



College Manual

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Section I. 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. Provides high quality educational standards to maintain school standing in the community and in regard to state, regional and national accreditation. Represents the College to the public and maintains relationships with community, governmental and professional bodies. Serves as liaison between the College and Bryan Medical Center.

Provost

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 College faculty in developing, implementing and evaluating the academic curricula. The Academic Deans assist in the coordination of the college accreditation process; promote effective utilization of material and human resources; interact with internal and external constituencies for promotion of the college; facilitate adherence to the mission statements of the college and the philosophies of the academic programs; and provide opportunity for faculty development and implementation of collegiate faculty roles.

Dean of Operations

The Dean of Operations, collaborating with the Medical Center's Management Accounting, Human Resources, and Facilities departments, provides the oversight and financial leadership to ensure the College's resources meet and achieve the goals of the College's strategic objectives. Reporting to the President, the Dean of Operations, is a member of the College's senior leadership team. The Dean works collaboratively with College divisions and committees to create annual capital and operational budgets; measure and improve service and performance outcomes and institutional effectiveness; participates in strategic planning for the College; directs activities required for the identification, collection and analysis of data for fiscal monitoring, improvement and accreditation purposes; facilitates development of reports necessary for accreditation; develops and maintains relationships with internal/external constituents, peer institutions and accrediting agencies.

Dean of Students

The Dean of Students is an educator and experienced collaborator who is responsible for providing leadership and effective administration of the College's student services. Focused on student success and engagement, the Dean provides leadership and guidance to the Student Success Center, which includes student and academic support services, health and professional development counseling, new student orientation, diversity committee, alumni outreach, study abroad, and co-curricular activities. The Dean is a member of the President's Executive Committee and works with colleagues to ensure the college is doing its very best to serve and meet the needs of its students.

Dean of Enrollment Management

The Dean of Enrollment Management leads the College in developing its strategic enrollment plan and its communications and marketing plan. Focused on life-cycle enrollment, the Dean provides leadership to the admissions office, works collaboratively with academic and student life professionals when setting and executing enrollment plans for undergraduate and graduate programs, and works with Bryan Health marketing and communications offices to ensure the College's marketing efforts and CRM management are on target and are hitting key measurable metrics. The Dean is a member of the President's Executive Committee and works with colleagues to ensure the College is doing its very best to serve and meet the needs of students.

Library Services Director

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

Digital Education & Instructional Design Director

Facilitates the development, delivery, and quality of education regardless of the delivery format. Evaluates, implements, and supports instructional technology. Monitors regulations, educational standards, and accreditation requirements related to distance education and instructional technology and advises organizational decision makers with regard to these topics. Reports to the Dean of Educational Development.

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 student information systems related to current and graduate academic records, student registration and academic class scheduling.

Simulation Center Director

The Simulation Center Director oversees the daily operations of the center as well as assumes a role in leadership of the center and its constituents. The Director demonstrates implementation of the mission, vision, goals and values of the College. The Director is responsible for development, planning, implementation and evaluation of the activities of the Simulation Center.

Academic Support Services Director

Responsible for developing a robust academic support service program. Collaboratively develops, coordinates, conducts and assesses a comprehensive student retention program, including managing all Disability Support Services and data-driven strategies to impact student retention. Directs and oversees the delivery of a tutoring program, supplemental instruction, writing center, student academic assessment, and identifies other academic support wraparound services. Collaborates with college administrators, faculty, and staff to establish an educational academic probation recovery process, data collection, and analysis for students served while designing inclusive learning environments. Participates in the development and implementation of the philosophy of the College of Health Sciences to further the mission statements of the College and the Medical Center.

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

Shared governance is defined by the College as shared responsibility between faculty, administration, and students regarding the decision-making processes that support the operation of the institution. Under a shared governance model, the college has a Faculty Senate governance as well as an operational committees. Students also participate in the shared governance process through the Student Government Association (See [Appendix A-33](#)).

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

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

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

Policy and Procedure Review:

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

Procedure for Review:

[Organization of Review Process](#)

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

At this meeting, they will:

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

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

Review of individual policies:

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

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 the location of the policy in all college documents for appropriateness.
5. Review of the policy in light of changes to the college structure and programs that have taken place since it was last reviewed.
6. If no changes to the policy is needed, report this to the Faculty Senate Chair and/or Provost.
7. If changes/updates are required, utilize the Proposal Form to ensure changes will be communicated to appropriate individuals. Committees should, also, communicate with individuals at the college responsible for implementing the policy. Place completed Proposal Form in the Policy_Procedure folder located on the P drive and report status of policy to Faculty Senate Chair and/or Provost.

Stakeholders

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

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 fundraising, and Bryan Medical Center as our parent organization.

External Relationships

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

Contractual Relationships

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

Regulatory Relationships

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

Financial Relationships

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

See [Appendix A-4](#) for Stakeholders Model.

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*

See [Appendix A-6](#) for *Policy Making Flowchart*

See [Appendix A-7](#) for the *Policy Proposal Form*

Section II. 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 Dean of Operations for the College and the Vice President of Finance for the Corporation to oversee the annual audit process as a part of the annual audit for the Corporation.

Steps

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

Origin 2003

Endorsed by the Board of Trustees July 23, 2003

Reviewed August 2007

Renewed September 30, 2010

Approved by the Board of Trustees November 10, 2011

Approved by College Board of Trustees, April 7, 2016

Strategic Planning Process

Purpose

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

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

The strategic plan will:

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

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

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

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

Approved by College Board of Trustees, July 23, 2003

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

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

College Classroom and Space Utilization Policy

Room Scheduling

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

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

1. College Classes 2
2. Additional Course Needs (i.e. post-conference, special presentations, etc.)
3. College Events and Meetings
4. Medical Center
5. Community Events which involve College representatives

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

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

Scheduling Expectations Set by the College

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

- Classes will start at 8am. (Classes meeting for clinical hours may start at 7am.)
- Classes will end no later than 9pm.
- Room assignments will depend on space availability and appropriate room size.
- The Executive Assistant should be included in all term scheduling.
- The schedule below includes breaks as designated
- Exceptions to the schedule below need to be requested and approved by the Provost.

Credit Hour Defined Policy

Lecture

1 cr: 50 min

Lab

1 cr: 128-180 min

Clinical, Skills Lab, Practicum

1 cr: 45 contact hours (180 minutes per week)

No Breaks One 5 min. break One 10 min. break Two 10 min. Breaks

8-850 8-920 8-950 8-1050

9-950 930-1050 10-1150 11-150

No Breaks One 5 min. break One 10 min. break Two 10 min. Breaks

10-1050	11-1220	12-150	2-450
11-1150	1230-150	2-350	5-750
12-1250	2-320	4-550	
1-150	330-150	6-750	
2-250	5-620		
3-350	630-750		
4-450			
5-550			
6-650			
7-750			
8-850			

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

Scheduling Procedure

All Medical Center requests need to come through the Administrative Office Team of the College.

Due to the importance of a learning environment, classes will not be moved for any event including the College. Scheduling will take place in the following order:

Classes

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

Timeline for open availability for Medical Center's requests:

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

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

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

Steps in Scheduling

First Draft

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

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

Final Draft

1. The assistant registrar will update the master copy with the adjustments gathered from the group meeting involving the deans and the executive assistant.

2. The executive assistant will work with the assistant registrar to ensure the scheduling map is current with the recent changes. During this review, potential changes will be addressed to accommodate any overlap in student's curriculum requirements and commute time.
3. The assistant registrar will contact the dean in the appropriate program where adjustments need to be made. It will be the responsibility of the dean to notify the faculty of the change. If needed, reevaluate collaborating with the assistant registrar for additional changes.
4. The assistant registrar will send the final draft to the program deans for review.
5. The deans will review and submit back to the assistant registrar.
6. The assistant registrar will update the master copy with adjustments provided by the deans and send an updated copy to the executive assistant.
7. The assistant registrar will begin building the schedule in CampusVue and create the registration guide and course schedule.
8. The college executive assistant will begin building the import file and enter the information into the scheduling system notifying the assistant registrar of any conflicts.
9. The assistant registrar will schedule meetings with each individual department dean and any individuals that the dean has assigned to attend to review the final draft of the course schedule. The executive assistant will also attend to help address any scheduling questions that may arise and to verify all changes were made in the scheduling system as needed.
10. The executive assistant will send out a signup sheet to faculty for course orientations and post conferences.
11. Faculty are responsible to sign up for what is needed for their course.
12. The executive assistant will notify the assistant registrar with the requests while building and uploading the import file.

The registration guide and course schedule will be posted one week prior to the Spring/Fall breaks for the appropriate term's registration. It is recommended that all Faculty review the posted course schedule to check for accuracy prior to meeting with students to register for the following term. All other requests may be entered on the room request form located under the faculty tab on the website.

Code of Conduct: Enrollment Management

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

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

Student Location & Disclosures Policy

Determination of Out of State Compliance Policy

Reviewing Responsibilities

The subject matter expertise of Bryan College of Health Science program representative (i.e. deans, directors, or their designees) is necessary to determine if state-by-state educational requirements are met by College programs. Therefore, program representatives are responsible for reviewing state educational requirements and making determinations about whether or not programs meet those requirements. Upon request, the Distance Education Director will partner with program representatives to identify individual state regulations that may impact the programs.

