College Manual
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Section I. Statements of Mission

MISSION:

The mission of Bryan College of Health Sciences is to provide education in the health professions emphasizing clinical and academic excellence through collaboration with Bryan Health System and the healthcare community.

VISION:

Provide a College of Health Sciences recognized as a leader in health professions education by qualified applicant, graduates, and employers.

PURPOSE:

The purpose of Bryan College of Health Sciences is to educate healthcare professionals for service to the global community.

GOALS:

The goals of Bryan College of Health Sciences are to prepare graduates who:

- Are qualified to practice in entry level, mid-level, and advanced practice roles in diverse healthcare environments;
- Are critically aware of their individuality;
- Maintain a clear understanding of professional scope of practice;
- Value life-long learning as a means of personal and professional growth;
- Participate as responsible citizens within the community; and
- Are capable of meeting the healthcare needs of an ever-changing society.

OUR VALUES:

- INTEGRITY Be honest, trustworthy, accountable and ethical
- CARING Be compassionate, empathetic and respectful
- EQUALITY Be fair and accepting
- LEARNING Be insightful, knowledgeable and open to change
PHILOSOPHY OF DIVERSITY

Bryan College of Health Sciences recognizes through its mission statements that:

- The individual is a unique and multidimensional being with inherent worth and dignity who deserves to be treated with consideration, empathy, humaneness, kindness, respect, trust and a non-judgmental attitude.
- All individuals deserve the same rights, privileges, or status as others including acceptance, assertiveness, fairness, self-esteem and tolerance.
- The individual has the freedom to exercise choice.
- The education process must enable the graduate to participate as a contributing member of a culturally diverse society.
- Faculty are responsible as role models, mentors and teachers for providing a caring environment in which students are free to explore and develop.

Bryan College of Health Sciences recognizes that diversity presents itself in many different ways. It is not just the ethnic and sociocultural differences among individuals, but also the physiological, psychological, developmental and spiritual differences. The College strives to provide equality to all individuals through nondiscriminatory policies on admission/enrollment, religious or cultural observances, services for students with disabilities, financial aid, student rights and responsibilities, student code, and harassment.

Bryan College of Health Sciences recognizes that while the community in which it exists is rapidly becoming more culturally diverse, this growth in cultural diversity is not presently realized proportionately within the College faculty or student body. The College recognizes the importance of striving to recruit a more culturally diverse student body and providing the necessary resources to increase the likelihood of success in the College.

Bryan College of Health Sciences recognizes the rich learning opportunities within the community for interaction with individuals and groups of diverse backgrounds. Both curricular and co-curricular opportunities must be systematically provided to students to help them to grow personally and professionally and to prepare them to be culturally sensitive citizens in a diverse and ever-changing society.

PHILOSOPHY OF GENERAL EDUCATION

The philosophy of general education of Bryan College of Health Sciences is built on the premise that education is more than a program of study. It is a life-long, interactive process that builds on previous experience and expands one’s world view promoting a change in attitudes, beliefs, values, and/or behaviors.

General education establishes a broad foundation of knowledge that is essential to the development of an educated person. Multidimensional, holistic growth of the individual is promoted through an integrated study of the natural sciences, social sciences, communication, mathematics, and humanities/Fine Arts, and Business/Management. A core of general education knowledge is fundamental to any area of study within Bryan College of Health Sciences.
The educational process enables the graduate to think critically; communicate effectively both in written and oral forms; understand the forces of nature, participate as a contributing member of a culturally diverse, ever changing society; make ethical decisions; apply mathematical logic and reasoning skills; understand management as a response to economic and social factors; and value learning as a life-long process.

Through completion of the Bryan College of Health Sciences general education plan, graduates will demonstrate the following learning outcomes:

1. An understanding of the forces of nature, including life and physical sciences that affect human response to and interaction with the world around them.

2. An understanding of the impact of political, social, cultural and economic factors in shaping values, beliefs, traditions, and behaviors in a diverse society.

3. The ability to communicate and interpret meaning accurately and effectively through reading, writing, and speaking skills.

4. The ability to apply mathematical logic and scientific reasoning skills in problem solving.

5. The ability to understand, appreciate, and engage in creative thinking, philosophical thought, and ethical decision making.

6. The ability to understand current economic, ethical, social, and legal factors that relate to business and management practices.

See General Education Requirements Table located in Appendix A-1.

PHILOSOPHY OF SCHOOL OF NURSING - BACHELOR OF SCIENCE IN NURSING

The faculty of Bryan College of Health Sciences believes that:

Nursing is an art and a science, the embodiment of caring. It consists of a unique, integrated body of knowledge and requires critical thinking, decision making, and problem solving skills. Nursing addresses holistic human responses to varied levels of health in a variety of settings, and is concerned with illness prevention, health promotion, and health maintenance. Nurses actively collaborate with other health care professionals to promote safe holistic care of their clients. They provide care to individuals, families, groups, and communities. Nursing requires commitment and responsibility to society and to the profession.

The individual is a unique and multidimensional being with inherent worth and dignity. Individuals interact with the environment in a dynamic process which requires change over time. Individuals have the capacity to care, to learn, and to change. They have the right to determine and participate in activities that affect their health status, and therefore are responsible for their own actions.
Environment is both internal and external. The internal environment is unique to the individual. The external environment is global, geopolitical, cultural, and technical. The relationship between the individual and the environment is both dynamic and reciprocal.

Health is a dynamic state influenced by heredity, the environment, and the individual's life style. The state of health is reflected within an individual's physical, psychological, spiritual, developmental, and sociocultural dimensions. Individuals, families, and communities differ in how health is perceived and valued, and have the right to define their own health. The pursuit of health is the right and responsibility of each individual.

Learning is a life-long, interactive process that builds on previous experience and ideally results in change in attitudes, beliefs, and/or behaviors. Learning occurs in a variety of environments, and involves the cognitive, affective, and psychomotor domains.

Professional nursing education is built on an integrated study of the natural sciences, social sciences, and humanities in order to promote critical thinking, caring, respect, and concern for individuals, families, communities, and societies. This integrated program of nursing science and general education is designed to develop an appreciation for the arts and sciences. This contributes to an individual's understanding of and participation in society as a whole. The nursing major provides a theoretical base concurrent with practice in a variety of settings, and prepares a nurse generalist. Baccalaureate education provides the foundation for graduate education and advanced practice and expands an individual's perspectives on life, attitudes, values, and beliefs.

The faculty are responsible as role models, mentors, and teachers for providing a caring environment in which students are free to explore and develop personally, professionally, and intellectually. The College provides a full range of nursing activities within the multiple contexts of legal and ethical boundaries, political and economic forces, sociocultural influences, and spiritual and historical factors. This environment will provide quality education which develops critical thinking and nursing competence. A graduate of the College will possess the ability to integrate theories, concepts, and research findings into nursing practice, shaping the future of nursing and meeting the emerging health care needs of society.

**PHILOSOPHY OF ASSOCIATE DEGREE IN HEALTH PROFESSIONS: HEALTH SCIENCES MAJOR**

The faculty of Bryan College of Health Sciences, Associate of Science in Health Science program, believes that:

The Health Sciences associate of science degree program provides a strong foundation in health sciences for students wishing to pursue a baccalaureate degree in a healthcare field. Educational preparation for study in a health related field is built on an integrated study of natural sciences and general education concepts. Critical thinking is required to develop the scientific knowledge base essential to pursue an educational course of study in a health related field.
Students and graduates are guided by legal and ethical standards, and require communication and interpersonal skills which promote positive interaction with others in the educational and healthcare environment. They gain competence in applying natural science concepts and recognize the contribution of science to healthcare. Quality healthcare cannot exist without the academic framework and intellectual discipline inherent in the study of natural sciences.

Learning is a life-long, interactive process that builds on previous experience and ideally results in change in attitudes, beliefs, and/or behaviors. Learning occurs in a variety of environments, and involves the cognitive, affective and psychomotor domains. The learner is responsible for actively seeking knowledge both independently and under the supervision and guidance of qualified faculty.

Faculty are responsible as role models, mentors and teachers for providing a caring environment in which students are free to explore and develop personally, professionally and intellectually. The College provides educational opportunities within the multiple contexts of legal and ethical boundaries, political and economic forces, sociocultural influences, and spiritual and historical factors. This environment provides quality education, which develops critical thinking and contributes to meeting the emerging health care needs of society.

**PHILOSOPHY OF SONOGRAPHY PROGRAMS**

The faculty of Bryan College of Health Sciences, School of Health Professions Sonography programs, believes that:

Health professions encompass a wide range of diverse careers which contribute directly and indirectly to the delivery of quality health care and services through promotion of interdisciplinary communication, support and collaboration with a variety of healthcare providers. Sonography is one of these health professions which incorporates both art and science and integrates theory with practice. The professional sonographer requires highly specialized skills, critical thinking, decision making, problem solving, integrity, teamwork and respect.

Sonographers actively collaborate with physicians and other health professionals to support health promotion and maintenance and illness prevention, and provide a culture of safety which involves safe practice, commitment, accountability and responsibility to clients, society and the profession. Sonographers are guided by legal and ethical standards, and require communication and interpersonal skills which promote holistic, caring interaction with the clients and other health professionals.

The client as an individual is a unique and multidimensional being with inherent worth and dignity. Individuals interact in a dynamic process within an ever changing environment. Individuals have the capacity to care, to learn and to change. They have the right to determine and participate in activities that affect their health status and are, therefore, responsible for their own actions.
The environment is both internal and external. The internal environment is unique to the individual. The external environment is global, geopolitical, cultural and technical. The relationship between the individual and the environment is both dynamic and reciprocal.

Health is a dynamic state influenced by heredity, the environment and the individual’s life style. The state of health is reflected within an individual’s physical, psychological, spiritual, developmental, and sociocultural dimensions. Individuals differ in how health is perceived and valued, and have the right to define their own health. The pursuit of health is the right and responsibility of each individual.

Educational preparation of the sonographer is built on an integrated study of general education and health concepts. Knowledge and skills are developed through didactic and clinical/field experiences specific to the field of study. The educational experience prepares the graduate to practice in a variety of settings as a sonographer.

Learning is a life-long, interactive process that builds on previous experience and ideally results in change in attitudes, beliefs, and/or behaviors. Learning occurs in a variety of environments, and involves the cognitive, affective and psychomotor domains. The learner is responsible for actively seeking knowledge both independently and under the supervision and guidance of qualified faculty and practitioners.

Faculty are responsible as role models, mentors and teachers for providing a caring environment in which students are free to explore and develop personally, professionally and intellectually. The College provides educational opportunities within the multiple contexts of legal and ethical boundaries, political and economic forces, sociocultural influences, and spiritual and historical factors. This environment provides quality education, which develops critical thinking and technical competence in the field of sonography and contributes to meeting the emerging health care needs of society.

PHILOSOPHY OF BIOMEDICAL SCIENCES PROGRAM

The faculty of Bryan College of Health Sciences, Biomedical Sciences Program, believes that:

The baccalaureate degree program in biomedical sciences exists to prepare graduates to pursue graduate study in a wide range of health related fields which contribute directly and indirectly to the delivery of quality health care and services. Educational preparation for advanced study in a health related field is built on an in-depth, integrated study of natural sciences and general education concepts. Knowledge and skills require a high level of critical thinking and are developed through didactic and field experiences related to the field of study.

Students and graduates are guided by legal and ethical standards, and require communication and interpersonal skills which promote positive interaction with others in the educational and
healthcare environment. They critically evaluate scientific theories, gain competence in both theoretical and experimental science and recognize the contribution of science to society. Quality healthcare cannot exist without the academic framework and intellectual discipline inherent in the study of natural sciences.

Learning is a life-long, interactive process that builds on previous experience and ideally results in change in attitudes, beliefs, and/or behaviors. Learning occurs in a variety of environments, and involves the cognitive, affective and psychomotor domains. The learner is responsible for actively seeking knowledge both independently and under the supervision and guidance of qualified faculty.

Faculty are responsible as role models, mentors and teachers for providing a caring environment in which students are free to explore and develop personally, professionally and intellectually. The College provides educational opportunities within the multiple contexts of legal and ethical boundaries, political and economic forces, sociocultural influences, and spiritual and historical factors. This environment provides quality education, which develops critical thinking and contributes to meeting the emerging health care needs of society.

Origin: January 2012

PHILOSOPHY OF GRADUATE EDUCATION

The student experience in the Graduate School of Bryan College of Health Sciences is an active engagement in education endeavors. Critical thinking and problem solving in practice environments is the core of our educational philosophy. A dynamic environment provides challenging and relevant academics integrated with practice experiences. The Graduate School fosters an intellectual climate conducive to exemplary scholarship while making excellence in teaching a priority. The graduate will achieve mastery in a discipline and develop a professional identity.

PHILOSOPHY OF SCHOOL OF NURSE ANESTHESIA

The philosophic foundations of the master's degree in nurse anesthesia are commensurate with all programs within Bryan College of Health Sciences.

The study of nurse anesthesia is unique in the realm of traditional graduate programming as the theoretical and clinical principles of the art draw from the integration of many disciplines that contribute to the core of professional education. The complexity of contemporary anesthesia practice justifiably requires this integration to enable the nurse anesthetist to practice the humanistic, scientific and technical skills of the profession safely, competently and intelligently.

The educational program for the preparation of nurse anesthetists is conducted as a shared responsibility between student and faculty. Students must be intensely committed to achieving their goals through a consistent demonstration of purpose, motivation, responsibility to patients and colleagues, independence of thought, creativity and personal demeanor. Faculty, likewise,
are committed to the responsibilities of serving as a competent resource, guide and professional role model.

The program seeks to express its commitment to each student through individualized instruction and counsel. Our primary goal is to provide the graduate student with an advanced scientific knowledge base and a comprehensive array of clinical skills that hallmark the standards of care in anesthesia practice.

Our obligation to graduates will be to prepare them for full participation in the delivery of anesthesia care in concert with other health care providers. They will be competent in independent judgment as professional nurses.

Our responsibility to the community is expressed in the aim of providing an educational program that will ably prepare the nurse anesthetist to meet the health care needs of a culturally diverse population.

Our obligation to the profession is to prepare a nurse anesthetist who will serve as an invaluable resource in support of the goals of the American Association of Nurse Anesthetists and to the advancement of the profession of nurse anesthesia.

PHILOSOPHY OF MASTER OF SCIENCE IN NURSING

Nursing is an art and a science: the embodiment of caring. Nursing consists of a unique and integrated body of knowledge and requires multiple ways of thinking and reasoning. Nursing addresses holistic human responses to promote optimal health. Nurses function as part of the interprofessional team to provide high quality, safe, holistic care to their clients. Nursing requires commitment and responsibility to a diverse society and to the profession.

Learning is a lifelong endeavor that results in perpetual evolution of thinking, insight, attitude, and behavior. Education is a shared venture between students and faculty in which both embrace learning as change. Students are responsible to uphold the highest level of integrity and practice standards and demonstrate commitment to self-direction, independence of thought and creativity. Faculty craft an intellectually challenging environment in which they facilitate learning, support student learning goals, and role model excellence in education and nursing practice.

Graduate nursing education emphasizes inquiry as a constant that is integral to advancement of nursing practice. Engagement in systematic inquiry using traditional research methods, available evidence, contemporary technology, and information systems is an essential component of nursing education scholarship and leadership. Graduate nursing education provides the foundation to assume a variety of specialized roles in teaching and leadership in nursing.

Nursing education is a specialty area of nursing practice that requires a unique blend of clinical and educational excellence. Nurse educators use their clinical expertise to facilitate learning in physical and virtual classroom environments as well as clinical settings. In clinical settings, nurse educators assist students to correlate theoretical concepts to real time events to solve patient care issues.
Nursing leadership is a specialty area of nursing practice that requires a unique blend of expertise in nursing and the business of healthcare. Nursing leaders facilitate interprofessional teams toward innovative solutions within health care systems. Nursing leaders shape safe, healthy, and fiscally sound systems through creative application of theoretical principles.

**Education Doctorate Purpose Statement**

The Doctorate in Education program develops educators to assume multiple leadership roles in a variety of settings. Graduate proficiencies include scholarly inquiry and the utilization of innovative decision making based on current evidence to create proactive solutions to contemporary problems. Collaboration and planned partnerships are essential elements in maximizing educator effectiveness. The program provides learning opportunities that challenge students and promote achievement.

**Section II. College Organizational Structure**

*See Bryan College of Health Sciences Organizational structure located in Appendix A-2*

**ROLE DESCRIPTION FOR COLLEGE LEADERSHIP**

**President**
The President is responsible for the administration of all aspects of the College of Health Sciences and ensures high quality educational standards to maintain the College’s standing in the community and in regard to state, regional and national accreditation. Additionally, the President represents the College to the public and maintains relationships with community, governmental and professional bodies. The President is a member of the Senior Management team at Bryan Medical Center and as such serves as liaison between the College and the Medical Center.

**Provost**
The Provost is an educator who in a collaborative manner initiates, coordinates, conducts and analyzes all activities related to the academic affairs of the College; is responsible for the administration and supervision of all degree granting and certificate programs at the undergraduate and graduate levels, including curriculum development, program design, and outcomes assessment; supervises and evaluates academic administration, and the College Library; oversees College-wide accreditation; interacts with internal and external constituencies for promotion of the College; and facilitates adherence to the Mission Statements of the College and the Philosophy Statements of all academic programs. The Provost is accountable for the preparation and monitoring of academic budgets as well as resource allocation for all academic areas. The Provost serves as a liaison for academic affairs and accreditation to governance bodies of the College, including the College Board and Bryan Medical Center.
**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 Program Directors and Coordinators 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 Operations**
The Dean of Operations collaborates with Medical Center Management Accounting, Human Resources, and Informational Technology to oversee the financial, personnel, and technology resources of the College of Health Sciences. The Dean of Operations works collaboratively with College programs, divisions and committees to measure and improve performance outcomes and institutional effectiveness; coordinate strategic planning for the College; direct activities required for the identification, collection and analysis of data for research, improvement and accreditation purposes; facilitate development of reports necessary for accreditation; and develop and maintain relationships with internal/external constituents, peer institutions and accrediting agencies.

**Dean of Students**
The Dean of Students is an educator who in a collaborative manner is responsible for providing leadership and effective administration for Student Services and College Systems within Bryan College of Health Sciences. The Dean of Students provides leadership and direction to the offices of Student Services, Academic Counseling and Advising, Financial Aid and health and personal counseling services. The Dean of Students promotes effective utilization of material and human resources; interacts with internal and external constituencies for promotion of the college; facilitates adherence to the mission statements of the College; provides opportunities for faculty and staff development and implementation of collegiate faculty and staff roles.

**Dean of General Studies**
The Dean of General Studies is an educator who in a collaborative manner is responsible for providing leadership and effective administration for general education, and academic support within the College of Health Sciences. The Dean of General Studies works directly with College Deans, Directors and Coordinators in developing, implementing and evaluating general studies curricula; assists in the coordination of the College accreditation process; promotes effective utilization of material and human resources; interacts with internal and external constituencies for promotion of the College; facilitates adherence to the mission statements of the College and to the philosophy statements for general education and distance education; and provides opportunities for faculty development and implementation of collegiate faculty roles.

**Program Directors**
The Program Directors oversee the education offerings for the assigned area within the College of Health Sciences. Program Directors develop the overall coordination and implementation of the education curriculum and academic criteria; are responsible for evaluation of the education offerings; develop and coordinate the implementation of all aspects of the education curriculum;
convey College of Health Sciences mission and philosophy to internal and external constituents; and understand/keep abreast of current trends and practices in area of expertise.

**Director of Library Service**
The Library Services Director is responsible for the libraries, computer laboratories, and audiovisual resources serving the College of Health Sciences and Medical Center. This individual provides leadership in planning, development, implementation, integration and management of information resources to further the educational goals of the College of Health Sciences and Bryan Medical Center.

**Director of Admissions**
The Director of Enrollment Management collaboratively initiates, coordinates, conducts, and analyzes all functions and projects related to student recruitment and admissions for Bryan College of Health Sciences. This individual develops and implements student recruitment plans; supervises Admissions Staff; coordinates the involvement of all college constituents in recruitment processes; and advises the Dean of Students & President regarding budgetary and support needs.

**Distance Education Director**
The Distance Education Director oversees the development of distance learning opportunities by educating faculty, serving as a resource for instructional design, and ensuring quality in the development and maintenance of hybrid and online courses, in adherence with accreditation standards.

**Registrar**
The Registrar provides leadership and oversight for the development of policies and procedures consistent with higher education standards related to academic records. This individual implements and manages activities, personnel and systems related to current and graduate academic records, student registration and academic class scheduling.

**Clinical and Academic Development Director**
The Clinical and Academic Development Director is responsible for the development and implementation of a comprehensive student retention program including academic support and tutoring, clinical preparation instruction, student academic assessment, and data collection and analysis related to student retention. This individual 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.

**Financial Aid Director**
The Financial Aid Director is responsible for all aspects of the student financial aid program. The Financial Aid Director provides leadership and direction to the financial aid office in accordance with state and federal regulations.
BOARD OF TRUSTEES MEMBERSHIP

See Board of Trustees Membership located in Appendix A-3

LEADERSHIP COUNCIL MEMBERSHIP AND FUNCTION

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

COLLEGE COUNCIL MEMBERSHIP AND FUNCTION

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

Bryan College of Health Sciences values the input of faculty, students and administration into the functioning of the college. Under a shared governance model, the college has a faculty side
governed through the Faculty Senate and an operational side with committees to manage operational issues. Appendix A-33 reflects the relationship between the faculty senate and the operational sides of the college shared governance. Committee structure identified through the Faculty Senate Bylaws is found in Appendix A-34. Appendix A-35 reflects the operational committee structure. Through shared governance, these 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 every five years after that.

Revised, Academic Affairs, July 2017

**Procedure for Review:**

**Organization of Review Process**
In August of each academic year, the Faculty Senate Chair, Provost, Dean of Students and Dean of Operations will provide policies and procedures to review for their respective groups and/or committees based on the college’s Shared Governance Committee Chart. Those groups will be responsible for completing a review of their assigned policies and procedures before May of the same academic year. In addition, throughout the academic year the Faculty Senate Chair, Provost, Dean of Students, and Dean of Operations will maintain a record of the policies and procedures reviewed by their respective committees, as well as any new policies and procedures approved by their committee.

Each May, the Faculty Senate Chair, Faculty Senate Chair-elect, Provost, Dean of Students, and Dean of Operations shall meet for the purpose of directing policy and procedure review the following academic year. At this meeting they will:

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

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

1. Policies should be reviewed in all college documents in which the policy is located, based on the policy and procedure grid.

2. 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.

3. Review of the policy should include feedback from those individuals at the college responsible for implementation of the policy.
4. Review of the current location for the policy in all college documents for appropriateness.

5. Review of the policy in light of changes to the college structure programs, etc. that have taken place in the last three years.

**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.”

As depicted in the model in Appendix A-4, 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 development and scholarship procurement, Directions Employee Assistance Program for counseling services, Volunteer Services, Bryan Medical Center for clinical experience, and Student Health Services.

**External Relationships**

External stakeholders include the medical/health care community, other colleges and universities, alumni, significant others of students, and individuals with prior connection to the college, e.g., previous employees.

**Contractual Relationships**

The College has contractual relationships with certain stakeholders including other colleges and universities for provision of general education courses and financial aid, healthcare agencies for clinical experience sites, and other services, e.g., office equipment rental.

**Regulatory Relationships**

Bryan College of Health Sciences maintains regulatory relationships with a variety of state, federal, and accrediting agencies. On the state level a relationships exists with both the Nebraska State Board of Nursing and the Nebraska Post-Secondary Commission. A regulatory relationship exists with the U.S. Department of Education as it relates to financial aid. Accrediting bodies include those with which the College currently holds a relationship. These include the Higher Learning Commission – North Central Association (HLC-NCA), Council on Accreditation of Nurse Anesthesia Educational Programs (COA), National League for Nursing Accrediting Commission (NLNAC), Commission on Collegiate Nursing Education (CCNE), and Commission of Accreditation of Allied Health Education Programs (CAAHEP).

**Financial Relationships**

Stakeholders with a financial relationship to the College include tuition payers, donors, 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.

See Appendix A-5 for Constituencies Model
HONORARY DEGREE FOR COMMUNITY MEMBERS

POLICY
The Honorary Degree recognizes individuals who have exhibited continued commitment to the mission and vision of Bryan College of Health Sciences.

Individuals may be nominated by any Bryan College of Health Sciences’ faculty, staff, student or member of the Board.

Criteria for an Honorary Degree includes the following:

1. Individuals who have made significant contributions to the development and growth of Bryan College of Health Sciences

   And

2. Individuals that exemplify outstanding personal or professional endeavors in alignment with the mission and vision of Bryan College of Health Sciences.

Section III: Operations

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 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.
STRATEGIC PLANNING PROCESS

Purpose
To outline the process for determining the strategic planning process for all Bryan College of Health Sciences programs.

Introduction
It is the responsibility of the College Board of Trustees of Bryan College of Health Sciences to oversee the creation and implementation of a strategic plan for the College.

Overview of strategic planning
Strategic planning is a formal, ongoing process of developing, evaluating and implementing strategic initiatives selected from the best available alternatives to guide actions and decision-making. The concept of strategic planning may be described as matching organizational resources and capabilities with environmental threats and opportunities.

Strategic planning is comprehensive in that it involves consideration of the interrelatedness of problems and issues, and seeks to understand the full implications or likely consequences of proposed actions in advance of making decisions. It is an instrument for designing and bringing about a desired future.

There are two key elements in the strategic planning process: 1) Strategic planning - the process by which the long-range goals and objectives of the College are developed and incorporated into a strategic long-range plan. 2) Operational planning - the process by which short-range objectives and actions are established and implemented toward fulfillment of strategies outlined in the strategic plan.

Description of the strategic planning process
Planning is carried on in organizational settings, in a variety of different ways. Therefore, it is necessary to develop and adopt a strategic planning process tailored to the unique requirement of the College of Health Sciences, which will enable the College to exercise greater control over its future.

The strategic planning process is composed of eight phases, which are discrete stages during each annual planning cycle. The annual cycle is designed to coincide with the budgeting process so as to facilitate the allocation of resources for the implementation of College goals, objectives and actions. The following areas comprise the basic elements of the strategic planning process:
Steps

1. **Organize for planning**
   Development of the plan sets the tone for strategic planning in the College. It outlines expectations and outcomes of the process and indicates how strategic planning is to be integrated into the ongoing management of the College. This phase initially involves the College Board of Trustees committing to the concept of strategic planning so that development of the process can be pursued. Next, the capability to carry on planning activities is developed, which includes adopting a formal strategic planning process and developing a planning schedule.

2. **Review of statements of mission**
   The statements of mission (including Mission, Vision, Beliefs, Goals, and Philosophy) define the College’s purpose and reason for existence. These set the overall tone for the College's activities and provide guidance to College decision-makers. The review of the mission includes:
   
   a. Review and assess historical mission
   b. Review and assess present mission
   c. Determine desired future mission

   The issues and options evaluated provide the basis for a realistic assessment of the mission. The mission must be challenged to assure that it is appropriate and realistic in light of current and projected circumstances.

3. **Market and resource analysis**
   Market and resource analysis involves collecting data and transforming it into meaningful information for use in identification and analysis of issues and options. This phase involves both an external and internal assessment of the factors impacting the College's operation.

   a. **External Analysis**

   The external factors affecting the College are identified and the impact of these forces assessed. Without an environmental assessment the College is planning in a vacuum and may adopt unrealistic and internally focused goals. Components of the external analysis include the following:

   i. Assess service area characteristics
   ii. Assess regional resources
   iii. Map the regulatory environment
   iv. Assess consumer needs, wants and preferences
   v. Identify program/service delivery, financing and marketing trends
   vi. Assess employment trends and needs

   b. **Internal Analysis**
A comprehensive internal assessment is necessary to align resources and programming. The major components of the internal analysis include the following:

i. Organizational inventory and assessment (i.e., services, space needs, personnel, utilization trends, financial performance, etc.)
ii. Student profile
iii. Employee attitudes and ideas
iv. Customer satisfaction

4. Identification of issues and options
The market and resource analysis serves as a basis for the identification of key issues. The study of these key issues then results in the identification and evaluation of role options for the College.

a. Issue Identification and Analysis
Alternative ways of resolving problems or achieving opportunities are explored.

b. Clarification of College’s Role in the Delivery of Health Care Education
The study of issues and options provides a basis for reviewing the present role and for making assumptions concerning the future role of the College in the service area.

