STATE OF CONNECTICUT
BOARD OF TRUSTEES
FOR THE STATE COLLEGES

P. O. Box 2008   New Britain, Connecticut 06050

TEL. NEW BRITAIN: 203XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXX

RESOLUTION

concerning

LICENSURE APPLICATION
for
BACHELOR OF SCIENCE IN NURSING
at
CENTRAL CONNECTICUT STATE COLLEGE

September 5, 1980

RESOLVED,   That under the authority granted the Board of

Trustees in Chapter 164, Section 10-109 and

Chapter 178, Section 325c of the General Statutes,

Central Connecticut State College is hereby

authorized to seek licensure for and implement

a program in Nursing leading to a Bachelor of

Science in Nursing Degree, subject to the approval

of the Board of Higher Education.

A Certified True Copy:

James A. Frost
James A. Frost
Executive Director

Reactions of Central Connecticut State College
to the BSN Evaluation Report Visit

October 16, 1979

Members of the Visiting Team

Nancy Goodrich   Sister Dennis Marie
Jean Bowen   Carol Scales

PROGRAM OVERVIEW

The Bachelor of Science in Nursing program at Central Connecticut

State College (CCSC) will be exclusively an upper division, part-time

program for qualified registered nurses seeking to expand their educational

and professional experiences and develop BSN-level competencies.

The BSN program will be open only to graduates of associate degree

and diploma programs in nursing who hold the R.N. license. To ensure

that as many students are served as is possible with limited resources, the

following procedure will be utilized in admitting candidates to the BSN

program.

> Step 1 - students are admitted to CCSC
>
> Step 2 - students are admitted to the BSN applicant pool
>
> Step 3 - students are admitted to the BSN program (to a
>   specific class)

Eligibility for admission to the college does not constitute admission

to the applicant pool. Because of available resources and the anticipated

number of students applying for admission to the BSN, it will be necessary

to establish a quota for each class. Supplementary criteria will be

applied in order to screen applicants for admission to the BSN applicant

pool. The primary criteria for determining eligibility for admission to the

nursing major at CCSC will be based on cognate prerequisites and general education requirements. Therefore, admission requirements to the BSN program at Central Connecticut State College are now summarized.

In addition to meeting all requirements established for admission to CCSC, in order to be admitted to the applicant pool, the applicant must:

1. present evidence of a current nursing license in the State of Connecticut

2. present evidence of successful completion of prerequisite courses totaling 45 credits, 15 of which must be earned at CCSC

3. present an overall credit point average of 2.00 in prerequisite non-nursing courses and 2.50 in prerequisite nursing courses

4. take and pass the pre-entrance nursing examinations required of all candidates for admission

*5. have had a minimum of one year of clinical nursing experience and be currently employed as a nurse.

6. provide three (3) letter of reference from professionals who know the applicant's professional and personal qualification

7. present a written statement describing the reasons for desiring BSN preparation and professional goals following program completion

8. present evidence of current liability insurance

* preferred but not restrictive. Clinical experience must be met prior to completion of BSN program.

From the applicant pool, the BSN program director will select 40-50 students who possess a uniform set of competencies. These 40-50 students will constitute the first class of students to be served by the BSN program. Courses will be designed to provide the competencies while they do not possess but must achieve to attain the objectives of the program. Additional classes of 40-50 students with other sets of competencies will be served as time and resources permit. For example, with current

resources, one class of 40-50 students will be started each semester. If additional resources are made available, additional classes will be serviced. If, for instance, resources are doubled, two classes of 40-50 students each will be started each semester.

The BSN program level objectives presented on the following pages are the basis of the CCSC program.

PROGRAM OBJECTIVES

BSN PROGRAM

At the completion of this BSN program, each graduate should be able to do the following:

1. analyze and synethesize nursing observations and knowledge to determine health status, the potential and subsequent need for nursing intervention with individual and social groups

2. develop individualized nursing care plans through utilization of a data base in both structured and unstructured settings for the well and ill and individual and social groups, in collaboration with members of the health team

3. set goals based on present and anticipated needs of the individual

4. utilize nursing theory, research findings, and nursing data as a basis for making nursing decisions

5. implement and assume responsibility for nursing care in accord with the current health status and future health potential of the individual or social group

6. adjust nursing care plans instituting alternative methods as indicated or needed, based on the changing status of the patient or environment

7. participate in implementing needed change to improve the delivery of health service

8. evaluate the effectiveness of nursing care plans and nursing intervention and revise or consider alternative approaches if indicated

9. utilize nursing diagnosis and intervention as a means of gathering data for formulating hypothesis to be tested for extending knowledge base and to improve practice

10. use nursing practice as a means of gathering data for retaining and extending nursing science

11. synthesize theoretical and empirical knowledge from the physical and behavioral sciences and humanities with nursing theory and practice

12. assess the health status and health potential of individuals, families and communities

13. evaluate research for the applicability of its findings to nursing actions

14. participate in identifying societal and community health care needs

15. utilize nursing theory as a basis for making decisions about nursing practice

16. plan nursing care with individuals, families, and community

17. participate in identifying needed change to improve delivery of care within specific health care systems

18. participate in fashioning new nursing roles to meet the societal and community health needs

19. accept individual responsibility and accountability for nursing intervention and outcome

20. accept responsibility for the provision of nursing care through others

The courses given to any specific class of BSN students will consist of the competencies related to the objectives that members of that class do not already fulfill.

To determine competencies already possessed by students and to determine eligibility for specific BSN classes, students will take advanced placement examinations. Tests prepared by CCSC faculty, ACT and CLEP will be used to determine advanced placement status.

The advanced placement process will be designed to determine the theoretical and clinical knowledge and skill students possess prior to enrolling in a nursing course. When these data are compared with the end-of-course

behaviors, the learning needs will be identified and specific activities prescribed to meet these particular needs. In this way the process will optimize each student's use of the credits required in the nursing courses.

Placement in a clinical nursing course will depend on data from two assessment parameters. To measure knowledge of <u>theoretical concepts</u> relative to a specified level of nrusing intervention, a written examination will be administered. To determine <u>experiential background</u>, a biographical questionnaire will be distributed which will elicit information about actual experiences with that level of nursing intervention.

The plans, which are in line with NLN criteria, are to allow registered nurse students to challenge by examination, both written and practical, the basic entry nursing competencies as stated in Appendix A.

The length of the program for any given class will depend upon the advanced placement achieved by the members of that homogeneous class.

The curriculum will be divided in approximately the following manner:

35%-40% - cognate courses such as anatomy, physiology, general, and organic chemistry, social science, anthropology, statistics.

30%-35% - nursing courses based on nursing theory, the life processes, the well-ill individual, and social groups for all intervals of the life span.

25%-35% - other degree requirements including social sciences, natural sciences, liberal arts, English, etc.

How much credit in each of these areas is required to be taken at CCSC will depend on the advanced placement of students in any given class.

The RN students will have to take other "basic" nursing courses which contain theory, if shown lacking in their nursing backgrounds. This theory will consist of such things as professionalism, the nursing process on a baccalaureate level, problem-oriented records, components of primary

care, physical assessment, communication, and interviewing skills
(which will include history taking), advance pathophysiology, and several
other such courses which will be offered at the baccalaureate level and
will be geared to the needs of these students.

Since CCSC's BSN program will focus solely on the part-time student,
academic counseling is most important. The sequencing of courses taken
by part-time students has to be planned carefully because courses will be
designed to build upon those preceding them.

All exit level competencies will be met at the time students complete
the BSN program.