At minimum, determinations will be completed/reviewed no later than April 30 of each calendar year.

Determination Processes

One or more of the following internal notifications will trigger the determination of the program review process by the program representative. The program representative is responsible for tracking the total number of impacted students through the notification process to determine if the minimum student threshold has been met.

- **Enrolled Students:**
The program representative will be notified of enrolled out-of-state students by the Distance Education Director as outlined in the Student Location policy.
- **Prospective Students:**
The program representative will be notified of prospective out-of-state students by the Recruitment Coordinator as outlined in the Student Location policy (notification triggered when 5+ students apply from a given state).
- **Active Recruitment:**
The program representative will be notified of states where the College actively recruits for their respective divisions by the Dean of Enrollment Management.
- **Preceptors & Placement:**
The program representative must track the out-of-state preceptors and placements of students for educational experiences. This tracking may be done in collaboration with others such as the program's clinical coordinator.

Program Representative Communication Responsibilities

Once the Program representative has made a new or revised determination about the College's with regard to individual state educational program requirements, the representative will communicate the determination with the Recruitment Coordinator and the Distance Education Director. The Recruitment Coordinator and the Distance Education Director shall reference program representative determinations when carrying out student disclosure practices related to program compliance with state regulations, following the Student Location policy.

Recruiters from partner schools where students will be dual enrolled will direct inquiring students to the BCHS disclosure website. Recruiters will notify BCHS of states to which they actively recruit once per month. Once students apply to BCHS, they will receive official notification from us per our prospective student, Student Location Policy.

Program Compliance Disclosure Policy

Students who engage with Bryan College of Health Sciences from a state other than Nebraska must be made aware of whether their program is compliant with the educational requirements from their state. Individual state compliance information will be determined through the Determination of Out of State Program Compliance policy. Students will be made aware of the determination based on their location as outlined in the Enrolled Student Location or Prospective Student Location policies.

Once student location is determined, the Recruitment Coordinator and the Distance Education Director will collaborate to update the public facing webpage and provide a direct notification to impacted students in accordance with the following timelines:

- **Enrolled Student Notifications:**
Records and Registration will notify the Distance Education Director of out of state student enrollments within 1 week of student location change notification. The Distance Education Director will notify the appropriate program Deans within 1 week who will then report back state education program requirements within 4-10 working days. Within 14 working days of receiving information from the program Dean, the Recruitment 27 Coordinator will send students disclosures related to their ability to work/practice in their location based on the education they receive at BCHS via Customer Relationship Manager (CRM) and will post this information on the Consumer Resources tab of the BCHS website.
- **Prospective Student Notification:**
After notifying the Distance Education Director of prospective out of state students and within 6 weeks of the start of the semester, the Recruitment Coordinator will send students' disclosures related to their ability to work/practice in their location based on the education they receive at BCHS via email from CRM.

Student Location Procedure

Enrolled Students

1. Determine student location each semester as part of the course registration process.

2. Records and Registration will provide a report to the Distance Education Director of all students who reported their location outside of NE on a semester by semester basis.
 - a. **Report will be collected and shared weekly starting 1 week after priority registration opens and weekly through the term census date.**
3. Clinical coordinators will provide a report to the Distance Education Director of all students and preceptors who will be located outside of Nebraska
 - a. **Report will be provided no later than midterm of the semester previous to placement.**
4. The Dean of the program for students reporting out of state locations will be notified by the Distance Education Director **within 1 week** of receiving the report from the Records and Registration office.
5. **Within 4-10 working days**, the Dean will determine individual state education program requirements for states in which enrolled students will be located. Deans will communicate requirements to the Recruitment Coordinator and Distance Education Director via email.
 - a. Deans may provide 1 of 3 possible responses:
 - i. We meet the educational requirements for licensing/certification in the state.
 - ii. We do not meet the educational requirements for licensing/certification in the state.
 - iii. We have not made a determination of whether or not we meet the educational requirements for licensing/certification in the state.
 - b. Resources for finding state educational requirements:
 - i. BSN: <https://nightingale.edu/blog/rn-bsn-requirements-by-state/>
 - ii. DMS: <https://www.sdms.org/advocacy>
 - iii. CVT: <https://www.asecho.org/sonography-licensure/>
 - iv. DNAP: [https://www.aana.com/docs/default-source/sga-aana-com-webdocuments-\(all\)/advancededucationrequirements.pdf?sfvrsn=doe448b1_14](https://www.aana.com/docs/default-source/sga-aana-com-webdocuments-(all)/advancededucationrequirements.pdf?sfvrsn=doe448b1_14)
 - v. Simulation Certificate: <https://www.inacsl.org/simulation-regulations/>
6. **Within 14 working days** of receiving information from the program Dean, the Recruitment Coordinator will send students disclosures related to their ability to work/practice in their location based on the education they receive at BCHS. This email will be sent via the Customer Relationship Manager (CRM). The Recruitment Coordinator will also post this information on the Consumer Resources tab of the BCHS website.
7. Simultaneous with Step 6, the Distance Education Director will provide the complaint processes of the states where students are located to the Recruitment Coordinator who will post this information on the Consumer Resources tab of the BCHS website
 - a. Link to state by state complaint processes: <https://www.nc-sara.org/state-portality-contacts>

Prospective Students

1. On a biannual basis in January and July, the Admissions Assistant will provide a report to the Recruitment Coordinator of states in which we have 5+ students applying for admission.
2. Within 1 week, the Recruitment Coordinator will inform the Dean of the programs of which students are applying and the Distance Education Director of states having 5+ applicants.
3. **Within 4-10 working days**, the Dean will then determine individual state education program requirements for states in which prospective students are located and communicate requirements to the Recruitment Coordinator via email.
 - a. We meet the educational requirements for licensing/certification in the state.
 - i. We do not meet the educational requirements for licensing/certification in the state.
 - ii. We have not made a determination of whether or not we meet the educational requirements for licensing/certification in the state.
 - b. Resources for finding state educational requirements:
 - i. BSN: <https://nightingale.edu/blog/rn-bsn-requirements-by-state/>
 - ii. DMS: <https://www.sdms.org/advocacy>
 - iii. CVT: <https://www.asecho.org/sonography-licensure/>
 - iv. DNAP: [https://www.aana.com/docs/default-source/sga-aana-com-webdocuments-\(all\)/advancededucationrequirements.pdf?sfvrsn=doe448b1_14](https://www.aana.com/docs/default-source/sga-aana-com-webdocuments-(all)/advancededucationrequirements.pdf?sfvrsn=doe448b1_14)
 - v. Simulation Certificate: <https://www.inacsl.org/simulation-regulations/>
4. **Within 14 working days** of receiving information from the program Dean, the Recruitment Coordinator will post this information on the Consumer Resources tab of the BCHS website.
5. Simultaneous with Step 4, the Distance Education Director will provide the complaint processes of the states where students are located to the Recruitment Coordinator who will post this information on the Consumer Resources tab of the BCHS website
 - a. Link to state by state complaint processes: <https://www.nc-sara.org/state-portality-contacts>

6. Within 1 week of receiving enrollment forms, student location will be determined for new students.
7. At least 6 weeks before the start of the semester, The Recruitment Coordinator will send students disclosures related to their ability to work/practice in their location based on the education they receive at BCHS. This email will be sent via Customer Relationship Manager (CRM).

Active Recruitment

1. The Dean of Enrollment Management will notify Deans of states to which the College actively recruits students for their respective programs
2. **Within 4-10 working days**, the Dean will then determine individual state education program requirements for states in which we actively recruit and communicate requirements to the Recruitment Coordinator via email.
 - a. We meet the educational requirements for licensing/certification in the state. We
 - b. do not meet the educational requirements for licensing/certification in the state.
 - c. We have not made a determination of whether or not we meet the educational requirements for licensing/certification in the state.
 - d. Resources for finding state educational requirements:
 - i. BSN: <https://nightingale.edu/blog/rn-bsn-requirements-by-state/>
 - ii. DMS: <https://www.sdms.org/advocacy>
 - iii. CVT: <https://www.asecho.org/sonography-licensure/>
 - iv. DNAP: [https://www.aana.com/docs/default-source/sga-aana-com-webdocuments-\(all\)/advancededucationrequirements.pdf?sfvrsn=doe448b1_14](https://www.aana.com/docs/default-source/sga-aana-com-webdocuments-(all)/advancededucationrequirements.pdf?sfvrsn=doe448b1_14)
 - v. Simulation Certificate: <https://www.inacsl.org/simulation-regulations/>
 - vi. EDD: <https://www.ncsbn.org/contact-bon.htm>
3. **Within 14 working days** of receiving information from the program Dean, the Recruitment Coordinator will post this information on the Consumer Resources tab of the BCHS website.

Out of State Complaint Policy

Students attending Bryan College of Health Sciences from states other than Nebraska have rights afforded to them based on the regulations of the state in which they are located. Students are required to report their location through the College course registration process. Based on the reported location, the Records and Registration office, the Distance Education Director, and Recruitment Coordinator will collaborate to ensure posting of the most updated student complaint resources to the College public facing webpage. Posting of the complaint processes will be updated within 14 working days of student notification of location.