5. Formulation of long-range goals
A goal is a statement of a desired future state or condition. It denotes end results, rather than actions or means to accomplish, within a three to five year time frame. The basic steps involved include:

a. Identify Key Result Areas
Key result areas are general concerns which contribute to an organization's viability over an extended period of time.

b. Establish Goals
Address issues under each key result area and indicate the highest level which is sought. Goals may be prioritized in accordance with predetermined criteria.

6. Development of strategies
Strategies reflect and operationalize the mission and goals of the College. Basically, strategies are a set of actions designed to accomplish the College's goals. The development of strategies involves choosing among various alternatives and exploring future scenarios within the key result areas. The goals indicate what needs to be done; the strategies indicate how it will be done. The steps involved in this phase include:

7. Steps
The decisions made, based on results of the market and resource analysis phase, are presented to relevant constituencies for comment and feedback. The constituents include
representatives from the College faculty, staff, students, Medical Center Administration, and the College Board of Trustees.

8. **Implementation of strategies**
Implementation is an important and integral part of the planning process. The strategic plan establishes an overall direction for the College. Implementation activities and results involve the following:

   a. **Annual Implementation Plan**
      The annual implementation plan (AIP) is prepared each year and identifies what activities need to be carried out to achieve organizational objectives. The AIP specifies actions, timeframes and responsibilities. It therefore serves as a basis for allocating resources (budgeting) and developing divisional action plans. It is also a useful tool of management for evaluation and control.

   b. **Implementation**
      Activities specified in the College operational plan and divisional action plans are carried out during the calendar year.

9. **Evaluation and feedback**
Evaluation and feedback is very important in strategic planning because it is an ongoing process. The purpose of evaluation is to learn whether the process is achieving the desired results, whether the goals, objectives and actions are being met, and what adjustments are necessary. Evaluation facilitates effective management by increasing internal control (measure actual vs. desired output). The College's objectives and actions become the criteria against which actual performance is measured. Feedback is the mechanism whereby the information is collected for evaluation. Conducting the evaluation is a logical first step for initiating the next planning cycle. This phase involves the following:

   a. **Periodic Reporting (Feedback)**
      A process and timetable is established to monitor implementation activities. The President provides quarterly summaries to the College Board of Trustees.

   b. **Assessment of Changes**
      In order to assess the impact of the College's implementation activities and to identify environmental changes that will affect College operations it is necessary to initiate and update the market and resource analysis.

   c. **Revision and Update Plans**
      The strategic plan shall be reviewed and updated as necessary, based upon changes in the service area and implementation progress. It will require annual review, with particular reference toward adjusting organizational strategies. The implementation plan and divisional action plans shall be prepared annually.

   d. **Education**
      The College Administration shall periodically address the educational needs of the College governance, management and general employees regarding the
strategic planning process and shall design educational programs to promote understanding and facilitate use of the process.

Approved by College Board of Trustees, July 23, 2003
Reviewed, August 15, 2007
Renewed September 30, 2010
Reviewed October 19, 2012
Approved by College Board of Trustees November 8, 2012
Editorial Revisions Approved by Leadership Council March 9, 2018
<table>
<thead>
<tr>
<th>TIME FRAME</th>
<th>ACTIVITY</th>
<th>RESPONSIBLE PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>April/May</td>
<td>Evaluate results of strategic priorities and goals for current fiscal year and prepare annual strategic planning report</td>
<td>Designated College administrative units, committees and individuals</td>
</tr>
<tr>
<td>May</td>
<td>Present annual report of the current fiscal year’s strategic priorities and goals to the College Board of Trustees; Review strategic priorities and goals for the fiscal year beginning in June.</td>
<td>College President Board of Trustees</td>
</tr>
<tr>
<td>June</td>
<td>Concurrent with implementation of strategic planning activities for beginning fiscal year, start strategic planning cycle for the next fiscal year with a review of statements of mission</td>
<td>Leadership Council</td>
</tr>
<tr>
<td>June/July</td>
<td>Conduct on an every three years basis and update on a yearly basis an external and internal market and resource analysis. Identify issues; clarify the current and future role of the College</td>
<td>College President and designees Leadership Council</td>
</tr>
<tr>
<td>August</td>
<td>Review statements of mission; determine if revisions are necessary</td>
<td>College Board of Trustees</td>
</tr>
<tr>
<td></td>
<td>Review results of market and resource analysis to determine strategic priorities and goals for next fiscal year</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>Examine results of mission review, results of market and resource analysis, and identification of issues and roles. Propose strategic priorities for next fiscal year.</td>
<td>Leadership Council College Council</td>
</tr>
<tr>
<td>October</td>
<td>Develop Annual Implementation Plan (actions, responsibilities,</td>
<td>Leadership Council</td>
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timeframe) for strategic priorities and goals for the next fiscal year; develop priorities and goals for 2nd and 3rd year of the three year plan.

<table>
<thead>
<tr>
<th>November</th>
<th>Present Strategic Priorities and Action Plan for next fiscal year for approval.</th>
<th>College Board of Trustees</th>
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<tbody>
<tr>
<td>December</td>
<td>Present Strategic Priorities and Action Plan and proposed budget for next fiscal year</td>
<td>College Council</td>
</tr>
<tr>
<td>January</td>
<td>Integrate strategic priorities and goals for the coming fiscal year into the development of operating budget. Present budget to College Board of Trustees for approval.</td>
<td>College President Leadership Council College Board of Trustees</td>
</tr>
<tr>
<td>June</td>
<td>Begin implement activities for new fiscal year strategic plan.</td>
<td>Designated College administrative units, committees, and individuals</td>
</tr>
<tr>
<td>Quarterly College Council meetings Quarterly Board of Trustees meetings</td>
<td>Present progress reports on strategic priorities to the College faculty and staff and the College Board</td>
<td>College President</td>
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**Section IV: Emergency/Safety Policies and Procedures**

**MEDICAL CENTER WIDE EMERGENCY POLICIES AND PROCEDURES**

For Medical Center wide Emergency policies and procedures, refer to the Red Book Emergency Preparedness Procedures which are found in the front office of the College and on-line via Bryan Hello under *Disaster/Pandemic*.

**WORKPLACE ENVIRONMENT**

The College desires to create a workplace environment that is safe and conducive to education. The College abides by the Bryan Medical Center Human Resources policies on Sexual Harassment, Workplace Violence Policy, and Alcohol and Drug Abuse Policy. For students, applicable policies are found in the *Student Handbook*. 
To ensure currency of policy, all Human Resource Policies are to be obtained from the appropriate Resource Libraries on HELLO Bryan.

STATEMENT ON WORK PLACE 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.

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

Harassment is a form of unlawful discrimination. Bryan College of Health Sciences is committed to creating and maintaining an environment in which all members of the College community are treated with respect and dignity, and are free from verbal or physical harassment. Faculty, students, and staff 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 member of the college 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.

CRISIS COMMUNICATIONS PLAN

The College of Health Sciences will, in the course of usual operations, encounter situations requiring suspension of some or all functions. The following policy will guide decision-making in these situations.

- College administration will monitor emergency situations to determine the extent to which some or all College operations will be suspended.
- College wide communications will be authorized by administration, and then sent through the use of the Student Information System (SIS) to persons who have requested to receive them. Staff members who are Student Information System administrators will initiate the message.

Announcements that affect campus operations will be posted as soon as possible via text message, email, and on the College website.
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.

Revised, Safety Committee, March 2019

CAMPUS LOCKDOWN DUE TO IMMINENT EXTERNAL THREAT POLICY

In the event of any threat that has the potential of causing harm or injury to any person(s) on campus, the College may “lock-down” to protect occupants and minimize the overall exposure to danger.

A threat of violence MAY include, but is not limited to, a person on or near campus with a weapon, the lock down of nearby schools, or significant law enforcement action in the neighborhood adjacent to campus.

The term 'lockdown' can be defined as an emergency course of action taken by an agent of authority, such as security, administration, or law enforcement officials, to contain a problem or incident within the area of its origin by controlling the movement of people.

At Bryan College of Health Sciences, a Campus Lockdown means that the doors leading outside of the building are locked and access will be restricted. Security supervision of individuals wishing to exit the building is strongly encouraged and may be required in certain situations.

Lockdown Procedure:
An announcement will be made that a campus lockdown has been ordered.

Emergency events that give little or no forewarning will be communicated by the College via text message, email and website alerts.
All external doors will be locked with (if possible) a notice of restricted access posted on the door (fire doors leading to the Medical Center will be closed and access may be limited).

Depending on the nature of the emergency, direct supervision by security when entering or exiting the building(s) may be required.

Once in "Lockdown," individuals will be permitted to move about the facility, unless otherwise directed.

CRISIS RESPONSE TEAM

If counseling needs arise related to crisis issues at the college, required services will be provided by Directions EAP. Directions EAP handles critical stress debriefing for the Medical Center and may be made available to anyone affected by a college crisis. In crisis situations involving a small number of students/faculty/staff, Directions EAP counselors will provide crisis counseling by appointment. In the event of a crisis impacting a large number of college constituents, e.g., the unexpected death of a student or faculty member, Directions EAP may be contacted to be on site at the College to provide critical stress debriefing. The Dean of Students serves as the point person to arrange on-site critical stress debriefing.

COMMUNICABLE DISEASE EMERGENCY RESPONSE AND COMMUNICATION POLICY

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, 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 Dean of Students (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
Approved by Leadership Council December 10, 2015
Revised, Safety Committee, March 2019

**Section V: 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 and Affirmative Action and the policy for Employee Recruitment, Selection and Employment.
To ensure currency of policy, all Human Resource Policies are to be obtained from the appropriate Resource Libraries on HELLO Bryan.

**EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION**

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

**NONDISCRIMINATION**

The College does not discriminate on the basis of race, religion, sex, age, creed, color, national or ethnic origin, marital status, veteran status, disability, 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 President of the College.

**POSITION DESCRIPTIONS**

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

Position 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.

**SALARY ADMINISTRATION**

All Bryan College of Health Sciences employees will be hired at the minimum rate 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.

All pay plans for the College of Health Sciences will receive an annual adjustment the first pay period in June based on Midwest urban Consumer Price Index (CPI) data. Statistics from the U.S. Department of Labor will be collected for the Consumer Price Index – All Urban Consumers (CPI-U) for the previous 12 months incorporating last July to current June information. Monthly data will be averaged to identify the average CPI trend. Each of the College’s pay plans, including faculty, management and non-faculty pay plans, will be increased by the averaged CPI amount up to a maximum of 5%.

Market information will be obtained and market analyses will be conducted to identify the regional market’s average rate of increase for faculty, management and non-faculty positions within a 4-year college similar to Bryan College of Health Sciences. Data from the American Association of Colleges of Nursing (AACN), Chronicle of Higher Education, College and University Professional Association for Human Resources and local community colleges will be compiled and evaluated.

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, September 2018

SPECIAL PAY PRACTICES

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

Procedure

1. **Overload Pay**: To determine annual workloads, Deans will project teaching assignments for the fall and spring semesters. If the faculty workload is projected to be over the required combined WTU for fall and spring, overload pay will be paid out in bi-weekly installments during the semester(s) in which the overload occurs. Summer overload will be calculated independent of fall and spring loads regardless of the term length of faculty appointment. Eligibility for overload pay will be determined by the Deans/Provost of the College based on the number of additional student course contact hours, credit hours, or weighted teaching units that a faculty member is responsible for over and above the
established average workload as articulated in workload policies for each academic division. When faculty are teaching overload for classes with low enrollment (< 5 students), faculty will be paid on a per student basis.

Revised, Leadership Council, November 2018

2. **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. (Appendix A-8) A speaker’s agreement must be completed even if the speaker has agreed to speak at the College for free. (Appendix A-9) When arranging a guest speaker, please check with the administrative assistants to make sure the correct documentation is provided.

3. **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.

Origin November 2005
Revised July 2009
Revised October 2011
Revised 2013
Revised May 11, 2018

4. **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.
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 (HR.A.55) 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 College of Health Sciences as well as clinical agencies in which the faculty member will be responsible for student instruction and supervision. All members of the College Council share a role in facilitating a positive transition to the school 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 chair or coordinator (based on area of assignment) to discuss the process and outcomes of orientation.

2. The Program Chair or Coordinator will assign a current faculty member to serve as a mentor to the new faculty member. Selection of a mentor will be based on areas of assignment within the curriculum as well as previous nursing and teaching experience.

3. The Program Chair or Coordinator and new faculty member will meet to develop an orientation plan which meets the needs of the new faculty member and area of teaching responsibility and provides for timely transition into the instructor role.

4. For consistency in orienting new faculty members, elements to be included in the plan are:

   - New employee orientation at the medical center (through Human Resources)
   - Approximately one week of hospital nursing service orientation for nursing faculty (as appropriate to assigned clinical sites or areas)
   - An initial broad overview and general orientation to the College of Health Sciences covering:
     - College Faculty Manual
     - Student Handbook
     - Tour of facilities and discussion of available resources
   - Topics of orientation organized according to standing committees, administration, and support services.
   - Orientation to instructor role in classroom and clinical.
   - Course specific orientation.

5. Utilize Faculty Orientation Record Form to document completion of orientation activities for full-time and part-time faculty. (Appendix A-10) Utilize Adjunct and PRN Faculty Orientation Record to document completion of orientation activities for adjunct and PRN faculty. (Appendix A-11)

**SUMMARY OF BENEFITS**

College employees may be eligible for benefits as employees of the Bryan Medical Center. The type and amount of benefits available for an employee will depend on that employee’s employment status. Employees may refer to the policy governing their type of employment for details about benefit eligibility. Benefit enrollment information is provided to eligible employees when hired, when their employment status changes, and annually to review and renew enrollment. College employees can contact the Benefits Office in Human Resources for additional information.

To ensure currency of policy, all Benefits information can be obtained from the Benefits Office from the appropriate Resource Libraries on HELLO Bryan.
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 policy. The file contains the following items:

- Employee application
- Personnel Action Forms
- Orientation report
- Performance appraisals/documentation of any conference reports
- Corrective action records

Information that has not been either signed or presented to the employee will not be placed in the employment record. This file is retained indefinitely. Additional items which may be included if applicable are:

- Attendance records
- Accomplishments
- Education promissory notes
- Education reimbursement forms
- Other

The official files are the property of the Bryan Medical Center and are accessible to the Administrative team of the College. Upon request, faculty and staff may review their personnel file, excluding the references, under the supervision of the Human Resources Department.

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
- Nursing Faculty:
  - State Board of Nursing Faculty Record.
  - Official transcript of highest nursing degree.
  - Plan of study for Doctoral Degree, if applicable, 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.

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 Faculty Senate, April 4, 2016
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 employed 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 are not eligible for rank and promotion and do not have voting privileges in Faculty Senate.

**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. Other faculty may be considered for designation as Graduate Faculty by special consideration and with documentation to support their qualifications. As a subset of the Faculty, all faculty policies and procedures apply to the Graduate Faculty.
**Designation and Review of the Graduate Faculty:**
Members of the Graduate Faculty are designated by the Provost of the College. The Provost makes designations upon the recommendations of the Deans/Program Directors of Graduate Programs. Recommendations will be made following a review of the current Curriculum Vitae, official transcripts and other information as requested by the Deans/Program Directors and/or the Provost. 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. A review of Graduate Faculty status and continued designation may be made in the final 6 months of the term.

Graduate Faculty review will follow the guidelines above. The information reviewed and evaluated will include the Graduate Faculty member’s portfolio, annual reviews, and other information as requested by the Deans/Program Directors and/or the Provost.

**Adjunct Graduate Faculty:**
Adjunct Graduate Faculty qualified by education and experience are designated by the Provost to meet specific program requirements. The designation will follow the procedure for Graduate Faculty. The course responsibilities, and/or student committee work responsibilities will be identified at the beginning of the term. The length of the Adjunct term is defined and of no greater than 3 years in length. Adjunct Graduate Faculty review will include a review of the course evaluations and annual performance appraisals.

**COURTESY RANK**

All academic administrators who oversee programs/initiatives, hold appropriate credentials, and/or teach on a regular or semi-regular basis, and/or engage in scholarship, will receive rank in accordance with the criteria established by the Faculty Development, Rank, and Promotion Standing Committee. Courtesy Rank will be reviewed on a regular basis and will not provide faculty status to academic administrators.

The College will confer the academic rank of Assistant Professor, Associate Professor, or Professor on members of the academic administration as per the criteria established by the Faculty Development, Rank, and Promotion Standing Committee. The President will hold the rank of Professor. Within the system of shared governance, the Courtesy Rank will be conferred by the faculty through the Faculty Development, Rank, and Promotion Standing Committee and approved by the President. This Standing Committee will confer Courtesy Rank based on position and credentials. The Standing Committee will require administrators seeking Courtesy Rank to submit curriculum vitae or other documentation as appropriate.

Academic Administrators who fall under this policy will receive rank as a courtesy—that is, the College will acknowledge the rank internally and publicize the rank as appropriate externally. The Medical Center will not acknowledge Courtesy Rank in its official record-keeping systems either as an addendum to the administrator’s official title or as a basis for a salary increase. Courtesy Rank does not enable the administrator to go through the formal rank and promotion process or receive salary increases related to rank.* Administrators do receive salary increases associated with education as per Medical Center policy.
Academic administrators who receive Courtesy Rank will not be permitted to vote on Faculty Senate, Standing Committees, or academic Subcommittees as per existing Bylaws.

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

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 already eligible for and had earned academic or courtesy 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 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 President.
- FDR will endorse or reject the nomination.
- Nominations that were endorsed by FDR will be forwarded to Faculty Senate for a vote.
- The President will have final authority to bestow Emeritus/Emerita status.

Submitted to Faculty Senate: February 2011
Approved by Faculty Senate: February 7, 2011
Reviewed by FDR Committee: September 2016
FACULTY LETTERS OF APPOINTMENT

Faculty on Twelve-Month and Ten-Month Letters of Appointments
All Faculty serving on letters of appointment will be expected to complete the terms of their appointment and adhere to the Position Statement on Faculty Rights and Responsibilities (College Manual, Bryan College of Health Sciences). Faculty that are full time in either 10 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 that are part time in either 10 or 12 month letters of appointment will be exempt and receive salary and benefits over the 12 month period prorated to their FTE. Full and part time faculty on 12 month appointments receive the benefit of time bank based on their FTE status. Full time and part time faculty on 10 month appointments will not receive the benefit of time bank, rather work according to the faculty calendar included in their letter of appointment.

Revised by FDR committee April 14, 2017
Manual revised May 17, 2017

FACULTY NON-REAPPOINTMENT PROCEDURE

A series of thoughtfully applied practices must be employed when considering the status of faculty appointments. Each faculty member’s supervisor 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:
When specific weaknesses or areas for improvement have been identified a faculty member’s supervisor should use the Bryan Medical Center Corrective Action and Termination Procedure (HS.HR.15) to provide counseling and progressive corrective action as specified in the procedure. An adequate written record of corrective actions should be kept in the faculty member’s employment folder.

Non-Reappointment for Cause:
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.

Non-Reappointment for Reasons Other than Cause:
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.
Immediate Suspension:
Any major rule violation (as defined in HS.HR.15) may lead to the immediate suspension of the faculty member until a thorough management review of all circumstances is performed. If the review substantiates the major rule violation, the faculty may be terminated without warning.

Revised May 10, 2017

Grieving Non-Reappointment or Termination Decisions:
Faculty members may use the processes outlined in the Bryan Medical Center Dispute Resolution Policy (as defined in HR.A.98) if they feel a non-reappointment decision is not warranted.

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 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.

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.
Theory Expectations:

- Complete 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 (Undergraduate Nursing and Sonography):

- 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 within their course a minimum of one time per week.
- Faculty will have individual interaction with students at least every three weeks (most often as personalized feedback to assignments.)
- 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.

Committee Expectations:

- Attend scheduled committee meetings. If arrangements cannot be made to attend, chair is to be notified.
- Completion of committee work per deadlines. Committee work shared by all members of the committee.

Committee Chair Expectations:

- Send agenda to members a minimum of 48 hours prior to meeting.
- Schedule dates, times, and places for meetings.
- Monitor completion of committee responsibilities (i.e., program evaluation activities, ongoing committee functions, annual goals).
- Prepare committee reports for review at faculty meetings.
- Transition/mentoring of new Chair to committee.
- Committee report to Faculty Senate Chair 48 hours prior to Faculty Senate.

Committee Secretary Expectations:

- Complete minutes in college approved format for scheduled meetings or arrange in advance for substitute if unable to attend the meeting.
- Distribute minutes within 10 days of the meeting.
- Submit signed minutes and all attachments to front office for archiving.
- Make any corrections of prior minutes.

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 research; and serve on master’s and doctoral student committees.
Only members of the Graduate Faculty can:

- Teach 700, 800, and 900 level courses
- Serve as a chair of master’s and doctoral student committees
- Serve as a voting member of the Graduate Studies committee (unless he/she must be ex-officio due to an administrative role in the College)

An Adjunct Graduate Faculty can:

- Teach 700, 800, and 900 level courses
- Serve as a member of master’s and doctoral student committees

Members of the Graduate Faculty will:

- Engage in professional development activities to include the areas of research, publication, professional presentations, or clinical practice appropriate to the discipline
- Actively participate in curriculum development and continuous improvement through committee involvement
- Demonstrate professional service through involvement in professional organizations, editorial boards, life of the College, or other service projects
- Mentor graduate students in the transition into the profession

**HIPAA POLICY FOR FACULTY AND STAFF**

**Protected Health Information**
In your role as faculty it is necessary to access and utilize protected health information (PHI) when facilitating student learning experiences in a clinical area and 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 and HIPAA regulations and policies are reviewed and reinforced in courses where they 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 or director of your division.

**Identifiers:** Under the HIPAA Privacy Rule “identifiers” include the following:

1. Names (including initials, first name, last name, or any combination)

2. 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)

3. 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)

4. Telephone numbers

5. Fax numbers

6. Electronic mail addresses

7. Social security numbers

8. Medical record numbers

9. Health plan beneficiary numbers

10. Account numbers

11. Certificate/license numbers

12. Vehicle identifiers and serial numbers, including license plate numbers

13. Device identifiers and serial numbers

14. Web Universal Resource Locators (URLs)

15. Internet Protocol (IP) address numbers

16. Biometric identifiers, including finger and voice prints

17. Full face photographic images and any comparable images
18. 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

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

Undergraduate Teaching Workload Expectation:
Full time faculty teaching workload will be either:

1. 12 credit hours per semester for undergraduate courses (when the faculty member only teaches theory courses) or 24 credits in two semesters, or 9 credit hours per semester for graduate courses.
2. When faculty teach graduate and undergraduate courses, the faculty member workload will be 12 credit hours per semester with 1 credit of graduate work weighted as 1.33 credits.
3. 13-15 weighted teaching units (WTU) per semester (when faculty members teach theory and clinical/lab) or 26-30 WTU in two semesters.
4. Faculty summer workload for 12 month letters of appointment will be 6 credit hours or 7-8 weeks of clinical instruction.
5. Part time faculty workload will be prorated based on weekly teaching FTE.
If faculty teaching assignment exceeds the teaching workload, the faculty member will receive overload pay for additional credits/WTU. In the event that class/lab/clinical group size is below the expected load, eligibility for overload pay may not be automatic.

**Undergraduate Teaching Workload Calculation:**

**Weighted Teaching Unit (WTU)** – A WTU is used to calculate teaching workload when a faculty member has both theory and clinical/laboratory assignments.

1. One credit hour of undergraduate theory = 1 WTU
   - This theory teaching unit applies no matter what format is used to deliver the course: face-to-face, hybrid, or on-line.

2. One credit hour of undergraduate laboratory = 2 WTU
   - Since skills laboratory based courses may have multiple lab sections to maintain desired student/faculty ratio, faculty may be assigned more than one lab section.
   - To acknowledge this, laboratory WTU will be determined based on the number of lab sections assigned per week.

3. For Undergraduate Nursing Clinical:
   - 1 day of clinical/week x 15 weeks = 6 wtu
   - 2 days of clinical/week x 15 weeks = 12 wtu
   - The following formula will be used to calculate prorated wtu for fewer than 15 weeks of clinical per semester based on either 1 day or 2 days of clinical per week:
     - 2 days of clinical/week = $\frac{\text{# of weeks}}{15 \text{ weeks}} \times 12 \text{ wtu}$
     - 1 day of clinical/week = $\frac{\text{# of weeks}}{15 \text{ weeks}} \times 6 \text{ wtu}$
   - The number of students assigned per clinical group will be determined based on type of experience, number of students that can be accommodated for the experience at one time, clinical expectations/level of supervision required, and availability of the experience.

4. Faculty developing a course which it totally new to the College:
   - Face-to-face = .5WTU per credit hour in the semester prior to the start of the course.
   - Hybrid or on-line = .7WTU per credit hour in the semester prior to the start of the course.

5. Converting a previously taught course from face-to-face to hybrid or on-line = .5WTU per credit hour in the semester prior to the change in delivery format.

**Undergraduate Theory Enrollment**
Courses with up to 40 enrolled constitute one section. If a course has more than 40 students enrolled and is taught by only one faculty member, additional WTU will be assigned.
41-45 = addition of .5WTU to workload
46-50 = addition of 1.0WTU to workload
51-55 = addition of 1.5WTU to workload
56-60 = addition of 2.0WTU to workload
>60 enrollment – two theory sections

Undergraduate Courses 75% to Fully Online
Courses with up to 25 enrolled constitute one section. If a course has 26-30 students enrolled, an additional .5WTU will be assigned. Courses with 31 and above will constitute two theory sections.

Compensation for Undergraduate Teaching Overload
Teaching Overload will be compensated when the faculty member workload exceeds 12 credits or 15 work load units. 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 credit hours or 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 credits or 18 WTUs.

Graduate Faculty Teaching Workload
Graduate Faculty workload will be comprised of teaching, professional development activities and professional service. The full-time Graduate Faculty teaching load will be 9 graduate semester credit hours per semester for 9 or 10 month appointments. The full-time teaching load for Graduate Faculty with a 12 month appointment will include 7 graduate semester credit hours in the summer session in addition to the 9 credits per regular semester. The full-time teaching load will also include serving as chair of 4 to 5 master’s and/or doctoral student committees. Engagement in significant, continuous professional development and/or professional service activities will be considered in the assignment of the teaching load. The Program Director will determine the specific faculty workloads, subject to review and approval by the Dean and the Provost.

Maximum graduate overload will be capped at a total teaching load of 12 graduate credit hours per term. 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.

Graduate Theory Enrollment
Courses with up to 20 enrolled constitute one section. If a course has 21-25 students enrolled, an additional .5credit will be assigned. Courses with 26 and above will constitute two theory sections.

Faculty developing a course which it totally new to the College
Face-to-face = .5credit per credit hour in the semester prior to the start of the course.
Hybrid or on-line = .7credit per credit hour in the semester prior to the start of the course.

Revised April 2013
FACULTY WORKLOAD RELEASE POLICY

The purpose of the Faculty Workload Release Policy is to delineate the criteria, guidelines and procedure for requesting workload release for scholarly activities.

The Faculty Scholarly Activities statement serves as the source for defining applicable scholarly activities; however, not all scholarly activities qualify for workload release. Scholarly activities are defined as: Activities in which faculty participate that facilitate the growth and application of knowledge required for the position, supplement the faculty’s ability to provide competent and expert education to the students, and benefit 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; and pursuit of certifications, higher education and graduate degrees.

Furthermore the faculty and administration support faculty in their 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.

Procedure for Requesting Workload Release:

Delineation of Decision Making Authority:

- Administration – assesses availability of time and resources (financial, human, physical)
- FDR – determines if the scholarly activity meets the eligibility criteria
- Jointly – determine relationship of activity to college mission, goals and needs

Eligibility Criteria:

- Full-time faculty status
- At least three years of service at the college
- Activity requires a minimum workload equivalent to developing and teaching a 1 credit hour course (e.g. 30-45+ clock hours) and is directly proportional to the amount of release requested.
- Proposal demonstrates significant relationship to the mission and/or goals of the college or program
- Scholarly activity must not supersede or hinder the performance and completion of primary teaching responsibilities.
Submission Process:

1. Faculty member discusses workload release with their respective Dean to determine financial and human resources feasibility. Discussion will include amount of time requested and timeframes necessary to allow for budget requests, if applicable.

