

Weber State University 2010-2011
 Respiratory Therapy Bachelor Degree
 WSU Respiratory Therapy 801-626-7071, FAX 801-626-7075
 Email: Respiratorytherapy@weber.edu
 WSU 801-626-6000

The Bachelors Degree Contract (included in this document) must be completed in consultation with the B.S. advisor. Students must complete at least 30 upper division credits in respiratory therapy to satisfy the major emphasis. The B.S. Contract must specify the distribution of upper division credits to satisfy the WSU requirement of 40 credit hours. B.S. general education will be outlined in the BS in REST degree evaluation that we can provide for you or you can print out from your WSU student website (call 801-626-7777 for technical support on how to do this).

1. Meet acceptance requirements into the Respiratory Therapy Program (CHECKLIST)

NON-WSU RESPIRATORY THERAPY GRADUATES OR GRADUATES PRIOR TO 2000	WSU RESPIRATORY THERAPY GRADUATES AFTER 2000
Letter of Recommendation to enter the BS in REST program	*****
Two years of clinical experience as an RRT	*****
Currently a licensed RRT in good standing with the Department of Professional Licensing (an RRT is necessary to obtain upper division credit toward the BS degree)	Completion of A.S. degree in Respiratory Therapy from Weber State University
Admitted to WSU or reactive status or be readmitted by calling WSU Admissions	Reactivate status or be readmitted by calling WSU Admissions office, 801-626-6000 and ask for admissions.
Transfer credits on WSU transcript	*****
Wildcat ID and Wildcat email address	Wildcat ID and Wildcat email address
2.75 Cumulative GPA	2.75 Cumulative GPA
Completion of WSU Quantitative Literacy and English General Education requirements	Completion of WSU Quantitative Literacy and English General Education requirements
AARC Membership	AARC Membership
CPR Certification - Health Care Provider	CPR Certification - Health Care Provider
Read the current WSU Respiratory Therapy handbook and sign the agreement form	Read the current WSU Respiratory Therapy handbook and sign the agreement form
Approved background check, immunizations and drug screen according to the current Student Handbook	Approved background check, drug screen and immunizations according to the current Student Handbook. (May be waived: see advisor).
Utah Resident	Utah Resident
Completion of the WSU BS Contract Form (1 year time limit for completion)	Completion of the WSU BS Contract Form (1 year time limit for completion)

2. Complete Bachelor Degree contract (found online under Bachelor Degree forms) and meet with your advisor to verify degree requirements and review of your BS degree evaluation.
3. Meet with each faculty assigned to the required Respiratory Therapy 4800 projects. At this time you may discuss your ideas for each project, complete your project contract and set a completion date.
 - . CQI (1 credit hour) - Janelle Gardiner
 - . Health Promotions (1 credit hour) - Lisa Trujillo
 - . Advanced Patient Assessment (1 credit hour) - Paul Eberle
 - . Pending faculty approval and clearance by Marylyn (REST Program Administrative support), you may then register for the respective 4800 courses.

**WEBER STATE UNIVERSITY
BACHELOR OF SCIENCE/RESPIRATORY THERAPY/ACADEMIC CONTRACT**

Name: _____ SWSU ID _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

WSU Email Address _____ GPA (2.75 required) _____

NOTE: All courses on this contract must be completed with a grade of "C" or better.

Respiratory Therapy Checklist complete? Y N	General Education complete? Y N
Major changed to BS in REST? Y N	Completed 30 cr/hr intutional per degree eval? Y N
Copy of WSU BS Degree Evaluation attached? Y N	Diversity Requirement complete? Y N
When do you plan to apply for your BS?: Spring Summer Fall, Year: _____	

MAJOR CORE CLASSES (C grade or better required on all of these courses)

REST 3210 (2) REST 3220 (2) REST 3230 (2) REST 3260 (2)
 REST 3270 (2) REST 3280 (3) REST 3760 (4) REST 3770 (4)
 REST 3780 (2) REST SI3900 (3)

BS PROJECTS

REST 4610 (1-2) Adv. Assessment REST 4630 (1-2) CQI/QA, HIM 3300 (3)
 REST 4620 (1-2) Health Promotion

REST ELECTIVES

REST 4800 () REST 4800 () REST 3502 (2)

TOTAL CREDITS in Major Emphasis _____ (minimum of 30 cr/hrs required)

UPPER DIVISION ELECTIVES (Include course number, title, and credit hours).