The major consideration in our curriculum development is that we are
indeed offering nursing courses on an upper division level for the RN
students. There are concepts and theories, attitudes and behaviors which
are peculiar to upper division nursing that are lacking in the Associate
degree and diploma programs. It is toward these concepts and theories
that our curriculum will be developed.

In summary:

1. The program is designed solely for part-time students who are
already registered nurses.

2. Detailed curriculum will be designed for each class of students
based on their needs.

3. The major in nursing will be concentrated at the upper division level.

4. The program will meet all requirements for NLN accreditation
when we apply for NLN accreditation. This will occur 4-5 years after the
program is initiated where the first class has graduated or is nearing
graduation.

RESPONSE TO SPECIFIC VISITING TEAM RECOMMENDATIONS

INTRODUCTION.

The members of the Visiting Team were all very helpful, and CCSC accepts their recommendations as appropriate for a mature BSN program.

Comments in the Visiting Team's report are based on the National League for Nursing's Criteria for the Appraisal of Baccalaureate and Higher Degree Programs. It is CCSC's intention to seek National League of Nursing accreditation for this program. However, it is not appropriate to apply for NLN accreditation until the essential elements of the program are in full operation - that is, a class of students must have completed or be nearing completion of the program.

If the BSN program licensure is granted, the Visiting Team's recommendations and NLN criteria will be utilized to provide a frame of reference for program development and will serve as standard and as guidelines for operation.

I. Advisory Committee.

TEAM RECOMMENDATION

"Review composition and functions of the advisory committee and make revisions to meet the needs of a developing BSN program."

RESPONSE

The advisory committee which has been functioning since 1977 has been revised in accordance with the suggestion of the Visiting Team (See Appendix E). Specific functions of the group are being reviewed through meetings this summer and will be clarified during total group meetings in October and November of 1980.

II. Resources.

TEAM RECOMMENDATION

A.   "Negotiate contracts with appropriate clinical agencies to
provide for clinical learning experiences in nursing."

RESPONSE

Contracts <u>will</u> be negotiated with appropriate clinical agencies
to provide for clinical learning experiences in nursing. Once
licensure approval is granted, clinical sites will be selected based
upon the goals, purposes and objectives of each learning experience.
Numerous clinical facilities have documented their interest in cooperating
with CCSC in providing clinical experiences. Some of these agencies
include: Bradley Memorial Hospital, Bristol Hospital, Community
Health Services of Central Connecticut, Hartford Hospital, Hebrew Home and
Hospital, McLean Home, Middlesex Memorial Hospital, Mount Sinai
Hospital, New Britain General Hospital, New Britain Memorial Hospital,
St. Mary's Hospital, Triage, John Dempsey Hospital, Newington Veteran's
Hospital.

Letters from the above hospitals and agencies expressing their
interest in providing clinical sites were included as Appendix F in the
report dated October 1979 which was presented to the Visiting Team, the
Board of Trustees, and the Board of Higher Education.

TEAM RECOMMENDATION

B.   "Privide adequate library and learning resources to support the
BSN program."

RESPONSE

CCSC has a good beginning in this area - there are approximately

300 books on nursing currently in Elihu Burritt Library and we subscribe to seven nursing journals as well as the Index Medicus. Once licensure is granted, our present holdings will be augmented to the extent indicated in the budget for the program. In addition, formal agreements with area libraries, such as John Dempsey Health Center and the Robinson Library at Hartford Hospital will be sought.

TEAM RECOMMENDATION

C. "Employ nursing faculty with nursing experience, teaching experience in baccalaureate nursing and master's preparation in the areas of medical-surgical, maternal-child, psychiatric and community health nursing to plan, implement, and evaluate the BSN program."

RESPONSE

We will not be able to employ the full complement of faculty for the mature program until enrollment grows to justify it. Probably no public college could do this although the Team's recommendation seems to suggest that the full staff be employed before the program commences. However, we will have three well qualified faculty by September 1980, and advice will be sought from NLN concerning the employment of adjunct faculty and nursing consultants to assist with curriculum and program development. As the number of students increase, the faculty will grow appropriately.

The present faculty in the Nurse Teacher Education Program are aware of the qualifications needed to teach in a BSN program and two of the faculty are involved in programs of study at the University of Connecticut.

Mary Jane Williams is enrolled in her second Master's Program, a Masters in Nursing. Her major area of concentration is medical-surgical nursing.

Judith Hriceniak is enrolled in a PhD program in Higher, Adult and Technical Education at U Conn. In the fall semester, 1980, Mrs. Hriceniak will be enrolled in 12 S.H. of course work at the graduate level in the School of Nursing at U Conn. Major area of concentration - community nursing. She is scheduled to receive a Masters in Nursing by June, 1982.

Resumes for Mrs. Williams and Mrs. Hriceniak are found in the report dated October 1979, which was presented to the Visiting Team, the Board of Trustees, and BHE. See page 139 and following.

In addition, a third faculty member with a master's degree in nursing will be employed to begin in September, 1980.

III. Organization and Administration.

TEAM RECOMMENDATION

A.   "Organize the Department of Nursing in accordance with the structural plan of the institution."

RESPONSE

The President and Academic Vice President of the college have given prior approval to the development of a department of nursing to be set within the structure of the School of Education and Professional Studies. The department will be created as soon as the program is licensed.

TEAM RECOMMENDATION

B.   "Raise budget to provide adequate resources for a developing professional program."

RESPONSE

A clarification was requested from the visiting team chairperson as to what was meant by "adequate". The clarification indicated

that library acquisitions in the minimum amount of $5,000; miscellaneous
monies in the amount of $500 to $1,000 per year; instructional
materials in the amount of $2,000 per year should be provided. In
addition, it was believed that consultation fees should be made
available so as to provide NLN representative visits to the campus
during the program's implementation. These are all reasonable
observations, and the recommended resources will be provided at the
appropriate time.

With regard to the major costs associated with the program--that
is, personnel costs, the initial budgetary projections shown in the
institutional report are honestly representative of the institution's
commitment. It is to be noted that students will be accepted in
blocks of 40-50 applicants and that the number of students served will
be limited by the resources available. We expect a demand for this
program far beyond our initial ability to provide spaces for students.
We will continue to make every attempt to gain other resources
beyond those outlined in the accompanying budgetary projection.
If additional resources are not possible, we will continue to
provide the program as outlined at the level of about 200-250
part-time students (approximately 100 FTE).

Board of Higher Education
340 Capitol Avenue
Hartford, Connecticut 06101

Staff Work Sheet
Section III: Application for Planning Approval
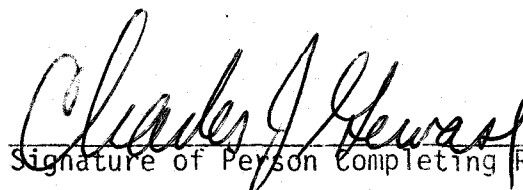VJ:df - 2/26/79

FISCAL IMPACT STATEMENT

Proposed New Academic Program: Bachelor of Science in Nursing (BSN)
Institution: Central Connecticut State College

ESTIMATED NEW EXPENDITURES	Year 1 1981-82	Year 2 1982-83	First Year of Full Operation 1985-86
Personnel (Faculty and Support) Full-time Positions			(See attached five year budget)
Number	-0-	-0-	
Salaries - General Fund	-0-	-0-	
Salaries - Extension Fund	-	-	
Part-time Positions		.375 FTE fac.	
Number	½ time sec'y	+ ½ time sec'y	.375 FTE fac.
Salaries - General Fund	3500	6200	2700
Salaries - Extension Fund	-	-	-
Other Expenses			
General Fund	1,000	1,700	3,200
Extension Fund	-	-	-
Equipment (incl. Library Books)			
General Fund	4,000	3,000	3,000
Extension Fund	-	-	-
TOTAL NEW EXPENDITURES General Fund	8500	10,900	8900
Extension Fund	-	-	-
ESTIMATED REVENUE AND ENROLLMENT			
Projected Enrollment (Headcount) Full-time Students			
Part-time Students	*90	*180	*270
Income from Students			
General Fund Tuition & Fees**	33,824.25	78,923.25	135,297.00
Extension Fund Fees			
Funds Available from Other Sources (federal, private, corporate foundation, etc.)			