2. If Dean indicates that the potential for workload release exists, faculty member will develop proposal.

3. Faculty member submits a written proposal for workload release time to Dean.

4. Dean forwards the proposal to FDR for review.

5. FDR reviews the proposal. (All attempts will be made to blind the review noting that the size of the college may preclude a totally blinded review.)

6. FDR determines the following:
   a. Does the proposal meet the criteria for scholarly activity?
   b. Does the proposal meet one or more of the following priority status categories?
      i. Directly relates to a college strategic initiative
      ii. Directly relates to program/division needs or goals

7. FDR sends completed proposal evaluation to the appropriate Dean.

8. Dean meets with faculty member to discuss proposal evaluation, approval status, and the extent to which workload release may be granted.

Written Proposal Will Include:

- Overview of the scholarly activity
- Category of scholarly activity:
  - Higher education and graduate degrees
  - Grant writing
  - Research
  - Participating in professional practice
  - Writing for publication
  - Poster and podium presentations
  - Pursuit of certifications
- How the activity relates to the mission and/or goals of the college or program
- Benefit for the college and/or division
- How the activity relates to the faculty member’s professional development goals
- Amount of workload release requested
- Suggestions for how the assigned work will be covered
- Impact on budget
- Impact on students
Impact on coworkers
- A timeline for when the activity will begin and end

Reviewed by FDR Committee: October 2016

**DRESS CODE**

**Identification Badge:**
Faculty and staff are to wear their identification badge on the upper chest area unless their work does not permit. No unauthorized stickers or tape are to deface the identification badge. Lanyards are allowed if they are adjustable so that the name badge is on the upper chest area, free from any vendor advertising, and they are breakaway for safety purposes.

**Clinical Activities Dress Code:**
During clinical activities, all faculty will follow the Bryan Medical Center Policy HR.A.19 which defines appropriate attire and personal appearance.

Refer to Medical Center Procedures
HR.A.19 Personalappearancecleanliness.docx
HR.A.19A Dress Code-depts - Addendum A.docx
HR.A.19B Dress Code restricted - Addendum B.docx

**College and Classroom Activities:**
Faculty and staff will dress in professional attire for classroom and other College activities. When clinical faculty are on clinical areas for reasons other than supervision of students in patient care, a lab coat will be worn over professional business attire.

The College follows the Bryan Medical Center Policy:
Personal Appearance and Cleanliness HR.A.19 Personalappearancecleanliness.docx

Refer to the Bryan Medical Center Procedure IC.A.06-HandHygiene.docx for policies regarding fingernail length, artificial nails and rings.

**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 departmental specific dress code requirements will be addressed by their supervisor at orientation.

Origin: Leadership Council May 2018

**Skills Lab Dress Code:**
Faculty and staff involved in skills or science lab instruction will wear either their clinical uniform, scrubs or professional business attire.

Revised in Leadership Council January 2018
EDUCATIONAL REIMBURSEMENT FOR FACULTY

A faculty member must hold the minimum educational requirements for the position and be enrolled in an approved advanced degree program in order to be eligible for the benefits provided by this policy. Courses may be taken at any accredited college or university. Faculty members will not be eligible for additional reimbursement from the Educational Reimbursement Plan.

Provisions for Reimbursement:
The Medical Center will reimburse full time faculty and staff members member up to $4,000/year for tuition and required fees for any course that is part of an approved plan of study leading to a higher educational degree. (see Bryan Medical Center Policy #HR.A.72)

1. Courses should be approved by direct supervisor before enrollment.

2. Reimbursement forms must be submitted prior to course starting, reimbursement is not paid until after the course is completed. A grade of “B” must be earned for any reimbursement. Grades must be submitted to Human Resources within 30 days of receipt. Payments will be made directly to the faculty or staff member upon receipt of grades. Payment is considered taxable income.

3. Reimbursement will not be made for courses successfully completed twice.

4. In the event an individual receives other financial assistance for a course (such as VA benefits, scholarships, etc.), reimbursement will be limited to the difference between such other payments and the full cost of tuition not to exceed $4,000.

5. The cost of supplies will not be reimbursed.

6. Educational reimbursement is based on calendar year and will not be extended beyond seven years for a single doctoral degree, or beyond five years for a single masters degree.

7. Any reimbursement of course-related fees not approved under HR.A.72. may be approved as an exception by the direct supervisor and paid separately by the College. Course-related fees do not include commencement, parking, student activity, late registration, or drop/add fees.

FACULTY ANNUAL EVALUATION POLICY

All full-time and part-time faculty are required to participate in the annual process. Faculty will be expected to complete a self-evaluation of their teaching, service and scholarship. Faculty classroom/on-line/clinical/laboratory 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 will be completed in the spring semester of each academic year and will be tied directly to the letters of agreement and renewal of appointments.

Revised by Academic Affairs Committee and FDR April 14, 2017 Revised Manual May 17, 2017

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.

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 (see Appendix A-12).

Faculty must compile a portfolio that demonstrates successful completion of activities in teaching, scholarship, and service/leadership in support of advancement in rank.

*See Teaching, Scholarship, and Leadership/Service Activities Table located in Appendix A-13.*

Required elements for the portfolio include:

1. Cover letter indicating intent to progress in rank
2. Curriculum Vitae (CV)
3. Dean recommendation via formal endorsement letter
4. Evidence of effective teaching, scholarship, and leadership/service
5. 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 Teaching, Scholarship, and Leadership/Service Activities Table located in Appendix A-13* 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 *Teaching, Scholarship, and Leadership/Service Activities Table* located in *Appendix A-13* 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 *Teaching, Scholarship, and Leadership/Service Activities Table* located in *Appendix A-13* for activities that demonstrate evidence of service/leadership.

**Procedure**

1. **Intent to progress in rank**: The candidate must first submit a formal letter to their Dean and meet to discuss their eligibility for advancement in rank. Faculty must notify their administrative report (Dean) of the desire to pursue promotion in rank for the next academic year. Notification can occur during the current academic year, no later than February 1st. Notification to their Dean must be in writing and include current rank and rank to which they desire promotion.

   All letters of intent to progress in rank are forwarded by the administrative report to the chair of the Faculty Development, Rank and Promotion (FDR) committee. The chair will then 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 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 (see Appendix A-13).

The candidate must self-identify completed activities in each category of teaching, scholarship, and leadership/service. The candidate will indicate activities on the Activities for Teaching, Scholarship, and Leadership/Service table (see Appendix A-13) they believe warrant awarding of points to be applied toward promotion. 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 (see Appendix A-13).

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 (see Appendix A-12). 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. 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 qualify for 3 separate activities (development of strategy, podium presentation strategy, and manuscript submission).

The portfolio is intended to be a culmination of all career related activities and will therefore evolve as a candidate’s career evolves. Therefore, points may be carried over from one rank to the next. For example, accumulation of points for authoring a manuscript may be carried forward to the next rank. Evidence must also demonstrate continued development of teaching, scholarship, and leadership/service through current activities. For example, modification of courses based upon student feedback may be carried forward, but must be updated to reflect current teaching activities. The evolution of a candidate’s career is demonstrated through increases in point requirements from one rank to the next.

See Point Value Requirements for Progression in Rank Table located in Appendix A-12.

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 and/or narrative description of the activity
• Narrative description indicating why the assigned point value warrants modification.

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 the review. The portfolio review committee will be composed of:

• Two portfolio reviewers chosen by the Program Dean
• Two portfolio reviewers chosen by the faculty member seeking rank
• 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 may be submitted electronically or in hardcopy format. Individuals are encouraged, but not required, to submit electronic portfolios. 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 and validate that self-identified activities by the candidate warrant assignment of points. 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 (Appendix A-13). In the event that a reviewer believes that the evidence does not demonstrate adequate attainment of the activity, a narrative explanation will be provided.
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 (Appendix A-12). 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.

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. The FDR chair will collect all recommendation letters and forward them to the appropriate Dean and the President no later than April 30th.

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 rational for activities that were not approved.

Final approval or denial will be granted by the President and provided to the candidate by May 31st. Candidates will be notified of pay adjustments by June 15, if applicable. Promotion will become effective the first pay period after August 1st of the new academic year.

Revised August 2019 by FDR

**FACULTY PAY REVIEW PANEL**

**Membership:**
The Pay Review Panel will consist of the Executive Team of the Bryan College of Health Sciences and two members of the Human Resources department.

**Procedure:**
- Review the recommendations made by the HR department for annual pay increases and recommendations made by the Faculty Development, Rank and Promotion Committee for changes in faculty rank.

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Establish academic rank and appropriate pay level in established pay grades.
Maintain consistency and fairness in faculty compensation.
If a conflict regarding pay or academic rank occurs the President of the College, in consultation with the Vice President of Human Resources, will make a final recommendation.
The final outcome of the portfolio review process will be communicated individually to each faculty member by the President prior to the beginning of the academic year.

Revised May 2016
Revised, Executive Committee, March 2019

TRAVEL FUNDS POLICY

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

Each year, travel funds will be set aside to send an administrator(s) and/or faculty member(s) to the following conferences: NLN; AANA; HLC; any annual meetings of the specialized accrediting body in Health Professions as 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. Of the remaining travel funds in the annual operating budget, half will be allocated to Student Affairs. The other half will be distributed equally among the divisions of Educational Technology, the Office of the Registrar, and the College Library. Deans and Directors in these divisions will determine travel priorities on an annual basis and allocate funds accordingly.

Any remaining requests for travel funds will be adjudicated on a case by case basis by the Business and Finance Committee of the College and/or by the College President.

Each May following final approval of the College’s operating budget, the President will convey to the Business and Finance Committee of the College, the Leadership Council, the Administrative Support Team, and the Faculty Senate the amount set aside for travel support in each category.

FACULTY TRAVEL FUND PROCEDURE

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 per person for every other fiscal year for funding travel expenses.

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-31) and the Travel Cost Estimate Form (Appendix A-32) 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.

7. Applicant will summarize and share information from the conference at one of FDR’s quarterly faculty educational workshops. Contact FDR Chair to determine date of next presentation.

8. Reimbursement will be according to the Bryan Travel Fund Policy. (Refer to Procedure HS.LD.10)

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

CONFLICT OF INTEREST POLICY AND PROCEDURE

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 realize personal gain in any form stemming from or leading to the improper conduct of College duties. They shall not
knowingly use College property, funds, position or power for personal or political gain. They shall inform their Dean/immediate supervisor in writing of reasonably foreseen potential conflicts of interest with their College duties. 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.

The following constitute the most commonly encountered types of conflict of interest, but is not an exhaustive list.

1. **Student-Related Decisions or Actions**
   a. 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.

2. **Use of Confidential Information**
   a. 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 for another person.

3. **Outside Business Interests of College Personnel**
   An employee's outside employment or business activities and interests must not interfere with the employee's regular duties nor represent a conflict of interest. Outside business activities must not be conducted on College property or involve the use of College resources except as may be approved by the employee’s direct supervisor or chief academic officer.

4. **Overlapping Business Activities**
   Before an employee enters into a business activity that overlaps with the College's teaching, research, or service missions, the employee shall make full disclosure, in writing, to her or his Dean/immediate supervisor. The Dean/immediate supervisor and chief academic officer must approve or disapprove in writing the proposed activity before the activity is undertaken.

   a. **Teaching**
      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 must not be undertaken without prior approval of the employee’s Dean/immediate supervisor and the chief academic officer. To avoid conflicts of interest an employee must disclose the proposed teaching activity and secure written approval in advance from her or his Dean/immediate supervisor and chief academic officer.

   b. **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 for by another faculty member or program, shall be the property of the faculty member.

c. **Employee Outside Activity**
"Outside activity" is defined to mean any clinical practice, employment, consulting, teaching or research, expert witness, business activities, or service as a member of an advisory board, governmental agency, or accrediting agency, whether compensated or uncompensated, which is above and beyond the employee’s assigned duties and for which the College has provided no compensation.

An employee proposing engagement in outside activities must seek authorization from their Dean/immediate supervisor and chief academic officer for activities meeting any of the following criteria:

i. Activities that are in direct competition with the interests of the College, such as assisting in the development of a program of study the same as, or similar to, a program at the College.

ii. Activities that require a commitment of time or energy that will interfere with the performance of the faculty member’s or exempt person’s job responsibilities at the College.

iii. Activities that represent a conflict of interest under other provisions of this policy or other policies authored by Bryan Health.

d. **Use of College Stationery**
Official College stationery may not be used in outside business, personal, and other private or political activities of employees. However, for use in such activities, faculty may have printed at their own expense personal business stationery carrying their academic title, College address and telephone number.

e. **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 without the written permission of the College President.

f. **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 appeals informally fail, a committee shall be established by the President to hear an appeal and to make a recommendation to the President who shall make a final determination of the appeal.
Procedure:
College personnel are responsible for reviewing this Conflict of Interest Policy prior to each academic year, and completing forms requesting authorization of outside activities or disclosure of potential conflicts of interest as appropriate. Any real or potential conflicts of interest that occur at any time during the year must be promptly disclosed to the employee’s Dean/immediate supervisor or chief academic officer.

See Appendix A-14 for Disclosure of Conflicts of Interest Form

June 2013
Revised by Academic Affairs December 2015
Approved by Board of Trustees February 3, 2016

Employee Requirement for Annual Completion of Diversity-Related Activities

All regular employees (0.6 FTE or greater) are required to participate in a minimum of three approved diversity-related activities per year. These activities will be reviewed by the employee’s manager at the employee’s annual review. The activities must be approved by the Diversity Council, and two of them must be designated by the Council as educational in nature. Consequences for a failure to meet the requirement will be determined by the manager conducting the annual review.

Procedure:

1. Employees will participate in at least three diversity-related activities a year. These activities may be selected from the pre-approved list of activities on the Shared “P” Drive, or the employee may submit a request for approval of an activity to the Diversity Council.

2. Two of the diversity-related activities must be educational in nature. There are three ways to determine whether or not activities are educational in nature:
   a. Category 1: the activity is designated as educational by the Diversity Council on the “P” drive pre-approved activity list
   b. Category 2: the activity is a scheduled book discussion sponsored by the Diversity Council
   c. Category 3: the employee selects and participates in an approved non-educational activity and completes the Diversity-Related Activities Reflective Questions Form. This form is then submitted to the Diversity Council.

3. Employees will log diversity-related activities on the Record of Participation in Diversity-Related Activities Form. This form will be reviewed at the employee’s annual review and faculty will include the form in their portfolio. A copy of the Record of participation in Diversity-Related Activities Form will be submitted on an annual basis to the Diversity Council.
4. Compliance with the requirement will be determined by the employees’ manager at the employee’s annual review.

Section VI: 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.

Passed by Faculty Senate, September 2007
Endorsed by the President, October 2007
Endorsed by College Board of Trustees, November 7, 2007
Reviewed and Approved by Legal Counsel with changes, April 2008
Approved by College Board of Trustees, August 11, 2011
Revised by College Academic Affairs Committee, December 2015
Approved by Faculty Senate, March 2016
Approved by College Board of Trustees, April 7, 2016

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. “Distance Education” is courses that have been subjected to rigorous distance education quality standards by a person designated by the College.
6. “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. Therefore, in the event a faculty member leaves the College after the start of an assigned course, course materials shall remain co-owned by the College and the faculty member. In taking co-ownership of course materials, the College is compelled to give credit for course materials to the faculty member Creator and to discontinue the use of the faculty member Creator’s materials at the end of the course session.

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.

**Distance Education**

Distance Education courses are developed through collaboration with the College under rigorous quality standards. The course design and function, as reviewed, must remain intact upon change of faculty. While assigned to teach a course, faculty should not be limited regarding alteration of content. Changes in design, however, are a collaborative undertaking between faculty and College resources. All distance education 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.

**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. A written contract delineating these rights, which is amenable to all parties involved, must 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 in this Section 3, 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.
Committee responsible for maintenance: Academic Affairs of Leadership  
Committee of origin: Faculty Senate  
Date created: September 2007  
Recommended frequency of review: Every 3 years  
Next year of review: Spring 2013  
Dates amended: October 2011  
Passed by Faculty Senate, September 2007  
Endorsed by the President/Dean, October 2007  
Endorsed by the Board May 2008  
Reviewed with edits by College Academic Affairs Committee, December 2015  
Approved by Faculty Senate, April 4, 2016  
Approved by College Board of Trustees, April 7, 2016

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

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<thead>
<tr>
<th>Business/Management</th>
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<td>Education</td>
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<td>General Studies</td>
<td>GSTU</td>
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<td>Health Professions</td>
<td>AHAL, CARD, DMSO, MEDT, NURA, VASC, CVTD</td>
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<tr>
<td>Health/Recreation/Physical Education</td>
<td>HPER</td>
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<tr>
<td>Healthcare Studies</td>
<td>HCST</td>
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<tr>
<td>Humanities</td>
<td>ARTS, ENGL, HUMS, INTL, MUSC, PHIL, RELI, SIGN, SPAN</td>
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<tr>
<td>Mathematics</td>
<td>MATH, STAT</td>
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<tr>
<td>Natural Sciences</td>
<td>BIOS, CHEM, FORS, NUTR, PHYS</td>
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<td>Nurse Anesthesia</td>
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<td>NURS</td>
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<td>Simulation Education</td>
<td>SIML</td>
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<td>Social Sciences</td>
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For historical reference, the College Registrar will maintain record of inactive prefixes.
Course Numbering

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</tr>
<tr>
<td>800-899</td>
<td>Graduate (Master/Doctoral level)</td>
<td></td>
</tr>
<tr>
<td>900-999</td>
<td>Graduate (Doctoral)</td>
<td></td>
</tr>
</tbody>
</table>

Course Suffixes

<table>
<thead>
<tr>
<th>A/B</th>
<th>One course scheduled over two terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>AP</td>
<td>Advanced Placement</td>
</tr>
<tr>
<td>H</td>
<td>Healthcare</td>
</tr>
<tr>
<td>IS</td>
<td>Independent Study</td>
</tr>
<tr>
<td>L</td>
<td>Lab</td>
</tr>
<tr>
<td>R</td>
<td>Recitation</td>
</tr>
<tr>
<td>RN</td>
<td>BSN Completion</td>
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<tr>
<td>S</td>
<td>Skills</td>
</tr>
<tr>
<td>T</td>
<td>Transition</td>
</tr>
<tr>
<td>X</td>
<td>Non-credit</td>
</tr>
</tbody>
</table>

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, October 2013
Revised and Approved by Academic Affairs, January 2018

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.

UNDERGRADUATE ACADEMIC PROGRAM DEVELOPMENT 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 36 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.

   All master’s degrees will include coursework in:
   - Applied Statistics
   - Research Methods
   - Theoretical Foundations
   - Evidence Based Practice
   - Advanced Professional Roles
   - Applied Practicum
   - Capstone Experience

   All doctoral degrees will include:
   - Leadership
   - Advanced Research Methods
   Health Systems Policy
   - Applied Practicum
   - Scholarly Inquiry Project (Capstone or Dissertation)

5. Programs may exceed the minimum requirements within their plans of study. The full plan of study will be approved or denied based on the above standards.

   Initial Draft October 9, 2013
   Revised Draft January 9, 2014
   Approved by Graduate Studies January 20, 2014
   Approved by Academic Affairs January 21, 2014
   Approved by Graduate Studies and Academic Affairs January 23, 2018
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 face-to-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-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.

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

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
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:

- **Blended:** Any course that requires the use of technology to successfully complete the course but offers no decrease in the standard classroom time.
- **Hybrid**: Any course that uses technology to provide required coursework. This may include substitution for standard classroom time up to, but not to exceed 75%.

- **Online**: Any course that uses technology coursework to substitute 75% or more of the standard classroom time.

**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 Distance Education Director 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 Distance Education staff. The Distance Education staff will provide the course faculty or subject matter expert (SME) with guidance and forms to complete the course development process. The development proves 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 Distance Education Director 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 Distance Education staff 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

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

ACADEMIC INTEGRITY POLICY

Bryan College of Health Sciences is committed to being an academic community of integrity. Academic integrity, as defined by this statement, is expected in all endeavors of its administration, faculty, staff, and student body. Academic integrity encompasses honesty, trust, fairness, respect, responsibility, and courage (International Center for Academic Integrity, 2014) as they relate to all aspects of academic life, including administration, teaching, learning, and research. The resulting culture of integrity promotes academic excellence at all levels.

Honesty
Honesty is the foundation upon which academic integrity is built. All members of the College community are expected to embrace the concept of honesty in all its facets. Truth-telling, a most basic component of honesty, is expected in all written and verbal communications and scholarly activities. This encompasses accurately representing individual knowledge, effort, and participation in assigned activities and responsibilities, service activities, and scholarly work. All members of the College community will accurately represent all prior and current education, accomplishments, and professional experiences. Honesty also includes accurately representing the work of others through proper acknowledgment and citation. Honesty allows constituents to achieve their goals and permits failure, which promotes honest achievement. Honesty also involves respect for the property of individuals and the learning community. Honesty promotes trust.
**Trust**
The College is trusted by its constituents to provide quality education and quality graduates. Trust is earned when individuals and institutions do what they say they are going to do and accurately portray themselves to others. This includes being physically, emotionally, and mentally prepared to carry out required duties without impairment. Trust requires a balance of supervision and autonomy; honest and caring interactions among members of the College community help to engender trust. Clear, realistic expectations foster trust, as does an open forum for appropriate discourse.

**Fairness**
Fairness in the academic setting allows all parties an equal opportunity to learn and grow. This requires objectivity in evaluation and equitable treatment. This does not imply that equitable treatment always means the same treatment, as each individual’s unique needs may require unique solutions to provide opportunity for comparable outcomes.

**Responsibility**
All members of the College community bear responsibility for maintaining a culture of academic integrity. At the core of academic integrity lies the responsibility of all members of the College community to strive for academic excellence. This involves actively demonstrating the precepts of this policy and the Bryan College of Health Sciences values, both while inside and outside the College. When the actions of individuals are incongruent with those values, all members of the College community are responsible for initiating an appropriate response.

**Respect**
Honesty, trust, fairness, and responsibility are vehicles by which respect is earned. Respect is integral to the maintenance of relationships within the College community, and by necessity includes appropriate valuing of individual and cultural differences, and respecting privacy.

**Courage**
Promoting and maintaining a culture of academic integrity requires all members of the College to be prepared to act with courage. The College has a responsibility to act with courage and to hold individuals accountable for their actions. Voicing a concern regarding academic integrity may feel difficult or even uncomfortable, however, demonstrating academic integrity requires those with concerns to have the courage to step forward.


**Unconscious Bias:** At BCHS we acknowledge that everyone has bias. We minimize bias through ongoing training and self-reflection.

Administrators are expected to live the values of the Bryan College of Health Sciences and meet the high standards of honesty, trust, fairness, respect, responsibility, and courage delineated in the preceding parts of this policy. Examples of academic integrity issues specific to the administrative role include, but are not limited to:

- Minimizing bias in admitting, progressing, or dismissing students
• Minimizing bias in hiring, promoting, disciplining or dismissing faculty or staff
• Representing the College accurately to internal and external constituents
• Providing adequate resources and support to ensure the culture of integrity is maintained
• Supporting the professional growth of all members of the College community
• Promoting a culture of open communication

Faculty members are expected to live the values of the Bryan College of Health Sciences and meet the high standards of honesty, trust, fairness, respect, responsibility, and courage delineated in the preceding parts of this policy. Examples of academic integrity issues specific to the role of faculty members include, but are not limited to:

• Maintaining a teaching/learning environment free of bias
• Addressing each person’s unique learning needs appropriately
• Minimizing bias in admitting, progressing or dismissing students
• Creating a teaching/learning environment that fosters integrity and deters dishonesty
• Achieving and maintaining competency in classroom and clinical skills
• Promoting a collegial environment
• Respecting intellectual property rights of others

Students are expected to live the values of the Bryan College of Health Sciences and meet the high standards of honesty, trust, fairness, respect, responsibility, and courage delineated in the preceding parts of this policy. Examples of academic integrity issues specific to the student role include, but are not limited to:

• Demonstrating personal integrity and fostering integrity in others
• Coming prepared to learn and actively participating in class and clinical.
• Seeking assistance from appropriate sources as needed
• Students must obtain advance permission from individual course faculty to capture electronic file (including but not limited to pictures, video, or audio recording). Approved electronic files can be used solely for the student’s own private use. Capturing electronic files without permission or distributing electronic files is a violation of the BCHS Integrity Policy and may be considered a violation of educational privacy laws.
• Managing time and resources to allow appropriate commitment to learning
• Taking responsibility for understanding the meaning and implications of academic integrity and dishonesty as described in this policy

**Research and Data Collection Integrity**

The Bryan College of Health Sciences believes in the value of scholarly activities including the performance of research. Administrators, faculty and staff members are leaders in their professions and role models for students. As such they have a responsibility to add to the knowledge base of their profession and appropriately incorporate existing knowledge into their practice and their teaching.

Students may also perform research studies that add to their knowledge base and assist with their understanding of various research and quality management processes.
The IRB of the Bryan College of Health Sciences is a federally registered board composed of faculty, administrators and community representatives, which 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 both human and nonhuman 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.

Research investigators are expected to live the values of the Bryan College of Health Sciences and meet the high standards of honesty, trust, fairness, respect, responsibility, and courage delineated in the preceding parts of this policy. Research misconduct is a violation of academic integrity. Research misconduct includes behaviors such as fabrication, falsification, or plagiarism while proposing, performing, reviewing or reporting research results.

- **Fabrication**: Making up data or results and recording or reporting them.
- **Falsification**: Manipulating research materials, equipment, or processes during the research process. Falsification also includes changing or omitting data or results leading to research that is not accurate.
- **Plagiarism**: Using another person’s ideas, processes, results, or words without giving them proper credit

Research misconduct does not include honest error or differences of opinion.

**Reference**

Research investigators must maintain academic integrity in the research process including, but not limited to:

- Seeking IRB approval prior to beginning human subjects research
- Following the approved IRB study protocol
- Obtaining IRB approval for any change in protocol
- Acknowledging any monetary or other interest in the outcome of the study that may represent a conflict of interest with the study’s purpose
- Using appropriate, recognized methods when planning and conducting the study
- Minimizing bias in the selection and treatment of research subjects
- Providing a thorough, honest informed consent process
- Demonstrating scrupulous honesty when recording and analyzing study data
- Protecting the privacy of subjects and subjects’ data during the study and within any written or verbal report, presentation or publication about the study

There are many instances in which data collection may occur within the College. Information is often collected by students in fulfillment of course objectives and data about students and faculty are often compiled by College departments for improvement purposes. All administrators, faculty, staff and students are expected to know and follow the information privacy laws related
to the data they are collecting. Faculty members are responsible for educating students about all privacy issues that may relate to assignments made in their courses.

**Academic Integrity Violations**

Alleged and confirmed student violations of this academic integrity policy will be addressed utilizing the *Academic Integrity Violation Procedure* (Appendix A-16). Enrolled students confirmed to be in violation of this academic integrity policy will participate in an individualized remediation plan in order to learn and grow. In addition, a sanction may be imposed upon the student. Definitions of types of academic integrity violations, along with typical sanctions imposed for such violations, can be found in Appendix A-15.

The examples provided in Appendix A-15 are intended for clarification only, and are not all-inclusive.

*See Appendix A-16 for the Academic Integrity Violation Procedure Flowchart*  
*See Appendix A-15 for Types of Academic Dishonesty*

**Factors given consideration when determining appropriate sanctions may include but are not limited to:**
- Self-reporting
- Level of intent to deceive
- Scale of violation
- Stakes of assignment / exam
- Prior learning opportunities
- Outcomes resulting from the violation, including patient outcomes in clinical situations
- Student’s response to opportunities to take corrective action
- Student’s view of the violation in terms of remorse, understanding impact (on learning or patient safety, for example)
- Student’s level of honesty in discussions or other investigation pertaining to the violation
- Prior engagement in academic integrity violations, according to record maintained by Dean of Students

ACADEMIC INTEGRITY VIOLATION POLICY

Refer to Appendix A-16 for Academic Integrity Violation Procedure Flow Chart, Appendix A-17 Academic Integrity Violation Student Notification, and Appendix A-18 for Academic Integrity Violations Reporting Form, Appendix A-20 for First-time Negligent Plagiarism Form, and Appendix A-19 for Procedure for Appeal of Integrity Panel Decision.

