Bryan COLLEGE OF HEALTH SCIENCES

College Manual

Table of Contents

Section I. College Organizational Structure, Stakeholders, and Constituencies 4
- College Board of Trustees (Operational Version) 4
- Leadership Council 4
- Role Descriptions for College Leadership 4
- Faculty Senate 7
- College Council 7
- Shared Governance 7
- Stakeholders 8
- Constituencies 9

Section II. Operations 10
- Strategic Planning Process 10
- Annual Audit Procedure 10
- Code of Conduct: Enrollment Management 11
- College Classroom and Space Utilization Policy 11
- Student Location Based Policies 13
- Google Account Policy (Full Version) 16
- Digital Accessibility Policy 18
- Statement on Artificial Intelligence (AI) 19

Section III. Emergency/Safety Policies and Procedures 23
- Internal Policies 23
- Statement on Workplace Safety 23
- BCHS Incident Command Process 23
- College Closing Policy Due to an Emergency 24
- Inclement Weather Policy 24
- Communicable Disease Emergency Response and Communication 24

Section IV. Personnel Policies 26
- Employee Recruitment, Selection & Employment 26
- Equal Opportunity 26
- Nondiscrimination 26
- Position Descriptions 26
- Employee Rights 26
- New Employee Orientation 27
- Faculty Orientation 27
- Promotions, Downgrades, and Lateral Transfers 27
- Employee Records 28
- Employee Evaluation: Performance Appraisal System, Corrective Action and Termination 28
- Dispute Resolution 28
- HIPAA Policy for Employees 28
- Social Media and Campus Employee Expectations (Not a Policy) 29
- Dress Code 30
- Educational Reimbursement for Employees 30
- Conflict of Interest Policy and Procedure 31
- Tuition Exchange Program (TEP) Policies 33
- BCHS Employee Dependent Tuition 34
- Salary Administration 35
- Special Pay Practices 36
- Course Revision Pay Practice 37
- Hiring Qualified Faculty 38
- Definition of Faculty 39
- Faculty Letters of Appointment 40
- Faculty Non-Reappointment, Corrective Action, and Termination Procedure 40
- Faculty Role Position Statement 41
- Faculty Rights and Responsibilities 42
- Faculty Teaching Assignment 43
- Faculty Teaching Workload 43
- Faculty Annual Evaluation Policy 47
- Academic Rank and Promotion 47
- Faculty Promotion Appeals Policy 50
- Faculty Pay Review 52
- Travel Funds Policy 52
- Attendance Policy for 9, 10, 11 Month Faculty 53
- Emeritus/Emerita Status 54

Section V. Academic Policies 56
- Freedom of Inquiry 56
- Academic Program Development Standards 56
- Program Review 57
- Intellectual Property Policy 57
- Copyright Policy 60
- Course Numbering Policy 62
- Assignment of Credit Policy 63
- Addition of a Recitation Section to a Course 64
- Dual-Listing & Cross Listing of Courses 64
- Course Grade Report Policy 65
- Cultural Studies Requirement Policy 66
- Standards for Dual Credit Courses 66
- College Syllabus Format 67
- Learning Management System - Course Design Consistency 67
- Cross-Listing within the Learning Management System (LMS) 67
- Distance Faculty Preparation Requirements 68
- Hybrid and Online Course Policies and Procedures 68
- Regular and Substantive Interaction 69
- Authentication of Online Student Identification Verification 69
- Test Guidelines 70
- Cadaver Policies 75
- Video Camera Use 78
- Student Referral Process 79
- Faculty Evaluations of Course 79
- Student Evaluation of Faculty and Course Policy and Procedure 79
- Policy for Program Closure 81
- Policy for School Closure 82
- Student Success Center Policies 83

Section VI. Assessment of Student Learning 87
- Philosophy of Assessment of Student Learning 87
- Mandatory and Voluntary Assessment of Student Learning 87

Section VII. Faculty Senate Bylaws 88

Section VIII. Research Compliance 89

IRB Policies and Procedures 89
Policy on Care and Use of Non-Human Vertebrate Animals in Research and Instruction 106
Misconduct in Research Policy 109
Unanticipated Problems and Adverse Events Involving Risks to Subjects and Others 114
Appendices 117
Appendix A-3: Academic Integrity Violation Policy Flow Chart 117
Appendix A-4: Academic Integrity Violation Student Notification 117
Appendix A-5: Academic Integrity Violations Reporting Form 118
Appendix A-6: Distance Proctor Letter 120
Appendix A-7: Proctor Application Form 121
Appendix A-8: Student Application for Proctor 122
Appendix A-9: Directions for Faculty Using Distance Proctors 123
Appendix A-10 Assessment of Student Learning - Framework for Annual Assessment Plans and Reports 124
Appendix A-11: ByLaws of the Faculty Senate 124
Appendix A-12: Bylaws of the Institutional Review Board 136
Appendix A-13: Travel and Registration Application Form 139
Appendix A-14: Travel Estimate 139
Appendix A-15: Shared Governance Model 140

Section I. College Organizational Structure, Stakeholders, and Constituencies

A current organizational chart is available from College Administration.
A membership listing for the Board of Trustees is located on the College website.

College Board of Trustees (Operational Version)

The Board of Trustees serves as the governing body of the College, exercising authority over its financial, student and academic affairs. The Board is responsible for ensuring that the College fulfills its mission. Key duties include oversight of educational programs, approval of mission statements, curriculum requirements, and assessment metrics; maintaining accreditation; approving degrees; and supporting strategic planning. The Board also manages financial oversight, including budget approval and long-range planning, and participates in leadership decisions such as appointing and evaluating the College President. Trustees are expected to uphold fiduciary duties of diligence, loyalty, confidentiality, and care, acting in good faith and in the best interests of the College. The College Board of Trustees includes the following subcommittees: Executive Committee, Nominating Committee, Academic Affairs Committee, Business and Finance Committee, and Student Affairs Committee.

Executive Committee, established May 2026

Leadership Council

Membership

The Leadership Council is comprised of the President and his/her designees who oversee academic or student life divisions of the College. Membership also includes the Chair and/or Vice-chair of the Faculty Senate.

Function

The function of Leadership Council is to:

- Serve as a forum for operational issues and concerns
- Facilitate discussion, at the discretion of the President, on academic and operational policies
- Lead Strategic Planning initiatives
- Implement Strategic Planning Goals
- Aid in the budgetary process as needed
- Facilitate communication of new policies/procedures in all divisions
- Serve as resources for the President, Board of Trustees, faculty, staff, and constituents as required

Role Descriptions for College Leadership

President

The President is responsible for the administration of all aspects of the College of Health Sciences. Provides high quality educational standards to maintain school standing in the community and in regard to state, regional and national accreditation. Represents the College to the public and maintains relationships with community, governmental and professional bodies. Serves as liaison between the College and Bryan Medical Center.

Provost & Vice President Academic Affairs

The Provost & Vice President Academic Affairs serves as an educator who collaboratively initiates, coordinates, conducts and analyzes all activities related to the academic affairs of Bryan College of Health Sciences. Responsible for the administration and supervision of all non-degree, degree granting, and certificate programs at the undergraduate and graduate levels.

Supervises and evaluates academic Deans, the College Registrar, Simulation Director, and the Library Director. In addition, oversees specialized accreditation and actively participates in national accreditation processes; interacts with internal and external constituencies for promotion of the College; and facilitates adherence to the Mission Statements of the College by all academic programs. Accountable for the preparation and monitoring of academic budgets for all academic areas. Serves as a member of the President's Executive Committee and as a liaison for academic affairs and accreditation to governing bodies of the College, including the Faculty Senate, Leadership Council, Academic Affairs of the Board Committee, the College Board and Bryan Medical Center.

Vice President Student Affairs

The Vice President Student Affair serves as an educator and experienced collaborator who is responsible for providing leadership and effective administration of the Bryan College of Health Sciences student services. Focuses on student success and engagement in providing leadership and guidance to the Student Success Center, which includes student and academic support services, health and professional development counseling, new student orientation, Unity Council, study abroad, federal compliance including Title IX and Clery reporting, and co-curricular activities. Acts as a member of the President's Executive Committee and collaborates with colleagues to ensure the College is doing its very best to serve and meet the needs of students.

Vice President Enrollment Management and Marketing

The Vice President of Enrollment Management and Marketing leads the Bryan Health College of Health Sciences (College) in developing its strategic enrollment plan, communications and marketing plan, and front and back customer service information technology (IT)/customer relationship management (CRM) systems and configurations. Focuses on life-cycle enrollment and customer facing excellence. Provides leadership to the admissions office, IT/CRM operations, and works collaboratively with academic, student life professionals, and Bryan Health IT and operations experts when setting and executing enrollment plans for undergraduate and graduate programs. Works with Bryan Health marketing and communications offices to ensure the College's marketing efforts and CRM data are on target and are hitting key measurable metrics. Acts as a member of the President's Executive Committee and collaborates with colleagues to ensure the College is doing its very best to serve and meet the needs of students.

Vice President Operations and Finance

The Vice President Operations and Finance collaborates with the Bryan Medical Center (BMC) Management Accounting, Human Resources and Facilities departments in providing oversight and financial leadership to ensure the Bryan College of Health Sciences resources meet and achieve the goals of the College's strategic objectives. Acts as a member of the President's Executive Committee and collaborates with colleagues to ensure the College is doing its very best to serve and meet the needs of students.

Academic Deans

The Academic Deans are educators who in a collaborative manner are responsible for providing leadership and effective administration for the academic programs within Bryan College of Health Sciences. The Academic Deans work directly with the College faculty in developing, implementing and evaluating the academic curricula. The Academic Deans assist in the coordination of the college accreditation process; promote effective utilization of material and human resources; interact with internal and external constituencies for promotion of the college; facilitate adherence to the mission statements of the college and the philosophies of the academic programs; and provide opportunity for faculty development and implementation of collegiate faculty roles.

Dean of Educational Development

The Dean of Educational Development promotes and facilitates faculty development related to teaching effectiveness and the development, delivery, and quality of education regardless of the delivery format. Oversees instructional design, quality review, support, and monitoring activities within the department.

Assistant Deans

The Assistant Deans collaborate and assist their assigned Dean in providing leadership and effective administration for the Bryan College of Health Sciences program. The Assistant Deans will assist the faculty in the development, implementation and evaluation of the program's curricula. Promotes effective utilization of material and human resources and adheres to the mission statements of the college and the philosophy of the program.

Academic Support Services Director and ADA Coordinator

The Academic Support Director and ADA Coordinator is under the direction of the Dean of Students, and is integral in creating an environment and experiences that bring students to discover knowledge for themselves and fostering student success through growth and development. The Academic Support Director and ADA Coordinator is responsible for developing a robust academic support service program. Collaboratively develops, coordinates, conducts and assesses a comprehensive student retention program, including managing all Disability Support Services and data-driven strategies to impact student retention. Directs and oversees the delivery of a tutoring program, supplemental instruction, writing center, student academic assessment, and identifies other academic support wrap-around services. Collaborates with college administrators, faculty, and staff to establish an educational academic probation recovery process, data collection, and analysis for students served while designing inclusive learning environments. Participates in the development and implementation of the philosophy of the College of Health Sciences to further the mission statements of the College and the Medical Center.

College IT Systems Director and Institutional Researcher

This role leads the College's information technology operations by overseeing enterprise systems, data management, reporting and compliance. It ensures that technology solutions meet institutional needs and that data is accurate, secure and used appropriately. The position provides strategic direction for IT, aligning technology initiatives with the College's mission and goals while advising leadership on investments, risks and opportunities. It also sets IT policies and standards, manages data governance and cybersecurity, supports accreditation reporting, and leads IT projects in collaboration with the Bryan Health IT workgroup.

Financial Aid Director

Responsible for all aspects of the student financial aid program. Provides leadership and direction to the financial aid office in accordance with state and federal regulations.

Library Services Director

The Library Services Director is is responsible for all aspects of library administration, including long-term planning, budget development and control, personnel selection and evaluation, facilities management, effective stewardship, ongoing assessment of library resources and the effective coordination of services in alignment with the institutional mission and goals of the College of Health Sciences and Bryan Medical Center. The Director advocates for and promotes the library and its services as a critical component of institutional academic and clinical excellence. The Director reports to the Provost, serves as a member of College Academic Affairs Committee and Leadership Council, the Bryan Medical Center's Leadership Development Institute and is an ex-officio member of several College committees.

Registrar

The Registrar provides leadership and oversight for the maintenance of educational records in accordance with college policies and government regulations and for the development of policies and procedures consistent with higher education standards related to academic records. Leads the Records and Registration department, and as such, implements and manages activities, personnel, and systems related to current and alumni academic records, student registration, academic advising and academic class scheduling.

Simulation Center Director

The Simulation Center Director is responsible for overseeing all simulation-based experiences of Bryan College of Health Sciences (BCHS), Bryan Health (BH) and the healthcare community. Responsibilities include facility operations, personnel management, budgeting, growth, efficiency, and strategic planning for the Simulation Center. Supports inter-professional collaboration with internal and external constituents locally, regionally, nationally, and internationally to impact quality and safety in healthcare. Organizes workflow of simulation schedule by collecting user information and requirements, assigning and managing department resources, and overseeing the department calendar. Oversees the management and maintenance of equipment, information technology systems, programming and inventory. Collaborates with participants and stakeholders to provide valuable simulation experiences to learners.

Revised, May 2026

Faculty Senate

Bryan College of Health Sciences recognizes the authority and responsibility of faculty to participate fully in the shared governance of the College. The Faculty Senate is the primary vehicle for faculty action and communication in the areas of curriculum design and content; methods of instruction; assessment of student learning; requirements and standards for student admission, progression, and graduation; student life as it relates to the educational process; faculty scholarship; and faculty status and related matters.

College Council

Membership

The College Council is comprised of the President and all employees of Bryan College of Health Sciences.

Function

The function of the College Council is to provide a College-wide forum for:

- Informing all constituents of College actions, initiatives, policies, and timelines
- Presenting questions, comments, and concerns about academic and operational issues
- Presenting and refining Strategic Planning initiatives
- Discussing ways to implement Strategic Planning Goals
- Presenting and refining the budgetary planning process
- Sharing information about achievements and goals across all divisions

Shared Governance

Shared governance is defined by the College as shared responsibility between faculty, administration, and students regarding the decision-making processes that support the operation of the institution. Under a shared governance model, the college has a Faculty Senate governance as well as an operational committees. Students also participate in the shared governance process through the Student Government Association (See Appendix A-15).

The Faculty Senate is the primary vehicle for faculty action and communication in the areas of curriculum design and content; methods of instruction; assessment of student learning; requirements and standards for student admission, progression, and graduation; faculty scholarship; research; and faculty status and related matters. The Student Government association (SGA) appoints students to serve as non-voting members of Faculty Senate committees. As members of these committees, students are responsible in providing faculty and administration with essential feedback on policies and processes that impact students directly and to communicate information back to SGA.

The operational side of shared governance is primarily responsible for the day-to-day operations of the institution, and the development and implementation of institutional policies. Areas of responsibilities include academic and student affairs, enrollment and financial management.

Through shared governance, committees are responsible for policy and procedure review as defined.

Policy and Procedure Review:

Policies and procedures for the college are reviewed two years after initial approval and at least every five years there after.

Procedure for Review:

Each May, the Faculty Senate Chair, Faculty Senate Chair-elect, and Provost, shall meet for the purpose of reporting the status of policies and procedures reviewed for the academic year and determine the review process for the next academic year.

At this meeting, they will:

- Update the policy and procedure grid with any new policies and procedures passed through groups/committees that academic year.
- Update the policy and procedure grid with respect to policies and procedures reviewed that academic year.
- Identify policies and procedures that will be up for review in the following academic year and which group/committees will need to review said policies.

At the beginning of each academic year (August), the Faculty Senate Chair and Provost will confirm the policies and procedures scheduled to be reviewed for the academic year along with the group/committee responsible for the review. The Faculty Senate chair will inform the chairs of all Faculty Senate Standing and Sub committees the policies they need to review, while the Provost will inform all other committees. Groups/committees will be responsible for completing the review of their assigned policies and procedures before May of the same academic year. In addition, throughout the academic year, the Faculty Senate Chair and Provost, will maintain a record of the policies and procedures reviewed as well as any new policies and procedures approved.

Review of Individual Policies:

Review of an individual policy shall take place according to the following guidelines:

- Policies should be reviewed in all college documents in which the policy is located, based on the policy and procedure grid.
- If a policy is shared with another group or committee based on the policy and procedure grid, the two should determine how to jointly review the policy.
- Review of the policy should include feedback from those individuals at the college responsible for implementation of the policy.
- Review the location of the policy in all college documents for appropriateness.
- Review of the policy in light of changes to the college structure and programs that have taken place since it was last reviewed.
- If no changes to the policy is needed, report this to the Faculty Senate Chair and/or Provost.
- If changes/updates are required, utilize the Proposal Form to ensure changes will be communicated to appropriate individuals. Committees should, also, communicate with individuals at the college responsible for implementing the policy. Place completed Proposal Form in the Policy_Procedure folder located on the P drive and report status of policy to Faculty Senate Chair and/or Provost.

Stakeholders

In order to serve its constituents Bryan College of Health Sciences maintains relationships with many stakeholders. The College has defined stakeholders as "all persons/groups that are or might be affected by an organization's actions and success."

Bryan College of Health Sciences maintains five major types of relationships with stakeholders: internal, external, contractual, regulatory, and financial. Each of these types of relationships involves multiple groups of stakeholders.

Internal Relationships

Stakeholders with which the College has an internal relationship include the learners, educators, support staff, Bryan College Board of Trustees, Bryan Foundation for fundraising, and Bryan Medical Center as our parent organization.

External Relationships

External stakeholders include clinical sites, Council for Independent Nebraska Colleges, alumni, and our Consortium of Hospital-Affiliated College and University colleagues.

Contractual Relationships

The College has contractual relationships with certain stakeholders including clinical sites, professional organizations, and software vendors.

Regulatory Relationships

Bryan College of Health Sciences maintains regulatory relationships with a variety of state, federal, and specialized accrediting agencies. On the state level a relationships exists with both the Nebraska State Board of Nursing and the Nebraska Coordinating Commission on Post-Secondary Education. A regulatory relationship exists with the U.S. Department of Education as it relates to financial aid and the National Council for State Authorization Reciprocity Agreements (NC-SARA) for distance education. Accrediting bodies the Higher Learning Commission (HLC), Council on Accreditation of Nurse Anesthesia Educational Programs (COA), National League for Nursing (NLN), American Association of Colleges of Nursing (AACN), Accreditation Commission for Education in Nursing (ACEN), Commission of Accreditation of Allied Health Education Programs (CAAHEP), and the Joint Review Committee on Education in Diagnostic Medical Sonography and Cardiovascular Technology (JRC-DMS/CVT).

Financial Relationships

Stakeholders with a financial relationship to the College include tuition payers, donors, lenders, Centers for Medicare and Medicaid Services (CMS), and Bryan Medical Center.

Constituencies

Bryan College of Health Sciences exists to serve its constituencies with its purpose being to educate healthcare professionals for service to the global community. The College has defined constituency as "the people involved in or served by the College." The College serves both internal and external constituencies.

Internal constituencies have been identified as learners and educators/support staff with learners being the primary constituency.

External constituencies have been identified as health care recipients, healthcare agencies/employers, the community, and the state of Nebraska and surrounding region. Healthcare recipients are identified as the primary external constituency.

Bryan College of Health Sciences serves its internal and external constituencies under the oversight of the College Board of Trustees. The following model depicts the relationship of the College to each of these constituencies.

Internal Constituencies

The primary internal constituency is the learner. The learner is defined as the student seeking graduate or undergraduate degree in nursing or a health profession as well as the practitioner seeking continuing education.

Secondary internal constituencies are the educators and the support staff of the College. These groups are considered constituents based on the responsibility of the College to provide the educators and support staff with resources and professional development activities to support quality instruction.

External Constituencies

The healthcare recipient is the primary external constituency and is therefore in the center of the model. The concentric circles surrounding the healthcare recipient represent the relationship of each of the external constituencies to the healthcare recipient, beginning with the healthcare agencies and employers and broadening to the global community.

The internal and external constituencies are connected across all levels by an oval indicating that provision of education is the primary mission of the College and is the vehicle for serving the constituencies. This education encompasses education of the novice student to the expert practitioner through undergraduate and graduate programs and continuing education of the professional practitioner.

Section II. Operations

Strategic Planning Process

This policy outlines how the College Board of Trustees and College leaders will oversee the creation and implementation of the College's strategic plan.

The College President shall ensure that the strategic planning process occurs on a three-year basis, the Board of Trustees is provided with appropriate preparation, and the process is inclusive of institutional constituents.

The strategic plan will:

- Communicate the institution's mission, vision, and values;
- Account for external and internal factors impacting the College;
- Delineate the College's long-range priorities;
- Facilitate alignment of financial and human resources with strategic priorities;
- Guide the decisions of the board, leadership, faculty and staff; and
- Provide measures of institutional success.

Strategic planning will begin with an assessment of the mission, vision, and values statements in current use, ensuring that the statements are well suited to the purpose of the institution and serve the current and future needs of institutional constituents.

It is the responsibility of the College Board and leadership to ensure the strategic priorities are developed. The development of specific tactics and objectives, implementation plans, relevant budgets, and evaluative measures may be assigned to appropriate members of the staff and faculty, subject to adoption by the Board of Trustees.

College leaders shall ensure the strategic priorities are carried out through aligned operational planning. The President shall ensure that the Board of Trustees receives regular and timely reports of the College's performance relative to the strategic plan, thus keeping the board apprised of the degree to which the strategic plan is being met.

Approved by College Board of Trustees, July 23, 2003
Revised/Approved by College Board of Trustees August 18, 2023

Annual Audit Procedure

Purpose

To outline the process for completing an independent annual audit for the Bryan College of Health Sciences.

Introduction

It is the responsibility of the President of the Bryan College of Health Sciences in collaboration with the Dean of Operations for the College and the Vice President of Finance for the Corporation to oversee the annual audit process as a part of the annual audit for the Corporation.

Steps

- The Corporation conducts an annual audit using a certified public accountant authorized by Bryan Health System.
- A supplemental schedule is prepared as a part of the corporation's annual audit. This supplemental schedule is specific to the College of Health Sciences.
- The supplemental schedule will be provided annually to the Board of Trustees for the Bryan College of Health Sciences.
- Any approvals and/or action on the annual audit are the responsibility of Bryan Health System.

Origin 2003
Approved by College Board of Trustees, April 7, 2016

Code of Conduct: Enrollment Management

The enrollment management staff of Bryan College of Health sciences will:

- Represent the mission and values of BCHS to prospective students and families
- Treat all prospective students with integrity in recruitment and marketing strategies
- Not use high pressure recruitment tactics
- Share job placement and licensing examination pass rates based on data
- Rely on official transcript evaluations by the Registrar
- Give prospective students an opportunity to opt out of college communication
- Ensure access to BCHS for all student groups
- Provide prospective students access to accurate information related to programs of study, admission requirements, cost, financial aid and transfer policies
- Ensure any electronic records prepared for or about prospective students are protected appropriately
- Maintain proper etiquette and conduct all interviews in a uniform way

College Classroom and Space Utilization Policy

Room Scheduling

All requests for classrooms, specific skills labs, and meeting room scheduling shall be managed by the College Administrative Office Team. Term classroom scheduling will occur in a timeframe determined by the College Executive Committee and the Records and Registration Department. In collaboration with a designated representative of the Records and Registration Department, term classroom scheduling will automatically be initiated by the College Administrative Office Team.

The College's priority of learning, implies a priority of room usage for College educational activities. To meet this priority, room scheduling is determined in the following order:

1. College Classes (hybrid courses have the lowest priority in scheduling)
2. Additional Course Needs (i.e. orientations, final exams, post-conference, special presentations, etc.)
3. College Events and Meetings
4. Medical Center
5. Community Events which involve College representatives

Term classroom schedule change requests should be initiated by the course faculty and submitted to the program dean and the provost cc'ing the assistant registrar. Approved term classroom schedule changes will be managed by the records and registration assistant in collaboration with the program dean and designated representative of the Records and Registration Department.

All other requests are expected to follow the Scheduling Expectations Process. If a request is no longer needed, please let the College Administrative Assistant know as soon as possible. Contact the College Administrative Office Team for further information.

Scheduling Expectations Set by the College

Please review the following when requesting to schedule classes for the fall/spring/summer terms:

- Classes will start at 8am. (Classes meeting for clinical hours may start at 7am.)
- Classes will end no later than 9pm.
- Room assignments will depend on space availability and appropriate room size.
- At times due to room availability class times may change however the day assigned will not.
- Room assignments will be reviewed two weeks prior to the start of the term to verify right room size once enrollment has been confirmed to use our classrooms efficiently. Faculty will need to monitor their portals, no confirmations will be sent. The College has a guideline of 10 or more students for when the change will occur.
- The Records and Registration Assistant and Assistant Registrar should be included in all **term** scheduling.
- The Administrative Office Team will be responsible for all daily requests.
- The schedule below includes breaks as designated.
- Exceptions to the schedule below need to be requested and approved by the Provost.

Credit Hour Defined Policy

- Lecture
  - 1 credit: 50 minutes
- Lab
  - 1 credit: 128-180 minutes
- Clinical, Skills Lab, and Practicum
  - 1 credit: 45 contact hours (180 minutes per week)

Required Break Schedule

- No breaks: 50 minutes of lecture
- One 5 minute break: 80 minutes of lecture
- One 10 minute break: 110 minutes of lecture
- Two 10 minute breaks: 170 minutes of lecture

*Classes scheduled after 4pm may deviate from the above schedule based on room availability.

Scheduling Procedure

All Medical Center and outside entity requests need to come through the Executive Assistant or their designee at the College.

All term scheduling requests need to go through the Records and Registration Assistant or designee at the College.

Due to the importance of a learning environment, classes will not be moved for any event including the College unless approval has been given by the Provost. Scheduling will take place in the following order:

- Classes
- Additional Course Needs
- College Events/Meetings
- Medical Center
- Community Events that have College Involvement

Timeline for open availability for Medical Center's requests:

- Fall Term August 1st
- Spring Term December 1st
- Summer Term May 1st

Timeline for open availability for Community Events with College involvement requests:

- Fall Term August 15th
- Spring Term December 15th
- Summer Term May 15th

Steps in Scheduling

First Draft

1. The assistant registrar and records and registration assistant will develop a term map and draft schedule based off classroom availability.
2. The assistant registrar will send the 1st draft to the appropriate deans for review.
3. The deans will review, make adjustments, and submit to the assistant registrar.
4. The assistant registrar will update the master copy with adjustments provided by the deans
5. Adjustments will then be made to the term maps in accordance to the scheduling guidelines/procedures.

A meeting will take place if needed with the program deans to identify any possibilities of scheduling conflicts and potential opportunities to "stack" hybrid courses to maximize room availability when needed.

Final Draft

1. The assistant registrar will update the master copy with the adjustments gathered from the group meeting involving the deans and the records and registration assistant.
2. The records and registration assistant will work with the assistant registrar to ensure the scheduling map is current with the recent changes. During this review, potential changes will be addressed to accommodate any overlap in student's curriculum requirements and commute time.
3. The assistant registrar will contact the dean in the appropriate program where adjustments need to be made. It will be the responsibility of the dean to notify the faculty of the change. If needed, reevaluate collaborating with the assistant registrar for additional changes.
4. The assistant registrar will send the final draft to the program deans for review.
5. The deans will review and submit back to the assistant registrar.
6. The assistant registrar will update the master copy with adjustments provided by the deans and send an updated copy to the records and registration assistant.
7. The assistant registrar will begin building the schedule in CampusVue and create the course schedule.
8. The records and registration assistant will begin preparing the file to be sent to the College IT Systems Director. Once the report has been coded, the College IT Systems Director will send the file back to the records and registration assistant. The records and registration assistant will begin building the import file and enter the information into the scheduling system notifying the assistant registrar of any conflicts.
9. The assistant registrar will schedule meetings with each individual department dean and any individuals that the dean has assigned to attend to review the final draft of the course schedule if needed. The records and registration assistant will attend as needed.
10. The records and registration assistant will send room availability to the two undergraduate nursing advisory members. These assigned volunteers will gather the information needed for orientations during the first two weeks of the semester and send it to the records and registration assistant for confirmation of room assignments. Once confirmed, the records and registration assistant will notify the assistant registrar of dates/times for orientations.
11. The records and registration assistant will verify frequency and days for post conferences and assign rooms sending a confirmation.
12. Faculty are responsible to sign up for what is needed for their course.
13. The records and registration assistant will notify both the executive assistant and the administrative assistant with the requests while building and uploading the import file.

The course schedule will be posted two weeks prior to registration opening for the appropriate term's registration. It is recommend that all Faculty review the posted course schedule to check for accuracy prior to meeting with students to register for the following term. All other requests may be entered on the room request form located under the faculty tab on the website.

Revised by Executive Team & Registrar's Office , May 1, 2025

Student Location Based Policies

Definitions

- **Date of initial enrollment:** The first day of classes for the student's first academic term at Bryan College of Health Sciences.
- **Professional licensure or certification program:** An educational program designed to meet educational requirements for a specific professional license or certification that is required for employment in an occupation or is advertised as meeting such requirements.
- **Out-of-state location**: Any U.S. state, territory, or federal district outside of the institution's home state. Bryan College of Health Sciences' home state is Nebraska.
- **Program representative:** The program leader or staff member responsible for determining if location based educational requirements are met by college programs. This may be a dean, director, or designee.
- **Student location:** The U.S. state, territory, or federal district where the student resides as determined by the student's address in the Customer Relationship Management System (for prospective students) or the Student Information System (for enrolled students). For the purpose of this policy, students whose address does not include a U.S. state, territory, or federal district (e.g., students living outside the United States), shall be considered to be located in the state of Nebraska.

Determination of Out-of-State Compliance Policy

Program representatives are responsible for reviewing educational requirements in out-of-state locations and making determinations about whether or not programs meet those requirements because they have the subject matter expertise to make such determinations. At minimum, determinations will be completed/reviewed once per academic year.

Public Disclosures Policy

Bryan College of Health Sciences' Licensure and Certification Disclosures by Program webpage indicates whether a program's curriculum meets or does not meet the educational requirements for licensure or certification in the given out-of-state locations for which programmatic determinations have been made. Recruiters from partner schools where students will be dual enrolled will notify BCHS of states in which they actively recruit and will direct inquiring students to the BCHS disclosure website. The website is updated by he Instructional Systems and Compliance Coordinator any time a program representative makes or changes a determination of out-of-state compliance.

This disclosure does not guarantee any state licensure or certification authority will approve or deny a student's application for licensure or certification. Furthermore, this disclosure does not account for changes in educational requirements that may have occurred after the website was updated. Current and prospective students are encouraged to contact their location's licensure or certification authority or communicate with the dean of the academic program for all licensure and certification requirements pertaining to their location.

Out-of State Student Enrollment and Disclosure Policy

The Recruitment Coordinator and Instructional Systems and Compliance Coordinator have responsibilities for communicating directly with prospective and current students who have applied for or enrolled in professional licensure and certification programs based on the student's established location. College departments that collect student location and student program data will provide new or updated out-of-state student data to the Recruitment Coordinator and Instructional Systems and Compliance Coordinator on a weekly basis so that they can carry out their responsibilities under these policies. The Recruitment Coordinator and Instructional Systems and Compliance Coordinator shall reference program representative determinations when carrying out student disclosure practices related to program compliance with state regulations.

Establishing Student Location

For the purpose of professional licensure and certification compliance, Bryan College of Health Sciences establishes a student's location:

- At the time of the student's initial enrollment in an educational program, and
- Upon formal notification by the student of a change in the student's location.

Prospective Student Applicants

New student applications will be tracked based upon the student's location. Applicants in locations where the Bryan College of Health Sciences program does not meet educational requirements will receive a disclosure indicating that the BCHS curriculum "does not meet" educational requirements in their location. This disclosure will be sent by the Recruitment Coordinator via email within 14 days after the completed application is submitted.

If a student applies from a location where a determination has not been made, a program representative will be notified by the Recruitment Coordinator and required to make a determination within 10 days so that the applicant can be notified, if applicable, within 14 days.

Students from locations where the BCHS curriculum "does not meet" educational requirements, will not be allowed to enroll at BCHS. The only exception is for students who attest that they have received BCHS disclosure about their current location, but they intend to seek employment in a location where the curriculum "meets" educational requirements. The intention of this exception is to allow students who have concrete plans to relocate to a state in which BCHS meets educational requirements to demonstrate their intent and thus their eligibility for a BCHS program. Student attestations will be collected

and stored in the Customer Relationship Management System. The student's intentions as expressed in the attestation will be applicable to the date of initial enrollment, even if collected in advance.

Enrolled Students

Student location designations shall remain in effect unless and until a student formally changes their address using the Student Information System's self-service feature. Students who change their address to a location where the Bryan College of Health Sciences program does meet educational requirements will receive a disclosure indicating that the BCHS curriculum "does not meet" educational requirements in their location.

Student program changes will also be tracked. Students who change to a new professional licensure or certification program and who are in a location where the new program does not meet educational requirements will receive a disclosure indicating that the BCHS curriculum "does not meet" educational requirements in their location and will not be allowed to enroll at BCHS. The only exception is for students who attest that they have received BCHS disclosure about their current location but they intend to seek employment in a location where the curriculum "meets" educational requirements. Student attestations will be collected and stored in the Customer Relationship Management System.

Enrolled student disclosures will be sent by the Recruitment Coordinator via email within 14 days after the location or program change is submitted by the student.

Students in Out-of-State Learning Placements

Students may also temporarily change locations to participate in an out-of-state learning experience as part of their curriculum. Students in licensure and certification programs should be placed in locations where Bryan College of Health Sciences curriculum meets educational requirements whenever possible. However, if a student is placed in an out-of-state learning experience in a "does not meet" location, the student will receive a disclosure indicating that the BCHS curriculum "does not meet" educational requirements in their location.

In order to facilitate this disclosure, Clinical Coordinators will provide a report to the Instructional Systems and Compliance Coordinator of all students who will be located outside of Nebraska. This report will be provided no later than midterm of the semester previous to the placement. The Instructional Systems and Compliance Coordinator will communicate any placements in "does not meet" locations to the Recruitment Coordinator. Student disclosures will be sent by the Recruitment Coordinator via email within 14 days after the midterm placements have been reported.

Out-of-State Compliant Policy

Students attending Bryan College of Health Sciences from states other than Nebraska have rights afforded to them based on the regulations of the state in which they are located. The Instructional Systems and Compliance Coordinator will ensure student complaint resources are made available to students on the College public facing website and that those resources are reviewed no later than April 30 of each calendar year.

Out-of-State General Purpose Law Procedures

- The Hiring Deans will work with Human Resources and Payroll before hiring any out of state adjuncts to ensure we are registered to do business in those states.
- Clinical coordinators, working with the Provost, will determine if we need to register to do business in out of state clinical site or preceptor locations.
- The Dean of Enrollment Management will determine if we need to register to do business in any states other than Nebraska in which we run marketing campaigns.
- Program-specific data is present and will be updated on a yearly basis on our Consumer Resources webpage via Assessment reports including job placement data calculations.
- The Dean of Enrollment Management will ensure we are accurately representing our educational opportunities and outcomes in all promotional materials.

Approved by Leadership Council 3/23/2020
Revised by Leadership Council 5/20/2024

Google Account Policy (Full Version)

Policy Applicability

This policy applies to all current and prospective students, staff, and faculty of Bryan College of Health Sciences and in conjunction with the Bryan Medical Center Acceptable Use Agreement for Information Technology Resources (BIM.TU117).

Scope

The data retention schedules outlined below apply to data associated with a user's bryanhealthcollege.edu Google account, including:

- Google Drive
- Google Calendar
- Google Sites
- Gmail
- Any data stored in other Google apps where the account holder is listed as the "owner"

Account Creation

- **Students**: College IT will create new student accounts within two weeks prior of the start date.
- **Staff/Faculty**: New accounts for staff and faculty will be created upon receipt of a Change Form by College IT.
- **Storage**: All new accounts are limited to 15 GB of storage.
- **Account Limits**: Only one account per student/employee. Departmental or group accounts may be requested through College IT.

Accounts and Access

User IDs and passwords serve as the primary means of authenticating users of the College's electronic resources. These security measures are designed to prevent unauthorized access to resources and any restricted information they contain. Users are prohibited from sharing their passwords with others and must take measures to protect their passwords from disclosure. This includes monitoring access to their accounts and promptly contacting the College's IT department if they suspect their password has been compromised. Users are accountable for all activity associated with their user ID. Passwords must be strong and contain at least fourteen characters, incorporating a mix of numbers, letters, and symbols, or adhere to system-specific requirements at the time of creation. No one, including IT staff, is authorized to request a user's password.

Users must maintain their multi-factor authentication (MFA) credentials as instructed and are not permitted to bypass multi-factor authentication or share multi-factor authentication devices with others.

All users share responsibility for protecting the College's electronic resources from unauthorized access. Specifically, users must:

- Safeguard the security and integrity of information stored on any personal or assigned desktop, laptop, or handheld device.
- Only access electronic resources from secure environments and log out or lock their devices when leaving them unattended.
- Keep software and applications up to date by applying security patches when available on devices used to access e-resources.
- Take necessary precautions when accessing or sharing confidential or restricted College data to ensure it remains secure from unauthorized access and threats to its integrity.
- Comply with requests from IT staff or other authorized personnel to update or stop using electronic resources that compromise security.
- Report any unauthorized access, loss, theft, or compromise of sensitive data or electronic resources to College IT.
- Cooperate with system administrators during investigations of improper use, data breaches, or security incidents.

Without prior authorization, users are prohibited from:

- Providing others with access to electronic resources.
- Including sensitive data in emails.
- Sending chain letters or mass emails that are not related to authorized College business.
- Altering, removing, or forging email headers, addresses, or messages, or impersonating another individual.
- Accessing electronic resources beyond their authorization, or attempting to intercept communications not intended for them.
- Using the College's network or Internet access maliciously or to obtain, alter, or destroy materials they are not authorized to handle.
- Tampering with, modifying, damaging, or attempting to defeat security measures on accounts or electronic resources.
- Damaging computer or network systems, or introducing malicious software (e.g., viruses, worms, Trojan Horses) to any e-resource, or attempting to degrade system performance or deny others access to e-resources.

Retention of Google Workspace Data for Employees

Employees are responsible for managing institutional data, including emails and files stored in Google Drive. These records may serve as evidence of official college actions, decisions, and approvals. Examples include:

- Policy and procedural directives
- Significant decisions related to college business
- Approvals for purchases, HR decisions, and other actions
- Financial records (invoices, receipts)
- Final reports or recommendations
- Student advising files
- Documentation of departmental/office actions, decisions, and responsibilities

Employees must ensure these records are retained according to the data retention schedule. Retention methods include:

- **Shared Google Drives**: For files that should remain accessible after you leave.
- **Bryan Health Network Drive**: Use shared folders rather than individual email to store important documents.

Separated Staff or Faculty Employees

This section applies to former staff or faculty, including contract employees whose contracts have ended.

- **Account Suspension**: Google account access is suspended immediately upon termination.
- **Retention Schedules**:
  - **Gmail**: Retained for 6 months. During the first year post-separation, delegated access can be granted to the former employee's supervisor or others as needed.
  - **Google Drive**: Files are retained for 6 months, with access available to the former employee's supervisor or others as appropriate.
- **Exceptions**:
  - College IT may purge records if data exceeds allowable storage limits.
  - Data involved in legal proceedings will be retained until the case concludes.

Departmental Gmail Accounts and Shared Google Drives

Gmail accounts or Shared Drives for departmental business are not subject to the standard retention and storage policy. They are governed by the specific retention policies of the data sets they manage.

- **Exceptions**:
  - Departmental leads may request deletion of a Gmail account or Shared Drive through College IT.
  - Accounts/Drives inactive for more than one year may also be deleted.

Program Completion (Students)

For students marked as "program completers" by the Registrar:

- Alumni are granted a three-month transition period after program completion, during which they retain access to their accounts. After this period, all data associated with the account is permanently deleted.

Inactive, Non-Alumni, Non-Degree Students

For students whose records are inactivated (withdrawn, dismissed, or discontinued) or Non-degree completers:

- The student's Google account and all associated records will be permanently deleted five days after inactivation.

Leadership Council, Created July 1, 2025

Digital Accessibility Policy

Purpose

Bryan College of Health Sciences is committed to providing accessible digital content. Digital accessibility is the shared responsibility of the entire College community. The purpose of this policy is to ensure that the College meets its stated commitment and complies with federal accessibility laws, including the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

Policy Statement

All digital content created, managed, procured, or distributed by Bryan College of Health Sciences must meet the requirements of Section 504 of the 1973 Rehabilitation Act by conforming to current Web Content Accessibility Guidelines (WCAG). This policy applies to all employees, contractors, and vendors who act on behalf of the College.

Definitions

Accessible: means a person with a disability is afforded the opportunity to acquire the same information, engage in the same interactions, and enjoy the same services as a person without a disability in an equally effective and equally integrated manner, with substantially equivalent ease of use (Source: Office of Civil Rights).

Digital Content: "refers to any form of content that exists in a digital format and is designed to be accessed via electronic devices or platforms. This includes, but is not limited to, text, images, audio, video, interactive elements, and multimedia experiences, all encoded and accessible through various digital channels" (Source: California Learning Resource Network).

Digital Platforms or Technologies: are systems used to distribute digital content to users. These include but are not limited to websites, Learning Management Systems, hardware, software, and mobile applications. For the purposes of this policy, accessible digital content requires that the platform or technology through which that content is distributed is also accessible.

Equally effective: alternative format or methods that communicate the same information and provide comparable functionality in a timely manner (For guidance reference: ADA Requirements: Effective Communication)

Web Content Accessibility Guidelines (WCAG): refer to the World Wide Web Consortium (W3C) guidelines for creating accessible Web content. This policy requires conformance to the most current version of WCAG guidelines adopted in federal regulations.

Equally Effective Alternative Access Plan (EEAAP): A written plan that documents alternative, equally effective access methods for "how information will be made available to individuals with disabilities until conformance can be met" (Source and format: Harvard University).

Responsibilities

- **College employees** are required to make new and existing digital content accessible. In the event digital content cannot be made accessible, the employee must identify an equally effective alternative. College employees may only use digital platforms or technologies approved by the Bryan Medical Center Information Technology department or appropriate member of the Executive Team.
- **Department leader** or their designee are responsible for the accessibility of digital content owned or used within their department.

  The department leader (or designee) will:

    - Communicate this policy and ensure departmental employees complete accessibility training as assigned, applying remedial training when necessary,
    - Take appropriate actions to review and ensure the accessibility of digital content, collaborating with other departments to resolve accessibility issues when needed, and
    - Initiate Equally Effective Alternative Access Plans (EEAAPs) when needed.
- **The College IT Systems Director and Institutional Researcher (for operational IT) or Dean of Educational Development (for educational technology)** (or their designee) must verify that approved digital platforms or technologies are accessible. In the event that accessibility compliance is not feasible, an Equally Effective Alternative Access Plan (EEAAP) must be in place.
- **The Academic Support Services Director/ADA Coordinator** approves student disability accommodations, assists with student user technology testing, and manages student disability appeals and grievances per the Disability Appeal/ Grievance Policy & Procedure
- **Educational Development Team** will maintain a foundational digital accessibility training course for College employees, collaborating with the College ADA coordinator to ensure training remains current. Additionally, the Educational Development Team will be available to consult with employees regarding digital content accessibility.
- **Employee Health** approves employee disability accommodations.
- **The Executive Team** approves and maintains written records of policy exceptions based on the fundamental alteration/ undue burden exception. Exception records must be retained for the duration of the exception and for three years after it ends.. The Executive Committee also approves and maintains records of Equally Effective Alternative Access Plans (EEAAPs). Exceptions for individual password-protected documents and archived web content do not need approval.

Exceptions

The following are exceptions to this policy. If an exemption is used and the College receives a request from an individual who cannot access the content due to disability, the College must provide an equally effective option.

1. **Individualized Password-Protected Documents or Otherwise Secured Conventional Electronic Documents:** Documents that are (1) about a specific individual, their property, or their account; and (2) are password-protected or otherwise secured do not need to comply with this policy (Source: 28 CFR 35.201). This exception still requires individuals with disabilities to be able to access information from documents that pertain to them.
2. **Archived web content:** To be exempt from this policy, archived web content must meet four requirements. It must be (1) created before May 11, 2026, (2) created only for reference, research, or recordkeeping, (3) kept in a special area for archived content, and (4) unchanged since the date archived (Source: 28 C.F.R. § 35.104 "Archived web content").
3. **Fundamental alteration or undue burden:** Digital content may be exempted when it would cause a significant change to the essential nature of the material or a significant expense to the College, considering resources of the College as a whole. Whether something constitutes a fundamental alteration or undue burden is determined on a case-by-case basis applying the applicable legal standard (Reference 28 C.F.R. § 36.104 "Undue Burden" or 29 CFR § 38.4(z) "Fundamental Alteration").

