

YOUNGSTOWN STATE UNIVERSITY CURRICULUM PROPOSAL for  
CURRICULUM DIVISION of ACADEMIC PROGRAMS & CURRICULUM COMMITTEE

CDC # 85-8 Date Rec'd. 10-17-84 IP Code

Academic Program Secretarial Studies Department Business Education and Technology  
C.A.S.T.

Deletion of \_\_\_\_\_ (Complete A and C)

Addition of \_\_\_\_\_ (Complete B and C)

Change of BET 513. Business Machines (Complete A, B and C)

Chairperson's Signature Violet F. Boggess Date 5/10/84

**A** To delete or change an existing course, attach a clear photocopy or the course description in the current catalog, and list the page number.

**513. Business Machines.** Introduction to flow charting and terminal operation; familiarization with the metric system and program development of instruction for memory-capacity calculators; manipulation and speed development on ten-key calculators and bookkeeping machines; operation of the spirit duplicator. One hour of lecture, two hours of laboratory. 2 q.h.

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**B** To add or change a course, provide the course description precisely as it is to appear in the catalog.

**513. Business Machines.** The study of the impact and application of new technology upon the modern office. This will include an introduction to the metric system; familiarization with flow charting and work stations; and the exploration of theoretical and practical implications of microcomputers and electronic calculators. 4 q.h.

**C** Justify the curriculum proposal, using additional sheets if necessary. Qualified faculty must be listed for a new course. Assurances must be provided that library resources and/or physical plant facilities are or will be available.

The additional hours are needed in order to upgrade the course to include the latest technology in business machines and to provide background for later applications in the areas of payroll, accounts receivable and payable, inventory, word processing, and other secretarial and management areas. The course has evolved into a lecture course with all hands-on work assigned. With the increased hours it will be four hours lecture.

No additional facilities are necessary. Qualified faculty include Dr. Violet Boggess, Mr. William Vendemia, and Mrs. Patsy Bakos (limited service).

-- Check if course proposal adoption will affect another academic program in the University. Cross-list with \_\_\_\_\_ (department and course number)

Signatures

		<u>Approval</u>	<u>Disapproval</u>	<u>Date</u>
School/College Curr. Comm.	<u>Barbara Engelhardt</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>5/17/84</u>
Dean	<u>V.A. Richley</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>5/18/84</u>
University Curr. Div. Comm.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Academic Senate	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

YOUNGSTOWN STATE UNIVERSITY

INTER-OFFICE CORRESPONDENCE

TO CAST CURRICULUM COMMITTEE

DATE \_\_\_\_\_

FROM L. Harris, Coordinator-Respiratory Therapy *LH*

SUBJECT Course changes

The curriculum changes for RT 601, RT 604, and RT 606 involve only the separation of lecture and laboratory. This will allow for more effective student scheduling.

The reduction of the credit hours for RT 507 better reflects its current course material and will allow it to be included in the existing 2-year respiratory therapy curriculum. The change of the course and its inclusion into the curriculum is based on requests from students, the medical director of the program and the Respiratory Therapy Advisory Committee.

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**YOUNGSTOWN STATE UNIVERSITY CURRICULUM PROPOSAL for  
CURRICULUM DIVISION of ACADEMIC PROGRAMS & CURRICULUM DIVISION**

UCD # <u>85-11</u>	Date Rec'd <u>10-22-84</u>	IR Code
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School CAST Department Allied Health

Course Title Introduction to Pulmonary Disease  Change (Complete A, B, C, D, E)  
 Add (Complete B, C, D, E)  
 Delete (Complete A, C, E)

Chairperson's Signature *J. Jensen* Date 9-27-84 Telephone 3726

**A** To delete or change an existing course, attach a clear photocopy of its description in the current Bulletin and list the page number.

507. *Introduction to Pulmonary Disease.* A study of diseases of the cardiopulmonary system commonly encountered by the respiratory therapy technician. Three hours of lecture. Prereq.: RT 502, 505, 506. 3 q.h.

**B** To add or change a course, provide its description precisely as it is to appear in the Bulletin. Be succinct.

RT 507 Introduction to Pulmonary Disease. An overview of cardiopulmonary disorders frequently encountered by respiratory care practitioners. Also included will be discussion of the treatment regimens utilized with these disorders. Prereq: RT 502 or permission of instructor 2 q.h.

**C** Yes  or No , this course is (to be) cross-listed with \_\_\_\_\_ (Department & Course Number)

All cross-listed courses must be identified as such in the description of all courses involved — Check B above.

**D** Justify the course proposal, using additional sheets if necessary. Qualified faculty must be listed for a new course. Assurances must be provided that library resources and/or physical plant facilities are or will be available.

The addition of this program to the therapist curriculum will allow for more effective utilization of physician instruction later in the curriculum. The utilization of this course was also recommended by members of the Respiratory Therapy Advisory Committee.  
  
Library and physical facilities are adequate.