*Each student will take 6 credits/semester- ** See attached income breakdown.

USE OF CURRENT RESOURCES (If plans include the use of current faculty and resources, please explain on this sheet or attachment if necessary.)

The nurse-teacher certification program is being phased out. Two (2) current general fund supported faculty members are completing masters in Nursing programs and will be re-assigned to the BSN program. An additional faculty member with a masters in Nursing is being appointed effective Sept,1980.

_____
Signature of Person Completing Report

Dean, Sch. of Ed. & Prof. Stds.
Title

August 19, 1980
Date

BUDGET

Proposed First Year Budget

Budget Item	Description	Expenditure
Personnel	Three (3) Assistant Professor positions (Two currently of staff, one employed as of Sept, 1980)	$ 55,336.00
	Clerical Staff ½ time basis	$ 3,500.00
Other	Periodicals, Audio-Visual Materials and Validation tools.	$ 1,000.00
Equipment	Library books	$ 4,000.00
		$ 63,336.00

Estimated Expenditures for Years Two through Five

Year	Estimated New Annual Expenditure	Rationale
2 ($10,900)		
Personnel	$2,700	Part-time faculty
	3,500	Clerical (½ additional)
Other	1,000	Validation instruments
	500	Travel - clinical
	200	Memberships
Equipment	3,000	Library
Total	10,900.00	
3 ($7,900)		
Personnel	$2,700	Part-time faculty
Other	1,000	Validation instruments
	500	Travel - clinical
	500	Supplies
	1,000	Liability
	200	Membership
Equipment	2,000	Library
Total	$7,900.00	

Year	Estimated New Annual Expenditure	Rationale
4 ($22,560)		
Personnel	$16,860 (est)	One additional full-time faculty member
Other	500	Validation instruments
	500	Supplies
	1,000	Liability
	500	Travel
	200	Membership
Equipment	3,000	Clinical
Total	$22,560.00	
5 ($8,900)		
Personnel	$2,700	Part-time faculty
Other	500	Travel - clinical & professional
	500	Liability
	200	Memberships
	2,000	Self-study report & accreditation visit
Equipment	3,000	Library and Learning Resources
Total	$8,900.00	

** <u>Income Break-Down</u>

Each student will pay each semester for 6 credits in accordance with the
following:

tuition	$73.14
state college fee	75.00
general fee	87.00
student activity fee	15.41
Total/student/semester	$250.55

81-82

fall semester	45 students @ 250.55 = 11,274.75
spring semester	90 students @ 250.55 = 22,549.50

total income, 81-82	$33,824.25

82-83

fall semester	135 students @ 250.55 = 33,824.25
spring semester	180 students @ 250.55 = 45,099.00

total income, 82-83	$78,923.25

85-86

fall semester   315 students @ 250.55 = 78,923.25

spring semester   360 students @ 250.55 = 90,198.00

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total income, 85-86 $169,121.25

IV. Educational Program.

TEAM RECOMMENDATION

A.   "Revise the philosophy to clearly depict faculty beliefs

regarding man, society, health, health care, professional nursing, and

the teaching - learning process."

RESPONSE

We accept this recommendation. The statement of philosophy has

been included in Appendix B.

The Philosophy will be reviewed periodically with nursing faculty.

TEAM RECOMMENDATION

B.   "Write program purposes and objectives in accordance with establish-

ed standards in baccalaureate nursing education."

RESPONSE

We accept this recommendation. Purposes and objectives are

presented on pages 3 and 4 of this report.

TEAM RECOMMENDATION

C.   "Identify graduate competencies and the level behaviors needed

to achieve graduate competencies."

RESPONSE

We have considered this recommendation and specific competencies

will be developed for each of the program objectives stated on

pages 3 and 4 of this report.

We have determined that competencies will be developed for each

of the areas; as shown in Appendix C.

TEAM RECOMMENDATION

D.   "Develop a meaningful conceptual framework to give structure to

the curriculum and provide direction for the selection of content and

learning experiences."

RESPONSE

The conceptual framework found in Appendix D has been developed to meet this recommendation.

See also the sample development of Nursing 461 which follows.

Nurs. 461

COURSE LEVEL OBJECTIVES - GENERAL

I. Role AS A PROVIDER OF CARE (S)

As a provider of nursing care, the registered nurse uses the nursing

process to formulate and maintain primary preventive intervention by:

A. ASSESSING (S)

1. Collects and contributes to a data base (physiological, emotional,

sociological, cultural, psychological, and spiritual needs) from

available resources (e.g., client, family, medical records, and

other health team members).

2. Identifies and documents changes in health status which interfere

with the client's ability to meet basic needs (e.g., oxygen,

nutrition, elimination, activity, safety, rest and sleep, and

psychosocial well-being).

3. Establishes a nursing diagnosis based on client needs.

B. PLANNING (S)

1. Develops individualized nursing care plans based upon the nursing

diagnosis and plans intervention that follows established nursing

protocols.

2. Identifies needs and establishes priorities for care with recognition

of client's level of development and needs, and with consideration

of client's relationship within a family, group, and community.

3. Participates with clients, families, significant others, and members

of the nursing team to establish long-and short-range client goals.

C. IMPLEMENTING (S)

1. Carries out individualized plans of care according to priority

of needs and established nursing protocols.

2. Participates in the prescribed medical regime by preparing, assisting,

and providing follow-up care to clients under-going diagnostic and/or therapeutic procedures.

3. Uses nursing knowledge and skills and protocols to assure an environment conducive to optimum restoration and maintenance of the client's normal abilities to meet basic needs.

a. Maintains and promotes **respiratory function** (e.g., oxygen therapy, positioning, etc.).

b. Maintains and promotes nutritional status (e.g., dietary regimes, supplemental therapy, etc.).

c. Maintains and promotes a balance of activity, rest, and sleep (e.g., planned activities of daily living, environmental adjustment, exercises, sensory stimuli, etc.).

d. Maintains and promotes a balance of activity, rest, and sleep (e.g., planned activities of daily living, environmental adjustment, exercises, sensory stimuli, etc.)

e. Maintains an environment which supports physiological function-ing, comfort, and relief of pain.

f. Maintains and promotes all aspects of hygiene.

g. Maintains and promotes physical safety.

h. Maintains and promotes psychological safety through consider-ation of each individual's worth and dignity and applies nursing measures which assist in reducing common developmental and situational stress.

i. Measures basic physiological functioning and reports significant findings (e.g., vital signs, intake and output, etc.).

j. Administers prescribed medications safely.

4. Intervenes in situations where:

    a. Basic life support systems are threatened (e.g., cardiopulmonary resuscitation, obstructive airway, etc.).

    b. Untoward physiological or psychological reactions are probable.

    c. Changes in normal behavior patterns have occurred.