Originated January 26, 2026

Statement on Artificial Intelligence (AI)

Purpose:

Bryan College of Health Sciences (BCHS) is committed to engaging with Artificial Intelligence (AI) in support of its mission. To accomplish this, the ethical and responsible use of AI must be paramount in all college activities where it is utilized. These guidelines seek to balance the possibilities offered by generative AI and other AI-enabled tools with awareness of their limitations and the need for rigorous attention to accuracy, intellectual property, security, privacy, and ethical issues. The appropriate use of AI and AI-enabled tools requires a collaborative approach among BCHS administrators, faculty, staff, students, and information security partners.

Definitions:

- Generative AI: A subset of artificial intelligence that uses generative models to produce text, images, videos, or other forms of data.

- Personally Identifiable Information (PII): Information that can be used to distinguish or trace an individual's identity, either alone or when combined with other information that is linked or linkable to a specific individual (Source: US Department of Labor)
- Low Risk Data refers to information that, if exposed, lost, or improperly accessed, would cause little to no harm to individuals, organizations, or institutions. This includes publicly available information or data. Personally identifiable information or copyrighted information is never considered low risk data.

Scope:

The Acceptable Use Agreement for Information Technology Resources policy for Bryan Health takes precedence over any college AI policy and applies to college employees and students. If an individual is uncertain about the approval status of a particular AI tool or requires guidance on its appropriate use, please consult with College IT. This document describes guidelines for AI use at BCHS in support of its mission, vision, values, and goals. All students, faculty, and staff who use AI as part of their role at the college will follow these guidelines, which are enforced through BCHS' Undergraduate Student Catalog, Graduate Student Catalog, and College Manual. These guidelines are largely focused on the use of generative AI tools.

Organizational Guidelines:

1. Adoption of AI Tools specific to the college: Many educational technologies or other information technology systems of interest to the college are integrating AI tools. These adoptions must meet two levels of approval if they involve the use of student information and/or student work:
    - Level 1: Medical Center IT Vetting. In this stage, the technology must be vetted by Medical Center IT through their IT Service Request processes. In part, this process will address issues related to the technology such as cybersecurity, accessibility, etc.
    - Level 2: College Vetting. In this stage, the College will be responsible for evaluating the tool from a responsible AI use lens. Tools will be evaluated by the College's Leadership Council for their appropriateness of use in alignment with the College Mission and Values, FERPA policy, accessibility requirements, Intellectual Property Policy, and any other relevant guidelines, laws, or regulatory requirements.
2. The individual leader initiating IT vetting for Level 1 will bring forward an AI Vetting Tool proposal to Leadership Council, including recommendations from the Educational Technology Committee and Academic Affairs. A majority vote by Leadership Council is required to adopt a given tool through this process.
3. A given tool can move through Level 1 and Level 2 simultaneously to ensure a timely adoption process. However, a tool must receive both Level 1 and Level 2 approval before it can be deployed.
4. Individual AI features subsequently released, if they substantially differ from previously approved AI tools within that product, should receive individual Level 2 approval, and may require re-review at Level 1.
5. College IT will maintain a list of approved AI tools available for use, as well as whether or not there are any restrictions on their use. In general, tools will be classified in one of three ways:
    - Approved – even with PII or proprietary information: These are tools for which a legal enterprise agreement and confidentiality agreement have been established between Bryan Medical Center with the third party providing the AI tool, and has received Leadership Council approval. In addition, IT has approved this tool for use with personally identifiable information (PII) and proprietary information. These tools can only be accessed through the Bryan network.
    - Approved – but not for PII or proprietary information: These are tools for which a legal enterprise agreement and confidentiality agreement have been established between Bryan Medical Center with the third party providing the AI tool, and has received Leadership Council approval. However, IT has placed limitations on how the tool may be used. One example would be a restriction that no PII or proprietary information may be entered into the tool.
    - Unapproved tools: These are tools that have not been approved by Bryan Medical Center IT or have not received Leadership Council approval. They are not authorized use on the Bryan Network and are considered external AI tools.

General Individual Guidelines:

1. Individuals must know the approval level for a given AI tool. Only approved tools can be accessed on the Bryan Network. Individuals ultimately retain responsibility for the safe, ethical, and appropriate use of an AI tool with approval. This includes adhering to the Bryan Health Acceptable Use Agreement for Informational Technology Resources
2. If an individual chooses to use an external generative AI tool in any way related to their role at the college:
    - Treat all data entered as public. These tools may store and reuse prompts, data, and interactions.

    - Do not enter confidential, proprietary, student, patient-related information, or Personally Identifiable Information (PII) that is subject to federal or state regulations or otherwise considered sensitive or restricted.
    - Follow all applicable privacy laws and Bryan Health policies, including HIPAA (for Protected Health Information), FERPA (for student education records), and requirements for safeguarding PII. Compliance with Bryan Health's policies on Data Access and Security, AI Implementation Guidance, Data Transmission Security, Device and Media Controls, and Third-Party Risk Management is mandatory.
3. All BCHS users are accountable for their academic or professional work, regardless of the tools used to produce it. When using generative AI tools, users must evaluate the output for errors and biases and exercise caution to avoid copyright infringement.
4. Generative AI tools may fabricate facts, create fake citations, or disregard or discredit true statements. Users must verify the accuracy of information produced from generative AI tools. Since AI-generated material may be included in other materials, users should be prepared to invest extra effort in validating information.
5. Review all generative AI output carefully to guard against introducing unintended bias into work. Generative AI tools can amplify biases present in data used to train large language models. Results can include bias, and users' interaction with results can reinforce these biases. Be mindful that bias can shape output.
6. BCHS users are accountable for any plagiarized, falsified, or fabricated material that was generated by AI. College documents and federal funding agencies specify the definitions and processes involved if material has been plagiarized, falsified, or fabricated.
7. Employees and students must maintain current awareness of ethical and responsible use of AI in research and creative activities by regularly reviewing BCHS policies and relevant guidelines.
8. All students and employees are required to follow the AI policies established by clinical partners when engaging with those institutions.

Student Guidelines

1. In the BCHS curricula, students have opportunities to effectively leverage AI systems while developing a solid grounding in fundamental healthcare knowledge, critical thinking abilities, and strong ethics. AI literacy includes understanding AI's strengths, limitations, underlying principles, and responsible development and usage.
2. Faculty and instructor expectations will vary from course to course. Students are responsible for being aware of individual instructor's expectations regarding the use of AI tools. If it is unclear whether AI tools are allowed in a particular course or for an assignment, students should seek clarification from instructors directly. Use of AI tools that does not align with instructor expectations as stated within the course will be considered an academic integrity violation. If permitted to use generative AI tools, students are required to disclose their use and provide an appropriate citation for the tool. Cite all AI-generated content appropriately.
3. Students should be aware that entering queries or text into generative AI tools can expose information publicly online. Students must treat what is entered in generative AI tools as if posting on a public forum. Course materials provided by faculty are considered their intellectual property and therefore should not be entered into external generative AI tools without faculty consent.
4. Maintain academic integrity. Misuse of generative AI will be subject to the same policies and procedures as other academic misconduct.

Employee Guidelines

1. Employees serve as responsible mentors of appropriate AI use to students and should model appropriate behavior.
2. For individuals who teach courses at BCHS, BCHS encourages a flexible framework in which faculty can choose to prohibit, to allow with limitations, or to encourage use of generative AI tools within assignments. Faculty must describe the policy for the course clearly, and where relevant, the use that is permitted for each assignment. The following syllabus statements are available to use:

Acknowledgement

Students need to be aware that there are different levels that AI is permitted within assignments. If students do not stay within the levels as set forth by course faculty they may be subject to an integrity violation. The use of Generative AI tools is optional for students. Generative AI tools should not be used to replace critical thinking or professional judgment.

Level 1 - No Generative AI Tools Permitted

Students are not permitted to use Generative AI Tools on assignments in this assignment.

Level 2 - Generative AI Tools Permitted for limited use for assignment(s)

Students are permitted to use Generative AI Tools for the following:

- Brainstorming and assisting with ideas for this assignment.
- Reviewing grammar, structure, and readability of written work.
- Generating study materials and summaries.
- To maintain academic integrity, students must disclose any AI-generated material.
- Students must submit a disclosure statement when AI is used.
- Use of appropriate citation of the source.

Level 3 - Generative AI Tools Permitted for use within assignment(s)

- Students are permitted to use Generative AI Tools.
- All submitted work must reflect the student's understanding and original thought.
- AI-generated content must be critically reviewed before use.
- To maintain academic integrity, students must disclose any AI-generated material.
- Students must submit a disclosure statement when AI is used.
- Use of appropriate citation of the source.

Disclosure Statement

A student should include the following statement in assignments to indicate use of Generative AI Tool:

"The author(s) would like to acknowledge the use of [Generative AI Tool Name], in the preparation of this assignment. The [Generative AI Tool Name] was used in the following way(s) in this assignment [e.g., brainstorming, grammatical correction, citation, which portion of the assignment]."

APA Citation Example

OpenAI. (2023). ChatGPT (Mar 14 version) [Large language model]. https://chat.openai.com/chat

Parenthetical citation: (OpenAI, 2023)

Narrative citation: OpenAI (2023)

1. Faculty may use Generative AI to create course instruction materials, but will cite all AI-generated content appropriately.
2. Student work is considered a student's own intellectual property and therefore should not be entered into external generative AI tools, or approved AI tools that have not been approved for use with student work.

Originated April 26, 2026

Section III. Emergency/Safety Policies and Procedures

Internal Policies

The College Emergency Operations Plan is available in the Safety Committee folder of the BCHS Shared Network Folder. The plan is also available for students in the Academic Disruptions Planning module of Student Help and Resources in Canvas.

Statement on Workplace Safety

The College is committed to providing a safe and secure campus environment. All members of the campus community are encouraged to immediately report any suspicious or criminal activity observed to the Bryan Medical Center security team.

Depending upon the nature of a reported incident, Bryan Medical Center security officers will instigate the appropriate response according to Medical Center/College policy. If appropriate, the Lincoln Police Department will be called in to assist or resolve the incident.

The College Emergency Operations Plan can be found through the following path for employees of the College: P:\BCHS\SHARED\Safety Committee. The College Emergency Operations Plan also includes links to the appropriate policies of Bryan Medical Center for reference.

Harassment is a form of unlawful discrimination. Bryan College of Health Sciences is committed to creating and maintaining an environment in which everyone is treated with respect and dignity and is free from verbal, physical, or sexual harassment. College employees are responsible for maintaining an educational and working environment that is congruent with the mission, vision, purpose, and goals of the college.

Verbal or physical harassment of any individual or group of individuals is a violation of this policy. Appropriate disciplinary action will be taken against any person found to have violated this policy.

Sexual harassment is distinguished from voluntary sexual relationships by the introduction of the element of coercion, threat, hostility, or unwanted attention of a sexual nature. Such behavior constitutes an offense that may lead to disciplinary action by the College. Incidences of sexual harassment must be reported to the College's Title IX Compliance Coordinator or Title IX Deputy Director.

BCHS Incident Command Process

1. Gather stakeholders to determine communication plan and action plan.
    - One designated person manages internal and external communication including collaboration with Bryan Health departments. As they are accessible, internal communication channels includes email, text, Student Hub, Canvas global announcements.
    - Determine action steps to minimize risk.
2. Create a Teams chat with incident command group to provide ongoing updates.
    - Should Teams be unavailable, the incident command group will gather in the President's Office.
3. When the incident is resolved, send final internal/external communications and close Teams Chat.

Note: if there is any foreshadowing to a major event, brief communication to the campus community will be done to the extent possible with limited details. Goal is to minimize panic and maximize preparation.

College Closing Policy Due to an Emergency

The College will be as comprehensive as possible when making announcements concerning emergencies; however the ultimate decision for safety rests with the individual student or staff member. The individual should never travel to a classroom, clinical site, or other college-related function if the safety of the individual is threatened by the situation or by the act of travel.

- College administration will monitor emergency situations to determine the extent to which some or all College operations will be suspended. Emergency situations are usually weather-related, but can also include, but not limited to, utility outages, health emergencies, or local or national crises.
- In the event of an emergency situation, College Administration will announce the decisions concerning College operations as soon as possible. Announcements will be posted as soon as possible via Bryan College App, email, the College website, local television stations and social media when applicable.

Inclement Weather Policy

Lincoln Location:

Our process for making a decision regarding a college closure due to inclement weather is as follows: closure will be determined by 5am at the latest. In the event of cancellation, communication will be made via email, and college website/ social channels.

Hastings Location:

Our process for making a decision regarding a college closure due to inclement weather is as follows: closure will be determined by 5am by Hastings College. Anytime Hastings College is closed, BCHS location in Hastings is also closed. In the event of cancellation, communication will be made via email and college website/social channels.

Applies to All:

Applies to All: If there is a cancellation or move to virtual learning options, the decision will apply to all face to face theory courses for that day. Online courses that have synchronous meetings will be held as scheduled. Undergraduate clinicals and labs will be rescheduled as directed by the faculty. Graduate clinical will not be canceled.

In the event of virtual learning options, the faculty will direct students to the alternate plan, including the option of self-directed study, online activities, or web conferencing at the scheduled time.

Make-up of canceled courses, labs, or clinicals is up to the faculty and should be based on meeting course outcomes. In the event of a cancellation, all faculty and staff should either plan to work from home (in communication with your leader), use PTO/Ill Plan, or report to your office for work on site. If the College remains open, all theory and clinical is to continue in the format it is scheduled. No alterations to theory or clinical are to be made. The College community should always use their own judgment when traveling to assure personal safety. If a faculty member is unable to make it in due to road conditions, please communicate directly with your Dean. Student absences due to weather should be treated as any other absence.

Communicable Disease Emergency Response and Communication

Purpose

The Bryan College of Health Sciences takes its responsibility to its students, employees, and community very seriously and understands that a college environment may provide means for the spread of communicable diseases. The College has policies requiring students to obtain the pre-enrollment immunizations necessary to prevent a number of communicable diseases. While prevention is the front line defense against communicable disease, the College recognizes that immunizations are not 100% effective and many non-students, who may not be immunized, interact within the environment of the College every day. This leaves the College, and the community it serves, vulnerable to contagion. When a known threat of

communicable disease is discovered, the College must be prepared to respond quickly and effectively to minimize the impact of the threat. This policy provides the process for reporting, responding to, and communicating about instances of communicable disease.

Reporting

Employees and students of the College are expected to minimize contact with other people and contact their direct supervisor, faculty member, or clinical instructor/preceptor in the following situations (please note, the examples of diseases used in the following situations are not all inclusive):

- When they return from travel from a country the CDC has placed on a watch list for life threatening communicable diseases such as Ebola, etc.
- When they have a known exposure to a contagious or potentially life-threatening disease such as measles, pertussis, mumps, Ebola, meningitis, COVID, etc.
- When they exhibit symptoms of a communicable disease such as the influenza, measles, rubella, mumps, chicken pox, pertussis, meningitis, etc.
- When they have been diagnosed with a communicable disease

The person notified by the affected student or employee will promptly notify the Vice President of Student Affairs (or designee) of the situation.

Minimizing the Spread of Communicable Disease

The College will follow Bryan Medical Center policies and will collaborate with experts in epidemiology, employee/student health, and public relations available at Bryan Medical Center and the regional Public Health Department in directing the actions of employees or students and providing any further needed notifications. An individualized plan will be developed by College and Medical Center personnel delineating, at a minimum: 1) The time the employee or student must be absent from all College-related activities; and 2) The circumstances necessary for return. The goal of the plan will be allowing the individual employee or student time to recover and minimizing the probability of spreading the communicable disease to others in the College or community. Employees and students are required to follow the plan developed for their situation and failure to do so will be grounds for disciplinary action.

If a situation involves possible spread of contagion to other students or employees of the College, all possible steps will be taken to communicate with those potentially affected. An individualized plan will be created specifying: 1) Required monitoring for development of disease; and 2) Steps necessary for prevention of further spread of contagion within the internal College environment.

If an employee or student of the College reports a situation that may pose a threat of contagion to the community, College or Medical Center officials will report the actual or possible threat to city, state, and regional health officials. If it is deemed necessary for the protection of the community, a press release will be issued outlining the potential threat and steps taken to minimize that threat. The privacy of affected individuals will be protected during reporting unless disclosure of names is mandated by law.

Initial Policy May 2015
Revised, Safety Committee August 2023

Section IV. Personnel Policies

Employee Recruitment, Selection & Employment

Employment for the College of Health Sciences is coordinated through the Human Resources Department of Bryan Medical Center. The College adheres to the Medical Center policy for Equal Opportunity (BAD.HR170) and the policy for Employee Recruitment, Selection and Employment (BAD.HR167).

To ensure currency of policy, all Human Resource Policies are to be obtained from the appropriate Resource Libraries on HELLO Bryan.

Revised by Leadership Council, April 2024

Equal Opportunity

The College of Health Sciences believes in human equality and the right of all persons to equal opportunity.

The College adheres to the Medical Center policy for Equal Opportunity. This adherence is reflected in employment and educational practices. Statements of nondiscrimination related to students are found in the College Catalog and Student Handbook.

To ensure the currency of the policy, please consult Human Resources Policies BAD.HR.170.

Revised by Leadership Council, April 2024

Nondiscrimination

The College does not discriminate based on race, religion, sex, age, creed, color, national or ethnic origin, marital status, veteran status, disability, genetics, gender identity, or sexual orientation. The College is committed to a policy that all qualified persons have access to its programs and facilities.

The College is an equal opportunity employer. It does not discriminate in the hiring practices of faculty and staff. The College complies with existing federal and state regulations concerning equal employment opportunities and affirmative action.

Any persons having concerns with rights under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, or Title IX of the Education Amendments of 1972 should contact the Dean of Students.

Revised by Leadership Council, April 2024

Position Descriptions

Descriptions for all positions at Bryan College of Health Sciences are available for viewing through Bryan Medical Center's HELLO Bryan.

Job descriptions aid faculty and staff in determining the scope of their employment, as well as the expectations of the College and the Medical Center concerning individual positions. Faculty and staff are encouraged to review their position descriptions annually and discuss revisions to these descriptions with their deans, chairs, or supervisors whenever appropriate.

Employee Rights

Faculty and staff may find their personal convictions differ from clinical, administrative or scientific situations with which they may be involved. The College abides by the Medical Center Human Resources Procedure, "Managing Employee Rights,"

which defines organization and employee obligations in light of an employee's conscientious objection to participate in an activity that is contrary to the employee's religious, cultural or ethical beliefs and values. College and employee obligations to managing a conscientious objection situation are defined in the following steps:

Steps

- Every effort will be made by College Leadership to align assignments in such a way as to respect the religious, cultural and ethical convictions and values of faculty and staff.
- If faculty or staff have religious, ethical, or cultural objections to participating in a particular situation, they should make their objections known in advance to their leader or supervisor.
- If faculty or staff find themselves in a clinical, administrative or scientific situation which conflicts with their personal beliefs but another faculty or staff is not immediately available to relieve them of their responsibilities, the employee will be expected to complete the duty assignment and discuss conscientious objection to future assignments with their leader or supervisor.

The Human Resource policy "Managing Employee Rights (BAD.HR123)" can be obtained from the Resource Library Bryan Medical Center on HELLO Bryan

New Employee Orientation

All employees of the College of Health Sciences are also employees of the Bryan Medical Center; therefore adhere to the Human Resource Policy for New Employee Orientation.

In addition to the Human Resource Policy, specific faculty orientation is addressed in the College Manual, Faculty Orientation.

To ensure currency of policy, all Human Resource Policies are to be obtained from the appropriate Resource Libraries on HELLO Bryan

Faculty Orientation

All new faculty members will participate in orientation activities. The orientation plan for new faculty will be individualized based on the new faculty member's experience and expertise. Orientation activities will include orientation to the Bryan College of Health Sciences as well as clinical agencies in which the faculty member will be responsible for student instruction and supervision (if applicable). All members of the College Council share a role in facilitating a positive transition to the College for new faculty members.

1. Upon appointment to the College of Health Sciences as a faculty member, the new appointee will meet with their program dean to discuss an orientation plan.
2. For consistency in orienting new full time faculty members, elements to be included in the plan are:
    - New employee orientation at Bryan Medical Center (through Human Resources) and additional nursing service orientation for nursing.
    - An initial broad overview and general orientation to the College of Health Sciences conducted by the provost.
    - Deans will develop orientation plans specific to their programs which may different between full time and adjunct faculty.
3. Utilize Faculty Orientation Record Form as a guideline for completion of orientation activities.

Promotions, Downgrades, and Lateral Transfers

Faculty and Staff within the College of Health Sciences are eligible for promotion, downgrade, and transfer within the College and the Bryan Medical Center.

Faculty are eligible to be promoted within the College according to the Academic Rank and Promotion Policy.

The policy for movement within any divisions of the Medical Center is the Human Resource Policy: Promotions, Downgrades, and Lateral Transfers. To ensure currency of policy, all Human Resource Policies are to be obtained from the appropriate Resource Libraries on HELLO Bryan.

Employee Records

Records for College personnel are maintained by the Human Resource Department in accordance with Bryan Medical Center's Employment Records policy (BAD.HR124).

The College maintains a file on each faculty member which includes:

- Curriculum vitae
- Letter of appointment
- Official verification of required credentials for teaching responsibility
- Official transcript of highest degree and copies of other degrees, and specialty certifications obtained.

As Applicable:

- Appointment to graduate faculty
- Letter(s) of advancement in rank
- Verification of tested experience
- Official transcript of highest nursing degree.
- Plan of study for Advanced Degree with copy of transcripts/grade slips for verification of all coursework completed on plan.

Employee Evaluation: Performance Appraisal System, Corrective Action and Termination

All employees of the College are evaluated on an annual basis. The College adheres to the Bryan Medical Center Human Resource Policy on Performance Management Program. If there are issues in performance that warrant corrective action, the College abides by the Medical Center Human Resource Policy on Corrective Action and Termination. Faculty are evaluated in the spring according to Faculty Annual Evaluation policy.

To ensure currency of policy, all Human Resource Policies are to be obtained from the appropriate Resource Libraries on HELLO Bryan.

Dispute Resolution

The College of Health Sciences is dedicated to the creation and maintenance of a culture of collegiality that supports faculty work and growth. Administrators and faculty are charged with maintaining open lines of communication facilitating early identification and resolution of conflicts. When a college employee feels the need to seek resolution of a conflict arising from employment at the College the steps described in the Bryan Medical Center Dispute Resolution Policy (HR.A.98) will be used.

HIPAA Policy for Employees

Protected Health Information

In your role as faculty it may be necessary to access and utilize protected health information (PHI) when facilitating student learning experiences in a clinical area. Therefore you are accountable for protecting PHI as outlined in the Health Insurance Portability and Accountability Act (HIPAA) regulations and policies. As an employee of the Medical Center and the College, all faculty and staff are required to participate in annual education on HIPAA. All students of the College are required to participate in HIPAA education prior to any clinical experiences. HIPAA regulations and policies will be reviewed and reinforced in courses where students have access to PHI.

The College has implemented policies to further clarify actions to take in regard to HIPAA and patient experiences with students and in conducting patient related research. These policies are available in the Student Handbook, College Manual, and from the College IRB.

Faculty are expected to adhere to the same policies as students in regard to protecting human subjects and their privacy. Central to the policy is the requirement that health care recipient PHI may not be taken from the clinical area in any format.

All PHI must be removed from documents associated with your role as a faculty member of the College. These may include but are not limited to documents needed to prepare, facilitate, and assess student learning during a clinical experience. While accessing PHI electronically, measures must be taken to protect PHI from being viewed by parties who do not have the privilege to view. Discussion of any PHI must occur only in private clinical or academic areas where information cannot be overheard by parties who do not have the privilege to hear.

All potential or actual HIPAA breaches must be reported to the dean of your division.

Identifiers: Under the HIPAA Privacy Rule "identifiers" include the following:

- Names (including initials, first name, last name, or any combination)
- Geographic subdivisions smaller than a state (except the first three digits of a zip code if the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people and the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000)
- All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, and date of death and all ages over 89 and all elements of dates (including year) indicative of such age (except that such ages and elements may be aggregated into a single category of age 90 or older)
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code (excluding a random identifier code for the subject that is not related to or derived from any existing identifier. (This includes room number.)

Unauthorized disclosure of PHI is a serious institution, state, and federal infraction that will result in disciplinary action. This action may be up to and including termination as outlined in the Medical Center policies for protection of privileged information and corrective action.

Revised and edited July 2016
Revised September 2021

Social Media and Campus Employee Expectations (Not a Policy)

Campus employees play an important role in creating and maintaining a professional, respectful, and equitable learning environment. Interactions with students (in person and online) should reflect clear boundaries that support strong academic relationships and the well-being of everyone in the College community. While social media is a valuable tool for communication, it requires thoughtful use to ensure that personal and professional roles remain appropriately separate.

The College strongly encourages employees to avoid connecting with students who are currently enrolled on personal social media platforms. Keeping this separation helps maintain professionalism and reduces the likelihood of misunderstandings or blurred roles. If a connection exists, employees are expected to be especially mindful of their responsibilities and to use good judgment in how they engage.

- **Use good judgment when connecting with students on social media.** Before accepting or sending requests on personal platforms, consider how this might affect your professional role and the student's experience. Keeping your personal and academic relationships separate helps promote a healthy learning environment while maintaining fairness and professionalism.
- **Be aware of professional boundaries:** Remember that employee-student relationships are inherently professional. Online interactions should not create confusion, discomfort, or added pressure for students.
- **Protect privacy and avoid conflicts of interest:** Be mindful of student information and responsibilities under FERPA and avoid situations that could be perceived as biased or that could influence academic or professional judgment.

Approved by Leadership Council June 2026

Dress Code

Please refer to Bryan Health policy to BAD.HR169 for general guidelines including identification badge, cleanliness, and personal hygiene.

College and Classroom Activities:

Employees will dress in business attire for non-clinical work including classroom and science lab teaching. When clinical faculty are in clinical areas for reasons other than supervision of students, business attire should be worn.

Spirit Days:

Every Friday will include a spirit day where BCHS shirts may be worn with jeans unless employees will be entering any non-College area including the cafeteria (except at Mary Lanning Healthcare). Additional spirit days may be permitted per Bryan Health announcement.

Clinical, Skills, and Simulation Lab Activities:

During clinical and lab activities, all faculty will follow the Bryan Medical Center Policy BAD.HR169 Addendums A & B which defines appropriate attire by restricted areas and department, respectively. Bryan College of Health Sciences jackets/vests purchased through BCHS may be worn in the colors of black or blue.

Refer to the Bryan Medical Center Policy BOP.IC107 for policies regarding fingernail length, artificial nails and rings when providing patient care.

Student Assistant Dress Code:

When working, Student Assistants should follow the same dress code policy outlined for all students in the Student Handbook. Any additional specific departmental dress code requirements will be addressed by the supervisor at orientation.

Revised in Leadership Council April 2026

Educational Reimbursement for Employees

Purpose

To assist College Faculty and Staff in obtaining higher educational degrees as desired or required by state and national accreditation agencies.

Policy

Provisions for Reimbursement

The Medical Center will reimburse faculty and staff members up to $5250/year (0.8 FTE and above) or up to $2625/year (0.5-.79 FTE) for tuition for any course that is part of an approved plan of study leading to a higher educational degree (see Medical Center Policy #BAD.HR128). Each year of reimbursement received is tied to a one year work commitment to the organization.

Provisions for Loan Repayment

The Medical Center will reimburse full time faculty and staff members up to $5250/year (0.8 FTE and above) for repayment of educational loans secured for any degree. Each year of reimbursement received is tied to a one year work commitment to the organization.

Both benefits can be utilized in the same calendar yet, but any funds dispersed over $5250 annually, are subject to taxation.

Approved, Academic Affairs, January 2019
Revised, Executive Committee, February 2022

Conflict of Interest Policy and Procedure

Purpose

The purpose of this policy is for Bryan College of Health Sciences employees to identify actual or potential conflicts outside of their work at the College. This includes all full and part-time employees.

Policy

Bryan College of Health Sciences' employees shall refrain from knowingly allowing any outside matters of financial, familial or personal interest to interfere with the impartial, objective, and effective performance of their duties. Neither they, nor their families, shall obtain personal gain in any form stemming from or leading to the improper conduct of College duties. Employees shall not knowingly use College property, funds, position, or power for personal or political gain.

External activities engaged in by an employee must not distract from the employee's primary responsibilities at the College. If the employee is receiving pay for the activity and it is taking place during the employee's normal business hours, the employee is required to take the time off with use of Paid Time Off or as unpaid time.

Employees who work in financial aid or billing are required to make an annual declaration regarding potential conflicts of interest, even if to identify that they have none. All college personnel are responsible for reviewing the Conflict of Interest Policy at the start of each academic year and must disclose any reasonably foreseen potential or actual conflicts of interest with College duties prior to the start of classes. If, after the start of the academic year any additional conflict of interests are identified, they should be disclosed promptly, within ten working days or as soon as reasonably possible. A sufficient mitigation plan for an actual or potential conflict of interest must be approved by the individual's immediate supervisor and the Provost. If the conflict of interest involves engaging in outside activities, the mitigation plan must be approved prior to engaging in any activity. Mitigation plans must include (where applicable): (1) how to ensure the external activities will not distract from employee's primary responsibilities at the college (2) recusals the employee will make related to college decisions (3) what will be communicated regarding when the activities will specifically take place (e.g. travel dates, shift times, etc) (4) Any additional applicable considerations

The most commonly encountered types of conflict of interest that would require disclosure include, but are not limited to:

- **Use of College Property for Personal Use:** Employees shall not use College property for any personal use unless granted written permission in advance by their immediate supervisor. This includes, but is not limited to physical assets such as lab, simulation, or classroom supplies, printers, paper, office supplies, audio-visual equipment, digital platforms such as BCHS licensed software, video conferencing platforms purchased by the College, and anything that would be considered "College Works" as defined in the college's Intellectual Property Policy.
- **Student-Related Decision or Actions:** Employees shall not allow any personal, familial, or financial interests to influence decisions related to admission, enrollment, granting of financial aid, grading, progression, or graduation of any student. The College's Conflict of Interest in Academic Relationships should be utilized when there is an actual or potential conflict of interest involving a student.
- **Use of Confidential Information:** Employees shall not use confidential information about the College obtained by reason of their employment with intent to cause financial gain to themselves or unfair advantage of another person.
- **Outside Employment or Business Activities**
    - An employee's outside employment or business activities must not interfere with the employee's regular duties
    - Outside business activities must not be conducted on College property or involve the use of College resources, unless approved by the employee's immediate supervisor.
    - The following are the most common examples of outside employment or business activities that must be declared as a potential conflict of interest:

        - Teaching one or more credit-bearing or non-credit course(s) at another post-secondary institution while the employee carries a regular full-time or part-time faculty appointment or staff position at Bryan College of Health Sciences.
        - Faculty-Authored Textbooks and Other Educational Materials: Textbooks, tapes, software and other materials authored by the course instructor may be assigned to be purchased by students for a course taught by the author if the royalties arising from the purchase of the assigned materials are returned to Bryan College of Health Sciences, Bryan Foundation, another educational institution, a charitable organization, or a not-for-profit foundation. Any proceeds from other College uses of such materials, such as purchase by the library or adoption by another faculty member or program, shall be the property of the faculty member.
        - Additional examples of overlapping employment or business activities that should be reported include, but are not limited to: personal scholarship/research activities, serving on a board, supplemental exempt work or other second position within Bryan Health, consulting at another institution, or working for other education-related businesses.
- **Use of College Stationary:** Official College stationery may not be used in outside business, personal, and other private or political activities of employees.
- **Use of College Logo:** It is a violation of College policy to employ the name of the College or any of its graphic identification symbols in printed materials intended to endorse or promote individual enterprises or to otherwise enhance private gain.

Conduct by an employee that violates the College's policies, regulations or rules pertaining to conflict of interest shall lead to corrective action up to and including termination. Failure to disclose a conflict of interest or failure to comply with this policy and procedure may also lead to corrective action up to and including termination of employment.

Procedure

1. Employees who work in financial aid or billing, as well as any employee who identifies a potential or actual conflict of interest will complete the Conflict of Interest Form at the start of each academic year, or at any point when a conflict of interest is identified.
2. When submitting the form, the employee will identify the nature of the conflict of interest, as well as their plan for mitigating the conflict of interest.
3. The employee's immediate supervisor will review the disclosure and plan for mitigation and either approve the plan if they determine it is sufficient, or reject the plan.
4. If approved, the disclosure and mitigation will then be sent to the Provost for review. If the CAO approves the plan as well, the following will occur:
    - The disclosed conflict of interest and mitigation plan will be forwarded by the CAO to Bryan Medical Center Corporate Compliance.
    - The employee will be notified that their disclosure and plan for mitigation was approved by their immediate supervisor and the CAO. If the plan involved engaging in any outside activity, the employee may begin that activity at that time, provided that Bryan Medical Center Corporate Compliance does not request any additional information or make an alternative determination.
5. If either the employee's immediate supervisor **or** the CAO determine that the mitigation plan is not sufficient for the disclosed conflict of interest, they will reject the plan. The employee will be informed that their plan for mitigation could not be approved as written. The employee should then schedule a meeting with their immediate supervisor within 10 working days to discuss the conflict of interest and plan for mitigation to determine if a sufficient mitigation plan can be determined. The CAO will be available to assist in these discussions. If a sufficient plan can be mutually determined, the employee will submit a new Conflict of Interest Form with the new plan for approval.

Appeals

Appeals of decisions made under these procedures should be brought to resolution informally and at the lowest possible administrative level. Should attempts to resolve informally fail, a formal appeal may be submitted to the President in writing within 5 working days of the failed resolution. The President will establish a committee to hear the appeal. The committee will be composed of 3 members: one peer, one non-peer employee, and one executive team member outside of the employee's area. The president will forward the appeal to the committee. The committee may request a meeting with the appellant, their immediate supervisor, or additional relevant parties if more information is needed. The committee will make a recommendation to the President within ten working days of receipt of the formal appeal. The President will make a final determination within five working days of receiving the committee's recommendation and will communicate the final decision to the appealing party. Appealed decisions are final.

Conflict of Interest in Academic Relationships Involving Relatives (same heading level as Conflict of Interest)

Purpose:

To ensure transparency, integrity, and fairness for students when employees have familial relationships with students or prospective students. This policy applies to all college employees.

Policy:

All employees are required to disclose a potential conflict of interest when it relates to a current student or prospective student. This often presents when an employee has a familial relationship with a current or prospective student. This includes the employee's spouse, parent, grandparent, sibling, child, dependent, grandchild, great-grandchild, spouse of sibling, spouse of child, spouse of grandchild; or spouse of great-grandchild. A familial relationship must always be disclosed. Employees should use judgment in consultation with their direct supervisor if they believe a potential conflict of interest other than a familial relationship might arise. Given the small size of the institution, it is unlikely that conflicts of interest can be avoided, therefore in each case where a conflict of interest arises related to a particular student, a specific plan to mitigate that conflict of interest will be developed.

Procedure:

1. Employees must promptly disclose any familial relationship with a student or applicant to their immediate supervisor, within ten working days or as soon as reasonably possible via the Conflict of Interest Form.
2. The immediate supervisor in collaboration with that individual and other appropriate parties as needed will develop a plan to mitigate the conflict of interest within ten working days of submission of the Conflict of Interest form. The plan should include documentation of the potential conflict of interest, as well as the specific steps that will be taken. Strategies may include:
    - Recusal from decisions on admissions, progression, or disciplinary actions
    - Assigning an alternative faculty member to grade assignments
    - The use of anonymous grading
    - When the employee has a specific or unique role at the college, identifying the appropriate alternative individual who will work with that student if needed.
    - Agreement that the employee will not access academic records of a relative unless required for legitimate work purposes, and only if there is no other qualified individual who can perform the task requiring access.
3. The plan to mitigate the conflict of interest will be reviewed by the Executive Team member who oversees that college division, and if needed, the College President. Once reviewed and agreed upon by the employee, department leader, and Executive Team member, the plan will be sent to the Provost. Copies of the plan will be retained by the Provost and the immediate supervisor throughout the student's time at the college. The Provost will communicate any information as needed to other individuals at the college to ensure the mitigation plan is followed. If needed, the appropriate Academic Dean will share relevant information from the plan with the impacted student.

Created June 2013
Revised April 20, 2026

Tuition Exchange Program (TEP) Policies

Tuition Exchange Website

Definitions:

- **Import:** Student from an external institution applying for admission to BCHS
- **Export:** Student from BCHS applying for admission elsewhere; student can be the employee, their spouse or dependent

Export Policies

1. Definitions of eligible employees:
    1. Currently employed at Bryan College of Health Sciences

    2. Full-time and in good standing as defined by Bryan Medical Center
2. Newly hired employees who were using TE at their previous institution, will be eligible immediately.
3. Coverage for family member if employee is deceased or disabled while dependent as a TE student will continue.
4. Upon separation from BCHS for any other reason (i.e., retirement, voluntary separation, or termination for cause) enrolled TE students will be supported only for the remainder of the semester in which the student is currently enrolled.
5. Participating exports must apply/reapply through the TE portal by March 1st each year to determine eligibility for the following academic year.
    1. Generally, if students are meeting academic and other requirements of the import school, and as long as the employee still meets eligibility requirements, students are renewed for their scholarship each year.
    2. TE allows for unlimited exports each year and is therefore not competitive internally. However, colleges do have a limited number of import slots available each year, so early application is highly recommended. It is also a good idea to have alternative colleges in mind for your application in the event you are not awarded for your 1st or 2nd choice school.
    3. TE benefits cover tuition only; fees, room, and board are not included.

Import Policies

1. Exporting institutions will set criteria and determine eligibility.
2. Importing students may use TE benefits for the following programs: all undergraduate degree programs, MSN, and EdD.
3. TE benefit covers tuition only; benefit does not apply to fees, room, and board.
4. Importing students must apply/reapply through the TE portal by April 1st each year to determine eligibility for the following academic year.
    1. Generally, if students are meeting academic and other requirements, students are renewed for their TE benefit each year up to 4 years.
    2. BCHS will accept no more than 3 new TE students for each academic year.
    3. TE spots are awarded to renewals first, then on a first come, first served basis for new imports.

Revised, Executive Team, May 15, 2026

BCHS Employee Dependent Tuition

Bryan Blue Scholarship

Bryan Blue Scholarship is a collaborative effort between Bryan Health and Bryan College of Health Sciences (BCHS) to provide an educational benefit to dependents of employees. Dependent students in a BCHS undergraduate program receive a **$7,500 or $3250 scholarship per year, for up to four years.**

Eligibility and Program Requirements

- IRS-eligible dependents of Bryan employees who have had continuous full- or part-time employment for three or six years, respectively.
- There is no limit to the number of students per year who can receive this scholarship.

Application Instructions

1. Student will indicate their eligibility as an employee dependent on their college application.
2. Upon acceptance to BCHS, the Recruitment Coordinator will determine name of parent who is Bryan employee and verify employment length and status with HRIS.
3. Once verified, the Recruitment Coordinator will notify the Director of Financial Aid.
4. If criteria is met, the scholarship will automatically apply and renew each academic year.

Blue Healer Parent Scholarship

The Blue Healer Parent Scholarship is a benefit to full time employees (0.75 or above FTE). The scholarship will provide a full tuition benefit to employee dependents enrolled in any BCHS undergraduate degree program.

Eligibility and Program Requirements

- IRS-eligible dependents of full time (as defined above) BCHS employees.

- Up to two students per year will be awarded.
- Must be new students starting in Fall 2025 or later; application by October 1st of the year prior to matriculation (April 1, 2025 for Fall 2025).
- Scholarship recipients will be determined based on high school or college GPA (if transfer student).

Application Instructions

1. Student will indicate their eligibility as an employee dependent on their college application.
2. Upon acceptance to BCHS, the Recruitment Coordinator will determine name of parent who is a BCHS employee and verify FTE with HRIS.
3. Once verified, the Recruitment Coordinator will notify the Director of Financial Aid.
4. If criteria is met, the scholarship will automatically apply and renew each academic year for up to 150% of their program length (generally 6 years).

Accepted by the Executive Committee 2/17/2025

Salary Administration

All Bryan College of Health Sciences employees will be hired within the current range established by HR for the job in question unless the prior experience of the applicant or other considerations designated at the discretion of the Human Resources department and the College Supervisors/Deans justify a hiring rate higher than the minimum rate.

Faculty will remain in the same pay range until successful completion of a presentation of their credentials and qualifications through the portfolio review process.

A recommendation for an average rate of pay increase will be made by Human Resources Administration to the College of Health Sciences Administration. This average rate of increase will become the amount used by Supervisors/Deans in recommending an employee for the pay adjustment.

The College's Supervisors/Deans will conduct annual performance appraisals for their respective staff. All appraisals will be completed following the schedule outlined by human resources at Bryan Medical Center.

Each faculty member will begin a professional portfolio upon appointment to the faculty of Bryan College of Health Sciences. The portfolio will provide documented evidence for annual performance appraisals as well as promotion in rank.

For the annual performance appraisal, the Dean or a designee will review the portfolio with the faculty member to validate attainment of goals, expectations of level of rank, and accomplishments.

Employees assigned to a specific pay grade in general will be paid within the minimum and maximum rates of that pay grade. Exceptions must be approved by the President of the College in consultation with and approved by Human Resources.

Promotions: When an employee is promoted to a position of a higher pay grade, the rate of pay shall be determined as follows: Employees hired or promoted to a pay grade where their wage is below the minimum of the assigned pay grade, will be raised to the minimum of the pay grade.

Below New Minimum: If the salary received in the present grade is below the minimum rate of the new grade, the rate of pay shall be increased to the minimum of the new pay grade unless, at the discretion of the hiring Supervisor/Dean and the Human Resources Department, a higher initial starting salary in the promoted job is justified due to the experience and proficiency of the employee being promoted.

Above New Minimum: If the salary received in the present grade is above the new grade minimum, the amount of the promotional increase may be up to 10%. Placement will be flexible depending upon the compensation of current incumbents in order to maintain internal equity and to avoid wage compression.

Downgrades: When an employee is downgraded, the employee's rate of pay shall be established by the Supervisor/Dean and the Human Resources Department. In establishing the new wage, the Human Resources Department will evaluate years of service, applicable experience, and proficiency in the previous position. Downgrades will be handled on an individual basis and as a guideline the inverse of the promotional increase guidelines may be utilized.

Employees who reach the maximum of their pay grade will receive annual pay plan adjustments up to the new maximum of their pay grade. Employees may receive the College Market Adjustment increase if recommended by the Supervisor/Dean and employees meet the criteria for the Annual Employee Pay Adjustment. Employees of the College at or over the maximum of their designated pay range may be eligible for periodic lump sum payments at the discretion of the President of the College in consultation with Human Resources. Lump sum payments will be calculated as the amount of the increase over the maximum of the pay range multiplied by the number of hours of work indicated on the faculty member letter of appointment. For non-faculty the amount of increase over the maximum of the pay range will be multiplied by the previous year's number of hours worked.

Revised, Leadership Council, April 2024

Special Pay Practices

Policy

Bryan College of Health Sciences will establish special pay practices to provide appropriate compensation for special situations.

Procedure

Overload Pay: Special Pay Practices

- **Overload Pay**: To determine annual workloads, Deans will calculate the total WTUs each term (fall, spring, and summer) based on the Faculty Teaching Workload policy and the schedule of classes. Eligibility for overload pay will be determined by the Deans/Provost of the College based on the number weighted teaching units that a faculty member is responsible for over and above the targets articulated in workload policies for each academic division. If the actual calculated WTUs exceed the targets for a given faculty appointment based on the Faculty Teaching Workload policy, overload will be paid. Overload is paid in bi-weekly installments in the semester when the actual WTUs exceed the target, and is not based on projections for the academic year. When faculty are teaching overload for classes with low enrollment (< 5 students), faculty will be paid on a per student basis.
- **Guest Speakers**: Faculty members may arrange for guest speakers for classroom talks or formal presentations. When the speaker is a non-exempt employee of the Bryan Medical Center, the speaker will clock into the College's cost center during the time they are speaking. When the speaker is an exempt employee of the Bryan Medical Center, the speaker will not clock into the College cost center and will not be paid over and above his or her usual salary for speaking. When arrangements are made for a speaker who is not an employee of the Bryan Medical Center to speak at the College, a speaker's agreement must be signed with the speaker and that agreement must include the amount the speaker will be paid. Current speaker agreements can be obtained from the Executive Assistant. When arranging a guest speaker, please check with the Executive Assistant to make sure the correct documentation is provided.
- **Program Director and Nursing Clinical Coordinator Pay**: Program Coordinators, Undergraduate Nursing Coordinators, Assistant Program Directors, and Program Directors shall be compensated in either workload release or a pay rate of $1.50 additional per hour as determined by the program Dean. The faculty assigned to these positions are selected by the program Dean as having the clinical skills, organizational skills, knowledge and/or experience needed to perform in the role. Each faculty member placed into a Program Coordinator, Clinical Coordinator, Assistant Program Director, or Program Director role must have a specific job description addendum outlining the additional areas of responsibility.
- **School of Nursing Faculty salaries for summer clinical based courses**: For nursing faculty on 10-month appointments, the salaries for teaching summer clinical based courses will be based on the rate of pay they receive during the academic year. Individual faculty will be paid based on their academic year salary rate for summer clinical based assignments. For each week in which the 10 month faculty have summer clinical assignments, they will be paid for a 40 hour week at their academic year rate. Payment for a 40 hour week reflects time for assignments, preparation, student supervision on the assigned clinical days, and evaluation activities. To calculate the pay, the following computations should be used. The hourly rate listed in the annual letter of agreement should be used. The rate on the most current pay advice is lower than the actual hourly rate. If using the amount on the pay advice, the appropriate conversion is the hourly rate listed on their pay advice times 12 divided by 10. (AY rate / 12) * 10.
- **Biomedical Sciences Senior Capstones**: When faculty serve as a faculty advisor for the senior capstone project of a Biomedical Sciences student, they will be paid $500.00 per student upon the completion of the student's project, which is in line with the per student payment for low enrolled courses. Completion is defined by the student successfully completing the final course in the capstone sequence. When two or more faculty serve as co-advisors, the $500.00 payment will be divided evenly among all co-advisors.