**E** Yes  or No , this proposal will affect another Department in the University. If yes, explain \_\_\_\_\_

Signatures	Approval	Disapproval	Date
School/College Curr. Comm. <u><i>Richard J. Fied</i></u>	<u>10-11-84</u>	_____	_____
Dean <u><i>V. H. J. Jolley</i></u>	<u>✓</u>	_____	<u>10-18-84</u>
University Curr. Div.	_____	_____	_____

**YOUNGSTOWN STATE UNIVERSITY CURRICULUM PROPOSAL for  
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UCD # <u>85-12</u>	Date Rec'd <u>10-22-84</u>	IR Code
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School CAST Department Allied Health

Course Title RT 601 Respiratory Procedures II  Change (Complete A, B, C, D, E)  
 Add (Complete B, C, D, E)  
 Delete (Complete A, C, E)

Chairperson's Signature J. Gemma Date 9-27-84 Telephone 3326

**A** To delete or change an existing course, attach a clear photocopy of its description in the current Bulletin and list the page number.

601. Respiratory Procedures II. A study of the principles and practices of airway management, cardiopulmonary resuscitation, and emergency procedures: manual resuscitators, airway, and other equipment needed in management of patient airways. Three hours of lecture, three hours of lab. Prereq.: RT 503. 4 q.h.

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**B** To add or change a course, provide its description precisely as it is to appear in the Bulletin. Be succinct.

RT 601. Respiratory Procedures II. A study of the principles and practices of airway management, CPR and emergency procedures, manual resuscitators, and pulmonary rehabilitation is included. 3 q.h. Prereq: RT 503. To be taken concurrently with 601L.

**C** Yes  or No , this course is (to be) cross-listed with \_\_\_\_\_ (Department & Course Number)

All cross-listed courses must be identified as such in the description of all courses involved — Check B above.

**D** Justify the course proposal, using additional sheets if necessary. Qualified faculty must be listed for a new course. Assurances must be provided that library resources and/or physical plant facilities are or will be available.

The separation of lecture and lab will allow for more effective scheduling.

**E** Yes  or No , this proposal will affect another Department in the University. If yes, explain \_\_\_\_\_

Signatures	Approval	Disapproval	Date
School/College Curr. Comm. <u>Kathleen Feld</u>	<u>10-11-84</u>	_____	_____
Dean <u>V.A. Bichley</u>	<u>10-18-84</u>	_____	_____
University Curr. Div. _____	_____	_____	_____
Academic Senate _____	_____	_____	_____

**YOUNGSTOWN STATE UNIVERSITY CURRICULUM PROPOSAL for  
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UCD # <u>85-13</u>	Date Rec'd <u>10-22-84</u>	IR Code
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School CAST Department Allied Health-Respiratory Therapy

Course Title RT 601L Respiratory Procedures II Lab  Change (Complete A, B, C, D, E)  
 Add (Complete B, C, D, E)  
 Delete (Complete A, C, E)

Chairperson's Signature *J. Yerman* Date 9-27-84 Telephone 3326

**A** To delete or change an existing course, attach a clear photocopy of its description in the current Bulletin and list the page number.

**B** To add or change a course, provide its description precisely as it is to appear in the Bulletin. Be succinct. RT 601L. Respiratory Procedures II Lab. Performance of fundamental techniques employed in airway management, CPR, and pulmonary rehabilitation is required. Three hours a week lab. Must be taken concurrently with RT 601. Pre-req: RT 503. 1 q.h.

**C** Yes  or No , this course is (to be) cross-listed with \_\_\_\_\_ (Department & Course Number)

All cross-listed courses must be identified as such in the description of all courses involved — Check B above.

**D** Justify the course proposal, using additional sheets if necessary. Qualified faculty must be listed for a new course. Assurances must be provided that library resources and/or physical plant facilities are or will be available. The separation of lecture and lab will allow for more effective scheduling. Current respiratory therapy faculty will instruct.

(ZWLH-VAR)

**E** Yes  or No , this proposal will affect another Department in the University. If yes, explain \_\_\_\_\_

Signatures	Approval	Disapproval	Date
School/College Curr. Comm. <u><i>Kochel and Feid</i></u>	<u>10-11-84</u>	_____	_____
Dean <u><i>V. A. R. ichley</i></u>	<u>✓</u>	_____	<u>10-18-84</u>
University Curr. Div. _____	_____	_____	_____
Academic Senate _____	_____	_____	_____

**YOUNGSTOWN STATE UNIVERSITY CURRICULUM PROPOSAL for  
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UCD # <u>85-14</u>	Date Rec'd <u>10-22-84</u>	IR Code
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School CAST Department Allied Health/Respiratory Prog.

Course Title RT 604 Respiratory Procedures III  Change (Complete A, B, C, D, E)  
 Add (Complete B, C, D, E)  
 Delete (Complete A, C, E)

Chairperson's Signature *[Signature]* Date 9-27-84 Telephone 3326

**A** To delete or change an existing course, attach a clear photocopy of its description in the current Bulletin and list the page number.