5. Participates in established institutional emergency plans.

6. Performs independent nursing measures including preventive measures, according to the needs demonstrated by clients and families.

7. Adjusts nursing care plans instituting alternative methods as indicated or needed, based on changing status of client environment.

D. EVALUATING

1. Uses established criteria for evaluation of individualized nursing care.

2. Participates with clients, families, significant others, and members of the nursing team in the evaluation of established long- and short-range client goals.

3. Identifies alternative methods of meeting client's needs, modifies plans of care as necessary, and documents changes.

II. ROLE AS A COMMUNICATOR (S)

A. Assesses verbal and non-verbal communication of clients, families, and significant others based upon knowledge and techniques of interpersonal communication.

B. Uses lines of authority and communication within the work setting.

C. Uses communication skills as a method of data collection, nursing intervention, and evaluation of care.

D. Communicates and records assessments, nursing care plans, interventions, and evaluations accurately and promptly.

E. Establishes and maintains effective communication with clients, families, significant others, and health team members.

F. Communicates client's needs through the appropriate use of referrals.

G. Evaluates effectiveness of one's own communication with clients, colleagues, and others.

III. ROLE AS A CLIENT TEACHER (S)

A. Assesses situations in which clients need information or support to maintain health.

B. Develops short-range teaching plans based upon long- and short-range goals for individual clients.

C. Implements teaching plans that are specific to the client's level of development and knowledge.

D. Supports and reinforces the teaching plans of other health professionals.

E. Evaluates the effectiveness of client's learning.

IV. ROLE AS A MANAGER OF CLIENT CARE (S & N)

A. Assesses and sets nursing care priorities.

B. With guidance, provides client care utilizing resource and other nursing personnel commensurate with their educational preparation and experience.

C. Seeks guidance to assist other nursing personnel to develop skills in giving nursing care.

V. ROLE AS A MEMBER WITHIN THE PROFESSION OF NURSING (N)

A. Is accountable for his or her nursing practice.

B. Practices within the profession's ethical and legal framework.

C. Assumes responsibility for self-development and uses resources for continued learning.

D. Consults with a more experienced registered nurse when client's problems are not within the scope of practice.

E. Participates within a structured role in research (e.g. data collection).

F. Works within the policies of the employee or employing institution.

G. Recognizes policies and nursing protocols that may impede client care and works within the organizational framework to initiate change.

H. Demonstrates ethical behavior in the performance of primary preventive intervention.

I. Practices nursing in a non-discriminatory and nonjudgmental manner.

J. Demonstrates flexibility in functioning in a changing society.

K. Accepts the advocacy role in relation to clients.

S = Skill

N = Non-Skill

CODING SYSTEM

The first place (number) indicates the designated college level course numbering (there are not any courses offered in <u>nursing</u> between the numbers 1-299).

    3 = normally open to juniors; and in general to sophomores, juniors and seniors

    4 = normally open to seniors, and in general to juniors, seniors and graduate students

    5 = graduate courses

The second place (Roman Numberal) indicates the level of the course within the nursing program.

    I   = initial care

    II = advanced nursing care

    III = final nursing care

The third, fourth and fifth places (two numbers followed by the letter P) indicate the <u>program</u> objective being met.

The sixth, seventh, eighth and ninth places (letter) indicate the phase of the nursing process being met by the objective.

    A = Assessing

    P = Planning

    I = Implementing

    E = Evaluating

Nurs. 461

Given a planned, clinical experience, the learner will, with 90 per

cent accuracy, be able to:

Code:

4.12P.A   1.   ...take a thorough history on three clients.

4.01P.A,E   2.   ...describe, organize and record findings of the completed

       history on three client's records.

4.03P.A,P   3.   ...write at least three (3) objectives appropriate for the

       three clients on which the history was taken.

4.01P.A   4.   ...utilize a systematic approach for collection of complete

       and appropriate historic data from physiologic, psychological

       and social parameters.

Given a planned, individualized learning experience, the learner will,

with 90 per cent accuracy, be able to:

4.11P.A   5.   ...describe how each of the following components may be

       used in assessing client needs:

       a.   the interview

       b.   examination - physical and mental

       c.   specific systematic observation of the client

       d.   secondary sources, e.g., family client record,

           other members of the health team.

4.11P.A.   6.   ...explain why nursing care plans begin with an admission

       interview.

4.11P.A.   7.   ...list at least three (3) factors that help create an

       an environment conducive to an effective interview.

4.11P.A.   8.   ...define nursing assessment.

4.11P.A.   9.   ...explain the use of the words "needs/problems/concerns"

       as related to nursing care plans.

4.11P.A   10.   ...differentiate between needs/problems/concerns of primary importance to the client and those of primary importance to the nurse.

4.11P.A   11.   ...define a "long-range goal" as used in nursing care plans.

4.11P.A   12.   ...define "short-term objectives" as used in nursing care plans.

4.11P.A   13.   ...describe at least 3 criteria for prescribing nursing actions.

4.11P.A   14.   ...specify at least 3 factors essential to implementing a nursing care plan.

4.11P.A   15.   ...describe safety needs of three (3) selected clients from mechanical, chemical, thermal, radiologic and bacteriologic exposure.

4.11P.A   16.   ...compare and contrast nursing diagnosis with medical diagnosis.

4.02P.A,P,I   17.   ...In the clinical setting, given three (3) client concerns from three different clients and three objectives, the learner will, with 100 per cent accuracy, prescribe the appropriate nursing action.

During a physcial assessment a selected client, the learner will, without error, be able to:

4.12P.A   18.   ...inspect the posterior thorax with the client in a setting position and undresses to the waist.