- **Doctoral Dissertation/Project Chair Stipend**: Compensation will be provided for College faculty and administrators who do not have dissertation/project advising as part of their workload and for adjunct faculty who chair dissertation/project committees. College doctoral faculty who chair more than 5 concurrent dissertation/projects will receive the stipend with their Dean's approval. When the number of dissertations/projects chaired exceeds 5 due to extension of the timeline for dissertation/project completion(s), the stipend will not apply. A fee equivalent to one graduate credit will be paid in two installments: first upon committee acceptance of the proposal and second upon completion of the dissertation/project.
- **Primary IDeA Networks of Biomedical Research Excellence (INBRE) Executive Committee Member, Secondary INBRE Executive Committee Member, and Principal Investigator Compensation:** When faculty serve as a Primary INBRE Executive Committee member, a Secondary INBRE Executive Committee member, or a Principal Investigator they will be given supplemental pay from INBRE funds that are not part of their regular contract, as available. Supplemental compensation may be calculated up to 10% of staff salary. This pay will be divided evenly across their yearly paychecks for their commitment, starting in the Fall after their advisee(s) has/have completed their initial summer research experience. This pay may require time tracking. The Primary Executive Committee member's responsibilities include advising current Biomedical Students in the INBRE program, attending committee meetings, state conferences and other duties defined by the INBRE program. The Secondary INBRE Executive Committee member will begin advising selected students throughout their third year, and as those students progress into their fourth year, the Secondary INBRE Executive Committee member will move into the Primary role, and a new Secondary member will be selected. Up to two INBRE scholars will be selected during their second year in the Biomedical Sciences program.The Principal Investigator will oversee the INBRE research grant and the student(s) conducting research. These duties include ensuring compliance with regulatory and ethical standards, supervising data collection and analysis, and managing resources.

Approved by Academic Affairs January 27, 2023

Revised October 2, 2025

Course Revision Pay Practice

Faculty are expected to maintain the courses they teach as outlined in the Faculty Rights and Responsibilities section of the College Manual and faculty job descriptions. Examples of course maintenance include but are not limited to maintaining class plans; providing current materials and content; and writing, reviewing, and revising assessments. There are many resources available to faculty to assist with course maintenance and revision. For example, instructional designers can collaborate with faculty on course planning and design. Librarians can collaborate with faculty to update materials.

There are instances in which more substantive revision, which goes beyond course maintenance activities, is warranted. Some example scenarios that may trigger substantive course revision include: curriculum revision, course quality review feedback, or a lack of available content when a course is passed from one faculty member to another.

Faculty compensation may be provided when faculty revise a course, especially if the course is offered in a distance format, as long as the following criteria are met:

- The dean/program director approves compensation for the revision before the work begins.
- The revision is substantive: defined as a major, but not complete change to the course. Substantive revision involves significant changes to multiple course elements such as the course description, course outcomes, learning objectives, materials, and assessments. Quantitatively it would be comparable to changing 50-75% of the course. Revisions that involve less change should be completed as course maintenance projects. Revisions that involve more change should be completed as new course designs.
- The faculty member will be completing a majority of the work, even when collaborating with an instructional designer.

Undergraduate faculty/adjuncts redesigning a course based on the criteria above will receive 0.5WTU per credit hour in the semester during which the redesign takes place.

Graduate faculty/adjuncts redesigning a course based on the criteria above will receive 0.67WTU per credit hour in the semester during which the redesign takes place.

Compensated course revisions cannot be triggered solely by a faculty member's desire to update the course or by a textbook change, especially if it has fallen into disrepair from a lack of maintenance, or a faculty member's desire to take the course in a new direction. Instances such as these would need to be proposed as curriculum revisions to be reviewed/approved as necessary by the curriculum committee to validate that revision is warranted.

Hiring Qualified Faculty

Determining Qualifications of Potential and Current Faculty Members

Every faculty position at the Bryan College of Health Sciences has a formal job description enumerating the essential requirements for successfully performing the position. Those applying for and currently holding teaching positions will be evaluated for their abilities to successfully perform those essential requirements. That evaluation starts with determining whether or not the applicant or incumbent for the position meets minimum qualifications.

An examination of earned credentials will be the preferred mechanism for determining the minimum qualification of faculty members to teach at Bryan College of Health Sciences. To a much lesser extent, tested experience may be considered in determining faculty qualifications.

Use of Credentials as a Basis for Determining Minimally Qualified Faculty

Faculty should have completed a program of study in the discipline or subfield in which they teach, and/or for which they develop curricula. Faculty teaching in undergraduate programs should hold a degree at least one level above that of the program in which they are teaching. In those undergraduate programs for which specialty accreditation sets standards requiring terminal degrees, the expectation will be that faculty teaching in those programs meet those standards.

Those faculty members teaching general education courses should hold a master's degree or higher in the discipline or subfield. If a faculty member holds a master's degree or higher in a discipline or subfield other than that in which he or she is teaching, that faculty member should have completed a minimum of 18 graduate credit hours in the discipline or subfield in which they teach.

Faculty teaching in graduate programs, or those guiding doctoral education, should hold the doctoral degree determined by the discipline and have a record of research, scholarship or achievement appropriate for the graduate program and degree offered.

Use of Tested Experience as a Basis for Determining Minimally Qualified Faculty

While the use of credentials is the preferred method of determining minimum qualification for teaching, it is allowable to determine that a faculty member is qualified based on experience that is determined, by the program and Faculty Development, Rank, and Promotion (FDR) Standing Committee of Faculty Senate, to be equivalent to the degree that would otherwise be required for the faculty position. This must be tested experience demonstrating a breadth and depth of experience outside of the classroom in real-world situations relevant to the discipline in which the faculty member would be teaching.

Each program has established minimum standards (see the following) for the acceptance of tested experience. Those standards are reviewed and approved by the FDR Standing Committee of Faculty Senate. The qualifications of faculty members seeking employment on the basis of tested experience must be vetted by the Academic Affairs Committee.

Program Minimum Standards for Tested Experience

General Education and Biomedical Sciences Standards: Tested experience in a general education and science specialty will be evaluated based on the years of real world practical experience held by the applicant for a teaching position. That experience must have been in the discipline in which the applicant will teach and equal in years and achievement to the post-secondary degree otherwise required for the position for which the faculty candidate is being considered. The experience must have prepared the applicant with the knowledge and skills that will be taught. Nursing (Undergraduate, Graduate, and Nurse Anesthesia) Standards: Tested experience in nursing/nurse anesthesia will be evaluated based on the type and length of the applicant's nurse/nurse anesthesia career. The applicant must have demonstrated competent practice in one or more positions in the same specialty in which the applicant will be teaching. The length of service and level of achievement in that specialty must be comparable to the post-secondary degree otherwise required for the teaching position. The experience must have prepared the applicant with the knowledge and skills that will be taught.

Sonography Standards: Tested experience in sonography will be evaluated based on the type and length of the applicant's career in the sonography discipline in which the applicant will be teaching. The applicant must have demonstrated successful practice for a length of time comparable to the post-secondary degree otherwise required for the teaching position. The experience must have prepared the applicant with the knowledge and skills that will be taught.

Process for Hiring Using Tested Experience:

1. Dean/Program Director will present candidate information to the Academic Affairs Committee for discussion and vetting.
2. Information provided to the Academic Affairs Committee will include years of relevant experience in the subject matter and any pertinent certifications, skill sets, and relevant higher education-type activities including scholarship and publications or continuing education.
3. The case for correlation of alignment between tested experience and the subject to be taught must be clear and compelling.
4. Documentation and recorded approval will be maintained in the faculty personnel file.

Revised March 8, 2016 by College Academic Affairs Committee
Approved by College Board of Trustees, April 7, 2016

Definition of Faculty

Regular Full-time and Part-time Faculty:

An individual whose majority workload encompasses a teaching position in courses which lead to a degree or certificate. All teaching faculty are eligible for an increase in rank and promotion as outlined in the Academic Rank and Promotion Policy and have all rights and responsibilities of serving on Faculty Senate.

Adjunct/PRN Faculty:

An individual who is credentialed to teach (theory, clinical and/or lab) on an as-needed basis for a special course or courses as determined by the Dean or Program Director. Adjunct/PRN faculty do not hold faculty rank and are therefore not eligible for rank and promotion and do not have voting privileges in Faculty Senate.

Role of Sonography College Faculty in a Clinical Setting:

Sonography College Faculty is defined as Sonographers working under the College cost center.

When faculty are working with students in the clinical setting they are clocked in and paid by the College. During this time, Sonography Clinical Faculty will be limited to working with the students only and not providing direct patient care or images for diagnosis.

The role of Sonography Clinical Faculty working directly with students in the clinical setting is:

- To evaluate student skills in working with patients.
- To provide feedback and assistance to students as needed while working with patients.
- To provide feedback to the Course Instructor on student scanning abilities and progress within the course.

Sonography Clinical Faculty working with students should not be grading test outs with the students or providing the patient or the Radiologist with an interpretation of findings from the exam. The Preceptor has the right to come in and begin their exam of the patient as they deem necessary according to their schedule.

Graduate Faculty:

The graduate faculty shall consist of faculty who hold a full-time, or regular part-time, faculty appointment at the College as Professor, Associate Professor, or Assistant Professor with an earned doctorate or highest terminal degree in their discipline or related discipline from an accredited institution, and who have a primary teaching assignment in one of the College's graduate programs. Other employees may teach courses within a graduate program, or chair master's and doctoral student

committees if they meet the required education and experience but will not be considered graduate faculty unless the Graduate Studies committee makes a recommendation to the Provost for their designation as graduate faculty. As a subset of the Faculty, all faculty policies and procedures apply to the Graduate Faculty.

Designation and Review of the Graduate Faculty:

The Graduate Studies committee may submit a recommendation to the Provost for an undergraduate faculty member to be designated as graduate faculty. The recommendation should be in writing and address why the nominee is appropriately qualified to serve as graduate faculty. The Provost will act within 30 days, or less, on a recommendation. Graduate faculty membership is effective on the date of the selection by the Provost. The designation is of a defined term of no greater than 5 years in length.

Faculty Letters of Appointment

Upon hire, all faculty will receive a letter of appointment establishing their rank and type of appointment (e.g. 10-month, 12-month, etc.). This letter will remain in effect unless the faculty receives a change in rank or a change in type of appointment, at which point a new letter of appointment will be issued. Faculty that are full-time in either 10-, 11-, or 12-month letters of appointment will be considered full-time exempt employees, thereby receiving salary and benefits over a twelve-month period as per the Medical Center's policies. Faculty who are part-time on 9-month letters of appointment will be exempt and receive salary and benefits over the 12-month period prorated to their FTE. Full-time and part-time faculty on 12-month letters of appointment will accrue paid time off (PTO) based on Medical Center policies. Full-time and part-time faculty on 9-, 10-, and 11-month letters of appointment do not accrue paid time off, instead, they work according to the annual faculty calendar, with the option to flex time according to the Flex Time Guidelines provided within the Faculty Attendance Policy.

Revised by FDR committee April14, 2017
Revised, April 20, 2026

Faculty Non-Reappointment, Corrective Action, and Termination Procedure

A series of thoughtfully applied practices must be employed when considering nonreappointment, corrective action or termination of faculty. Each faculty member's dean should employ all possible measures to prevent a non-reappointment decision; or, when such a decision must be made, in affording the faculty member adequate due process.

Ongoing Corrective Action:

A series of thoughtfully applied practices must be employed when considering nonreappointment, corrective action or termination of faculty. Each faculty member's dean should employ all possible measures to prevent a non-reappointment decision; or, when such a decision must be made, in affording the faculty member adequate due process.

Termination:

If the faculty member does not improve their weaknesses with the implementation of the progressive corrective action, the faculty member may not be offered a reappointment of their teaching position. The non-reappointment decision and the reasons for that decision will be communicated with the faculty member verbally and in writing as soon as the decision has been made.

Immediate Suspension:

Any major rule violation (as defined in BAD.HR122) may lead to the immediate suspension of the faculty member until a thorough administrative review of all circumstances is performed. If the review substantiates the major rule violation, the faculty may be terminated without warning.

Non-Reappointment:

If it is deemed necessary, for the continued financial well-being of the College, to terminate one or more faculty members, the decision to terminate will be communicated with the involved faculty member(s) verbally and in writing as soon as the decision has been made.

Faculty members may use the processes outlined in the Bryan Medical Center Dispute Resolution Policy (as defined in BAD.HR125) if they feel a non-reappointment decision is not warranted.

Academic Affairs May 5, 2023

Faculty Role Position Statement

Teaching, Scholarship, and Service are the three components of the faculty role. Our mission, vision, and purpose encompass these three concepts.

Assumptions Related to Teaching

Teaching includes attending to classroom and clinical/laboratory activities. Faculty are expected to maintain expertise in content area and also include new pedagogy, new knowledge, research, and best practice in the classroom, on-line, laboratory, and clinical settings. Development and maintenance of basic computer and technology skills are required to support these expectations.

Assumptions Related to Scholarship

Scholarly activities are defined as: Activities that faculty participate in that facilitate the growth and application of knowledge required or supplement for the faculty's ability to provide competent and expert education to the students and for the benefit of Bryan College of Health Sciences. Scholarly activities include but are not limited to: research; participating in professional practice; writing for publication; poster and podium presentations; pursuit and maintenance of certifications, higher education and degrees; and grant writing and its' related administration. Furthermore the Faculty Senate and administration support faculty in their endeavors of pursuit of scholarly activities by means of financial support and the ability to participate in scholarly activities on site with access to college resources. Faculty should be ever mindful that participation in scholarly activities should never supersede or hinder their performance and completion of their primary teaching responsibilities.

Assumptions Related to Service

Service is addressed as service to the college, service to the community, and service to the profession.

Service to the college includes, but is not limited to: active committee engagement, attendance at college activities, recruitment, public relations, advisement of student organizations, accreditation work, and task forces.

Service to the community includes, but is not limited to: volunteerism, citizen advocacy, and participation in community organizations.

Service to the profession includes, but is not limited to: leadership and active participation in professional organizations, operating a discipline-related community program, consulting, giving in-service training for organizations, service learning projects, mentoring/coaching, and budgeting and inventory.

Faculty will be evaluated based upon the expectations articulated in the letter of agreement or terms of employment and their overall performance in the areas of teaching, service, and scholarship. All faculty are expected to use their time appropriately and professionally.

Revised by FDR February 27, 2017
Approved by Faculty Senate April 3, 2017

Faculty Rights and Responsibilities

Faculty members at Bryan College of Health Sciences maintain certain rights and responsibilities as established by the College's Statements of Mission, the Bylaws of the Faculty Senate, and the standards of practice common to institutions of higher learning.

Faculty responsibilities include, but are not limited to: meeting the specified terms of the letters of agreement or terms of employment; engaging in the teaching, scholarship, and service as required by the College; participating in student advisement; engaging in good citizenship both at the College and in the community; adhering to the published policies of the College and Medical Center; and serving as role models to students, colleagues, and other constituents.

Faculty rights include, but are not limited to: academic freedom; freedom of inquiry; autonomy of thought and action; and autonomy in modes and approaches to work. All faculty rights are understood to exist within the parameters of the law and the letters of agreement or terms of employment.

Attendant to faculty responsibilities is the expectation that faculty will perform the tangible components of their role as credentialed professionals. Thus, faculty are responsible for being present and prepared for teaching. Moreover, faculty are responsible for assuring that their didactic and clinical course responsibilities are met in a timely and effective manner.

In addition to each faculty member's teaching assignment, a teaching faculty member is expected to be an active participant in the life of the College.

Graduate Faculty Rights and Responsibilities:

The quality, assessment, and implementation of the graduate programs rest with the Graduate Faculty. The purpose of the Graduate Faculty is to develop, implement and evaluate graduate curriculum; direct graduate student scholarship; and serve on master's and doctoral student committees. Only members of the Graduate Faculty can serve as voting members of the Graduate Studies committee (unless they must be ex-officio due to an administrative role in the College).

Expectations of Faculty

General Expectations:

- Teach until the end of the term or semester unless prevented from doing so by circumstances beyond control of the faculty member.
- Provide a four-week notice of resignation unless prevented from doing so by circumstances beyond the control of the faculty.
- Be present for all class, clinical, course and committee commitments, and maintain office hours for meetings with students.

Course Expectations:

- Develop plan for class sessions, faculty notes, handouts, and electronic presentation files.
- Maintain currency of all content and references.
- Write, review and revise assessments of student learning e.g. test questions, project/paper guidelines, rubrics.
- Select and be familiar with the content of student readings.
- Prepare and administer examinations in accordance with College testing policy.
- Participate in course orientation, debriefing, and evaluation activities. Record and utilize student feedback for course improvement.

Clinical Expectations:

- Maintain clinical competency in all areas utilized for clinical experience in the course.
- Assign students to experiences per course objectives and policy.
- Be readily available to students during clinical experiences.
- Provide verbal feedback to students during clinical experience and written feedback to students prior to next scheduled experience.
- Complete advanced scheduling as required for clinical experiences.
- Modify clinical experiences based on faculty and student feedback and assessment of clinical opportunities.

Additional Expectations for Regular Full-time and Part-time Faculty:

- Participate in College activities including student recognition events, graduation, recruitment activities and student advising.
- Attend College related meetings including, but not limited to Faculty Senate, College Council, and division staff meetings.

Minimum Expectations for Faculty Teaching in Online or Hybrid Format Courses

It is the expectation for faculty teaching in the online or hybrid format to demonstrate effective, quality performance within a culture of quality and collaboration. It is acknowledged that individual faculty may make decisions regarding how to best fulfill minimal expectations given personal style, content and student needs. These are not the only factors that determine quality faculty behaviors.

Much more than just these measurable events impact the quality; but these are key, measurable essentials.

The minimal expectations for online/hybrid courses are as follows:

- Faculty will interact with the courses in accordance with regular and substantive interaction policy.
- Faculty are to respond to student questions within 2 College business days.

Skill or Competency Lab Expectations:

- Maintain competency for all activities students will be performing in the lab setting.
- Schedule lab in advance.
- Assist in set-up and cleanup of lab.
- Arrange for needed supplies prior to lab experience.

Student Advisement Expectation:

- Meet with assigned advisees throughout the program based on student progress and needs.
- Meet with all students to review standardized testing results, resources available, and plan for remediation.
- Refer students to the Student Success Center when appropriate.

Graduate Faculty Expectations:

- Engage in professional development activities to include the areas of research, publication, professional presentations, or clinical practice appropriate to the discipline.
- Mentor graduate students in the transition into the profession.

Revised, Academic Affairs, May 15, 2026

Faculty Teaching Assignment

Individual faculty assignments will be determined based on the needs of the curriculum and the program. It is the responsibility of the administrative personnel within the College to assign faculty to specific courses. Faculty course preferences will be solicited and honored whenever possible based on education, interest, and expertise.

Faculty Teaching Workload

Purpose:

The purpose of determining faculty teaching workload is to:

1. Align human resources with program and curriculum needs.
2. Provide a balance in faculty teaching assignments.

Undergraduate Teaching Workload (applies to all UG faculty)

Weighted Teaching Unit (WTU) – A WTU is used to calculate teaching workload.

1. Faculty who teach both theory and labs/clinical workload:
    1. 10, 11 and 12 month faculty workload target is 26-30 WTU per academic year (fall and spring only)
    2. 11 and 12 month faculty should teach an additional 3-6 WTU during the summer term
2. Faculty who teach theory only workload:
    1. 10, 11 and 12 month faculty workload target is 24 WTU per academic year (fall and spring only)
    2. 11 and 12 month faculty should teach an additional 3-6 WTU during the summer term
3. One credit hour of undergraduate theory = 1WTU
    1. This theory teaching unit applies no matter what format is used to deliver the course: Face-to-face, hybrid, or on-line.
    2. When faculty teach a combination of graduate and undergraduate courses, the faculty member workload is calculated as follows: 1 credit hour of graduate work = 1.33 WTU.
4. WTU for team taught courses is calculates as follows: number of credits divided by the number of faculty.
5. Faculty developing a course which is totally new to the College:
    1. Face-to-face – 0.5 WTU per credit hour in the semester prior to the start of the course.
    2. Hybrid or on-line = 0.7 WTU per credit hour in the semester prior to the start of the course.
    3. If an individual faculty member desires to develop a course because of their interest, payment for development will occur only upon the course running with sufficient enrollment.
6. Faculty converting a preciously taught course from face-to-face to hybrid or online will receive 0.5 ETU per credit hour in the semester prior to the change in delivery format.
7. Faculty assigned more than 20 advisees will receive additional 0.5 WTU per group of 5 advisees as follows:
    1. 1-5 additional advisees will receive 0.5 WTU
    2. 6-10 additional advisees will receive 1.0 WTU
8. Faculty teaching and preparing more than 4 different courses per semester will receive an additional 0.5 WTU per unique course over 4.
    1. For example, the first four courses receive the standard WRY calculation, whereas courses 5 and above would receive an additional 0.5 WTU each
    2. This does not apply to theory only faculty
9. Faculty running faculty-led recitation sections will receive 1 WTU for every 1.5 scheduled hours of recitation per week. If WTUs due to recitation will put a faculty member's total workload into overload, it must adhere to the following guidelines:
    1. No more than 1 WTU of overload due to recitation can be scheduled each academic year
    2. Faculty-led recitations cannot be scheduled if they put a faculty member over 18 WTUs for a given term

Undergraduate Face to Face Course Enrollment

Courses with up to 60 enrolled students constitute one section. If a course has more than 60 students enrolled additional WTU will be assigned as follows. For team taught courses, first the total WTU will be calculated according to enrollment then divided by the number of faculty:

- 61-70 = addition of 0.67 WTU will be assigned for a 4 credit course, 0.5 WTU for a 3 credit course, 0.3 WTU for a 2 credit course, and 0.17 for a 1 credit course
- 71-80 = addition of 1.3 WTU will be assigned for a 4 credit course, 1.0 WTU for a 3 credit course, 0.67 WTU for a 2 credit course, and 0.3 WTU for a 1 credit course
- 81-90 = addition of 2.0 WTU will be assigned for a 4 credit course, 1.5 WTU for a 3 credit course, 1.0 WTU for a 2 credit course, and 0.67 WTU for a 1 credit course

Undergraduate 75% to Fully Online Course Enrollment

Courses with up to 25 enrolled students constitute one section. If a course has 26-30 students enrolled, an additional 0.5 WTU will be assigned for a 3 credit course, 0.3 WTU for a 2 credit course, and 0.17 for a 1 credit course. Courses with 31 and above will constitute two sections.

Faculty who team teach courses that exceed 50 students will be assigned an additional 0.25 WTU for a 3 credit course, 0.15 WTU for a 2 credit course, and 0.085 for a 1 credit course. Courses with 61 students and above will constitute 2 sections.

Compensation for Undergraduate Teaching Overload

If faculty teaching assignment exceeds the academic year workload expectation, the faculty member will receive overload pay for the additional WTUs. Workload above the required expectation is voluntary and faculty are not required to accept

overload assignments. In the event that a class/lab/clinical group size is below the expected load, eligibility for overload pay will not be automatic. Overload will be paid based on the base adjunct rate for the assignment. Maximum undergraduate overload will be capped at a total teaching load of 18 WTU per term. This is to facilitate time to participate in and meet the other roles of the undergraduate faculty responsibilities beyond that of teaching. Only in extenuating circumstances will a faculty be allowed to carry a greater load than 18 WTUs.

Undergraduate Nursing Faculty Only

1. Part time clinical only nursing faculty workload target is 2 days of clinical per week.
2. Undergraduate nursing clinical WTU will be calculated based on 0.05 WTU per clinical contact hour within a semester. A clinical contact hour is defined as direct faculty time with students and includes faculty facilitation of clinical orientation, direct patient care, simulation, and psychomotor skills competencies. Clinical contact hours exclude management of preceptored clinical, clinical preparation, and clinical evaluation/grading which are included within the role of a faculty member.
    1. X clinical contact hours per semester X 0.05
    2. Faculty are required to submit projected clinical contact hours to their program dean a minimum of 2 weeks prior to the start of the semester.
    3. Make-up is at the discretion of the faculty, if faculty-led clinical makeup is required preceptors or PT/PRN faculty should be used when possible.
3. Undergraduate nursing faculty teaching skills labs with clinical experiences will receive WTU as follows:
    1. Faculty-led skills lab WTU is equal to weekly contact hours
    2. Make-up is at the discretion of the faculty and is not included in the workload for undergraduate nursing faculty teaching skills lab
4. Faculty overseeing student practicums and preceptored clinical experiences receive WTU as follows:
    1. Undergraduate nursing faculty coordinating preceptored experiences
        1. If less than 75% of the total clinical hours assigned to a course are preceptored, the faculty member coordinating the preceptored experiences will receive an additional 0.5 preceptored WTU. If faculty co-teach a course and both coordinate preceptored experiences, they will split the 0.5 preceptored WTU and each receive 0.25 preceptored WTU.
        2. If greater than 75% of the total clinical hours assigned to a course are preceptored, the faculty member coordinating the preceptored experiences will receive a WTU equal to the number of clinical credits assigned to the course. If faculty co-teach a course and both coordinate preceptored experiences, they will split the WTU.
        3. Faculty are required to submit projected preceptored clinical contact hours to their program dean a minimum of 2 weeks prior to the start of the semester.

Sonography Faculty Only

1. Undergraduate sonography skills laboratories WTU is equal to weekly contact hours.
2. The Sonography Clinical Coordinator will oversee practicums for a full cohort of DMS and CVT students annually. Should that number deviate from normal program cohort sizes, the Clinical Coordinator will receive overload pay calculated on a per student basis.

Humanities & Sciences Faculty Only

1. Undergraduate science laboratory WTU is calculated as follows: Total number of lab contact hours multiplied by 0.67. A typical 3 contact hour lab will equal 2 WTU.
2. Healthcare Studies faculty will be compensated on a per student basis when overseeing practicums.

Graduate Teaching Workload

Weighted Teaching Unit (WTU) – A WTU is used to calculate teaching workload.

Graduate Faculty workload will consist of teaching, professional development activities and professional service.

1. 12 month faculty workload target is 22 graduate credits per academic year (fall, spring, and summer terms).
2. One credit hour of graduate theory = 1.33 WTU
    1. This theory teaching unit applies no matter what format is used to deliver the course: face-to- face, hybrid, or on-line.
3. WTU for team taught courses is calculated as follows: number of credits divided by the number of faculty

4. The full-time teaching workload includes serving as chair of 4-5 master's and/or doctoral student committees.
5. Faculty overseeing student practicums receive WTU equal to the number of credits assigned to the course.
6. Faculty developing a course which it totally new to the College:
    - Face-to-face = 0.5 WTU per credit hour in the semester prior to the start of the course.
    - Hybrid or on-line = 0.7 WTU per credit hour in the semester prior to the start of the course.
    - If an individual faculty member desires to develop a course because of their interest, payment for development will occur only upon the course running with sufficient enrollment.
7. Faculty converting a previously taught course from face-to-face to hybrid or online will receive 0.67 WTU per credit hour in the semester prior to the change in delivery format.
8. Faculty teaching and preparing more than 3 individual courses codes per semester will receive an additional 0.67 WTU per unique course over 3.
    1. For example, the first three courses receive the standard WTU calculation, whereas courses 4 and above would receive an additional 0.67 WTU each

CRNA DNAP Teaching Workload (applies to CRNA faculty teaching DNAP courses)

Weighted Teaching Unit (WTU) – A WTU is used to calculate teaching workload

DNAP workload will consist of teaching, professional development activities and professional service.

1. DNAP faculty workload includes 20% clinical release time to allow for clinical practice. Clinical practice is arranged by the individual faculty member.
2. 12 month faculty workload target is 17-18 graduate credits per academic year (fall, spring, and summer terms).
3. One credit hour of graduate theory = 1.33 WTU
    1. This theory teaching unit applies no matter what format is used to deliver the course: face-to- face, hybrid, or online.
4. WTU for team taught courses is calculated as follows: number of credits divided by the number of faculty
5. Courses with up to 30 enrolled students constitute one section.
6. The full-time teaching workload includes serving as chair of 4-5 DNAP Project committees.
7. Faculty developing a course which is totally new to the College:
    1. Face-to-face = 0.5 WTU per credit hour in the semester prior to the start of the course.
    2. Hybrid or on-line = 0.7 WTU per credit hour in the semester prior to the start of the course.
8. Faculty converting a previously taught course from face-to-face to hybrid or online will receive 0.67 WTU per credit hour in the semester prior to the change in delivery format.
9. Faculty teaching and preparing more than 3 individual courses codes per semester will receive an additional 0.67 WTU per unique course over 3.
    1. a. For example, the first three courses receive the standard WTU calculation, whereas courses 4 and above would receive an additional 0.67 WTU each

Graduate Courses 75% to Fully Online

Courses with up to 25 enrolled constitute one section. If a course has 26-30 students enrolled, an additional 0.5 WTU will be assigned for a 3 credit course, 0.3 WTU for a 2 credit course, and 0.17 for a 1 credit course. Courses with 31 and above will constitute two sections.

Compensation for Graduate Teaching Overload

Maximum graduate overload will be capped at a total teaching load of 12 graduate credits per semester. This is to facilitate time to participate in and meet the other roles of the graduate faculty responsibilities beyond that of teaching. Only in extenuating circumstances will a faculty be allowed to carry a greater load than 12 graduate credits. Workload above the required expectation is voluntary and faculty are not required to accept overload assignments.

Revised September 2023

Faculty Annual Evaluation Policy

Full-time and Part-time Performance Review

All full-time and part-time faculty are required to participate in the annual process. Faculty will complete a self-evaluation of their teaching, service, and scholarship. Faculty classroom/online/clinical/laboratory/simulation teaching will be evaluated by the appropriate Dean, Program Director, or Assistant Dean a minimum of one time per year. The Dean, Program Director, or Assistant Dean will share with the faculty member the tool that will be used for this portion of the evaluation process. The annual review will take place with the faculty member's Dean, Program Directors and/or Assistant Dean.

Annual reviews are completed in the spring semester of each academic year and are tied directly to the letters of agreement and renewal of appointments.

Adjunct Faculty Performance Review

All adjunct faculty will receive an annual evaluation of their teaching. The Dean, Program Director, or Assistant Dean will share with the faculty member the tool that will be used for this portion of the evaluation process. This review will be completed by the adjunct faculty member's Dean or Program Director.

Revised by Academic Affairs Committee and FDR April 14, 2017
Revised by Academic Affairs on February 6, 2023

Academic Rank and Promotion

A rank is determined based on level of educational preparation, academic teaching experience/expertise, years of practice in area of teaching specialty, leadership activities, scholarship activities, professional involvement, and community service. The following levels of academic rank have been identified for Bryan College of Health Sciences:

- Professor
- Associate Professor
- Assistant Professor
- Instructor

Additional information regarding role expectations of each level of rank are outlined in the position descriptions for each rank.

Policy

Initial Rank

Initial rank is determined upon appointment to a faculty position based on documented attainment of criteria for the levels of rank. Initial rank appointment is recommended by the administrative staff to the College President/Dean and approved by the College President/Dean and Human Resources. Initial rank is included in the faculty letter of appointment.

Advancement in Rank

Advancement in rank will occur one time per year with appointment at the beginning of the following academic year. For those meeting the minimum education qualifications during the spring or summer semester, the promotion in rank may be approved pending completion. The pending appointment becomes effective when the minimum education qualification, minimum years of teaching experience, and minimum years of service at current rank requirements are completed. Promotion to an advanced rank indicates the faculty member has attained the minimum qualifications for the advanced rank and has been recommended on the basis of the evaluation process described herein.

To attain advancement to the rank of Assistant Professor, Associate Professor, or Professor the candidate shall have met required elements for years of service and education. In addition, the candidate must demonstrate effectiveness in activities of teaching, scholarship, and leadership/service. All required elements and activities required for advancement are identified in the Point Value Requirements for Progression in Rank table. Eligibility for an increase in rank requires a performance evaluation rating of Successful or higher on the most recent evaluation and no record of an initial written warning within the past one (1) year or a final written warning within the past three (3) years.

Faculty must compile an electronic portfolio that demonstrates successful completion of activities in teaching, scholarship, and service/ leadership in support of advancement in rank (see the Teaching, Scholarship, and Leadership/Service Activities table.

Required elements for the portfolio include:

- Formal letter indicating intent to progress in rank to dean and FDR chair
- Curriculum Vitae (CV)
- Dean recommendation indicating eligibility. This letter should include the dates the faculty has been at their current rank.
- Evidence of effective teaching, scholarship, and leadership/service
- Evidence of educational attainment

Candidates eligible for advancement shall be evaluated based on the following criteria:

1. Teaching - Teaching effectiveness is the primary criterion for advancement in rank. Faculty members seeking advancement in rank must document that they are effective teachers and that their teaching supports student learning. See the Teaching, Scholarship, and Leadership/Service Activities Table for activities that demonstrate evidence of effective teaching.
2. Scholarship - Scholarship is defined as a systematic and rigorous process of inquiry that contributes to intellectual development. Appropriate scholarship varies among disciplines, and shall be evaluated based on its quality, level of recognition, and significance to the particular discipline or profession. Bryan College of Health Sciences assesses scholarship according to the criteria described by Boyer (1990) which outline four major categories of scholarly activities:
    - Scholarship of discovery, where new and unique knowledge is generated;
    - Scholarship of integration, in which knowledge is generated where traditional fields of learning converge, or where both new and existing knowledge is fit into larger intellectual patterns;
    - Scholarship of application, where knowledge within a discipline is used to address real world problems and where application of knowledge generates new intellectual understandings; and
    - Scholarship of teaching, in which pedagogy is continuously and rigorously examined and is carefully related to the subject taught. See the Teaching, Scholarship, and Leadership/Service Activities Table for activities that demonstrate evidence of scholarship.
3. Service and Leadership - Service and leadership are recognized by Bryan College of Health Sciences as essential components for advancement in rank. Faculty are encouraged to become more involved in the college and beyond as they aspire to higher ranking. Service and leadership may be provided to the department or program, to the college as a whole, and to one's profession, church, and community.

See the Teaching, Scholarship, and Leadership/Service Activities Table for activities that demonstrate evidence of service/ leadership.

Procedure

1. **Intent to progress in rank:** The candidate must meet with their Dean to discuss their eligibility for advancement in rank. If the candidate is eligible, faculty need to notify their Dean and FDR chair of the desire to pursue promotion in rank with a formal letter. The formal letter must include current rank, years at the current rank, and the rank to which they desire promotion. This formal letter must be received no later than October 1st and should be placed in the portfolio. After receiving the formal letter, the FDR chair will notify all members of the FDR committee.
2. **Demonstration of qualifications for advancement:** The faculty member must adequately demonstrate attainment/ performance of the qualifications for advancement to the next level. Attainment of qualifications must be demonstrated through submission of a portfolio of evidence. The submission must be in an electronic format. The Faculty's completed portfolio must be submitted to the FDR committee by February 15th.
    - Advancement in rank will be determined by completion of minimum required elements for teaching, scholarship, and leadership/service. Activities that satisfy each category and their assigned point value are included in the Activities for Teaching, Scholarship, and Leadership/Service table.
    - The candidate must self-identify completed activities in each category of teaching, scholarship, and leadership/ service accomplished since the last promotion in rank. If the candidate is seeking an initial advancement in rank, the identified activities should have taken place following hire. The candidate will indicate activities on the Activities for Teaching, Scholarship, and Leadership/Service table they believe warrant awarding of points to be

applied toward promotion. For activities not completed at time of portfolio review, evidence of completion must be submitted to the FDR chair by March 31. Failure to submit evidence by the established deadline will result in forfeiting points for that activity.

- The portfolio must contain sufficient evidence and/or a narrative of how each activity has been demonstrated and is thus worthy of the designated points. Some activities may be counted multiple times and are identified on the Teaching, Scholarship, and Leadership/Service Activities table with an asterisk. Under Leadership/Service, a caret (^) identifies points that will be received for the highest position on the committee per term.
- Advancement in rank will be determined by cumulative point value requirements for each category of teaching, scholarship, and leadership/service. The value required for progression to each rank is found in the Point Value Requirements for Progression in Rank table. Included are requirements for teaching experience and education specific to each rank.
- Note that evidence is mutually exclusive and cannot be used more than once in separate categories unless identified in the activities table with an asterisk. Example: Publication of a manuscript regarding development of a novel teaching strategy may only be used in either teaching or scholarship – not both. Some components of a project may satisfy more than one activity. Example: A candidate who develops a novel teaching strategy and then goes on to do a podium presentation and publish a manuscript regarding the strategy would quality for 3 separate activities (development of strategy, podium presentation strategy, and manuscript submission).

3. **Petitioning for activity points:** Petitioning for activity points must be completed prior to portfolio submission. In the event that a candidate believes an assigned point value is not in alignment with the evidence submitted, the candidate may petition the FDR committee for an adjustment of points. A candidate may also petition for points if an activity is not listed. The petition for points must be submitted to the FDR committee by December 15th . Candidates petitioning for portfolio points must submit to FDR a request that includes:

   - Point value requested
   - Portfolio evidence, narrative description of the activity, and time dedicated to activity.
   - Narrative description indicating why the assigned point value warrants modification
   - Note: One portfolio petition form must be submitted for each activity request.
   - The FDR committee will review the petition for points where they will have the option to:
   - Revise the requested point value
   - Accept the points requested
   - Deny the points requested

   The candidate will be notified in writing of the FDR committee's decision to assign points no later than January 31st . The FDR committee's decision letter documenting the assigned point value must be included in the portfolio with the evidence for consideration of the activity.

4. **Submission of portfolio:** The candidate must submit the portfolio to the FDR committee chair. The committee chair will notify the FDR committee of a candidate's intent to apply for increase in rank. The FDR committee will assign a portfolio review committee and chair for a blinded review process. The portfolio review committee will be composed of:

   - One portfolio reviewer chosen by the Program Dean
   - One portfolio reviewer chosen by the FDR committee
   - One FDR committee member who serves as chair of the portfolio review committee

   Portfolio reviewers are required to have a rank of that or above the rank the faculty is seeking. Both internal and external reviewers to the college will be allowed. If an external reviewer is selected, the FDR portfolio review committee chair will organize/facilitate a timely review as required by the policy timeline. The portfolio must be submitted electronically. Faculty must maintain college FERPA and HIPAA standards when compiling portfolios for the rank and promotion process.

5. **Portfolio review:** The portfolio review committee (committee composition as above) will review the portfolio using a blinded review process and validate that self-identified activities by the candidate warrant assignment of points. Portfolio review committee members will review individual portfolios independently. Note that no partial credit or additional credit may be awarded for points. The reviewers must use the assigned point values located on the Activities for Teaching, Scholarship, and Leadership/Service table. In the event that a reviewer believes that the evidence does not demonstrate adequate attainment of the activity appropriate to the requested rank,the review committee chair will

organize a summary meeting with all the assigned portfolio peer reviewers for the applicant. The peer reviewers will make a summary list of clarifications that are needed from the applicant when there is a discrepancy between the candidate's submitted evidence and the reviewers' judgment for points earned. The FDR chair will email the applicant within 1 business day to notify the applicant to provide additional evidence by updating the electronic portfolio submission with a new page labeled "clarification of evidence" within 10 business days to be eligible for the potential points. If no clarification or additional information is updated on the electronic portfolio, then the portfolio will be considered as originally submitted.

6. **Cumulative portfolio evidence:** The FDR portfolio review committee chair will calculate total points awarded by each portfolio reviewer for each category of Teaching, Scholarship, and Service/Leadership. Total points for teaching will be tabulated by summing all reviewer points for teaching and dividing by the number of reviewers. The same procedure will be done for the Scholarship and Service/Leadership categories.
7. **Determination of progression in rank:** The total point value for each category will be compared to the Point Value Requirements for Progression in Rank table.
    - Candidates will be recommended to progress in rank if all point value requirements for each category of teaching, scholarship, and service/leadership, and required teaching experience, education, and activity requirements are met. Note: Each individual category of teaching, scholarship, and leadership/service must meet the minimum threshold for a candidate to be recommended for progression in rank.
    - If total point values or required elements are not met, the FDR portfolio review committee chair will include in the non-recommendation letter for progression in rank, a narrative explanation for any self-identified point values that were not awarded. The review committee chair shall maintain copies of each committee member's point assignments in case an appeal is made by the faculty member denied an increase in rank.
8. **Recommendation for progression in rank:** Recommendations for rank will be made by the portfolio review committee chair. The portfolio review committee chair will submit a letter of approval or denial to the FDR chair and include a copy of the formal eligibility/recommendation letter from the Dean found in the portfolio. The FDR chair will collect all rank recommendation/denial letters and Dean eligibility/recommendation letters and forward them to the appropriate Dean and the President no later than April 1st.
9. The President will then notify the candidate of the portfolio review committee's recommendation and provide a copy of the approval or denial letter, including rationale for activities that were not approved.
10. Final approval or denial will be granted by the President and provided to the candidate by May 1st. Candidates will be notified of pay adjustments by June 15th, if applicable. Promotion will become effective the first pay period after August 1st of the new academic year. If the committee does not approve the candidate for promotion, copies of the scored Activities Tables will be provided to the FDR Chair by the Review Committee Chair. The FDR Chair will provide the Dean with copies to share with the candidate.

Key Dates

Activity Date Faculty to notify their administrative report (Dean) of the desire to pursue promotion in rank October 1

- Petition for points submitted to the FDR committee December 15
- Candidate will be notified in writing of the FDR committee's decision to petition points January 31
- Completed portfolio submitted to FDR February 15
- Evidence of completion must be submitted to the FDR chair for activities not completed by time of portfolio review March 31
- Rank recommendations/denial letters to Dean and President April 1
- Notification to the faculty member from the President of final decision May 1.
- Promotion becomes effective (the pay period after) August 1

Revised August 2019 by FDR
Revised January 2026

Faculty Promotion Appeals Policy

Purpose

The purpose of this policy is to ensure a fair, transparent, and academically sound process for faculty members who wish to appeal a decision regarding an increase in rank.

Scope

This policy applies to all full-time faculty who have submitted a formal application for promotion and received a written notice of denial. This policy does not apply to decisions concerning contract renewal or appointment, which are governed by separate institutional practices.

Grounds for Appeal

An appeal may be initiated only on one or more of the following grounds:

- Procedural Error: A significant procedural error occurred during the promotion review process that may have materially affected the outcome.
- Bias or Discrimination: Evidence exists that unlawful discrimination, bias, or prejudice influenced the review or decision process.
- Arbitrary or Capricious Decision: The decision was made without a reasonable basis in fact or was inconsistent with the published promotion criteria or evaluative standards of the College.

Disagreement with evaluative judgments about academic or clinical merit, absent evidence of one of the above grounds, shall not constitute a valid basis for appeal.

Filing an Appeal

Formal Appeal Submission

The faculty member must submit a formal written appeal to the Chair of the Faculty Development and Rank Committee (FDR), including all supporting materials, within 14 business days of receiving written notification of promotion denial.

Required Contents of the Appeal:

1. A statement specifying the grounds for appeal;
2. A clear description of the alleged error(s) or violation(s);
3. Supporting documentation or evidence;
4. The specific remedy sought (e.g., reconsideration or a new review).

Incomplete appeals or those submitted outside the prescribed timeline will not be accepted.

Promotion Appeals Committee

The Promotion Appeals Committee shall consist of:

1. The current Chair of the FDR, or their designee, if the Chair is not at or above the rank sought by the appellant;
2. One (1) full-time faculty member at or above the rank sought by the appellant, selected from the appellant's home department by the department dean; If the department does not have a person at or above the rank, then a person shall be designated who is at the closest rank sought by the applicant.
3. One (1) faculty member at or above the rank will be selected by the FDR chair. This individual shall be selected from departments or programs other than the appellant's home department.