604. Respiratory Procedures III. Therapy using pressure and volume ventilation. Mental and emotional aspects of respiratory therapy. Three hours of lecture; three hours of lab. Prereq.: RT 601. 4 q.h.

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**B** To add or change a course, provide its description precisely as it is to appear in the Bulletin. Be succinct.

RT 604. Respiratory Procedures III. Theory and Therapy incorporating state of the art mechanical ventilators. Also included is the psychological aspects of long term mechanical ventilation. Prereq.: RT 503 with RT 604L. Must be taken concurrently. 3 q.h.

**C** Yes  or No , this course is (to be) cross-listed with \_\_\_\_\_  
 (Department & Course Number)

All cross-listed courses must be identified as such in the description of all courses involved — Check B above.

**D** Justify the course proposal, using additional sheets if necessary. Qualified faculty must be listed for a new course. Assurances must be provided that library resources and/or physical plant facilities are or will be available.

The separation of lectures and lab will allow for more effective scheduling. Library and physical facilities are adequate.

**E** Yes  or No , this proposal will affect another Department in the University. If yes, explain \_\_\_\_\_

Signatures	Approval	Disapproval	Date
School/College Curr. Comm. <u><i>[Signature]</i></u>	<u>10-11-84</u>		
Dean <u><i>[Signature]</i></u>	<u>✓</u>		<u>10/18/84</u>
University Curr. Div.			
Academic Senate			

**YOUNGSTOWN STATE UNIVERSITY CURRICULUM PROPOSAL for  
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UCD # <u>85-15</u>	Date Rec'd <u>10-22-84</u>	IR Code
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School CAST Department Allied Health

Course Title RT 604L Respiratory Procedures III Lab  Change (Complete A, B, C, D, E)  
 Add (Complete B, C, D, E)  
 Delete (Complete A, C, E)

Chairperson's Signature *[Signature]* Date 9-27-84 Telephone 3326

**A** To delete or change an existing course, attach a clear photocopy of its description in the current Bulletin and list the page number.

**B** To add or change a course, provide its description precisely as it is to appear in the Bulletin. Be succinct. RT 604L. Respiratory Procedures III Lab. Application and troubleshooting mechanical ventilators in a simulated patient setting. 3 hours per week lab. Must be taken concurrently with RT 604. 1 q.h.

**C** Yes  or No , this course is (to be) cross-listed with \_\_\_\_\_  
(Department & Course Number)

All cross-listed courses must be identified as such in the description of all courses involved — Check B above.

**D** Justify the course proposal, using additional sheets if necessary. Qualified faculty must be listed for a new course. Assurances must be provided that library resources and/or physical plant facilities are or will be available. The separating of lecture and lab will allow for better scheduling. Current respiratory therapy faculty will instruct.

(EWLH - VAR)

**E** Yes  or No , this proposal will affect another Department in the University. If yes, explain \_\_\_\_\_

Signatures	Approval	Disapproval	Date
School/College Curr. Comm. <u><i>Koch...</i></u>	<u>10-11-84</u>		
Dean <u><i>V. A. Bechley</i></u>	<u>✓</u>		<u>10/18/84</u>
University Curr. Div.			
Academic Senate			



**YOUNGSTOWN STATE UNIVERSITY CURRICULUM PROPOSAL for  
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UCD # <u>85-17</u>	Date Rec'd <u>10-22-84</u>	IR Code
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School CAST Department Allied Health

Course Title RT 606L Pulmonary Function & Blood Gas Analysis  Change (Complete A, B, C, D, E)  
Laboratory  Add (Complete B, C, D, E)  
 Delete (Complete A, C, E)

Chairperson's Signature *J. J. ...* Date 9-27-84 Telephone 3326

**A** To delete or change an existing course, attach a clear photocopy of its description in the current Bulletin and list the page number.

**B** To add or change a course, provide its description precisely as it is to appear in the Bulletin. Be succinct. RT 606L. Pulmonary Function and Blood Gas Analysis Lab. Use of equipment and analysis of data incorporating up to date pulmonary function analyzers. 3 hour lab per week. Must be taken concurrently with RT 606. Prereq: RT 502. 1 q.h.

**C** Yes  or No , this course is (to be) cross-listed with \_\_\_\_\_  
 (Department & Course Number)

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**D** Justify the course proposal, using additional sheets if necessary. Qualified faculty must be listed for a new course. Assurances must be provided that library resources and/or physical plant facilities are or will be available. The separation of lecture and lab will allow for more effective scheduling. Current Respiratory Therapy faculty will instruct.

(ZWLH - VAR)

**E** Yes  or No , this proposal will affect another Department in the University. If yes, explain \_\_\_\_\_

Signatures	Approval	Disapproval	Date
School/College Curr. Comm. <u><i>Kathleen ...</i></u>	<u>10-11-84</u>	_____	_____
Dean <u><i>W.A. ...</i></u>	<u>✓</u>	_____	<u>10-18-84</u>
University Curr. Div. _____	_____	_____	_____
Academic Senate _____	_____	_____	_____