Course Change Form

Date of Request: October 9, 2008
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Course Addition

1. Course Title: Clinical Practice I
   Prefix & Num: RESTH 2100
   Instructor permission required: No
   Originator: Georgine Bills
   Department: Respiratory Therapy
   Replacement Course ID:

2. Pre-requisite(s): Acceptance into the respiratory therapy program is required.
   Co-requisite(s): RESTH 2070 and 2071
   Class Hours/Week: LEC: 0.00 LBC w/cr: 0.00 LNC w/no cr: 0.00 Credits: 5.00
   Clinical: 15.00 Practicum: 0.00 Independent Study: 0.00

3. Semester to be Implemented: Spring, 2009
   Day ☑ Extended Day ☐ Grade type Regular

4. Cost Code:
   Lab Fee: 0
   Additional Fees: $0.00
   Potential WLF: 0.00

5. Is this course designed for a specific group? Yes Who? Students enrolled in the respiratory therapy program

6. Catalog Description: ☑ Now in Print, or ☐ Proposed Below:

   Students are introduced to the hospital setting and practice clinical application of all skills mastered in the laboratory courses RESTH 2041 and RESTH 2071. Students develop interaction skills with patients and other members of the health care team and demonstrate proficiency in providing therapies, monitoring and documenting care, and prioritizing to develop time management skills. Students participate in clinical care conferences and in the evaluation of the appropriateness of care with respect to CPGs. Concurrent enrollment in RESTH 2070 and RESTH 2071 is required.

7. Course justification (attach sheets if needed):
   New program, integrated course content is required by professional accreditation standards.

8. Are library resources adequate to support this change? Yes If not, how are those resources to be acquired?

9. Are technical and other resources available? Yes If not, how are those resources to be acquired?

10. Relationship to the curriculum: Would the course fill a G.E. requirement? No If yes, which G.E. area? If it does not fill a G.E. requirement, would the course offer elective credit? Yes

11. Transferability of the course: List comparable courses at other colleges and universities:

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<th>G.E.</th>
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<th>Course Title</th>
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Approval Signatures:

Dean: [Signature] Date: 10/09/08

Academic VP: [Signature] Date: _______