Conflict of Interest: Members with direct involvement in the original promotion decision, or with a personal or professional conflict of interest, must recuse themselves. The FDR Chair is responsible for appointing alternates as necessary.

Review Procedures

- The Committee shall review:
    1. The faculty member's appeal and supporting documentation;
    2. The original promotion portfolio reviewed during the initial decision process;
    3. Relevant departmental and college promotion policies.
- The Committee may, at its discretion, interview members of the original Peer Review Committee to clarify issues of process or evidence.
- The review shall focus on whether the process followed college-level policies and whether the decision was reached fairly and without bias
- The Committee shall complete an independent evaluation of the original promotion portfolio and come to a determination of point totals for teaching, scholarship, and service using the Activities Tables.

Findings and Recommendations

Within 20 business days of receiving the appeal, the Committee shall issue a written report to the Provost. The report shall include:

1. A summary of the appeal and findings
2. A determination regarding the validity of the grounds;
3. A recommendation for one of the following outcomes:
    - Uphold the original denial of promotion;
    - Overturn the original denial of promotion

Final Decision

The appeal review committee chair shall notify the provost and president of the review committee's decision. The President shall notify the appellant of the committee's decision by July 15th of the current year. The appeal committee's decision is the final institutional decision.

Confidentiality

All proceedings, deliberations, and materials related to the appeal shall remain confidential, consistent with institutional policy and applicable state and federal privacy laws (e.g., FERPA).

Recordkeeping

The Provost shall maintain a confidential record of the appeal, including all materials and the final decision.

Originated, Faculty Senate March 20, 2026

Faculty Pay Review

Faculty Pay Review

Faculty wage determination and review will follow the Wage and Salary Administration policy as outlined by the Bryan Health Human Resources Department (BAD.HR151)

Pay Adjustment for Advancement in Rank

- The final outcome of the portfolio review process will be communicated in writing to each faculty member by the President by May 31 per the Academic Rank and Promotion policy in the College Manual.
- The flat rate increases for advanced faculty are listed below and apply to all academic programs at the college:
    - Assistant Professor $3,500
    - Associate Professor $5,000
    - Professor $7,500

Revised 2023, Executive Committee

Travel Funds Policy

College administration will determine an appropriate amount to support administrative, staff, and faculty travel during the annual budgetary process.

Travel funds will be set aside to send administrator(s) or faculty member(s) to their respective national accreditation/national professional organizations as needed/required.

A designated amount of funding in each fiscal year will be allocated to faculty travel and administered by the Faculty Development, Rank, and Promotion Committee (FDR). Human Resources provides education benefits to each employee.

Those faculty and staff members not using benefits for education purposes can use for professional development. Faculty and staff should utilize this money first, then operating funds. Any requests after this should be submitted to the FDR Committee for consideration

Any remaining requests for travel funds will be adjudicated on a case by case basis by the Executive Committee of the College

Purpose:

Provide a means by which faculty may apply for available travel funds.

Policy:

Each year an allocated amount of funds will be set aside for faculty to attend local, regional and national conferences. The Faculty Development, Rank, and Promotion Committee will review the application forms and make recommendations to the Dean of Operations.

Procedure:

1. All full time and part time faculty are eligible to apply.
2. Faculty must have been employed at the College for a minimum of one year
3. There will be a $2000.00 cap for FDR travel funds per person for every other fiscal year for funding travel expenses. If available, any remaining Bryan Health Professional Development Funds of up to $500 must be used prior to FDR travel funds.
4. Applicants may submit one request every other year.
5. Special requests may be approved on an individual basis.
6. Travel & Registration Application Form (Appendix A-13) and the Travel Cost Estimate Form (Appendix A-14) must be completed by the applicant and submitted to FDR Chair. Allow one month for committee decision. Applicant will be notified in writing by FDR Chair. Allow one month for committee decision. The applicant, the applicant's dean or supervisor, the Dean of Operations & Finance, and the Executive Assistant will be notified in writing by FDR Chair and will include the amount of funds approved.
7. After attending the conference, the recipient of FDR travel funds will share what they learned at the next appropriate committee or operational committee meeting and send a brief letter to FDR documenting the major highlights of how the conference contributed to their professional growth.
8. Reimbursement will be according to the Bryan College of Health Sciences and Bryan Travel Fund Policies, including all addendums, and submitted through approved Bryan Health reimbursement systems to qualify for reimbursement. (Refer to Procedure HS.LD.10). Applicants must obtain receipts for meals; meals may not be charged to the applicant's hotel room.

Criteria for Applying for Travel Funds:

1. Develop, share and/or transfer of knowledge in an area of educational expertise and/or committee or workgroup initiative related to your function at the College.
2. Disseminate scholarly activity by podium or poster presentation.
3. Develop relationships and networks beneficial to the College.

Submitted October, 2010
Revised January 20, 2023

Attendance Policy for 9, 10, 11 Month Faculty

All faculty are expected to uphold their rights and responsibilities outlined in the College Manual. These ~~also~~ include teaching, committee work, student advising, attending graduations, pinning/honors ceremonies, and assisting with admissions/ recruiting events. Faculty schedules may vary based on the unique responsibilities of their role. However, the general expectation is that faculty be available during regular college business hours. Faculty will communicate their availability through an up-to-date electronic calendar.

In the event of an unforeseen absence, such as illness, faculty should develop course makeup for theory, lab, and recitation courses in consultation with their Academic Dean, if necessary. Clinical makeup should adhere to the previously established

clinical makeup schedule. Faculty who miss a clinical day will be responsible for making up the clinical and should work with their Dean to determine the appropriate type of clinical make-up. Faculty will follow all Medical Center policies related to illness-related absences. Employees with excessive unscheduled absences or an otherwise unacceptable pattern of attendance may be subject to corrective action, up to and including termination.

Faculty should consult with Employee Health when they experience a qualifying event for short-term disability and/or FMLA. For 9-, 10, and 11-month faculty who experience a qualifying event during academic breaks, eligibility for short-term-disability and FMLA begins on the date of the qualifying event. Pay adjustments per short-term disability requirements will not be made on nonrequired work days for 9-, 10-, and 11-month faculty.

Example: For the birth of a child in July, the employee should contact Employee Health to arrange Short-Term Disability and FMLA eligibility. The time frame for Short-Term Disability and FMLA will be calculated based on the date of birth. No adjustments will be entered into the payroll system until the required return-to-work date for faculty in August, at which point regular Medical Center policies will be applied.

Faculty on 12-month appointments will utilize paid time off (PTO) according to Medical Center policies and in consultation with their Academic Dean. Use of PTO should not conflict with faculty responsibilities including teaching, service, and scholarship. Faculty on 9-, 10-, and 11-month appointments will receive paid time off via the Faculty Academic Calendar. This generally includes: Labor Day (1 day), Fall break (2 days), Thanksgiving break (3 days), Christmas break (variable; usually 9-10 days), Spring Break (5 days), and Memorial Day (1 day).

Recognizing that discretionary time off is needed for 9-, 10-, and 11-month faculty, those faculty may opt to flex a certain number of their paid days off according to the following guidelines:

- Faculty must consult with their Dean regarding any use of flex time prior to using flex time, ideally 24 hours prior to flexing any time.
- Faculty wishing to flex their time will notify their Dean that they intend to work during scheduled breaks and flex that time off to another day of their choice, subject to approval by their Dean.
- Flex time off will not be approved during finals week, the week prior to the start of classes, or Professional Development Day, outside of extenuating circumstances. Individual academic departments may establish additional mandatory days that cannot be flexed.
- Flex time may not conflict with faculty responsibilities, including teaching, service, and scholarship. If an absence would require payment for an adjunct or overload to cover, it cannot be flexed as that would qualify as conflicting with faculty responsibilities.
- No more than 5 consecutive days of flex time will be approved outside of extenuating circumstances.
- Flex time is not used for illness. Absences due to illness will follow Medical Center policies related to sick leave.
- Flex time allows for minor adjustments to the scheduling of days off for 9-, 10-, and 11-month faculty. Time off will not roll over from one academic year to the next, and unused flex time will not be paid out if a faculty member leaves the college or moves to a different position.

Approved, Academic Affairs, November 2019
Revised April 20, 2026

Emeritus/Emerita Status

Purpose:

To bestow Emeritus or Emerita status to faculty or academic administrators who have made significant contributions to the College over their tenure through exemplary leadership, service, scholarship, or teaching.

Eligibility:

Faculty or academic administrators may be considered for Emeritus/Emerita status if each of the following criteria are met. The individual:

- Retired from Bryan College of Health Sciences. May be awarded posthumously.
- Served a minimum of 20 years at Bryan College of Health Sciences.
- Was eligible for or had earned academic rank by the time of retirement.

- Upheld the mission, vision and core values of the College.

Privileges:

No tangible benefits are guaranteed to those who hold Emeritus/Emerita status. The President, Provost or College Board may choose to extend services such as access to the College library, office space and/or computer access for work in support of College initiatives.

Procedure:

Retiring faculty or academic administrators may be considered for Emeritus/Emerita status if eligibility criteria are met.

Any member of the College community may make a nomination.

- Written nominations delineating the significant contributions of the nominee will be submitted to the FDR chair who will forward them to the Provost.
- FDR will endorse or reject the nomination.
- Nominations that were endorsed by FDR will be forwarded to Faculty Senate for a vote.
- The Provost will review and forward recommendations to the President.
- The President will have final authority to bestow Emeritus/Emerita status.

Submitted to Faculty Senate: February 2011
Reviewed by FDR Committee: September 2016

Section V. Academic Policies

Freedom of Inquiry

Purpose

To set forth the rights and responsibilities implied by Freedom of Inquiry

Introduction

Bryan College of Health Sciences recognizes that freedom of inquiry implies both rights and responsibilities. Freedom of inquiry is essential for the pursuit of truth, the discovery of knowledge for the common good, and for the diversity of opinion that weaves the tapestry of society. The common good depends on the freedom to search for truth. The College also realizes that freedom of inquiry cannot be totally unrestrained. Boundaries may be necessary to maintain a position of neutrality.

Statement of Policy

The College acknowledges that freedom of inquiry includes the freedom of faculty to teach with a minimum of restrictions, which includes the right to present and discuss course material, however polemic, that is consistent with the mission, and relevant to learning objectives and course content. Freedom of inquiry encourages the faculty to examine questions of interest, and to design, implement, and publish research exploring the answers to those questions. Freedom of inquiry includes freedom of expression, the right of faculty as citizens to express ideas, beliefs, and opinions, privately and publicly, and to support positions that they hold as truth.

The faculty may not use the educational setting as a platform for the expression of an agenda that lies outside of the expertise or authority of the faculty, that is unrelated to the goal of the learning activity, or that violates a high standard of scholarly inquiry. Views contrary to those of the faculty will not be suppressed nor the student penalized. As professionals and representatives of the College, the faculty are responsible for accurately and respectfully expressing opinions and for clearly identifying the opinions expressed as their own.

Bryan College of Health Sciences also recognizes that freedom of inquiry includes the freedom of students to learn with a minimum of restrictions, within an environment of intellectual honesty and respect. Students, as citizens, have the right to engage in an independent search for truth, including the right to examine and exchange diverse ideas, and the freedom to take reasoned exception to the information or views offered within or outside of the classroom. Students have the right to belong or refuse to belong to any intramural or extramural organization. Students will have a clear mechanism for participation and input into policies relating to academic and student affairs.

Students must exercise their freedom of inquiry in a responsible manner. Students will be civil when exchanging ideas in the learning environment. As members of the academic community, students are responsible for learning the content of any course of study for which they are enrolled regardless of their opinions regarding the content. As representatives of the College, students are responsible for behaving in a professional manner, accurately and respectfully expressing opinions and clearly identifying the opinions expressed as their own.

Faculty and students have the same rights and responsibilities in the electronic arena that they do in the physical classroom.

Endorsed by College Board of Trustees, November 7, 2007
Approved by College Board of Trustees, April 7, 2016

Academic Program Development Standards

Undergraduate Academic Standards

The following standards are to be applied for all current academic offerings and in the review and approval process for new academic offerings.

1. Program of study is congruent with the College Mission.
2. Credit requirements for degree:

    - All associate degrees will require completion of a minimum of **60** semester hour credits.
    - All baccalaureate degrees will require completion of a minimum of **120** semester hour credits.
    - The maximum credits in a single major degree is **128** semester credit hours.
3. Credit requirements for major: All majors will require a minimum of **40** semester hour credits within the major.
4. Credit requirements for minor: All minors will require a minimum of **12** semester hour credits.
5. Credit requirements for certificates: All certificates will require a minimum of **9** semester hour credits.
6. Credit in upper division courses: All baccalaureate degrees, excluding completion programs, will require completion of **30** semester hour credits in upper division courses (300, 400 level)
7. All degree programs must meet the established College general education plan requirements. (Associates require a minimum of **23** semester hours and Baccalaureate require a minimum of **43** semester hours of General Education).
8. Programs of study require special approvals or which will seek specialized accreditation must also meet the academic standards of the appropriate approval and accrediting bodies.

February 19, 2013

Graduate Academic Standards

The following standards are to be applied for all current academic offerings and in the review and approval process for new academic offerings:

1. Program of study is congruent with the College Mission.
2. Credit requirements for degree:
    - All master's level degrees will require completion of a minimum of 34 semester hour credits.
    - All doctoral degrees will require completion of a minimum of 80 semester hour credits beyond the bachelor's degree.
3. Credit requirements for certificates:
    - All graduate certificates will require a minimum of 9 semester hour credits.
4. All graduate degree programs must meet the established College graduate Core requirements.

Program Review

Program Review Statement

Program review is required of all academic programs at Bryan College of Health Sciences.

Course reviews are done through the Faculty Evaluation of Course Process as defined in the College Manual. Formative review will occur through the completion of an Annual Assessment of Student Learning Report, which will include graduation rates. Undergraduate programs will also report first year to second year retention rates.

A summative comprehensive program review will occur at least every ten years. These comprehensive program-specific reviews will address the following areas: Mission and Governance, Students, Faculty, Curriculum, Resources, and Evaluation. Programs with specialized accreditation requirements for a comprehensive program review will follow the requirements and guidelines of their respective accreditor.

The results of the program review will be reviewed by the Dean of the program, the Undergraduate or Graduate Studies Committee of the Faculty Senate, and the Provost. A summary of the results will then be provided to the Academic Affairs Committee of the College Board. The program review may be conducted at more frequent intervals at the discretion of the program's dean or director.

Approved 2012
Revised 03/19/2025

Intellectual Property Policy

Purpose

This Intellectual Property Policy (the "Policy") clarifies the rights and responsibilities of Bryan College of Health Sciences ("College"), its faculty, staff, consultant and students.

Definitions

1. "College Works" are copyrighted works that were (i) created with substantial use of College resources, financial support, or College personnel beyond the level of common resources provided to faculty and staff; (ii) created as part of the creator's primary job responsibilities; (iii) created or commissioned for use by the College; or (iv) created under the terms of a sponsored project where the terms of the sponsored project require that copyright be in the name of the College. College Works shall not include course materials.
2. "Course Materials" are materials created for teaching of academic courses.
3. "Copyrighted Intellectual Property" or "Copyrighted Work" described original works of authorship that have been fixed in a tangible medium of expression, including books, articles, artwork, music, software, traditional or electronic correspondence, and on-line instructional materials that are likely to be subject to protection under United States copyright law.
4. "Creators" are any persons who create intellectual property using College resources.
5. "Patentable Intellectual Property" or "Patentable Work" described inventions, discoveries, and manufacturing designs that have been reduced to practice, and are novel, useful, and non-obvious, and therefore likely to be subject to protection under United States patent law.

Intellectual Property Ownership

General

Intellectual property created, made, or originated by an administrator, faculty or staff member shall be the sole and exclusive property of the Creator, except (i) as he or she may voluntarily choose to transfer such property, in full or in part; (ii) when bound by an alternate contractual agreement; (iii) or as otherwise stipulated within this Policy.

College Works

1. Copyright in College Works is owned by the College. Examples of College Works are journals, periodicals, yearbooks, compendia, anthologies and films published by departments or programs within the College (even if the individual components do not constitute College Works), and works created for a specific College use. Works created by employees at the direction of the College for College purposes, such as materials for administrative use and computer software created by non-faculty College programmers for use by the College, are works-for-hire as defined by federal copyright law, and the College owns the copyright in such works.
2. College Works also include some works produced as a collaborative effort under the support of a program or department; for example: (i) works created in a project initiated by a program or department; or (ii) works that are created and then developed and improved over time by a series of individuals, where authorship cannot be attributed to any one individual or group of individuals. An example of the latter would be certain kinds of software which are developed and then improved and updated over time by multiple creators. Not all works that are created as a result of a collaborative effort among a number of individuals would necessarily be considered College Works. As with other kinds of copyrightable works, the facts and circumstances of each case must be reviewed in order to determine whether the College would claim copyright ownership in accordance with this Policy.

Course Material

1. The following components of the syllabus are considered co-owned by the Creator and the College: course description, prerequisites, level placement, course requirements, and if required by an accrediting body, course objectives/ outcomes, lesson objectives, topic outlines, evaluation forms, and exams/quizzes. All other course materials are owned by the Creator, including but not limited to, lesson plans, teaching/learning strategies, assignments, guidelines, rubrics, etc.
2. The faculty and the College have a responsibility to protect student rights and accreditation by providing uninterrupted quality education. All course content is considered the property of the faculty, but in the interest of continuity of quality, the College retains non-exclusive, royalty-free license to continue to use the work (course and course materials) for its instructional purposes, but may not otherwise commercialize the work.
3. A Request for Intellectual Property Form may be made, this must be filled out to grant permission for others to use any course materials owned by the faculty member Creator. This form may be filled out by either the Creator or the College, and the appropriate citation must be used to give credit to the original Creator.

Research Projects

In the case of research projects, rights to (i) data; (ii) publication; (iii) any tangible property from the act of research or within the project; (iv) process; and (v) development must be agreed upon between all parties to the research project. An agreement delineating these rights as outlined by the International Committee of Medical Journal Editors, which is amenable to all parties involved, should be in place prior at the outset of the research project.

Student Work

Any piece of student work developed for or in connection with a course shall remain property of the student. The College must ask for written permission from the student to use it for any purpose, including, but not limited to, examples for other students and use in faculty portfolios. Notwithstanding the foregoing, students grant the College permission to review their work for plagiarism.

Works by Non-Employees

The ownership of works prepared for and at the request of the College by non-employees, such as consultants or subcontractors retained by the College, shall be governed by a written agreement prepared on a case-by-case basis.

Third Party Involvement

Any third party involved in the licensing or publication of materials will require specific contracts, approved by the College, reflecting both the mission and philosophy of the College. Any exceptions to the above stated standards must be addressed prior to development through written agreement with the College.

Works that Use the College Name

Use of the College name in connection with a work, other than by way of identification of the Creator as a faculty member, researcher, other employee or student at the College, is itself use of a significant College resource, thus triggering an interest on the part of the College. Additionally, use of the College name can affect the reputation and academic standing of the institution. Faculty members, researchers, other employees (as well as their respective departments and programs), and students may not participate in the creation or use of works that might give the impression of College sponsorship where there is none. Any use of the College name (other than to identify the creator by his or her title at College), symbol or image in connection with a work created by a faculty member, researcher, or other employee must be approved in advance by the College President.

Discoveries, Inventions and Other Patentable Works

Patentable Works created by College faculty and staff pursuant to a College work assignment are owned by the College.

Other Intellectual Property Works

Administrators, faculty and staff will negotiate with the College or Medical Center, as appropriate regarding creations outside of those delineated above, with the following considerations: (i) ownership of the creation and revenue allocation; (ii) funds received by the administrator, faculty or staff member from the sale of intellectual property owned by the creator shall be allocated and expended as determined solely by the Creator; (iii) funds received by the College from the sale of intellectual property owned by the College shall be allocated and expended as determined solely by the College; and (iv) funds received by the administrator, faculty or staff member and the College from the sale of intellectual property jointly owned by the employee and the College shall be allocated and expended in accordance with a negotiated agreement.

Disputes

Disputes over ownership or revenue generated from intellectual property shall be decided by the

Intellectual Property and Rights Committee (the "Committee"). The Committee will be composed of members equally apportioned between faculty (elected by the Faculty Senate) and administration (appointed by the President or his or her designee). The Committee shall make an initial determination of whether the College or any other party has rights to the creation, and if so, the basis and extent of those rights. The Committee shall also make a determination on resolving competing faculty or staff claims to ownership when the parties cannot reach an agreement on their own. If the creators disagree with the determination of the committee, they may appeal to binding arbitration, through either private arbitrator or through the Medical Center council. The cost of the arbitration shall be borne equally by the College and the Creator.

Administration of Policy

Responsibilities of Creators

In order to ensure that a proper determination of ownership is made, Creators will promptly disclose to the College all works in which the College may claim or assert rights under this Policy. Part of the disclosure by Creators shall include a disclosure of the circumstances under which the work was created, a description of any College resources that were used, and any financial or other relationship with a third party that might affect the College's rights in the work (for example, any consulting agreements or third party funding agreements pursuant to which a work was created). If the creator is uncertain whether the College would claim copyright ownership in a work, the work should be disclosed. Creators will cooperate with the College in protecting ownership and other proprietary rights in the works (for example, executing assignments to the College and any other necessary documents). The disclosure requirement does not presuppose copyright ownership by the College, and creators are not surrendering any of their rights by disclosing works of authorship. A discloser allows the College to work to protect the rights of everyone involved. Ownership of a work will be decided in accordance with this Policy.

Intellectual Property Agreement

This Policy constitutes an understanding that is binding on the College, and on its faculty, staff, students, and other covered individuals as a condition of their participating in College research, educational and other programs, or their use of College facilities or resources. The College may require formal agreements to implement the Policy as appropriate, but the absence of such executed agreements shall not invalidate the applicability of the Policy.

Transfer of Intellectual Property to Creator

The Creator of a work may request that the College transfer ownership in the work to the Creator, subject to an irrevocable royalty-free license to the College to use the work for its own non-commercial purposes. Such a request must be made to the President. In certain circumstances, the College may require reimbursement by the Creator for out-of-pocket expenses the College has incurred in connection with the work, including legal and marketing expenses (if any). The College will act as expeditiously as reasonably possible in considering such requests by Creators. Notwithstanding the foregoing, final decisions regarding transfer of intellectual property to Creator shall be made in the sole discretion of the College.

Making College-Owned Works Freely Available to the Public

If a Creator of a work whose copyright is owned by the College, including a Creator of a work-for-hire, wishes to make a work freely available to the public, through non-commercial licensing or other means, the College, subject to the terms of any applicable agreements with third parties under which the work was created, will accommodate such wishes as long as it determines that the benefits to the public of making such works freely available outweigh any advantages that might be derived from commercialization. The College will act as expeditiously as reasonably possible in making such determination.

Revised and approved by Academic Affairs and FDR, January 2021
Approved by Faculty Senate February 2021

Copyright Policy

This policy addresses copyright in the context of Library services only. Faculty and students are responsible for understanding copyright as it applies to all their academic endeavors. The purpose of this policy is to provide guidelines to Bryan College of Health Sciences students, faculty and staff and Bryan Medical Center employees regarding the lawful uses of copyrighted works made available within or through the Library.

It is the policy of the Bryan College of Health Sciences Library to comply with all applicable copyright laws and related guidelines. The Copyright Act of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material.

Section 107 of The Copyright Act of 1976 provides certain exceptions to the copyright holder's exclusive rights. Under Section 107 photocopies of copyrighted materials may be made for purposes such as teaching, scholarship, or research without infringement of copyright. Section 107 lists four factors to be considered in determining whether a particular use is fair use:

1. The purpose and character of the use, including whether such use is of a commercial nature or is for nonprofit educational purposes;
2. The nature of the copyrighted work;
3. The amount and substantiality of the portion used in relation to the copyrighted work as a whole; and

4. The effect of the use upon the potential market for or value of the copyrighted work.

As of April 2018, the College has an *Annual Copyright License for Academic Institutions* that allows all faculty, staff and researchers to photocopy or electronically distribute text-based copyrighted content from thousands of journals, magazines, books and other publications that are covered by the license. The license allows the distribution of digital content through electronic reserves, the course management system (Canvas), faculty-to-faculty sharing, classroom handouts or research collaboration. *RightFind – Academic* (https://rightfind.copyright.com) is to be used by faculty and staff to determine if a specific resource is covered by the license or if permissions need to be requested and royalties paid. It is the responsibility of each faculty or staff member to determine if the publication and type of use is covered by the *Annual Copyright License*. If copyright permissions need to be paid, it will be the responsibility of the faculty member's cost center to pay the fee.

Interlibrary Loan:

Copyrighted materials made available via Interlibrary Loan (ILL) services are for the use of Bryan faculty, staff and students to support the research, clinical and educational functions of the College. The Library complies with Sections 108(d) and (g) of the Copyright Act, as well as the National Commission on Technological Uses of Copyrighted Works (CONTU) Guidelines

Section 108(d) allows the Library to obtain from another institution an article or a small portion of a copyrighted work for a requestor for the purpose of "private study, scholarship, or research." Section 108(g) states that the library may not engage in making multiple copies systematically. The CONTU guidelines further specify that within any calendar year, the interlibrary loan office may not request more than five copies of a single or multiple articles from one periodical published within the previous five years. The Library pays a royalty on all copies that exceed the limit of the CONTU guidelines.

Course Reserves:

Materials placed in the Library's "traditional" reserves (where the physical copy is circulated) or "eReserves" (where an electronic copy of the item is made available) are done so at the initiative of the faculty and must comply with Section 107 (fair use) and Section 108 (library photocopying and other reproduction) of the Copyright Act. Faculty must notify the Library of the traditional and/or eReserves to be used each semester and library staff will remove access to reserves at the end of the requested semester. Library staff reserve the right to refuse materials if, in their judgement, the requested materials and the intended use would exceed fair use or otherwise constitute copyright infringement. All items, regardless of format, must bear the copyright emblem (©) and the complete bibliographic citation, including copyright date and the name of the copyright holder. In compliance with the TEACH Act, electronic access to items is restricted by password to students enrolled in a particular course.

If an item to be placed on reserve does not comply with the fair use doctrine, it is the faculty's responsibility to secure permission from the copyright owner through *RightFind Academic* (https://rightfind.copyright.com). If permissions need to be paid, it will be the responsibility of the faculty member's cost center to pay the fee and to provide the Reserves librarian with proof of permissions.

Photocopies:

The Copyright Act of the United States (Title 17, U.S. Code) governs making photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement. Bryan College of Health Sciences Library will post warnings regarding copyright law on all photocopy machines and printers.

Individuals using the photocopy machines at Bryan College of Health Sciences Library are solely responsible for their own photocopying.

Electronic Databases:

Electronic Databases available through Bryan College of Health Sciences Library are licensed by the Library for non-commercial use by Bryan faculty, staff, students and employees for educational, research and clinical purposes only. The terms and conditions of Bryan College of Health Sciences agreements with the vendors and publishers of these electronic resources regulate the use of these resources. These conditions include but are not limited to restrictions on copying, republishing, altering, redistributing and reselling the information contained therein.

Revised 7/18 - Library

Course Numbering Policy

The following guidelines establish a consistent course numbering system for Bryan College of Health Sciences.

Courses will consist of a four-letter prefix, three digit course number and a suffix, if applicable. Course numbers will be established by the Office of the Registrar, in conjunction with the appropriate academic unit, to ensure number availability and appropriate assignment of numbers as they relate to content.

Course Pre-fixes

Course	Code
Business/Management	ECON, MGMT
Communication	COMM
Education	EDUC
General Studies	GSTU
Health Professions	AHAL, CARD, DMSO, MEDT, NURA, VASC, CVTD
Health/Recreation/Physical Education	HPER
Healthcare Studies	HCST
Humanities	ARTS, ENGL, HUMS, INTL, MUSC, PHIL, RELI, SIGN, SPAN
Mathematics	MATH, STAT
Natural Sciences	BIOS, CHEM, FORS, NUTR, PHYS
Nurse Anesthesia	NRAN
Nursing	NURS
Simulation Education	SIML
Social Sciences	GERO, PSYC, SOCI

For historical reference, the College Registrar will maintain record of inactive prefixes.

Course Numbering

Number	Standing	Notes
0-99	No credit	
100-199	First year	Content emphasis
200-299	Sophomore	Content emphasis
300-399	Junior	Analytical thinking emphasis
400-499	Senior	Analysis and synthesis emphasis
600-699	Graduate (Master level)	
700-799	Graduate (Master level)	
800-899	Graduate (Master/Doctoral level)	
900-999	Graduate (Doctoral)	

Course Suffixes

Suffix	Meaning
A/B	One course scheduled over two terms
AP	Advanced Placement
H	Healthcare
IS	Independent Study
L	Lab
R	Recitation
RN	BSN Completion
S	Skills
T	Transition
X	Non-credit

Assignment of Credit Policy

Credit Hour Defined

Standards:

The following standards must be used when assigning credit hours to any course:

One hour of theory credit is equal to 15 contact hours of didactic instruction, with the student expected to spend at least 30 hours in preparing for course content or completing assignments. A contact hour of instruction, lab, or supervised experience is 50 minutes in length.

One undergraduate laboratory/skills lab/practicum/clinical credit hour is equal to 45 contact hours of relevant experience. Preparation for laboratory/skills lab/practicum/clinical activities is expected based on the nature of the experience.

One graduate practicum credit hour is equal to a minimum of 45 contact hours of relevant experience. Preparation for practicum activities is expected based on the nature of the experience.

In the use of distance technology, the content of the planned learning experiences and student time for preparation and assignments will be equivalent to the learning and preparation for faceto-face course presentations and presented over a time period meeting assignment of credit hour standards.

Usually course contact hours are spread over a 15 week semester. When shorter time frames are used, credit given to the course must not exceed the total number of instruction, preparation and lab or clinical practice hours (as described in this policy) possible within the regular business days contained in that time frame

Syllabi Requirement Related to Credit Hour:

Each course syllabi will include a statement reflecting the amount of credits received for the course. In this statement, the expectation for student face-to-face, hybrid, or on-line or participation, preparation and completion time required will be included.

Face-to-Face Theory Only:

This course is [insert credit hours] credit hours of theory. This includes [multiply theory credit hours x 15] in-class hours and a minimum of [multiply theory credit x 30] hours for preparation and completion of assignments.

Face-to-Face Theory with Lab/Skills Lab/Practicum/Clinical Component:

This course is [insert credit hours] credit hours of theory and [insert credit hours] credit hours of [lab/skills lab/practicum/clinical]. This includes [multiply theory credit hours x 15] in-class hours, [multiply lab or clinical x 45] [lab/skills lab/practicum/clinical] hours, and a minimum of [multiply theory credit x 30] hours for preparation and completion of assignments. Preparation for [lab/skills lab/practicum/clinical] activities is expected based on the nature of the experience.

Hybrid Theory Only:

This course is [insert credit hours] credit hours of theory. This includes [insert amount of face-toface time] hours in face-to-face class meetings and a minimum of [(multiply credit hours x 45), then subtract the amount of face-to-face time] hours on preparation and online course assignments and activities, including interaction with course content, faculty, and other students.

Hybrid Theory with Lab/Skills Lab/Practicum/Clinical:

This course is [insert credit hours] credit hours of theory and [insert credit hours] credit hours of [lab/skills lab/practicum/clinical]. This includes [insert amount of face-to-face time] hours in face-to-face class meetings and a minimum of [(multiply credit hours x 45), then subtract the amount of face-to-face time] hours on preparation and online course assignments and activities, including interaction with course content, faculty, and other students. Additionally, this includes [multiply lab or clinical x 45] [lab/skills lab/practicum/clinical] hours. Preparation for [lab/skills lab/practicum/clinical] activities is expected based on the nature of the experience.

Online:

This course is [insert credit hours] credit hours of theory. This includes a minimum of [multiply credit hours x 45] hours on preparation and course assignments and activities, including interaction with course content, faculty, and other students.

Lab/Skills Lab/Practicum/Clinical Only:

This course is [insert credit hours] credit hours of [lab/skills lab/practicum/clinical]. This includes [multiply lab or clinical x 45] [lab/skills lab/practicum/clinical] hours. Preparation for [lab or clinical] activities is expected based on the nature of the experience.

Revised July, 2016

Addition of a Recitation Section to a Course

Policy:

Recitations are scheduled in addition to the regularly scheduled meeting times for the course. They are designed to give students additional time to review an practice key concepts and skills from the didactic portion of the course. Students are required to register for recitations when they are assigned to a course, but recitations do not have assigned credit hours, and therefore students are not billed tuition for recitation sections. Recitations are not used to introduce new content and therefore time in recitation is not counted towards the credit hours for a course. For example, a class may meet 3 hours per week for regular class meetings and also have a scheduled 1 hour per week recitation. Because only 3 hours each week are spent introducing new content, the course would be a 3 credit hour class. Two types of recitation may be offered: Student-led, in which a peer tutor or student assistant runs the recitation using materials provided by the faculty, and faculty-led, in which the faculty is present during the recitation and leads the recitation meetings. A student-led recitation also includes weekly meetings between the faculty and student assistant to ensure content reviewed in recitation is relevant. Faculty only receive workload for faculty-led recitations. The Dean of the Program must ensure that a proposed faculty-led recitation is in line with the Faculty Workload Policy. The appropriate curriculum sub-committee must approve the addition of a required recitation to a given course.

Procedure:

- A faculty member who wishes to propose the addition of a scheduled recitation to their course must submit a written proposal to the Dean of their program in time for consideration in the next round of scheduling (September for Spring courses, February for Summer/Fall courses)
- The proposal must include:
    - The type of recitation being proposed (faculty-led or student-led) o The proposed length of recitation each week
    - A general description of how the recitation will be used in order to improve student outcomes in the course
    - How the effectiveness of the recitation will be assessed
- If a faculty member is proposing a faculty-led recitation, the Dean will confirm that the proposed recitation is in line with the Faculty Workload Policy. If so, the proposal will then be sent to the appropriate curriculum sub-committee for approval. If not, the faculty will have the option of revising the proposal as a student-led recitation and re-submit.
- The proposal will be sent by the Dean to the appropriate curriculum sub-committee for a vote.

Academic Affairs May 5, 2023

Revised 12/20/2024

Dual-Listing & Cross Listing of Courses

Dual Listing Courses

Definition:

A dual-listed course at Bryan College of Health Sciences is a course offered at both the undergraduate and graduate level, to be held simultaneously. Graduate level will require greater analysis, synthesis and evaluation of knowledge.

Numbering Guidelines:

- The prefix in a dual-listed course will be the same. The numbers following the prefix will be different based on the level assigned to the course.
- 400/700 or 400/800 will be used for dual-listed undergraduate and graduate offerings. The last two digits in a 400/700 or 400/800 level course should always match

Fulfillment of Degree Requirements:

- Individual programs may choose to utilize courses taken as elective credit while enrolled in an undergraduate program of study to fulfill requirements at the graduate level provided they were taken at the graduate level.

Cross-Listing Courses

Definition:

A cross-listed course at Bryan College of Health Sciences offers students a choice of relevant prefixes under which to take a course. A cross-listed course provides faculty an opportunity to collaborate across disciplinary lines and it may benefit departments and programs through the sharing of resources. The course is offered at the same level, at the same time, in the same room, with the same instructor or the same online course but under different disciplines.

Numbering Guidelines:

- The prefix in a cross-listed course will be different based on the discipline. The numbers following the prefix will be the same.

Scheduling of Dual-Listed or Cross-Listed Courses

When departments agree to dual-list or cross-list a course they must collaborate every semester to determine if either department wishes to offer the course in the next semester's schedule.

If it is determined the course will be offered, the departments must agree upon the time, day and instructor for the course and identify the number of seats allotted to each department.

The department will then submit the course information to the Registration and Advising Supervisor.

Catalog and Schedule Listing:

Dual-listed and cross-listed courses must be identical in title, prerequisites, description, outline, classification, credits and grading practice.

Each description should end with: "Dual-listed with [course number]." OR "Cross-listed with [course number]."

Course Updates/Proposals/Changes:

Should changes be needed to a dual-listed or cross-listed course all of the departments impacted by the change must agree to the change before it will be implemented.

Approved, Academic Affairs, March 2011
Revised and Approved by Academic Affairs, January 2018

Course Grade Report Policy

Grading During Active Course Session Policy:

Faculty are responsible for entering grades in the course's Learning Management System (LMS) in a timely manner throughout the semester, allowing students to monitor their progress. Grades for assignments, quizzes, and exams should be posted **within 10 college business days of the due date**, unless otherwise specified in the syllabus.

Midterm Grade Policy:

Midterm theory grades must be recorded and submitted in the Student Information System (SIS) by the published midterm grading deadline, which is typically the Tuesday after Week 8 for full-semester courses.

- For courses shorter than a full semester, midterm grades should be posted at the halfway point of the course.

Final Course Grade Policy:

All final course grades must be recorded and submitted in the SIS at the completion of the course. Faculty must ensure grades are accurate and complete before submission.

Final Course Grade Procedure:

- Faculty will submit final grades via the SIS.
- Deadlines for final grades:
  - **Regular semester courses:** Final grades must be submitted by 11:59 p.m. on the Monday immediately following the last Friday of the semester.
  - **Graduating seniors:** Grades are due by 12:00 noon on the Thursday immediately before graduation.
  - **Summer courses:** Grades are due two working days after the course ends.
- All student clinical evaluation materials must be maintained securely in accordance with program accreditation requirements.
- Incomplete grades must be submitted in the SIS along with regular course grades.

Incomplete Grades Procedure:

- Incomplete grades will be submitted in the SIS along with regular course grades.
- When the incomplete coursework is completed, the faculty member will submit a Change of Grade Form.

Records and Registration staff will update the final grade in the SIS.

Revised, Faculty Senate, November 10, 2025

Cultural Studies Requirement Policy

Cultural Studies Requirement Policy

The General Education Curriculum Subcommittee is responsible for designating courses as Cultural Studies and maintaining the Cultural Studies approved list of courses. The following criteria guides Cultural Studies designation decisions: Courses with cultural studies designation give attention to diversity topics including cultural, spiritual, ethnic, gender, and sexual orientation diversity in order to prepare students to provide culturally competent care. Cultural studies courses also prepare students to practice in global and multicultural environments.

The General Education Curriculum Subcommittee also reviews cultural, diversity, and global studies requirements at other institutions. If the committee deems another institution's requirement as being comparable to our cultural studies requirement and a student has transfer eligible credit for a course that meets the comparable requirement, the Registrar's office may accept the transfer credit in fulfillment of the cultural studies requirement.

Standards for Dual Credit Courses

Dual credit courses are those BCHS courses available to high school students to receive both high school and college credit.

Faculty

Faculty teaching dual credit courses must meet the standards delineated in the Hiring Qualified Faculty policy. Faculty teaching dual credit courses will be provided orientation regarding applicable college processes, resources, and standards. Faculty will receive an evaluation of their performance from their Dean.

Course Parameters

Dual credit courses must use the same course description and course objectives/outcomes as the course offered to BCHS students.

Dual credit courses must be approved by the same curriculum subcommittee, as delineated in the Faculty Senate Bylaws, as the courses offered to BCHS students. The curriculum subcommittee is charged with assuring dual credit courses are comparable to the corresponding BCHS course regarding:

- Rigor
- Expectations for student learning
- Congruence with the College General Education Assessment Plan, as applicable

Resources

Faculty and students will be provided access to comparable learning resources available to BCHS faculty and students.

College Syllabus Format

All Undergraduate College syllabi are to follow the Undergraduate syllabus template. All Graduate College syllabi are to follow the Graduate syllabus template. The most current templates are stored in the Employee Resources Shared Google Drive. If assistance is needed locating a template, please contact the Distance Education staff. The syllabus must be loaded into the course's Learning Management System page even if distributed in hard copy.

Learning Management System - Course Design Consistency

It is important that students find consistency and predictability between courses so their efforts upon beginning a new course can be focused on understanding the new content, not the technology. It is also important that faculty be allowed academic freedom to design a course that expresses their instructional approach and unique content needs. To balance these two needs, a consistent use of the learning management system design and a short list of components must be present in each course and used by all faculty. The extent of use and the manner of use of the learning management system is subject to the faculty's preferences. Faculty may add other items, rearrange and otherwise adjust the appearance as desired in the learning management system. Courses need to be published in the learning management system by the Friday of the week prior to the beginning of the course.

Required Use of Learning Management System by All Courses:

- Syllabus
- Organized gradebook, reflective of the syllabus
- Course Template (includes the BCHS Grading Scheme, Course Navigation, and Course Welcome Page)

Revised, Faculty Senate, February 2025

Cross-Listing within the Learning Management System (LMS)

Cross-Listing within the LMS: There are two scenarios in which cross-listing may occur:

- **Multiple sections with the same course number:** When multiple sections with the same course number are taught within the same term, by the same faculty, those sections may be considered as one large cohort of students all in the same course. In that instance, faculty may initiate cross-listing of their course by contacting EDT and indicating the course number and associated sections that should be cross-listed ("e.g. Please cross list BCHS101 sections 001, 002, and 003"). Faculty will be expected to follow current best practices for cross-listing courses in the Learning Management System.
- **Courses with aligned outcomes and content that occur simultaneously:** When the appropriate curriculum sub-committee makes the determination that two different courses should be cross-listed based on the fact that the courses have the same or highly similar course outcomes and are taught by the same faculty simultaneously (either online or as scheduled class meetings) those courses may be cross-listed. The appropriate academic dean will maintain a list of all courses that have been approved as cross-listed and will provide this list to EDT at the start of each semester to initiate cross-listing.

Distance Faculty Preparation Requirements

In order to continue the College's dedication to high quality educational offerings, the following requirements for faculty teaching in the distance setting will be met prior to faculty teaching in that environment.

1. Completion of the BCHS distance preparatory course or waiver of course from the Distance Education Director according to established standards.
2. A minimum of two semesters of prior teaching experience. Or a waiver of experience requirement may be given with permission from the Distance Education Director, dependent on the situation and faculty availability. This waiver may require the assignment of experienced distance-advisor in the course to function as a mentor.
   Faculty mentors must be actively following the course activity of the faculty and students involved. The role involves answering new faculty questions, monitoring discussion boards and other activities for student – student engagement, monitor the timely entering of grades and ensuring appropriate evaluation activities are utilized. Mentors do not need to be content experts but ideally, they would be teaching content similar in nature.
3. Faculty must be knowledgeable of basic computer skills.
4. Faculty must be knowledgeable of how access and use the BCHS library resources.
5. Faculty must be demonstrate proficiency in using the current learning management system.
6. Faculty teaching distance courses are to annually participate in a continuing education activity that results in an applied course change and provide documentation to the Distance Education Director.

Revised by Educational Technology Committee February 1, 2017
Approved by Faculty Senate March 6, 2017

Hybrid and Online Course Policies and Procedures

Definitions:

Instruction, as referenced in this policy, is understood to be the action(s) taken by the course instructor to transfer ideas and skills to the student(s).

In-Person Education Delivery may include the use of one or more technologies to deliver instruction. Students are present in the same physical location as the instructor.

Distance Education Delivery uses one or more technologies to deliver instruction to students who are physically separated from the instructor. Instruction may occur in either a synchronous or asynchronous format and must include regular and substantive interaction between the instructor and the student. The educational delivery formats that use distance education delivery are defined as:

- Online Course = a course that primarily utilizes distance education (as defined above) for the delivery of distance instruction.
- Hybrid Course = a course that implements a combination of in-person and distance education (as defined above) for the delivery of instruction.
- Hyflex Course = a course that provides education (as defined above) for some students enrolled in the course, but not all. Other students enrolled in the course are provided inperson education

Programs with specialized accreditation distance education definitions will follow the requirements and guidelines of their respective accreditors.

Course Approval and Evaluation Policy

Course Development

Courses offered for the first time in a distance format will undergo a systematic course development process that includes the initiation of planning by the course's dean or director, curriculum sub-committee approval, course design and course review.

To initiate the distance course development process, the dean or the director responsible for the course will notify the Dean of Educational Development a **minimum** of one term (ideally two terms) prior to the start of the course. The notification needs to include:

- Course Name
- Course Number
- Faculty Member's Name
- Subject Matter Expert's Name (if different than faculty)
- Course Launch Date
- Draft Course Description and Outcomes (the program curriculum committee will need to approve the final version)

The course development process is a collaboration between the course faculty and the Educational Development Team (EDT). The Educational Development Team (EDT) will provide the course faculty or subject matter expert (SME) with guidance and forms to complete the course development process. The development process will follow a mutually agreeable timeline to meet the course launch date.