Academic integrity is expected in all student endeavors. The College’s Academic Integrity Policy published in the Student Handbook defines academic integrity and academic dishonesty, including cheating, deliberate plagiarism, fabrication, and falsification. Resolution of student violations under the Academic Integrity Policy is addressed in this procedure.

Alleged and confirmed academic integrity violations are held in strict confidence. Information regarding alleged or confirmed violations and identities of violators will be shared with faculty,
students, administrators, or staff on a need-to-know basis necessary to this procedure. Trends in academic integrity violations will be reported to College Committees, omitting any potentially identifying information.

All students, faculty, staff, and administrators are expected to report suspected academic integrity violations. Suspected violations should be reported directly to the involved Course Faculty; the Dean of Students may also be contacted for assistance. Investigating and reporting alleged violations is the responsibility of the involved Course Faculty.

Resolution of Alleged Academic Integrity Violation at the Course Level

Course Faculty may learn of a potential academic integrity violation through direct observation, self-report by the violator, or report by a third party. Faculty are obligated to address the matter with the student. Course Faculty will notify the student in writing that he or she is suspected of violating the College’s Academic Integrity Policy, identifying the specific violation or violations, and requesting the student to provide any evidence relevant to the investigation the Faculty will conduct. Course Faculty will document that the student was notified and method of notification. The student may be notified verbally, electronically, or by the Student Notification of Academic Integrity Violation form (SNAIV), Appendix A-17. Faculty will notify the Dean of Students of the potential academic integrity violation. Course Faculty will collect all relevant evidence. Course Faculty are encouraged to contact the Academic Integrity Committee (AIC) Faculty Advisor for support and guidance during the investigation, while maintaining student anonymity. Upon notifying the student of the suspected violation and requesting any evidence from the student, the Faculty shall have 10 (ten) working days to complete his/her investigation and shall thereafter schedule a meeting with the student. These business days include when students are on scheduled breaks and holidays. The meeting shall occur within 5 (five) days of the conclusion of the investigation. Failure on part of the student to meet with the faculty within the designated time will result in an Integrity Panel Review (IPR).

If evidence does not support an alleged violation, Course Faculty will meet with the student to discuss the potential violation, and review the academic integrity policy, college values, and course expectations. The student may be referred to the Student Success Center for further development, as needed. An academic integrity violation will not be recorded in the Academic Integrity Violation Database. Course Faculty will document the conference in the student’s course file with clear indication that there was no finding against the student.

Negligent Plagiarism. If evidence supports an incident of negligent plagiarism, faculty shall contact the Dean of Students to determine if this is a first-time incident of negligent plagiarism for that student. If the student already has an incident of negligent plagiarism, the incident will be treated as an academic integrity violation (see below). As described in the Academic Integrity Policy, a first-time occurrence of negligent plagiarism is not considered an academic integrity violation. The student will be informed of the violation using the First-time Negligent Plagiarism form, Appendix 18 within ten (10) working days, a copy of which will be provided to the Dean of Students. The Dean of Students will maintain record of this in a database separate from the academic integrity violation database. The student will complete a mandatory individualized plan for success developed for the student by the Course faculty. Individualized plans for success must be completed within the time frame determined by the faculty. Failure to
complete the plan for success may result in disciplinary action, up to and including dismissal from the College.

**If evidence supports the occurrence of a violation.** Course Faculty will contact the Dean of Students to report the violation and ascertain whether prior violations are on record for the student in the Academic Integrity Violation Database.

**If there are no prior violations on record.** Course Faculty have 2 options in proceeding with the alleged violation.

**Option One:** Course Faculty will determine the sanction and remediation plan the violation warrants, pursuant to the sanctions and penalties for academic violations described in the student handbook, and complete the Academic Integrity Violation Report (AIVR), Appendix A-18. Course Faculty may assign a sanction with a maximum severity of course failure. Course Faculty will meet with the student, inviting the AIC Faculty Advisor. The student will indicate on the AIVR whether he or she is (a) admitting responsibility and accepting the sanction, or (b) not admitting responsibility and/or not accepting the sanction. The student is permitted to complete and sign the AIVR the next working day. Failure to do so by the specified deadline results in an automatic referral of the case to the AIC for an Integrity Panel Review (IPR).

**If the student admits responsibility and accepts the sanction.** Course Faculty will complete the AIVR and forward the original and all supporting documents to the Dean of Students. Course Faculty will retain copies of all documents until course end, at which time documents are destroyed. Faculty will implement the sanction and remediation plan. The student will make an appointment with the Dean of Students within 2 (two) working days to review the Academic Integrity Policy and Procedure. The Dean of Students will record the violation in the Academic Integrity Violation Database. The Dean of Students retains all original documents for a minimum of 5 years after graduation or dismissal. The Dean of Students in collaboration with the faculty will monitor the student’s progress throughout the completion of the remediation plan. The Dean of Students may appoint an appropriate liaison to monitor the student’s progress throughout the process. Failure to complete the remediation plan may result in disciplinary action up to and including dismissal from the College.

**If the student does not admit responsibility and/or does not accept the sanction** the student indicates this on the AIVR and signs the form. Course Faculty will forward the original AIVR and all supporting documents to the AIC chair within 2 (two) working days. This action triggers an IPR. The outcome of the IPR cannot result in a harsher sanction than was imposed by the Course Faculty.

**Option Two:** In the event Course Faculty determines the alleged violation warrants a sanction more severe than course failure, Course Faculty will complete an AIVR and meet with the student to inform the student of this possible sanction. The student is permitted to complete and sign the AIVR the next working day. Failure to do so by the specified deadline results in an automatic referral of the case to the AIC for an Integrity Panel Review (IPR). Course Faculty will forward the original AIVR signed by the student, the SNAIV Form, and all supporting
documents to the AIC Chair within 2 (two) working days after meeting with the student. Course Faculty will direct the student to meet with the Dean of Students.

If evidence supports the occurrence of a violation when the student has a prior violation on record, Course Faculty will complete the AIVR with recommended sanctions and remediation plan. Course Faculty will meet with the student to review the sanctions and plan, inviting the AIC Faculty Advisor. Course Faculty will inform the student that the previous violation requires an IPR of the current violation. The student is permitted to complete and sign the AIVR the next working day. Failure to do so by the specified deadline results in an automatic referral of the case to the AIC for an Integrity Panel Review (IPR). Course Faculty will forward the original AIVR, the SNAIV form, and all supporting documents to the AIC chair within 2 (two) working days after meeting with the student. Course Faculty will direct the student to meet with the Dean of Students.

Resolution of Alleged Academic Integrity Violation through Integrity Panel Review (IPR)

Receipt of an AIVR by the AIC Chair triggers an IPR conducted by the Integrity Panel (IP). Information about the violation or student(s) to this point is strictly limited to the involved Course Faculty, AIC Faculty Advisor, Dean of Students, and AIC Chair.

The IP is comprised of 6 voting members: 3 (three) students and 3 (three) faculty selected from the pool of AIC members by the AIC Chair and Dean of Students or Administrative Designee. Members of the AIC are specified by the Faculty Senate Bylaws and any are eligible to serve on the IP for a specific case. Prospective members of the IP will honorably decline participation if conflict of interest exists. Conflict of interest includes any factor that may interfere with the ability to judge facts presented in the hearing, such as personal relationships, prior knowledge, or direct involvement in the alleged violation. The AIC Faculty Advisor is ineligible to serve on the IP. The AIC Chair serves as a nonvoting facilitator of the IPR. The Dean of Students serves as a nonvoting advisor for the IPR.

Prior to the IPR, the alleged violator may challenge the presence of any voting member on the Panel because of bias or conflict of interest. Prior contact between participants is likely in an intimate college campus setting and does not per se indicate bias or conflict of interest. The AIC Chair and Dean of Students will determine sufficient proof of bias that may interfere with an IP member’s ability to judge the case fairly and solely on the evidence presented. If all available AIC members have a conflict of interest, the AIC Chair and Dean of Students will appoint non-conflicted students or faculty from the College at large to serve on the IP.

An IPR will occur within 10 (ten) working days from receipt of the AIVR by the AIC Chair. A minimum of 5 (five) working days before the scheduled IPR, the Dean of Students or AIC Chair will send a written notice to the student(s), Course Faculty, and IP members of the scheduled meeting time and place. If significant scheduling conflicts exist, this timeframe may be waived by mutual agreement of the student and Dean. The alleged student violator will be allowed to continue to participate in all course activities until this procedure and the appeal process has been exhausted. However, alleged academic integrity violations in the clinical setting that pose possible concerns for patient safety may result in prohibition of participation in clinical activities pending resolution of the alleged violation as described in this procedure.
The student will be advised of student rights pursuant to this policy, the student handbook and will be advised of all IPR processes by the Dean of Students. The Dean of Students will encourage the student to seek support and guidance from the appointed AIC Student Advisor. The Dean of Students will advise the student of other available supports, such as faculty advisors and the Professional Development Center. Course Faculty are encouraged to seek support and guidance from the AIC Faculty Advisor regarding the Integrity Review process.

The alleged student violator, Course Faculty, and other witnesses will attend the IPR. An administrative assistant will record the IPR hearing. Course Faculty may be accompanied by the non-testifying AIC Faculty Advisor as a resource and support person. The alleged student violator may be accompanied by one non-testifying Bryan College student or employee as an advocate. Advocates may speak in confidence to their designated witnesses but may not address the IP.

The IP will hear the case pursuant to the proceeding/hearing rules established in Appendix A-19 of this procedure. Course Faculty and the alleged student violator have the right to be present for the entire hearing. No evidence of prior academic integrity violations committed by the student shall be permitted to be introduced as evidence by any party or otherwise be made available to the panel until after the case has been heard and a determination has been made of whether a violation occurred with the present case. The academic hearing is not open to the public. No legal representation will be present. The hearing will be recorded. Recordings will be the property of and secured by Bryan College of Health Sciences. The IP will render a decision, based solely on the evidence presented in the IPR. The IP will deliberate in private, and such deliberation will not be recorded; the IP will render its decision, upon due deliberation, on the record. The IP may request the presence of the AIC Chair during deliberation for questions of procedure, and/or the Dean of Students for questions of due process. The IP will review the case for evidence showing that it is more likely than not that an academic integrity violation occurred, affirmed by simple majority vote of the six (6) voting members. A simple majority requires that over half the valid votes cast by the IP to determine “it is more likely than not” that an integrity violation occurred. In the event of a tie vote, a finding of “it is more likely than not” that an academic integrity violation occurred will not be determined.

1. If the IP determines it is more likely than not an academic integrity violation occurred, the student’s records, if any, pertaining to prior academic dishonesty will be made available to the IP. If the student has prior academic integrity violations on record, the student will be allowed to address the IP regarding the evidence of prior violations at this time, prior to the IP determining the sanction and remediation plan. Subsequently, the IP will affirm or amend the sanction and remediation plan recommended by Course Faculty, by majority vote pursuant to the sanctions prescribed in the Academic Integrity Policy. For cases in which the student requested the violation be forwarded for an IPR, the IP cannot impose a harsher sanction than was originally imposed by the Course Faculty. The Dean of Students will record the violation in the Academic Integrity Violation Database.

2. If the IP determines it is more likely than not that an academic integrity violation did not occur, no sanction will be assigned. The Integrity Panel may refer the student to the
Student Success Center as needed. The alleged violation is not recorded in the Academic Integrity Violation Database.

The Dean of Students and the AIC Chair will notify the student, Course Faculty, and Dean of the Academic Program of the IP decision in writing within 3 working days of rendering its decision on the record. The student will be notified via certified mail. In cases of a finding that an academic integrity violation occurred, the penalty for same shall be contained within the decision of the IP and shall be effective immediately. The letter will direct the student to meet with the Dean of Students as soon as possible.

The decision of the IP is final unless (1a) the sanction includes suspension or expulsion, or (1b) course failure results in dismissal from the academic program, and (2) the student appeals. In these events, the Dean of Students will inform the student of the option to appeal using the process described below. IP findings and sanctions may not be contested using the College’s Grievance Procedure.

**Appeal of Academic Integrity Panel Decision**

Refer to Appendix A-19 Procedure for Appeal of Integrity Panel Decision.

The student may only appeal the IP findings if the recommended sanction for the academic violation is suspension or expulsion, or course failure resulting in dismissal from the academic program.

The student must submit a written appeal of the IP findings to the Dean of the Academic Program within 5 (five) working days of receipt of notification via certified mail of the IPR decision. Failure to appeal within this timeline will result in refusal to hear the appeal. Upon receipt of an appeal request, the student will be forwarded, if he/she so requests, a transcript of the hearing. The student shall have 5 (five) working days to submit in writing the reasons why the record supports overturning the findings of the IP, either because (a) the evidence doesn’t prove the student’s culpability, (b) there was a violation of due process that substantially prejudiced the student’s rights, and/or (c) the sanction is grossly disproportionate to the violation.

The Dean of the Academic Program will convene an Integrity Appeal Panel (IAP) comprised of 3 (three) students and 3 (three) faculty from the pool of AIC members, and the Dean of the Academic Program, none of whom served on the original IPR. The Dean of the Academic Program shall serve as a voting member and facilitator of the IAP. The Dean of the Academic Program may defer serving on the IAP to the Dean of another academic program, if a conflict of interest exists. If any potential IAP member has a conflict of interest, the Dean of the Academic Program will appoint non-conflicted students and/or faculty from the College at large to serve on the appeal panel.

The appeal will be determined solely based upon the record made before the IP by the student and the Course Faculty, including all testimony and exhibits. The IAP will review the IPR record and decision and the student’s appeal letter and written rationale requesting the IP decision be overturned within 5 (five) working days. All decisions of the IAP will be made by simple majority vote.
1. If there is no evidence in the appeal that supports reconsideration to overturn the findings of the IP or its sanction, the IAP upholds the IP decision. The appeal process is complete and sanction is applied.

2. If there is no evidence in the appeal that supports reconsideration to overturn the findings of the IP, but there is evidence that supports reconsideration of the IP sanction, the IAP upholds the IP decision, but reduces the sanction and remediation plan.

3. If there is evidence in the appeal that supports reconsideration to overturn the findings of the IP, the IAP will overturn the IP decision and the academic integrity violation will be absolved from the student’s record.

The Dean of the Academic Program will notify the student, the Dean of Students, AIC Chair, and Course Faculty of the IAP decision. The student will be notified via certified mail within 3 (three) working days of the decision. The IAP decision is final and not appealable.

Approved August 12, 2015

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.

MISCONDUCT IN RESEARCH POLICY

Many activities are involved in the proposal, conduct and reporting of research. Each activity must be taken seriously and performed with scrupulous honesty, as even a small lapse in integrity may result in far-reaching negative consequences. 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
Most of the features in this policy will be applicable to:

- All individuals employed by Bryan College of Health Sciences or Bryan Medical Center.
- Investigators with whom Bryan contracts for the provision of services in research studies.
- External investigators who have requested to conduct research on students/faculty of Bryan College of Health Sciences.
- Students 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 (93.200-277)
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.

Allegation means a disclosure of possible research misconduct through any means of communication. The disclosure may be by written or oral statement or other communication to an institutional or HHS official.

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. If the charge letter includes a debarment or suspension action, it may be issued jointly by the ORI and the debarring official.

Complainant means a person who in good faith makes an allegation of research misconduct.

Debarment or suspension means the Government wide exclusion, whether temporary or for a set term, of a person from eligibility for Federal grants, contracts, and cooperative agreements under HHS regulations at 45 CFR part 76 (non-procurement) and 48 CFR subparts 9.4 and 309.4 (procurement).

Debarring official means an official authorized to impose debarment or suspension. The HHS debarring official is either the Secretary or an official designated by the Secretary.

Evidence means any document, tangible item, or testimony offered or obtained during a research misconduct proceeding that tends to prove or disprove the existence of an alleged fact.

Good faith As applied to a complainant or witness means having a belief in the truth of one's allegation or testimony that a reasonable person in the complainant’s or witness’s position could have based on the information known to the complainant or witness at the time. An allegation or testimony is not in good faith if made with knowing or reckless disregard for information that would negate the allegation or testimony. As applied to a committee member good faith means cooperating with the research misconduct proceeding by carrying out the duties assigned impartially for the purpose of helping an institution meet its responsibilities. A committee member does not act in good faith if his/her acts or omissions on the committee are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceeding.
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 Member means a person(s) who is employed by, is an agent of, or is affiliated by contract or agreement with an institution. Institutional members may include, but are not limited to, officials, faculty, staff, researchers, research coordinators, students, volunteers, contractors, subcontractors, and their employees.

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** for the purpose of this policy means 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 or Provost 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 (93.106)**
In compliance with 42 CFR 93 the following evidentiary standards apply to findings of Research Misconduct allegations:

- **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 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 (93.108)**
Research misconduct allegations will be open to examination if they are brought to the attention of the IRB within six (6) 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 (93.108)**
Allegations of research misconduct may be damaging to the professional reputations of those involved. Therefore, every attempt will be made to safeguard the confidentiality of all individuals involved. To the extent allowed by law, 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).

**Annual Report (93.302)**
Bryan College of Health Sciences will file with ORI an annual report which contains information specified by ORI on the institution’s compliance with CFR 93.302.

**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 (93.310)**
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 bias 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 (93.307)**
Promptly after receiving an allegation of research misconduct through any means of communication, the College IRB and the President or Provost 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, applications for PHS research support, or research records specified in 42 CFR 93.102. 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 60 days of its initiation (if the inquiry takes longer than 60 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 (42 CFR 93.307).

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.

As evidence is reviewed during the inquiry the primary goal will be to decide if an investigation is warranted. Criteria warranting an internal investigation include both (1) and (2) of the following:

1. A reasonable basis for concluding that the allegation falls within the definition of research misconduct defined in this policy.

2. Preliminary information-gathering and fact finding from the inquiry indicates that the allegation may have substance.

3. The allegation involves PHS supported research.

An investigation including participation of the ORI would be triggered by the addition of criterion 3.

An inquiry report will be completed wherein the IRB and/or College President or Provost will make a written determination of whether an investigation is warranted. Respondent(s) shall be provided an opportunity to comment on the inquiry report in a timely fashion so that any comments can be attached to the report. After review, any comments or reactions to the report by the respondent will be attached to the inquiry report (42 CFR 93.307) 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 (42 CFR 93.308).

4. The IRB Chair and the College President will send the ORI a copy of the inquiry report (containing the information specified in 42 CFR 93.309a) and written determination on or before the date of the beginning of the investigation if the allegation of misconduct involves PHS supported research. Upon a request from ORI, the ORI shall be promptly sent: (1) a copy of the institutional policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges for the investigation to consider.

Investigations of Research Misconduct Allegations (93.310-.316)
The College IRB and President or Provost will initiate an investigation promptly after determining that one is warranted. In conducting all investigations, IRB committee members and the College President or Provost shall:

1. Begin the investigation within 30 days after determining that one is warranted.

2. Notify the respondent(s) in writing of the allegations to be investigated within a reasonable time after determination that an investigation is warranted, but no later than 30 calendar days after that determination. 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.

3. 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.

4. 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.

5. 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.
6. Comply with all requirements for conducting an investigation specified in 42 CFR 93.310.

The IRB Chair and the College President or Provost shall prepare the draft and final institutional reports in writing and provide the draft report to the respondent, and possibly to the complainant for comment. The respondent will be given supervised access to the evidence on which the report is based. Comments from respondent(s) and complainant(s) must be submitted within 30 days of receipt of the draft report. Comments shall be included and considered in the final investigation report. The final investigation report shall:

1. Describe the nature of the allegations of research misconduct.

2. Describe and document the PHS support (if applicable) including any grant numbers, grant applications, contracts, and publications listing PHS support.

3. Describe the specific allegations of research misconduct considered in the investigation.

4. Include the institutional policies and procedures under which the investigation was conducted, if not already provided to ORI.

5. Identify and summarize the research records and evidence reviewed, and identify any evidence taken into custody, but not reviewed.

6. Provide a finding as to whether research misconduct did or did not occur for each separate allegation of research misconduct identified during the investigation, and if misconduct was found:
   a. Identify it as falsification, fabrication, or plagiarism.
   b. Identify whether it was intentional, knowing, or in reckless disregard.
   c. Summarize the facts and the analysis supporting the conclusion and consider the merits of any reasonable explanations by the respondent and evidence that rebuts the respondent’s explanations.
   d. Identify the specific PHS support (if applicable).
   e. Identify any publications that need correction or retraction.
   f. Identify the person(s) responsible for the misconduct.
   g. List any current support or known applications or proposals for support that the respondent(s) has pending with non-PHS Federal agencies.
   h. Include and consider any comments made by the respondent and complainant on the draft investigation report.

After the investigation ORI will be promptly provided:

1. A copy of the investigation report, all attachments, and any appeals.

2. A statement of whether the institution found research misconduct and, if so, who committed it.
3. A statement of whether the institution accepts the findings in the investigation report.

4. A description of any pending or completed administrative actions against the respondent(s).

All relevant research records and records of research misconduct proceedings, including results of all interviews and the transcripts or recordings of such interviews, shall be maintained and provided to ORI upon request.

Every effort will be made to complete the investigation within 120 calendar days of the date on which it began, including conducting the investigation, preparing the report of findings, providing the draft report for comment, and, when applicable, sending the final report to the ORI. If it becomes apparent that an investigation involving PHS supported research cannot be completed within that period, an extension shall be promptly requested, in writing, from the ORI. This time period does not apply to separate termination hearings.

Other Institutional Responsibilities

Maintenance and Custody of Research Records and Evidence (93.305, .309)
Bryan College of Health Sciences will diligently obtain, secure and maintain research records and evidence pertinent to the research misconduct proceeding. Before the respondent is notified of the allegation, all reasonable and practical steps shall be promptly taken to obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventory those materials, and sequester them in a secure manner, except in those cases where the research records or evidence encompass scientific instruments shared by a number of users. Custody may be limited to copies of the data or evidence on shared instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. Where appropriate, the respondent(s) shall be given copies of, or reasonable, supervised access to the research records.

All reasonable and practical efforts shall be undertaken to take custody of additional research records and evidence discovered during the course of the research misconduct proceeding, including at the inquiry and investigation stages, or if new allegations arise, subject to the exception for scientific instruments as identified above.

All records of the research misconduct proceedings relating to respondent(s) who have PHS support (as defined in 42 CFR 93.317a) shall be maintained for seven years after completion of the proceeding, or any ORI or HHS proceeding under Subparts D and E of 42 CFR Part 93, whichever is later, unless custody of the records and evidence has been transferred to HHS, or ORI has advised that the records no longer need to be retained.

Interim Protective Actions
At any time during a research misconduct proceeding, appropriate interim actions shall be taken to protect public health, federal funds and equipment, and the integrity of the PHS supported research process (as applicable). The necessary actions will vary according to the circumstances of each case, but examples of actions that may be necessary include delaying the publication of research results, providing for closer supervision of one or more researchers, requiring approvals.
for actions relating to the research that did not previously require approval, auditing pertinent records, or taking steps to contact other institutions that may be affected by an allegation of research misconduct.

Notifying ORI of Special Circumstances that may Require Protective Actions (93.318)
At any time during a research misconduct proceeding, ORI shall be immediately notified if there is reason to believe that any of the following conditions exist:

1. The health or safety of the public is at risk, including immediate need to protect human or animal subjects.
2. Resources or interests of HHS are threatened.
3. Research activities funded by PHS support should be suspended.
4. There is a reasonable indication of violations of civil or criminal law.
5. Federal action is required to protect the interests of those involved in the research misconduct proceeding.
6. There is reason to believe that the research misconduct proceeding may be made public prematurely, so that HHS may take appropriate steps to safeguard evidence and protect the rights of those involved.
7. There is reason to believe that the research community or public should be informed.

Restoring Reputation (93.300, .304)
All reasonable, practical and appropriate efforts shall be undertaken to protect and restore the reputation of any person alleged to have engaged in research misconduct, but against whom no finding of research misconduct was made, if that person or his/her legal counsel or other authorized representative requests that those efforts be made.

Complainants, Witnesses, and Committee Members (93.300, .304)
All reasonable and practical efforts shall be undertaken to protect and restore the position and reputation of any complainant, witness, or committee member and to counter potential or actual retaliation against those complainants, witnesses and committee members.

Cooperation with ORI (93.304)
Bryan College of Health Sciences shall cooperate fully and on a continuing basis with ORI during its oversight reviews of the College and its research misconduct proceedings and during the process under which the respondent may contest ORI findings of research misconduct and proposed HHS administrative actions. This includes, as applicable or necessary, development of a complete record of relevant evidence, all witnesses, research records, and other evidence under
the control or custody of the College or in the possession of, or accessible to, all persons that are subject to the College’s authority.

**Reporting to ORI (93.315)**
For research misconduct proceedings related to respondent(s) with PHS support, the College will report to ORI any proposed settlements, admissions of research misconduct, or institutional findings of misconduct that arise at any stage of a misconduct proceeding, including the allegation and inquiry stages.

**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. 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.
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.
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.

Requirements for institutional policies and procedures on research misconduct were obtained from the Office of Research Integrity website on January 8, 2016.

Reference

Original Policy Approval Date: 4/6/2009
Revised: 1/21/2016

UNANTICIPATED PROBLEMS AND ADVERSE EVENTS INVOLVING RISKS TO SUBJECTS AND OTHERS

The Code of Federal Regulations (45 CFR Part 46) requires that Bryan College of Health Sciences ensure 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 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.
- Laboratory or medication errors that may involve increased risk.
- Suspension or termination of investigators.
- Accidental or unintentional change to the IRB approved protocol that involves risks.
- Deviation from protocol taken without prior IRB review to eliminate apparent immediate hazard to a research subject.
- 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 a medical occurrence:

- Results in death.
- Is life-threatening.
- Results in hospitalization.
- Results in a persistent or significant disability.
- Results in a congenital abnormality/defect.
- Jeopardizes a subject’s health and requires surgical/medical intervention to prevent any of the above.

Not all adverse events are unanticipated problems. An adverse event must be reported only if it meets the definition of an unanticipated problem (criteria above).

**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 but not later than 5 days after the investigator becomes 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* on the IRB website.

**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 plan for corrective action 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 and must include:

- Name of institution conducting the research.
- Title of the research project.
- Name of principal investigator.
- Assigned IRB study number.
- Source of funding, if any.
- 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, Provost, or designee. If appropriate, the College President, Provost, or designee will notify:

- Agencies funding the research.
- External institutional officials.
- The Office of Human Research Protections (OHRP).
  - Only the institution where an adverse event occurs must report to OHRP.
  - All unanticipated problems that meet requirements for reporting to OHRP are to be submitted to OHRP within one month of the IRB’s review and resolution of the report.
  - OHRP places an emphasis on the adequacy of actions taken by the institution to address the problem to ensure that the incident will not happen again with the investigator(s), the protocol, or the IRB. This should be considered when reviewing and recommending actions.

**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 Dean/Director/Supervisor.
- Notification of President/Provost.
- 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.
- Restitution of funds to the grantor agency.
- Notification of law enforcement agencies.
- Taking other actions appropriate to remedy the unanticipated problem/adverse event and prevent future occurrences.
- Reporting to OHRP.
References:


Approved 1/18/2018

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

- Provide reasonable accommodations and support services
- Empower students with disabilities toward self-advocacy
- 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 activity. 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 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 academic 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 academic accommodations, students are expected to complete all fundamental and essential academic requirements.

**Procedures**

Students wishing to disclose their disability for purposes of requesting an academic accommodation are required to register with College's Disability Services Department and working 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 required to complete the Request for Accommodation Form. Request for Accommodation forms are available on the College Website or Disability Services office. 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 any 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 allow for 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 are highly recommended to meet with Disability Services at the beginning of each semester. If previously approved accommodations remain the same, new request forms are not necessary and the current plan will be renewed. Students should report and discuss any matters related to previously approved accommodations and report the need for revised or new accommodations.