4.12P.A   19.   ...notes musculoskeletal deformities of the thorax, use of accessory muscles, rate and rhythm of breathing and records results.
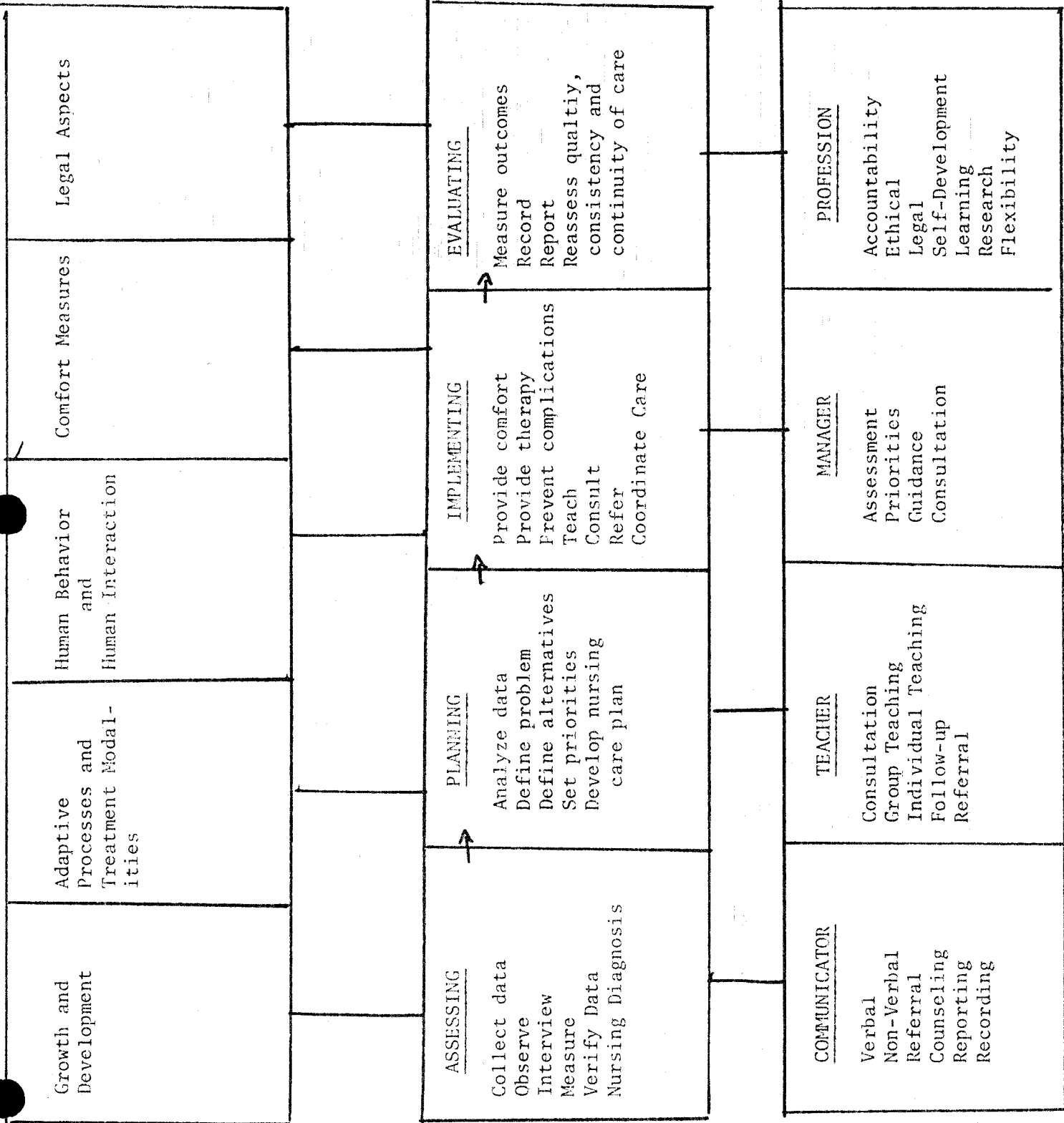
4.12P.A   20. ...palpates the chest, identifying tenderness and masses.

4.12P.A   21. ...ausculates the posterior chest, using the diaphragm of the stethoscope, listening for one full breath in each location.

4.12P.A   22. ...differentiate between rales, rhonchi, and pleural friction rubs.

* A sample of the objectives is provided. Due to the complexity and integrated nature of the course, complete ILO's should be developed using a faculty team approach.

KNOWLEDGE

- Legal Aspects
- Comfort Measures
- Human Behavior and Human Interaction
- Adaptive Processes and Treatment Modalities
- Growth and Development

NURSING PROCESS

EVALUATING
Measure outcomes
Record
Report
Reassess qualtiy, consistency and continuity of care

IMPLEMENTING
Provide comfort
Provide therapy
Prevent complications
Teach
Consult
Refer
Coordinate Care

PLANNING
Analyze data
Define problem
Define alternatives
Set priorities
Develop nursing care plan

ASSESSING
Collect data
Observe
Interview
Measure
Verify Data
Nursing Diagnosis

NURSING ROLES

PROFESSION
Accountability
Ethical
Legal
Self-Development
Learning
Research
Flexibility

MANAGER
Assessment
Priorities
Guidance
Consultation

TEACHER
Consultation
Group Teaching
Individual Teaching
Follow-up
Referral

COMMUNICATOR
Verbal
Non-Verbal
Referral
Counseling
Reporting
Recording

PHASE 1	PHASE 2	PHASE 3

Describing Professional Performance

TASK 1

Describe Optimal Professional Performance

TASK 2

Analyze Actual Professional Performance

TASK 3

Revise Initial Description of Performance

Describing Learner Competencies

TASK 1

Describe Professional Conditions and Performance

TASK 2

Plan Simulation of Professional Conditions and Performance

Planning Student Learning

TASK 1

Define Intermediate Competencies

TASK 2

Design Instructional Activities

TASK 3

Develop Course Syllabus

PROGRAM DESIGN MODEL

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TEAM RECOMMENDATION

E.   "Develop a curriculum design to reflect the following character-
istics:

--Is consistent with other baccalaureate degrees offered at CCSC.

--Contains an appropriate balance of upper and lower-division course
work in general education and nursing.

--Includes upper-division course work in the areas of science,
management, and research to support the nursing major.

--Implements the philosophy, purposes, and objectives of the program.

--Contains upper-division nursing courses which provide appropriate
theory and practice in the areas of medical-surgical, maternal-child
psychiatric, and community health nursing with an integration of
leadership and the research process."

RESPONSE

This program following the pattern at CCSC, for professional
education, will build upon a minimum of 62 credits of general education.
The program through its nursing courses will seek to reinforce, extend
and utilize the student's knowledge derived from the general education
and science foundation.

Objectives for selected learning experiences will be defined in
behavioral terms. The use of an audio-tutorial laboratory, a nursing
laboratory setting, community agencies and clients' homes will be dependent
on the objectives for any given learning experience. The student will
know what kind of experience he/she is to have in any of these
environments. The ways in which the objectives will be achieved will
depend upon the individual student's needs, strengths and interests.

The nursing curriculum will be planned so that direct patient care experiences in the courses such as Nurs.460, Nursing Methodology, Nurs.461, Primary Preventive Intervention, Nurs.475, Comprehensive Community Nursing, etc. permit the student to apply knowledge in making independent assessments and judgements about nursing intervention with patient and families of different developmental ages. The systematic use of the nursing process will enable the student to select and implement a plan of care directed toward encouraging a maximum level of adaptation in the client and family. The student will be encouraged to evaluate the effectiveness of nursing intervention and to revise the plan of care as necessary. Within this context of direct patient care, students will critically examine and test nursing concepts and hypotheses. In addition, planned periods of in-depth examination of various health problems common to man at certain stages of life will require the student's utilization of results from research in nursing and other related fields.

The nursing program will encourage student experiences of learning by processes such as analyzing, synthesizing, generalizing and evaluation. These provide the basis for decision making in clinical practice settings.

Many courses in the nursing curriculum will be planned not only to enhance the student's depth of knowledge about nursing, but also to permit the student to acquire and apply knowledge about leadership theory.

The general education requirements of the college will be part of requirements for graduation in nursing. There will be no non-nursing

courses which nursing students take that are not open to other students in the college. In addition to prerequisite courses, students in the nursing major will have the opportunity to take electives. This will enable them to take a concentration of courses in an area of personal interest or a wider variety of liberal education courses.

TEAM RECOMMENDATION

F.   "Develop a plan for the systematic evaluation of the BSN Program."

RESPONSE

Built into the system of setting goals, objectives, and priorities will be provisions for reviews of performance to take place during the process of program development.

The following areas will be considered when the evalaution plan is developed:

I.   Curriculum

    A.   Design

    B.   General studies component

    C.   Professional studies component

        1.   Content for the speciality

        2.   Applied theory of laboratory and clinical education

        3.   Practicum

    D.   NLN criteria

II.   Faculty

    A.   Competence and utilization of faculty

    B.   Conditions for faculty service

    C.   Part-time faculty

III. Students

    A. Admission

    B. Retention of students in the program

    C. Counseling and advising of students

    D. Student participation in program evaluation and development

IV. Program resources and facilities

    A. Library

    B. Materials and instructional media center

    C. Physical facilities and other resources

V. Evaluation, program review, and planning

    A. Evaluation of graduates

    B. Use of evaluation results to improve the educational program

    C. Long-range planning

TEAM RECOMMENDATION

G.   "Collaborate with faculty teaching the general education and support courses to promote a mutual understanding of needs and concerns."