1. Student location information will be collected each semester via webform and uploaded into the document tracker as part of the course registration process.
2. Responsibility of reporting location:
 - a. Records and Registration will provide a report to the Distance Education Director of all students who will be located outside of Nebraska on a semester by semester basis. **Report will be collected and shared weekly starting 1 week after priority registration opens and weekly through the term census date.**
 - b. Clinical coordinators will provide a report to the Distance Education Director of all students who will be located outside of Nebraska **no later than midterm of the semester previous to placement.**
3. Within 1 week of receiving report, the Distance Education Director will notify and provide the complaint processes of the states where students are receiving education to the Recruitment Coordinator who will post this information on the College website under the Consumer Information tab.
 - a. State specific complaint process information can be accessed via the NC-SARA website; if a state does not have a process, complaints can be done via NC-SARA.

General Purpose Laws Procedures

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

5. The Dean of Enrollment Management will ensure we are accurately representing our educational opportunities and outcomes in all promotional materials.

Approved by Leadership Council 3/23/2020

Revised by Leadership Council 11/24/2020

Section III. Emergency/Safety Policies and Procedures

Faculty and Staff may follow the following pathway to view the College Emergency Operations Plan: P:\BCHS\SHARED\Safety Committee. Students will see the Academic Disruptions Planning Module within Student Help in Canvas.

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.

Inclement Weather Policy

Lincoln Location:

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

Hastings Location:

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

Applies to All:

If there is a cancellation it will apply to all undergraduate clinical and undergraduate/graduate 32 theory for that day. Graduate clinical will not be cancelled. Make-up of theory and clinical is up to the faculty and should be based on meeting course outcomes.

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

Communicable Disease Emergency Response and Communication 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 lifethreatening communicable diseases such as ebola, etc.
- When they have a known exposure to a contagious or potentially life-threatening disease such as measles, pertussis, mumps, ebola, meningitis, COVID, etc.
- When they exhibit symptoms of a communicable disease such as the influenza, measles, rubella, mumps, chicken pox, pertussis, meningitis, etc.
- When they have been diagnosed with a communicable disease

The person notified by the affected student or employee will promptly notify the 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

Revised, Safety Committee August 2023

Section IV. Personnel Policies

Employee Recruitment, Selection & Employment

Employment for the College of Health Sciences is coordinated through the Human Resources Department of Bryan Medical Center. The College adheres to the Medical Center policy for Equal Opportunity 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

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, please consult Human Resources Policies BAD.HR.170.

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

Overload Pay: SPECIAL PAY PRACTICES:

1. **Overload Pay:** To determine annual workloads, Deans will calculate the total WTUs each term (fall, spring, and summer) based on the Faculty Teaching Workload policy and the schedule of classes. Eligibility for overload pay will be determined by the Deans/Provost of the College based on the number weighted teaching units that a faculty member is responsible for over and above the targets articulated in workload policies for each academic division. If the actual calculated WTUs exceed the targets for a given faculty appointment based on the Faculty Teaching Workload policy, overload will be paid. Overload is paid in bi-weekly installments in the semester when the actual WTUs exceed the target, and is not based on projections for the academic year. When faculty are teaching overload for classes with low enrollment (< 5 students), faculty will be paid on a per student basis.
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.
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. $(AY \text{ rate} / 12) * 10$.
5. **Biomedical Sciences Senior Capstones:** When faculty serve as a faculty advisor for the senior capstone project of a Biomedical Sciences student, they will be paid \$500.00 per student upon the completion of the student's project, which is in line with the per student payment for low enrolled courses. Completion is defined by the student successfully completing the final course in the capstone sequence. When two or more faculty serve as co-advisors, the \$500.00 payment will be divided evenly among all co-advisors.
6. **Dissertation Chair Stipend:** Compensation will be provided for Bryan College of Health Sciences teaching faculty and administrators who do not have dissertation advising as part of their workload, and for adjunct faculty who chair dissertation 38 committees. A fee of \$250 will be paid upon on committee acceptance of the proposal and \$250 upon completion of the dissertation.
7. **Doctoral Dissertation/Project Chair Stipend:** Compensation will be provided for College faculty and administrators who do not have dissertation/project advising as part of their workload and for adjunct faculty who chair dissertation/project committees. College doctoral faculty who chair more than 5 concurrent dissertation/projects will receive the stipend with their Dean's approval. When the number of dissertations/projects chaired exceeds 5 due to extension of the timeline for dissertation/project completion(s), the stipend will not apply. A fee equivalent to one graduate credit will be paid in two installments: first upon committee acceptance of the proposal and second upon completion of the dissertation/project.

Approved by Academic Affairs January 27, 2023

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 Bryan College of Health Sciences as well as clinical agencies in which the faculty member will be responsible for student instruction and supervision (if applicable). All members of the College Council share a role in facilitating a positive transition to the College for new faculty members.

1. Upon appointment to the College of Health Sciences as a faculty member, the new appointee will meet with their program dean to discuss an orientation plan.
2. For consistency in orienting new full time faculty members, elements to be included in the plan are:
 - New employee orientation at Bryan Medical Center (through Human Resources) and additional nursing service orientation for nursing.
 - An initial broad overview and general orientation to the College of Health Sciences conducted by the provost.
 - Deans will develop orientation plans specific to their programs which may differ between full time and adjunct faculty.
3. Utilize Faculty Orientation Record Form as a guideline for completion of orientation activities ([Appendix A-10](#)).

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

Role of Sonography College Faculty in a Clinical Setting:

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

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

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

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

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

Graduate Faculty:

The Graduate Faculty shall consist of faculty who hold a full-time, or regular part-time, faculty appointment at the College as Professor, Associate Professor, or Assistant Professor with an earned doctorate or highest terminal degree in their discipline or related discipline from an accredited institution. 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 recommendations each summer. 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 will be done in the final summer of the appointment.

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.

Emeritus/Emerita Status

Purpose:

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

Eligibility:

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

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

Privileges:

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

Procedure:

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

Any member of the College community may make a nomination.

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

Submitted to Faculty Senate: February 2011

Approved by Faculty Senate: February 7, 2011

Reviewed by FDR Committee: September 2016

Faculty Letters of Appointment

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, 11 or 12 month letters of appointment will be considered full-time exempt employees, thereby receiving salary and benefits over a twelve-month period as per the Medical Center's policies. Faculty that are part time on 9 month letters of appointment will be exempt and receive salary and benefits over the 12 month period prorated to their FTE. Full time faculty on 12 month appointments receive the benefit of time bank based on their FTE status. Full time and part time faculty on 9, 10, and 11 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

Academic Affairs and Executive Committee approved November 11, 2022

Attendance Policy for 9, 10, 11 Month Faculty

All faculty are expected to uphold the rights and responsibilities of faculty as outlined in the College Manual. This also includes committee work, student advising, attending graduations, pinning/honors ceremonies, open houses, exploration days; and assisting with summer health camps.

Paid leaves must occur during breaks when school is not in session except in close consultation with the Program Dean. Paid time off includes: Labor Day (1 day), Fall break (2 days), Thanksgiving break (3 days), Christmas break (variable; usually 9-10 days), Spring Break (5 days), and Memorial Day (1 day).

ILL Plan is available for 9, 10, and 11 month faculty in the amount of 43, 48, and 53 hr. per academic year, respectively. In the event a faculty wants to use Ill Plan for personal time during the semester, this request must be approved by the Program Dean and may not conflict with faculty responsibilities including teaching, scholarship, and service to the College. In the event of unforeseen absence such as illness, course makeup should be done online, if possible, but clinical makeup should adhere to the previously established clinical makeup schedule. Faculty who miss a clinical day will be the one responsible for making up this clinical and should work with their Dean to determine the appropriate type of clinical make-up.

Per Medical Center policy, when an Unscheduled Absence extends three (3) or more consecutive work days, the employee may be asked to provide a doctor's note documenting proof of illness or a release to return to work. These documents should be presented to the faculty member's Dean. Employees with excessive unscheduled absences or an otherwise unacceptable pattern of attendance may be subject to corrective action up to and including termination.

Upon birth of a child, short term disability will start on the date of disability (birth, surgery, long term illness, etc.). For 9, 10, and 11 month faculty, 10 working days will be counted in the waiting period without pay (must use ILL Plan during the waiting period to supplement pay) after which 50% pay will be issued per the short term disability policy. For faculty who experience a qualifying disability during academic breaks, short term disability and FMLA eligibility will start from the date of disability. Pay adjustments per short term disability requirements will not be made on nonrequired work days for 9, 10, and 11 month faculty

Example: for birth of a child in July, employee should contact Employee Health to arrange for Short Term Disability and FMLA eligibility. No adjustments will be entered into the payroll system until the required return to work date for faculty in August. At that time, ILL Plan will be used to supplement pay during the waiting period. Time frame for Short Term Disability and FMLA will be calculated based on the date of the child's birth.

Approved, Academic Affairs, November 2019
Approved by Academic Affairs March, 2022
Approved by Academic Affairs, March 2023

Faculty Non-Reappointment, Corrective Action, and Termination Procedure

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

Ongoing Corrective Action:

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

Termination:

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

Immediate Suspension:

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

Non-Reappointment:

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

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

Academic Affairs May 5, 2023

Faculty Role Position Statement

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

Assumptions Related to Teaching

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

Assumptions Related to Scholarship

Scholarly activities are defined as: Activities that faculty participate in that facilitate the growth and application of knowledge required or supplement for the faculty's ability to provide competent and expert education to the students and for the benefit of Bryan College of Health Sciences. Scholarly activities include but are not limited to: research; participating in professional

practice; writing for publication; poster and podium presentations; pursuit and maintenance of certifications, higher education and degrees; and grant writing and its' related administration. Furthermore the Faculty Senate and administration support faculty in their endeavors of pursuit of scholarly activities by means of financial support and the ability to participate in scholarly activities on site with access to college resources. Faculty should be ever mindful that participation in scholarly activities should never supersede or hinder their performance and completion of their primary teaching responsibilities.