2. Returning students receiving testing accommodations are required to notify the Disability Coordinator of class and exam schedules at the beginning of each semester.

3. Bryan College of Health Sciences students are encouraged to practice self-advocacy and speak with faculty members regarding approved accommodations.

4. The Disability 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 impacting 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:

a. **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.

b. **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 response deadline may be extended by the Dean of Students, if deemed necessary. 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 a discriminatory employment or educational practice.

6. **Confidentiality:** Except as needed to review any reported disability or request for accommodation, or any formal claim of discrimination, 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.

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:
   a. The Disability Rights Section of the US Department of Justice (www.justice.gov)

8. **Scope of Policy:** The procedures set forth in this policy are limited to addressing matters related to academic accommodations. 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 Americans with Disabilities Act of 1990
   Section 504 of the Rehabilitation Act of 1973
Early Intervention Process
Personal, academic and/or financial problems can place students at risk of failing a course. The purpose of the Early Intervention 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 Early Intervention Process is facilitated by the Student Success Center. The Student Success Center is comprised of Professional Development, Academic Services, Financial Aid, Health & Wellness and Student Services.

Early Interventions can include but are not limited to:

- weak performance on quizzes, exams and class assignments
- frequent absences from class
- failure to complete and turn in assignments
- unprofessional behaviors in class
- significant life stressors or events
- suicide ideations
- actions or behaviors are of significant risk for failing a course
- weak performance on clinical
- inadequate preparation for clinical
- unprofessional behaviors on clinical
- difficulty with critical thinking
- health problems, physical and/or emotional
- time management issues

To activate the Early Intervention Process, these steps should be followed:

1. Anyone can identify students at risk and fill out an Early Intervention Form.
2. When a student “at risk” is identified, it is recommended but optional to inform the student than an Early Intervention will be initiated.
3. An Early Intervention Referral Form is completed on the student outlining the concerns identified. The completed Early Intervention Referral Form is emailed to the Clinical & Academic Development Director or placed in the Student Success Center mailbox in the College Administration Office. The Student Success Center team consisting of the Dean of Students, Professional Development and Clinical & Academic Development Director will determine the most appropriate referral/ assistance and/or intervention for the student based on the concerns identified. This Team meets on a weekly basis and Early Interventions are reviewed and discussed as appropriate.
4. An Early Intervention form should be completed on any student directly referred by faculty and staff to Continuum EAP.
5. The appropriate Student Success Center team member will contact the student via email or phone and inform them they have been recommended to seek assistance from the Success Center. They are encouraged to make an appointment. The time frame for
contacting the student is individualized based on the information from the Early Intervention form. There are situations in which the student will not be contacted. (i.e. student has recently met with Success Center, Faculty resolved situation)

6. Once the student has been contacted, it is the student’s decision whether or not to accept the recommendation, make an appointment and work with the Success Center.

7. The person referring the student is notified that the Early Intervention was received. Any additional follow-up would be on a case by case basis, with student input.

Directions for Early Intervention Form

1. The preferred and recommended method is to complete the Early Intervention Form on every student referred. Email, verbal and phone referrals are also accepted in certain situations.

2. The more information the better. Attaching evaluations is helpful if applicable.

3. Forms may be completed electronically and emailed to the Clinical & Academic Development Director.

4. Completed paper copies are placed in the Student Success Center mailbox in the College Administration Office.

5. An electronic copy can be found at P drive: BCHS\Shared\Early intervention Form or in the Canvas Faculty Resources.

6. All referrals are evaluated per the Early Intervention Process.

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 Learning Management System. 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.

APA FORMAT

Consistency in the format used for formal written work is essential for efficiency in typing and interpretation throughout the College of Health Sciences.
The most current edition of the American Psychological Association Manual is the authority adopted for use in all publications of the College of Health Sciences, and the accepted format for submission of formal written work by the students. For examples consult the American Psychological Association (APA) Manual.

Any deviation from APA format will be clearly outlined in the individual course syllabi and will apply only to that individual course.

COURSE GRADE REPORT POLICY

Grading During Active Course Session Policy:
All course grades during the active course session are reported within the course’s Learning Management System grade book in a timely manner.

Final Course Grade Policy:
All final course grades are reported by faculty at completion of the course to the College of Health Sciences Registrar for official recording and record maintenance.

Final Course Grade Procedures:

Reporting Grades Procedure

1. Faculty will submit final grades via Student Information System (SIS). After entering final grades in the SIS, faculty will print and sign the grade roster. The signed grade roster is forwarded to the Registrar who will then make the grades official.

2. Grades are due by 5 p.m. on Tuesday following the last Friday in a semester. Grades for graduating seniors are due by noon on Thursday immediately before graduation. For courses running in the summer semester, grades are due two working days following the conclusion of the course.

3. All student clinical evaluation materials are to be maintained in a locked file in the program specific designated location until the student graduates and passes the NCLEX or registry exam.

Recording Incomplete Grades Procedure

1. Incomplete grades will be submitted via Student Information System (SIS) along with regular course grades.

2. The Incomplete Grade form is to be completed with copies sent to the persons designated on the Incomplete Grade form. The original Incomplete Form is kept with the faculty member issuing the incomplete grade until the grade is complete. The Incomplete Grade
Form is available on the Registrar’s Page of the Bryan College of Health Sciences website or from the Registrar.

3. When the incomplete is cleared, the original form is completed and forwarded to the Registrar.

**FACULTY EVALUATION 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.

**TEST GUIDELINES**

**Exam Policies**

**Exam Design**

- The construction of an exam will be planned and organized to measure the student’s attainment of outcomes/objectives.
- Exams may be comprised of multiple choice items, short answer, calculations, essay questions, or other alternative testing methods. Exam format will be at the discretion of the program.

**Exam Administration**

- Faculty should make every effort to maintain exam security.
- Securely maintain all exams and answer sheets until the deadline for grade appeal has expired. After that, exams and individual student answer sheets can be destroyed.
- The course is to maintain the following for two (2) years:
  - One(1) 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**

- Faculty should analyze the performance of students on the exam with respect to exam content, outcomes/objectives, and exam refinement
- Item analysis will be completed for exams according to program specific guidelines.
Testing Accommodations
Students requesting testing accommodations should contact the Clinical and Academic Development Director at the start of each term or as the need arises. Please refer to the Students with Disabilities policy.

Testing Center

- All exam administration policies (see above) will be adhered to
- Use of the testing center will be arranged by the Clinical & Academic Development Director or Director of Student Services.
- Prior to 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-24.

Exam Procedures

Exam Administration

- Faculty will remind students of the importance of academic integrity prior to the beginning of 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-23 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-21 Distance Proctor Letter, Appendix A-22 Proctor Application Form and Appendix A-23 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
  - Military Education Officer or Officer of rank higher 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-24 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 access unauthorized resources. Please contact the Distance Education Director 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 complete.
- If at any time the proctor feels that the integrity of the exam has been compromised, the proctor may end the exam and call the course faculty or the Distance Education Director 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 signed 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 e.g. hats, backpacks, etc. should be on the desktop or immediate floor area during test/exams.
- All personal electronic devices unrelated to testing should be off, not on vibrate and should be kept with personal belongings at the designated area of the room away from the testing area.
- Pencils should be supplied for testing
- Students should remain in the testing area until the exam is completed.
- Seating should be arranged with a minimum of one person space between each exam taker when possible. If adequate space is not possible, paper and pencil examinations should be in a minimum of two formats with no two adjoining students receiving the same version.
- 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 whatever exam security options are available when using online testing based on the current applications available at the college (e.g. Lockdown browsers, electronic proctoring, etc)
- When utilizing non-proctored online exams
  - Creation of an exam bank for randomized test/quiz should be the goal for all test/quizzes. The bank should contain a minimum of two times the number of desired questions, with two times or greater being the desired goal. A 50 questions exam from a pool of 150 would produce a test/quiz with only 17 questions in common with any other student. A pool of 100 would have 25 questions in common.
  - Test/quizzes should be time limited to ensure results reflect recalled knowledge rather than searched knowledge found at the time of the test/quiz.
  - Online Test/quizzes should be set to security settings that discourage utilization of external resources or applications when appropriate.
  - Test/quizzes should have a specific start and stop date and time.

LABORATORY GUIDELINES FOR FACULTY

General Guidelines:

1. Courses requiring lab equipment and/or supplies are to provide a list of course dates and equipment/supply needs to the lab coordinator prior to the beginning of the course.

2. Ordering of lab supplies is handled through the lab coordinator.

3. Equipment repair and replacement will be facilitated through the lab coordinator. New equipment requests should be forwarded to the lab coordinator.

4. The lab coordinator will set up and tear down scheduled labs, unless other arrangements are made.

5. Inform the lab coordinator of changing needs, such as make-up times and non-scheduled practice sessions.

6. Check with the lab coordinator prior to taking any equipment to ensure it is not reserved for another course. Provide all requests in writing and copy these requests to the Dean.

7. Faculty may check out equipment for extended periods of time for use in their course, the clinical areas, student organizations, or for service projects sponsored or endorsed by the College, as inventory allows.
a. Faculty with equipment checked out to their course for extended periods of time will be required to inventory the equipment on an annual basis in conjunction with the skills lab inventory.

8. Equipment must not be removed from the campus without prior written permission from the Dean.

**Nursing Skills Lab Guidelines:**

1. Skills lab rooms (207 and 209) are to be reserved through the skills lab coordinator. In the absence of the skills lab coordinator, contact the administrative assistant.

2. Refer students to the library for check out of equipment for their school needs if the skills lab coordinator is unavailable.

**Sonography Lab Guidelines:**

1. Scheduling of the skills lab rooms (211, 213 and 217) for programs other than sonography should be coordinated through the Dean of Health Professions.

2. Requests for specialized equipment and/or repairs should be made in writing to the Dean of Health Professions.

3. Sonography faculty will be responsible for the operation and organization of the health professions skills labs.

**Science Lab Guidelines:**

1. The designated Natural Science faculty is responsible for maintaining inventory of all equipment.

2. The designated Natural Science faculty oversees the use of all specimens, including animal specimens and the Human Plastinated Specimens.

See Appendix A-25 for Simulation Center Guidelines, Policies and Procedures

See Appendix A-26 for the Consent to Use Media for Public Use

See Appendix A-27 for the Simulation Confidentiality of Information Form

**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 Anatomy and Physiology Faculty at Bryan College of Health Sciences believe that the use of donated human bodies provides students a unique opportunity to better understand the
structure and structural relationships of the human body. The use of donated bodies 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 donated bodies provides students the additional benefit of evaluating biological variation and a chance of viewing various pathologies. The use of donated bodies enables students to be better prepared to pursue successful careers in the health care industry.

The Anatomy and Physiology Faculty recognize the value and importance of donated bodies and are committed to ensuring that donated bodies will always be treated with the utmost care and respect. Survivors may gain some comfort in the knowledge that faculty fully understand the indispensable and honorable contribution that body donors have made to 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 body. Additionally, students will only be allowed to examine a donated body in the presence of a full-time anatomy instructor.

**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.

All cadavers at Bryan College of Health Sciences are obtained through the Nebraska Anatomical Board's Deeded Body Program. The primary focus of the Deeded Body Program is to obtain the human cadaver for educational and scientific study. Nebraska is a signatory on the Uniform Anatomical Gift Act (1968, rev. 1987, 2006) which established a uniform set of guidelines for the bequest of human bodies. For more information about the Nebraska Anatomical Board Deeded Body program visit: [http://www.donateinybody.org/#](http://www.donateinybody.org/#)

**Confidentiality of Cadavers:**

The confidentiality of the cadaver will be maintained at all times. The Nebraska Anatomical Board provides limited information about each cadaver. The information provided includes cause of death, age at death, and surgeries and major illnesses of the donor. It does not provide a name, past addresses, employment, or other demographic information of the donor. 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 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. Instructors should 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 using the cadaver must agree, in writing, to the current Use Protocol and Rules established by the Biomedical Sciences Program at Bryan College of Health Sciences. Rules to be followed by all students while in the Cadaver Laboratory:
1. **The anatomical donors 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 who generously donated the gift of knowledge to you. Thus, no inappropriate behavior will be tolerated including, but not limited to jokes, nicknames or disrespectful remarks will be made that would be demeaning to the donor or the donor's family.

2. Cadaver demonstrations in the Cadaver Laboratory will only be allowed for college sponsored educational purposes.

3. A full-time anatomy instructor must be present when students view a cadaver.

4. No eating, drinking, or smoking is allowed.

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. **No cell phones are allowed.**

12. The room's ventilation system must be on at all times while students are in the room. Do not prop the door open. If you have respiratory difficulties, inform your instructor and exit the room immediately.

13. No other visitors of any sort are allowed.

14. 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 the cadaver in the future.

15. 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 the Nebraska Anatomical Board Deeded Body Program.

*See Appendix A-36 Bryan College of Health Sciences High School Cadaver Agreement*
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 Anatomy and Physiology Faculty at Bryan College of Health Sciences believe that the use of donated human bodies provides its pre-professional health care students a unique opportunity to better understand the structure and structural relationships of the human body. The use of donated bodies 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 donated bodies by our students provides them the additional benefit of evaluating biological variation and a chance of viewing 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 donated bodies. The use of donated bodies enables our students to be better prepared to pursue successful careers in the health care industry.

The Anatomy and Physiology Faculty recognize the value and importance of donated bodies and are committed to ensuring that donated bodies will always be treated with the utmost care and respect. Survivors may gain some comfort in the knowledge that faculty fully understand the indispensable and honorable contribution that body donors have made to 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 body. Additionally, students will only be allowed to examine a donated body in the presence of a full-time anatomy instructor.

Protocol and Procedures

Acquisition of Cadavers:
All cadavers will be obtained through the Nebraska Anatomical Board's Deeded Body Program. The primary focus of the Deeded Body Program is to obtain the human cadaver for educational and scientific study. Nebraska is a signatory on the Uniform Anatomical Gift Act (1968, rev. 1987, 2006) which established a uniform set of guidelines for the bequest of human bodies. For more information about the Nebraska Anatomical Board Deeded Body program visit:
http://www.donatemybody.org/#

Security of Cadavers:
Cadavers will be maintained in the cadaver storage room which is accessible through room SL-1. The cadaver storage room will remain locked at all times unless an anatomy professor is present. The only keys to the cadaver storage room will be held by anatomy and physiology instructors, the Program Director of the Biomedical Sciences Program, and appropriate maintenance and security personnel. Only students enrolled in Human Anatomy (BIOS 234), Anatomy and
Physiology (BIOS 203 and 20), Human Physiology (BIOL 235), or Anatomy Lab (NRAN 762) courses may study or view the cadavers. No visitors of any sort can enter the cadaver storage room without the permission of Dr. Kim Hansen or Dr. Kay Crabtree.

Confidentiality of Cadavers:
The confidentiality of the cadaver will be maintained at all times. The Nebraska Anatomical Board provides limited information about each cadaver. The information provided includes cause of death, age at death, and surgeries and major illnesses of the donor. It does not provide a name, past addresses, employment, or other demographic information of the donor. 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 will be taken of the cadaver.

Cadaver handling:
When a new cadaver is received by Bryan College of Health Sciences, the original cadaver will be returned to the Nebraska Anatomical Board. All tissue samples, organs, or other components of the cadaver removed while at Bryan College of Health Sciences will be returned with 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. Instructors should 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 Use Protocol and Rules established by Biomedical Sciences. Rules to be followed by all students while in the Cadaver Laboratory:

1. **The anatomical donors 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 who generously donated the gift of knowledge to you. Thus, no inappropriate behavior will be tolerated including, but not limited to jokes, nicknames or disrespectful remarks will be made that would be demeaning to the donor or the donor's family.

2. Only students registered and currently enrolled in Human Anatomy (BIOS 234), Anatomy and Physiology (BIOS 203 and 204), Human Physiology (BIOL 235), or Anatomy Lab (NRAN 762) are allowed to use the cadavers in the Cadaver Laboratory.

3. A full-time anatomy instructor must be present when students study a cadaver.

4. No eating, drinking, or smoking is allowed.

5. Long-sleeved laboratory coats are highly recommended.
6. Gloves must be worn if a specimen is touched.

7. 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.

8. No music of any sort is allowed.

9. No equipment is to be removed from the room.

10. No cadaver tissue of any type is to be removed from the room.

11. No prosthetic appliance, adornment, or other natural or man-made item found on or in the cadaver will be removed from the room.

12. Absolutely no photography or videos of any type is allowed.

13. No cell phones are allowed.

14. The room's ventilation system must be on at all times while students are in the room. Do not prop the door open. If you have respiratory difficulties, inform your instructor and exit the room immediately.

15. Assume all reagents and tissues are a potential hazard.

16. No visitors of any sort are allowed.

17. Any violations of the rules will result in expulsion of the offender from the Cadaver Laboratory.

18. Report any violations of these rules to your anatomy and/or physiology instructor, or the Biomedical Sciences Program Director.

19. 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 the Nebraska Anatomical Board Deeded Body Program.

See Appendix A-37 for the Bryan College of Health Sciences Student Cadaver Agreement

Approved May 1, 2015

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 be 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.

**Video Camera Use**

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 Information Technology Office.

2. The camera can be checked-out based on the following authorization:
   a. Bryan College of Health Sciences Faculty use for academic purposes.
   b. Faculty approved student use for course/academic purposes.
   c. 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 Lab**

Video recording may be used in the simulation lab during simulated clinical experiences. 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 recording will only be viewed by those students who participated in the simulated clinical experience, the instructor(s), and the simulation lab faculty. The 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 videos will be deleted from the computer at the end of each semester.

Under no circumstances will the video be viewed by other people without written consent of the participant(s). The video will not be uploaded to any public viewing site such as Youtube.com. If a faculty member wishes to use portions of a 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, written consent will be obtained. The video may be transferred to a DVD and stored in a locked file cabinet.

**Operational Process Regarding Student Admissions**

This operational process relates to student admissions and the final day prior to the start of a semester or session that programs will accommodate starting a “new to Bryan College of Health Sciences” student. This applies to undergraduate, graduate, certificate, and at-large students.

**Goals:**

1. Admit students as far in advance of semester or session start date as reasonably sound.

2. All student processes in place by first day of class to facilitate student success from the beginning forward.

3. All college paperwork, system sets up, orientations complete prior to class start.

It has been determined that to meet the goals described above, that a **minimum of five (5) working days prior to the start of the session/semester is required.**

Approved by Academic Affairs October 2013, Leadership Council November, 2013

**GRADUATION POLICY**

**Purpose**

To approve students for graduation based on meeting graduation requirements as approved by the Board.

**Introduction**

Students meeting all graduation requirements will be recommended to the President by the Faculty Senate as eligible for graduation from Bryan College of Health Sciences. The President
will recommend to the Board of Trustees that eligible students be graduated from Bryan College of Health Sciences.

Graduation Requirements

1. Degree audit verifying completion of program requirements.
   a. Complete the program of study in the designated major and general education requirements.

2. Documented arrangements for meeting all College financial obligations.

Participation in May Graduation Ceremony Prior to Completion of Graduation Requirements

Students with six (6) or less credits needed to complete graduation requirements may participate in the May graduation ceremony provided they:

1. Are registered for the needed courses in the immediately following summer term;

   and

2. Will complete those needed courses by the end of the summer term as defined by Bryan College of Health Sciences. Students will not graduate until all requirements are completed. These students will not be considered for May graduation honors.

Students with more than six (6) credits needed to complete graduation requirements can, with the approval of their advisor, apply to participate in the May graduation ceremony. Each application will be reviewed on a case by case basis.

Students completing requirements in August will be listed as August graduates in the May graduation program. These students will not be considered for May graduation honors and will receive their diploma when all requirements are completed.

Passed by Faculty Senate, April 2008
Endorsed by the President, April 2008
Endorsed by the Board of Trustees, May 9, 2008
Approved by the Board of Trustees, November 10, 2011
Revised by Academic Affairs December 2015
Approved by College Board of Trustees February 3, 2016

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 Board.
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.

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. College faculty and leadership will determine the efficacy of program closure based upon data provided through the Procedure for Proposing Program Closure. The appropriate academic Dean will communicate decisions and all supporting data to 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. Decisions regarding personnel, financial aid, record-keeping, and College manual/handbook updates will occur as per the Procedure for Proposing Program Closure.

Approved by Bryan College Board of Trustees, September 10, 2009
Designated review date, September 2012
Edited by Academic Affairs December 2015
Approved by Faculty Senate March 2016
Approved by College Board of Trustees, April 7, 2016

Procedure for Proposing Program Closure

Preliminary Investigation

Determine the requirements for closing a program from accreditation/approval bodies, including:

- State Approval Bodies
- Regional Accreditation Body
- Specialized Accreditation Bodies

Based upon accreditation/approval body requirements, develop a proposal using the following format supporting the need for program closure.

Proposal

Proposal to phase out the: ______________________
Originated by: ________________________________ Date: __________
Respond by Email to: ______________________________
Emailed to All College Personnel (Date): ________________
Date Posted on P Drive (Five Academic Days/10 Academic Days if Bylaws Change): ________________
Completion Date: ________________

Please provide the date that the policy was reviewed and the action taken as applicable:

<table>
<thead>
<tr>
<th>Persons/Entities</th>
<th>Dates Initiated</th>
<th>Dates Accepted/Rejected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subcommittee(s)</td>
<td></td>
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</tr>
</tbody>
</table>
Describe the rationale for closing the program: provide supporting data.

1. Identify the regulations regarding program closure from state regulatory bodies, specialized accreditors, and the regional accrediting body.

2. Develop timetable for phasing out of program, including College approvals needed, regulatory approvals needed, date of last entrance of students for the program, date when program will be closed.

3. Address how currently enrolled (or accepted) students will be able to complete the curriculum.

4. Address how financial aid will be affected by the phase out.

5. Identify a plan for any students that did not complete within the designated close time. Determine if there is a need for a “teach-out” plan. If a need exists, provide agreements formed with other institution(s) for the student(s) to complete at secondary institution.

6. Address how program faculty will be retained for completion of the program. What is the plan for phasing out of faculty?

7. Address a plan for record retention.

8. Address a communication plan.

9. Identify locations where information on program will need to be removed/destroyed.

   __ College Manual
   __ College Manual
   __ Student Handbook
   __ College Catalog
   __ College Website
   __ Fact Sheets

Origin September 2009
PROGRAM REVIEW

Program Review Statement
Program review is required of all academic programs at Bryan College of Health Sciences. Formative review will occur through the completion of an Annual Assessment of Student Learning Report, reporting of student first year to second year retention and graduation rate, and completion of the Faculty Evaluation of Course process as defined in the College Manual.

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
Added to Manual July 2013
Revised by Academic Affairs Committee February 9, 2017
Approved by Faculty Senate 2-9-2017

Section VII: 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.

Each program will complete an assessment plan and report on an annual basis. The Graduate or Undergraduate Studies Committees will review annual assessment plans and reports. See Assessment of Student Learning Framework for Annual Plans and Reports located in Appendix A-28.

Revised, FS Executive, October 2018
MANDATORY AND VOLUNTARY ASSESSMENT OF STUDENT LEARNING

All incoming students will be informed about the Philosophy of Assessment of Student Learning during New Student Orientation. The orientation will include information on mandatory standardized testing and voluntary assessment activities. Students will be required to sign a written acknowledgement of being informed about the College’s mandatory standardized testing. Any student who does not sign the acknowledgement will be placed on registration hold. The student is also given the opportunity to consent to voluntary participation in additional College assessment activities.

All testing must be completed within the designated division guidelines.

Signed Assessment of Student Learning forms will be kept in the student’s permanent file in the registrar’s office.

Revised, FS Executive, October 2018

Section VIII: Faculty Senate Bylaws

See Bryan College of Health Sciences Bylaws of the Faculty Senate Appendix A-29

Section IX: IRB Policies & Procedures

IRB Policies and Procedures

Monthly Meeting Schedule
The Institutional Review Board for Bryan College of Health Sciences will meet on the third Thursday of every month. 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. As soon as a Request for Review is received by the Secretary or Chair of the IRB the following steps will be followed:

- The Secretary or Chair (or designee) will review the submission to see if all required materials are present. If the submission is incomplete the primary investigator will be asked to supply the missing materials. If these materials are not provided the review of the project may be rescheduled to a subsequent IRB meeting.
- The Secretary and/or the Chair of the IRB (or designee) will assess the type of review necessary for each submission. The definitions of Exempt, Expedited, and Full review
will be compared to the purpose, methods and subjects proposed for the project to determine the type of review to be performed for each submitted project.

- Principal investigators will be notified of the type of review to be performed no fewer than fourteen calendar days prior to the IRB meeting date.

**Identification and Review of Exempt Studies/Projects**
The Chair or Secretary of the IRB (or designee) may identify a study/project as being exempt from Full IRB review if it meets one or more of the following criteria:

- 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 also includes research on the effectiveness of or the comparison among instructional techniques, curricular methods, or classroom management methods.
- 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.
- Research involving benign behavioral interventions in addition to verbal or written responses or audiovisual recording if one of the following criteria are met:
  a. Information collected cannot be ascertained, directly or via identifiers linked to the subjects.
  b.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.
  c. The information obtained has the potential to identify subjects and an IRB conducts a limited review to make a determination.
- Secondary research for which consent is not required, provided conditions identified in 45 CFR part 46 are met.
- 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.
- Taste and food quality evaluation and consumer acceptance studies required, provided conditions identified in 45 CFR part 46 are met.
- Storage or maintenance for secondary research for which broad consent is required, provided conditions identified in 45 CFR part 46 are met.
- Secondary research for which broad consent is required, provided conditions identified in 45 CFR part 46 are met.

A study/project that is categorized as *Exempt* 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:

- 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.

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
- Reporting requirements
- A copy of the approved, officially stamped informed consent form to be used for enrolling subjects

A report of the review will be included in a report to the IRB at the next regularly-scheduled meeting.

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 or Secretary 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;
- 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 decision to approve or approve pending minor changes will be transmitted to the Secretary and the Chair of the IRB. The assigned reviewer will present the review at the next IRB meeting.

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.

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, the Chair of the IRB and the Secretary. 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 fourteen calendar days prior to the scheduled meeting. All members of the Board will be expected to review the documents and be prepared with comments, discussion and questions pertaining to the study/project. The principal investigator or a designee may be required to present the study/project to the IRB at the meeting and be prepared to answer questions.

Full IRB review shall occur at a convened meeting with a quorum of members including at least one non-scientist. The study/project must be approved by a majority of the 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. 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.

The principal investigator or designee will be asked to leave the room 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.
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 not appropriate, 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.

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.

**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. All external IRB proposal documents and letters of approval will be reviewed by Bryan College of Health Sciences IRB for compliance with 45 Code of Federal Regulations Part 46. Investigators requesting approval to recruit subjects from Bryan College of Health Sciences must submit: 1) Bryan College of Health Sciences IRB Request for Review; 2) a copy of all external proposal documents; 3) a copy of the external IRB approval letter; and 4) a copy of the external Consent Form.

Once reviewed and accepted/approved by Bryan College of Health Sciences IRB, the study will then be reviewed/approved for completion within the institution by the Provost and/or appropriate Dean/Director of the program where subject recruitment will occur.

**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 community. Case studies do not require review by Bryan College of Health Sciences IRB because they are not defined as 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 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 or Secretary of the IRB.

**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. For electronic data there must be an appropriate plan for two-factor authentication and/or encryption of storage devices.

**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 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.
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. Consent documents must be grammatically and typographically accurate. Documents used for informed consent must:

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

A copy of the informed consent, including all required elements listed above, will be sent 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. The researcher must have a witness for the oral presentation when obtaining the informed consent.

**Recruitment Materials**

All recruitment materials must be approved by the IRB. After study approval an approved, stamped copy of all written recruitment materials (flyers, etc.) will be sent to the investigator for reproduction. All recruitment materials must be reproduced in color.

**Waiver of Authorization**

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.

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.

Waivers cannot be used for storage, maintenance, or secondary research use of identifiable private information or identifiable biospecimens.