RESPONSE

A variety of activities will be organized in order that each member of CCSC's instructional staff will have an opportunity to know about the BSN program and provide input for curriculum development and program implementation, i.e. department meetings, Faculty Senate, Curriculum Committee.

IV. Students.

TEAM RECOMMENDATION

A.   "Identify entry behaviors for the BSN program and devise a system of written and clinical nursing challenge examinations to test the required knowledge and skills that represent the lower-division nursing

component of the BSN degree."

RESPONSE

The entry behaviors for the BSN program will be adopted from those established by the National Leagues for Nursing, "Competencies of the Associate Degree Nurse on Entry into Practice." Currently, plans include having students take specific ACT Proficiency Examinations to test the required knowledge and skills that represent the lower-division nursing component.

TEAM RECOMMENDATION

B.   "Use the consultative services of associate degree and diploma nursing educators to assist in identifying the entry behaviors and the lower-division content and skills."

RESPONSE

Consultation with diploma nursing educators has been an on-going progress. Consultation with associate degree educators has been somewhat limited due to their ability to attend scheduled meetings. Collaboration with diploma, associate degree and other baccalaureate degree educators will continue.

TEAM RECOMMENDATION

C.   "Reevaluate the number of credits given for validation of lower-division nursing, keeping in mind the allocation of credit for lower-division nursing in other collegiate nursing programs and the need to have the larger portion of nursing credits at the upper-division level."

RESPONSE

On-going consultation relative to curriculum development will be sought from NLN and other nurse educators to assure consistnecy between all curricular documents as well as insuring the competencies of

baccalaureate education are reflected within the curriculum.

<div align="center">TEAM RECOMMENDATION</div>

D. "Keep in mind articulation with both associate degree and graduate education when establishing admission, progression, and graduation requirements.

<div align="center">RESPONSE</div>

Input will continue to be continued requested from educators of the various types of nursing programs in Connecticut during program planning and implementation on an ongoing basis.

<div align="center">TEAM RECOMMENDATION</div>

E. "Define specific science admission requirements to assure appropriate foundational knowledge for upper-division course work."

<div align="center">RESPONSE</div>

The specific science admission requirements include:

Mode 8: Bio 318; Anatomy and Physiology

Mode 8: Chem 121; General Chemistry 1

Other specific requirements include:

Mode 1: Eng. 110; Freshman English

Mode 2: Math 104; Elementary Statistics plus one semester each of psychology and sociology

The above courses are essential to assure that students have the appropriate knowledge to apply within the upper division program. Validation of these knowledges may be accomplished through CLEP examinations or transcripts from other collegiate institutions.

<div align="center">TEAM RECOMMENDATION</div>

F. "Provide student support services in career guidance and counseling."

RESPONSE

A range of counseling services is presently available to students at CCSC. The Counseling Center is located in Marcus White Hall and provides assistance with educational, vocational or personal decisions.

Personal growth groups and educational seminars are offered by the Center. Students desiring psychiatric consultation may arrange a referral to mental health agencies through the Center.

The campus ministry is also available to students for counseling.

Each student will be assigned a faculty advisor for consultation on course selection and progression through the program.

TEAM RECOMMENDATION

G.   "Prepare written materials to provide accurate and clearly stated information about admission, progression, retention, dismissal, and graduation requirements.

RESPONSE

The procedure for admitting students to the BSN program at CCSC was outlined in the overview presented at the beginning of this response. To review, the admissions process will consist of three phases:

1. admission to the college

2. admission to applicant pool

3. admission to a specific BSN class

TEAM RECOMMENDATION

H.   Reevaluate the phase-in plans with attention to a gradual increase in enrollment in keeping with available resources, program development, and open admission policies.

RESPONSE

The phase-in plan for this program has been reviewed. As was indicated on page 2 of this report, additional students will be admitted if additional resources are made available. If not, 40-50 students will be admitted per semester.

There will not, however, be an increase in enrollment unless additional resources are made available.

APPENDIX A

Entry Level Competencies for Nursing Care

I. Role as a Provider of Care

Assessing

1. Collects and contributes to a data base (physiological, emotional, sociological, cultural, psychological and spiritual needs) from available resourses: e.g., client, family, medical records and other health team members.

2. Identifies and documents changes in health status which interfere with the clients's ability to meet basic needs: e.g., oxygen, nutrition, elimination, activity, safety, rest and sleep and psycho-social well-being.

3. Establish nursing diagnosis based on client needs.

Planning

1. Develops individualized nursing care plans based upon the nursing diagnosis and plans intervention that follows established nursing protocols.

2. Establishes and plans priorities for care with recognition of client's level of development and needs, and with consideration of clients's relationship within a family, group and community.

3. Participates with clients, families and significant other members of the nursing team to establish long and short-range client goals.

4. Identifies criteria for evaluation of individualized nursing care plans.

Implementing

1. Carries out individualized plans of care according to priority of needs and established nursing protocols.

2. Participates in the prescribed medical regime by preparing, assisting and providing follow-up care to clients undergoing diagnostic and/or therapeutic procedures.

3. Uses nursing knowledge and skills and protocols to assure an environment conducive to restoration and maintenance of the client's optimim abilities to meet basic needs.

    Maintains and promotes respiratory function: e.g., oxygen therapy, positioning, etc.

Maintains and promotes adequate nutritional status through the implementation of nursing protocols and dietary regimes (e.g., supplemental feedings, intravenous therapy, etc.).

Maintains and promotes elimination through the implementation of nursing protocols and bowel and bladder regimes (e.g., forcing fluids, enemas, etc.).

Maintains and promotes optimum balance for activity, rest and sleep through the implementation of planned activities of daily living and environmental adjustment (e.g., exercises, sensory stimuli, assistive devices, etc.).

Maintains and promotes all aspects of hygiene.

Maintains and promotes physical safety through the implementation of medical and surgical aseptic techniques and an enviromnent which supports optimum physiological functioning, comfort and relief of pain.

Maintains and promotes psychological safety through consideration of each individual's worth and dignity and applies nursing measures which assist in reducing common developmental and situational stress.

Measures physiological functioning and reports significant findings.

Performs other nursing skills and procedures appropriate to the established protocols of the setting.

Implementing   (continued)

4. Intervenes in crisis situations utilizing established nursing protocols where:

        --basic life support systems are threatened.

        --untoward physiological or psychological reactions are probable.

        --changes in normal behavior patterns have occurred.

5. Participates in established community emergency plans.

Evaluating

1. Uses established criteria to evaluate the outcomes of nursing care.

2. Participates in the evaluation of outcomes of nursing care in long-range and/or more complex plans.

3. Identifies alternate methods of meeting clients' needs, modifies plans of care as necessary, and documents changes in nursing care plan.

II. Role as a Communicator

As a communicator the registered nurse:

1. Assesses verbal and non-verbal communication of clients and significant others based upon knowledge of techniques of interpersonal communication.

2. Identifies lines of authority and communication within the work settings and uses them appropriately.

3. Uses common communication approaches and skills as a method of data collection, nursing intervention and evaluation of care.

4. Communicates observations accurately, promptly, and appropriately.

5. Establishes and maintains constructive and/or therapeutic communication with clients, families, and other health team members.

6. Uses community resources, colleagues, and other appropriate resources and communicates clients' needs through the appropriate use of referrals.