Course Review and Update

Distance format courses are expected to be in the process of continuous improvement. However, the Dean of Educational Development will initiate a formal course review and update process when:

1. The last formal review was two-to-three years ago
2. The student course evaluation scores, comments or formative comments indicate unresolved student dissatisfaction with course design
3. Significant curriculum action has been taken by curriculum sub-committees or Faculty Senate
4. Deans, directors, curriculum subcommittees or course faculty request a design update

The course update process is a collaborative effort involving multiple constituents whose roles are outlined in the course development process. The Educational Development Team (EDT) will provide the course faculty or subject matter expert (SME) with the guidance and forms to complete the course update process. The course update process will follow a mutually agreeable timeline to meet the course launch date.

Revised, Faculty Senate, September 2018

Revised, Faculty Senate, September 25, 2025

Regular and Substantive Interaction

Faculty who teach hybrid or online courses hold the responsibility to develop and provide regular and substantive interactions with students. Faculty will initiate interaction with students regularly throughout the course on a predictable basis. Faculty will inform students how and when regular and substantive interactions will occur as written in the course syllabus. Faculty will also be prepared to provide historical evidence of how regular and substantive interaction occurred in a course to regulators and accreditors, records from the Learning Management System are an acceptable form of documentation.

Examples of Regular and Substantive Interactions: Faculty engage students on a regular and predictable basis throughout the course in the teaching, learning, and assessment process by including at least two of the following:

- Direct instruction (synchronous interactive sessions);
- Interactive feedback regarding student coursework;
- Responses to student questions about course content;
- Facilitated group discussions about course content or competencies;
- Other instructional techniques that provide similar engagement to an in-class setting

Approved, Faculty Senate, February 2021

Authentication of Online Student Identification Verification

Students are identified in the online environment by their unique learning management system password. Other systems, such as the Network, also use passwords. These passwords are confidential and represent your identity. As such, sharing of passwords intentionally, or misrepresenting yourself as someone else, are acts that violate academic integrity. Measures should be taken to protect your passwords from accidental loss or discovery. Should you believe your passwords have been

compromised or lost, it is your responsibility to immediately change your password and report the loss, if appropriate. Students will report lost or stolen passwords to their program dean or director. Failure to address loss or misuse of passwords is unprofessional behavior which may result in disciplinary action up to and including dismissal from the College.

Approved by Faculty Senate February 6, 2017

Test Guidelines

Exam and Record Retention Policies

Exam Design

- The construction of an exam will be planned and organized to measure the student's attainment of outcomes/ objectives.
- Exam format and types of exam questions will be at the discretion of the course faculty in accordance with any program requirements.

Exam Administration

- Faculty should make every effort to maintain exam security.
- All exams and answer sheets should be securely maintained for one year which includes:
  - One copy of the examination
  - Exam key
  - Item analysis (if required by program)
  - Course objective/outcome alignment or blueprint (if required by program)
- If at any time the proctor feels the integrity of the exam has been compromised, the proctor may end the exam.

Exam Analysis

- An exam analysis should be completed to analyze student performance and determine the validity of exam questions. This may be further defined by program-specific guidelines.

Testing Accommodations

Students requesting testing accommodations should contact the Academic Support Services Director at the start of each term or as the need arises. Please refer to the Services for Students with Disabilities policy.

Testing Center

- All exam administration and testing policies will be followed.
- Use of the testing center will be arranged by the Academic Support Services Director.
- Before exam administration, students must provide a valid picture ID.

External Proctored Testing

The external proctor functions as a representative of Bryan College of Health Sciences. The proctor's role is to ensure that the highest levels of integrity are maintained for the exam materials and exam process. The proctor must confirm their willingness to comply with, and their understanding of, the directions for providing the exam. Faculty wishing to utilize external proctored testing should see the guidelines in Appendix A-9.

Exam Procedures

Exam Administration

- Faculty will remind students of the importance of academic integrity before each exam.

External Proctored Testing Procedure

- Students may utilize the Testing Center for those exams requiring an external proctor. All other students not utilizing the Testing Center must fill out a Student Application for Distance Proctor. *(Refer to* Appendix A-8 *for Student Application for Distance Proctor)*
- Proctor request forms must be received at the college at least 2 weeks in advance of the first proctored event.
- A single proctor is to be arranged for the entire semester whenever possible.

- Proctors must not be related to the student or be the student's direct supervisor.
- Proctors must sign an agreement to follow the directions and guidelines and provide contact information. *(Refer to* Appendix A-6 *Distance Proctor Letter,* Appendix A-7 *Proctor Application Form and* Appendix A-8 *Student Application for Distance Proctor).*
- The Proctor will be contacted and verified by the college.
- Proctors must fit one of the following descriptions:
- Clergy
- Elementary, Middle or High School teachers
- College faculty
- Librarian
- Military Education Officer, Non-Commissioned Officer or Commissioned Officer of higher rank than student
- Supervisor from a different department or more than one level above student
- Faculty may request exceptions to the above from their Dean/Coordinator/Chair *(Refer to* Appendix A-9 *for Directions for Faculty Using Distance Proctors.)*
- Any payment due will be the student's responsibility. Payment must not be construed by the student or the proctor to be anything other than a contract to pay for the proctor's time. No exceptions to proctoring policies are to be expected based on payment. The proctor is at all times serving the college's interest.
- The proctor is responsible for assuring an environment that avoids distraction and supports academic integrity by all exam takers. The proctor ideally will choose a location that is not the student's home or place of work or where the student might have access to unauthorized resources. Please contact the Dean of Educational Development for further group testing details if required.
- The proctor's responsibilities are to follow the exam policies, procedures and best practices as provided to the best of their abilities
- The proctor must remain in the room with the student at all times.
- The proctor is to not answer any questions asked regarding the exam content during an examination.
- If requested, the proctor may need to call or email the course faculty that the exam has been completed.
- If at any time the proctor feels that the integrity of the exam has been compromised, the proctor may end the exam and contact the course faculty or the Dean of Educational Development for further directions.
- If the exam is online, the proctor will receive by email or US Mail the password to use to access the exam online. The student is responsible for locating the exam and opening the page that requires the password. The proctor will enter the password without sharing it with the student.
- If the exam is not online, faculty will send the exam by US Mail directly to the proctor and will include a self-addressed, stamped envelope for the return of the exam.
- Materials returned by the proctor will include a cover page that the proctor must sign stating that they have proctored the exam according to guidelines, are mailing the assessment themselves, and at no time did the student have the assessment in their possession unattended.

Best Practices Related to Exams:

- No food, drink, or other personal items should be on the table or surrounding area during testing unless previously approved by the college's ADA Coordinator.
- All personal electronic devices unrelated to testing should be off (not on vibrate) and should be kept away from the testing area.
- If supplies are needed for testing (e.g. pencils, scratch paper), this should be provided by faculty or proctor.
- The use of silent, college-approved, and provided fidgets is allowed during testing at the discretion of the faculty. Faculty to contact Academic Support Services for these devices.
- Students should remain in the testing area until their exam is completed.
- If the testing area allows, seating should be arranged with a minimum of one person space between each exam taker.
- Faculty may choose to provide arranged seating assignments.
- Faculty may decline to answer any questions asked during an examination.
- Faculty are encouraged to give an alternate test/quiz to students making up for a missed test/quiz.
- Faculty are encouraged to not engage in any other activity other than proctoring during a
- test/quiz.
- Faculty should utilize exam security options that are best suited for the exam situation. Should an online exam security program be needed, a College-approved exam security program should be implemented. Environmental or room scans should never be implemented when using College-approved exam security programs.
- When utilizing non-proctored online exams, recommendations to optimize exam security include:
    - Randomized test banks

- A designated time allotment
- Use a College-approved exam security program or LMS security settings

Accommodation Letters and English Language learner Support Plans issued by the college's ADA Coordinator may grant individual students exceptions to these guidelines

School of Nursing Best Practices Related to Exam Construction and In-Class Exam Administration:

In accordance with the National Council of State Boards of Nursing (NCSBN) NCLEX test plan, exams should be comprised of a variety of NGN item types beyond the use of multiple-choice question formats.

Question types include: matrix, multiple response, drop-down cloze, drop-down table, select all that apply, highlight, case studies, standalone items (bow-tie and trend), and math calculations.

Case Study

Old Traditional BSN Program

- Faculty teaching in semesters 5-7 are to include at least one case study on each exam, which includes the six steps from Layer 3 in the clinical judgment measurement model (CJMM).
- Semester 3 will incorporate case studies in class, and semester 4 will implement case studies on 50% of exams.

New Traditional BSN Program

- Faculty teaching in semesters 6-8 are to include at least one case study on each exam which includes the six steps from Layer 3 in the clinical judgment measurement model (CJMM).
- Semester 5 will incorporate case studies in class.

Accelerated BSN Program

- Faculty teaching in the Accelerated BSN program Block 2 Fall-Summer Block will include at least one case study on each exam, including the six steps from Layer 3 in the clinical judgment measurement model (CJMM).
- Block 1 Fall will incorporate case studies in class and will implement case studies on 50% of exams.

Each case study must be comprised of six questions. Each question represents one step of the CJMM and must follow the six-item sequence structured format. The six steps of the CJMM includes: recognizing cues, analyzing cues, prioritizing hypotheses, generating solutions, taking action, and evaluating outcomes.

- LMS must be set to not allow backtracking on case study questions.

Exam Design

The majority (>50%) of the items on each exam are to be at the Bloom's Taxonomy level of application or higher.

NGN Item Types:

The goal would be to increase NGN item type questions by 5% each semester with no more than 30% max. Faculty has the autonomy to gradually increase the amount of these questions on each of their exams to meet the below percentages:

Old Traditional BSN:

- 10% at Semester 3
- 15% at Semester 4
- 20% at Semester 5
- 25% at Semester 6
- 30% at Semester 7

New Traditional BSN:

- Start at 15% end at 20% at Semester 5
- Start at 20% end at 25% at Semester 6
- Start at 25% end at 30% at Semester 7
- 30% at Semester 8

Accelerated BSN:

The goal would be to increase NGN item-type questions by 5% each semester, with no more than 30% max. Faculty have the autonomy to gradually increase the amount of these questions on each of their exams to meet the below percentages:

- 15% at Block 1 Fall
- Start at 15%, end at 20% at Block 2 Fall
- Start at 20%, end at 25% at Block 1 Spring
- Start at 25%, end at 30% at Block 2 Spring
- 30% at Summer

With each semester, faculty should begin with the maximum percentage of the previous semester (i.e. Semester 5 will begin at 15% and end with 20%).

Exam Building

Exams should be reviewed by faculty for alignment with NCLEX-RN Test Plan. This can be found on the NCSBN website. Second readers are encouraged when creating new exam questions. Additional exam building expectations include the following components:

- Each exam has a minimum of two dose-calculation math questions.
- Students must achieve a 75% exam average before adding any bonus points.
- Faculty may give students an alternate exam for any missed exams.
- No single exam should be designed to be high stakes.
- High-stakes testing is defined as the use of a single assessment opportunity to determine student progression or graduation.
- Exam questions should be developed on the computer via the learning management system (LMS) when the question type allows
- A lockdown browser is to be enabled for exam security for every exam.
- If giving a remote exam, the lockdown browser's environmental check needs to be disabled.
- Students are to be given at least 1 ½ minutes per NGN item type question and 2 minutes per case study question (i.e. 12 minutes for a 6-part case study scenario). The total exam time limit should reflect the combined time allotted for all case study and standard exam questions. No internal or automated time limits shall be set within the Learning Management System (LMS) for individual questions, sections, or case studies. Faculty/Proctors are responsible for manually timing the exam and communicating time updates to students at appropriate intervals throughout the testing period to ensure consistent timing practices across all sections and cohorts.
- The Learning Management System (LMS) will present one question at a time and will not allow backtracking, beginning in Semester 6 of the old curriculum and at the start of the nursing courses in the new curriculum.

Paper Exams

If a student's accommodation requires a paper exam, Academic Support Services will coordinate this request with the course faculty. It is the faculty's responsibility to print off the paper exam and give it to an Academic Support Services team member. Once the paper exam is returned, exams should be kept in a secure, locked area until the start of the next semester. Faculty will grade the paper exams and record the exam score in the grade book.

Exam Proctoring

There should be a minimum of two qualified proctors for each exam if there are more than 30 students. If there are less than 30 students, one proctor is appropriate, but a resource person needs to be available.

- Whiteboards and dry-erase markers must be used for testing.
    - Students may not use dry-erase markers on laptops/tablets during the exam, only on whiteboards

- No paper pencils may be used unless it's an accommodation
- Nothing can be written on the dry-erase boards until the exam has started

Faculty are to follow the Best Practices Related to Exams, which include:

- No food, drink, or other personal items, e.g., hats, backpacks, near the testing area
- All personal electronic devices unrelated to testing should be turned off

All personal belongings are to be placed away from the testing area

- Once the exam has started, students cannot leave the testing area until their individual exam is completed
- Seating should be arranged with a space between each exam taker when possible
- If unable to seat students apart, faculty should shuffle questions and answers on the exam to increase security
- Faculty may choose to provide arranged seating assignments
- Faculty may decline to answer any questions asked during an examination

Exam Scoring & Item Analysis

An exam analysis provides valuable information to help faculty determine the validity of exam questions. Partial points will be awarded for all question types that the learning management system allows. Faculty are to perform an item analysis after each exam to review the following components: difficulty index and discrimination index.

Difficulty Index

The item difficulty index ranges from 0 to 1.00; the higher the value, the easier the question.

index of 0.80-1.00	classifies an item difficulty as "easy"	Faculty should investigate the question's distractors and determine the need to increase the difficulty of the question
index of 0.50-0.80	classifies an item as "moderate"	This index is ideal, and faculty should continue with the analysis.
index of 0-0.50	classifies an item as "hard"	Faculty should investigate the question's distractors and/or any errors

Discrimination Interpretation

The discrimination interpretation is used to differentiate student performance based on how well they know the material. Results will range from 1.00 to -1.00 and will show a positive or negative point biserial.

index of 0.30 or higher	a "good" question.	Faculty should continue using this question.
0.10-0.30	classifies a "fair" question	Faculty should review this question for accuracy and evaluate the content area.
0.10 or below	classifies a "poor" question.	Faculty should review both the difficulty index and discrimination interpretation to determine the next steps.

After faculty complete an item analysis, certain items may need further consideration or action.

First give credit for the best 2 answers

- Then if it is a "poor" question you can nullify the questions but then it changes the other students' scores. Or you can keep the question and give the students who got it wrong points. Do not award bonus points for the students who have gotten that question correct.
- Then edit the question for the next semester
- Exam questions should be peer-reviewed after changes are completed
    - Faculty are encouraged to have peers review exam questions on a regular basis—for example 25% of total exam questions per semester

An exam question with a negative point-biserial should be examined. This may indicate that the item was miskeyed. This also could indicate that high-performing students are getting this question wrong, and low or mid-performing students are getting it correct

Exam Question Construction

More information for NGN item type questions can be found on the shared Undergraduate Nursing Google Drive and Undergraduate Nursing Folder.

Revised, January 22, 2026

Cadaver Policies

High School Procedures and Protocols for Cadaver Demonstration at Bryan College of Health Sciences

Statement:

Bryan College of Health Sciences is committed to providing students the best possible educational experience. The study of human anatomy is a vital component of the education of pre-healthcare professionals and can be enhanced through the detailed study of the human body. The Faculty at Bryan College of Health Sciences believe that the use of cadavers provides students a unique opportunity to better understand the structure and structural relationships of the human body. The use of cadavers enables students to appreciate the size and 3-dimensionality of a body that they would otherwise not be exposed to without the study of cadavers. Similarly, use of cadavers provides students the additional benefit of evaluating biological variation and a chance to view various pathologies. The use of cadavers enables students to be better prepared to pursue successful careers in the healthcare industry.

The Faculty recognize the value and importance of cadavers and are committed to ensuring that cadavers will always be treated with the utmost care and respect. Faculty recognize the responsibility to the individual and their survivors to respect and honor the indispensable contribution the cadaver provides in the education of our students. In as much, all cadavers will be maintained in a secure restricted setting. Only students enrolled in specific anatomy classes will be allowed to study a body. Additionally, students will only be allowed to examine a cadaver in the presence of an instructor who teaches Anatomy or Physiology coursework, or in the presence of a fully-trained faculty representative.

Protocol and Procedures

Cadaver demonstrations are for the sole purpose of providing a unique educational experience for students with an interest in science. In order to provide the best experience possible, groups must be limited to no more than 15 students per visit. Cadaver demonstrations typically last 45 minutes to one hour and groups are encouraged to plan accordingly.

Confidentiality of Cadavers:

The confidentiality of the cadaver will be maintained at all times. Donors will be covered at all times they are not being studied, and the face and genitals of the donor will be hidden at all times. **Absolutely no photographs or video are to be taken of the cadaver.**

Student Preparation for Cadaver Study:

It is natural for some students to feel awkward, discomfort, or anxiety prior, to and/or during anatomical study of a cadaver. High School instructors will discuss the possible range of emotions with students prior to visiting Bryan College of Health Sciences to view the cadaver. .

Additionally, instructors should let students know that, if they desire, they have the opportunity to discuss their emotions confidentially, prior to the student's first exposure. All students using the cadaver must agree, in writing, to the current Protocol and Rules for High School Students established by the Biomedical Sciences Program at Bryan College of Health Sciences.

Protocol and Rules for High School Students to be followed by all students while in the Cadaver Laboratory:

1. Cell phones or any other device capable of capturing images, video, or sound may not be taken into the cadaver laboratory. **ABSOLUTELY no photography or video recording of the cadaver of any type is allowed.**
2. The cadavers are to be treated with the utmost respect at all times. An appropriate decorum will be maintained at all times to uphold the dignity of the individual. Thus, no inappropriate behavior will be tolerated including, but not limited to jokes, nicknames or disrespectful remarks that would be demeaning to the individual or the individual's family.
3. Cadaver demonstrations in the cadaver laboratory will only be allowed for college sponsored educational purposes. An instructor who teaches Anatomy or Physiology coursework or a full-trained faculty representative must be present at all times when students view a cadaver.
4. No eating, drinking, or smoking is allowed in the cadaver laboratory.
5. Appropriate attire, such as long-sleeved shirts, and long pants are highly recommended. Closed toe shoes MUST be worn in the Laboratory; students wearing open-toed shoes will not be allowed in the cadaver laboratory.
6. Gloves must be worn if a specimen is touched.
7. No equipment is to be removed from the room.
8. No cadaver tissue of any type is to be removed from the room.

9. No prosthetic appliance, adornment, or other natural or man-made item found on or in the cadaver will be removed from the room.
10. ABSOLUTELY no photography or videos of any type is allowed.
11. The room's ventilation system must be on at all times while students are in the room. The doors must remain closed at all times. . If you have respiratory difficulties, inform your instructor and exit the room immediately.
12. No other visitors of any sort are allowed.
13. Any violations of the rules will result in expulsion of the offender from the cadaver laboratory and may result in a ban on the representative High School from viewing cadavers in the future.

Procedures and Protocols for Cadaver Use at Bryan College of Health Sciences

Statement:

Bryan College of Health Sciences is committed to providing its students the best possible education. The study of human anatomy is a vital component of the education of pre-healthcare professionals and can be enhanced through the detailed study of the human body. The Faculty at Bryan College of Health Sciences believe that the use of cadavers provides its pre-professional healthcare students a unique opportunity to better understand the structure and structural relationships of the human body. The use of cadavers enables students to appreciate the size and 3-dimensionality of a body that they would otherwise not be exposed to without the study of cadavers. Similarly, use of cadavers by our students provides them the additional benefit of evaluating biological variation and a chance to view various pathologies. The Faculty also believe the benefits of using cadavers go beyond an understanding of anatomy by providing students "a first patient," thereby exposing them to an element of humanness that they would otherwise not receive if Bryan College of Health Sciences did not use cadavers. The use of cadavers enables our students to be better prepared to pursue successful careers in the healthcare industry. The Faculty recognize the value and importance of cadavers and are committed to ensuring that cadavers will always be treated with the utmost care and respect. Faculty recognize the responsibility to the individual and their survivors to respect and honor the indispensable contribution the cadaver provides in the education of our students. In as much, all donors will be maintained in a secure restricted setting. Only students enrolled in specific anatomy classes will be allowed to study a cadaver. Additionally, students will only be allowed to examine a donated body in the presence of an instructor teaching Anatomy or Physiology coursework or a fully trained faculty representative.

Protocol and Procedures

Security of Cadavers:

Cadavers will be maintained securely at all times. When at all possible, cadavers should be stored in the designated ventilated cadaver storage rooms, rooms should remain locked at all times unless an appropriate instructor or fully trained faculty representative is present. If cadavers must be stored outside the cadaver storage room, a lockable dissection table should be used to secure the individual cadavers. Faculty who teach Anatomy or Physiology coursework will identify the appropriate individuals to hold keys for the cadaver storage room and/or dissection tables and these faculty will be responsible for securely storing their keys. In addition, appropriate medical center personnel will also hold keys to the cadaver storage rooms.

Only students enrolled in a course in Anatomy or Physiology will be allowed to view a cadaver. **No visitors will be allowed to participate in a cadaver viewing or to enter the cadaver storage room without the permission of an instructor authorized to oversee cadaver viewing (see above). Student Assistants may not grant visitor access to view a cadaver or to the cadaver storage rooms.**

Confidentiality of Cadavers:

The confidentiality of the cadaver will be maintained at all times. Donors will be covered at all times they are not being studied, and the face and genitals of the donor will be hidden at all times. **Absolutely no photographs or video will be taken of the cadaver during a cadaver demonstration.**

Cadaver handling:

When a new cadaver is to be received by Bryan College of Health Sciences, the original cadaver will be returned to the deeded body program that provided the cadaver according to their guidelines. All tissue samples, organs, or other components of the cadaver removed while at Bryan College of Health Sciences will be returned with the cadaver, unless permission has been obtained from the deeded body program to keep specimens for teaching or scientific purposes.

Research involving the use of cadavers:

The Cadaver Research Review Committee is composed of the following individuals: The Dean of Healthcare Studies, two faculty teaching coursework in Anatomy and Physiology, and one other faculty member who teaches in the Biomedical Sciences. Individuals who wish to conduct research using cadaver specimens must submit a request to the Cadaver Research Review Committee detailing the research procedure and any specimen collection and/or photographic/video data collection that will occur. Research may not be conducted on a cadaver without the unanimous approval of this committee. The Dean of Healthcare Studies will be responsible for receiving all requests for review and communicating decisions from the committee to the requesting individual. All research involving cadavers must be conducted at all times in compliance with the policies and procedures of the deeded body program from which the cadaver was obtained. If photos or videos from the cadaver will be used for publication or presentation, all photos must be reviewed and approved by the Cadaver Research Review Committee to ensure that no identifiable features are included.

Student Preparation for Cadaver Study:

It is natural for some students to feel awkward, uncomfortable, or anxious prior, to and/or during anatomical study of a cadaver. Instructors will discuss the possible range of emotions with students prior to their first exposure. Additionally, instructors should let students know that, if they desire, they have the opportunity to discuss their emotions confidentially, prior to the student's first exposure. All students also have access to counseling through Student Services at the Bryan College of Health Sciences to process emotions and feelings. All students using the cadaver must agree, in writing, to the current Protocol and Rules for Students established by Biomedical Sciences for use of cadavers.

Protocol and Rules for Students:

1. Cell phones or any other device capable of capturing images, video, or sound may not be used during a cadaver demonstration. These devices should be securely stored during a cadaver viewing. **ABSOLUTELY no photography or video recording of the cadaver of any type is allowed.**
2. The cadavers are to be treated with the utmost respect at all times. An appropriate decorum will be maintained at all times to uphold the dignity of the individual. Thus, no inappropriate behavior will be tolerated including, but not limited to jokes, nicknames or disrespectful remarks that would be demeaning to the individual or the individual's family.
3. Only students registered in a course in Anatomy or Physiology may view the cadaver as part of a regularly scheduled class meeting.
4. Under no circumstances may students access and/or view the cadaver on their own. The instructor for the corresponding course or a designated faculty representative must be present at all times with the cadaver being viewed.
5. No eating, drinking, or smoking is allowed.
6. Long-sleeved laboratory coats are highly recommended.
7. Gloves must be worn if a specimen is touched.
8. Goggles or protective eye wear is recommended, and will be worn at all times while using a bone saw, or when assisting someone who is using a bone saw or drill.
9. No equipment is to be removed from the room.
10. At no time may a student remove cadaver tissue of any type from the room.
11. At no time may a student remove a prosthetic appliance, adornment, or other natural or man-made item found on or in the cadaver from the room.
12. The room's ventilation system must be on at all times while students are in the room. If you have respiratory difficulties, inform your instructor and exit the room immediately.
13. Assume all reagents and tissues are a potential hazard.
14. No visitors of any sort are allowed.
15. Any violations of the rules will result in expulsion of the offender from the Cadaver Laboratory and may result in disciplinary action up to and including dismissal from the college as outlined in the Student Code of Conduct.
16. Report any violations of these rules to your anatomy and/or physiology instructor, or the Dean of Healthcare Studies.
17. Failure to follow the rules and procedures hereby set forth may result in Bryan College of Health Sciences losing its privileges to obtain bodies from deeded body programs.

Approved May 1, 2015
Revised May 27, 2025

Psychomotor Skills Assessment

Students enrolled in the traditional BSN program are required to participate in psychomotor skill assessment during objective structured clinical examinations (OSCEs). The purposes of psychomotor skill assessment include:

- Ensuring students engage in the deliberate, repetitive practice of psychomotor skills throughout the curriculum, so they are prepared to function within their scope in clinical settings.
- Evaluating student performance of psychomotor skills and identifying opportunities for individual improvement.
- Providing aggregate data on patterns and trends in student performance throughout the curriculum, to guide quality improvement of the curriculum.
- Psychomotor skill assessment will follow these principles:
- Standardized, evidence-based skill checklists will be utilized for assessment. Leveling and mapping of psychomotor skills, and managing skills checklists are responsibilities of the nursing curriculum subcommittee. Skills are leveled according to Dave's psychomotor taxonomy.
- Psychomotor skills assessment will conducted in a simulated environment Students will be provided psychomotor skills checklist(s) in advance. Students are expected to utilize the checklists, guidelines, and provided resources to prepare adequately for the assessment. Students will be familiar with the technology and equipment, expectations, stations, and timing of the assessments.
- Students will be notified in course syllabi of required psychomotor skills assessments.
- Qualified faculty will assess psychomotor skills in a controlled setting. Faculty will provide performance-based feedback to students.
- Students who do not meet the established passing standard for a psychomotor skill will be expected to remediate and engage in repetitive practice prior to retesting at a later date.
- Successful performance of skills is necessary to meet course outcomes and progress to future courses. Students must meet the passing standard prior to the start of the subsequent semester.
- If a student is repeating a course, they will repeat psychomotor skills assessments, regardless of the previous score.
- Psychomotor skills assessments will follow the clinical absence policy for the undergraduate nursing program.
- Course faculty determine the timing of the psychomotor skills assessment within their respective courses.

Video Camera Use

College Video Camera Lending Policy

The following guidelines have been developed for the utilization of the Bryan College of Health Sciences video camera.

1. The video camera must be checked out and returned to the Bryan College of Health Sciences Education Information Technology Office.
2. The camera can be checked-out based on the following authorization:
    1. Bryan College of Health Sciences Faculty use for academic purposes.
    2. Faculty approved student use for course/academic purposes.
    3. Administrator approval for requested use by other hospital departments/employees.
3. Students are financially responsible for equipment that is lost or broken while checked out to them.

Video Recording in the Simulation Center

Video recording may be used in the simulation Center during simulated clinical experiences. Video recordings may be used during the debriefing period to help students reflect on the actions and activities that occurred during the simulated clinical experience. This recorded video will only be viewed by those students who participated in the simulated clinical experience, the instructor(s), and the Simulation Center faculty. The recorded video will be stored on a password-protected area of the College's computer system. It may temporarily be placed on Canvas but password protected so that only the participants may access it. The recorded video will be deleted from the computer at the end of each semester. Under no circumstances will the recorded video be viewed by other people without written consent of the participant(s). The recorded video will not be uploaded to any public viewing site such as Youtube.com or TikTok etc. If a faculty member wishes to use portions of a recorded video for educational purposes or as part of a conference presentation, they will obtain written consent from the participant(s) prior to that use. If a video is going to be used for research purposes, approved BCHS protocols must be followed.

Student Referral Process

Personal, academic and/or financial problems can place students at risk of failing a course. The purpose of the Student Referral Process is to provide early identification and intervention for students at risk for a variety of reasons. This Process is designed to support both students, faculty and staff. The Student Referral Form will be submitted electronically to the individuals as indicated on the form or the Blue Healer Support Team for follow-up.

Student Referral:

- Student Code of Conduct Violations
- Academic Integrity Violation
- BCHS Mental Health Practitioner Concern
- Academic Student Support Concern
- Other

To activate the Student Referral Form, these steps should be followed:

- Anyone can identify students at risk and fill out a Student Referral Form
- When a student "at risk" is identified, it is recommended but optional to inform the student than a Student Referral will be initiated.
- An Student Referral Form is completed on the student outlining the concerns identified. The completed form is filled out electronically and submitted to the Blue Healer Support Team as indicated on the form.
- The appropriate representative will contact the student via email or phone when necessary
- A member from the Blue Healer Support Team will initiate the next steps. These actions can include:
    - Contacting the student via messaging, email, or phone
    - Arranging a meeting with the student's academic advisor
    - Requesting additional information or clarification from the person who submitted the student referral
    - Referring the student to additional services
- Individuals who complete a Student Referral Form will receive a confirmation email that the document was received. This process ensure a coordinated and comprehensive response to each student referral.

Faculty Evaluations of Course

Annual faculty evaluation of course will be completed according to program specific curriculum subcommittee requirements and must include:

- Summary of student performance
- Summary of student evaluation of the course
- Course strengths
- Areas for course improvement
- Recommendations for course change

Distance Education requirements for evaluation must be followed as applicable.

Student Evaluation of Faculty and Course Policy and Procedure

Course and Faculty Evaluations

End-of term course and faculty evaluations are required for all courses. The core questions for these evaluations are approved and maintained by Graduate and Undergraduate Studies.

Clinical Evaluation Policy

The Bryan College of Health Sciences Clinical Evaluation System is designed to assist the student in meeting standards necessary to provide quality care. Evaluation is based on individual progress made toward attainment of course objectives.

Evaluation is an ongoing process with the final decision being made at the completion of the course. The role of the instructor in evaluation is to observe and measure the student's performance during the clinical experiences, provide immediate feedback about performance strengths and areas needing improvement and to document summary observations, conclusions and recommendations.

The role of the student in evaluation is to seek out the instructor to observe performance and to provide information regarding client care, to critically review own performance and incorporate instructor feedback into future clinical experiences.

Clinical Evaluation Policy - Nursing

Clinical evaluation is designed to assist students in meeting course outcomes and associated clinical behaviors by providing objective, constructive feedback regarding performance. Evaluation is based on individual progress made toward attainment of course outcomes and is provided written and verbally.

The role of the faculty in evaluation is to observe and measure student performance during clinical experiences, provide timely feedback about performance strengths and areas needing improvement and to document summary observations, conclusions and recommendations.

The role of the student in evaluation is to seek out the faculty to observe performance and to provide information regarding client care, to critically review own performance and incorporate faculty feedback into future clinical experiences.

The Clinical Evaluation Record documents faculty and student reflection on student progress toward attainment of course outcomes and associated behaviors. The faculty and the student will evaluate student performance at the end of each week of clinical experience, or at a frequency deemed appropriate by course faculty based on the nature of the clinical experiences. The method and format of documenting the student's reflection on progress toward attainment of course outcomes is at the discretion of course faculty. The faculty will write a brief narrative in the Clinical Evaluation Record, providing an objective summary of the student's strengths and areas for growth. Descriptions of deficits must be accompanied by the course outcome number and specific action steps to improve. In addition, the faculty will grade the student's performance on the Clinical Evaluation Record as follows:

- M = met expectations
- U = unsatisfactory

Met expectations: Performance met expectations for the course outcome.

Unsatisfactory: Performance did not meet expectation for the course outcome.

Written evaluations must be available for review by students prior to the next clinical experience and must be provided in a format in which the student has the ability to keep or retrieve a copy for future reference. Students are expected to review prior to their next clinical experience. If a difference of opinion exists between the faculty and student regarding performance, the student is expected to discuss the issue with the involved faculty in a timely manner.

To satisfactorily complete the course, the student must demonstrate an ability to consistently meet all course outcomes as well as demonstrate a pattern of growth and progression. Based on the nature of the clinical, faculty within a course may determine that some clinical experiences carry more weight in determination of the pattern of growth and progression than others as noted in syllabus. A pattern of unsatisfactory performance may result in a warning status. Failure to demonstrate growth and consistent satisfactory performance will result in unsatisfactory course outcome evaluation and failure of the course.

Evaluation is an ongoing process with the final decision being made at the completion of the course or upon completion of blocked clinical; see course syllabus guidelines. At the end of the course, course faculty will evaluate each student based on attainment of course outcomes and associated behaviors.

The faculty of the College have the responsibility and the authority to establish and maintain standards of ethical, personal, and professional conduct for students in the College.

Unsafe clinical practice is behavior that places the client or staff in either physical or emotional jeopardy. Physical jeopardy is the risk of causing harm. Emotional jeopardy means that the student creates an environment of anxiety or distress which places the client at risk. Unsafe clinical practice is an occurrence or pattern of behavior involving unacceptable risk. (Scanlan, Care, & Gessler, 2001, pg. 25)

If at any time during the educational experience, the faculty's professional judgment is that the student is not providing safe, competent, and ethical care, or not acting in a professional manner, the faculty member has the responsibility to remove the student from the setting and document the incident. Based on the incident, disciplinary action up to and including failure of the course and dismissal from the College may result.

Policy for Program Closure

Purpose

To establish a policy for the phasing out and closing of degree-granting or Certificate programs as approved by the Bryan College of Health Sciences Board of Trustees.

Statement of Policy

Bryan College of Health Sciences recognizes that academic programs may need to be closed or terminated due to lack of enrollment or a change in workforce needs such that the program no longer aligns with the College mission.

Generally, College faculty and program leadership will determine when program closure is in the best interest of the College. If College Executive Leadership determines that a program is no longer viable, other stakeholders may also bring forward a proposal for program closure. Once a decision has been made to propose program closure, the appropriate academic Dean will develop a proposal for program closure. Program closure proposals will be voted on by the appropriate curriculum subcommittee, standing committee, and the full Faculty Senate. The appropriate academic Dean will bring the proposal as well as outcomes of the faculty senate votes to the Academic Affairs Committee of the Board. Final determinations for phasing out and closing degree-granting or Certificate programs at Bryan College of Health Sciences will be made by the College Board of Trustees with recommendations provided by the Academic Affairs Committee of the Board.

Phase out of all programs will guarantee that students have the opportunity to complete their program of study in a reasonable amount of time and that the program will comply with requirements of state approval bodies, institutional accreditation bodies and applicable specialized accreditation bodies. Decisions regarding personnel, financial aid, recordkeeping, and College manual/handbook updates will occur as per the Procedure for Proposing Program Closure.

Procedure for Program Closure

Initial Determination

1. Once an individual or group of individuals has determined that a program should be considered for program closure, that individual should bring program closure as an agenda item to the next appropriate Curriculum Subcommittee meeting for initial discussion.
2. Discussion at the meeting should include:
    1. Rationale for program closure
    2. Specialized or programmatic accreditation implications
    3. Possible plans for currently enrolled (or accepted) students to complete the curriculum including those who do not complete within the designated close time.
    4. Implications for program faculty
    5. Any other pertinent information from a program/curriculum perspective.
3. Based on this discussion, the individual(s) will determine whether or not to move forward with an official proposal for program closure.

Proposal for Program Closure

1. If a determination is made to move forward with an official proposal for program closure, the individual(s) will complete a Program Closure Proposal Form in collaboration with the appropriate individuals.
2. The proposal form will be submitted to the appropriate Faculty Senate Curriculum Subcommittee for a vote.

3. Once the Faculty Senate Curriculum Subcommittee votes on the proposal, the form will be submitted to the appropriate Faculty Senate Standing Committee for a vote. Note that this vote occurs regardless of the outcome of the Curriculum Subcommittee vote.
4. Once the Faculty Senate Standing Committee votes on the proposal, the form will be submitted to the full Faculty Senate for a vote. Note that this vote occurs regardless of the outcome of the Standing Committee vote.
5. The academic Dean for the program will bring the proposal as well as the outcomes of the Faculty Senate votes to the Academic Affairs of the Board for consideration.
6. If the Academic Affairs of the Board votes to reject program closure, the individual proposing may revise their proposal and resubmit at a later date.
7. If the Academic Affairs of the Board votes to approve program closure, the proposal, Faculty Senate votes, and recommendation from the Academic Affairs of the Board will be sent to the full College Board. If the College Board is considering program closure as an agenda item, this will be communicated to all college employees at least two weeks in advance, and time will be provided on the agenda for anyone who wishes to speak in favor of or against the program closure.

The College will vote on a final decision regarding program closure based on the proposal, Faculty Senate votes, and recommendation from Academic Affairs of the Board.

Implementation of Program Closure

1. When the College Board approves a program closure, the program's academic Dean will bring the approved program closure to Leadership Council for review.
2. Leadership Council will review the proposal and develop an action plan for implementing the program phase out.
3. Appropriate College leadership will supervise implementation of the action plan.

Origin September 2009

Revised March 16, 2026

Policy for School Closure

If in the event that BCHS closes operations, BCHS will follow Nebraska Revised Statute 85-173 (1) (**Defunct postsecondary institution; records; University of Nebraska-Lincoln; depository**) which states; *"All student records must be sent to the central depository maintained by the office of the registrar of the University of Nebraska-Lincoln as provided in section 85-174."*

Nebraska Revised Statute 85-174 (**Defunct postsecondary institution; records; duties of the registrar**) states; *"The office of registrar of the University of Nebraska-Lincoln is hereby designated the central depository for the records of postsecondary institutions in this state that have ceased to exist or may cease to exist in the future. The registrar of the University of Nebraska-Lincoln shall, where possible, collect the records of such extinct postsecondary institution and have the supervision, care, custody, and control of such records. The registrar having the records of such postsecondary institutions, if any, shall, when requested, prepare transcripts of such records which may at any time become necessary to the former student for further scholastic work at other postsecondary institutions or for certification for teaching or other professional positions. Whenever such transcript is made, and after it has been compared with the original, it shall be certified by the registrar and shall thereafter be considered and accepted as evidence and, for all other purposes, the same as the original could be. For the preparation of such transcript, the registrar may charge a nominal fee for services rendered."*

92 Neb. Admin. Code[1] , Ch. 41, § 011 (Nebraska Administrative Code: Title 92 Nebraska Department of Education, Chapter 41 Private Postsecondary Career Schools Authorization to Operation, Section 011 School Closing) illustrates steps to be taken in the event BCHS ceases operations. BHCS will follow these steps and communicate with the Nebraska Department of Education to ensure student consumer rights are protected.

All teach out plans will follow the existing BCHS Policy for Program Closure.

Approved by Executive Committee, June 19, 2024

Student Success Center Policies

Disability Services

Bryan College of Health Sciences is committed to providing reasonable and equal educational access for all persons regardless of disability. Bryan College of Health Sciences does not discriminate in admissions, educational programs or employment based on an individual's disability. The College is committed to ensuring that no qualified person with a disability will be excluded from participating in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity sponsored by the College.

With respect to students with disabilities, the College complies with all applicable federal regulations under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. These laws require that no qualified person with a disability shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program that receives Federal assistance. Bryan College of Health Sciences is committed to meeting these requirements through its anti-discrimination policies and by providing reasonable accommodations that afford an equal educational opportunity for qualified students with disabilities. We believe that the review and implementation of academic accommodations is a shared responsibility between the student, administration, faculty and staff.

Disability Services Goals

- **Ensure** reasonable accommodations and support services
- **Empower** students with disabilities toward self-advocacy
- **Provide** training and support to faculty and staff regarding the needs of students with disabilities.

Key Definitions

A disability is defined as any condition that substantially limits one or more major life activities. Major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating , sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.

Academic accommodations are adjustments or modifications to clinical requirements, coursework, course requirements, and program requirements that allows students with disabilities to accomplish the fundamental and essential components of a course of study.

The College will take necessary and reasonable steps to implement needed accommodations, but cannot honor requests that would fundamentally alter its programs or services or the core learning objectives of any course. Regardless of any approved accommodations, students are expected to complete all fundamental and essential academic requirements.

Students wishing to disclose their disability for purposes of requesting an accommodation are required to register with the College's Disability Services Department and work with the Disability Coordinator to review requests for reasonable accommodations. The following procedures have been established to facilitate this process:

Disability Services Student Registration Process:

1. **The student is asked to complete the Request for Accommodation Form.** Additional documentation may be requested, including, but not limited to, the following: educational records, letters from educators, diagnostic reports, letters from health care providers, records of past accommodations, letters or records from local, state or federal agencies, and/or VA records. The Request for Accommodation Form can be obtained from the College Website, the College Learning Management System, or from the Disability Coordinator.
2. **The student is required to meet with the Disability Coordinator to fully review the reported disability and requested accommodations.** All academic accommodations are determined on a case-by-case basis. The Disability Coordinator will determine the scope of any necessary accommodations and if the requested accommodations are reasonable, based on the facts and circumstances of each specific request.
3. **The Disability Coordinator may collaborate, as necessary, with course faculty and others to ensure that requested or recommended accommodations will not fundamentally alter the course requirements or the learning experiences of other students.**
4. **The Disability Coordinator may collaborate with program leadership to ensure the proposed accommodations are administratively and financially supportable.**
5. **The Disability Coordinator will communicate approved accommodations to the course faculty.**

6. **The Disability Coordinator will strive to communicate approved accommodations to the student within one week of the meeting. Certain circumstances or requests may take longer and students will be notified of this occurrence.** Requests are not retroactive; therefore, students are encouraged to promptly submit any required information to the Disability Coordinator to ensure that approved accommodations are implemented in a timely fashion. Some accommodations, such as a change in clinical site or the need for specialized equipment, require additional time to arrange. In these cases, the Disability Coordinator should be notified 2-4 weeks in advance. This will attempt to allow sufficient time to coordinate and implement approved accommodations.
7. **Bryan College of Health Sciences students are encouraged to practice self-advocacy and review approved accommodations with faculty members.**

Returning Students

1. Returning students will need to fill out a Request for Accommodations form at the start of each semester.
2. Returning students are encouraged to meet with Disability Services at the beginning of each semester if they have any questions or concerns about how their accommodations will work in their new courses, and if changes are needed, a meeting may be required. Students should report and discuss any matters related to previously approved accommodations and report the need for revised or new accommodations.
3. The Academic Support Services Director/ADA Coordinator may collaborate, as necessary, with course faculty and others to ensure that requested or recommended accommodations will not fundamentally alter the course requirements or the learning experiences of other students.
4. Bryan College of Health Sciences students are encouraged to practice self-advocacy and speak with faculty members regarding approved accommodations.
5. The Academic Support Services Director/ADA Coordinator will communicate approved accommodations to the course faculty.

Disability Appeal/Grievance Policy and Procedure

The Disability Appeal/Grievance Policy & Procedures is available to students who believe they have been denied equal access to educational opportunities at the College due to their disability.

Purpose:

The Disability Appeal/Grievance Policy & Procedure seeks to ensure the successful resolution of any concerns, disagreements, or complaints affecting a student registered with Disability Services by:

1. **Encouraging students to address their concern directly with the person or department with whom they have a concern and attempt to find a resolution directly, through open and informal communication.**
2. **Provide a detailed policy and procedure for achieving resolution.**
3. **Offer a consistent approach to resolving disability-related appeals/grievances.**

Procedure:

A student registered with Disability Services who believes that they have been denied equal educational access under this Policy, or that established academic accommodations are not being followed, is encouraged to utilize the Disability Appeal/ Grievance Procedure. The following steps have been established to facilitate the resolution of any complaint or concern:

1. **Independent Resolution:** Students should first attempt to informally resolve concerns by addressing the matter with the appropriate faculty, staff, administrator, or student with whom there is a concern. When all parties have an opportunity to share their concerns there is a higher likelihood that the matter can satisfactorily be resolved, *Students are encouraged to ask for assistance from the Disability Services Coordinator during this process.*
2. **Reporting a Complaint/Concern:** If the situation remains unresolved after informal attempts, or the student is not comfortable with Step 1, the student should report their complaint/concern, in writing, to the Disability Services Coordinator. If the complaint/concern involves Disability Services or the Disability Coordinator, the student should contact the Dean of Students. Concerns must be reported within 30 days of the alleged incident or situation or when an independent resolution cannot be achieved. Upon receiving the report, the Disability Services Coordinator will meet with the student to review the matter. To facilitate review, students are welcome to bring one support person to the meeting, however, the support person may not participate in the grievance process and the student is responsible for personally presenting their complaint/concern, unless, due to the student's disability he or she cannot effectively participate. The Disability Services Coordinator shall have sole discretion in determining to what extent a student may be assisted during this meeting.