**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. These documents will include:

- IRB Minutes
- An IRB Roster that includes the following for each member:
  - Name
  - Address
  - Affiliations
  - Qualifications
  - Terms of appointment
- Communication with the Office for Human Research Protections (OHRP)
- A Database of pertinent information about submitted studies/projects including
  - Study/project identification number
  - Study/project title
  - Principal Investigator and other investigators
  - Documents submitted for review
  - Date of initial review
  - Decision of initial review
  - Date(s) of any subsequent review(s)
  - Date of initial approval
  - Dates of submissions of adverse events, protocol breaches, and breaches in confidentiality
  - Dates of ongoing review(s)
  - Decision(s) of ongoing review(s)
Using this database as a resource, the Secretary of the IRB will notify Principal Investigators one month in advance of the due date for ongoing review, supplying directions and materials for the ongoing review submission.

All documents submitted for each study/project will be electronically maintained in a separate location on the limited-user file of the shared network drive. These documents will include:

- The initial request for review
- All approved study/project materials including:
  - Protocol
  - Data collection forms
  - Recruitment materials
  - Communications with potential or enrolled subjects
- Copies of the initial and all subsequently approved, officially stamped consent form(s)
- All reports submitted to the IRB by study/project personnel including:
  - Adverse events
  - Protocol deviations
  - Ongoing reports
- All correspondence with the principal investigator

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.

Documents under review will be transmitted to IRB members via personal email addresses and members will be cautioned against sharing information or affording access to the information to other individuals.

**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 that is submitted and accepted by OHRP begins a new 3-year effective period.

Approved November 19, 2015
Revised January 21, 2016
Revised August 18, 2016

**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
   a. Meet with the IRB chair to discuss role and obligation as a board member.
   b. Attend one IRB meeting as a guest prior to serving as a reviewer.
   c. 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:
      i. Protecting Human Research participants (PHRP) from Virginia Commonwealth University
      ii. Collaborative Institutional Training Initiative (CITI) at the University of Miami.
   Verification of successful completion (PHRP electronic certificate or CITI Completion Report) will be kept on file.
   d. HIPAA Training.
   e. FERPA Training.

2. Continuing Education
   a. Annual offering of continuing education on human subject research protection by the IRB.
   b. Recertification of PHRP or CITI training every three years.

Source: Revised 45 Code of Federal Regulations Part 46, 2019

Approved 11/19/2015
Revised 10/19/2017
Revised 1/18/2019
Revised 4/18/2019
Revised 9/19/2019

IRB Bylaws

See Bryan College of Health Sciences Bylaws of the Institutional Review Board Appendix A-30

Section X – Institutional Animal Care and Use Policy

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.
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 institution's 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
Appendix A-1

Bryan College of Health Sciences General Education Plan
The following table illustrates the general education plan for Bryan College of Health Sciences according to categories of study, learning outcomes and required number of semester credit hours in each category for the associate and baccalaureate degrees. This table reflects the minimum general education requirements for all students in an associate degree or baccalaureate degree program. Additional general education courses may be required for specific majors.

<table>
<thead>
<tr>
<th>Categories of Study</th>
<th>General Education Learning Outcomes</th>
<th>Competency</th>
<th>Required Semester Hours for Associate Degree</th>
<th>Required Semester Hours for Baccalaureate Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Sciences (BIOS, CHEM, NUTR, PHYS)</td>
<td>Demonstrate an understanding of the forces of nature, including life and physical sciences that affect human response to and interaction with the world around them.</td>
<td>Apply scientific concepts.</td>
<td>8</td>
<td>16</td>
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<tr>
<td>Social Sciences (GERO, INTL, PSYC, SOCI)</td>
<td>Demonstrate an understanding of the impact of political, social, cultural and economic factors in shaping values, beliefs, traditions, and behaviors in a diverse society.</td>
<td>Demonstrate responsible citizenship. Demonstrate sensitivity to cultural differences.</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Communications (COMM)</td>
<td>Demonstrate the ability to communicate and interpret meaning accurately and effectively through reading, writing, and speaking skills.</td>
<td>Communicate effectively through reading, writing, and speaking.</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Mathematics (MATH, STAT)</td>
<td>Demonstrate the ability to apply mathematical logic and scientific reasoning skills in problem solving.</td>
<td>Think critically. Calculate accurately.</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Humanities/Fine Arts (ARTS, ENGL, HIST, HUMS, INTL, MUSC, PHIL, RELI, SIGN, SPAN)</td>
<td>Demonstrate the ability to understand, appreciate, and engage in creative thinking, philosophical thought, and ethical decision making.</td>
<td>Engage in creative thinking. Apply ethical reasoning.</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Business/Management (ECON, MGMT)</td>
<td>Demonstrate the ability to understand current economic, ethical, social, and legal factors that relate to business and management practices.</td>
<td>Recognize business/management trends in the culture Apply management practices as they relate to healthcare</td>
<td>0</td>
<td>3</td>
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**Total General Education Semester Hours Required for Degree**

|                                            | 23 | 43 |
## BOARD OF TRUSTEES MEMBERSHIP

### 2019

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<tr>
<th>Board Member</th>
<th>Board Position</th>
<th>Term</th>
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<td>Term 1</td>
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<tr>
<td>Samantha Dirkschneider</td>
<td>Student Government President</td>
<td>Ex-Officio</td>
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<tr>
<td>Larry Dlugosh</td>
<td>Board Vice Chair, Community Member</td>
<td>Term 2</td>
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<tr>
<td></td>
<td>Community Member/Bryan Medical Center</td>
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<tr>
<td>Brenda Franklin</td>
<td>Board of Trustees</td>
<td>Term 2</td>
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<tr>
<td>Beth Lau</td>
<td>Physician</td>
<td>Term 1</td>
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<tr>
<td>Rich Lloyd</td>
<td>Bryan College of Health Sciences President</td>
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<tr>
<td>Angela McCown</td>
<td>Faculty Senate Chair</td>
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<tr>
<td>Angie Muhleisen</td>
<td>Board Chair, Community Member</td>
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<td>Bill Nunez</td>
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<td>Roger Reamer</td>
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<td>Kim Russel</td>
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<td>John Woodrich</td>
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Appendix A-4
Stakeholders Model

[Diagram: Stakeholders Model for Bryan College of Health Sciences]
Appendix A-5
Constituencies Model

Bryan College of Health Sciences Constituencies

College Board of Trustees

College of Health Sciences

Internal

Educator/Support Staff

*Learner

Education (basic → continuing) (novice → expert)

External

State/Region

Community

Agencies/Employers

**Health Care Recipient

*Primary Internal Constituency

**Primary External Constituency
Appendix A-7

Proposal Form

Title of proposal as it appears on the policy and procedure grid:

New policy:  YES  NO

Today’s date:  Date policy to take effect:

Originated by (individual/committee):  Individual responsible for archiving final policy:

Committee responsible for future policy reviews:

Is this a college-wide policy?  YES  NO

For Undergraduate and Graduate Studies Committees Only:  Does this require a Faculty Senate vote?  YES  NO

Policy Action

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<th>Date of Action</th>
<th>Responsible Committee/Person</th>
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### Policy Details

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### Rationale for New Proposal or Revision

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### Final Policy Language

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<td>Administrative Assistant</td>
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<tr>
<td>Undergraduate Handbook</td>
<td>Director of Student Services</td>
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<tr>
<td>Graduate Handbook</td>
<td>Director of Student Services</td>
</tr>
<tr>
<td>UG Catalog</td>
<td>Registrar</td>
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<tr>
<td>Grad. Catalog</td>
<td>Registrar</td>
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### Policy Location
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<tr>
<th>Manuals/Handbooks/Catalogs: Include page number and location for narrative within page.</th>
<th>Individual Completing Change</th>
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<td>College Manual</td>
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<td>Undergraduate Handbook</td>
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<td>Graduate Handbook</td>
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<tr>
<td>UG Catalog</td>
<td></td>
</tr>
<tr>
<td>Grad. Catalog</td>
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</tbody>
</table>

**Note:**
- The individual responsible for archiving the proposal will archive the final, approved proposal on the pdrive (P:\BCHS\SHARED\Policy_Procedure\Proposals_Template).
- The individual responsible for archiving the proposal will send an email that includes the link of the approved policy (pdrive address above) to the Administrative Assistant, Director of Student Services, Registrar, and/or Director of Admissions as identified in the “Final Policy Language” section above.
- The individual making changes to the manuals, handbooks, and catalogs will indicate completion of the process in the “Complete” column above.
- Proposal forms are to be sent to faculty at least 1 week in advance of the vote for policy changes and at least 2 weeks in advance of the vote for changes to the Faculty Senate Bylaws.
THIS SPEAKER AGREEMENT (“Agreement”) is entered into to be effective the _____[date] by and between Bryan Medical Center, a Nebraska nonprofit corporation, and _________ (“Presenter”).

WHEREAS, Bryan wishes to engage the services of Presenter, for the purposes of education, and the parties desire to enter into a written agreement to provide a full statement of their respective rights and responsibilities under this Agreement.

NOW, THEREFORE, in consideration of these premises and the mutual covenants and terms and conditions contained in this Agreement, the parties agree as follows:

Section 1. Presenter Services. Bryan Medical Center and Presenter agree that Presenter shall:
On _____[Date] speak at Bryan College of Health Sciences Health
Provide education/training on ____________[topic].
Presenter shall represent and warrant that he/she is not debarred, excluded, or otherwise prohibited from participation in any state or federal health care program or has been recently convicted of a criminal offense related to healthcare and that if such an event should occur during the term of this Agreement, Presenter shall immediately send written notice to Bryan Medical Center of such event and this Agreement shall immediately terminate.

Presenter shall fully disclose all real or potential conflicts of interest with presented educational material before the signing of this agreement.

Section 2. Bryan Medical Center Obligations. Bryan Medical Center will provide the physical facility and support needs.

Section 3. Compensation. Bryan Medical Center shall pay __________ speaker fee for the education/training provided pursuant to this Agreement within 30 days of completion of the presentation. “Presenter” will be required to complete a W9 tax form before being paid. Non-resident speakers receiving compensation for services provided in Nebraska, are required to complete a Nebraska Withholding Certificate for Nonresident Individuals form (Form W-4NA), which shall be provided by Bryan for state income tax reporting purposes. Compensation cannot be made until this form is signed by the Speaker.

Section 4. Cancellation. Either party to this Agreement shall provide verbal or written notice of cancellation to the other party as is reasonable under the circumstances if such party is unable to perform under this Agreement.

Section 5. Independent Contractor. The services provided by Presenter pursuant to this Agreement shall be that of an independent contractor. Bryan Medical Center shall neither have nor exercise control over the professional judgment or methods used by Presenter and it is not intended that an employer-employee relationship, joint venture, or partnership be established hereby, expressly or by implication.
Section 6. **Termination.** This Agreement shall terminate upon Presenter furnishing the education/training as required by this Agreement; unless unforeseen circumstances arise which reasonably prevent performance of the duties under this Agreement.

Section 7. **Other Agreements.** To the extent that there are other agreements with Presenter, Bryan Medical Center maintains a master list of such agreements.

Section 8. **Filming and Use of Presentation.** Presenter agrees to permit Bryan Medical Center and its legal representatives to film or videotape Presenter’s education/training under this Agreement on the topic of _______ and, for any lawful purpose, to further permit Bryan Medical Center and its legal representatives, successors, and assigns at no further charge to broadcast the film or videotape or any part thereof for live audiences or to post the film or videotape or any part thereof on the Bryan Medical Center or public websites for both private and public viewing. Presenter further agrees to release, discharge, and hold harmless Bryan Medical Center and its legal representatives, successors, and assigns from any and all claims, actions, and demands of whatsoever nature, including but not limited to any claims of libel or invasion of privacy, arising out of or in connection with the use of any film or videotape or any part thereof made pursuant to this Agreement. Presenter also waives any right to inspect or approve the finished film or videotape or the use to which it may be put. This section shall survive termination of this Agreement.

Section 9. **Entire Agreement.** This Agreement constitutes the entire agreement of the parties and supersedes and renders null and void all prior and contemporaneous agreements between the parties with respect to the subject matter of this Agreement.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed as of the dates hereinafter set forth.

Bryan Medical Center

By: ____________________________________________ By: ____________________________________________

Name: __________________________________________ Name: __________________________________________

Title: __________________________________________ Title: __________________________________________

Date of Execution: ______________________________ Date of Execution: ______________________________

Execution: ______________________________________ Execution: ______________________________________
Appendix A-9

SPEAKER AGREEMENT

THIS SPEAKER AGREEMENT (“Agreement”) is entered into to be effective the [date] by and between Bryan Medical Center, a Nebraska nonprofit corporation, and [Presenter] (“Presenter”).

WHEREAS, Bryan wishes to engage the services of Presenter, for the purposes of education, and the parties desire to enter into a written agreement to provide a full statement of their respective rights and responsibilities under this Agreement.

NOW, THEREFORE, in consideration of these premises and the mutual covenants and terms and conditions contained in this Agreement, the parties agree as follows:

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On [Date] speak at Bryan College of Health Sciences Health
Provide education/training on [topic].
Presenter shall represent and warrant that he/she is not debarred, excluded, or otherwise prohibited from participation in any state or federal health care program or has been recently convicted of a criminal offense related to healthcare and that if such an event should occur during the term of this Agreement, Presenter shall immediately send written notice to Bryan Medical Center of such event and this Agreement shall immediately terminate.

Presenter shall fully disclose all real or potential conflicts of interest with presented educational material before the signing of this agreement.

Section 2. Bryan Medical Center Obligations. Bryan Medical Center will provide the physical facility and support needs.

Section 3. Compensation. No compensation will be paid to Presenter for the services described in this Agreement.

Section 4. Cancellation. Either party to this Agreement shall provide verbal or written notice of cancellation to the other party as is reasonable under the circumstances if such party is unable to perform under this Agreement.

Section 5. Independent Contractor. The services provided by Presenter pursuant to this Agreement shall be that of an independent contractor. Bryan Medical Center shall neither have nor exercise control over the professional judgment or methods used by Presenter and it is not intended that an employer-employee relationship, joint venture, or partnership be established hereby, expressly or by implication.

Section 6. Termination. This Agreement shall terminate upon Presenter furnishing the education/training as required by this Agreement; unless unforeseen circumstances arise which reasonably prevent performance of the duties under this Agreement.

Section 7. Other Agreements. To the extent that there are other agreements with Presenter, Bryan Medical Center maintains a master list of such agreements.
Section 8. **Filming and Use of Presentation.** Presenter agrees to permit Bryan Medical Center and its legal representatives to film or videotape Presenter’s education/training under this Agreement on the topic of _______ and, for any lawful purpose, to further permit Bryan Medical Center and its legal representatives, successors, and assigns at no further charge to broadcast the film or videotape or any part thereof for live audiences or to post the film or videotape or any part thereof on the Bryan Medical Center or public websites for both private and public viewing. Presenter further agrees to release, discharge, and hold harmless Bryan Medical Center and its legal representatives, successors, and assigns from any and all claims, actions, and demands of whatsoever nature, including but not limited to any claims of libel or invasion of privacy, arising out of or in connection with the use of any film or videotape or any part thereof made pursuant to this Agreement. Presenter also waives any right to inspect or approve the finished film or videotape or the use to which it may be put. This section shall survive termination of this Agreement.

Section 9. **Entire Agreement.** This Agreement constitutes the entire agreement of the parties and supersedes and renders null and void all prior and contemporaneous agreements between the parties with respect to the subject matter of this Agreement.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed as of the dates hereinafter set forth.

Bryan Medical Center

By: ___________________________  By: ___________________________
Name: _________________________  Name: _________________________
Title: __________________________  Title: __________________________
Date of Execution: ________________  Date of Execution: ________________
Appendix A-10  
Bryan College of Health Sciences  
Faculty Orientation Record  
7/25/17 Revised  

Name: ___________________________________  Start Date: _____________________________

<table>
<thead>
<tr>
<th>COLLEGE MISSION/ORGANIZATION</th>
<th>Date Completed</th>
<th>Orientee Initials</th>
<th>Orientor Initials</th>
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<tbody>
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<td>STATEMENTS OF MISSION (COLLEGE MANUAL)</td>
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<tr>
<td>□ Mission</td>
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<td>□ Vision</td>
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<td>□ Purpose</td>
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<td>□ Goals</td>
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<td>□ Core Values</td>
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<tr>
<td>□ Philosophy of Diversity</td>
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<tr>
<td>□ Philosophy of Program</td>
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<table>
<thead>
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<td>o Faculty Committees</td>
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<td>□ Role Description for College Leadership</td>
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<td>□ Board of Trustees Membership</td>
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<td>□ Leadership Council Membership and Function</td>
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<td>□ College Council Membership and Function</td>
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<td>□ Computer/ Printer Resources (orientation at desk)</td>
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<td>□ Email Accounts (@bryanhealth.org, @bryanhealthcollege.edu, and Learning Management System (LMS) Inbox)</td>
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<td>Item</td>
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<td>Philosophy of Assessment of Student Learning</td>
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<td>Mandatory and Voluntary Assessment of Student Learning</td>
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<td>Framework for Annual Assessment Reports</td>
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<td>Writing Annual Assessment Reports</td>
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<td><strong>CURRICULUM (College Catalog)</strong></td>
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<td>Program Philosophy &amp; Goals</td>
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<td>Course Outcomes</td>
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<td><strong>CURRICULUM CONT. (College Catalog)</strong></td>
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<td>Sample Curriculum Plans</td>
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**STUDENT TESTING**

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<td>Make-up Exam procedure – Testing Center (web-site faculty forms)</td>
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<td>Test/Exam Guidelines (Student handbook)</td>
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<td>Test Statistics Guidelines - Item Analysis (College Manual)</td>
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**STUDENT EVALUATION**

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<td>Course Warning Process</td>
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<td>Incomplete Grade Process</td>
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<tr>
<td>Entering Final Grades</td>
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</table>

**STUDENT POLICIES**

| Student Handbook | | |

**STUDENT ENROLLMENT**

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<th>Admission Procedures and Processes</th>
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<td>New Student Orientation</td>
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<td>Withdrawal, Leave of Absence, Readmission</td>
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<td>Student Advisement Process</td>
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<td>Faculty Advisor Role</td>
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<td>Course Registration Guides</td>
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**ADMINISTRATIVE**

**COMMUNICATION EXPECTATIONS**

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<tr>
<td>Rounding</td>
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<td>Student Communication</td>
<td></td>
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<tr>
<td>Distance Courses</td>
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</tr>
</tbody>
</table>
### FACULTY EXPECTATIONS

#### TEACHING
- **Course Planning & Evaluation**
  - Class Schedule
  - Course Syllabus
  - Submitting Syllabus to Administrative Assistant
  - Lesson Objectives
  - Facilitation of Critical Thinking and Decision Making
  - Beginning, Middle, and End of Course activities
    - First week attendance
    - Mid-term warnings

#### TEACHING CONT.
- Course Evaluation
- Submitting Grades to Registrar
- Instructor Report of Course (to curriculum committee)

#### SCHOLARSHIP
- Faculty Professional Development
- Advanced Degree (if applicable)
- Involvement in Professional Organizations

#### SERVICE TO THE COLLEGE
- Involvement in College Organizations and Activities
- Involvement in Recruitment Activities
- Involvement in Community Activities

#### ANNUAL EVALUATION
- Faculty Annual Evaluation– (College Manual)
- Bryan Medical Center Evaluation

#### ORGANIZATIONAL REQUIREMENTS
- HIPAA
☐ FERPA
☐ Title IX
☐ ADA
☐ Medical Center
   o Catalyst Training
☐ Learning Management System
   o Distance Education Director Checklist
☐ Distance Education
   o Initial and Ongoing Requirements of Distance Faculty
☐ Diversity Training
   o IDI
   o Annual Diversity Activities
☐ Annual Influenza Vaccination
☐ Specialty Specific Licensure/CPR (as applicable)
☐ Annual Required Training Day - all Faculty & Staff
☐ Meeting, Graduation, and Recruitment Activities

LIBRARY
☐ eReserves System
☐ Information Literacy

ACCREDITATION
☐ Regional HLC-NCA (Higher Learning Commission – North Central Association)
☐ State (CCPE – Coordinating Commission of Postsecondary Education)
☐ Specialized (Program Specific)

ORIENTATION MEETINGS – (self-schedule)
☐ Dean of Students
☐ Director of Admissions
☐ Lead Reference and Instruction Librarian
☐ Student Success Center Director
   o Academic Counseling Center
   o Professional Development Center
<p>| | | |</p>
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<thead>
<tr>
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<tbody>
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<td></td>
<td>Financial Aid Services</td>
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<td>Health &amp; Wellness Services</td>
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<td></td>
<td>Writing Center</td>
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<td>☐</td>
<td>Registrar</td>
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<tr>
<td>☐</td>
<td>Student &amp; Alumni Services Director</td>
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<td>☐</td>
<td>Distance Education Director</td>
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<td>☐</td>
<td>Support Services</td>
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<td></td>
<td>Administrative Assistant Duties</td>
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### Bryan College of Health Sciences
#### Adjunct and PRN Faculty Orientation Record

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<td>STATEMENTS OF MISSION (COLLEGE MANUAL)</td>
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<td>□ Mission</td>
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<td>□ Vision</td>
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<td>□ Purpose</td>
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<td>□ Goals</td>
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<td>□ Core Values</td>
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<td>□ Philosophy of Diversity</td>
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<tr>
<td>□ Philosophy of Program</td>
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</table>

### RESOURCES

#### OFFICE AND CLASSROOM TECHNOLOGY

- □ Adjunct Office 208
- □ Email Accounts (@bryanhealth.org, @bryanhealthcollege.edu, and Learning Management System (LMS) Inbox)
- □ College Calendars (http://www.bryanhealthcollege.edu/bcohs/current-students/college-calendars/)
- □ H:Drive Storage
- □ Room Scheduling for class, labs, and meetings
- □ Classroom computers, Projectors, AV, Doc Cam
- □ Laptop Computer Carts

### COLLEGE RESOURCES

- □ College Website
  - o College Manual
  - o Student Handbook
  - o College Catalog
  - o Faculty Forms
  - o Bookstore - Requesting textbooks for students
<table>
<thead>
<tr>
<th>□ Learning Management System (LMS)</th>
<th>□ Student Information System (SIS)</th>
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<tbody>
<tr>
<td><strong>EMERGENCY POLICIES AND PROCEDURES (COLLEGE MANUAL)</strong></td>
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<td>□ Inclement Weather Procedure</td>
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<td>□ Medical Center Wide Emergency</td>
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<td>□ Workplace Environment</td>
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<td>□ Statement on Work Place Safety</td>
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<tr>
<td>□ Crisis Communications Plan</td>
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<td>□ Disruption of College Operations Due to Emergency</td>
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<tr>
<td>□ Campus Lockdown Policy</td>
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<td>□ Crisis Response Team</td>
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<td>□ Communicable Disease Emergency Response and Communications Policy</td>
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<td><strong>PERSONNEL POLICIES (COLLEGE MANUAL)</strong></td>
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<tr>
<td>□ Definition of Faculty</td>
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<td>□ Faculty Letters of Appointment</td>
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<tr>
<td>□ Faculty Role Position Statement (assumptions related to teaching only)</td>
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<td>□ Expectations of Faculty</td>
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<td>□ Faculty Teaching Assignment</td>
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<td>□ College Syllabus Format</td>
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<td>□ Course Grade Report Policy</td>
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<td>□ Faculty Evaluation of the Course</td>
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<td>Face-to-Face Courses</td>
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<td><strong>FACULTY TEACHING EXPECTATIONS</strong></td>
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<td>Class Schedule</td>
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<td>Course Syllabus</td>
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<td>Submitting Syllabus to Administrative Assistant</td>
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<td>Lesson Objectives</td>
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<td>□ Facilitation of Critical Thinking and Decision Making</td>
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<td>□ Beginning, Middle, and End of Course activities</td>
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<td>□ Syllabus and first week’s content must be published in the Learning Management System one week prior to semester start</td>
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<td>□ Mid-term course warnings</td>
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<td>□ Instructor Report of Course (to curriculum committee)</td>
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**ANNUAL EVALUATION**

| □ Course Observation                                                               |
| □ Faculty Annual Evaluation                                                        |

**ORGANIZATIONAL REQUIREMENTS**

| □ HIPAA                                                                           |
| □ FERPA                                                                          |
| □ Title IX                                                                       |
| □ ADA                                                                            |
| □ Medical Center                                                                 |
| □ Catalyst Training                                                              |
| □ Learning Management System                                                     |
| □ Distance Education Director checklist                                          |
| □ Diversity Training (IDI) for Adjuncts teaching Cultural Studies Courses only   |
| □ Annual Influenza Vaccination                                                   |
| □ Specialty Specific Licensure/CPR (as applicable)                               |
| □ Annual Training Day                                                             |
| □ Meeting, Graduation, and Recruitment Activities (Adjunct faculty welcome but not required) |

**LIBRARY**

<p>| □ eReserves System                                                                |</p>
<table>
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**ACCREDITATION**

- Regional HLC-NCA (Higher Learning Commission – North Central Association)
- State (CCPE – Coordinating Commission of Postsecondary Education)
- Specialized (Program Specific)

**ORIENTATION MEETINGS** – (self-schedule - dean or program director will note required meetings – adjunct faculty may meet others via e-mail introductions.)