HAS DV3190 (3) HIM SI3200 (3) SOC 3430 (3) SW 4250 (3)
 _____ () _____ ()
 _____ () _____ ()

TOTAL CREDITS in upper division Elective Courses _____

TOTAL upper division CREDITS: _____ (40 upper division credits required)

TOTAL credit hours per BS degree evaluation (120 credit hours are required for a BS) _____

Write your 2 classes (6 credit hrs required) that qualify for Scientific Inquiry _____

Signature/Date Advanced Discipline Advisor: _____

Signature/Date Student: _____

This contract is valid for ONE year from the date of REST Advisor signature.

REST 4800-Credit for Certifications Contract

You may contract for 1 credit hour (one time) of REST 4800 for two certifications or one credential (examples below): Circle or write in the credential or certification you are attaining.

Certifications

ACLS (Advanced Cardiac Life Support)
PALS (Pediatric Advanced Life Support)
BLS Instructor (CPR Instructor)

Credentials

RPFT (Registered Pulmonary Function
Technologist, NBRC)
NPS (Newborn Pediatric Specialist, NBRC)
RPsgT (Registered PSG Technologist, BRPT)

Two such certifications or one credential will be allowable towards bachelor's degree credit.

Name: _____ Student ID #: _____

Certifications (2) or Credential (1) attaining: _____

Address: _____ City: _____ ZIP: _____

Phone: _____ EMAIL: _____

CREDIT HRS: 1 SEMESTER: FALL/SPRING/SUMMER (Circle one) YEAR: _____

ON CAMPUS OR DISTANCE (circle one)

Is your Respiratory Therapy BS contracted signed? Yes No (circle one)

Required Documentation

Copy of current certifications cards or credential is required for this class. (cannot expire in the semester you are registered)

Credit will not be given for a student who attends such a course but does not successfully complete the course and receive "certification."

Due dates not met will receive a full letter grade drop.

EMAIL PROGRESS DUE DATE: _____ EMAILED ON TIME? YES NO
(moki@weber.edu, please blind copy yourself for verification that you emailed this)

DOCUMENTATION DUE _____ DOCUMENTS ON TIME? YES NO

GRADE FOR THIS CLASS: A B C D E

STUDENT'S SIGNATURE _____ DATE _____

INSTRUCTOR'S SIGNATURE _____ DATE _____

REST 4610 SPECIFIC GUIDELINES FOR ADVANCED PULMONARY ASSESSMENT PROJECT

The baccalaureate-prepared registry-eligible respiratory therapist should have consummate assessment skills. The Advanced Pulmonary Assessment project (must be a project, directed reading will not satisfy the objectives) shall be physician-intensive. The emphasis of this project shall be to develop enhanced skills and understanding of the diagnostic processes involved in assessing, evaluating, and treating pulmonary diseases.

There are several pathways which the student may utilize to meet this broad objective. Examples might include:

- 1) Interviewing several different physician specialists with respect to the methods used to evaluate patients and assess the effectiveness of the therapeutic plan. These specialists include:

Pulmonologist	Intensivist	Radiologist	Neonatologist	Cardiologist
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A project configured around this process would include actual physician observation and/or observation of various diagnostic procedures.

- 2) Observe/assist physician (s) with patient assessments, with particular emphasis on the evaluation of the pulmonary system and the development of a patient-care plan. This could be accomplished with ER physicians, family practitioners, pediatricians, internal medicine/pulmonologists etc..
- 3) Identifying a number of advanced assessment procedures and making arrangements to observe:

Ventilation Perfusion Scan	Thoracentesis	Thoracic Translumination
Angiogram/Angioplasty	EPS (Electrophysiologic Study)	Pacemaker Insertion
Cardiac Biopsy	AICD (Automated Indwelling Cardiac Defibrillator)	

If a student proposes a contract with this diagnostic emphasis, direct physician interaction must be documented and some hours/patient observations may still be required to satisfy the goals and objectives of the advanced patient assessment project.