3. **Informal Resolution:** After reviewing the complaint/concern with the reporting student, the Disability Services Coordinator may meet, individually or jointly, with all other relevant parties with the goal of seeking a mutually agreed upon resolution that preserves and protects the reporting student's right to equal access while also maintaining the College's commitment to academic standards of excellence. Every effort will be made to resolve the issue within seven working days of the initial report.
4. **Formal Resolution Process:** If the complaint/concern remains unresolved, the matter will be referred by the Disability Services Coordinator to the Dean of Students, or the President of the College in his or her absence, whose role is to formally review and resolve any disability-related complaints/concerns that have not been resolved through other methods. The process is as follows:
    1. **Submit a Formal Complaint:** The reporting student must submit a formal, written appeal/complaint to the Dean of Students and/or President of the College within 15 days after the end of the Informal Resolution process. If applicable, students may submit any relevant documentation with the grievance report. All documentation should contain the reporting student's name.
    2. **Notification of Outcome:** The Dean of Students will review the formal, written complaint/concern and any attached documentation, and if necessary, contact the involved parties for points of clarification or additional information. All parties will receive written notification outlining the decision of the case within 10 days after submission of the formal complaint. The Dean of Students, if deemed necessary may extend the response deadline. The decision of the Dean of Students is final and the student shall have no further right to appeal the matter under this policy.
5. **No Retaliation:** It is unlawful and against College policy for anyone to retaliate against any student, or prospective student, for raising concerns related to their disability or who has filed a complaint of discrimination, or any person who has cooperated in the investigation of such a complaint, or who alleges discriminatory educational practice.
6. **Confidentiality**: All documentation and information related to the reporting student will be kept confidential and will not be released without the student's consent, in accordance with Family Educational Rights and Privacy Act (FERPA), or as required by law. Exceptions may be made when documentation and information is needed to review any reported disability or request for accommodation, or any formal claim of discrimination.
7. **Student Rights**: Although the goal is to resolve any disability-related matter through the process outlined in this policy, the student has the right to file a discrimination or disability-related complaint with the following federal agencies:
    1. **The Disability Rights Section of the US Department of Justice** (www.justice.gov)
    2. **The US Office of Civil Rights** (https://www.ed.gov)
8. **Scope of Policy**: The procedures set forth in this policy are limited to addressing matters related to academic accommodations regarding courses or clinical. If students have other concerns related to their disabilities, other than academic accommodations, they should contact the Disability Coordinator who will direct the student to the appropriate College department. Bryan College of Health Sciences developed this information in accordance with these references:

    The American with Disabilities Act of 1990
    Section 504 of the Rehabilitation Act of 1973

Clinical Accommodation Letters

Purpose

In order to facilitate the provision of granted accommodations for a student with a documented disability under the Americans with Disabilities Act (ADA) who is participating in a clinical experience as a part of a course, the ADA Coordinator will create a Clinical Accommodation Letter for a student specifying which accommodations apply to clinical locations and providing any additional information needed to ensure compliance with the ADA.

Recipients

The ADA Coordinator will provide a copy of the Clinical Accommodation Letter to the student and to each core faculty member of courses with clinical components for which the student is registered. Faculty members will forward the Clinical Accommodation Letter to the courses' clinical faculty members. Additionally, if the student will have a clinical placement where a faculty member is not present, the faculty member will forward the Clinical Accommodation Letter to the individual or individuals on the unit who are best placed to ensure the student's accommodations are honored while maintaining maximal privacy for the student (*e.g.* a nurse manager, a clinical resource nurse, the student's individual preceptor, and/or other clinical leaders who have oversight/training responsibility for the unit in question). Questions about the appropriate recipient of a letter should be directed to the ADA Coordinator.

Content

The Clinical Accommodation Letter will include information about *only* those accommodations which are relevant to the student's clinical experiences; accommodations applying solely to classroom or testing settings will not be included. The following information will also be included:

1. That the information in the letter is protected under the Federal Education Rights Privacy Act (FERPA), and the circumstances under which that information may be disclosed
2. Best practices for responding to a student with accommodations needs
3. What to do if a question or concern about a student's accommodations arises
4. Contact information for the ADA Coordinator
5. Other information as deemed necessary by the ADA Coordinator

Right to Decline

A student may request that a Clinical Accommodation Letter *not* be sent to sites when they fill out their Request for Accommodations form. In doing so, the student assumes full responsibility for communicating their own needs to the clinical site, and accepts that their accommodation, or a suitable alternative, may not be available to them at that site.

Section VI. Assessment of Student Learning

Philosophy of Assessment of Student Learning

Bryan College of Health Sciences is committed to creating an academic culture dedicated to improving the quality of higher education. Assessment of student learning is a key component of this commitment.

The purpose of assessment is to assure the College, its constituents, and the public that students are meeting desired learning outcomes. This ongoing process uses multiple, broad-based, valid, and reliable measurements to monitor and improve teaching and learning. Administration, faculty, and staff use assessment results to recommend and implement changes in programs, curriculum, resources, and services that will enhance student learning.

Mandatory and Voluntary Assessment of Student Learning

All incoming students will be informed about the Philosophy of Assessment of Student Learning upon enrollment. Information will include mandatory standardized testing and voluntary assessment participation. Receipt of this policy notification will be obtained through student signatures which will be kept as a permanent record by the Registrar's office. Students will also be given the opportunity to consent to voluntary participation in additional College assessment activities.

Section VII. Faculty Senate Bylaws

See Bryan College of Health Sciences Bylaws of the Faculty Senate Appendix A-11

Section VIII. Research Compliance

IRB Policies and Procedures

Monthly Meeting Schedule

The Institutional Review Board for Bryan College of Health Sciences will meet monthly. The meeting schedule will be published each October for the upcoming calendar year. Proposals submitted at least three weeks prior to the scheduled IRB monthly meeting are eligible for review.

Review Process

All studies/projects must be submitted using the Bryan College of Health Sciences' *Request for Review* form as a template. After receiving the *Request for Review:*

- The Chair or Secretary will review the submission. If the submission is incomplete the primary investigator will be asked to supply the missing materials. Missing materials may result in delay of IRB review if full board review is required.
- The Chair or Secretary will assign the required review (exempt, exempt - limited review, expedited, full) based upon the purpose, methods and subjects proposed for the project.
- Principal investigators will be notified of the type of review to be performed within 14 calendar days of submission.
- Studies that qualify for full board review are subject to proposal submission deadlines determined by scheduled monthly meeting dates.
- Studies that quality for expedited or exempt review have no deadlines for submission.

Identification and Review of Exempt Studies/Projects

For research to be approved under exempt categories 2, 3, 7, and 8, a limited IRB review must find adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data. Adequate provisions depend, in part, on the nature of the research, the methods involved, the characteristics of the population, and risks of the research. Therefore, limited IRB review will take into account these factors when approval is determined.

The Chair or Secretary of the IRB (or designee) may identify a study/project as being exempt from Full IRB review. Categories of exempt research include:

- Category 1: Research conducted in established or commonly accepted educational settings. This includes normal educational practices that are not likely to adversely impact a student's opportunity to learn required educational content. This includes the assessment of educators who provide instruction. This includes research on regular and special education instructional strategies and the effectiveness of, or the comparison among, instructional techniques, curricular methods, or classroom management methods. Research under this provision must:
    - Not involve sensitive subjects (e.g., sex or substance abuse education).
    - Include provisions to ensure a non-coercive environment for the students who choose not to participate.
    - Ensure that the school/institution grants written approval for the research to be conducted.
    - Informed consent must be obtained from the prospective participant unless a waiver is granted.
    - This exempt category does apply to:
        - Children involved as research participants.
            - Pregnant women, human fetuses, and neonates involved as research participants.
    - This exempt category does not apply to:
        - Prisoners involved as research participants.
- Category 2: Involves the use of educational tests (cognitive, diagnostic, aptitude, achievement, etc.), surveys or interview procedures, or observations of public behavior. Educational tests or surveys must not contain invasive or sensitive questions that may cause discomfort and increase risk even in the absence of personal identifiers. One of the following criteria must be met:
    - The information recorded is done through procedures where the identity of subjects cannot be ascertained, directly or through identifiers linked to the subjects.

    - Disclosure of subjects' responses would not place subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, educational advancement, or reputation.
    - The information obtained has the potential to identify subjects and an IRB conducts a limited review to make a determination.
    - This exempt category does apply to:
        - Pregnant women, human fetuses, and neonates involved as research participants.
    - This exempt category does not apply to:
        - Prisoners involved as research participants.
    - The exempt category may apply to children only when involved as research participants for educational tests or the observation of public behavior when the investigator(s) do not participate in the activities being observed. The exemption does not apply to information recorded by the investigator in such a manner that the identity of the participant can readily be ascertained, directly or through identifiers linked to the participants. A limited IRB review is required for this exemption.
- Category 3: Research involving benign behavioral interventions in addition to verbal or written responses or audiovisual recording from an adult subject if one of the following criteria are met:
    - Information collected cannot be ascertained, directly or via identifiers linked to the subjects.
    - Disclosure of subjects' responses would not place subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, educational advancement, or reputation.
    - The information obtained has the potential to identify subjects and an IRB conducts a limited review to make a determination.

For the purpose of exempt status review, benign behavioral interventions include those that are brief in duration, harmless, painless, not physically invasive, and not likely to have an adverse lasting impact on the subject. The investigator shall have no reason to think the subjects will find the interventions offensive or embarrassing.

- This exemption is not applicable if the research involves deceiving the subjects regarding the nature or purpose of the research.
- This exempt category does apply to:
    - Pregnant women, human fetuses, and neonates involved as research participants.
- This exempt category does not apply to:
    - Children involved as research participants.
    - Prisoners involved as research participants.

- Category 4: Secondary research for which consent is not required, provided one of the following criteria are met:
    - The identifiable private information or biospecimens are publicly available
    - Information is recorded by a means in which the human subjects cannot be ascertained. The research will not contact the subjects or re-identify subjects.
    - This exempt category does apply to:
        - Children involved as research participants.
        - Pregnant women, human fetuses, and neonates involved as research participants
    - This exempt category does not apply to:
        - Prisoners involved as research participants.
- Category 5: Research or projects that are conducted or supported by a Federal department or agency designed to study, evaluate, or examine public benefit or service programs required, provided conditions identified in 45 CFR part 46 are met.
    - This exempt category does apply to:
        - Children involved as research participants.
        - Pregnant women, human fetuses, and neonates involved as research participants
    - This exempt category does not apply to:
        - Prisoners involved as research participants.
- Category 6: Taste and food quality evaluation and consumer acceptance studies required, provided conditions identified in 45 CFR part 46 are met.
    - This exempt category does apply to:
        - Children involved as research participants.
        - Pregnant women, human fetuses, and neonates involved as research participants
    - This exempt category does not apply to:

        - Prisoners involved as research participants.
- Category 7: Storage or maintenance for secondary research for which broad consent is required, provided conditions identified in 45 CFR part 46 are met.
    - This exempt category does apply to:
        - Children involved as research participants.
        - Pregnant women, human fetuses, and neonates involved as research participants
    - This exempt category does not apply to:
        - Prisoners involved as research participants.
- Category 8: Secondary research for which broad consent is required, provided conditions identified in 45 CFR part 46 are met.
    - This exempt category does apply to:
        - Children involved as research participants.
        - Pregnant women, human fetuses, and neonates involved as research participants
    - This exempt category does not apply to:
        - Prisoners involved as research participants.

Limited Review Process:

- The IRB chair or secretary will determine the exemption category.
- The IRB chair or secretary will assign the proposed research for review. The IRB chair, secretary, or an assigned IRB member may perform the limited review.
- Limited reviews are done for proposed research that meet requirements for exempt categories 2, 3, 7, and 8.
- The reviewer will evaluate: 1) protection of participant privacy (storage, handling, and sharing of data); 2) recruitment methods (including how the researcher will identify, contact, and recruit subjects); 3) how information will be accessed and managed; and 4) plans for deidentification and possible reidentification of information; and informed consent requirements (if required) are met or a waiver has been granted.
- The reviewer may require modifications to the proposed research prior to approval.
- No yearly or continuing reviews are required for studies approved by the limited review process.

A study/project that appears to be eligible for *exempt* categorization will be reviewed by the Chair of the IRB or delegated by the Chair to a member of the Board for review. The review will ensure:

- The study/protocol meets one of the exempt categories.
- The research represents no more than minimal risk to subjects.
- Risks to subjects are minimized.
- Risks to subjects are reasonable in relation to anticipated benefits and the importance of the knowledge produced.
- Selection of subjects is equitable.
- Informed consent is appropriately sought from subjects and documented appropriately.
- Provision is made for protection of collected data and privacy of subjects.
- If the investigator interacts with subjects, there must be a process of informed consent that includes: 1) statement that the activity involves research; 2) statement that participation is voluntary; 3) description of procedures; 4) description of risks; and 5) name and contact information for the researcher.

Studies/projects may not be categorized as exempt if the research involves:

- Prisoners as prospective participants.
- Vulnerable populations, sensitive topics, deception, or greater than minimal risk to subjects.
- A research protocol where review by the full IRB would meaningfully enhance protection of the rights and welfare of human subjects.

The decision to approve or approve pending minor changes will be transmitted to the Secretary and the Chair of the IRB. A letter will be sent to the principal investigator specifying the decision of the reviewer. The letter will contain the following elements as applicable:

- The decision of the reviewer related to the study/project
- The number assigned by the IRB to the study/project
- Any required changes to ensure protections for subjects according to the tenets set forth in the Belmont Report.

Research that meets the criteria for approval of exempt research does not require continuing review unless the reviewer determines that such review would meaningfully protect the rights and welfare of the subjects.

A report of the review will be included in the quarterly report to the IRB at regularly-scheduled meetings.

During the review of an exempt study/project, if the reviewer concludes that the study/project does not meet criteria for approval or for any other reason requires full board review, this decision will be communicated to the principal investigator, the Chair of the IRB and the Secretary. The study/project will then be reviewed according to the procedures for full review at a regularly-scheduled meeting of the IRB.

Identification and Review of Expedited Studies/Projects

The Chair of the IRB (or designee) may identify a study/project as eligible for expedited review if it involves minor changes to a previously approved study/project and/or meets one or more of the following criteria:

- Risks to subjects are minimal.
- Risks to subjects are reasonable in relation to anticipated benefits and the importance of the knowledge gained.
- Selection of subjects is equitable and non-coercive.
- Informed consent will be obtained and documented.
- The research plan makes adequate provision for monitoring data collected to ensure safety of subjects.
- There are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.

A study/project that is identified by the Chair of the IRB as meeting criteria for an *Expedited Review* will be reviewed by the Chair of the IRB or delegated to one or more IRB members for Review. The review will ensure:

- Risks to subjects are minimized;
- Methods and procedures are consistent with sound research design that do not expose subjects to unnecessary risk;
- Risks to subjects are reasonable in relation to anticipated benefits and the importance of the knowledge produced;
- Selection of subjects is equitable;
- Informed consent is appropriately sought from subjects and documented appropriately; and
- An adequate provision is made for protection of collected data.

The following categories of research may be eligible for review through the expedited review process when the research involves no more than minimal risk to subjects and meets the criteria above.

- **Category 1:** Clinical studies of drugs and medical devices when certain conditions are met.
- **Category 2**: Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture from healthy, nonpregnant adults who weight more than 110 pounds.
- **Category 3:** Prospective collection of biological specimens (excluding blood) for research purposes by noninvasive means.
- **Category 4:** Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves.
- **Category 5:** Research involving materials (data, documents, records, or specimens) that have been collected or will be collected solely for non-research purposes (such as medical treatment or diagnosis).
- **Category 6:** Collection of data from voice, video, digital, or image recordings made for research purposes that are not classified as exempt.
- **Category 7:** Research on individual or group characteristics or behavior including, but not limited to, research on perception, cognition, motivation, identify, language, communication, cultural beliefs or practices, and social behavior. This also includes research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. *Note: some research in this category may be exempt from review if the study meets requirements for exempt review status.*
- **Category 8:** Continuing review of research previously approved by the convened IRB.
- **Category 9:** Continuing review of research, not conducted under an investigation new drug application or investigational device exemption where categories 2-8 do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk.

The decision to approve or approve pending minor changes will be transmitted to the Chair of the IRB. Studies reviewed under expedited status will be reported quarterly, either in person or electronically, by the Secretary to the IRB.

After expedited review, a letter will be sent to the principal investigator specifying the decision of the reviewer. The letter will contain the following elements as applicable:

- The decision of the reviewer related to the study/project
- The number assigned by the IRB to the study/project
- Any required changes
- Reporting requirements
- A copy of the approved, officially stamped informed consent to be used for enrolling subjects if one was reviewed.
- A copy of the approved, officially stamped recruitment flier to be used for recruiting participants if one was reviewed.

During *Expedited Review,* if the reviewer concludes that the study/project does not meet criteria for approval or for any other reason requires full board review, this decision will be communicated to the principal investigator and Chair of the IRB. The reviewer must document their rationale if they determine that the expedited study involves greater than minimal risk or does not meet criteria for expedited status. The study/project will then be reviewed according to the procedures for full review at a regularly-scheduled meeting of the IRB.

Full IRB Review

Full review is required for all studies/projects involving greater than minimal risk to subjects or for research involving any protected or vulnerable subject population. Protected groups include pregnant women, prisoners, indigent, children, elderly persons, and psychiatric patients. Depending on the type of research or target population, some other groups may be viewed as vulnerable to coercion or undue influence, or may be viewed as having impaired capacity to make decisions and therefore require additional safeguards.

A study/project that is identified by the Chair of the IRB as meeting criteria for *Full Review* will be included on the agenda of a regularly-scheduled meeting of the IRB. Documents submitted for review will be sent to members of the IRB at least 14 calendar days prior to the scheduled meeting. Board members will review the study submission, complete the *Full Board Review* checklist, and return the checklist to the IRB chair 4 days prior to the scheduled IRB meeting. The IRB chair will formulate the meeting agenda utilizing comments and concerns from the returned *Full Board Review* checklists. The principal investigator or a designee may be requested to be present for the IRB meeting to answer IRB members' questions.

Full IRB review shall occur at a convened meeting with a quorum of members including at least one non-scientist and one member not affiliated with Bryan College of Health Sciences. When necessary the services of an expert consultant will be used for review of the study. The study/project must be approved by a majority of the IRB membership quorum. Criteria for approval include the following:

- Risks to subjects are minimized.
- Risks to subjects are reasonable in relation to anticipated benefits to subjects and the importance of the knowledge that may be expected to result.
- Selection of subjects is equitable. In the case of vulnerable subjects additional precautions must be undertaken to protect subjects' rights and welfare.
- Informed consent is obtained and documented from the subject or the subject's legally authorized representative Additional protections may be required for vulnerable subjects.
- Adequate provision for data monitoring.
- Adequate provisions to protect privacy of subjects.
- Any additional protections necessary for vulnerable subjects.

If present, the principal investigator or designee will be dismissed prior to discussion by the Board. After discussion, the Board may make any of the following decisions:

- Approve the study/project without changes.
- Approve the study/project pending submission of minor changes.
- Defer a decision pending submission of changes to a subsequent regularly-scheduled IRB meeting.
- Deny approval of the study/project.
- Require review by an additional IRB prior to initiation of the study. (This would be required in cases of highly specialized vulnerable populations or protocols with features outside the expertise of the Bryan College of Health Sciences IRB members.)

The decision of the IRB will be communicated to the principal investigator in a letter. The letter will include the following as applicable:

- The decision of the Board related to the study/project
- The number assigned by the IRB to the study/project
- Detailed reasons for a deferred decision or denial of approval
- Any required changes
- Reporting requirements
- The time period of required ongoing reviews
- A copy of the approved, officially stamped informed consent form to be used for enrolling subjects.
- A copy of the approved, officially stamped recruitment flier to be used for recruiting participants if one was reviewed.

Studies that involve the use of biospecimens will be reviewed for scope and appropriateness to mission and values of Bryan College of Health Sciences. If studies are beyond the scope of Bryan College of Health Sciences, the researcher will be directed to an appropriate IRB. In the event that biospecimens are appropriate for research at Bryan College of Health Sciences, the informed consent must include one of the following statements:

- Identifiers may be removed from the biospecimen, and the information could be used for future research studies or distributed to another investigator for future research without additional informed consent from the subject or the legally authorized representative.
- The subject's information or biospecimens, even if deidentified, will not be used or distributed for future research studies.

The IRB will consider the risk of re-identification of de-identified data. This will be considered in relation to the type of data collected and level of risk. The following statement may be appropriate for incorporation into the informed consent:

- "Since the data collected from you is de-identified, the risks in this study appear to be minimal, however, technology allowing re-identification continues to evolve, so complete anonymity cannot be guaranteed."

Finally, the informed consent shall also include a statement regarding whether clinically relevant research results, including individual research results, will be disclosed to subjects. If results will be disclosed, the informed consent will specify the conditions of disclosure.

Data Sharing Beyond Primary Studies

Research studies that propose utilization of human subjects' data for future secondary research must undergo a full or expedited IRB review. Informed and implied consent must address the following:

- Data will be shared with others (researchers, institutions, public organizations, etc.).
- General description of the types of research that may be conducted in the future with the data.
- Participants will not be informed of details of future studies including the research purpose.
- Participants will not be contacted or consented for any future research studies on the collected data.
- The period of time the data may be stored and maintained (indefinite if data is given to others).
- The period of time the data may be used for research purposes (indefinite if data is given to others).
- Participants will not be notified of the results of future studies.
- The reasonable foreseeable risks and benefits to subjects.
- The extent, if any, to which confidentiality of records identifying the subject will be maintained.
- Participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.
- Participants' data (even if identifiers are removed) may be used for commercial profit and whether the subject will or will not share in this commercial profit.
- For research involving biospecimens, whether the research will or might include whole genome sequencing.

External IRB Reviews

The institution of Bryan College of Health Sciences must ensure the rights and welfare of human subjects participating in all research conducted on students and faculty at the college. External investigators requesting approval to recruit subjects from Bryan College of Health Sciences must receive approval prior to all data collection.

Procedure for Survey Requests that do not require a signed informed consent form:

1. Survey requests DO NOT require a review by the IRB Chair if the survey is deemed to be extremely low risk, does not involve sensitive information/content, and does not require a signed informed consent form.
2. Survey requests should be submitted to the Provost or appropriate Dean or Director and must include access to the survey and demographic questions for review.
3. The Provost or appropriate Dean or Director will review the survey and demographic information to be answered. If the Provost or appropriate Dean or Director determines the survey is appropriate for the proposed participants/institution they may choose to facilitate distribution of the survey.

Procedure for all other requests:

1. Requests to conduct research at BCHS shall be submitted to the Provost or appropriate Dean or Director and must include:
    - External IRB approval letters
    - Recruitment materials
    - Summary of methods, including interventions, interview questions, survey instruments, and demographic questions, as applicable.
    - The informed consent form approved by the external IRB (if applicable)
2. The Provost/Dean/Director will review the research request for institutional appropriateness.
    - If the request is appropriate for BCHS and the study is deemed low risk the Provost/Dean/Director may choose to facilitate the distribution of recruitment materials to the potential participants.
    - If the Provost/Dean/Director has questions regarding the research request the information may be forwarded to the IRB Chair. The IRB Chair may then provide an opinion regarding compliance with 45 CFR Part 46.
    - The final determination for distribution of the recruitment materials will be made by the Provost/Dean/Director. The Provost/Dean/Director may:
        - Facilitate distribution of the research.
        - Choose to not distribute the research.
3. The Provost/Dean/Director will forward copies of the external IRB approval letter, recruitment materials, summary of methods (including interventions, interview questions, survey instruments), and demographic questions to the IRB Chair. The IRB Chair will maintain the documents in an electronic folder labeled "External Researchers" for each corresponding year's study submissions.

Quality Improvement Projects

Quality improvement projects are initiated with the intent to improve an institutional process, structure, or patient care practice in relationship to an established standard. A project whose purpose is to improve an institution's operating practices is classified as a quality improvement activity. Quality improvement projects that are framed within this context are not considered human subjects research. All investigators must submit an IRB *Request for Review* to receive IRB determination that the project meets the definition of a quality improvement project with minimal/no risk and does not require approval by the IRB.

Projects that meet the definition of quality improvement include the following criteria:

- The purpose statement must clearly establish the project as a quality improvement project.
- The intent of the project must be to improve a process of care, clinical outcome, institutional process, etc.
- The results are not intended to be generalizable beyond the local setting where the project will be conducted.
- A set of standards, benchmarks, or guidelines are used for comparison to current practice.
- The project includes a non-randomized design.
- The risk of burden is minimal beyond the standard of practice.
- The primary audience for a quality improvement project is an organization and its stakeholders.

Quality improvement projects may require IRB review if the project involves introducing an untested intervention for the purpose of improving the quality of care, as well as, establishing scientific evidence to determine how well the intervention achieves the intended results.

Characterizing a project as quality improvement does not necessarily negate the need for informed consent. A QI project may be appropriately initiated without subject (patient/student/employee) authorization or consent. However, consideration must be given to whether or not the subject of the quality improvement project should be made aware of the project and be required to consent to the project.

Case Studies

A case study is a detailed description and analysis of one, two, or three individuals for the purpose of providing rich, educational information that may be of value to the health care or educational community. Case studies do not require review by Bryan College of Health Sciences IRB because they do not meet the definition of research according to 45 CFR part 46. A case series (more than 3 cases) meets the definition of human subjects research and requires the approval of the IRB. The author must follow all HIPAA and FERPA privacy rules when writing case studies.

Changes/Additions to a Study/Project Requiring Additional Approval

Any non-editorial change to an approved study/project must be submitted to the IRB for approval before initiation of the change except when necessary to eliminate immediate hazards to the subject(s). These changes include (but are not limited to):

- Names and roles of study/project personnel;
- The number of enrolled subjects;
- Change to the methods used in the study/project;
- Change to the study/project's consent form;
- Additional method(s) used to recruit subjects (beyond those approved with the initial review);
- Proposed communication(s) to potential or enrolled subjects.

Any change initiated prior to IRB approval (undertaken to eliminate immediate hazards to subjects) must be reported as soon as possible to the Chair of the IRB.

All change requests will be reviewed according to the process that follows:

- Change requests for expedited and exempt protocols will be reviewed by the IRB Chair or designee.
- Minor change requests for full board protocols will be reviewed by the IRB Chair or designee.
- Major change requests for full board protocols will return to the full board at the next convened meeting.
    - Major change request: A change in protocol that affects the risk-benefit relationship or impacts the process of consent that may affect a reasonable person's willingness to participate. Examples include, but are not limited to:
        - Addition of a vulnerable population.
        - Changes in inclusion or exclusion criteria that broaden eligibility when risks to new subjects will be different than previously eligible subjects.
        - Increase in subject payment.
        - Change in study design.
        - Changes, which, in the opinion of the IRB Chair or designee, do not meet the criteria or intent of a minor modification.
    - Minor change request: A change that is not characterized as major.

Security of Data

Researchers must provide a plan for security of data appropriate to their research methods. For hard copies of data, this includes storage in a locked drawer/file cabinet in a locked office. If data will be transmitted electronically as part of the research process, a plan for security of transmission (secure file transfer/encrypted email) must be included. For transport of data (if applicable), a security plan must also be included. For storage of electronic data, minimum requirements include:

1. Encryption of storage devices (e.g. flash drives, external hard drives). All portable storage devices must be locked up in a secure location when not in use.
2. Cloud based storage (e.g. Google Drive, OneDrive, DropBox, etc.) secured through Multi-Factor Authentication on each account that accesses shared or primary files.
3. Storage on personal devices: password protection appropriate to the device. Ensure strong password protection and device level encryption.
4. Storage on corporate systems (e.g. BCHS storage systems) secured through restricted-access folders managed by the Bryan Health IT team.
5. Third-party artificial intelligence (AI) services used for research (MAXQDA) must include:
    1. MAXQDA is recommended for qualitative research. The product must be a paid subscription by the researcher with data security measures described to the IRB. The data cannot be used to improve the workings of the AI system.

2. A product's terms of service establishes data ownership.
    - Data must not be shared with third parties.
    - Data collection/utilization must not be used to aid the AI product in learning or improvement of the product.
3. All data transcribed/analyzed using an AI system must be verified by the researcher for accuracy.
4. Proprietary business products:
    - For BCHS faculty: All data collected and stored using proprietary business products (Microsoft Teams, e.g.) are owned by the business paying for the subscription.
    - For BCHS students: Student and faculty researchers may not use Microsoft Teams if research is independent of a sponsoring institution. For BCHS students Microsoft Teams may be used for an interview, but AI features such as transcription may not be used.
5. All data captured from AI systems must be encrypted at rest and in transit.

6. The creation of strong passwords for protecting data: Weak or reused passwords are a primary vulnerability exploited in cyberattacks, often leading to unauthorized access and data breaches. A strong password is comprised of a complex combination of letters, numbers, and special characters that are at least 14 characters in length. Passwords must be unique and not reused across services.

Mandatory Reporting Requirements

Mandatory Ad Hoc Reporting

The investigators of an approved study/project are required to make full reports of the following within two business days of the occurrence:

- An adverse event occurring to one or more enrolled subjects. These events include, but are not limited to:
- Any breach in confidentiality.
- Physical or psychological harm, or any other occurrence of an adverse nature related to participation in the study/project.
- Any deviation from the approved study/project protocol with the reason for the deviation and any consequences to the study/project subjects or the integrity of the study/project's data.
- The withdrawal of any subject
- The IRB must be notified immediately if a preliminary review of a study/project's data indicates the probability that continuing with the study/project will result in harm to one or more subjects.

Continuing Reviews

After a study/project is approved by a full, convened IRB review the investigators must submit reports for IRB review at regular intervals. The review interval will be set by the IRB at the time of study/project approval and will not exceed twelve (12) months. The IRB may elect to call for a report on any approved study/project at any time if information received about the study/project appears to warrant an earlier review.

Continuing review is not required for expedited reviews or for research that has progressed to the point of data analysis or follow up of clinical data. If continued review is recommended for expedited reviews, the reviewer must justify why continuing review would enhance protection of research subjects.

The information to be reported will be established by the IRB and include at a minimum (as relevant):

- The status of the study/project;
- The number of subjects enrolled in the study/project;
- The number of subjects who have withdrawn with the reasons for the withdrawals;
- The numbers and types of protocol deviations and adverse events; and
- A summary of findings achieved by the study/project at the time of the review.

Ongoing reports will be included in the agendas of regularly-scheduled IRB meetings. After review of a report the IRB may decide to continue approval of the study/project, require that the study/project be concluded, or suspend the study/project until the investigators submit further data for IRB review. The time interval for the next review will be established after review of the report and will not exceed twelve (12) months.

The decision of the IRB, following review of the ongoing report, will be communicated to the principal investigator in writing and will include the following as applicable:

- The decision of the Board related to the study/project.
- Detailed reasons for a deferred decision or a decision to conclude or suspend the study/project.
- Any required changes or additional data.
- Subsequent reporting requirements.
- The time line of subsequent required ongoing reviews.

Final Report

The investigators of an approved study/project will submit a report (according to the Final Report template) within sixty (60) days of the end of data collection. The information to be reported will be established by the IRB and include at a minimum (as relevant):

- The date the study/project was concluded;
- The reason the study/project was concluded;
- The number of subjects enrolled in the study/project;
- The number of subjects who withdrew with the reasons for the withdrawals;
- The numbers and types of protocol deviations and adverse events;
- Plans for disseminating the findings of the study/project; and
- A summary of preliminary findings achieved by the study/project.

Informed Consent

Informed consent may be formal or informal (implied)

Formal Consent

Informed consent shall be sought from subjects (or legally authorized representatives) under circumstances that allow ample time for quiet, uninterrupted reflection and decision making to consider whether or not to participate. Informed consent must be obtained free of coercion and written in language appropriate to the potential subject and/or legally authorized representative. No informed consent may include language through which the subject is made to appear to waive legal rights, or to release the investigator(s) from liability for negligence. One written copy of the consent document (either paper or electronic) must be given to the study/project participant. Signed consent documents for each potential subject must be stored in a confidential manner.

Basic elements of informed consent include:

- A statement that the study involves research and an explanation of the purpose of the research.
- A description of the expected duration of subject's participation, procedures, and identification of any procedures that are experimental.
- A description of reasonably foreseeable risks and benefits.
- A disclosure of alternative procedures that may be advantageous to the participant.
- A description of how confidentiality of records will be maintained.
- A description of compensation and an explanation of whether medical treatments are available if injury occurs for research involving more than minimal risk.
- A description of whom to contact for answers to questions related to the research.
- A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled. This includes a statement that the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.
- Disclosure of any additional costs to the subject that may result from participation in the research.
- The consequences of subject's decision to withdraw from the study.
- A statement that significant new findings developed during the course of the research that may relate to the subject's willingness to continue participation will be provided to the subject.
- The approximate number of subjects involved in the study.

Consent documents submitted for IRB review must contain the required elements included in the Bryan College of Health Sciences informed consent template. Included in the written informed consent is a statement with the key information presented first. The key study information shall include information needed for a potential participant to make an informed decision about participation. The section must be succinct, and clear. Consent documents must be grammatically and typographically accurate. Documents used for informed consent must:

- Contain the official stamp;
- Be printed/transmitted in color; and
- Include an approved IRB letterhead.

A copy of the informed consent, including all required elements listed above, will be provided to the investigator with the letter of study/project approval. The IRB-approved consent document must be the only version of the form signed by subjects.

The IRB shall approve a written summary of what is to be said to the subject and/or legally authorized representative by the researcher when obtaining informed consent.

Informed consent may be obtained in person (face-to-face) or electronically.

Requirements for the electronic consent include:

- The electronic consent must be easy to navigate, allow the user to proceed forward/backward within the system, and to stop/continue at a later time.
- The electronic consent must be appropriate for the population under investigation. Consider the effects of lack of familiarity with electronic systems, poor eyesight, impaired motor skills, etc. In some cases, electronic consent may not be appropriate. Therefore, subjects should have the option to use paper-based or electronic consent methods as appropriate. In some cases, it may be appropriate for study personnel to assist subjects in using the electronic technology during the consent process.
- A process for verification of a subjects' identity must be included if any of the consent process takes place remotely and is not personally witnessed by study personnel.
- All subjects must have the opportunity to consider whether or not to participate and ask questions before signing the informed consent. This may be accomplished by in-person discussion or a combination of electronic messaging (telephone calls, video conferences, or live chat). When live chat or video conferencing is used the investigator should remind subjects to conduct the discussion in a private location to help ensure privacy and confidentiality.
- Documentation of electronic consent may include an electronic method to capture the signature of the subject. The electronic record shall contain: 1) the printed name of the signer; 2) the date/time when signature was executed; and 3) the meaning (approve/consent to participate) associated with the signature.
- All subjects must receive a copy of their electronic informed consent document.
- The electronic process should incorporate procedures to ensure that electronic documents will be archived appropriately and are retrievable.

Implied Consent

Informed consent may also be implied for some studies in an "Invitation to Participate" letter. Often these studies are surveys that contain a survey link to the study within the invitation letter. In this instance the "Invitation to Participate" must include: 1) purpose of the study; 2) why the participant is being asked to participate; 3) approximate time required to complete the study; 4) notice that the study is voluntary and the participant may withdraw at any time; 5) possible risks of participation; 6) mitigation to all risks; 7) other information as deemed appropriate.

The "Invitation to Participate" letter must include a statement that access to the survey and providing a response indicates consent to participate. Implied consent is only approved for studies that include minimal risk to participants.

Assent

Assent means a child's affirmative agreement to participate in research. Formal assent shall be sought from participants under the legal age of consent. The legal age of consent in the state of Nebraska is 19. In addition, permission (formal consent) must be sought from the participant's parent or legal guardian for the participation of the child or ward in research.

In addition to informed consent elements, the following must be included in the assent and parental consent form:

- Signature and date
- A description of the records/information that will be used in the research.
- A description of the purpose of the records disclosure.
- A description of the people and/or organizations to who the disclosure may be made.
- A description of when identifiable data will be destroyed (preferable as soon as the identifiers are no longer needed).

The IRB will affirm whether and how assent must be documented when a process of assent is required.

Children who are wards of the state, or any other entity, can be included in research where the majority of children participating are not wards. IRB shall require appointment of an advocate for each child involved in research who is a ward. One individual may serve as an advocate for more than one child. The advocate shall be an individual who has the background and experience to act in the best interests of the child for the duration of the child's participation in the research. The advocate shall not be associated in any way with the research or the investigator.

The researcher shall identify a process in the research methods whereby the relationship of the parent or legal guardian is identified from the parental consent form. In the event the child has a legal guardian, considerations for a child advocate must be included.

The assent form must be written in simple enough language appropriate for the least educated of the subjects enrolled. For children under the age of 19, an eighth-grade reading level is appropriate. Researchers must strive for an assent form that is brief, succinct, and maximizes the probability that the potential participant will read the document in its entirety.

Parent/Legal Guardian Informed Consent

Parent/legal guardian informed consent is required (in addition to the assent form) for study participants under the age of 19 in Nebraska. Researchers should consider a parent/legal guardian consent process appropriate to the research study methodology. One parent's signature is required for research involving no more than minimal risk or approval of research involving greater than minimal risk, but presenting the prospect of direct benefit to the individual subject. The signature of both parents is required for research involving greater than minimal risk with no prospect of direct benefit to individual subjects, but likely to yield generalizable knowledge about the subject's condition. This includes educational research. In this instance, one parent's signature is acceptable if one parent is unknown, incompetent, not reasonably available, or when only one parent has legal responsibility for the care and custody of the child.

In some circumstances a waiver of parental/guardian consent may be appropriate. Waivers for parental/guardian consent must be approved by the IRB for participants under the age of 19. See Waiver of Authorization policy.

Recruitment Materials

All recruitment materials must be approved by the IRB. Researchers should utilize the approved *Recruitment Materials* template for development of all study flyers and brochures located on the IRB website. After study approval an approved, stamped copy of all written recruitment materials (flyers, email announcements, brochures, scripts, etc.) will be sent to the investigator for reproduction. All recruitment materials must be reproduced in color. Only the approved, stamped copy may be used to recruit potential participants.

Required elements to include in recruitment materials include:

- Title of study & assigned IRB number
- Purpose of the study with a clear statement that the activity is research
- Eligibility criteria
- Possible risks and potential benefits
- Name/contact information of the investigator and associated institution
- A clear statement of whether participants will be paid for their time and effort

Other elements may include:

- Time or other commitments expected of the participant
- Incentives that will be given

All recruitment efforts must be clear, promote equitable enrollment, and be free from undue influence or coercion. Recruitment materials must be free from the following:

- Statements implying a certainty of favorable outcome or benefits beyond what was described in the consent document and protocol.
- Terms such as "new treatment."
- Promises of "free medical treatment" regardless of whether the treatment will be provided without charge.

- A stated amount of compensation for participation in any font, size, or manner that is intended to draw attention to the value or availability of compensation.

Waiver of Authorization

The IRB may waive the requirement to obtain informed consent for research when the research could not practicably be carried out without the waiver. To grant a waiver the IRB must find that:

- The research involves no more than minimal risk.
- The research could not practicably be carried out without the requested waiver.
- The research could not practicably be carried out without using identifiable private information or identifiable biospecimens (whenever appropriate).
- The waiver will not adversely affect the rights and welfare of the subject.
- The subjects or legally authorized representatives will be provided with additional pertinent information after participation (whenever appropriate).

For educational research, assent and consent is not required for data obtained from Directory Information or where an individual's identity cannot be readily ascertained. Directory Information cannot be released by the Registrar if a FERPA block is in place. Directory Information includes a student's:

- Name, address, and telephone listing
- Electronic mail address
- Photograph
- Date and place of birth
- Major field of study
- Grade level
- Enrollment status (undergraduate/graduate, full/part-time)
- Dates of attendance
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors, and awards received
- Most recent educational agency or institution attended

A parental consent/student assent may be waived if:

- The study is conducted in a manner that does not permit personal identification of parents and/or students. This includes the absence of codes linking personal identifiers with data.
- The information is destroyed when no longer needed for the research purpose.
- The research is conducted for or on behalf of educational agencies or institutions to develop, validate, or administer predictive tests, administer student aid programs, or improve instruction

FERPA information is not eligible for a waiver of consent to access identifiable education records, including coded records.

Protected Health Information (PHI):

The Privacy Rule (45 CFR parts 160 and 164) serves to protect the privacy and security of protected health information (PHI). The Privacy Rule requires signed permission before an investigator can use an individual's PHI for research purposes. Some examples of PHI include, among others, personal identifiers such as age, ethnicity, address, telephone number, email, social security number, date of birth, and date of treatment. Investigators collecting PHI for research purposes must obtain a *Waiver of Authorization* from the IRB in the event that the research cannot be conducted without PHI and *Informed Consent* is not possible. Conditions that must be met for approval of a *Waiver of Authorization* include, but are not limited to:

- The research could not practicably be carried out without the requested waiver.
- A study that involves the use of PHI pertaining to numerous individuals where contact information is unknown.
- Research that poses no more than minimal risk to a subject's privacy.
- An adequate plan to protect the confidentiality of PHI.
- A plan to destroy the PHI once it is no longer needed.
- Adequate written assurance that PHI will not be reused or disclosed to any other person or entity except as required by law or for authorized oversight of the research study.

- The waiver will not adversely affect the rights and welfare of the subjects.

Research purposes for which authorization is required include, but are not limited to:

- Review of patient records to identify potential research participants.
- Collection of data from patient records for retrospective chart review studies.

An investigator must obtain either signed authorization/permission or a waiver of authorization to access PHI for research purposes even if the investigator has approved access to the PHI in the role of a health care provider. The investigator must obtain approval from the institution owning the patient records before accessing the records and collecting the PHI. The institution may require the investigator to produce the letter granting the waiver of authorization, and may place a copy of the letter in each record that is accessed.

The letter granting the waiver of authorization must specifically state that the study/project met the conditions listed above and list the specific PHI for which the waiver is granted. The letter must also specify the conditions under which the waiver will be applied, why the waiver is appropriate for research, and how the decision is consistent with the principles of the Belmont Report.

A waiver of consent may not be granted if an individual refused to provide broad consent for the storage, maintenance, and secondary research use of identifiable private information or identifiable biospecimens.

Family Educational Rights and Privacy Act (FERPA):

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under a program of the United States Department of Education. Any student attending an institution of postsecondary education is the owner of their educational record and therefore is the only individual who can release their own FERPA information. All research at BCHS must comply with FERPA regulations.

All research that utilizes student educational records is subject to FERPA requirements. Educational records include any record that can be linked to a student including, but not limited to:

- Course grades
- Class assignments
- Advising notes
- Transcripts
- Videos of students in a class
- Online discussion in Canvas

FERPA consent is needed from a student if an individual's identity can be ascertained from the record. FERPA consent is not needed for deidentified data where the research investigator does not complete the deidentification process or maintain a master list linking codes to the identifiable information.

When FERPA release is required for a research study the researcher shall incorporate the "FERPA Release of Information for Research" form. It is recommended that the FERPA release form be signed at the time of the Informed Consent. The form will be processed by the Registrar to ensure potential eligible participants are free from a FERPA hold.

FERPA consent is not needed for "Directory Information" provided that no FERPA block is in place.

Access to educational records at BCHS may be obtained from:

- The Registrar
- Institutional Effectiveness
- Learning management systems used by BCHS (records from course instructors such as course assignments, grades, etc.)

For Educational research, requirements for a FERPA compliant consent form also include:

- dated written signature. Electronic signatures are acceptable if obtained in an authenticated environment
- Specify the records/information to be used in the research
- the purpose of the disclosure

- Identify to whom the disclosure may be made
- Detail when identifiable data will be destroyed

Child Abuse Reporting Requirements and Human Subjects Research

Nebraska state law requires any person who suspects that a child has been physically or sexually abused or neglected to report it promptly. Examples of reportable incidents include:

- Abuse: physical, unreasonable use of confinement, cruel punishment, emotional abuse
- Neglect: physical, abandonment, educational, domestic violence, substance use
- Sexual Concerns: sexual abuse, sexual exploitation
- Human Trafficking: sex trafficking, labor
- Dependency: parent/caregiver unable to care for a child

Researchers suspecting child abuse should report the information to the Dean of Students (Title IX Coordinator) or the Title IX Deputy Director at the research site and/or appropriate state agency.