Assumptions Related to Service

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

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

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

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

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

Revised by FDR February 27, 2017

Approved by Faculty Senate April 3, 2017

Faculty Rights and Responsibilities

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

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

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

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

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

Graduate Faculty Rights and Responsibilities:

The quality, assessment, and implementation of the graduate programs rest with the Graduate Faculty. The purpose of the Graduate Faculty is to develop, implement and evaluate graduate curriculum; direct graduate student scholarship; and serve on master's and doctoral student committees.

Only members of the Graduate Faculty can:

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

- Serve as voting members of the Graduate Studies committee (unless they 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 chair or member of master's and doctoral student committees

Expectations of Faculty

General Expectations:

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

Course Expectations:

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

Clinical Expectations:

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

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

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

Minimum Expectations for Faculty Teaching in Online or Hybrid Format Courses

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

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

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

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

Skill or Competency Lab Expectations:

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

Student Advisement Expectation:

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

Graduate Faculty Expectations:

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

HIPAA Policy for Faculty and Staff

Protected Health Information

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

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

Faculty are expected to adhere to the same policies as students in regard to protecting human subjects and their privacy. Central to the policy is the requirement that health care recipient PHI may not be taken from the clinical area in any format. All PHI must be removed from documents associated with your role as a faculty member of the College. These may include but are not limited to documents needed to prepare, facilitate, and assess student learning during a clinical experience. While accessing PHI electronically, measures must be taken to protect PHI from being viewed by parties who do not have the privilege to view. Discussion of any PHI must occur only in private clinical or academic areas where information cannot be overheard by parties who do not have the privilege to hear.

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

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

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

Revised September 2021

Faculty Teaching Assignment

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

Faculty Teaching Workload

Purpose:

The purpose of determining faculty teaching workload is to:

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

Undergraduate Teaching Workload (applies to all UG faculty)

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

1. Faculty who teach both theory and labs/clinical workload:
 - a. 10, 11 and 12 month faculty workload target is 26-30 WTU per academic year (fall and spring only)
 - b. 11 and 12 month faculty should teach an additional 3-6 WTU during the summer term
2. Faculty who teach theory only workload:
 - a. 10, 11 and 12 month faculty workload target is 24 WTU per academic year (fall and spring only)
 - b. 11 and 12 month faculty should teach an additional 3-6 WTU during the summer term
3. One credit hour of undergraduate theory = 1WTU
 - a. This theory teaching unit applies no matter what format is used to deliver the course: Face-to-face, hybrid, or on-line.
 - b. When faculty teach a combination of graduate and undergraduate courses, the faculty member workload is calculated as follows: 1 credit hour of graduate work = 1.33 WTU.
4. WTU for team taught courses is calculated as follows: number of credits divided by the number of faculty.
5. Faculty developing a course which is totally new to the College:
 - a. Face-to-face – 0.5 WTU per credit hour in the semester prior to the start of the course.
 - b. Hybrid or on-line = 0.7 WTU per credit hour in the semester prior to the start of the course.
6. Faculty converting a previously taught course from face-to-face to hybrid or online will receive 0.5 ETU per credit hour in the semester prior to the change in delivery format.
7. Faculty assigned more than 20 advisees will receive additional 0.5 WTU per group of 5 advisees as follows:
 - a. 1-5 additional advisees will receive 0.5 WTU
 - b. 6-10 additional advisees will receive 1.0 WTU

8. Faculty teaching and preparing more than 4 different courses per semester will receive an additional 0.5 WTU per unique course over 4.
 - a. For example, the first four courses receive the standard WRY calculation, whereas courses 5 and above would receive an additional 0.5 WTU each
 - b. This does not apply to theory only faculty
9. Faculty running faculty-led recitation sections will receive 1 WTU for every 1.5 scheduled hours of recitation per week. If WTUs due to recitation will put a faculty member's total workload into overload, it must adhere to the following guidelines:
 - a. No more than 1 WTU of overload due to recitation can be scheduled each academic year
 - b. Faculty-led recitations cannot be scheduled if they put a faculty member over 18 WTUs for a given term

Undergraduate Face to Face Course Enrollment

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

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

Undergraduate 75% to Fully Online Course Enrollment

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

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

Compensation for Undergraduate Teaching Overload

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

Undergraduate Nursing Faculty Only

1. Part time clinical only nursing faculty workload target is 2 days of clinical per week.
2. Undergraduate nursing clinical WTU will be calculated based on 0.05 WTU per clinical contact hour within a semester. A clinical contact hour is defined as direct faculty time with students and includes faculty facilitation of clinical orientation, direct patient care, simulation, and psychomotor skills competencies. Clinical contact hours exclude management of preceptored clinical, clinical preparation, and clinical evaluation/grading which are included within the role of a faculty member.
 - a. X clinical contact hours per semester X 0.05
 - b. Faculty are required to submit projected clinical contact hours to their program dean a minimum of 2 weeks prior to the start of the semester.
 - c. Make-up is at the discretion of the faculty, if faculty-led clinical makeup is required preceptors or PT/PRN faculty should be used when possible.
3. Undergraduate nursing faculty teaching skills labs with clinical experiences will receive WTU as follows:
 - a. Faculty-led skills lab WTU is equal to weekly contact hours

- b. Make-up is at the discretion of the faculty and is not included in the workload for undergraduate nursing faculty teaching skills lab
- 4. Faculty overseeing student practicums and preceptored clinical experiences receive WTU as follows:
 - a. Undergraduate nursing faculty coordinating preceptored experiences
 - i. If less than 75% of the total clinical hours assigned to a course are preceptored, the faculty member coordinating the preceptored experiences will receive an additional 0.5 preceptored WTU. If faculty co-teach a course and both coordinate preceptored experiences, they will split the 0.5 preceptored WTU and each receive 0.25 preceptored WTU.
 - ii. If greater than 75% of the total clinical hours assigned to a course are preceptored, the faculty member coordinating the preceptored experiences will receive a WTU equal to the number of clinical credits assigned to the course. If faculty co-teach a course and both coordinate preceptored experiences, they will split the WTU.
 - iii. Faculty are required to submit projected preceptored clinical contact hours to their program dean a minimum of 2 weeks prior to the start of the semester.

Sonography Faculty Only

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

Humanities & Sciences Faculty Only

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

Graduate Teaching Workload

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

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

1. 12 month faculty workload target is 22 graduate credits per academic year (fall, spring, and summer terms).
2. One credit hour of graduate theory = 1.33 WTU
 - a. This theory teaching unit applies no matter what format is used to deliver the course: face-to-face, hybrid, or on-line.
3. WTU for team taught courses is calculated as follows: number of credits divided by the number of faculty
4. The full-time teaching workload includes serving as chair of 4-5 master's and/or doctoral student committees.
5. Faculty overseeing student practicums receive WTU equal to the number of credits assigned to the course.
6. Faculty developing a course which is totally new to the College:
 - Face-to-face = 0.5 WTU per credit hour in the semester prior to the start of the course.
 - Hybrid or on-line = 0.7 WTU per credit hour in the semester prior to the start of the course.
7. Faculty converting a previously taught course from face-to-face to hybrid or online will receive 0.67 WTU per credit hour in the semester prior to the change in delivery format.
8. Faculty teaching and preparing more than 3 individual courses codes per semester will receive an additional 0.67 WTU per unique course over 3.
 - a. For example, the first three courses receive the standard WTU calculation, whereas courses 4 and above would receive an additional 0.67 WTU each

Graduate Face to Face Enrollment

Courses with up to 25 enrolled students constitute one section. If a course has more than 25 students enrolled and is taught by only one faculty member, additional WTU will be assigned as follows:

- 26-30 = addition of 0.67 WTU will be assigned for a 4 credit course, 0.5 WTU for a 3 credit course, 0.3 WTU for a 2 credit course, and 0.17 for a 1 credit course

- 31-35 = addition of 1.3 WTU will be assigned for a 4 credit course, 1.0 WTU for a 3 credit course, 0.67 WTU for a 2 credit course, and 0.3 WTU for a 1 credit course

Graduate Courses 75% to Fully Online

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

Compensation for Graduate Teaching Overload

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

Revised April 2013

Revised November 2013

Approved January, 2016

Revised April, 2016

Approved by Academic Affairs, March 2021

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 Employees

Purpose

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

Policy

Provisions for Reimbursement:

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

Provisions for Loan Repayment:

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

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

Approved, Academic Affairs, January 2019

Revised, Academic Affairs, January 2019

Revised, Executive Committee, June 2020

Revised, Executive Committee, February 2022

Faculty Annual Evaluation Policy

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

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

Revised by Academic Affairs Committee and FDR April 14, 2017

Revised Manual May 17, 2017

Revised by Academic Affairs on February 6, 2023

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 the *Teaching, Scholarship, and Leadership/Service Activities* table located in [Appendix A-13](#)).