These are representative of a limited number of project options. The list is not exhaustive and the student should use it only as a guideline to begin developing his or her own personal learning experience. Students are encouraged to design this project to best meet their individual learning goals; many projects combine aspects of all three suggestions above.

The Advanced Pulmonary Assessment project must be at least one credit hour; therefore, the proposed activities should satisfy at least 35 clock-hours, the project **MUST BE PHYSICIAN-INTENSIVE** (you must actually spend time with physicians and patients!!), and a paper will be required. This project could be described in terms of hours or patient assessments, such as "35 hours spent with physicians [10 family practice, 10 pediatrician, and 15 pulmonologist] or 35 patient assessments."

WSU RESPIRATORY THERAPY 4610 CONTRACT

NAME: _____ STUDENT ID #: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

COURSE: REST _____ CREDIT HRS: _____ SEMESTER: _____ ON CAMPUS OR DL: _____

JOB OR PROJECT
TITLE: _____

1. List of activities and/or educational objectives for which credit will be given:

2. Purposes, goals, results:

3. Documentation or method of evaluation:

STUDENT'S SIGNATURE _____ DATE _____

INSTRUCTOR'S SIGNATURE _____ DATE _____

INSTRUCTOR'S EVALUATION AND COMMENTS:

MIDTERM DUE _____ PROJECT/DOCUMENTATION DUE _____

ATTACH AN EXTRA SHEET OF PAPER IF NEEDED

REST 4620 SPECIFIC GUIDELINES FOR HEALTH PROMOTION PROJECT

The requirement to complete an advanced-level project in health promotion addresses the growing role of the respiratory care practitioner in patient education, public education, and health promotion in general. This project may be satisfied in a number of ways, the following model projects are provided as a guideline only (other projects could be devised and approved).

Students could satisfy this project requirement by:

- 1) Becoming certified as a smoking cessation instructor through the American Lung Association, the American Cancer Society, or a hospital-based program, and then providing documentation of (# hours) of patient/participant teaching;
- 2) Providing nicotine intervention education in the public school sector (such as teach 20 hours of tobacco education/nicotine intervention to 5th and 6th grade students at Roy Elementary School, providing information about smoking and health, give students a quiz [pre-test] and post-test after my presentation to determine learning or attitudes....);
- 3) Participate as a camp counselor at the American Lung Association of Utah annual Asthma Camp or the Cystic Fibrosis Foundation CF Camp;
- 4) Become certified by the American Lung Association of Utah to provide Open Airways for Schools programs educating students and teachers about asthma and asthma management, and provide (#hours) actual teaching;
- 5) Participate in organizing and staffing the Science Olympiad, Science of Fitness testing stations, for the state junior high and high school competition.

This list represents projects which have been approved, and have provided students with excellent experiences and the public with excellent educational opportunities.

Whenever you develop your contract for the Health Promotion project, as with all projects, BE SPECIFIC. SPECIFY the number of classes, number of students, number of hours, location (s) of presentations, etc. Also include in the documentation section (#3), outlines, hand-outs, quizzes, surveys, etc. AND verification by outside agency (i.e. Lung Association, schools, etc.) of presentation time (s) and date (s).

WSU RESPIRATORY THERAPY 4620 CONTRACT

NAME: _____ STUDENT ID #: _____

ADDRESS: _____ CITY _____ ZIP: _____

PHONE: _____ MAIL: _____

COURSE: REST: _____ CREDIT HRS: _____ SEMESTER: _____ ON CAMPUS OR DL: _____

JOB OR PROJECT
TITLE: _____

1. List of activities and/or educational objectives for which credit will be given:

2. Purposes, goals, results:

3. Documentation or method of evaluation:

STUDENT'S SIGNATURE: _____ DATE _____

INSTRUCTOR'S SIGNATURE: _____ DATE _____

INSTRUCTOR'S EVALUATION AND COMMENTS:

MIDTERM DUE: _____ PROJECT/DOCUMENTATION DUE _____

ATTACH AN EXTRA SHEET OF PAPER IF NEEDED

REST 4630
SPECIFIC GUIDELINES FOR
CONTINUOUS QUALITY IMPROVEMENT PROJECTS

The baccalaureate-prepared registry-eligible respiratory therapist should have not only understanding and appreciation of the quality improvement (or quality assurance) process, but also a working knowledge of how to construct and conduct a quality improvement project in the workplace. It is highly recommended that the student be currently employed in the field of respiratory care during the semester in which this project is completed, and that the project be completed under the supervision of appropriate personnel at the student's place of employment. The goal of this project is for the student to develop, study (collect data), and recommend appropriate actions relative to some quality concern within his/her workplace.

Number ***one (1)*** of the contract states "Purpose of Project". Here you should clearly explain how your project would meet one or more of the goals of CQI. The goals of CQI are as follows (from Egan pg 8):

- Provide a method for ongoing monitoring of both quality and appropriateness of respiratory care
- Ensure that respiratory care methods and procedures are cost-effective
- Ensure that respiratory care methods and procedures are effective
- Identify, rank, and resolve patient care-related problems

This section should also describe the location in which your project will take place and the name of your immediate supervisor overseeing your project.

Number ***two (2)*** of the contract requests "Scope" of your project. In this section an hour for hour explanation of the project should be included.

For example: 10 hours will be spent doing chart review, 5 hours of staff inservices, 2 hours educating physicians/getting MD approval, 10 hours of chart review after implementing changes, 5 hours compiling data, 3 hours writing paper and creating graphs

Number ***three (3)*** of the contract asks for the "Conclusion" of your project. This section should list those things you will submit to the instructor for grading. Those items should include:

- 1) A copy of the approved contract
- 2) A 4-5 page paper (may be longer if needed) using CQI methodology. Please contact your instructor for guidelines regarding formatting.
- 3) A letter or an evaluation from your supervisor
- 4) Supporting documents: forms created, graphs displaying information gathered, etc.
- 5) A time log totaling between 35-40 hours of documented time spent on the project. This time log needs to be verified by your supervisor.

The following criteria will be used in grading your project:

Paper	50%
Time Log	20%
Supporting Documents	15%
Supervisor Evaluation Letter	10%
Presentation	<u>5%</u>
Total	100%

WSU REST 4630 CQI/QUALITY ASSURANCE CONTRACT

NAME: _____ STUDENT ID #: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

COURSE: REST _____ CREDIT HRS: _____ SEMESTER: _____ ON CAMPUS OR DL: _____

TITLE: _____

Please type out your contract on separate sheet of paper to explain the following three areas of your contract:

1. Purpose of project:

2. Scope: (List the steps you will take to complete this project. Attach a estimated budget of time log you intend to spend on each step. Your education coordinator or Dept. Head will verify hours spent on this project with his/her signature).

3. Conclusion: Documentation or method of evaluation (included in this conclusion is your education coordinator or Dept. Head's evaluation of your project).

STUDENT'S SIGNATURE: _____ DATE _____

SUPERVISOR'S SIGNATURE: _____ DATE _____

WSU' INSTRUCTOR'S SIGNATURE: _____ DATE _____

MIDTERM DUE: _____ PROJECT/DOCUMENTATION DUE _____

Bachelor Degree in Respiratory Therapy

1. **Contact the correct faculty member for assistance in writing your BS Contract.**

According to your last initial:

Lisa Trujillo.....A-F

Paul Eberle.....G-L

Mich Oki.....M-P

Janelle Gardiner....Q-Z

2. **Contact the correct faculty member for assistance in writing the specific project contract.**

Paul Eberle...REST 4610-Adv Pt Assessment

Lisa Trujillo..REST 4620 Health Promotions

Janelle Gardiner..... REST 4630-CQI Project

Mich Oki.....4800-Certifications/Misc.

3. **All BS and Project Contracts must be approved and signed within the first 4 weeks of any given semester or they will be deferred until the next semester.**