

Notes

Core GPA = Technical Quality Points / Technical Credit Hours

*A grade of "C" or better in theory and a designation of "satisfactory" in the laboratory and clinical component must be achieved in this course in order to pass and remain in the program.

Minimum C (2.0) grade in all required courses, including Technical Courses. Related courses, General Studies Courses, and Prescribed Developmental Courses.

A minimum 2.75 cumulative GPA is required to enter the program.

PSYC	11762	General Psychology	3
US	10097	First Year Experience FLASH Point	1
TOTAL			70-71

A.A.S. in Respiratory Therapy Technology*

*Pending Approval by the Ohio Board of Regents

The Associate of Applied Science in Respiratory Therapy Technology is offered at the Ashtabula Campus. With successful completion of the program, graduates are eligible to sit for the registry examination to become a Registered Respiratory Therapist. Respiratory therapists work as members of a team of healthcare professionals working in a wide range of clinical settings to evaluate, treat and manage patients of all ages with respiratory illnesses and other cardiopulmonary disorders. Students interested in the program should apply directly to the Ashtabula Campus and meet with the program director.

I. Technical Courses 35			
RTT	11000	Introduction to Respiratory Therapy	2
	11001	Pharmacology	2
	11002	Cardiopulmonary Diseases	4
	11003	Cardiopulmonary Physiology	4
	11004	ABC/EKG Interpretation	5
	11005	Mechanical Ventilation	5
	12001	Clinical Education I	1
	12002	Clinical Education II	2
	21000	Critical Care	5
	21001	Neonatal and Pediatric Respiratory Care	3
	21002	Long-Term Care and Rehabilitation	6
	21010	Contemporary Issues in Respiratory Therapy	5
	21041	CRT/RRT Preparation	1
	22001	Clinical Education III	2
	22002	Clinical Education IV	2
II. Related Courses 18			
BSCI*	20020	Biological Structure and Function	3
	20021	Microbiology	3
	20022	Microbiology Laboratory	1
CHEM*	10050	Fundamentals of Chemistry	3
PHY*	12111	Physics for Health Technologies	3
III. General Studies 16			
COMM*	15000	Introduction to Human Communication	3
ENG*	11011	College Writing I	3
MATH*	11009	Modeling Algebra	1
PSYC*	11762	General Psychology	3
US*	10097	First Year Experience FLASH Point	1
TOTAL			65

*Course can be taken prior to program admission.

* MATH 10024 must be taken before RTT 11003

* PTST 10009 must be taken before RTT 11001

A.A.S. in Systems/Industrial Engineering Technology

The Associate of Applied Science in Systems/Industrial Engineering Technology provides students with knowledge and skills in the areas of analysis and measurement in a variety of industries. Students receive hands-on experience with the equipment used in machine tool operations, testing and analysis and computer-aided design. This major is available at the Trumbull and Tuscarawas campuses. Systems engineering also is available as an individualized program option under mechanical engineering technology at the Ashtabula Campus. Not all courses are available at all campuses, nor are all courses regularly scheduled.

I. TECHNICAL COURSES 37			
EERT	22014	Microprocessors and Robotics	4
IERT	22000	Statistical Process Control	4
	22006	Economic Decision Analysis	3
	22010	Computer Integrated Manufacturing	3
MERT	12000	Engineering Drawing	3
	12001	Computer-Aided Drafting	4
	12004	Manufacturing Processes	3
	22009	Robotics and Flexible Automation	3
Choose 10 hours from the following: 10			
COMT	21008	Computer Methods in Science and Engineering (3)	
EERT	22004	Digital Systems (3)	
IERT	12005	Applications in CAD (2)	
	22001	Motion and Time Study (3)	
	22003	Supervision and Labor Relations (5)	
	22004	Facilities Engineering (2)	
	22005	Production and Inventory Control (2)	
	22006	Taguchi Process Improvement (3)	
II. RELATED COURSES 19			
EERT	22003	Technical Computing	3
MATH*	11011	College Algebra	4
	11012	Intuitive Calculus	3
	11022	Trigonometry	2
PHY	12201	Technical Physics I	3
	12202	Technical Physics II	4
III. GENERAL STUDIES COURSES 14			
COMM	15000	Introduction to Human Communication	3
ENG	11011	College Writing I	3
	20002	Introduction to Technical Writing	3
		Social Sciences or Humanities electives from the LER courses	4
US	10097	First Year Experience FLASH Point	1
TOTAL			70

*Tuscarawas students must take MATH 11011, 11022, 19002 (10 hours) or MATH 12001, 12002 (9 hours) due to ABET accreditation.