Use of Internet and Social Media in Research

Definitions:

- **Internet-based research:** The practice of conducting research using data obtained from the Internet. This includes venues such as online forums, chat rooms, gaming environments, etc. The Internet venue serves as the research site.
- **Social media research:** The practice of conducting research using data obtained from social media sites including Facebook, Twitter, Instagram, etc. The social media site serves as the research site.
- **Mobile technology research:** The practice of conducting research using data obtained from remote mobile technology applications and/or devices where data are collected continuously and/or in real time. The mobile technology device travels with/within the participant and generates active and/or passive data regarding specific research tasks or participant activities. This includes devices such as smart phones, wearable health devices, etc. The mobile device serves as the primary research site.
- The IRB will evaluate research protocols that utilize Internet and social media sites for compliance with all Common Rule requirements. In addition, the research will also be evaluated for the following considerations:
- **Public versus private venues:**
    - Is the research site public or private? The IRB will classify research conducted in a public space as no more than minimal risk.
    - What are the participant's expectation of privacy within the site?
    - Has the primary investigator obtained the appropriate permissions to conduct research in a private Internet space? Moderators of groups are often the gatekeepers for Internet sites. For private sites, the investigator must include an analysis of the path or process through which they are accessing the site. The IRB will evaluate the appropriateness of the role of the gatekeeper – particularly in terms of coercion or undue influence by the moderator.
- **Terms of service:**
    - The research site's terms of service must be included in the research protocol.
    - The research protocol must include a statement regarding compliance with the policies and terms of use of relevant websites.
    - The research protocol must include a plan to review the site's terms of service at regular intervals during the research process to ensure compliance with any revisions to the terms of service.
- **Recruitment:**
    - Recruitment for Internet and social media research must follow all policies that apply to traditional research methods.
    - The IRB will evaluate the context in which recruitment takes place. This includes recruitment processes that utilize posting on a group's site versus alternate processes.
    - The IRB must see an example of what the prospective participant will see (example: screenshot of recruitment ad).
    - The IRB will evaluate the primary investigator's plan for privacy settings of posts within social media sites. This includes the ability for potential participants to interact within the recruitment post through "commenting" or "liking".
    - The research must ensure that research recruitment is not a violation of end-user license agreements or terms of service.
    - The researchers are not permitted to accept "friend requests" nor "friend" others.

- **Confidentiality:**
  - The researcher must use a robust process to "anonymize" all data. Data submitted over the Internet is only anonymous if data is stripped of all identifiers.
  - The research protocol must include a risk analysis to determine the appropriate level of security for the data. The best protection is multiple layers of security. It is impossible to guarantee absolute data security over the Internet, some extremely sensitive research may not be appropriate for the Internet.
- **Privacy:**
  - Individual identities can often be readily ascertained in Internet research. When evaluating privacy the IRB will consider the following questions:
    - What are the cultural expectations of privacy?
    - Are there restrictions on use/access of data
    - Are there policies in place that dictate the nature of the site/space?
    - Are there norms regarding privacy? Is the site/space considered by its users or membership to be open or private?
    - Will the research involve merging any data sets resulting in an increased risk of participant identification?
- **Informed consent:**
  - The IRB will evaluate the informed consent for compliance with all Common Rule requirements. In addition, the consent may include one or more of the following language statements, as appropriate, to the study:
    - Participation in this research study is distinct from the use or membership on [____ Internet site].
    - Your participation in this online survey involves risks similar to a person's everyday use of the Internet.
    - Your confidentiality will be maintained to the degree permitted by the technology used for this study. Specifically, no guarantees can be made regarding the security of data sent via the Internet. Every effort will be made to optimize security, but no guarantee of third-party interception can be made.
    - "Since the data collected from you is de-identified, the risks in this study appear to be minimal, however, technology allowing re-identification continues to evolve, so complete anonymity cannot be guaranteed."
    - By clicking the survey's entry button, you acknowledge that you have read and understand the consent to participate, that you are 19 years old or older, and are willing to voluntarily, participate.
- **Mobile technology research:**
  - **Mobile technology research:**
    - The IRB must evaluate research utilizing mobile technology devices for compliance with all Common Rule requirements. In addition, the research must be evaluated for:
      - Ability to identify participant's locations and geographical movements. This risk must then be considered in relation to subject vulnerability.
      - Terms of service, privacy policy, end-user license agreements, etc.
      - Scope of data to be collected (limit to minimum necessary in order to carry out the research).
      - The reliability and validity of the mobile technology device/app.
      - Potential ethical conflicts of interest between the researcher and the device/app.
      - Potential for unintended or undisclosed data collection.
      - An analysis of the ownership of the data in the event of sale or dissolution of the mobile technology device.
      - The researcher's plan for mitigation in the event of a data breach (the appropriateness of the plan will take into consideration the type of data collected).
      - The researcher's plan for notification of participants in the event of a data breach.
      - The mobile technology device/app and any FDA regulatory oversight associated with the device/app.
      - Appropriateness of the device to the study population.
      - The geographic region in which data will be obtained *(*note: regional limitations may be necessary as state-by-state privacy regulations may differ*).
      - *Note: Accessing email using a smart phone is not a form of mobile technology research.*
  - **Other issues:**
    - The age of participants must be considered. The *Children's Online Privacy Protection Act* governs information collected from children on the Internet. It is best to exclude minors from Internet based research by using appropriate verification methods (e.g. SafeSurf, moderator verification), if possible.

Maintenance of IRB Records

Storage of IRB Documents

A limited-user file on a shared network drive will be used to store IRB documents electronically. Documents to be maintained include:

- IRB Minutes
- Communication with the Office for Human Research Protections (OHRP)
- Records or all research proposals including:
    - Study/project title and identification number
    - Principal Investigator, other investigators, and research assistants
    - All correspondence between investigators and the IRB
    - All documents submitted for review
    - Approved research proposals, sample approved (stamped) consent forms, recruitment materials
    - Dates and decisions of initial and subsequent reviews
    - Documents pertaining to adverse events, protocol breaches, and breaches in confidentiality
    - Documentation of continuing review activities for full-board approved protocols that have not entered the data analysis phase
    - Communication with potential or enrolled subjects

Study/project documents will be maintained for no less than three (3) years. Only the Secretary and Chair of the IRB will have access to these files.

The IRB Chair will remind IRB members and guest subject matter experts that research proposal requests and decisions are confidential.

IRB Minutes

The Secretary of the IRB or a designee will take minutes for the Board meetings. The minutes will contain all of the following elements:

- Date and time of meeting
- Meeting location
- Members present
- Members absent
- Minutes reviewed from prior meetings with needed changes noted
- Evidence that conditions are satisfied for members attending via distance
    - IRB member participated via telephone/video conference
    - IRB member received all pertinent material prior to the meeting
    - IRB member must be able to actively and equally participate in the discussion of all studies/projects
    - The minutes must clearly document that the above two (2) conditions have been satisfied
- Detailed information related to each study/project submitted for review (whether initial or ongoing):
    - Title
    - Principal Investigator
    - IRB-generated number
    - Documents submitted for review
    - Type of Review
    - Reviewer (if exempt or expedited)
- Detailed information about the discussion/decisions related to each study/project
    - Summary of discussion points
    - Vote on actions including number of members voting for, against, and abstaining.
    - All recommended changes with careful reference to the document to be changed
    - Decision of the Board related to the study/project
- Detailed information pertaining to any other business performed by the IRB members at the meeting.
- Time of adjournment
- Name and title of person submitting the minutes

IRB Registration

The Office for Human Research Protections (OHRP) must be notified:

- Every three (3) years for registration renewal.
- Within 90 days after changes regarding the IRB chairperson.
- Within 90 days after changes to the contact person for the IRB registration.
- Within 30 days after disbanding Bryan College of Health Sciences IRB.

Any renewal/update to OHRP that is submitted and accepted begins a new 3-year effective period.

IRB Membership Roster

The Secretary or Chair of the IRB shall maintain a current roster of IRB members. The roster shall include names, earned degrees, representative capacity, indications of experience such as board certification or licenses, and employment or other relationships between each member and the institution (full-time employee, part-time employee, member of College Board, community members, or paid or unpaid consultant).

IRB Member Training

Bryan College of Health Sciences is committed to providing Institutional Review Board (IRB) members with the education and resources to ensure Office for Human Research Protections (OHRP) compliance on the ethical conduct of research.

Training for IRB members includes:

1. Initial Training
    1. Meet with the IRB chair to discuss role and obligation as a board member.
    2. Attend one IRB meeting as a guest prior to serving as a reviewer.
    3. Approved training for IRB members covers protecting the rights, welfare, and well-being of Human Subjects involved in research. Each member is expected to complete online human subject research protection training from one of the following:

        1. Protecting Human Research participants (PHRP)
        2. Collaborative Institutional Training Initiative (CITI).
        3. Other OHRP approved Human Research Protection training

        Verification of successful completion of training will be maintained by the IRB.

    4. HIPAA Training.
    5. FERPA Training.
2. Continuing Education
    1. Ongoing offerings of continuing education on human subject research protection by the IRB.
    2. Recertification of human subjects training every three years.

Source: 45 Code of Federal Regulations 46, 2017

Original Approval 11/19/2015

Revised, Board of Trustees Approval, August 11, 2026

IRB Bylaws

See Bryan College of Health Sciences Bylaws of the Institutional Review Board Appendix A-12

Policy on Care and Use of Non-Human Vertebrate Animals in Research and Instruction

Applicability

Bryan College of Health Sciences recognizes that the proper care and management of animals used in research and instruction is essential to the well-being of the animals, to the validity of research data, to the quality of instruction, and to the health and safety of those caring for and using animals. Therefore, Bryan College of Health Sciences has adopted the policy and procedures herein, which are applicable to all research and instruction activities conducted at or under the auspices of Bryan College of Health Sciences that involve live vertebrate animals, including non-laboratory species.

Policy, Authorities, and Guidelines

Institutional Policy

It is the policy of Bryan College of Health Sciences that use of live vertebrate animals in research and instruction shall conform to all applicable laws, rules, and regulations of the United States Government and the State of Nebraska. Furthermore, all such research and instruction must be performed in compliance with the highest standards of ethics, practice, and conduct of each of the fields or disciplines involved in the specific research projects or instructional activities.

IACUC Authority

To ensure compliance with regulations regarding the humane care and use of animals in research and instruction, an Institutional Animal Care and Use Committee (IACUC) is charged with the responsibility of ensuring the humane care and use of animals at Bryan College of Health Sciences.

Recognized Animal Care Authorities

The IACUC shall recognize the following regulatory authorities for the care and use of animals:

- **The U.S. Department of Agriculture (USDA).** The Animal Care (AC) section of the Animal and Plant Health Inspection Service (APHIS) of the USDA is responsible for implementing the regulations and standards set forth by the Secretary of Agriculture under the mandate of the **Animal Welfare Act**.
- **The Office for Laboratory Animal Welfare (OLAW).** OLAW is responsible for the general administration and coordination of National Institutes of Health (NIH) policy regarding animal care and use. The OLAW Policy on Humane Care and Use of Laboratory Animals defines the requirements of institutions conducting research supported by the Public Health Service (PHS).

Accepted Animal Care Guidelines

The IACUC will recognize the following guidelines and any others subsequently adopted by the IACUC for the care and use of vertebrate animals in research and instruction

- **Guide for the Care and Use of Laboratory Animals.** Prepared by the Institute of Laboratory Animal Resources, National Academy of Sciences, this book is the resource cited by the OLAW PHS Policy on Humane Care and Use of Laboratory Animals.
- **Guidelines for Ethical Conduct in the Care and Use of Animals.** Developed by the American Psychological Association's Committee on Animal Research and Ethics (CARE), 2003.
- **Laboratory Safety: Working with Small Animals.** Prepared by the Occupational Safety & Health Administration. This is a Quick Facts brochure published by OSHA, 2011.

Composition and Governance of the Institutional Animal Care and Use of Committee (IACUC)

Appointment and Composition of the IACUC

- **Composition.** The IACUC shall include the following:
  - at least one faculty member experienced in research or instruction involving animals;
  - one Doctor of Veterinary Medicine, with training or experience in laboratory animal science and medicine;
  - at least one faculty member whose primary concerns are in an area not associated with research or instruction involving animals; and
  - at least one non-scientist member of the community at large, who is not affiliated with the institution in any way other than as a member of the IACUC, and is not a member of the immediate family of a person who is affiliated with the institution.
- **Appointment of Chair.** The members of the IACUC shall appoint a Chair of the committee.
- **Term of Members.** The term of members of the IACUC shall be a minimum of three years. Longer terms will be permitted with approval of the IACUC.

Governance of the IACUC

- **Meetings.** The IACUC shall meet as necessary, no less than once every six months, to review protocols and to tend to committee business.
- **Application Distribution.** The IACUC Chair will distribute proposals in electronic format to committee members for review.

- **Application Review.** Review of proposals can be carried out by email communication among members; however, a full meeting of the committee is required if any member so requests.
- **Voting.** Approval will be decided by a simple majority of the voting members; the Chair shall vote as a regular member. Members shall not vote on their own or supervised proposals.
- **Ad hoc reviewers.** The IACUC may solicit ad hoc reviewers with specific expertise to assist in protocol reviews on a case-by-case basis. Ad hoc reviewers may participate but not vote in the review process

Responsibilities of the IACUC

Review of Proposals

- **New proposals.** The IACUC will approve, withhold approval of, or require changes in research or instructional protocols involving vertebrate animals in accordance with Federal regulations and accepted guidelines. The Provost cannot approve an activity that the IACUC has withheld approval on.
- **Changes to approved protocols.** The IACUC has the authority to require changes to previously approved research or instruction protocols.
- **Meeting requests.** To facilitate the review of submitted protocols, the investigator/instructor may request a meeting with the IACUC. Requests should be submitted to the Chair of the IACUC.
- **Notification of decisions.** The IACUC shall notify the investigator/instructor as well as the investigator's/instructor's department chair of decisions by email and include explanations for withholding of approval and requested changes to protocols.
- **IACUC reviews at other institutions.** When research or instruction involving vertebrate animals is conducted through a cooperative project at, or in cooperation with, another entity, all provisions of this policy remain in effect. The Bryan College of Health Sciences IACUC may accept review of the protocols by another IACUC recognizing the same or equivalent Authorities. Such acceptance must be in writing and must be signed by the Chairs of the IACUC at each of the cooperating institutions.

Monitoring of Facilities and Animal Use Activities

- **Inspections.** The IACUC or appointed members shall conduct inspections as necessary, of all of the College's animal facilities.
- **Outside concerns.** The IACUC shall receive and review concerns or complaints reported by faculty, staff, students, or members of the general public concerning the care and use of animals at Bryan College of Health Sciences.
- **Written recommendations.** The IACUC may make written recommendations to the Provost regarding any aspect of the College's animal care and use program, facilities, or personnel training.
- **Suspension of approval**. The IACUC by majority vote may suspend any activity involving vertebrate animals that is not being conducted in compliance with applicable provisions of Federal or State law or College policy or in accordance with a protocol approved by IACUC. The Provost may unilaterally suspend an activity independent of the IACUC, but cannot override a decision the IACUC has made.
- **Reporting of suspended approval.** The IACUC shall report serious non-compliance with the requirements of this policy to the investigator's/ instructor's Department Chair, Provost

Other IACUC Responsibilities

- **Applicable Regulations.** The IACUC shall interpret Federal and State laws, regulations, policies and guidelines concerning the utilization of vertebrate animals.
- **Program Review**. The IACUC shall review on an annual basis the institutional animal care and use program and evaluate the currency of approved protocols semi-annually.

Responsibilities of the Investigator/Instructor

Care of Vertebrate Animals

The use of vertebrate animals in research or instruction covered by this policy will not begin before IACUC has reviewed and approved the protocols. In the use of vertebrate animals, the investigator/instructor shall:

- ensure that all pertinent laws, regulations, and guidelines for humane care and use of the animals are observed.
- maintain and use animals only in approved facilities and according to IACUC approved conditions and protocols.
- monitor animals used personally in research or instruction, or by students performing supervised research, and maintain a Vertebrate Animal Care and Use Record (henceforth referred to as the Use Record). The Use Record should include

dates of animal inspections, bedding change, feeding, research protocols, etc., and be readily accessible by the IACUC and the institutions Safety Officer. The Use Record is to be retained for a minimum of three years after animal use is completed and should be easily accessible.
- maintain a scholarly, sensitive, and respectful environment during all experimentation and instructional activities involving the use of animals.
- become knowledgeable about, and conduct all research and instruction in accordance with, approved policies governing the care and use of animals, and when practical participate in continuing education and training programs designed to keep animal users abreast of the latest regulations and procedures.
- provide for proper training of students in the care and handling of the animals and in any specialized techniques required for their research or instruction.
- report promptly to the IACUC, and/or the attending Veterinarian any injuries to or illnesses of the animals.
- report promptly to the IACUC any non-compliance with the requirements of this policy or the determinations of the IACUC.
- attend IACUC meetings when requested by the IACUC or provide additional written information when requested.

Submission of IACUC Application Forms

A New Protocol Application shall be submitted to and approved by the IACUC covering all protocols involving vertebrate animals prior to purchasing or obtaining the animals and initiating the research or instruction. Applications should be sent to the IACUC Chair in electronic format and as a single hard copy.

A Protocol Modification Application shall be submitted to and be approved by the IACUC before altering protocols previously approved by the IACUC, except when necessary to eliminate apparent immediate hazards to the animals or to humans.

An Existing Protocol Application shall be submitted to the IACUC to before using previously approved protocols, which IACUC will provide to Investigators.

Animal Use Protocols Requiring IACUC Approval

The following types of projects are subject to IACUC review and approval:

- **Faculty Research.** All independent faculty research with vertebrate animals, including pilot experiments conducted to obtain data necessary to the preparation of extramural grant proposals or laboratory exercises requires approval by the IACUC before the research is initiated. An application should be submitted before, or as soon thereafter as possible, submitting a grant proposal for external or internal funding.
- **Classroom and Laboratory Instruction.** All classroom and laboratory instruction that involves the use of vertebrate animals requires the approval of the IACUC. Instructors can use protocols previously approved by the IACUC with the submission of an Existing Protocol Application. Procedures not previously approved by the IACUC will require submission of a New Protocol Application.
- **Independent Student Research.** All student research involving the use of vertebrate animals requires approval of the IACUC, as well as the approval of a faculty advisor. An application should be submitted for approval by the IACUC before the start of student research projects.

Approved October 2016

Misconduct in Research Policy

This policy, guided by Code of Federal Regulation 42 Part 93 (42 CFR 93), will provide a mechanism for investigating, reporting and responding to allegations of research misconduct.

Applicability

This policy will be applicable to:

1. All individuals employed by Bryan College of Health Sciences (BCHS).
2. Students of BCHS.
3. Investigators with whom BCHS contracts for the provision of services in research studies.
4. External investigators who have requested to conduct research on students/faculty of Bryan College of Health Sciences.

5. Investigators who take a role in the planning, conducting or reporting of government-funded studies.

References within this policy to reporting to and sharing information with the Office of Research Integrity (ORI) or Health and Human Services (HHS) apply only to research studies or research training for which funding has been granted from the Public Health Service (PHS).

Definitions (93.200-.241)

Research Misconduct (93.103) means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. For the purposes of this policy the following definitions will be used.

- Fabrication is making up data or results and recording or reporting them.
- Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
- Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.
- Research misconduct does not include honest error or difference of opinion.

Charge letter means a written notice, as well as any amendments to the notice, sent to the respondent stating the findings of research misconduct and any HHS administrative actions.

Complainant means a person who in good faith makes an allegation of research misconduct.

Inquiry means preliminary information-gathering and fact-finding that meets the criteria and follows the procedures of 93.307-93.309.

Institution means any individual or person who applies for or receives PHS support for any activity or program that involves the conduct of biomedical or behavioral research, biomedical or behavioral research training or activities related to that research or training.

Institutional Certifying Official means the institutional official responsible for assuring on behalf of an institution that the institution has written policies and procedures for addressing allegations of research misconduct.

Institutional Deciding Official means the institutional official who makes final determinations on allegations of research misconduct and any institutional actions. The same individual cannot serve as the Institutional Deciding Official and the Research Integrity Officer.

Investigation means the formal development of a factual record and the examination of that record leading to a decision not to make a finding of research misconduct or to a recommendation for a finding of research misconduct which, may include a recommendation for other appropriate actions, including administrative actions.

Office of Research Integrity (ORI) means the office to which the HHS Secretary has delegated responsibility for addressing research integrity and misconduct issues related to PHS supported activities.

Preponderance of evidence means proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.

Public Health Service (PHS) means the unit within the Department of Health and Human Services.

PHS support means PHS funding, or applications or proposals therefore, for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or training, that may be provided through: Funding for PHS intramural research; PHS grants, cooperative agreements, contracts, sub-grants, or subcontracts under those PHS funding instruments; or salary or other payments under PHS grants, cooperative agreements, or contracts.

Research means a systematic experiment, study, evaluation, demonstration, or survey designed to develop or contribute to general or specific knowledge relating broadly to public health by establishing, discovering, developing, elucidating, or confirming information about, or the underlying mechanism relating to, biological causes, functions or effects, diseases, treatments, or related matters to be studied.

Research record means the record of data or results that embody the facts resulting from scientific inquiry, including but not limited to, research proposals, laboratory records, both physical and electronic, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided to HHS or an institutional official by a respondent in the course of the research misconduct proceeding.

Respondent means the person against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.

Retaliation an adverse action taken against a complainant, witness, or committee member by an institution or one of its members in response to a good faith allegation of research misconduct or good faith cooperation with a research misconduct proceeding.

General Institutional Responsibilities

Responsible Committees & Individuals

The Institutional Review Board (IRB) for Bryan College of Health Sciences and the President of the College will be primarily responsible for receiving and investigating allegations of research misconduct. Other members of College leadership will be included as indicated by the circumstances of individual allegations.

Evidentiary Standards 93.105

Research Misconduct allegations must be supported by:

- Standard of proof: A finding of research misconduct must be established by a preponderance of the evidence.
- Burden of proof:
    - Bryan College of Health Sciences has the burden of proof for making a finding of research misconduct.
    - The destruction, absence of, or failure to provide research records adequately documenting the questioned research is evidence of research misconduct where it is established that the researcher intentionally, knowingly, or recklessly: 1) had research records and destroyed them; 2) had the opportunity to maintain the records but did not do so; or 3) maintained the records and failed to produce them in a timely manner.
    - A significant departure from accepted research practices is evidence of research misconduct.
    - The individual(s) under investigation of Research Misconduct has/have the burden of proving (by a preponderance of the evidence) their defense and any mitigating factors relevant to a decision following a research misconduct proceeding.

Time Limitations (93.104)

Research misconduct allegations will be open to examination if they are brought to the attention of the IRB within six years of the incident. Exceptions to the time limitation include:

- The investigator(s) continues the alleged research misconduct that occurred before the six-year limitation.
- In the event that the health or safety of the public may be affected.

Confidentiality (93.106)

The identity of respondents and complainants shall be maintained securely and confidentially and no identifying information will be disclosed except to:

1. Those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding.
2. The ORI as it conducts its review of the research misconduct proceedings and any subsequent proceedings (if applicable).
3. Others who may need to know (e.g. IRBs, journals, editors, publishers, co-authors, and/or collaborating institutions).

Annual Report (93.302)

Bryan College of Health Sciences will file an annual report of research misconduct with ORI in the event they are receiving external, public/federal research funds. The Institutional Certifying Official is responsible for submitting the report and ensuring the content.

Maintenance and Custody of Research Records (CFR 93.305)

Bryan College of Health Sciences will maintain adequate records for research misconduct proceedings including:

1. Obtain custody of inventory, and sequester all research records in a secure manner.
2. Give the respondent copies of, or reasonable supervised access to, the research records if appropriate.
3. Take custody of any additional research records or evidence that is discovered during the course of a research misconduct proceeding.

Assessment, Inquiry, & Investigation of Research Misconduct Allegations

All reasonable steps shall be taken to ensure an impartial and unbiased research misconduct proceeding to the maximum extent practicable. Those conducting the inquiry or investigation shall be selected on the basis of scientific expertise that is pertinent to the matter and, prior to selection, they shall be screened for any unresolved personal, professional, or financial conflicts of interest with the respondent, complainant, potential witnesses, or others involved in the matter. Any such conflict, which a reasonable person would consider to demonstrate potential bias, shall disqualify the individual from selection.

Assessment of Research Misconduct Allegations (93.306)

Promptly after receiving an allegation of research misconduct through any means of communication, the College IRB and the President of the College will assess the allegation to determine if it meets the following criteria: 1) it meets the definition of research misconduct in this policy; 2) the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified; and 3) it involves either PHS supported research, or applications for PHS research support. If it is determined that the allegation meets at least the first two criteria an Institutional Inquiry will be initiated.

Inquiry of Research Misconduct Allegations (93.307-.309)

Bryan College of Health Sciences will make a good faith effort to notify in writing all investigators involved in the alleged research misconduct prior to the beginning of the inquiry. The purpose of the inquiry is to conduct an initial review of the evidence to determine whether to conduct an investigation.

The inquiry will be completed within 90 days of its initiation (if the inquiry takes longer than 90 days the reason for the delay will be documented) and will include:

1. Notifying the respondent in writing that an allegation has been made and an inquiry has been initiated. The respondent will be notified that all research records and other evidence needed to conduct the research misconduct proceeding have been sequestered. If the inquiry subsequently identifies additional respondents, the respondent shall be promptly notified in writing.
2. Obtaining custody of and securely storing all research records and evidence needed to conduct the research misconduct proceeding.
3. Reviewing evidence for criteria warranting an investigation. An investigation is warranted if it is concluded that the allegation falls within the definition of research misconduct and preliminary information gathering and fact-finding indicates the allegation may have substance.
4. Completing an inquiry report including: 1) the name and position of the respondent(s); 2) a description of the allegations of research misconduct; 3) the PHS support involved (if any) (including grant numbers, grant applications, contracts, and publications listing PHS support); 4) the basis for recommending (or not recommending) that the alleged actions warrant an investigation; and 5) comments on the report by the respondent or the complainant.
5. Maintaining the confidentiality of the complainant in the inquiry stage.

If it is found that an investigation is needed:

1. Respondent(s) shall be notified of the results of the inquiry. Copies of the inquiry report and institutional policies and procedures for the handling of research misconduct allegations shall be attached to the notification.
2. The investigation shall be initiated within 30 calendar days of that determination.
3. The complainant(s) will be notified in writing and given relevant portions of the inquiry report for comment.
4. The College President will notify the ORI of the final inquiry report if the allegation of misconduct involves PHS supported research.

Investigations of Research Misconduct Allegations (93.310-.316)

The College IRB and/or President will initiate an investigation promptly after determining that one is warranted. In conducting all investigations, IRB committee members and the College President shall:

1. Begin the investigation within 30 days after determining that one is warranted.
2. Notify the ORI Director of the decision to begin an investigation of research misconduct on or before the date the investigation begins and provide an inquiry report.
3. Obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner.
4. Notify the respondent(s) in writing of the allegations to be investigated before the investigation begins. Respondent(s) shall be given written notice of any new allegations within a reasonable time after determining to pursue allegations not addressed in the inquiry or in the initial notice of the investigation.
5. Use diligent efforts to ensure that the investigation is thorough, sufficiently documented, and includes examination of all research records and evidence relevant to reaching a decision on the merits of the allegation.
6. Take reasonable steps to ensure an impartial and unbiased investigation.
7. Interview each respondent, complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation. This will include interviewing witnesses identified by the respondent, recording/transcribing each interview, making the recording/transcript available to the interviewee for correction, and including the recording/transcript in the record of investigation. Respondent(s) will be notified sufficiently in advance of the scheduling of his/her interview in the investigation so that the respondent may prepare for the interview and arrange for the attendance of legal counsel, if the respondent wishes.
8. Pursue diligently all significant issues and leads discovered that are determined to be relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion.
9. Comply with all requirements for conducting an investigation specified in 42 CFR 93.310.
10. Complete the investigation within 90 days.

Other Institutional Responsibilities

Maintenance and Custody of Research Records and Evidence (93.318)

Bryan College of Health Sciences will diligently obtain, secure and maintain research records and evidence pertinent to the research misconduct proceeding for a period of 7 years.

Reporting to ORI (93.316)

For research misconduct proceedings related to respondent(s) with PHS support, the College will report to ORI all required documents.

Institutional Administrative Actions

Bryan College of Health Sciences shall take appropriate administrative actions against individuals (faculty, staff, external researchers, or students) when an investigation of research misconduct has determined that allegations of misconduct have been substantiated whether that research is supported by PHS or not. The final investigative report will be submitted to the Bryan College of Health Science's President's Executive Committee where it may take administrative actions including, but not limited to:

1. Notification of appropriate Dean/Program Directors/ faculty.
2. Notification of external IRBs associated with the research study.
3. Withdrawal or correction of all pending or published abstracts and papers produced as a result of study findings associated with research misconduct.
4. Notification of professional societies, licensing boards, journal editors, or other relevant individuals/organizations.
5. Removal of the responsible person from the particular project.
6. Provision of a letter of reprimand.
7. Cessation or termination of research activities by the respondent.
8. Special monitoring of future work.
9. Probation, suspension, salary reduction, or initiation of steps leading to possible rank reduction or termination of employment if appropriate.
10. Training in the responsible conduct of research.
11. Restitution of funds to the grantor agency as appropriate.

12. Notification of law enforcement agencies as appropriate.
13. Other actions appropriate to remedy the research misconduct and prevent future occurrences.

Bryan College of Health Sciences will cooperate with and assist ORI and HHS, as needed, to carry out any administrative actions HHS may impose as a result of final findings of research misconduct by HHS.

Original Policy Approval Date: 4/6/2009
Revised: 09/17/2025

Unanticipated Problems and Adverse Events Involving Risks to Subjects and Others

Bryan College of Health Sciences requires that investigators promptly report all unanticipated problems or adverse events involving risks to human subjects or others that occur as a result of participation in research.

This policy is intended to assist in the review and reporting of unanticipated problems and adverse events that occur during a research study. Reviews must occur in a timely and meaningful manner with the intent to protect human subjects participating in research or others.

Applicability

This policy applies to all individuals involved in human subjects research studies at Bryan College of Health Sciences including:

- All individuals employed by Bryan College of Health Sciences.
- External investigators who have requested to conduct research on students/employees of Bryan College of Health Sciences.
- Students of Bryan College of Health Sciences who take a role in the planning, conducting, or reporting of human subjects research.

Only a small subset of unanticipated problems or adverse events occurring in human subjects research are unanticipated problems that **must be reported** to the IRB under 45 CFR part 46. The following definitions are provided to assist in correctly identifying unanticipated problems and adverse events.

Definitions:

***Unanticipated problems*:** An incident, experience, or outcome that meets all of the following criteria:

- The event is unexpected (in terms of nature, severity, or frequency) given the approved research protocol, the informed consent document, and the characteristics of the subject population.
- The event is related or possibly related to participation in the research.
- The event suggests that the research places subjects or others at a greater risk of harm (including physical, psychological, economic, or social) than was previously known or recognized.

Examples of unanticipated problems that should be reported to the IRB include:

- Breach in confidentiality resulting from disclosure of confidential information or from lost or stolen confidential information.
- Publication in the literature, interim result, or other finding that indicates an unexpected change to the risk/benefit ratio of the research.
- Unresolved complaint of a subject, family member, or other individual.
- Suspension or termination of investigators.
- Accidental or unintentional change to the IRB approved protocol that involves risks.
- Deviation from IRB approved protocol that increases risk to subjects or others.

Adverse events: Any untoward or unfavorable medical occurrence in a human subject, including abnormal signs, symptoms, or disease, temporally associated with the subject's participation in research, whether or not considered related to the subject's participation in the research. Adverse events may be either physical or psychological harm. They may occur in biomedical, social, or behavioral research. However, they mainly occur in biomedical research.

Adverse events are classified as a serious adverse event if an occurrence:

- Results in death.
- Is life-threatening.
- Results in hospitalization.

Reporting and Review of Unanticipated Problems and Adverse Events

Time Limitations: All unanticipated problems should be promptly reported to the IRB as soon as possible after the investigator becoming aware of the event. Serious unanticipated problems or adverse events must be reported to the IRB immediately with a written report by the investigator within 24 hours of the investigator's awareness of the event.

Investigator Requirements: Investigators must report the event to the IRB and any supervising researchers/faculty. After report to the IRB, the investigator(s) should:

- Ensure the subject(s) receive(s) appropriate treatment to minimize harm.
- Make changes to the research to eliminate immediate hazards to subjects.
- Report the event to any monitoring entities if the protocol requires such monitoring and reporting.
- Complete an *Unanticipated Problem/Adverse Event Reporting* form.

IRB Requirements*:* Upon receiving a report of an unanticipated problem or adverse event, the IRB Chair or Secretary will review the report. The type of review is left to the discretion of the IRB and will be determined by the nature and circumstances of the event. The IRB Chair or Secretary may review the report, may assign an individual or subcommittee to review the report, or may schedule a full committee meeting to review the report. Review of the event will include an evaluation of subject risk, evaluation of harm, and if appropriate, plan for corrective action.

The IRB may take the following actions including but not limited to:

- Accept the review without further recommendations.
- Request additional information from the investigator(s).
- Interview the involved investigator(s), research staff, and/or research subjects(s).
- Interview other individuals who may have knowledge of the event.
- Require the investigator(s) to inform past or present subjects about the nature of additional risks.
- Formulate a plan for mitigation of risk.
- Formulate corrective actions.
- Recommend changes to the protocol.

- Determine if the event changes the original IRB determination, requiring a higher level of review.
- Require current subjects to re-consent to participation.
- Change the frequency of continuing review or interim reports.
- Require additional monitoring of data, research procedures, or informed consent process.
- Suspend/terminate research.

A report of the event must be completed by the IRB and submitted to the appropriate institutional officials (BCHS President and external IRBs, as applicable) and must include:

- Name of institution conducting the research.
- Title of the research project.
- Name of principal investigator.
- Assigned IRB study number.
- Detailed description of the problem, as well as an explanation of why the event meets the criteria for an unanticipated problem or adverse event.
- Actions the investigator, IRB, and/or institution have taken, are taking, or plan to take to protect the risks to subjects (revise the protocol, suspend subject enrollment, terminate the research, revise the informed consent document, inform enrolled subjects, increase monitoring of subjects, etc.).

Institutional Requirements:

After IRB review, a letter will be sent to the investigator(s) with notification of review findings and requirements for corrective action. The IRB will then submit a report of the event to the College President. If appropriate, the College President will notify external institutional officials (IRBs), if applicable.

Potential Institutional Administrative Actions

The following is a potential list of administrative actions that may be taken by the institution in response to the unanticipated problem or adverse event:

- Notification of appropriate Provost/Dean/Director/Supervisor.
- Notification of President.
- Notification of the Dean of Students for student-related events.
- Notification of external IRBs associated with the research study.
- Withdrawal or correction of all pending or published abstracts and papers produced as a result of study findings associated with research misconduct.
- Notification of professional societies, licensing boards, journal editors, or other relevant individuals/organizations.
- Removal of the responsible person(s) from the particular project.
- Provision of a letter of reprimand.
- Suspension or termination of research activities by the respondent(s).
- Requirement of special monitoring of future work.
- Taking disciplinary action related to employment.
- Training or additional educational programs in the responsible conduct of research.
- Taking other actions appropriate to remedy the unanticipated problem/adverse event and prevent future occurrences.

References:

Office for Human Research Protections (2009). Code of Federal Regulations Title 45 Public Welfare Department of Health and Human Services Part 46 Protection of Human Subjects. Retrieved from: https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/

Office for Human Research Protections (2007). Guidance on Reviewing and reporting unanticipated problems involving risks to subjects or others and adverse events. Retrieved from: https://www.hhs.gov/ohrp/regulations-and-policy/guidance/reviewing-unanticipated-problems/

Approved 1/18/2018

Revised 9/2024

Appendices

Appendix A-3: Academic Integrity Violation Policy Flow Chart

Appendix A-4: Academic Integrity Violation Student Notification

Date:

To:

From:

Method of delivery:

Subject: Alleged Violation of the Academic Integrity Policy

The purpose of this letter is to notify you of a possible violation of the Academic Integrity Policy of Bryan College of Health Sciences. Bryan College of Health Sciences is committed to being an academic community of integrity. Academic Integrity is expected in all endeavors of its student body.

You must contact me by ENTER DATE & TIME (MUST BE WITHIN 5 WORKING DAYS OR LESS) to discuss this issue. I am available ENTER BEST TIME TO CONTACT YOU. I can be reached by calling ENTER PHONE NUMBER or by emailing ENTER EMAIL.

Please be aware that failing to contact me within the designated time will result in an automatic referral to the Academic Integrity Committee for review of the alleged violation.

Thank you for your immediate attention and cooperation.

Appendix A-5: Academic Integrity Violations Reporting Form

Bryan College of Health Sciences is committed to being an academic community of integrity. It is mandatory to report all academic integrity violations.

Refer to the Academic Integrity Violation Procedure for detailed information about addressing academic integrity violations. Please contact the Provost at any time if you need guidance in completing this report or if you need support in handling this violation.

Student Name

Program/Degree _____

Semester **Date**

Course **Faculty**

Step 1

Please check type of academic integrity violation.

Definitions:

Deliberate Plagiarism = intentionally claiming the words or ideas of another as one's own without attempting to give credit to the originator of the words or ideas, thereby implying the words or ideas are one's own.

Cheating = Using or providing unauthorized assistance to gain or promote an unfair advantage

Fabrication/Falsification = Reporting or recording false information, or omitting required information.

Classroom Violation

- Deliberate Plagiarism
- Cheating
- Fabrication/Falsification
- Other

Clinical Violation

- Cheating

- Fabrication/Falsification
- Other

Please provide a brief description of the violation of the Academic Integrity Policy. For example, include date of violation, location, facts leading to suspicion of violation, relevant syllabus or clinical guideline statements, as appropriate. Attach additional documented evidence as needed.

Step 2

Contact the Provost, via the Early Intervention Referral form, to determine whether the student has a prior violation on record.

- No, the student has no prior record of Academic Integrity Violation. Complete the Academic Integrity Violation Student Notification form. Proceed to Step 3.
- Yes, the student has a prior Academic Integrity Violation. Complete the Academic Integrity Violation Student Notification form. This violation must be referred to the Academic Integrity Committee. The student must sign here.

To be completed by the student:

- I have discussed the violation with Course Faculty. I have been informed this violation will be addressed by the Academic Integrity Committee. I will make an appointment with the Provost within 2 working days to review the Academic Integrity Policy and Procedure.

Student Signature _____

Date_____

Faculty Signature _____

Date _____

Step 3: Select Option A or Option B.

OPTION A—Faculty investigate suspected violation and assign sanctions, not to exceed course failure.

Please check one or more of the following sanctions:

- Revise/repeat the assignment
- Reduced grade on assignment/paper/quiz/exam
- Zero on assignment/paper/quiz/exam
- Unsatisfactory clinical evaluation
- Course failure—theory component
- Course failure—clinical component
- Other

REMEDIATION: Remediation is required in addition to a sanction. If a prior violation is on record, the remediation plan and sanctions are recommendations for the Integrity Panel. If assistance is needed for remediation plan development, please contact the Provost, or Professional Development Center. Please describe the remediation plan below:

Remediation to be completed by (date & time—allowed one working day):

The Provost will document when remediation is completed. Professional development, student, and faculty need to communicate with the Provost when the remediation plan is met.

- The faculty and I have discussed the violation. I admit responsibility and accept the sanction. A record of the violation will be maintained by the Provost. I will make an appointment with the Provost within 2 working days to review the Academic Integrity Policy and Procedure. Failure to complete the remediation plan may result in disciplinary action up to and including dismissal from the College.

- **I do not admit responsibility and do not accept the sanction**. I request a review by the Academic Integrity Committee. I will make an appointment with the Provost within 2 working days to review the Academic Integrity Policy and Procedure.
- **I admit responsibility but do not accept the sanction**. I request a review by the Academic Integrity Committee. I will make an appointment with the Provost within 2 working days to review the Academic Integrity Policy and Procedure.

Student Signature _____

Date _____

Faculty Signature _____

Date _____

(Step 3 is complete. Proceed to Step 4.)

OPTION B—Faculty believes the violation may warrant a sanction more severe than course failure; therefore, the case is referred to the Academic Integrity Committee to be adjudicated.

To be completed by student:

- I have discussed the violation with Course Faculty. I have been informed this violation will be addressed by the Academic Integrity Committee. I will make an appointment with the Provost within 2 working days to review the Academic Integrity Policy and Procedure.

Student Signature _____

Date _____

Faculty Signature _____

Date _____

(Step 3 is complete. Proceed to Step 4.)

Step 4

A. If the academic integrity violation was resolved at the course level, provide a copy of this Academic Integrity Violation Report to the student and to the Dean of the Academic Program. Retain copies of the following for your own records until course completion and submit the originals to the Provost:
   - This Academic Integrity Violation Report, signed by faculty and student
   - The Academic Integrity Violation Student Notification Form
   - All supporting evidence

B. If the academic integrity violation is being referred to the Academic Integrity Committee, provide a copy of this Academic Integrity Violation Report to the student. Retain copies of the following for your own records and submit the originals to the Provost:
   - This Academic Integrity Violation Report, signed by faculty and student
   - The Academic Integrity Violation Student Notification Form
   - All supporting evidence

Thank you for taking the time to report this violation. Your efforts will help administration, faculty, staff, and the student body nurture a culture of integrity at Bryan College of Health Sciences.

Appendix A-6: Distance Proctor Letter

Distance Proctor Letter

Dear Potential Proctor,

Thank you for considering this role. Proctoring a student is an important service for providing educational opportunities for students attending from a distance. It is also a serious role that requires attention to detail and high standards of integrity. As the representative for the college, you are fulfilling our standards of integrity and quality education. Please read the accompanying materials and consider if you feel you will be able to fulfill this role. If you choose to act as a proctor, please complete the enclosed application and return it to the address below.

You and the student should make arrangements for the time and location of the exam at least 3 weeks in advance. Please communicate these arrangements as soon as they are known. Students have access to the dates and times in the course syllabus. If you have any questions please do not hesitate to call or email any time. I appreciate your willingness to assist this student.

Sincerely,

Kristy Plander
Dean of Educational Development
Bryan College of Health Sciences
1535 S. 52nd Street, Lincoln, NE 68506
Kristy.Plander@Bryanhealthcollege.edu
1-402-481-8849 or
1-800-742-7844 Ext. 18849

Appendix A-7: Proctor Application Form

Please complete all of the following questions or indicate N/A. Please type or print clearly.

Name:_____

Address:_____Street – line 1

_____ Street – line 2

_____City, State, Zip Code

Day Time Phone: ( ) - ____-_____ Ext. _____ ___check if this is your preferred contact

Evening Phone: ( ) - ____-_____ ___check if this is your preferred contact

Cell Phone (optional): ( ) - ____-_____ ___check if this is your preferred contact

Do you have a preferred time for the college to call?_____

Email Address:_____

Alternate Email Address (optional):_____

Which of the following criteria applies to you?

_____Clergy

_____Elementary, Middle or High School teachers

_____College faculty

_____Military Education Officer or Officer of rank higher than student

_____Supervisor from a different department or more than one level above student

Please briefly explain how you meet this criterion - e.g.: What is your place of employment, how long have you been in this type of position?_____

_____

_____

_____

Student Name _____

Course:_____

Do you know this student? If so for how long and in what capacity?_____
_____

Are you related to this student?____Yes_____No

Are you a direct supervisor for this student? ___Yes_____No

Does the student have access to your email: ___Yes_____No

Phone? ___Yes_____No

US Mail? ___Yes_____No

Having read the description of responsibilities, do you agree to abide by the directions?____ Do you agree to maintain the highest levels of integrity in this role?_____

Signature:_____

Date_____

If a self-addressed envelope is not included with this form, please mail, email or fax to:

Kristy Plander, Dean of Educational Development
Bryan College of Health Sciences,
1535 S. 52nd Street, Lincoln, NE 68506-1398

Fax to 1-402-481-8421
Email: Kristy.Plander@Bryanhealthcollege.edu

Appendix A-8: Student Application for Proctor

Student Name:_____

Address: (City/State)_____

Approximate Distance to Lincoln_____

Semester/Year proctor will be required:_____

Program at the College (RN, Health Professions etc.)_____

Proctor Name:_____

Contact information for
proctor:_____

Course(s):_____

Do you know the proctor? If so for how long and in what capacity?_____

_____

_____

Are you related to this proctor?____Yes_____No

Is this proctor your direct supervisor? ___Yes_____No

Do you agree to maintain the highest levels of integrity as a student taking an exam under a proctor's supervision?_____

Signature:_____

Date_____

Please mail, email or fax to:

Kristy Plander, Dean of Educational Development
Bryan College of Health Sciences,
1535 S. 52nd Street, Lincoln, NE 68506-1398

Fax to 1-402-481-8421
Email: Kristy.Plander@Bryanhealthcollege.edu

Directions for student:

- Complete and return this form at least 3 weeks prior to the first exam for which you will require a proctor.
- Provide the proctor the forms, allowing adequate time for the proctor to complete, mail and the college to receive the form at least 3 weeks prior the first exam.
- Give the Proctor Application Form, Guidelines for Proctoring and Letter to Potential Proctor to the proctor candidate in adequate time to complete and return at least 3 weeks prior to first exam.
- Make any necessary arrangements for fees related to the proctoring service in advance of requesting the proctor to complete the form.
- ***Keep a copy of all of these forms for future use in other courses!***

Appendix A-9: Directions for Faculty Using Distance Proctors

1. Faculty will be responsible for obtaining proctor forms and student forms and maintaining these records for the semester. Faculty should place all due dates for forms in syllabus and course calendar/information.
2. For online assessments:
   a. Establish a password for the assessment before opening it to student availability.
   b. Close assessment or change the password as soon as the assessment is completed by the student(s).
3. For non-online assessments:
   a. Mail assessments at least one week in advance of the scheduled date.
   b. Exams as mailed should include a self-addressed stamped envelope for return of materials.
   c. Include the external proctor instructions and return signature page.