7. Interacts with other members of the health team as a client advocate.

8. Evaluates effectiveness of own's verbal and non-verbal communication with clients, colleagues, and others.

III. Role as a Teacher

As a teacher of clients who need information or support to maintain health, the registered nurse:

1. Assesses situations in which clients need information or support to maintain health.

2. Develops short-range teaching plans and/or assists in the development of long-range, more complex teaching plans.

3. Implements formulated teaching plans which are specific to client's level of development and knowledge.

4. Supports and reinforces teaching plans of other health professionals.

5. Gathers information to assist in the evaluation of clients' learning.

IV. <u>Role as a Manager</u>

As a manager of nursing care in structured settings, the registered nurse:

1. Given a group of clients with common, well defined health problems, assesses and sets nursing care priorities to provide a basis for guidance in and delegation of selected aspects of client care.

2. Assesses resources and personnel.

3. Uses selected organization and management principles to plan, and set goals which maximize resources.

4. Contributes to health care planning as a member of the nursing care team.

5. Delegates duties to other nursing personnel commensurate with their educational preparation and their demonstrated proficiency according to established protocols and legal guidelines.

6. Seeks appropriate guidance to assist other nursing personnel to develop necessary skills for continued competence in giving nursing care.

7. Directs a group of peers and other workers in the nursing care of assigned clients.

8. Determines if resources were maximized to meet nursing care priorities.

9. Assumes accountability for the quality and quantity of nursing care given to clients under his/her guidance.

V. <u>Role as a Member Within the Profession of Nursing</u>

1. Functions within the defined roles of a registered nurse.

2. Practices within the profession's ethical and legal framework.

3. Assumes responsibility for self development and uses resources for continued learning.

4. Consults with an experienced registered nurse when clients' problems are not within the scope of practice and experience of personal background.

5. Participates within a structured role in nursing research, i.e., data collection.

V. Role as a Member Within the Profession of Nursing

6. Participates in peer review and nursing audit.

7. Demonstrates knowledge of nursing as an organized occupation.

8. Establishes constructive relationships with other health care personnel.

9. Works within the ploicies and nursing protocols of the employing institution.

10. Identifies when the policies and nursing protocols interfere with client care and works within the organizational framework to initiate change.

APPENDIX B

Philosophy of Nursing

The Philosophy of Central Connecticut State College is consistent with the Philosophy of Nursing and curriculum of the proposed program.

Philosophy of Nursing

Inherent to the practice of nursing is the shared belief that man is an integration of components and processes that cannot exist independently of each other. Internal and external environmental influences alter man's state of health from moment to moment throughout the life cycle. The stimulus for change can emanate from both environments as each evolves through the continuum of time. When manipulation of these forces is required to enhance man's potentials for health, nursing can enter as a means to bridge the gap between potential and actual health states. Nursing practice involves patients and families in planning for their personal health needs, providing necessary assistance for moving from dependency to self-reliance to interdependency. It is the acceptance of leadership responsibilities for <u>all</u> those who give nursing care through the continuous process of cooperative development, implementation, and evaluation of that care. It is based on knowledge from studies and research for continuing improvement in its quality.

The nursing program shares Central Connecticut State College's acceptance of responsibility for contributing to the welfare of society. Man has a right to develop his maximum potential for humanness in order to realize his individuality and to participate fully in his society.

Professional nursing has as its focus an understanding of man that requires a holistic approach to man as a continually evolving being and an understanding of man's adaptive responses in normal and pathological processes. The purpose of professional nursing is to maintain health and/or maximize man's health potential. Within limits, each person has the right to determine and participate in the regulation of his own health state.

Professional nursing is an intellectual discipline requiring rigorous study of its components as well as practice of its skills. Nursing is an intellectual and interpersonal process which includes nursing assessment, planning, implementation and evaluation. With the accelerating body of scientific knowledge and changing societal needs, the nursing profession must develop and expand emerging roles and functions in order to maintain the optimum level of wellness in groups and individuals.

A democratic society is judged by the unique way it serves the individual. There is an ever widening gap between individual needs and the responsiveness of social institution to those needs. Therefore the delivery of health services, in particular, has become increasingly complex. Nursing as a profession is committed to making opportunities for high quality care equally available and accessible to all. Nurses have an obligation to participate, individually and collectively, in comprehensive planning and development to achieve this goal.

Philosophy of Education for Nursing

The goal of nursing education is directed toward several dimensions of student development: his/her maturation toward a fully human person with an investigative orientation and his/her involvement in the mastery of competencies as a developing professional in nursing.

Nursing education is a learning process that involves a relationship

between student and teacher fostering independence on the part of the learner. It involves a progression of related learning experiences that are contemporary, challenging, and flexible. This process occurs in a milieu which encourages intellectual curiosity and mutual respect. This milieu assures the availability of a wide variety of professional and academic and community resources.

The student is an active participant with teachers, peers, and others involved in the process of learning. The student is involved in establishing his/her identity as a nurse and human being. The learner evidences growth in exercising his/her rights and responsibilities to challenge and question the educational process; and by being self-directive through utilizing resources, seeking educational experiences, and increasing ability for self-evaluation. The teacher possesses competencies relevant to nursing education and utilizes the milieu to enhance learning.

As a college preparing professional practitioners whose major focus is on the health and welfare of the members of our society, we believe that emphasis should be placed on the development of each individual student to his/her optimum potential as an intelligent human being. As a result, the student accepts the dignity and worth of man, selects values which foster an open and ready mind and uses reflective thinking and critical inquiry. As a professional person, the student uses knowledge creatively, accepts responsibility for his/her own actions and actively supports the goal of the nursing profession.

Professional education is designed to encourage and support the learner as he/she assumes responsibility for his/her own learning. It is sufficiently flexible to enable each learner to develop further their unique interests and abilities. Learners entering the B.S.N. Program possess a variety of educational backgrounds and life experiences. We believe that these learners exhibit a desire and a readiness for further learning. The learner with prior

nursing experience has the ability to assume self-direction for further learning. Therefore, the learner in colaboration with the faculty member(s) identifies his/her educational goals and objectives. The learner comes with a body of facts, principles, concepts, and skills representing a learning base which is broadened and strengthened for professional practice through faculty guidance and the learner's own efforts to gather, synthesize, analyze and operationalize new learning.

We believe that learners learn in a variety of ways and that learning occurs more readily when the learner's learning needs and interests are met. Therefore, learners and faculty collaborate in selecting options and choices learners in planning, implementing and evaluating learning activities where it is appropriate in operationalizing learning. To assume self-direction in learning, the learner must become aware of personal values, attitudes, perceptions, and motivations as they affect the learning process. We believe that the registered nurse can make the transition from the role of the nurse functioning in supervised, well-structured areas of health care to the role of professional nurse working in less defined and changing settings. Careful consideration is given to the process of resocialization involved in the development of a new role and provisions are made in the curriculum for cognitive and effective learning activities which enhance the learner's competence and confidence in moving toward his/her new role.

Man is a dynamic being, education a lifetime process. We support and promote the continued self-development of individuals in their personal and professional lives.

The faculty has a commitment to be receptive and responsive to educational change. The faculty must be willing to implement and evaluate innovative approaches to teaching and learning.

Faculty members act as facilitators of learning by providing the structure within which the learner assumes responsibility for learning. Faculty are listeners, individual guides and providers of a wide range of learning resources and opportunities. In the teaching-learning process, faculty members utilize the varied backgrounds and experiences of the learners as a means of providing new insights and learning for both faculty and learners.

The teaching-learning process is an interactive and cooperative endeavor. Its success is the responsibility of the individuals involved in its planning, implementation, and evaluation.