Required elements for the portfolio include:

1. Formal letter indicating intent to progress in rank to dean and FDR chair
2. Curriculum Vitae (CV)
3. Dean recommendation via formal eligibility/recommendation 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 the *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 realworld problems and where application of knowledge generates new intellectual understandings; and
- Scholarship of teaching, in which pedagogy is continuously and rigorously examined and is carefully related to the subject taught.

See the *Teaching, Scholarship, and Leadership/Service Activities Table* 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 the *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 meet with their Dean to discuss their eligibility for advancement in rank. If the candidate is eligible, faculty need to notify their Dean and FDR chair of the desire to pursue promotion in rank with a formal letter. The formal letter must include current rank and the rank to which they desire promotion. This formal letter must be received no later than **October 1st** and should be placed in the portfolio. After receiving the formal letter, the FDR chair will notify all members of the FDR committee.
2. **Demonstration of qualifications for advancement:** The faculty member must adequately demonstrate attainment/performance of the qualifications for advancement to the next level. Attainment of qualifications must be demonstrated through submission of a portfolio of evidence. The Faculty's completed portfolio must be submitted to the FDR committee by **February 15th**. It is highly recommended to share the portfolio with the Dean.

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

The portfolio must contain sufficient evidence and/or a narrative of how each activity has been demonstrated and is thus worthy of the designated points. Some activities may be counted multiple times and are identified on the *Teaching, Scholarship, and Leadership/Service Activities* table with an asterisk (*) (see [Appendix A-13](#)). Under Leadership/Service, a caret (^) identifies points that will be received for the highest position on the committee per term.

Advancement in rank will be determined by cumulative point value requirements for each category of teaching, scholarship, and leadership/service. The value required for progression to each rank is found in the *Point Value Requirements for Progression in Rank* table (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. This does not include projects/assignments completed while in school with the exception of capstone projects/thesis and dissertations. Therefore, points may be carried over from one rank to the next but must demonstrate ongoing and continuing work appropriate to the requested increase in rank. 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](#).

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

Candidates petitioning for portfolio points must submit to FDR a request that includes:

- Point value requested
- Portfolio evidence, narrative description of the activity, and time dedicated to activity.
- Narrative description indicating why the assigned point value warrants modification

Note: One *portfolio petition form* must be submitted for each activity request.

The FDR committee will review the petition for points where they will have the option to:

- Revise the requested point value
- Accept the points requested
- Deny the points requested

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

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

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

Portfolio reviewers are required to have a rank of that or above the rank the faculty is seeking. Both internal and external reviewers to the college will be allowed. If an external reviewer is selected, the FDR portfolio review committee chair will organize/facilitate a timely review as required by the policy timeline. The portfolio 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.

- Portfolio review:** The portfolio review committee (committee composition as above) will review the portfolio using a blinded review process and validate that self-identified activities by the candidate warrant assignment of points. Portfolio review committee members will review individual portfolios independently. Note that no partial credit or additional credit may be awarded for points. The reviewers must use the assigned point values located on the *Activities for Teaching, Scholarship, and Leadership/Service* table ([Appendix A-13](#)). In the event that a reviewer believes that the

evidence does not demonstrate adequate attainment of the activity appropriate to the requested rank, points may be denied, and 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. The committee may meet at the discretion of the portfolio review committee chair. 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 A12](#)). 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 and include a copy of the formal eligibility/recommendation letter from the Dean found in the portfolio. The FDR chair will collect all rank recommendation/denial letters and Dean eligibility/recommendation letters and forward them to the appropriate Dean and the Provost no later than **April 1st**.

The Provost will review all portfolios and follow up on any issues with the FDR chair as needed. After reviews are completed, the Provost will forward them to 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 rationale 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 15th**, if applicable. Promotion will become effective the first pay period after **August 1st** of the new academic year.

Key Dates

Activity	Date
Faculty to notify their administrative report (Dean) of the desire to pursue promotion in rank	October 1
Petition for points submitted to the FDR committee	December 15
Candidate will be notified in writing of the FDR committee’s decision to petition points	January 31
Completed portfolio submitted to FDR	February 15
Evidence of completion must be submitted to the FDR chair for activities not completed by time of portfolio review	March 31
Rank recommendations/denial letters to Dean and Provost	April 1
Provost review and rank recommendations/denial letters to President	April 30
Notification from the President of final decision	May 31
Promotion becomes effective (the pay period after)	August 1

Revised August 2019 by FDR

Revised February 2021 by FDR

Revised May 2022 by FDR and Faculty Senate

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.
- 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.

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

A designated amount of funding in each fiscal year will be allocated to faculty travel and administered by the Faculty Development, Rank, and Promotion Committee (FDR). Human Resources provides education benefits to each employee. Those faculty and staff members not using benefits for education purposes can use for professional development. Faculty and staff should utilize this money first, then operating funds. Any requests after this should be submitted to the FDR Committee for consideration

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

Purpose:

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

Policy:

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

Procedure:

1. All full time and part time faculty are eligible to apply.
2. Faculty must have been employed at the College for a minimum of one year
3. There will be a \$2000.00 cap 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 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.

Submitted October, 2010

Revised November, 2010

Revised September, 2012

Revised February, 2013

Revised January 20, 2023

Conflict of Interest Policy and Procedure

Purpose:

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

Policy:

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

Employees shall request authorization for approval from their Dean/immediate supervisor of reasonably foreseen potential or actual conflicts of interest with College duties. External activities engaged in by an employee must not distract from the employee's primary responsibilities at the College. If the employee is receiving pay for the activity and it is taking place during the employee's normal business hours, the employee is required to take the day off with use of Paid Time Bank or as a non-paid day. The Chief Academic Officer provides the final approval or disapproval for all Conflict of Interest requests.

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

Procedure:

College personnel are responsible for reviewing the Conflict of Interest Policy and completing forms requesting authorization of outside activities or disclosure of potential conflicts of interest prior to the start of each academic year. Any actual or potential conflicts of interest that occur at any time during the academic year must be promptly disclosed to the employee's

Dean/immediate supervisor. All conflict of interest requests must be disclosed and approved by the Dean/immediate supervisor and Chief Academic Officer prior to engaging in the activity. The following constitute the most commonly encountered types of conflict of interest, but it is not an exhaustive list.

- **Use of College Property for Personal Use:**
 - Employees shall not use College property for any personal use unless granted permission in advance by their Dean/immediate supervisor.
 - This includes, but is not limited to mannequins, skills lab/simulation supplies, printers, paper, office supplies, audio-visual equipment, online software, video conferencing platforms purchased by the College (etc).
- **Student-Related Decisions or Actions:**
 - Employees shall not allow any personal, familial, or financial interests to influence decisions related to admission, enrollment, granting of financial aid, grading, progression, or graduation of any student.
- **Use of Confidential Information:**
 - Employees shall not use confidential information about the College obtained by reason of their employment with intent to cause financial gain to themselves or unfair advantage of another person.
- **Outside Employment or Business Activities:**
 - An employee's outside employment or business activities must not interfere with the employee's regular duties nor represent a conflict of interest.

- Examples of overlapping employment or business activities include, but are not limited to: teaching at another institution, use of faculty authored textbooks and/or other educational materials for the faculty's own course, personal scholarship/research activities, serving on a board, working for an accrediting agency, or working for other education-related businesses.
- Before an employee enters into a business activity that may overlap with the College's missions, the employee shall make full disclosure and request permission in writing, to the Dean/immediate supervisor.
- Outside business activities must not be conducted on College property or involve the use of College resources, unless approved by the employee's Dean/immediate supervisor.
 - Teaching one or more credit-bearing or non-credit course(s) at another post-secondary institution (in person or online) 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.
- Faculty-Authored Textbooks and Other Educational Materials.
 - Textbooks, tapes, software and other materials authored by the course instructor may be assigned to be purchased by students for a course taught by the author if the royalties arising from the purchase of the assigned materials are returned to Bryan College of Health Sciences, Bryan Foundation, another educational institution, a charitable organization, or a not-for-profit foundation. Any proceeds from other College uses of such materials, such as purchase by the library or adoption by another faculty member or program, shall be the property of the faculty member.
- **Use of College Stationery:**
 - Use of College Stationery Official College stationery may not be used in outside business, personal, and other private or political activities of employees.
 - If employees so choose, they may have printed at their own expense personal business stationery carrying their academic title, College address and telephone number.
- **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.

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.

Review of Conflict of Interest

Employees are to review this Conflict of Interest annually with their Dean/Immediate Supervisor or whenever a change occurs in the conflict of interest.

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

Revised by Academic Affairs January 2021

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 V. Academic Policies

Freedom of Inquiry

Purpose

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

Introduction

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

Statement of Policy

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

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

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

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

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

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. "Patentable Intellectual Property" or "Patentable Work" described inventions, discoveries, and manufacturing designs that have been reduced to practice, and are novel, useful, and non-obvious, and therefore likely to be subject to protection under United States patent law.

Intellectual Property Ownership

General

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

College Works

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

Course Material

1. The following components of the syllabus are considered co-owned by the Creator and the College: course description, prerequisites, level placement, course requirements, and if required by an accrediting body, course objectives/ outcomes, lesson objectives, topic outlines, evaluation forms, and exams/quizzes. All other course materials are owned by the Creator, including but not limited to, lesson plans, teaching/learning strategies, assignments, guidelines, rubrics, etc.
2. The faculty and the College have a responsibility to protect student rights and accreditation by providing uninterrupted quality education. All course content is considered the property of the faculty, but in the interest of continuity of quality, the College retains non-exclusive, royalty-free license to continue to use the work (course and course materials) for its instructional purposes, but may not otherwise commercialize the work.