PSYC 11762 General Psychology	3
US 10097 First Year Experience FLASH Point	1
TOTAL	70-71

A.A.S. in Respiratory Therapy Technology*

*Pending Approval by the Ohio Board of Regents

The Associate of Applied Science in Respiratory Therapy Technology is offered at the Ashtabula Campus. With successful completion of the program, graduates are eligible to sit for the registry examination to become a Registered Respiratory Therapist. Respiratory therapists work as members of a team of healthcare professionals working in a wide range of clinical settings to evaluate, treat and manage patients of all ages with respiratory illnesses and other cardiopulmonary disorders. Students interested in the program should apply directly to the Ashtabula Campus and meet with the program director.

I. Technical Courses

RTT 11000 Introduction to Respiratory Therapy	35
11001 Pharmacology	22
11002 Cardiopulmonary Diseases	22
11003 Cardiopulmonary Physiology	24
11004 ABC/EKG Interpretation	3
11005 Mechanical Ventilation	45
12001 Clinical Education I	2
12002 Clinical Education II	2
21000 Critical Care	25
21001 Neonatal and Pediatric Respiratory Care	3
21002 Long Term Care	2
21010 Contemporary Issues in Respiratory Therapy	6
21011 Clinical Education III	2
21003 Perinatal and Pediatric Respiratory Therapy	5
21004 Advanced Diagnostic	2
21005 Special Fields in Respiratory Therapy	2

II. Related Courses

BSCI * 20020 Biological Structure and Function	18
* 20021 Microbiology	6
PTST 10009 Medical Terminology I	3

CHEM * 10050 Fundamentals of Chemistry	3
PHY * 12111 Physics for Health Technologies	3

III. General Studies

COMM * 15000 Introduction to Human Communication	16
ENG * 11011 College Writing I	3
ENG * 11012 College Writing II	3
MATH * 10024 Modeling Algebra	3
PSYC * 11762 General Psychology	3
US * 10097 First Year Experience FLASH Point	1

TOTAL

69

A.A.S. in Systems/Industrial Engineering Technology

The Associate of Applied Science in Systems/Industrial Engineering Technology provides students with knowledge and skills in the areas of analysis and measurement in a variety of industries. Students receive hands-on experience with the equipment used in machine tool operations, testing and analysis and computer-aided design. This major is available at the Trumbull and Tuscarawas campuses. Systems engineering also is available as an individualized program option under mechanical engineering technology at the Ashtabula Campus. Not all courses are available at all campuses, nor are all courses regularly scheduled.

I. TECHNICAL COURSES

EERT 22014 Microprocessors and Robotics	4
IERT 22000 Statistical Process Control	4
22006 Economic Decision Analysis	3
22010 Computer Integrated Manufacturing	3
MERT 12000 Engineering Drawing	3
12001 Computer-Aided Drafting	4
12004 Manufacturing Processes	3
22009 Robotics and Flexible Automation	3

Choose 10 hours from the following:

COMT 21008 Computer Methods in Science and Engineering (3)	10
EERT 22004 Digital Systems (3)	
IERT 12005 Applications in CAD (2)	
22001 Motion and Time Study (3)	
22003 Supervision and Labor Relations (5)	
22004 Facilities Engineering (2)	
22005 Production and Inventory Control (2)	
22008 Taguchi Process Improvement (3)	

RELATED COURSES

EERT 22003 Technical Computing	19
MATH 11011 College Algebra	4
11012 Intuitive Calculus	3
11022 Trigonometry	2
PHY 12201 Technical Physics I	3
12202 Technical Physics II	4

III. GENERAL STUDIES COURSES

COMM 15000 Introduction to Human Communication	14
ENG 11011 College Writing I	3
20002 Introduction to Technical Writing	3
Social Sciences or Humanities electives	4
from the LER courses.	
US 10097 First Year Experience FLASH Point	1

TOTAL

70

* Course can be taken prior to program admission.