APPENDIX C

Areas for Development

Each graduate should be able to do each of the following:

Analyzes and synthesizes nursing observations and knowledge to determine health status, the potential and subsequent need for nursing intervention with individual and social groups.

Develops individualized nursing care plans through utilization of data base in structured and unstructured settings for the well and ill and individual and social groups, in collaboration with members of health team.

Sets goals based on present and anticipated needs of individuals.

Utilizes nursing theory, research findings, nursing data as basis for making nursing decisions.

Implements and assumes responsibility for nursing care in accord with the current health status and future health potential of the individual or social group.

Adjusts nursing care plans instituting alternative methods as indicated or needed, based on changing status of the patient or environment.

Participates in implementing needed change to improve the delivery of health service.

Evaluates effectiveness of nursing care plans and nursing intervention and revises or considers alternative approaches if indicated.

Utilizes nursing diagnosis and intervention as a means of gathering data for formulating hypothesis to be tested for extending knowledge base and to improve practice.

APPENDIX D

B.S.N. Proposal

Conceptual Framework

| MAJOR CONCEPTS:	MAN	NURSING	HEALTH
Sub-concepts	Bio-psycho-socio-cultural	Nursing Process	High-Level Wellness
		Leadership Role Resource person	
	(Adult Theory)	Collaborator Change Agent Teacher	
Theoretical Formulations	Adaptation Theory	Adaptation Theory	Adaptation Theory
	Communication Theory	Communication Theory	Systems Theory
	Perception Theory	Perception Theory	
	Systems Theory	Systems Theory	
	Role Theory	Role Theory	
		Decision Theory	

CONCEPTUAL FRAMEWORK
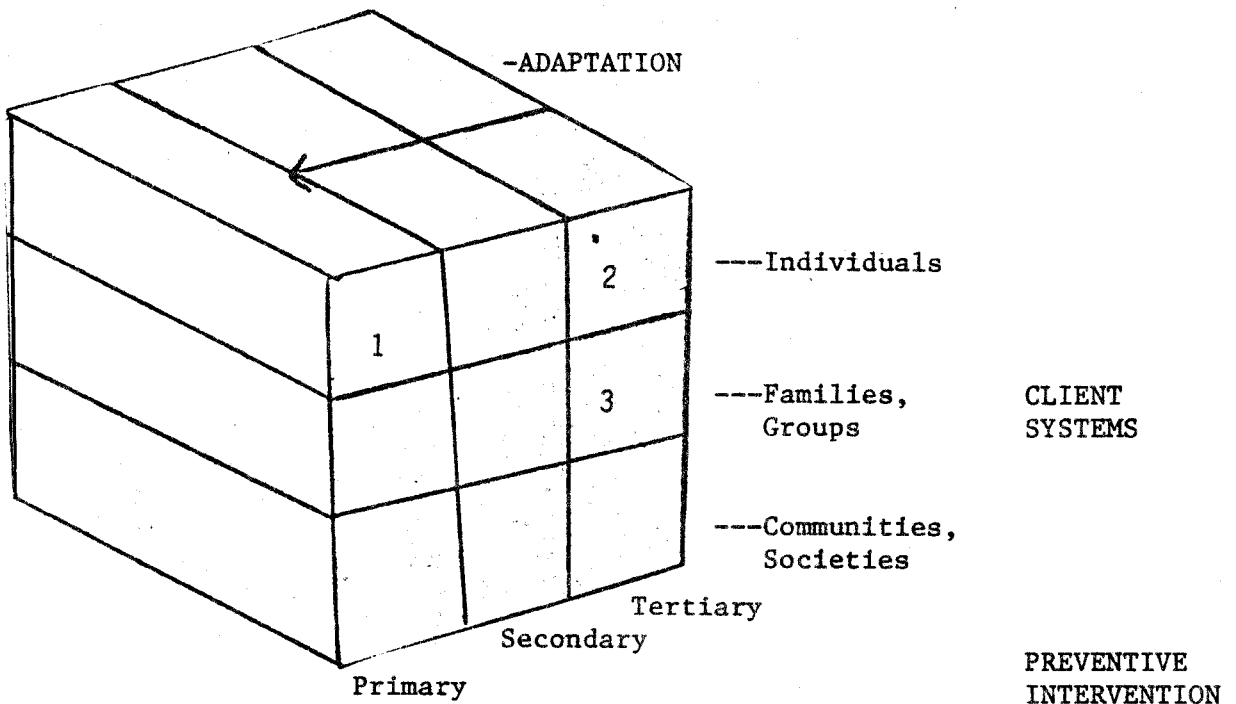
Each block in the model represents a portion of curriculum content. For example,
Block 1 contains the interventions used to help well individuals to maintain health,
as well as the supporting knowledge for these interventions. An example would be
the anticipatory guidance given to parents when a child is entering a developmental
stage.

Block 2 contains the learnings about tertiary nursing intervention directed toward
helping an individual adapt--for example, the knowledge and skills necessary to
rehabilitate a patient following a cerebral vascular accident. Block 3 might contain
interventions necessary for helping a family adapt to the loss of a member.

Interacting variables involved in episodic
and distributive nursing
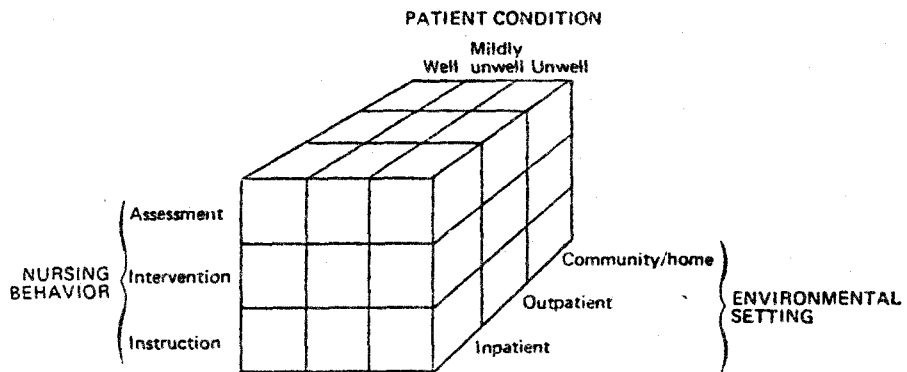
The above model represents three interacting variables - nursing
behavior (assessment, intervention, instruction) patient condition
(well, mildly unwell, unwell), and environmental setting (inpatient
center, outpatient facility, community and home).

APPENDIX E

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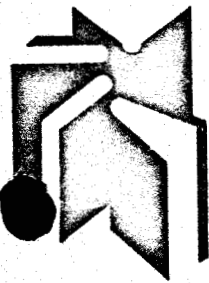   New Britain, CT 06053
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September 8, 1980

Dr. Donald H. Winandy
Director
Office of Academic Affairs and Facilities Planning
Board of Higher Education
61 Woodland Street
Hartford, CT 06105

Dear Don:

On behalf of the Board of Trustees for the Connecticut State Colleges and Central Connecticut State College, I request licensure for the proposed Bachelor of Science in Nursing degree to be offered at Central.

Enclosed is a copy of the campus response to the suggestions of the visiting team. You already have a copy of their report.

Also enclosed is a copy of the Board of Trustees' Resolution, dated September 5, 1980, authorizing Central to seek licensure for this program.

Please let me know if additional information is needed.

Sincerely,

Thomas A. Porter
Executive Officer for
Academic and Student Affairs

TAP:em
Enclosures
cc: Dr. Donald Skinner
Dr. James A. Frost