3. A Request for Intellectual Property Form may be made, this must be filled out to grant permission for others to use any course materials owned by the faculty member Creator. This form may be filled out by either the Creator or the College, and the appropriate citation must be used to give credit to the original Creator.

Research Projects

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

Student Work

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

Works by Non-Employees

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

Third Party Involvement

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

Works that Use the College Name

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

Discoveries, Inventions and Other Patentable Works

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

Other Intellectual Property Works

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

Disputes

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

Intellectual Property and Rights Committee (the "Committee"). The Committee will be composed of members equally apportioned between faculty (elected by the Faculty Senate) and administration (appointed by the President or his or her

designee). The Committee shall make an initial determination of whether the College or any other party has rights to the creation, and if so, the basis and extent of those rights. The Committee shall also make a determination on resolving competing faculty or staff claims to ownership when the parties cannot reach an agreement on their own. If the creators disagree with the determination of the committee, they may appeal to binding arbitration, through either private arbitrator or through the Medical Center council. The cost of the arbitration shall be borne equally by the College and the Creator.

Administration of Policy

Responsibilities of Creators

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

Intellectual Property Agreement

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

Transfer of Intellectual Property to Creator

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

Making College-Owned Works Freely Available to the Public

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

Revised and approved by Academic Affairs and FDR, January 2021

Approved by Faculty Senate February 2021

Course Numbering Policy

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

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

Course Pre-fixes

Course	Code
Business/Management	ECON, MGMT

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

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

Course Numbering

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

Course Suffixes

Suffix Meaning

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

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 transferable 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 **30** semester hour credits in upper division courses (300, 400 level)
7. All degree programs must meet the established College general education plan requirements. (Associates require a minimum of **23** semester hours and Baccalaureate require a minimum of **43** semester hours of General Education).
8. Programs of study require special approvals or which will seek specialized accreditation must also meet the academic standards of the appropriate approval and accrediting bodies.

February 19, 2013

Graduate Academic Standards

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

1. Program of study is congruent with the College Mission.
2. Credit requirements for degree:
 - All master's level degrees will require completion of a minimum of 30 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
Revised by Graduate Studies and Academic Affairs March 24, 2022

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

Addition of a Recitation Section to a Course

Policy:

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

Procedure:

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

Academic Affairs May 5, 2023

Learning Management System - Course Design Consistency

It is important that students find consistency and predictability between courses so their efforts upon beginning a new course can be focused on understanding the new content, not the technology. It is also important that faculty be allowed academic freedom to design a course that expresses their instructional approach and unique content needs. To balance these two

needs, a consistent use of the learning management system design and a short list of components must be present in each course and used by all faculty. The extent of use and the manner of use of the learning management system is subject to the faculty's preferences. Faculty may add other items, rearrange and otherwise adjust the appearance as desired in the learning management system. Courses need to be published in the learning management system by the Friday of the week prior to the beginning of the course.

Required Use of Learning Management System by All Courses:

- Syllabus
- Organized gradebook, reflective of the syllabus
- Course Template

Revised, Faculty Senate, September 2018

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 demonstrate proficiency in using the current learning management system.
6. Faculty teaching distance courses are to annually participate in a continuing education activity that results in an applied course change and provide documentation to the Distance Education Director.

Revised by Educational Technology Committee February 1, 2017

Approved by Faculty Senate March 6, 2017

Hybrid and Online Course Policies and Procedures

Definitions:

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

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

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

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

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

Course Approval and Evaluation Policy

Course Development

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

To initiate the distance course development process, the dean or the director responsible for the course will notify the 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 process will follow a mutually agreeable timeline to meet the course launch date.

Course Review and Update

Distance format courses are expected to be in the process of continuous improvement. However, the 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

Regular and Substantive Interaction

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

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

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

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.

International Center for Academic Integrity (2014). *The fundamental values of academic integrity*. Retrieved from <http://www.academicintegrity.org/icai/resources-2.php>

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

Public Health Service Policies on Research Misconduct – Part 93:103 Research Misconduct.
http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title42/42cfr93_main_02.tpl

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 Policy* ([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 allinclusive.

See [Appendix A-16](#) for the Academic Integrity Violation Policy 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 Provost

Academic Integrity Violation Policy

Refer to [Appendix A-16](#) for Academic Integrity Violation Policy Flow Chart, [Appendix A-17](#) Academic Integrity Violation Student Notification, and [Appendix A-18](#) for Academic Integrity Violations Reporting Form.

Academic integrity is expected in all student endeavors. The College's Academic Integrity Violation Policy 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 alleged 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 Provost may also be contacted for assistance. Investigating and reporting alleged violations is the responsibility of the involved Course Faculty.

Academic Integrity Violation

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.

The following steps should be completed:

1. Document the incident by notifying the Provost via the Google Early Referral Form to ascertain whether prior violations are on record for the student in the Academic Integrity Violation Database. The Provost will notify faculty whether the student has a prior violation on record or not.
2. Notify the student electronically using the Academic Integrity Violation Student Notification form [Appendix A-17](#) 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.
3. Faculty may take 10 (ten) working days to complete an investigation after notifying the student of a suspected academic integrity violation. These working days include when students are on scheduled breaks and holidays.
4. Schedule a meeting with the student. The meeting shall occur within 5 (five) working 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). The IPR is conducted by an Integrity Panel (IP). 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 Provost or Administrative Designee.

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.

If a violation occurred and the student has no prior violations on record, Course Faculty have **2 options** in proceeding with the alleged violation:

1. **Option One:** Course Faculty will determine the sanction and remediation plan the violation warrants, pursuant to the sanctions and penalties for academic violations and complete the Academic Integrity Violation Reporting form (AIVR). Course Faculty may assign a sanction with a maximum severity of course failure. Course Faculty will meet with the student. 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).
 - a. **If the student admits responsibility and accepts the sanction**, Course Faculty will complete the AIVR and forward all supporting documents to the Provost. 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 Provost within 2 (two) working days to review the Academic Integrity Policy and Procedure. The Provost will record the violation in the Academic Integrity Violation Database. The Provost retains all original documents for a minimum of 5 years after graduation or dismissal. The Provost in collaboration with the faculty will monitor the student's progress throughout the completion of the remediation plan. The Provost 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.
 - b. **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. Faculty will complete the AIVR and forward all supporting documents to the Provost. The Provost, upon receiving completed form, will forward the 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.
2. **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). Faculty will complete the AIVR and forward all supporting documents to the Provost. The Provost, upon receiving completed form, will forward the AIVR signed by the student and all supporting documents to the AIC Chair within 2 (two) working days after meeting with the student. Receipt of these documents will trigger an IPR.

If the student has a prior violation on record, the Provost will contact Course Faculty. 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. 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). Faculty will complete the AIVR and forward all supporting documents to the Provost. The Provost will forward the original AIVR and all supporting documents to the AIC chair within 2 (two) working days after meeting with the student.

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 alleged violator(s) to this point is strictly limited to the involved Course Faculty, Provost, and AIC Chair. The AIC Chair will schedule a meeting with the involved Course Faculty to review the policy.

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 Provost 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 Chair serves as a nonvoting facilitator of the IPR. The Provost 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 Provost 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 Provost 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 AIC Chair will send a written notice to the alleged violator(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 alleged violator and Chair. The alleged 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 alleged violator will be advised of student rights pursuant to this policy as stated in the student handbook and will be advised of all IPR processes by the Provost. The Provost will encourage the student to seek support and guidance from faculty advisor and the Professional Development Center. Course Faculty are encouraged to seek support and guidance from the AIC Chair regarding the Integrity Review process.

The alleged violator, Course Faculty, and members of the IP will attend the IPR. The Provost will record the IPR hearing. Course Faculty may be accompanied by a non-testifying support person. The alleged violator may be accompanied by one non-testifying BCHS student or employee as an advocate.

Course Faculty and the alleged 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 Provost 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. The Provost will record the violation in the Academic Integrity Violation Database.
 - a. 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.
 - b. 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.
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 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. In cases of a finding that an academic integrity violation occurred, the penalty shall be contained within the decision of the IP and shall be effective immediately.

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 Provost 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

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 Provost within 5 (five) working days of receipt of notification 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 Provost 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 the Provost will serve as 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 Provost 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 Provost will notify the student, the Dean of the Academic Program, AIC Chair, and Course Faculty of the IAP decision. The student will be notified within 3 (three) working days of the decision. The IAP decision is final and not appealable.