- Dean of Students
- Lead Reference and Instruction Librarian
- Student Success Center Director
  - Academic Counseling Center
  - Professional Development Center
  - Health & Wellness Services
  - Writing Center
- Distance Education Director (as applicable)
- Registrar
- College Network Administrator (for classroom technology orientation)
- Financial Aid Director
- Support Services
  - Administrative Assistant Duties
## Point Value Requirements for Progression in Rank

<table>
<thead>
<tr>
<th>Rank</th>
<th>Teaching</th>
<th>Scholarship</th>
<th>Leadership/Service</th>
<th>Required Teaching Experience and Education</th>
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</thead>
</table>
| Professor     | 60 points| 60 points   | 55 points          | • Successful service as Associate Professor for a minimum of 4 full academic years  
• Possess an earned doctorate or other approved terminal degree  
• Minimum 10 years experience in academic teaching |
| Associate Professor | 35 points| 25 points   | 35 points          | • Successful service as Assistant Professor for a minimum of 3 full academic years  
• Possess an earned doctorate or other approved terminal degree  
• Minimum 5 years experience in academic teaching |
| Assistant Professor | 20 points| 7 points    | 8 points           | • Successful service as Instructor for a minimum of 2 full academic years  
• Possess a minimum of a Masters degree in area of teaching  
• Minimum 2 years experience in academic teaching |
## Teaching, Scholarship, and Leadership/Service Activities

<table>
<thead>
<tr>
<th>Teaching Evidence</th>
<th>Possible Points</th>
<th>Evidence Provided/Points Requested</th>
<th>Points Awarded</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Teaching philosophy appropriate to discipline and aligns with mission &amp; values</td>
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<tr>
<td>Description of teaching within course(s) taught (face-to-face, online/hybrid, clinical, simulation/skills lab, science lab)</td>
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<td>Embraces diversity &amp; inclusion in the classroom</td>
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<td>Teaching evaluation</td>
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<tr>
<td>Student evaluations and description of how teaching was modified based on feedback</td>
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<tr>
<td>Supervisor evaluation/observation of teaching</td>
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<td>Peer evaluation</td>
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<td>Meets teaching standards for distance course(s)</td>
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<td>Teaching excellence as evidenced by standardized exams (ie. ACS exam, HAPS, math, biochemistry, molecular biology, etc.)</td>
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<td>Professional development related to teaching</td>
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<td>Webinars</td>
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<td>College-sponsored in-services or local workshops</td>
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<td>Enhancing teaching related to clinical practice</td>
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<td>Clinical-related Catalyst modules</td>
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<td>In-services/training</td>
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<td>Teaching strategies</td>
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<td>Integrates new educational technologies</td>
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<tr>
<td>Utilizes multiple teaching strategies</td>
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<tr>
<td>Creation of innovative resources or teaching strategies</td>
<td>3</td>
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<tr>
<td>Evidence-based teaching</td>
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<tr>
<td>Performs literature review to incorporate new evidence or research</td>
<td>2</td>
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<tr>
<td>Integration of content learned from a conference into teaching</td>
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<tr>
<td>Collaboration with library services to integrate new evidence</td>
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<tr>
<td>Course updates based on assessment data</td>
<td>2</td>
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<tr>
<td>Working with educational development team (Center for Teaching &amp; Learning) on a course-related project</td>
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<table>
<thead>
<tr>
<th>Development of new course resources</th>
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<tr>
<td>Creation of audio/visual resources for students</td>
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<tr>
<td>Creation of innovative multimedia/interactive technologies</td>
<td>3</td>
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<tr>
<td>Development of laboratory manual or clinical handbook</td>
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<table>
<thead>
<tr>
<th>Mentoring role</th>
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<td>Established role of mentoring faculty into new teaching role</td>
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<tr>
<td>Engaged in a formal mentoring program related to teaching</td>
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<tr>
<td>Development and/or facilitation of a workshop</td>
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<td>Specialty certification that enhances teaching</td>
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<td>Award recipient related to teaching</td>
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<tr>
<td>Contributions to major course revision</td>
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<tr>
<td>Contributions to major curriculum revision</td>
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<tr>
<td>Development of new course</td>
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<td>Contributions to new program development</td>
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<tr>
<td>Writing for teaching-based grants</td>
<td>7</td>
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<tr>
<td>Dissertation/capstone committee member (external to institution or beyond workload requirements)</td>
<td>5</td>
</tr>
<tr>
<td>Dissertation/capstone committee chair (external to institution or beyond workload requirements)</td>
<td>7</td>
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</table>

*Dissemination of research or evidence-based project related to teaching

<p>| Poster presentation | 5 |
| Podium presentation | 7 |
| Publication | 8 |</p>
<table>
<thead>
<tr>
<th>Teaching consultation or expert roles</th>
<th>Possible Points</th>
<th>Evidence Provided/ Points Requested</th>
<th>Points Awarded</th>
<th>Comments</th>
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<tbody>
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<td>Content expert for teaching materials (ie. for a publishing company)</td>
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<tr>
<td>Development or revision of an external program/curriculum</td>
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<tr>
<td>Peer reviewing articles that relate to teaching, clinical practice, or discipline</td>
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<td>Editing a book chapter related to teaching, clinical practice, or discipline</td>
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<tr>
<td>Authoring a book related to teaching, clinical practice, or discipline</td>
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**Total for Teaching Activities**

<table>
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<th>Scholarship Evidence</th>
<th>Possible Points</th>
<th>Evidence Provided/ Points Requested</th>
<th>Points Awarded</th>
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<td>Professional development activities</td>
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<td>Attendance at teaching or clinical conference/workshop</td>
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<td>Application of new content from education conference/workshop to teaching</td>
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<tr>
<td>Application of new content from clinical practice conference/workshop to teaching or practice</td>
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<td>Facilitation of a journal club</td>
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<tr>
<td>Curating a library e-reserve or archive</td>
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<td>Item writing for national board certification exams</td>
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<td>Invited speaker/presenter at conference</td>
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<tr>
<td>Creating and performing original work in a public venue</td>
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<td>Scholarly work for publishing companies or organizations</td>
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<td>Policy analysis/report that shapes or informs an organization or legislative body (ie. providing testimony to legislature)</td>
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<td>Category</td>
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<td>Fellowship appointment (within an organization)</td>
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<td>Colleague presentation</td>
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<tr>
<td>Colleague publication</td>
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<td>Dissertation/capstone committee member (external to institution or</td>
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<td>beyond workload requirements)</td>
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<tr>
<td>Dissertation/capstone committee chair (external to institution or</td>
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<td>beyond workload requirements)</td>
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<td>Editorial contributions</td>
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<td>Peer reviewer for book chapter</td>
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<td>Peer reviewer for journal</td>
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<td>Member of an editorial board</td>
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<td>Chair of a faculty learning community</td>
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<td>Conducts original research</td>
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<td>Writing for grants</td>
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<td>Recipient of grant award to support research, teaching, or scholarship</td>
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<td>*Dissemination of works (research, teaching &amp; learning processes,</td>
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<tr>
<td>practice or leadership processes)</td>
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<td>Scholarly presentation in the clinical setting</td>
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<td>Poster presentation</td>
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<td>Local (includes Medical Center &amp; College)</td>
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<td>International</td>
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<td>Podium presentation</td>
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<tr>
<td>Local (includes Medical Center &amp; College)</td>
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### State
- National: 9
- International: 12

### Publication
**Literature review synthesis:** 12
**Laboratory manual/clinical handbook:** 13

### Case study
- Tertiary author or below: 6
- Secondary author: 8
- Primary author: 10

### Journal article or book chapter (original research, review article, process development, teaching/learning best practice, etc)
- Tertiary author or below: 6
- Secondary author: 10
- Primary author: 14

**Total for Scholarship Activities**

<table>
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<tr>
<th>Service &amp; Leadership Evidence</th>
<th>Possible Points</th>
<th>Evidence Provided/ Points Requested</th>
<th>Points Awarded</th>
<th>Comments</th>
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<tr>
<td><strong>Internal Service</strong></td>
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<td><strong>Service to the College</strong></td>
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<td>Assisting with admissions or recruitment events</td>
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<td>Assisting with student affairs events</td>
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<tr>
<td>Assisting with student success center events</td>
<td>1</td>
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<tr>
<td>Assists students with career preparation activities (ie. mock interviews or resume development)</td>
<td>2</td>
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<tr>
<td>Reviewing of portfolios for increase in rank and promotion</td>
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<tr>
<td>Faculty advising of students (beyond workload requirements)</td>
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<tr>
<td><strong>Serving as an advisor of a student organization or extracurricular activity</strong></td>
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<tr>
<td><strong>Development and/or facilitation of a College-wide project or initiative</strong></td>
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<tr>
<td><strong>College committee work</strong></td>
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<tr>
<td>Subcommittee membership</td>
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<tr>
<td>Standing committee membership</td>
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<tr>
<td>Completing a special project within a committee</td>
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<tr>
<td>Faculty senate historian</td>
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<tr>
<td>Subcommittee secretary</td>
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<tr>
<td>Standing committee secretary</td>
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<tr>
<td>Subcommittee chair</td>
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<td>Standing committee chair</td>
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<td>Faculty senate secretary</td>
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<td>Faculty senate chair</td>
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<td><strong>College task force contribution</strong></td>
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<td>Task force leader</td>
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<td><strong>College accreditation involvement</strong></td>
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<tr>
<td>Program accreditation document preparation</td>
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<td>Program accreditation leadership role</td>
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<td>Institutional accreditation document preparation</td>
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<td>Institutional accreditation leadership role</td>
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<td><strong>External Service</strong></td>
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<td>Community service/volunteerism with record of consistent service to a cause</td>
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<td><strong>Professional organization involvement</strong></td>
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<td>Active membership beyond enrollment</td>
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<td>Committee involvement</td>
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<td>Award recipient for service or leadership</td>
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<td>Established community leadership (ie. school board member, elected official)</td>
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<td>Accreditation peer reviewer</td>
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<tr>
<td><strong>Total for Service/Leadership Activities</strong></td>
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</tbody>
</table>

*indicates categories in which activities may be counted multiple times if applicable. Example: A candidate publishes two journal articles (primary author) related to original research and could provide evidence to receive 28 points (14 +14).

^Candidate will receive points for the highest position on a committee per term. Example: A candidate served a 3 year term on the Integrity committee. The first year they were a member, second year - secretary, and third year - chair. The candidate would receive 5 points for that committee and term served.
Appendix A-14
Bryan College of Health Sciences
Disclosure of Conflicts of Interest
Request for Authorization of Outside Activities
Academic Year 20 ___ - 20 ___

Name: ________________________________  Title: ________________________________

Dean/Immediate Supervisor: ______________________________ Date: ________________

Disclosure of Actual/Potential Conflict of Interest

In compliance with the Conflict of Interest Policy of the Bryan College of Health Sciences I am disclosing the following potential conflict of interest for review.

1. Nature of the potential conflict of interest including job functions that may be impacted:

2. Time period during which the potential conflict of interest will exist:

3. Proposed plan for addressing the potential conflict of interest (if applicable):

_____________________________  __________________
Signature  Date

Request for Authorization to Engage in an Overlapping Outside Activity

In compliance with the Conflict of Interest Policy of the Bryan College of Health Sciences I request authorization to engage in the following outside activity while employed by Bryan College of Health Sciences.

1. Outside agency/entity for which the activities will be performed (if applicable):

2. Nature of activities to be performed:

3. Time during which outside activity will take place:

4. Average number of hours per week, per month or other fixed time period required for all activities being requested for authorization:

5. Proposed plan for resolving any actual or potential conflict with College responsibilities (if applicable):

_____________________________  __________________
Signature  Date
Administrative Review
The preceding information has been reviewed and it has been determined that:

[ ] No conflict of interest exists and job functions may be completed in the usual manner.

[ ] A conflict of interest does exist and the plan for addressing the conflict is reasonable and must be followed until the situation creating the conflict of interest has been resolved.

[ ] A conflict of interest does exist and the plan for addressing the conflict of interest must be modified as follows, and the modified plan must be followed until the situation creating the conflict of interest has been resolved.

Modification:

[ ] A conflict of interest does exist and will preclude employment at the Bryan College of Health Sciences. Corrective Action will be initiated unless or until the conflict of interest is eliminated.

____________________________________  ____________________________

Dean/Immediate Supervisor

____________________________________

Chief Academic Officer

Date
### Types of Academic Dishonesty

<table>
<thead>
<tr>
<th>Type of Academic Dishonesty</th>
<th>Typical Range of Sanctions for violator with no prior record of Academic Integrity Violations**</th>
</tr>
</thead>
</table>
| Cheating: Using or providing unauthorized assistance to gain or promote an unfair advantage. Examples include (a) collaborating with others to complete a course assignment when assistance is inappropriate, and (b) bringing and/or accessing illicit information during a testing situation. | Reduced grade on assignment / exam / quiz  
Zero on assignment / exam / quiz  
Final course grade reduced by one letter grade  
Course failure—theory component |
| 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. An example of deliberate plagiarism is cutting and pasting content from an internet website without attempting to identify the words were written by someone else. | Revise / repeat the assignment  
Reduced grade on assignment / exam / quiz  
Zero on assignment / exam / quiz  
Final course grade reduced by one letter grade  
Course failure—theory component |
| Negligent Plagiarism: A pattern of failure to properly credit sources in a written or oral assignment, due to inexperience with writing academic papers or making professional presentations. Citing a source without using quotation marks for a direct quote is an example of negligent plagiarism. | A first-time occurrence of negligent plagiarism is not considered an academic integrity violation; rather, it is an opportunity for learning and remediation which will involve mandatory completion of an individualized plan of success for the student. Courses with a primary focus of teaching basic academic writing and formatting skills are exempt. Any subsequent occurrence of plagiarism by the student with a prior record of negligent plagiarism, will be considered deliberate plagiarism, and will be addressed as an academic integrity violation. |
| Fabrication / Falsification: reporting or recording false information, or omitting required information. Examples include (a) documenting medications or treatments were administered or performed when they were not, (b) recording observations of clients that were not made, (c) failing to report an incident/occurrence, such as a medication error, and (d) falsely reporting participation in clinical or other activities. | Zero on assignment / exam / quiz  
Unsatisfactory in weekly clinical evaluation  
Final course grade reduced by one letter grade  
Course failure—theory component  
Course failure—clinical component  
Suspension (pending completion of remediation plan??)  
Expulsion / Dismissal |

*Violations occurring in the clinical environment are complex and may result in sanctions ranging from “unsatisfactory” in the weekly clinical evaluation to dismissal from the College. Repeat occurrences of academic integrity violation by an individual student as indicated in the Academic Integrity Violation Database maintained by the Dean of Students, regardless of the type of violation, will result in escalating sanctions, which may include dismissal from the College.*
Appendix A-16

ACADEMIC INTEGRITY VIOLATION PROCEDURE FLOW CHART
(Refer to written procedure for full details)

Possible Academic Integrity Violation

Course Faculty meet with student. Refer to Student Success Center as appropriate. Process complete.

Is there evidence to support that a violation occurred? (For negligent plagiarism, refer to full procedure, p. 2-3)

Course Faculty meets with student within 5 working days from date of notification.

Course Faculty complete AIVR and recommend sanction and remediation plan.

Does the course faculty believe the violation warrants a sanction > course failure?

Course Faculty complete Academic Integrity Violation Report (AIVR) and assign sanctions (maximum severity of course failure) and remediation plan.

Course Faculty meet with student within 5 working days from date of notification.

Does student admit responsibility and accept sanction?

Course faculty implement sanction and remediation plan, and forward documents to Dean of Students. Student meets with Dean of Students within 2 working days. Dean of Students records violation in database. Process complete.

NO. Student either denies responsibility, or admits responsibility but does not accept sanction.

NO. Student either denies responsibility, or admits responsibility but does not accept sanction.

IPR occurs within 10 working days after case referred to AIC.

AIC convenes an Integrity Panel (IP). All involved in the Integrity Panel Review (IPR) will be notified of time, place, and IP members a minimum of 5 working days prior to the IPR.

Is it more likely than not an academic integrity violation occurred? (majority vote)

NO

No sanction assigned. May assign remediation plan. Alleged violation is not recorded in database. Process complete.

NO

Decision is Final. No appeal or grievance option. Process complete.

YES

IP assigns sanction and remediation plan. (majority vote)

Involved student, faculty and dean notified of IPR decision within 3 working days. Remediation plan implemented. Dean of Students records violation in database.

Yes. Dean of Students informs student of option to appeal.

NO.

Yes. Refer to appeal procedure.

Decision is Final. Process complete.
Appendix A-17

Bryan College of Health Sciences
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 ACADEMIC 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.
Bryan College of Health Sciences

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 Academic Integrity Committee Faculty Advisor 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.

<table>
<thead>
<tr>
<th>CLASSROOM VIOLATION</th>
<th>CLINICAL VIOLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Deliberate Plagiarism</td>
<td>☐ Cheating</td>
</tr>
<tr>
<td>☐ Cheating</td>
<td>☐ Fabrication/Falsification</td>
</tr>
<tr>
<td>☐ Fabrication/Falsification</td>
<td>☐ Other</td>
</tr>
<tr>
<td>☐ Other</td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

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 Dean of Students to determine whether the student has a prior violation on record. In the Dean of Student’s absence, contact the Dean of the Academic Program.

- 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. Skip to Step 4.

**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 meet with the Dean of Students within 2 working days.

  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. Remediation plan must include a meeting with the Dean of Students and Professional Development. If assistance is needed for remediation plan development, please contact the Academic Integrity Committee Faculty Advisor, the Dean of Students, or Professional Development Center. Please describe the remediation plan here:
   - Meet with Dean of Students
   - Meet with Professional Development

Add additional steps in the plan below:

To be completed by student and returned by (date & time—allowed one academic day):

☐ 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 Dean of Students. I will meet with the Dean of Students within 2 working days. 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 meet with the Dean of Students within 2 working days.

☐ I admit responsibility but do not accept the sanction. I request a review by the Academic Integrity Committee. I will meet with the Dean of Students within 2 working days.

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 meet with the Dean of Students as soon as possible.

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 Dean of Students:
   - 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 Academic Integrity Committee Chair:
   - 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.
PROCEDURE FOR APPEAL OF INTEGRITY PANEL DECISION
(Refer to written procedure for full details)

Student(s) submits written appeal of IP decision to Dean of Academic Program within 5 working days.

Dean of Academic Program convenes an Integrity Appeal Panel (IAP)

IAP reviews the record before the IP by the student and the Course Faculty, including all testimony and exhibits, within 5 working days.

Is there evidence in the appeal that supports reconsideration to overturn the findings of the IP or its sanction?

NO

IAP upholds the IP decision. Appeal process is complete and sanction is applied.

YES

Is there evidence in the appeal that supports reconsideration to overturn the findings of the IP?

NO

Is there evidence in the appeal that supports reconsideration to overturn the sanction of the IP?

NO

IAP overturns the IP decision. Appeal process is complete and no sanction is applied. Academic Integrity Violation is absolved from the student's record and the Academic Integrity Violation Database.

YES

IAP upholds the IP findings but reduces the sanction and/or remediation plan. Appeal process is complete and sanction is applied.
Appendix A-20

First-time Negligent Plagiarism Form

Refer to the Academic Integrity Violation Procedure for detailed information about addressing first-time negligent plagiarism. Please contact the Academic Integrity Committee Faculty Advisor at any time if you need guidance in completing this report.

Student Name

Program/Degree

Semester  Date

Course  Faculty

Please provide a brief description of the negligent plagiarism incident and attach any evidence.

Plan for Success:

Date for completion of Plan for Success:

Date when Plan for Success completed:

Failure to complete the Plan for Success by the date above may result in disciplinary action up to and including dismissal from the College.

Student Signature______________________________________Date__________

Faculty Signature__________________________Date__________
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,

Deb Maeder
Distance Education Director
Bryan College of Health Sciences
1535 S. 52nd Street, Lincoln, NE 68506
deb.maeder@Bryanhealthcollege.edu
1-402-481-8065 or
1-800-742-7844 Ext. 18065
Proctor Application Form
Bryan College of Health Sciences
Distance Education

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:
Deb Maeder, Distance Education Director,        Fax to 1-402-481-8421
Bryan College of Health Sciences,        Email: deb.maeder@Bryanhealthcollege.edu
1535 S. 52nd Street, Lincoln, NE 68506-1398

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Student Application for Proctor
Bryan College of Health Sciences
Distance Education

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:
Deb Maeder, Distance Education Director, Fax to 1-402-481-8421
Bryan College of Health Sciences, Email: deb.maeder@Bryanhealthcollege.edu
1535 S. 52nd Street, Lincoln, NE 68506-1398

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-24

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.
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11. **CONFIDENTIALITY OF INFORMATION AGREEMENT**
1. GENERAL GUIDELINES

1a. SAFETY
- Emergency procedures of the Bryan Health System West Campus will be followed. The Emergency Preparedness Procedures manual (Red Book) will be available at all times in the Center for Excellence in Clinical Simulation (CECS).
- American Disability Act- Any student/participant who has a documented disability is advised to make a request for accommodations with their respective college/agency as soon as possible to ensure timely services.
- The CECS is a secure unit with prox card access. Center faculty, coordinators, Medical Center’s Rapid Response team, Code Blue team, and StarCare will have prox card access to the center. Doors must be closed when the Center is not in use to secure the equipment.
- All persons attending a simulation experience must wear their identification tag (school or employee). Guests of the CECS will be given guest badges upon arrival.
- In case of injury or accident, the individual shall report to the Simulation Coordinator(s) or attending faculty. An incident report will be completed per Medical Center policy. Injury of a faculty member will be reported to the CECS coordinator(s) and an incident report will need to be completed. The injured individual will be referred to Employee Health Services or the Emergency Department within the Medical Center if the Employee Health Office is closed. If the person declines to be seen, the Nursing Administrative Supervisor will be contacted to obtain documentation of such.
- All persons attending a simulation experience must attend the debriefing session following that experience. Debriefing serves as a question and answer time regarding what just transpired, but it also allows feelings to be discussed without accusations being made. In the event a faculty member deems it necessary, both colleges have the mechanism in place to refer participants to their respective employee/student assistance programs (Directions for Bryan Health System or Continuum EAP for SCC).
- The use of alcohol or drugs (classified as controlled or illegal substances) unless prescribed by a healthcare provider for a specific illness, is prohibited in the CECS. Any individual suspected of such use will be subject to disciplinary action as outlined by their home college or agency. This may include an immediate evaluation by Employee Health Services within the Medical Center.
- All personal effects are to be stored in a designated area. The CECS bears no liability for personal effects including textbooks.
- Sharps and glass are to be disposed of properly in biohazard containers per policy.

1b. PARKING
- Students/learners from any facility shall park in employee designated parking areas (the angle ramps throughout the garage).

1c. STUDENT HANDBOOK POLICIES
- Policies of respective colleges shall be followed while in the CECS (i.e., disability, non-discrimination, etc.).

1d. FOOD AND DRINK
- No food or drink is allowed in the patient care areas of the CECS.
1e. BEHAVIORAL EXPECTATIONS
- We believe everyone participating in activities at the CECS is intelligent, well-trained, cares about doing their best, wants to do their best, and wants to learn from their experiences. We invite you to collaborate with us on your journey to be the best you can.
- It is the expectation that students arrive prepared to learn and participate. If a student is unable to do either, please see faculty or the Simulation Coordinator.
- Treat the simulated patient with the same care and respect as a patient would expect to be treated. The inability to participate in a professional, ethical manner will result in dismissal from the CECS.

1f. DRESS CODE
- Students are expected to wear the school’s clinical uniform or business dress clothes with a lab jacket while in the simulation lab. This decision will be determined by individual course instructors.
  o No cleavage, midsections, body art, or backsides shall be visible.
  o Clinical jewelry guidelines shall be enforced.
  o Hair tied up/back.
- Closed toe shoes shall be worn at all times.
- All students shall wear an official school name tag. Identification is required for all participants in the CECS.
- Students will be responsible for bringing a stethoscope and a watch with a second hand to experiences. Reference materials will be available during the simulated clinical experience (SCE).
- No cell phones allowed. Speak to Simulation Coordinator(s) prior to the beginning of the scenario if other arrangements must be made.

1g. SECURING VALUABLES
- It is not recommended to bring valuables to the CECS, therefore, it is the individual’s responsibility to keep valuables secured and the CECS will not be held liable for lost or stolen items.
- A refrigerator is available for food storage. Items must be labeled with a name and date. Contents and containers left more than 2 days will be disposed of.

1h. AUDIO/VISUAL RECORDING
- Audio/video recording may be used in the simulation lab during SCE(s). Recordings may be used during the debriefing period to help students reflect on the actions and activities that occurred during the SCE.
- This recording will only be viewed by those students who participated in the SCE, the instructor(s), and Center faculty. The video will be stored on a password-protected area of the Center’s computer system. It may temporarily be placed on a learning management system but password protected so that only the participants may access it. The videos will be deleted from the computer at the end of each semester.
- Under no circumstances will the video be viewed by other people without written consent of the participant(s). The video will not be uploaded to any public viewing site such as Youtube.com. If a faculty member wishes to use portions of a 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, written consent will be obtained. The video may be transferred to a DVD or flash drive and stored in a locked file cabinet.

1i. CONSENT FOR SIMULATION CONFIDENTIALITY AND AUDIO/VIDEO RECORDING
The Center for Excellence in Clinical Simulation is a partnership between Bryan College of Health Sciences, Bryan Medical Center and Southeast Community College. It is the partnership that brings together these separate entities into one; hence the Center adheres to policies and procedures characteristic of all entities as outlined in this booklet. In the event a situation or occurrence requires additional, more detailed policy, the home entity’s policy and procedures will be followed.
2. GENERAL FACULTY GUIDELINES  
(In addition to General Student Guidelines)

2a. HOURS OF OPERATION
- The CECS will be open for educational opportunities according to the scheduled needs of the partner coordinators. Typically, the Center will be open daily during business hours; however, these hours may be altered to allow for Center faculty presence during evening or weekend simulated clinical experiences.

2b. SCHEDULING OF SIMULATION/PRIORITIES
- To meet the needs of all parties using the CECS:
  - Activities of the Center partners will have priority
  - Scheduling of the Center will be coordinated through the center faculty on a single calendar, visible to all parties but under the management of Center faculty.
  - Center scheduling will be coordinated through a request system with the coordinators of the Center.
  - Scheduling of a Center experience needs to include the objectives of the simulation, which mannequins will fulfill those objectives (may be determined by Center faculty), and the needed supplies for the experiences.

3. GENERAL MAINTENANCE OF SIMULATION CENTER

3a. SET UP AND TEAR DOWN FOR SIMULATION EXPERIENCE
- Set up and tear down of the mannequin, equipment and room will be performed by designated Center employees/Center faculty, with the assistance of participants and faculty with basic room straightening and clean up.
- Clean up and set up time must be allotted for when scheduling the simulation experience.
- Center faculty will be assigned to a particular simulation. That assignment will include set up and tear down of that respective simulation experience.
- Student workers will be allowed to assist with general clean up and work under the direction of Center faculty.

3b. MAINTENANCE OF EQUIPMENT
- All equipment in the CECS will be maintained in adherence with the manufacturer’s specifications. Issues or concerns with the equipment will be immediately brought to the attention of a co-director.
- At the end of each semester, the equipment will be cleaned, sterile water bags and tubing replaced, and supplies checked for mold or particulate build up.
- Only sterile water or distilled water will be used inside any mannequin.
- Routine or preventative maintenance provided for in any equipment warranties will be scheduled in collaboration with Center faculty.

3c. REPAIR OF EQUIPMENT
- Repair needs, issues or concerns with the equipment will be immediately brought to the attention of a co-director. Routine repairs, such as speaker wire replacements, may be completed by Center faculty. Repairs that can be done with the phone assistance or documentation provided by the manufacturer may be done by Center faculty. In no event is faculty to perform any repair which they are uncomfortable doing or have not been taught how to do.

4. OUTSIDE ORGANIZATION USE OF SIMULATION
4a. FACILITY USE BY OUTSIDE ORGANIZATION OR GROUPS

- The CECS is available for use by outside organizations or groups, such as local colleges, high school science groups, and others interested in learning through the use of patient simulation. Use by outside organizations will be scheduled around all partner activities that have been scheduled at the time of the request. Partner activities will always take priority over outside organization use.
- A minimum of one Center faculty person will be present at all times when the Center is used by outside organizations and groups. Those organizations and groups are expected to adhere to all policies and procedures of the CECS and of Bryan Medical Center.
- Requests for use of the Center will be evaluated for time expectations, impact on Center faculty workload, and use of supplies and equipment. Required supplies or equipment outside of the normal use of the Center will need to be purchased and provided by the requesting organization. Center faculty will collaborate in the creation of an appropriate educational opportunity through simulation. Payment may be required for use of Center faculty to facilitate learning for the outside organization.

4b. SIMULATOR AND EQUIPMENT USE OUTSIDE OF CENTER

- Requests for use of the mannequin(s) and associated equipment outside of the CECS will be evaluated by Center faculty as to feasibility. Consideration will be made as to the requested activity, how it fits into the existing schedule, educational objectives, and risk to the equipment.
- Transport of mannequin(s) and equipment can be made between Bryan Health Systems-East and West campuses via the shuttle van. Under no circumstance are the mannequin(s) to be transported by private vehicle. Transportation outside of the Medical Center campuses must occur via a Medical center owned vehicle. Arrangements for this can be made through the Sleep Lab at Bryan Health Systems West campus.
- Mannequin(s) and associated equipment must be appropriately packaged for transport. If transporting by van, the mannequin(s) may be rolled into the van on a stretcher. Portable or smaller mannequin(s) may be transported by wheelchair. Pediatric mannequins may be transported by one of the above methods or may be placed into a traveling golf bag. All associated equipment should be packaged to avoid breakage.
- Charges may apply to organizations outside the Center that request education with the mannequin. Charges would encompass faculty time, travel, mileage, and any unusual supply costs.

5. RESEARCH STUDIES IN THE CENTER

- Research studies utilizing patient simulation may be conducted within the CECS or utilizing the Center under the guidance of a co-director. Consultation will be sought from the Dean of Operations for research design, implementation, and data analysis.
- All proposed research will be evaluated for approval by the Institutional Review Board (IRB).
- Consent will be obtained from all participants unless waived under certain circumstances by the IRB.
- It is the expectation that results of research studies conducted in the Center will be disseminated in the literature or by conference presentation.

6. FINANCIAL ORGANIZATION OF CENTER

6a. BUDGET PROCESS

- The budget process for the CECS will align with that of the partner organizations.
- Capital budget requests will be discussed by the Directors from both colleges to determine which entity will take the lead on the proposed purchase.
- All requests for purchase outside of the approved budget must be approved by one of the Directors prior to purchase.

6b. SUPPLY ORDER
A supply order will be submitted on a routine basis by the Center faculty. Supplies will be purchased from the source or vendor that provides the best value for the cost. Supplies may also be obtained from sources that stock over-purchased or outdated supplies, such as from the Medical Center or Southeast Community College warehouses. Donated supplies will be accepted if in safe condition for use.

Supply needs will be determined for each SCE that is projected to take place in the Center on an annual basis. These requests will be submitted as operating cost needs.