Appendix A-10 Assessment of Student Learning - Framework for Annual Assessment Plans and Reports

	Content for the Annual Report
1 Statements of Mission, Goals, and Philosophy	State the College Mission, Goals, and Program Philosophy Statement
2 Program Outcomes	Identify program outcomes
3 Measurements of Assessments and Benchmarks	Describe the measures (tools) and methods (processes and procedures) used to collect data. • Which measures were used? • How do measures assess program outcomes? • How and when were measures administered? Determine benchmarks for each measurements of assessment.
4 Determine gaps	Describe the results of data collection and analysis. • How and when was the data analyzed? • Were benchmarks met? If so, provide the necessary data. • If benchmarks were not met, what gaps were identified?
5 Probable Reason for Gaps	Describe the probable reasons for each gap, if any. • How did programs determine probable reason for gaps in student learning?
6 Programmatic and/or operational adjustments to narrow gaps	Describe the adjustments, if any, in program or operations to narrow the gaps identified. • How did the program determine what adjustments might be necessary. • What changes does the program recommend to address each identified gap? ◦ Changes in the curriculum? ◦ Changes in instructional strategies? ◦ Changes to course content? ◦ Changes in faculty?
7 Changes in budget for planning/budgeting processes	Describe the budget requests, if any, required to implement program/operation changes recommended above • What changes to budget is needed to implement proposed adjustment? ◦ What needs to be changed and what is the cost?
8 Correlate adjustments to changes in outcomes	Describe if/how changes in outcomes documented in data collection are related to the programmatic or operational changes • Has the program made previous adjustments in program/operations as a result of previously identified gaps in student • If so, identify the previous programmatic adjustments and indicate if changes in student learning outcomes **this year** h negatively) by those adjustments.
9 Refining Assessment Plan and Processes	Describe changes, if any, to next year's assessment plan. • Did assessment of student learning raise questions about the effectiveness of program's assessment plan? • If so, what changes need to be made? ◦ Different measurements and/or methods of data collection? ◦ Adjusting benchmarks?

Assessment plans with changes highlighted along with annual reports must be submitted to either the Undergraduate Studies or Graduate Studies Committees.

Appendix A-11: ByLaws of the Faculty Senate

Article I

Name

This organization shall be known as the Faculty Senate of Bryan College of Health Sciences.

Article II
Authority and Responsibility

Section 1.

Bryan College of Health Sciences recognizes the authority and responsibility of faculty to participate fully in the shared governance of the College. The Faculty Senate is the primary vehicle for faculty action and communication in the areas of curriculum design and content; methods of instruction; assessment of student learning; requirements and standards for student admission, progression, and graduation; student life as it relates to the educational process; faculty scholarship; and faculty status and related matters.

Section 2.

The purpose of the Faculty Senate is to:

1. serve as a forum for discussion of ideas, issues, and policy matters in academic arenas and areas of faculty concern;
2. assure that the College's academic activities comply with the established mission, vision, purpose, and goals of the institution;
3. maintain educational standards across all areas of faculty governance;
4. provide a system for communication and coordination of College activities;
5. furnish a structure for faculty to take action and/or to make recommendations to the President and the College Board of Trustees;
6. receive reports from and provide input to the Administration, College Committees, and the College Board of Trustees;
7. review and act on recommendations from Standing Committees and programs; and
8. approve policies and procedures for academic programs
9. approve for graduation those undergraduate and graduate students who have completed all degree and certificate requirements.

Section 3.

The President and College Board of Trustees have the right of review and veto of all actions of the Faculty Senate. The President will address the Faculty Senate with rationale for veto of any action. The President or College Board of Trustees may return actions approved by the Faculty Senate for further development. The President may request a second vote on any action. Actions available to the Senate after a Presidential veto include: 1) concede the veto, 2) reform the policy and resubmit, 3) resubmit without change, 4) override the veto with a two-thirds vote of the membership.

Article III
Membership

Section 1.

Membership of the Faculty Senate shall be as follows:

1. All teaching faculty members, defined as employees across the College who have the job title of instructor or higher; and
2. Deans of academic programs who have responsibility for operationalizing and overseeing the teaching, scholarship, and service components of educational programs (ex-officio, non-voting):
    - President
    - Provost
    - Deans of Academic Programs
    - Director of Library Services
3. Faculty unable to attend scheduled meetings are expected to notify the Faculty Senate Committee Chair in advance.

Article IV
Officers and Duties

Section 1.

The officers of the Faculty Senate shall be elected by its membership and must be teaching faculty with the rank of Instructor or higher.

1. Chair
2. Chair-elect
3. Secretary
4. Historian (Past Chair)

Each year in March, the voting membership of the Faculty Senate shall elect a Chair-elect for a three year term, the first to be served as Chair-elect the second to be served as Chair, and the third to be served as Historian. The membership shall elect a Secretary for a one-year term.

Section 2.

The Chair shall:

1. preside at all meetings of the Faculty Senate;
2. coordinate the preparation and distribution of the agenda for Faculty Senate meetings and Faculty Senate Executive Committee meetings;
3. represent the Faculty Senate on the Leadership Council (including Leadership Retreat), Academic Affairs and on the Board of Trustees;
4. call special meetings of the Faculty Senate, Faculty Senate Executive Committee, or Faculty Senate voting members as needed; and
5. Organize and oversee orientation for new Faculty Senate Chair-Elect, Secretary, Standing Committee Chairs and Secretaries, and Subcommittee Chairs and Secretaries.

Section 3.

The Chair-elect shall:

1. attend Faculty Senate Executive meetings and;
2. in the absence of the Chair, perform the duties of the Chair;
3. maintain an updated version of all committee membership charts; and
4. assist in the organization and delegation of orientation for new Standing Committee Chairs and Secretaries and Subcommittee Chairs and Secretaries.

Section 4.

The Secretary shall:

1. record the minutes of all Faculty Senate and all Faculty Senate Executive Committee meetings, (including trend of discussion and decisions) and
2. prepare monthly minutes accordingly, along with all reports and attachments of which will be provided to the Administrative Assistant for preservation, and;
3. collaborate with the Administrative Assistant, ensuring updates of Previous Faculty Senate passed Policies and Procedures on a minimum of a quarterly basis and as needed.

Section 5.

The Historian shall:

1. Provide an account of shared governance processes and a working knowledge of pertinent resources.

Section 6.

The officers of the Faculty Senate shall comprise the Faculty Senate Executive Committee whose duties are to:

1. prepare agendas for each Faculty Senate meeting;
2. coordinate the annual election of faculty to Standing Committees and the Faculty Senate Executive Committee;
3. carry out the business of the Faculty Senate between meetings;
4. report its actions to the Faculty Senate at its next meeting;
5. annually appoint a parliamentarian to serve at all meetings of the Faculty Senate;
6. direct the annual review of the function of the Faculty Senate and its bylaws;
7. maintain open communication with the President and/or Provost through regular meetings;
8. direct the review of academic policies;
9. form task forces as needed, and
10. communicate with the Chairs of all Standing Committees to prepare Faculty Senate agendas through a monthly Executive Committee meeting.

Section 7.

Resignations of Executive Committee Members

1. Resignation of Chair

In the event the Chair for the Faculty Senate feels compelled, after careful consideration, to resign his or her position, the remainder of the term shall be filled by the Chair Elect. The Executive Committee will appoint an interim Chair Elect to fulfill this role for the remainder of the term.

At the annual election, the membership will vote to endorse the Chair to serve as Chair for the next academic year. If the current Chair is endorsed, he or she will fulfill his or her original elected term as Chair and a new Chair Elect will be elected. If the current Chair is not endorsed, elections for both Chair and Chair Elect will be held.

2. Resignation of Chair Elect

The executive committee will appoint an interim Chair Elect to fulfill this role for the remainder of the term. Elections for a new Chair Elect will take place at the annual election.

3. Resignation of Secretary

The executive committee will appoint an interim Secretary to fulfill this role for the remainder of the term. Elections for a new Secretary will take place at the annual election.

4. Resignation of Historian

No action is required to appoint, but mentoring of the current Chair and Faculty Senate Executive Committee shall be provided by previous Chairs of the Faculty Senate.

Article V

Meetings of Faculty Senate

Section 1.

The meetings of the Faculty Senate shall be held monthly August through May and as needed. The Chair with agreeance from the Executive Committee may cancel meetings if the agenda items do not warrant a meeting.

Section 2.

Special meetings shall be called by the Chair, as deemed necessary.

Section 3.

The order of business at the regular meetings shall be: (This is not a standard part of bylaws.)

1. Call to order
2. Approval of minutes
3. Reports
    1. Provost
    2. Standing Committees
    3. Executive Committee
    4. Other
4. Unfinished business
5. New business
6. Announcements
7. Adjournment

Meetings of Faculty Senate Executive Committee

Section 4.

The meetings of the Faculty Senate Executive Committee shall be held monthly August through May and as needed. The Chair with agreeance from the Executive Committee may cancel meetings if the agenda items do not warrant a meeting.

Membership of the Faculty Senate Executive Committee shall include the Chair, Chair Elect, Secretary, and Historian of the Faculty Senate; Chairs of each of the Standing Committees; and the President and/or Provost of the College.

Section 5.

Special meetings may be called by the Chair, as deemed necessary.

Section 6.

The business to be conducted at each Faculty Senate Executive Committee meeting will include reports from all Standing Committee Chairs and the President and/or Provost.

Article VI

Quorum

A simple majority of the voting membership shall constitute a quorum for the Faculty Senate and its Committees.

Article VII

Voting/Amendments

Section 1.

All members of the Faculty Senate shall have the power to vote except those designated as "ex-officio, non-voting." Faculty Senate meetings are open to all administration, faculty, and College staff, except when designated as executive sessions restricted to members.

Section 2.

A simple majority of votes cast is necessary for the adoption of any motion, except those for which parliamentary law prescribes a greater vote such as the amendment of bylaws. The minutes shall reflect the outcome of the vote.

Section 3.

The Bylaws of the Faculty Senate may be amended at any regular or special meeting of the Faculty Senate by a two-thirds vote of the members present, provided a quorum is present and a written copy of the proposed amendments has been sent to all members at least two weeks prior to the vote.

Article VIII
Standing Committees and Subcommittees

Section 1.

Standing Committees shall be:

1. Integrity
2. Educational Technology
3. Faculty Development, Rank, and Promotion
4. Graduate Studies
5. Undergraduate Studies

Section 2.

Membership of Standing Committees and Subcommittees

1. All Standing Committee members will be at-large and shall be elected by the Faculty Senate. Terms shall be rotating three-year.
2. Ex-officio, non-voting members shall be determined by virtue of position.
3. Elections shall take place each March for the following academic year, and committee terms shall take effect August 1st. The process of requesting nominations for Faculty Senate Officers and Standing Committee members may begin up to two weeks prior to the March Faculty Senate Meeting and remain open beyond the March meeting. Voting shall take place before the end of March. Requesting nominations and voting may be conducted electronically.
4. Membership on subcommittees and methods of election/selection shall be determined by the respective school or Division.
5. Student representatives shall be appointed to committees and subcommittees designated herein by the Student Government Association or other for one year terms and may be reappointed.
6. Members are expected to participate in annual orientation as organized by the Faculty Senate Chair.
7. Faculty unable to attend scheduled meetings are expected to notify the Committee Chair in advance.

Section 3.

Officers and Duties of Standing Committees and Subcommittees

Each Standing Committee and Subcommittee shall elect a Chair in April prior to the following academic year. Only faculty members with voting privileges in Faculty Senate may serve as officers of Standing Committees or Subcommittees. The Chair of the committee is responsible for setting all meeting agendas. The Chair and or his/her designate shall preside at all meetings, prepare and distribute the agenda for meetings, and call special meetings as needed.

A Secretary shall be appointed at the committee meeting in April; the term will begin at the start of the following academic year. The secretary of Standing Committees and Subcommittees shall serve for a one to two-year period. The Secretary shall record and prepare the minutes of all meetings (including trend of discussion and decisions); all minutes, reports, and attachments will be provided to the Administrative Assistant for preservation. The Standing Committee and Subcommittee secretary shall collaborate with the Administrative Assistant, ensuring updates of previously passed changes to policies and procedures on a minimum of a quarterly basis and as needed.

Section 4.

Meetings

All Standing Committees and Subcommittees shall meet monthly, unless otherwise designated. Special meetings may be called by the Chairs of the Committees as needed. Committee meetings are open to all College administration, faculty, staff, and student representatives except when designated as executive sessions restricted to members.

In cases where a School or Division has five or fewer teaching faculty, the Subcommittee meetings may be conducted at the same time as regular faculty meetings. When matters of Faculty Senate business are discussed during such meetings, a faculty member with voting privileges must chair that part of the meeting and conduct the business according to the Faculty Senate Bylaws.

Section 5.

Voting

1. All members of the Standing Committees and their Subcommittees shall have the power to vote except those designated as "ex-officio non-voting." A simple majority of votes cast is necessary for the adoption of any motion, except those for which parliamentary law prescribes a greater vote such as the amendment of bylaws. The minutes shall reflect the outcome of the vote.
2. Student representatives participate as non-voting members of designated Standing Committees and Subcommittees.

Section 6.

Resignation of Standing Committee or Subcommittee Member

The affected Standing Committee or Subcommittee will appoint an interim member to fill the vacancy until the completion of the term. If the committee member is Chair, the committee will elect a new Chair.

Section 7.

Process for Policy Change

1. Changes in policy under the auspices of Subcommittees shall be forwarded to the corresponding Standing Committee for approval. The Standing Committee will report the change in policy to the Faculty Senate. A vote of the Faculty Senate is not required on Subcommittee policies unless the policy deviates from a College-wide policy or philosophy of the College or Program. All College-wide academic policies need the approval of the entire Faculty Senate.
2. Changes in policy under the auspices of the Standing Committees shall be brought to the entire Faculty Senate for a vote.
3. Proposals to Standing Committees and Subcommittees shall use the approved Faculty Senate Proposal Form. New and revised programs or courses shall be submitted to Standing Committees and Subcommittees using the approved SBAR Template for New or Revised Programs or Courses.
4. Policies scheduled for routine review will be shared with the Executive Committee at the beginning of the academic year, by the Faculty Senate Chair. Standing Committee Chairs shall communicate the need to review respective policies to Standing Committee members and plan for policy review movement to begin at the level of Subcommittee recommendations, if applicable to policy content/publication locations.

Section 8.

Purpose and Membership of Standing Committees

1. Integrity Committee
    1. *Purpose* of the Integrity Committee is to:
        1. promote a culture of integrity;
        2. adopt, evaluate and revise academic policies and procedures related to integrity and ensure their consistent application across all academic programs;
        3. adjudicate integrity violations by students;
        4. plan and coordinate integrity education and academic dishonesty prevention activities;
        5. serve as a resource for faculty adjudicators with respect to appropriate sanctions for offenses and student history of dishonesty;
        6. serve as a resource for students with concerns about integrity;
        7. evaluate and report trends in integrity violations in the College
    2. *Membership* of Integrity Committee:
        1. A minimum of five and no more than seven faculty members, elected at large from the total pool of faculty, representing both undergraduate and graduate programs.
        2. Dean of Students, Provost (ex-officio, non-voting).
        3. A minimum of six and no more than ten student members (non-voting), appointed jointly by the Student Government Association (SGA) and Integrity Committee faculty members. Student membership should be comprised of a minimum of:
            1. one officer of the Student Government Association
            2. one student from each School/Division.
2. Educational Technology Committee

1. (ET) *Purpose* of the Educational Technology Committee is to:
    1. Create and maintain policies and procedures for distance education and educational technology.
    2. Create standards of practice for faculty teaching distance education courses and standards for using educational technology.
    3. Collaborate with the Faculty Development and Rank Committee and administration regarding faculty preparation and ongoing training in distance education and educational technology.
    4. Approve the process, review results of the evaluation of distance education and educational technology, and offer recommendations for improvements.
    5. Evaluate recommendations and provide input for proposed college-wide technology purchases.
    6. Review changes in regulations and standards for distance education and educational technology, brought forward by an Educational Development Team Representative, to collaboratively plan appropriate responses.
    7. Identify and address student needs for distance education and educational technology.
2. (ET) Membership of Educational Technology Committee:
    1. A minimum of five and no more than seven members elected at-large from a total pool of faculty representing both undergraduate and graduate programs. At least 50% of the voting members of the committee need to have distance education experience (i.e. completion of required distance faculty training and a minimum of one completed semester teaching a distance course).
    2. College Network Administrator (ex-officio, non-voting)
    3. Educational Development Team Representative (ex-officio, non-voting)
    4. Director of Library Services (ex-officio, non-voting)
    5. One or two students appointed by the Student Government Association or by faculty recommendation (non-voting)

    Revised/Approved by the Faculty Senate January 9, 2017
    Revised/Approved by the Faculty Senate May 22, 2017

3. Faculty Development, Rank, and Promotion Committee
    1. (FDR) Purpose of the Faculty Development, Rank, and Promotion Committee is to:
        1. recommend, evaluate, and revise policies and procedures related to faculty professional development;
        2. plan, coordinate, document, and evaluate faculty development activities to promote professional and general development of the faculty;
        3. recommend, review, and evaluate effectiveness of policies and procedures for academic rank and promotion;
        4. review individual applications for promotion in academic rank and make recommendations based on policy and procedures to the Dean of the applicant's School or Division and to the College President;
        5. collaborate with administration regarding faculty policies; and
        6. recommend, evaluate, and revise policies related to faculty scholarship.
    2. (FDR) Membership of Faculty Development, Rank, and Promotion Committee:
        1. A minimum of five and no more than seven faculty members elected at large from the total pool of faculty representing all ranks both undergraduate and graduate programs; minimum of one faculty from Nursing, Sonography, Humanities and Sciences, and Graduate Studies.
4. Undergraduate Studies Committee:
    1. (UG) Purpose of Undergraduate Studies Committee is to:
        1. evaluate, revise, approve, and ensure consistent application of academic policies across all programs related to undergraduate curriculum, assessment, admissions, progression, and graduation;
        2. evaluate and verify curricular proposals in relation to College mission and policies:
            - (1.1) Vote at subcommittee level; vote at Undergraduate Studies; vote at Faculty Senate: New programs (major, minor, or certificate), tracks and degree options.
            - (1.2) Vote at subcommittee level; vote at Undergraduate Studies; report to Faculty Senate: Revisions to current program or program outcomes
            - (1.3) Vote at subcommittee level; repot to Undergraduate Studies: New or Significant revision (change in intent) to course description or course outcomes.
        3. approve graduation and degree requirements;
        4. Review and approve College admission criteria;
        5. approve policies for academic standards, attendance, and grading;
        6. act on records of applicants forwarded by Subcommittee and on student requests for waiver of, or exceptions to, college academic admission, progression, and/or graduation requirements;

7. approve criteria for graduation with honors and College wide awards review;
8. communicate and integrate plans for assessment of student learning outcomes to all internal and external constituents; and
9. serve as a resource for assessment of student learning to facilitate best practice.

2. (UG) *Membership* of Undergraduate Studies Committee:
    1. Member-at-large (elected at large from the pool of undergraduate faculty, serving a three year term, first as member-at-large, then as Chair-elect for UG Studies, then as Chair).
    2. Chair-elect (previously member-at-large, see a above)
    3. Chair (previously Chair-elect (see above)
    4. The faculty chair of each UG Sub-committee (VIII.8.D.3 below for list). For those programs with few enough faculty where the APG, Curriculum, and Assessment committees all have the same faculty composition and meet together (see VIII.4) the single faculty chair will represent all three committees.
    5. Provost (ex-officio, non-voting)
    6. Registrar (ex-officio, non-voting)
    7. Librarian (ex-officio, non-voting)
    8. One or two students appointed by Student Government Association (non-voting).
3. Subcommittees of Undergraduate Studies:
    1. (APG) Purpose of Admission, Progression, and Graduation Subcommittees:
        - (1.1) develop program criteria for admission and policy procedure, progression, and graduation within the respective School/Division;
        - (1.2) admit students to respective programs based upon college and program criteria.
    2. (APG) Membership of Admission, Progression, and Graduation Subcommittees:
        - (1.1) (APG) Nursing Admission, Progression, and Graduation Subcommittee
        - (1.2) A minimum of five and no more than seven nursing faculty members
        - (1.3) Each elected faculty member may serve up to two (2) consecutive terms, if elected to each for a total of six (6) years.
        - (1.4) Upon completion of two (2) terms, the faculty member must wait one (1) year to become eligible for nomination and service to return to the committee.
        - (1.5) Dean of Undergraduate Nursing or appointed designee (ex-officio, non-voting except when admissions decisions need to e made during time periods when faculty are not required to report for work - including spring break, summer break, and Christmas break)
        - (1.6) Dean of Enrollment Management (ex-officio, non-voting)
        - (1.7) Admissions Counselor (ex-officio, non-voting)
        - (1.8) One student representative appointed by the Student Government Association or by faculty recommendation (non-voting
        - (2.1) (APG) Sonography Admission, Progression, and Graduation Subcommittee
        - (2.2) One faculty representative from each sonography specialty – a minimum of three and no more than seven sonography faculty
        - (2.3) Dean of Healthcare Studies (ex-officio, non-voting)
        - (2.4) Director of Enrollment Management (ex-officio, non-voting)
        - (2.5) Admissions Counselor (ex-officio, non-voting)
        - (2.6) One student representative appointed by the Student Government Association or by faculty recommendation (non-voting)
        - (3.1) (APG) Humanities and Sciences Admissions, Progression, and Graduation Subcommittee
        - (3.2) A minimum of five and no more than eight Humanities and Sciences faculty.
        - (3.3) Dean of Enrollment Management (ex-officio, non-voting)
        - (3.4) Dean of Healthcare Studies (ex-officio, non-voting)
        - (3.5) One student representative appointed by Student Government Association or by faculty recommendation (non-voting)
    3. Purpose of Assessment Subcommittees:
        - (1.1) formulate, approve, and evaluate plans for assessment of student learning for respective undergraduate School/Division and submit plans to Undergraduate Studies Committee for approval/ revision;
        - (1.2) implement undergraduate assessment plans, evaluate student learning outcomes, and review progress in meeting assessment goals;
        - (1.3) integrate undergraduate assessment results into curricular evaluation, strategic planning, and budgetary cycles.
    4. Membership of Assessment Subcommittees

- (1.1) (Assess) Nursing Assessment Subcommittee
    1. A minimum of five and no more than seven Nursing faculty members,
    2. Each elected faculty member may serve up to two (2) consecutive terms, if elected to each for a total of six (6) years.
    3. Upon completion of two (2) terms, the faculty member must wait one (1) year to become eligible for nomination and service to return to the committee.
    4. Dean of Nursing (ex-officio, non-voting)
    5. One or two student representatives appointed by the Student Government Association or by faculty recommendation (non-voting)
- (1.2) (Assess) Sonography Assessment Subcommittee
    1. One faculty representative from each sonography specialty - a minimum of three and no more than seven Sonography faculty
    2. Dean of Healthcare Studies (ex-officio, non-voting)
    3. One student representative appointed by the Student Government Association or by faculty recommendation (non-voting)
- (1.3) (Assess) Humanities and Sciences Assessment Subcommittee
    1. A minimum of five and no more than eight Humanities and Sciences faculty
    2. Dean of Healthcare Studies (ex-officio, non-voting)
    3. One student representative appointed by Student Government Association or by faculty recommendation(non-voting)

5. Purpose of Curriculum Subcommittees:
    - (1.1) review and approve curricular and policy proposals for the respective School/Division and submit proposals to the Undergraduate Studies Committee for its approval;
    - (1.2) evaluate program effectiveness;
    - (1.3) approve new and revised course syllabi for congruity with curriculum and curriculum framework;
    - (1.4) approve, evaluate, and revise policies related to student clinical experiences;
    - (1.5) integrate results of assessment of student learning into curricular evaluation and implementation; and
    - (1.6) determine general education requirements for program curricula; and
    - (1.7) act on student requests for waiver of, or exceptions to, curriculum.
6. Membership of Curriculum Subcommittees:
    - (1.1) (Curric.) Nursing Curriculum Subcommittee
        1. A minimum of five and no more than seven nursing faculty members
        2. Each elected faculty member may serve up to two (2) consecutive terms, if elected to each for a total of six (6) years.
        3. Upon completion of two (2) terms, the faculty member must wait one (1) year to become eligible for nomination and service to return to the committee.
        4. Dean of Undergraduate Nursing (ex-officio, non-voting)
        5. Assistant Dean of Undergraduate Nursing (ex-officio, non-voting)
        6. Registration and Advising Supervisor (ex-officio, non-voting)
        7. Two nursing student representatives from various levels appointed by Student Government Association. Students must currently be taking classes from levels two, three, or four (non-voting)
    - (1.2) (Curric.) Sonography Curriculum Subcommittee
        1. One faculty representative from each Sonography program - a minimum of three and no more than seven sonography faculty
        2. Dean of Healthcare Studies
        3. (ex-officio, non-voting)
        4. Registration and Advising Supervisor (ex-officio, non-voting)
        5. One student representative appointed by Student Government Association or by faculty recommendation (non-voting)
    - (1.3) (Curric.) Humanities and Sciences Curriculum Subcommittee
        1. A minimum of five and no more than eight Humanities and Sciences faculty
        2. Registration and Advising Supervisor (ex-officio, non-voting)
        3. Dean of Healthcare Studies (ex-officio, non-voting)
        4. One student representative appointed by Student Government Association or by faculty recommendation (non-voting)

5. Graduate Studies Committee
    1. Purpose of the Graduate Studies Committee is to:

1. develop, evaluate, revise, approve, and ensure consistent application of academic policies across all programs related to graduate curriculum, assessment, admissions, progression, and graduation;
2. review individuals recommended for admission by the Admissions, Progression, and Graduation Subcommittee who do not meet admission criteria and determine whether to admit or deny admission;
3. evaluate and approve program plans for assessment of student learning outcomes for graduate programs to maintain educational integrity and academic quality;
4. review progress in achieving student learning outcomes;
5. evaluate and verify curricular proposals in relation to College mission and policies;
6. review assessment results;
7. evaluate and verify curricular proposals in relation to College mission and policies, including actions such as;
    - (1.1) New programs (major, minor, or certificate), tracks and degree options: Vote at subcommittee level; Graduate Studies; and Faculty Senate:
    - (1.2) Revisions to current program or program outcomes: Vote at subcommittee level, Graduate Studies, and Faculty Senate:
    - (1.3) New or significant revision (change in intent) to course description or course outcomes: Vote at subcommittee level; and report to Graduate Studies:

2. *Membership of Graduate Studies Committee:*
    1. A minimum of four and no more than six graduate faculty members elected at large from the total pool of graduate faculty. A minimum of two representatives from each program are requited to serve on the Graduate Studies Committee.
    2. Deans of Graduate Programs (ex-officio, non-voting)
    3. Provost (ex-officio, non-voting)
    4. Graduate student representative (non-voting), one or or more as selected by faculty
    5. Librarian (ex-officio, non-voting)
3. Subcommittees: Graduate Nursing & Health Professions and School of Nurse Anesthesia
    1. Purpose of Admission, Progression and Graduation (APG) Subcommittees:
        - (1.1) Develop program criteria for admission, progression, and graduation within the respective school or division;
        - (1.2) Admit students to respective programs based upon College and program criteria. Applicants recommended by Subcommittees who do not meet College admission criteria must be forwarded to the Graduate Studies committee for admission/denial.
        - (1.3) Act on student requests for waiver of, or exceptions to, program policies related to student progression and graduation;
        - (1.4) Recommend graduation for students who have completed all degree or certificate requirements;
        - (1.5) Act on student requests forwarded by subcommittee for waiver of, or exceptions to, program policies related to student progression and graduation.
    2. Membership of Admission, Progression, and Graduation (APG) Subcommittees:
        - (1.1) Graduate Nursing & Health Professions (APG) Subcommittee
        - (1.2) A minimum of three and no more than five Graduate Nursing & Health Professions faculty members
        - (1.3) Dean of Graduate Nursing & Health Professions (ex-officio, non-voting)
        - (1.4) At least one Graduate Nursing or Health Professions students selected by faculty (non-voting). Invitation to attend meeting based on topic of discussion.
        - (2.1) School of Nurse Anesthesia (APG) Subcommittee:
        - (2.2) A minimum of three and no more than five Nurse Anesthesia faculty members
        - (2.3) Dean of Nurse Anesthesia (ex-officio, non-voting)
        - (2.4) At least one Nurse Anesthesia students selected by faculty (non-voting). Invitation to attend meeting based on topic of discussion.
    3. Purpose of Assessment Subcommittee:
        - (1.1) Formulate, approve, and evaluate plans for assessment of student learning for respective school or division and respond to questions and suggestions made by the Graduate Studies Committee for approval or revision;
        - (1.2) Implement assessment plans, evaluate student learning outcomes, and review progress in meeting assessment goals; and
        - (1.3) Integrate assessment results into curricular evaluation, strategic planning, and budgetary cycles.
    4. *Membership* of Assessment Subcommittee:
        - (1.1) Graduate Nursing & Health Professions Assessment Subcommittee

- (1.2) A minimum of three and no more than five Graduate Nursing & Health Professions faculty members
- (1.3) Dean of Graduate Nursing & Health Professions (ex-officio, non-voting)
- (1,4) At least one, graduate nursing or health professions students selected by faculty (non-voting). Invitation to attend meeting based on topic of discussion.
- (2.1) School of Nurse Anesthesia Assessment Subcommittee
- (2.2) A minimum of three and no more than five Nurse Anesthesia faculty members
- (2.3) Dean of Nurse Anesthesia (ex-officio, non-voting)
- (2.4) At lease one Nurse Anesthesia student selected by faculty (non-voting). Invitation to attend meeting based on topic of discussion.

5. *Purpose* of Curriculum Subcommittee:
   - (1.1) Review and approve curricular and policy proposals and submit proposals for respective schools or division to the Graduate Studies committee for approval;
   - (1.2) Evaluate program effectiveness;
   - (1.3) Approve new and revised course syllabi as appropriate for congruity with curriculum and curriculum framework;
   - (1.4) Approve, evaluate, and revise policies related to student clinical experiences; and
   - (1.5) Integrate results of assessment of student learning into curricular evaluation and implementation.
6. Membership of Curriculum Subcommittee:
   - (1.1) Graduate Nursing & Health Professions Curriculum Subcommittee
   - (1.2) A minimum of three and no more than five Graduate Nursing & Health Professions faculty members
   - (1.3) Dean of Graduate Nursing & Health Professions (ex-officio, non-voting)
   - (1.4) At least one, Nurse Anesthesia student selected by faculty (non-voting) Invitation to attend meeting based on topic of discussion
   - (1.5) Librarian as requested (ex-officio, non-voting)
   - (2.1) School of Nurse Anesthesia Curriculum Subcommittee
   - (2.2) A minimum of three and no more than five Nurse Anesthesia faculty members
   - (2.3) Dean of Nurse Anesthesia (ex-officio, non-voting)
   - (2.4) One graduate student selected by faculty (non-voting) Invitation to attend meeting based on topic of discussion.
   - (2.5) Librarian as requested (ex-officio, non-voting)

Article IX
Parliamentary Authority

Section 1.

Rules contained in Robert's Rules of Order, current edition, shall govern the Faculty Senate in all cases to which they are applicable and in which they are not in conflict with these Bylaws.

Section 2.

Special rules of order include:

1. Any member, Committee, or program may present a motion at any regular Faculty Senate meeting. The person presenting the motion shall consult with the Chair of the Faculty Senate to include the motion on the agenda. Any motion falling under the auspices of a standing Committee or Subcommittee must be referred to the appropriate Committee for consideration prior to consideration by Faculty Senate.
2. Any motion submitted to the Faculty Senate by a standing Committee shall be presented by the Committee Chair or a person designated by the Chair.

Article X
Implementation of Decisions

Each Committee will formulate a plan on how its respective decisions will be implemented.

Approved by College Council, December 15, 2005
Amended by Faculty Senate August 7, 2006
Amended by Faculty Senate July 2, 2007
Amended by Faculty Senate December 1, 2008
Amended by Faculty Senate January 5, 2009
Amended by Faculty Senate August 3, 2009
Amended by Faculty Senate September 14, 2009
Amended by Faculty Senate November 2, 2009
Amended by Faculty Senate March 1, 2010
Amended by Faculty Senate April 5, 2010
Amended by Faculty Senate May 7, 2010
Amended by Faculty Senate April 4, 2011
Amended by Faculty Senate September 2012
Amended by Faculty Senate February 2013
Amended by Faculty Senate May 4, 2015; Reviewed and approved by the Executive Committee of the Board of Trustees, July 1, 2015
Amended by Faculty Senate May 2, 2016, Reviewed and approved by the Executive Committee of the Board of Trustees, June 28, 2016
Amended by Faculty Senate May 22, 2017. Approved by the College Board of Trustees, August 10, 2017
Amended by Faculty Senate May 6, 2019. Approved by the College Board of Trustees, August 8, 2019
Amended by Faculty Senate May 4, 2020. Approved by College Board of Trustees September 17, 2020.

Documents from these institutions guided the development of the Bylaws of the Faculty Senate: Good Samaritan College of Nursing and Health Sciences, Bellin College of Nursing, Deaconess College of Nursing, Mount Carmel College of Nursing, Lester L. Cox College of Nursing and Health Sciences, Trinity College of Nursing and Health Sciences, Mercy College of Health Sciences, Allen College, Nebraska Wesleyan University.

Appendix A-12: Bylaws of the Institutional Review Board

Article I

Name

This organization shall be known as the Institutional Review Board (IRB) of Bryan College of Health Sciences.

Article II

Authority and Responsibility

Section 1.

The IRB of Bryan College of Health Sciences is a federally registered board composed of faculty, administrators and community representatives. The IRB is charged with the review and approval of all research protocols involving humans as participants and created by anyone affiliated with Bryan College of Health Sciences. All research protocols involving human participants by faculty and/or students of Bryan College of Health Sciences must be approved by an appropriate IRB prior to initiation of data collection including additional approval by the Institution in which the research will be conducted.

Bryan College of Health Sciences is committed to the standards that ensure research is conducted in an ethical manner and complies with government regulations, ensuring the safety and well-being of participants at the highest level of excellence. Through its IRB Bryan College of Health Sciences complies with the ethical principles set forth in the Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. In addition, Bryan College of Health Sciences complies with federal regulations (45 Code of Federal Regulations [CFR] Part 46) concerning research involving human participants, regardless of source of funding, as outlined by the Office of Human Research Protection (OHRP) of the United States Department of Health and Human Services (DHHS). Bryan College of Health Sciences is committed to standards of excellence for all research activities performed by the College community.

Section 2.

The purpose of the IRB is to:

- Review all funded and unfunded research (as stipulated above) performed by faculty, students, IRB affiliated members, or staff of Bryan College of Health Sciences prior to the beginning of data collection.
- Ensure that researchers have participant recruitment procedures in place that conform to current Family Educational Rights and Privacy Act and Health Insurance Portability and Accountability Act laws.
- Assure the confidentiality of participants and their data as long as that data is maintained by the researchers.
- Ensure that researchers have procedures in place to fully inform participants about the nature, purpose, risks, and benefits of research and to obtain informed consent as applicable.
- Educate the College community as to the responsibilities and duties of those conducting sound and ethical research.
- Determine the type of review (exempt, expedited, or convened (full) board) each research study requires.
- Approve, disapprove, or recommend modifications to research proposals based on the protection of human subjects.
- Require progress reports (Annual Review and Study Closure) and/or monitoring as deemed necessary.
- Suspend or terminate the approval of any research based on review of reports indicating a failure to follow protocols ensuring protection of human participants.

Article III
Membership

Section 1.

The IRB is an Operational Committee of Bryan College of Health Sciences. The IRB will be comprised of no fewer than five members who are committed to serving three-year renewable terms. A member may be reappointed an unlimited number of times. Members shall be removed only for stated cause, non-participation and/or non-attendance.

Section 2.

The IRB shall be composed of:

- Members of varying backgrounds to promote a comprehensive review of research activities commonly conducted at Bryan College of Health Sciences.
- Members qualified through experience and expertise.
- Members representing diversity including race, gender, cultural backgrounds, and sensitivity to community attitudes.
- Members with the professional competence needed to review specific research activities and assure the acceptability of research in terms of the commitment and regulations of Bryan College of Health Sciences.
- At least one member whose primary concerns are in scientific areas.
- At least one member whose primary concerns are in nonscientific areas.
- At least one member who is not otherwise affiliated with the institution and who is not part of the immediate family of a person who is affiliated with the institution.

Section 3.

The duties of the IRB members are to:

- Complete and maintain current approved training for research with human participants.
- Attend IRB meetings.
- Review and evaluate all assigned protocols within stated timeframes.
- Become familiar with federal and state regulations, Bryan College of Health Sciences' policies, and IRB guidelines and procedures.
- Promote respect for the rights and welfare of human participants.

Section 4.

Failure to attend meetings or respond to IRB submissions may constitute cause for removal. Individuals to fill vacancies will be designated by the President.

Section 5.

The Chair will be appointed by the President for a three-year renewable term. The Chair shall:

- Preside at all regular and special session meetings of the IRB.

- Coordinate the preparation and distribution of the agenda for IRB meetings.
- Maintain a current roster of IRB members.
- Represent the IRB at meetings as requested.
- Coordinate the review of all submitted research proposals submitted to the IRB.
- Perform all functions of a Board member.
- Designate an ad hoc Chair to act in the absence of the Chair.
- Perform or assign an expedited review or limited review of exempt studies when the Chair deems such a review to be appropriate.
- Authorize emergency changes to a protocol to avoid an immediate hazard to participants.
- Appoint ad hoc committees as needed.
- Invite content experts to assist in the review of complex issues which require expertise beyond, or in addition to, that available on the IRB. Invited content experts will not be voting members of the IRB.

Section 6.

The Secretary will be appointed by the President for a three-year renewable term. The Secretary shall:

- Record the minutes of all IRB meetings.
- Archive all minutes and reports of IRB meetings.
- Perform a quarterly review of all open studies to determine the need for annual and/or final study closure reports.
- Notify Primary Investigators of research protocols that are in need of routine annual reviews and/or final study closure reports.
- Report results of quarterly review to the IRB.

Article IV

Quorum

A simple majority of the voting membership shall constitute a quorum for meetings of the IRB.

Article V

IRB Review of Protocols

Section 1.

The IRB shall:

Review research protocols from within the Bryan College of Health Sciences community. All research protocols to be reviewed by the IRB must come from within Bryan College of Health Sciences and have a designated college faculty or sponsor. Research that has been reviewed and approved by the IRB may be subject to further review and disapproval by officials of Bryan College of Health Sciences or institution in which the research will be conducted. Those officials may not, however, approve research if it has been disapproved by the IRB. Approved research is subject to continuing IRB review and must be reevaluated at least annually.

Section 2.

Only the IRB may decide whether a study meets the definition for an Exempt, Expedited, or Full review and the level of review required for that study. Exempt, Expedited, and Full protocols will be reviewed according to IRB definitions and procedures.

Article VI

Conflicts of Interest

Section 1.

No IRB member may participate in the review of or vote on a project/research protocol in which that member has an active role or conflict of interest. No IRB member may participate in the discussion of such unless invited to do so by the IRB.

Article VII

Amendments

The bylaws of the IRB may be amended at any regular or special meeting of the IRB by a two-thirds vote of the members present, provided a quorum is present and a written copy of the proposed amendment(s) has been sent to all members at least two weeks prior to the vote. Any amendments that are mandated by the federal government will be made immediately and reported to IRB members.

Appendix A-13: Travel and Registration Application Form

Please complete the following information to apply for travel/registration funds to attend or present at a professional conference or meeting. You may apply for travel and registration funds prior to submitting an abstract and/or registration.

Name_

Conference/Meeting for which money is being requested:

Organization/entity presenting conference/meeting:

Date and location of conference/meeting:

Presenting_____ Poster presentation_____ Attending_____

Include a photocopy of the brochure or an on-line link to the brochure. (If brochure is not available when completing form, submit the brochure to FDR when you receive it.)

*Brochure is posted in the faculty lounge. The online link to the conference website is:

Please include an abstract or other type of submission used to apply for presentation at the conference/meeting along with a copy of a letter, email or other communication notifying you of acceptance to present. (if applicable)

{ } I would like to know if I will receive monies before submitting the attached abstract .

If your abstract is not accepted, do you still plan on attending the conference/meeting? Y N Please write a short paragraph on how this conference/meeting will enhance your role as an educator. (A separate piece of paper may be used.)

Please submit Travel and Registration Request Form along with the Travel Estimate Form to FDR Chair. A decision will be made within one month and you will be notified via email.

Appendix A-14: Travel Estimate

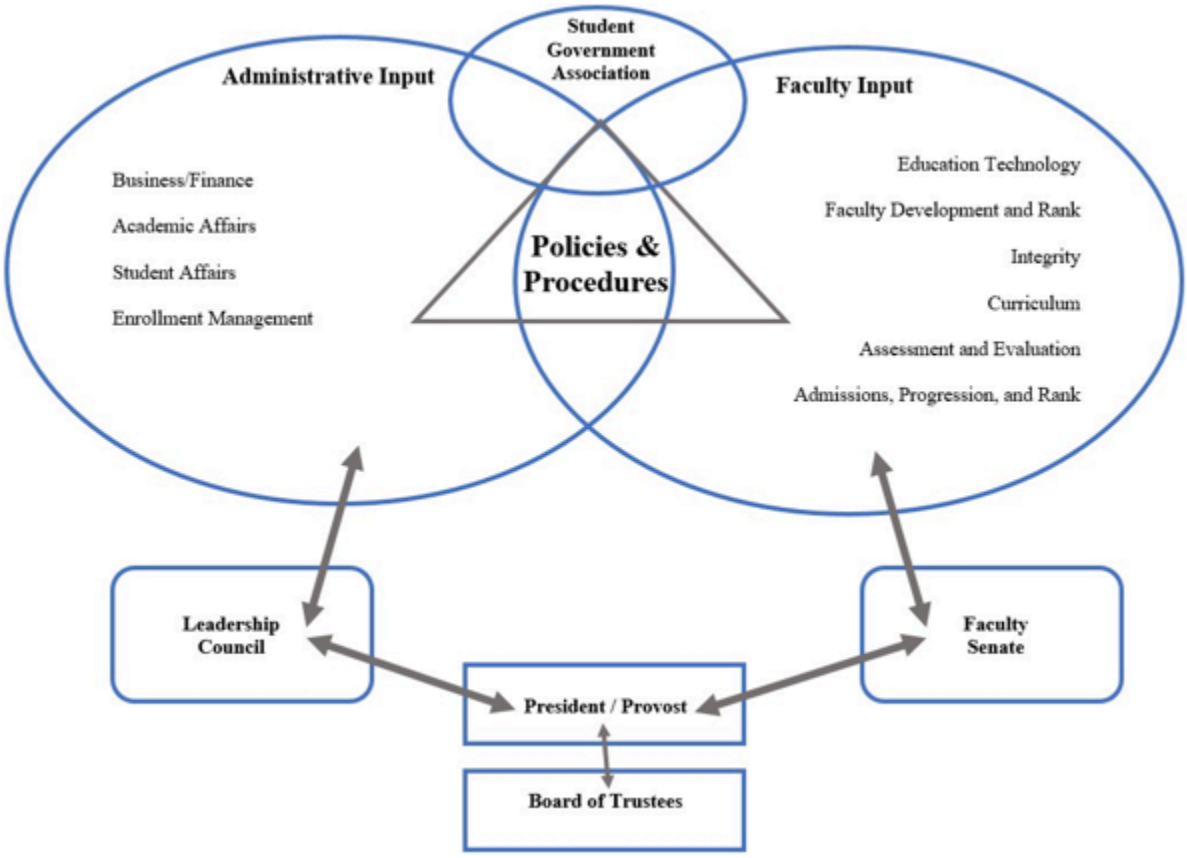
Please complete and submit this form along with your application form to FDR Chair.

Name _____

Cost Item	**Actual or Estimated Cost**
Registration for Conference	
Hotel (daily cost X # days of stay)	
Flight – find estimated cost online for dates of conference - use Orbitz.com, etc.	
Per diem – Contact the Dean of Operations for total per diem cost.	
Miscellaneous (parking, cabs, mileage, etc.) include $50 - $150 for this depending on need for parking, travel to Omaha, etc.	
Total Estimated Travel Cost	

Name of Conference

Dates of Conference:

Manager/Dean Signature (required before submission to FDR)_____

Appendix A-15: Shared Governance Model