Approved August 12, 2015

Approved August 2020

Approved, May 2021

Approved February 2022

Copyright Policy

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

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

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

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

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

Interlibrary Loan:

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

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

Course Reserves:

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

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

Photocopies:

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

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

Electronic Databases:

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

Revised 7/18, J. Rice

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:

1. All individuals employed by Bryan College of Health Sciences or Bryan Medical Center.
2. Investigators with whom Bryan contracts for the provision of services in research studies.
3. External investigators who have requested to conduct research on students/faculty of Bryan College of Health Sciences.
4. Investigators who take a role in the planning, conducting or reporting of governmentfunded 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 (93.104, 93.106)

In compliance with 42 CFR 93 the following evidentiary standards apply to findings of Research Misconduct allegations must be supported by:

- Standard of proof: A finding of research misconduct must be established by a preponderance of the evidence.
- Burden of proof:
 - Bryan College of Health Sciences has the burden of proof for making a finding of research misconduct.
 - The destruction, absence of, or failure to provide research records adequately documenting the questioned research is evidence of research misconduct where it is established that the researcher intentionally, knowingly, or recklessly: 1) had research records and destroyed them; 2) had the opportunity to maintain the records but did not do so; or 3) maintained the records and failed to produce them in a timely manner.
 - A significant departure from accepted research practices is evidence of research misconduct.
 - The individual(s) under investigation of Research Misconduct has/have the burden of proving (by a preponderance of the evidence) their defense and any mitigating factors relevant to a decision following a research misconduct proceeding.

Time Limitations (93.105)

Research misconduct allegations will be open to examination if they are brought to the attention of the IRB within six years of the incident. Exceptions to the time limitation include:

- The investigator(s) continues the alleged research misconduct that occurred before the six-year limitation.
- In the event that the health or safety of the public may be affected.

Confidentiality (93.108)

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 an annual report of research misconduct with ORI in the event they are receiving external, public/federal research funds. The annual report will be obtained from OHRP and will contain 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 basis of scientific expertise that is pertinent to the matter and, prior to selection, they shall be screened for any unresolved personal, professional, or financial conflicts of interest with the respondent, complainant, potential witnesses, or others involved in the matter. Any such conflict, which a reasonable person would consider to demonstrate potential bias, shall disqualify the individual from selection.

Assessment of Research Misconduct Allegations (93.307)

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 or Provost 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 ORI Director of the decision to begin an investigation of research misconduct on or before the date the investigation begins and provide an inquiry report.
3. Obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner.
4. Notify the respondent(s) in writing of the allegations to be investigated within a reasonable time after determination that an investigation is warranted, but before the investigation begins. (see 93.310 – part c). Respondent(s) shall be given written notice of any new allegations within a reasonable time after determining to pursue allegations not addressed in the inquiry or in the initial notice of the investigation.
5. Use diligent efforts to ensure that the investigation is thorough, sufficiently documented, and includes examination of all research records and evidence relevant to reaching a decision on the merits of the allegation.
6. Take reasonable steps to ensure an impartial and unbiased investigation. (see 93.310 – part f)
7. Interview each respondent, complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation. This will include interviewing witnesses identified by the respondent, recording/transcribing each interview, making the recording/transcript available to the interviewee for correction, and including the recording/transcript in the record of investigation. Respondent(s) will be notified sufficiently in advance of the scheduling of his/her interview in the investigation so that the respondent may prepare for the interview and arrange for the attendance of legal counsel, if the respondent wishes.
8. Pursue diligently all significant issues and leads discovered that are determined to be relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion.
9. Comply with all requirements for conducting an investigation specified in 42 CFR 93.310.

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:
7. Identify it as falsification, fabrication, or plagiarism.
 - a. Identify whether it was intentional, knowing, or in reckless disregard.
 - b. 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.
 - c. Identify the specific PHS support (if applicable).

- d. Identify any publications that need correction or retraction.
 - e. Identify the person(s) responsible for the misconduct.
 - f. List any current support or known applications or proposals for support that the respondent(s) has pending with non-PHS Federal agencies.
 - g. Include and consider any comments made by the respondent and complainant on the draft investigation report.
8. Complete the research misconduct process by carrying inquiries and investigations through to completion. Bryan College must also notify ORI in advance if a case is closed during the inquiry, investigation, or appeal stage for any reason. (see 93.316)

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 (93.304)

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: 1) a copy of the report, all attachments, and appeals; 2) the findings by the College of any research misconduct and all parties involved; 3) all findings of the investigation; and 4) all institutional administrative actions relevant to the misconduct.

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.
6. Provision of a letter of reprimand.
7. Cessation or termination of research activities by the respondent.
8. Special monitoring of future work.
9. Probation, suspension, salary reduction, or initiation of steps leading to possible rank reduction or termination of employment if appropriate.
10. Training in the responsible conduct of research.
11. Restitution of funds to the grantor agency as appropriate.

12. Notification of law enforcement agencies as appropriate.
13. Other actions appropriate to remedy the research misconduct and prevent future occurrences.

Bryan College of Health Sciences will cooperate with and assist ORI and HHS, as needed, to carry out any administrative actions HHS may impose as a result of final findings of research misconduct by HHS.

Requirements for institutional policies and procedures on research misconduct were obtained from the Office of Research Integrity website on June 2022.

Reference

- Code of Federal Regulations (2022). 42 CFR Part 93 (5/23/2022). Retrieved from: <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-H/part-93/subpart-C/subjectgroup-ECFRa71788b8b2bdb75?toc=1>
- Code of Federal Regulations (2020). 42 CFR Part 93 Public Health Service Policies on Research Misconduct. Retrieved from: https://www.ecfr.gov/cgi-bin/text-idx?SID=d839cac8c012f0909odd8c4aagc3a6a6&mc=true&tpl=/ecfrbrowse/Title42/42cfr_93_main_02.tpl
- US Department of Health and Human Services (2016). Office of Research Integrity. 42 CFR Parts 50 and 93 Public Health Service Policies on Research Misconduct; Final Rule. Retrieved from: https://ori.hhs.gov/sites/default/files/42_cfr_parts_50_and_93_2005.pdf

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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 becoming aware of the event. Serious unanticipated problems or adverse events must be reported to the IRB immediately with a written report by the investigator within 24 hours of the investigator's awareness of the event.

Investigator Requirements: Investigators must report the event to the IRB and any supervising researchers/faculty. After report to the IRB, the investigator(s) should:

- Ensure the subject(s) receive(s) appropriate treatment to minimize harm.
- Make changes to the research to eliminate immediate hazards to subjects.
- Report the event to any monitoring entities if the protocol requires such monitoring and reporting.
- Complete an *Unanticipated Problem/Adverse Event Reporting form* 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.

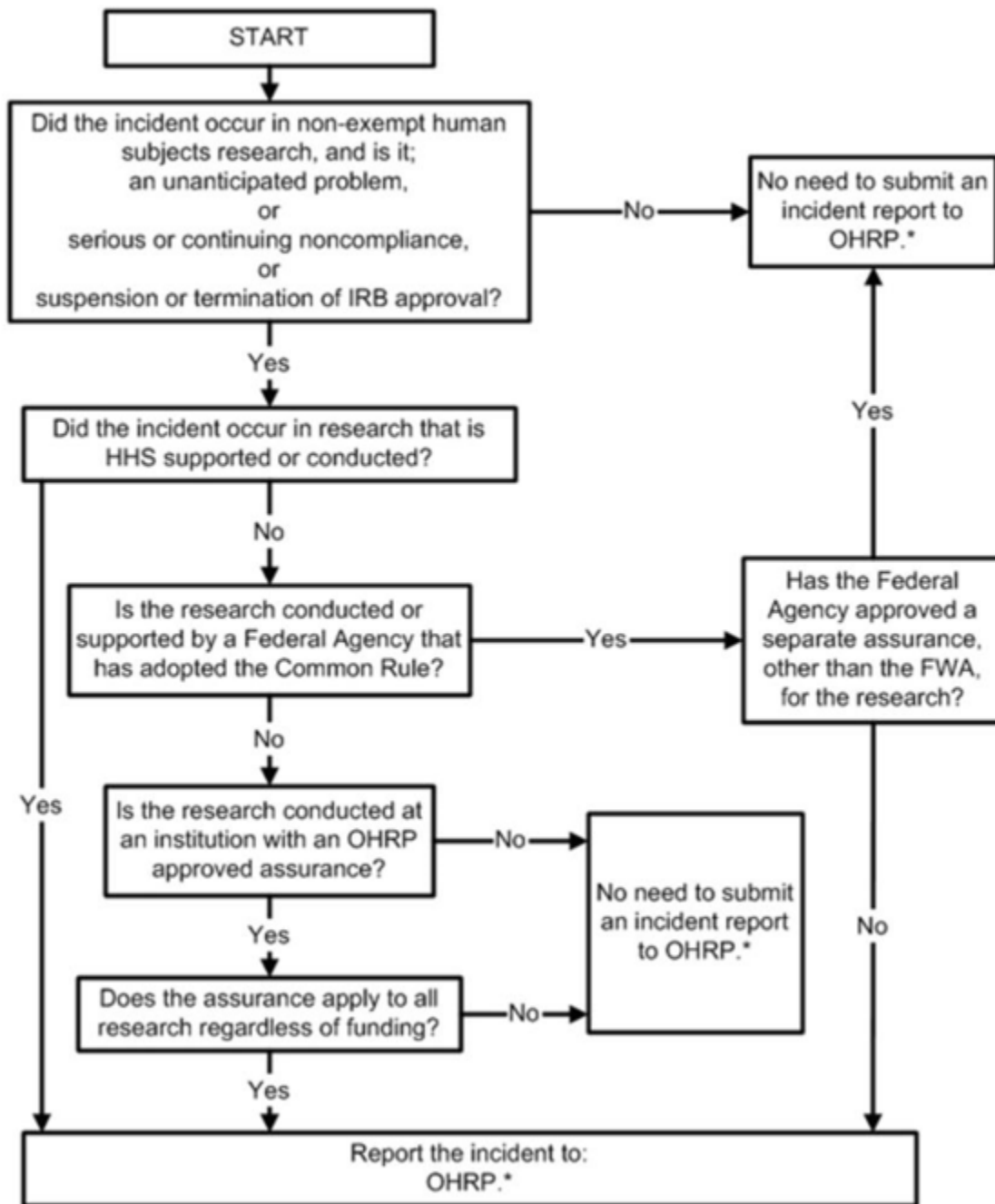
Potential Institutional Administrative Actions

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.