Ongoing supply use and remaining budgeted supplies will be tracked in a database, which will be updated at least monthly. No additional supplies above the budgeted amount will be purchased without prior approval of a co-director.

### 7. FACILITATOR DEVELOPMENT & COMPETENCY

#### 7a. FACILITATOR

The Facilitator is defined as course faculty who observe, interact, debrief, and evaluate students. The Facilitator will collaborate with the Simulation Coordinator (SC) to schedule simulation experiences and develop simulation scenarios that meet curricular objectives. Facilitators will be present throughout the scenario and debriefing activities. The Facilitator must have current competency to teach the subject matter covered in the scenario. Facilitators must also be experienced in supervising students in a clinical setting. Facilitators must have knowledge of utilization of audio/visual equipment used in the Center for debriefing and evaluation purposes.

#### 7b. FACILITATOR-TO-STUDENT RATIO

Facilitator-to-student ratios will be defined by individual courses with input from the SC. This ratio will be included in the course syllabus and/or course guidelines for simulation activities.

#### 7c. SIMULATION COORDINATOR

The Simulation Coordinator (SC) will maintain the operations of the Center. They will collaborate with Facilitators to design simulation experiences for individual courses. The SC will run the simulated patient software and serve as the voice of the patient. The SC will assist the Facilitator with video recording of the scenario. The SC will provide all set up, supplies, props, moulage, and tear down of scenarios.

#### 7d. FACILITATOR DEVELOPMENT

- All new faculty will have an orientation to the Center included in their orientation plan.
- All faculty will have an opportunity to attend a yearly educational presentation offered by the Center.
- Simulation Coordinators will make available journal articles about simulation to faculty on a quarterly basis.

### 8. ASSESSMENT OF LEARNING

- Current practices of evaluation of student learning in the simulation laboratory setting will continue to be conducted to evaluate whether students have met the objectives for the scenario. Faculty is encouraged to include an evaluation of student performance in the student’s weekly clinical evaluation.
- Students will conduct evaluations of experiences using each college’s evaluation tool. These results will be tabulated and included in course evaluations at the end of each semester/quarter.

### 9. SIMULATED CLINICAL EXPERIENCE DESIGN

A variety of scenarios may be utilized within the Center: including pre-programmed, packaged scenarios purchased from vendors and scenarios created by faculty or others. The scenario will be a part...
of the Simulated Clinical Experience (SCE). The SCE includes all aspects of the learning experience and each SCE utilized will include specific design elements:

1) Learning objectives: all SCEs will be designed based upon identified learning objectives
2) Learner preparation questions or activities, if desired by faculty
3) Patient history
4) Healthcare provider orders (if applicable)
5) Supply and set up list
6) Moulage of patient and environment
7) Scenario states, including
   a. Assessment data
   b. Lab and other diagnostic test results
   c. Patient responses
   d. Expected student behaviors
   e. Holistic patient information (psychosocial, spiritual, cultural, developmental aspects of patient care)
8) Debriefing
9) Evaluation of the experience by students and faculty
I authorize the Center for Excellence in Clinical Simulation and ________________ (faculty using material) permission to use, disclose images, photographs, or videos of which I am a participant for the purpose of:

**Education/Research:**
- _____ Professional journals or text books
- _____ Conference presentation
- _____ Other

**Media:**
- _____ Publicity/promotion
- _____ Websites
- _____ News media/feature stories
- _____ Brochures
- _____ Stock photographs
- _____ Displays
- _____ Other

I waive all rights that I (student/model) may have for any claims for payment of any kind, including but not limited to royalties in connection with any exhibition, publication, televising or any other use regardless of whether such exhibition, publication, televising, or other use was under philanthropic, commercial, institutional, or private sponsorship and irrespective of whether a fee or admission or rental is charged.

I do specifically agree to release, discharge and hold harmless Bryan College of Health Sciences, Southeast Community College and the Center for Excellence in Clinical Simulation, its staff, employees, and agents from any and all liability and responsibility arising out of or in any way connected with the publication or any use of all or any part of such media or education information.

I understand that I may revoke this authorization at any time by submitting a written request to the Center for Excellence in Clinical Simulation. If action has already been taken, a revocation may not be possible.

This authorization will expire after the following (select one):
- _____ year(s) following the date of signature.
- on the date specified _________________________________.

_______________________________________________________________
Printed name of student

_______________________________________________________________
Signature of student Date

_______________________________________________________________
Faculty/Staff witness Date
Appendix A-27

Bryan College of Health Sciences
Simulation Confidentiality of Information

Participants/observers will be expected to keep all events, procedures, and information strictly confidential in order to maintain the integrity of the educational experience. This includes information obtained prior to the actual simulation, information obtained during the simulation, and information obtained during the debriefing portion of the simulation. Participants/observers are not to share information about their simulation experience with other participants/observers outside of their immediate simulation group. Doing so would violate ethical standards of academic integrity established by the colleges and facilities using the Center for Excellence in Clinical Simulation.

_______ I agree to maintain strict confidentiality about the details of simulated clinical experiences, the simulation scenarios, and the performance of any participant(s). This includes refraining from discussing what occurred in regards to Protected Health Information about simulated patients and actions and statements made by fellow students and faculty. Failure to uphold the principles of confidentiality will be subject to disciplinary action according to college policy.

AUDIOVISUAL RECORDING
Simulated clinical experiences are recorded to be used during debriefing, and for educational purposes only. Educational purposes may include showing clips in the classroom setting. Use of the recording outside these parameters will need an additional consent form signed by the student.

_______ I have been informed that simulated clinical experiences will be audio and video recorded to be used for debriefing, educational purposes and faculty evaluation. I understand that use of the recording outside these purposes conference presentation, research, etc.) will need additional written permission.

______________________________
Print name

______________________________
Signature

______________________________
Date
## Appendix A-28

**Assessment of Student Learning**  
**Framework for Annual Assessment Plans and Reports**

<table>
<thead>
<tr>
<th></th>
<th>Content for the Annual Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Statements of Mission, Goals, and Philosophy</td>
</tr>
<tr>
<td>2</td>
<td>Program Outcomes</td>
</tr>
</tbody>
</table>
| 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 made previously.  
  - Has the program made previous adjustments in program/operations as a result of previously identified gaps in student learning?  
  - If so, identify the previous programmatic adjustments and indicate if changes in student learning outcomes **this year** have been affected (positively or negatively) by those adjustments. |
|   | 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?  
|   |   |   o Different measurements and/or methods of data collection?  
|   |   |   o 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-29

Bryan College of Health Sciences
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:
A. serve as a forum for discussion of ideas, issues, and policy matters in academic arenas and areas of faculty concern;
B. assure that the College’s academic activities comply with the established mission, vision, purpose, and goals of the institution;
C. maintain educational standards across all areas of faculty governance;
D. provide a system for communication and coordination of College activities;
E. furnish a structure for faculty to take action and/or to make recommendations to the President and the College Board of Trustees;
F. receive reports from and provide input to the Administration, College Committees, and the College Board of Trustees;
G. review and act on recommendations from Standing Committees and programs; and
H. approve policies and procedures for academic programs

I. 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:
A. All teaching faculty members, defined as employees across the College
   who have the job title of instructor or higher; and
B. Deans and Directors 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
   - Program Directors
C. 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.
A. Chair
B. Chair-elect
C. Secretary
D. 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:
A. preside at all meetings of the Faculty Senate;
B. coordinate the preparation and distribution of the agenda for Faculty
   Senate meetings and Faculty Senate Executive Committee meetings;
C. represent the Faculty Senate on the Leadership Council (including
   Leadership Retreat), Academic Affairs and on the Board of Trustees;
D. call special meetings of the Faculty Senate, Faculty Senate Executive
   Committee, or Faculty Senate voting members as needed; and
E. 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:
A. attend Faculty Senate Executive meetings and;
B. in the absence of the Chair, perform the duties of the Chair;
C. maintain an updated version of all committee membership charts; and
D. 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:
A. record the minutes of all Faculty Senate and all Faculty Senate Executive Committee meetings, (including trend of discussion and decisions) and
B. prepare monthly minutes accordingly, along with all reports and attachments of which will be provided to the Administrative Assistant for preservation, and;
C. 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:
A. 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:
A. prepare agendas for each Faculty Senate meeting;
B. coordinate the annual election of faculty to Standing Committees and the Faculty Senate Executive Committee;
C. carry out the business of the Faculty Senate between meetings;
D. report its actions to the Faculty Senate at its next meeting;
E. annually appoint a parliamentarian to serve at all meetings of the Faculty Senate;
F. direct the annual review of the function of the Faculty Senate and its bylaws;
G. maintain open communication with the President and/or Provost through regular meetings;
H. direct the review of academic policies;
I. form task forces as needed, and
J. 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

A. 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.

B. 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.

C. 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.

D. 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.

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.)

A. Call to order
B. Approval of minutes
C. Reports
   1. The President of the College
   2. Standing Committees
   3. Executive Committee
   4. Other
D. Unfinished business
E. New business
F. Announcements
G. 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.

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:
Section 2. Membership of Standing Committees and Subcommittees
A. All Standing Committee members will be at-large and shall be elected by the Faculty Senate. Terms shall be rotating three-year.
B. Ex-officio, non-voting members shall be determined by virtue of position.
C. Elections shall take place each March for the following academic year, and committee terms shall take effect August 1st.
D. Membership on subcommittees and methods of election/selection shall be determined by the respective School or Division.
E. 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.
F. Members are expected to participate in annual orientation as organized by the Faculty Senate Chair.
G. 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
A. 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.
B. 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
A. 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.
B. Changes in policy under the auspices of the Standing Committees shall be brought to the entire Faculty Senate for a vote.
C. 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.

Section 8. Purpose and Membership of Standing Committees
A. Integrity Committee
   1. (AI) **Purpose** of the Integrity Committee is to:
      a) promote a culture of integrity;
      b) adopt, evaluate and revise academic policies and procedures related to integrity and ensure their consistent application across all academic programs;
      c) adjudicate academic integrity violations by students;
d) plan and coordinate academic integrity education and academic dishonesty prevention activities;

e) serve as a resource for faculty adjudicators with respect to appropriate sanctions for offenses and student history of dishonesty;

f) serve as a resource for students with concerns about academic integrity;

g) evaluate and report trends in academic integrity violations in the College

2. **(AI) Membership of Integrity Committee:**
   a) 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.
   b) Dean of Students (ex-officio, non-voting).
   c) A minimum of six and no more than ten student members (non-voting), appointed jointly by the Student Government Association (SGA) and Academic 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.

B. **Educational Technology Committee**

1. **(ET) Purpose** of the Educational Technology Committee is to:
   a. Create and maintain policies and procedures for distance education and educational technology.
   b. Create standards of practice for faculty teaching distance education courses and standards for faculty use of educational technology.
   c. Collaborate with the Faculty Development and Rank Committee and administration regarding faculty preparation and ongoing training in distance education and educational technology.
   d. Approve the process and review results of the evaluation of distance education and educational technology.
   e. Evaluate recommendations for proposed college-wide technology purchases.
   f. Review changes in regulations and standards for distance education and educational technology, brought forward by the Distance Education Director, to collaboratively plan appropriate responses.
   g. Identify and address student needs for distance education and educational technology.

2. **(ET) Membership of Educational Technology Committee:**
   a) 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 (distance education experience is defined
as completion of required distance faculty training and a
minimum of one completed semester teaching a distance
course).

b) Network Administrator (ex-officio, non-voting)
c) Dean of General Education (ex-officio, non-voting)
d) Librarian (ex-officio, non-voting)
e) Distance Education Director (ex-officio, non-voting)
f) One or two students appointed by 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

C. Faculty Development, Rank, and Promotion Committee
1. (FDR) Purpose of the Faculty Development, Rank, and Promotion
   Committee is to:
   a) recommend, evaluate, and revise policies and procedures
      related to faculty professional development;
   b) plan, coordinate, document, and evaluate faculty
      development activities to promote professional and general
      development of the faculty;
   c) Validate faculty involvement in the interview and selection
      process of prospective faculty appointments.
   d) recommend, review, and evaluate the effectiveness of the
      faculty evaluation process;
   e) recommend, review, and evaluate effectiveness of policies
      and procedures for academic rank and promotion;
   f) 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;
   g) collaborate with administration regarding personnel
      policies and orientation programs for faculty; and
   h) recommend, evaluate, and revise policies related to faculty
      scholarship.

2. (FDR) Membership of Faculty Development, Rank, and Promotion
   Committee:
   a) 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;
      minimum of one faculty from Nursing, Sonography,
      Biomedical Sciences, General Education, and Graduate
      Studies.

D. Undergraduate Studies Committee:
1. (UG) Purpose of Undergraduate Studies Committee is to:
a) evaluate, revise, approve, and ensure consistent application of academic policies across all programs related to undergraduate curriculum, assessment, admissions, progression, and graduation;
b) 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; report to Undergraduate Studies: New or Significant revision (change in intent) to course description or course outcomes.
c) approve graduation and degree requirements;
d) Review and approve College admission criteria;
e) approve policies for academic standards, attendance, and grading;
f) 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;
g) approve criteria for graduation with honors and College wide awards review;
h) communicate and integrate plans for assessment of student learning outcomes to all internal and external constituents; and
i) serve as a resource for assessment of student learning to facilitate best practice.

2. (UG) Membership of Undergraduate Studies Committee:
   a) 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).
   b) Chair-elect (previously member-at-large, see a above)
   c) Chair (previously Chair-elect (see above)
   d) The faculty chair of each UG Sub-committee (VIII.8.D.3 above 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.
   e) Provost (ex-officio, non-voting)
   f) Registrar (ex-officio, non-voting)
   g) Librarian (ex-officio, non-voting)
   h) Distance Education Director (ex-officio, non-voting)
i) One or two students appointed by Student Government Association (non-voting).

3. **Subcommittees of Undergraduate Studies:**
   a.) **(APG) Purpose of Admission, Progression, and Graduation Subcommittees:**
   (1.1) develop program criteria for admission, progression, and graduation within the respective School/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 Undergraduate Studies Committee for admission/denial.

   b.) **(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) Dean of Nursing (ex-officio, non-voting)
   (1.4) Director of Admissions (ex-officio, non-voting)
   (1.5) Admissions Counselor (ex-officio, non-voting)
   (1.6) 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 Health Professions (ex-officio, non-voting)
   (2.4) Director of Admissions (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) Biomedical Sciences Admissions, Progression, and Graduation Subcommittee**
   (3.2) A minimum of three and no more than seven Biomedical Sciences faculty.
   (3.3) Director of Admissions (ex-officio, non-voting)
   (3.4) Dean of Health Professions (ex-officio, non-voting)
(3.4) One student representative appointed by Student Government Association or by faculty recommendation (non-voting)

(4.1) (APG) General Education Admission, Progression, and Graduation Subcommittee

(4.2) A minimum of three and no more than seven faculty teaching in the General Education Curriculum.

(4.3) Director of Admissions (ex-officio, non-voting)

(4.4) Dean of General Studies and Academic Advancement (ex-officio, non-voting)

(4.5) One student representative appointed by Student Government Association or by faculty recommendation (non-voting)

c.) 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.

d.) Membership of Assessment Subcommittees

(1.1) (Assess) Nursing Assessment Subcommittee

(a.) A minimum of five and no more than seven Nursing faculty members,

(b.) Dean of Nursing (ex-officio, non-voting)

(c.) One or two student representatives appointed by the Student Government Association or by faculty recommendation (non-voting)

(1.2) (Assess) Sonography Assessment Subcommittee

(a.) One faculty representative from each sonography specialty - a minimum of three and no more than seven Sonography faculty

(b.) Dean of Health Professions (ex-officio, non-voting)

(c.) One student representative appointed by the Student Government Association or by faculty
(1.3) (Assess) **Biomedical Sciences Assessment Subcommittee**
(a.) A minimum of three and no more than seven Biomedical Sciences faculty
(b.) Dean of Health Professions (ex-officio, non-voting)
(c.) One student representative appointed by Student Government Association or by faculty recommendation (non-voting)

(1.4) (Assess) **General Education Assessment Subcommittee**
(a.) A minimum of three and no more than seven faculty teaching in the General Education Curriculum
(b.) Dean of General Studies and Academic Advancement (ex-officio, non-voting)
(c.) One student representative appointed by the Student Government Association or by faculty recommendation (non-voting)

e.) **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.

f.) **Membership of Curriculum Subcommittees:**
(1.1) (Curric.) **Nursing Curriculum Subcommittee**
(a.) A minimum of five and no more than seven nursing faculty members
(b.) Dean of Undergraduate Nursing (ex-officio, non-voting)
(c.) Assistant Dean of Undergraduate Nursing (ex-officio, non-voting)
(d.) Registration and Advising Supervisor (ex-officio, non-voting)
(e.) 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
(a.) One faculty representative from each Sonography program - a minimum of three and no more than seven sonography faculty
(b.) Dean of Health Professions (ex-officio, non-voting)
(c.) Registration and Advising Supervisor (ex-officio, non-voting)
(d.) One student representative appointed by Student Government Association or by faculty recommendation (non-voting)

(1.3) (Curric.) Biomedical Sciences Curriculum Subcommittee
(a.) A minimum of three and no more than seven Biomedical Sciences faculty
(b.) Registration and Advising Supervisor (ex-officio, non-voting)
(c.) Dean of Health Professions (ex-officio, non-voting)
(e.) One student representative appointed by Student Government Association or by faculty recommendation (non-voting)

(1.4) (Curric.) General Education Curriculum Subcommittee
(a.) A minimum of three and no more than seven faculty teaching in the General Education curriculum.
(b.) Dean of General Studies and Academic Advancement (ex-officio, non-voting)
(c.) Registration and Advising Supervisor (ex-officio, non-voting)
(d.) One student representative appointed
E. Graduate Studies Committee

1. Purpose of the Graduate Studies Committee is to:
   (a.) develop, evaluate, revise, approve, and ensure consistent application of academic policies across all programs related to graduate curriculum, assessment, admissions, progression, and graduation;
   (b.) 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;
   (c.) act on student requests forwarded by subcommittee for waiver of, or exceptions to, program policies related to student progression and graduation;
   (d.) evaluate and approve program plans for assessment of student learning outcomes for graduate programs to maintain educational integrity and academic quality;
   (e.) review progress in achieving student learning outcomes;
   (f.) evaluate and verify curricular proposals in relation to College mission and policies;
   (g.) assessment results to internal and external constituents;
   (h.) evaluate and verify curricular proposals in relation to College mission and policies;
   (1.1) Vote at subcommittee level; vote at Graduate Studies; vote and report to Faculty Senate: New programs (major, minor, or certificate), tracks and degree options.
   (1.2) Vote at subcommittee level; vote at Graduate Studies; report to Faculty Senate: Revisions to current program or program outcomes.
   (1.3) Vote at subcommittee level; report to Graduate Studies: New or significant revision (change in intent) to course description or course outcomes.

2. Membership of Graduate Studies Committee:
   (a.) A minimum of five and no more than seven graduate faculty members elected at large from the total pool of graduate faculty
   (b.) Deans of Graduate Programs (ex-officio, non-voting)
   (c.) Provost (ex-officio, non-voting)
   (d.) one or two graduate student representatives selected by faculty (non-voting)
   (e.) Librarian (ex-officio, non-voting)

3. Subcommittees: Graduate Nursing and School of Nurse Anesthesia
   (a.) 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;

(b.) Membership of Admission, Progression, and Graduation (APG) Subcommittees:
(1.1) Graduate Nursing (APG) Subcommittee
(1.2) A minimum of three and no more than five graduate faculty members
(1.3) Dean of Graduate Nursing (ex-officio, non-voting)
(1.4) One graduate nursing student 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 graduate 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.

(c.) Purpose of Assessment Subcommittee:
(1.1) Formulate, approve, and evaluate plans for assessment of student learning for respective school or division and submit plans to 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.

(d.) Membership of Assessment Subcommittee:
(1.1) Graduate Nursing Assessment Subcommittee
(1.2) A minimum of three and no more than five graduate faculty members
(1.3) Dean of Graduate Nursing (ex-officio, non-voting)
(1.4) One graduate nursing student 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 graduate 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.

(e.) **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.

(f.) **Membership** of Curriculum Subcommittee:

(1.1) Graduate Nursing Curriculum Subcommittee

(1.2) A minimum of three and no more than five graduate faculty members

(1.3) Dean of Graduate Nursing (ex-officio, non-voting)

(1.4) One graduate nursing 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 graduate 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:

A. 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.

B. 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.
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-30

Bryan College of Health Sciences
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:

A. Review all funded and unfunded research (as stipulated above) performed by faculty, students, or staff of Bryan College of Health Sciences prior to the beginning of data collection.

B. 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.

C. Assure the confidentiality of participants and their data as long as that data is maintained by the researchers.

D. 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.
E. Educate the College community as to the responsibilities and duties of those conducting sound and ethical research.
F. Determine the type of review (exempt, expedited, or convened (full board) each research study requires.
G. Approve, disapprove, or recommend modifications to research proposals based on the protection of human subjects.
H. Require progress reports (Annual Review and Study Closure) and/or monitoring as deemed necessary.
I. 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:
A. Members of varying backgrounds to promote a comprehensive review of research activities commonly conducted at Bryan College of Health Sciences.
B. Members qualified through experience and expertise.
C. Members representing diversity including race, gender, cultural backgrounds, and sensitivity to community attitudes.
D. 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.
E. At least one member whose primary concerns are in scientific areas.
F. At least one member whose primary concerns are in nonscientific areas.
G. 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:
A. Complete and maintain current approved training for research with human participants.
B. Attend IRB meetings.
C. Review and evaluate all assigned protocols within stated timeframes.
D. Become familiar with federal and state regulations, Bryan College of Health Sciences’ policies, and IRB guidelines and procedures.
E. 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 Provost.
Section 5. The Chair will be appointed by the Provost for a three year renewable term. The Chair shall:
A. Preside at all regular and special session meetings of the IRB.
B. Coordinate the preparation and distribution of the agenda for IRB meetings.
C. Maintain a current roster of IRB members.
D. Represent the IRB at meetings as requested.
E. Coordinate the appropriate type of review for all submitted research proposals, in collaboration with the Secretary.
F. Perform all functions of a Board member.
G. Designate an ad hoc Chair to act in the absence of the Chair.
H. Perform or assign an expedited review when the Chair deems such a review to be appropriate.
I. Authorize emergency changes to a protocol to avoid an immediate hazard to participants.
J. Appoint ad hoc committees as needed.
K. 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 Provost for a three year renewable term. The Secretary shall:
A. Record the minutes of all IRB meetings.
B. Archive all minutes and reports of IRB meetings.
C. Coordinate the appropriate type of review for all submitted research proposals, in collaboration with the Chair.
D. Perform a quarterly review of all open studies to determine the need for annual and/or final study closure reports.
E. Notify the Primary Investigators of research protocols that are in need of routine annual reviews and/or final study closure reports.
F. 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.

Reviewed November 19, 2015
Revised April 19, 2018
Appendix A-31

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.
Please complete and submit this form along with your application form to FDR Chair.

Name __________________

<table>
<thead>
<tr>
<th>Cost Item</th>
<th>Actual or Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration for Conference</td>
<td></td>
</tr>
<tr>
<td>Hotel (daily cost X # days of stay)</td>
<td></td>
</tr>
<tr>
<td>Flight – find estimated cost online for dates of conference - use Orbitz.com, etc.</td>
<td></td>
</tr>
<tr>
<td>Per diem – Contact the Dean of Operations for total per diem cost.</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous (parking, cabs, mileage, etc.) include $50 - $150 for this depending on need for parking, travel to Omaha, etc.</td>
<td></td>
</tr>
</tbody>
</table>

Total Estimated Travel Cost

Name of Conference:

Dates of Conference:

Manager/Dean Signature (required before submission to FDR)______________________
Appendix A-33

Bryan College of Health Sciences
Shared Governance Model

Board of Trustees

COO Bryan Medical Center

President

Faculty Senate

Executive Administration Team

Operational Committee Structure
Appendix A-34

Bryan College of Health Sciences
Faculty Senate Committee Structure

President

Faculty Senate

Education Technology Standing Committee

Faculty Development and Rank Standing Committee

Integrity Standing Committee

Undergraduate Studies Standing Committee

Graduate Studies Standing Committee

Admissions, Progression and Graduation Division Subcommittees
- Nursing
- Sonography
- Biomedical Sciences
- General Education

Assessment Division Subcommittees
- Nursing
- Sonography
- Biomedical Sciences
- General Education

Curriculum Division Subcommittees
- Nursing
- Sonography
- Biomedical Sciences
- General Education

Admissions, Progression and Graduation Division Subcommittees
- School of Nurse Anesthesia
- Graduate Nursing

Assessment Division Subcommittees
- School of Nurse Anesthesia
- Graduate Nursing

Curriculum Division Subcommittees
- School of Nurse Anesthesia
- Graduate Nursing
Bryan College of Health Sciences High School Cadaver Agreement
(The following Student Contract must be signed by all students prior to their exposure to the cadaver.)

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

1. The anatomical donors 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 who generously donated the gift of knowledge to you. Thus, no inappropriate behavior will be tolerated including, but not limited to jokes, nicknames or disrespectful remarks will be made that would be demeaning to the donor or the donor's family.

2. Only students registered and currently enrolled in a Human Anatomy, Anatomy and Physiology, Human Physiology, or Biology course are allowed to view the cadavers in the Cadaver Laboratory.

3. A full-time anatomy instructor must be present when students view a cadaver.

4. No eating, drinking, or smoking is allowed.

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. No cell phones are allowed.

12. The room's ventilation system must be on at all times while students are in the room. Do not prop the door open. If you have respiratory difficulties, inform your instructor and exit the room immediately.

13. No other visitors of any sort are allowed.

14. 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 the cadaver in the future.

15. 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 the Nebraska Anatomical Board Deeded Body Program.

I, (please print legibly)________________________ have read; understand, and agree to follow these Cadaver Laboratory rules and procedures. I agree to abide by any additional instructions, written or verbal provided by the anatomy instructor during my visit.

__________________________  _________________________
Signature                  Date

__________________________  _________________________
High School                City and State
Bryan College of Health Sciences Student Cadaver Agreement
(The following Student Contract must be signed by all students prior to their exposure to the cadaver.)

Bryan College of Health Sciences Student Cadaver Rules and Procedures Agreement

1. **The anatomical donors 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 who generously donated the gift of knowledge to you. Thus, no inappropriate behavior will be tolerated including, but not limited to jokes, nicknames or disrespectful remarks will be made that would be demeaning to the donor or the donor's family.

2. Only students registered and currently enrolled in Human Anatomy (BIOS 234), Anatomy and Physiology (BIOS 203 and 204), Human Physiology (BIOL 235), or Anatomy Lab (NRAN 762) are allowed in the Cadaver Laboratory.

3. A full-time anatomy instructor must be present when students study a cadaver.

4. No eating, drinking, or smoking is allowed.

5. Long-sleeved laboratory coats are highly recommended.

6. Gloves must be worn if a specimen is touched.

7. 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.

8. No music of any sort is allowed.

9. No equipment is to be removed from the room.

10. No cadaver tissue of any type is to be removed from the room.

11. No prosthetic appliance, adornment, or other natural or man-made item found on or in the cadaver will be removed from the room.

12. **ABSOLUTELY no photography or videos of any type is allowed.**

13. **No cell phones are allowed.**

14. The room's ventilation system must be on at all times while students are in the room. Do not prop the door open. If you have respiratory difficulties, inform your instructor and exit the room immediately.

15. Assume all reagents and tissues are a potential hazard.

16. No visitors of any sort are allowed.

17. Any violations of the rules will result in expulsion of the offender from the Cadaver Laboratory.

18. Report any violations of these rules to Dr. Kim Hansen or Dr. Kay Crabtree.

I, (please print legibly) ___________________________ have read; understand, and agree to follow these Cadaver Laboratory rules and procedures. I agree to abide by any additional instructions, written or verbal provided by the anatomy instructor during my visit.

__________________________________________
Signature

__________________________________________
Date

__________________________________________
Course Name (e.g., Human Anatomy)

__________________________________________
Course Number (e.g., BIOS234)

__________________________________________
Day and Time (e.g., MWF 0900-1100)

__________________________________________
Instructor’s Name