* MATH 10024 Must be taken prior to RTT 11003

* PTST 10009 must be taken prior to RTT 11003

*Tuscarawas students must take MATH 11011, 11022, 19002 (10 hours) or MATH 12001, 12002 (9 hours) due to ABET accreditation.

April 27, 2009

To Whom It May Concern:

I have been contacted by David Goswick, Director of the KSUA Respiratory Care Program, to inquire about using the PTST 10009 Medical Terminology course in the respiratory program curriculum. I find no problem with this and support this proposal.

Regards,

Mike Blake

Physical Therapist Assistant Program Director

Goswick, David

From: Wheeler, David [WHEELED@ccf.org]
Sent: Monday, May 04, 2009 10:25 AM
To: Goswick, David

Dear Professor Goswick,

I have reviewed your proposed curriculum for the Kent State Respiratory Therapy program and I must say that I agree with this proposal without reservation. I have been a faculty member at both New York University and Long Island University and am currently the Clinical Coordinator for the Cardiothoracic Anesthesia Respiratory Therapy Department at the Cleveland Clinic Foundation and I find that your curriculum proposal for Kent State's AAS Respiratory Therapy Program meets or exceeds the published CoARC accreditation guidelines.

You demonstrate a balance between the requisite technical courses and the necessary general studies courses. The curriculum adequately covers the knowledge and skill sets required by the National Board of Respiratory Care. In my opinion this is the minimum amount of credit hours I would anticipate in an Associate of Applied Science degree for Respiratory Therapy Program. Additionally, this curriculum is an eminently obtainable goal in two years time. This curriculum accomplishes the goal of creating a Respiratory Therapy graduate in an expedited fashion without compromising the ability of the students to perform effectively.

Well done.

David Wheeler

David M. Wheeler, BA, RRT-NPS | Education Coordinator



Cleveland Clinic

Cardiothoracic Anesthesia Respiratory Therapy

Cleveland Clinic | 9500 Euclid Ave. | Cleveland, OH 44195 | (216) 444-7957



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Goswick, David

From: Goswick, David
Sent: Thursday, April 23, 2009 12:11 PM
To: 'wheelerd@ccf.org'
Subject: Kent State University's Respiratory Therapy Program
Attachments: Proposed Curriculum Requirement Sheet.docx; Current Curriculum.pdf

Mr. Wheeler,

Greetings from Kent State University's emerging Respiratory Therapy Program. I know you have been a faculty member, and currently a Clinical Coordinator for the Cardiothoracic Anesthesia Respiratory Therapy Department at the Cleveland Clinic Foundation. Currently, I'm revising the established curriculum at Kent State's AAS Respiratory Therapy Program to meet CoARC guidelines in order to gain accreditation.

I would ask that you review the current curriculum and my revised curriculum. I'll be submitting the revised curriculum for review by various KSU committees in the near future. I'm aware of the philosophy of the State of Ohio Board of Regents and Kent State University is to create a balance between technical courses and general studies/related courses. In addition, the goal is to make the curriculum an obtainable goal in two years time; therefore, minimizing the amount of credit hours as much as possible. This is truly an incredible feat to obtain, considering the curriculum must cover all knowledge that the National Board of Respiratory Care will expect students to know on all the possible credentialing examinations. The courses you don't see crossing over to the new curriculum have been included in the proposed curriculum courses.

My curriculum proposal must include letters of support. Please review the attached content, and state that you either agree or disagree with the proposed curriculum. By agreeing, you are stating that in your opinion this is the absolute minimum amount of credit hours you would expect to see in an Associate of Applied Science degree for Respiratory Therapy Programs, without compromising the ability of the students to perform effectively as a Respiratory Therapist. When you state you agree or disagree, if you like, you can provide any comments you wish. I would draw your attention to the fact there are no therapeutic courses, laboratory time, or pulmonary function class in the current curriculum.

I appreciate your time.

Sincerely,

David Goswick MPA, BS AMP, RRT
Director of the Respiratory Therapy Program
Kent State University Ashtabula-Campus
3300 Lake Road West
Ashtabula, Ohio 44004
Office: 440-964-4308 Fax: 440-964-4269

Hilda
this is 'the
only support
letter I've
received.

David

Originals