What Incidents Should be Reported to OHRP?



* Other reporting requirements may apply, whether or not a report to OHRP is required.

***Note:** The word "assurance" in the diagram refers to Federal Wide Assurance granted by OHRP. Office of Human Research Protections (2011). Guidance on Reporting Incidents to OHRP. Retrieved from: <http://www.hhs.gov/ohrp/compliance-and-reporting/guidance-on-reportingincident/index.html>

References:

Office for Human Research Protections (2009). Code of Federal Regulations Title 45 Public Welfare Department of Health and Human Services Part 46 Protection of Human Subjects. Retrieved from: <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/>

Office for Human Research Protections (2007). Guidance on Reviewing and reporting unanticipated problems involving risks to subjects or others and adverse events. Retrieved from: <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/reviewing-unanticipated-problems/>

Approved 1/18/2018

Student Success Center Policies

Disability Services

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

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

Disability Services Goals

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

Key Definitions

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

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

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

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

Disability Services Student Registration Process:

1. **The student is asked to complete the Request for Accommodation Form.** Additional documentation may be requested, including, but not limited to, the following: educational records, letters from educators, diagnostic reports,

letters from health care providers, records of past accommodations, letters or records from local, state or federal agencies, and/or VA records. The Request for Accommodation Form can be obtained from the College Website, the College Learning Management System, or from the Disability Coordinator.

2. **The student is required to meet with the Disability Coordinator to fully review the reported disability and requested accommodations.** All academic accommodations are determined on a case-by-case basis. The Disability Coordinator will determine the scope of any necessary accommodations and if the requested accommodations are reasonable, based on the facts and circumstances of each specific request.
3. **The Disability Coordinator may collaborate, as necessary, with course faculty and others to ensure that requested or recommended accommodations will not fundamentally alter the course requirements or the learning experiences of other students.**
4. **The Disability Coordinator may collaborate with program leadership to ensure the proposed accommodations are administratively and financially supportable.**
5. **The Disability Coordinator will communicate approved accommodations to the course faculty.**
6. **The Disability Coordinator will strive to communicate approved accommodations to the student within one week of the meeting. Certain circumstances or requests may take longer and students will be notified of this occurrence.** Requests are not retroactive; therefore, students are encouraged to promptly submit any required information to the Disability Coordinator to ensure that approved accommodations are implemented in a timely fashion. Some accommodations, such as a change in clinical site or the need for specialized equipment, require additional time to arrange. In these cases, the Disability Coordinator should be notified 2-4 weeks in advance. This will attempt to allow sufficient time to coordinate and implement approved accommodations.
7. **Bryan College of Health Sciences students are encouraged to practice self-advocacy and review approved accommodations with faculty members.**

Returning Students

1. **Returning students 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 affecting a student registered with Disability Services by:

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

Procedure:

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

1. **Independent Resolution:** Students should first attempt to informally resolve concerns by addressing the matter with the appropriate faculty, staff, administrator, or student with whom there is a concern. When all parties have an opportunity to share their concerns there is a higher likelihood that the matter can satisfactorily be resolved, *Students are encouraged to ask for assistance from the Disability Services Coordinator during this process.*
2. **Reporting a Complaint/Concern:** If the situation remains unresolved after informal attempts, or the student is not comfortable with Step 1, the student should report their complaint/concern, in writing, to the Disability Services Coordinator. If the complaint/concern involves Disability Services or the Disability Coordinator, the student should contact the Dean of Students. Concerns must be reported within 30 days of the alleged incident or situation or when an independent resolution cannot be achieved. Upon receiving the report, the Disability Services Coordinator will meet with the student to review the matter. To facilitate review, students are welcome to bring one support person to the meeting, however, the support person may not participate in the grievance process and the student is responsible for personally presenting their complaint/concern, unless, due to the student's disability he or she cannot effectively participate. The Disability Services Coordinator shall have sole discretion in determining to what extent a student may be assisted during this meeting.
3. **Informal Resolution:** After reviewing the complaint/concern with the reporting student, the Disability Services Coordinator may meet, individually or jointly, with all other relevant parties with the goal of seeking a mutually agreed upon resolution that preserves and protects the reporting student's right to equal access while also maintaining the College's commitment to academic standards of excellence. Every effort will be made to resolve the issue within seven working days of the initial report.
4. **Formal Resolution Process:** If the complaint/concern remains unresolved, the matter will be referred by the Disability Services Coordinator to the Dean of Students, or the President of the College in his or her absence, whose role is to formally review and resolve any disability-related complaints/concerns that have not been resolved through other methods. The process is as follows:
 - 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 Dean of Students, if deemed necessary may extend the response deadline. The decision of the Dean of Students is final and the student shall have no further right to appeal the matter under this policy.
5. **No Retaliation:** It is unlawful and against College policy for anyone to retaliate against any student, or prospective student, for raising concerns related to their disability or who has filed a complaint of discrimination, or any person who has cooperated in the investigation of such a complaint, or who alleges discriminatory educational practice.
6. **Confidentiality:** All documentation and information related to the reporting student will be kept confidential and will not be released without the student's consent, in accordance with Family Educational Rights and Privacy Act (FERPA), or as required by law. Exceptions may be made when documentation and information is needed to review any reported disability or request for accommodation, or any formal claim of discrimination.
7. **Student Rights:** Although the goal is to resolve any disability-related matter through the process outlined in this policy, the student has the right to file a discrimination or disability-related complaint with the following federal agencies:
 - a. **The Disability Rights Section of the US Department of Justice** (www.justice.gov)
 - b. **The US Office of Civil Rights** (<https://www.ed.gov>)
8. **Scope of Policy:** The procedures set forth in this policy are limited to addressing matters related to academic accommodations regarding courses or clinical. If students have other concerns related to their disabilities, other than academic accommodations, they should contact the Disability Coordinator who will direct the student to the appropriate College department. Bryan College of Health Sciences developed this information in accordance with these references:

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

Early Referral 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 referral form will be submitted electronically to the individuals as indicated on the form to either Academic or Student Affairs staff for follow-up.

Early Referrals

- Code of Conduct Violations (see student handbook for policy)
- Academic Integrity Violation (see student handbook for policy)
- Personal or Professional Development Concern
- Academic success Concern
- Other

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

1. Anyone can identify students at risk and fill out an [Early Referral Form](#).
2. When a student "at risk" is identified, it is recommended but optional to inform the student that an Early Referral will be initiated.
3. An Early Referral Form is completed on the student outlining the concerns identified. The completed form is filled out electronically and submitted to the Academic or Student Affairs staff as indicated on the form.
4. An Early Referral Form should be completed on any student directly referred by faculty and staff to Continuum EAP.
5. The appropriate representative will contact the student via email or phone when necessary
6. Individuals who complete an Early Referral Form will receive a confirmation email that the document was received.

Academic Standing

In order to continue timely degree progression, it is critical for students to address unsatisfactory academic performance as quickly as possible. Students who did not pass one or more courses in a given term will be placed on Academic Recovery and will be notified via Academic Support Services. Academic Recovery also applies to students who are retaking a previously withdrawn course. In the immediate next spring or fall term after being placed on Academic Recovery, a recovery hold will be placed on the student's account and must be cleared prior to registration for the subsequent semester. Students must complete the following Academic Recovery Process to have the recovery hold lifted:

- Meet with the Academic Support Services Director within the **first three weeks** of the semester to discuss previous semester's coursework and identify challenges to academic success.
- Develop a plan for future success, which could include:
 - Regular meetings with an Academic Success Coach
 - Peer tutoring
 - Meeting with faculty during designated office hours
 - Attending exam review sessions
 - Connection to other campus support services
- Follow up meeting with Academic Support Services Director prior to priority registration (mid-October for fall and mid-March for spring) to review progress and lift advising hold.

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.

American Psychological Association. (Current edition). *Publication manual of the American Psychological Association* (current edition). Washington, DC: Author

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 recorded and submitted by faculty at completion of the course in the Student Information System.

Final Course Grade Procedures:

Reporting Grades Procedure

1. Faculty will submit final grades via Student Information System (SIS).
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 maintained securely according to program accreditation requirements.
4. Incomplete grades will be submitted via Student Information System (SIS) along with regular course grades.

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 by the instructor. Copies will be sent to the student, the student's advisor and the instructor.
3. When the incomplete coursework is completed, the faculty will complete a Change of Grade Form.
4. The final grade will be recorded in the SIS by Records and Registration staff.

Faculty Evaluations of Course

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

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

Distance Education requirements for evaluation must be followed as applicable.

Student Evaluation of Faculty and Course Policy and Procedure

Course and Faculty Evaluations

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

Clinical Evaluation Policy

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

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

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

Clinical Evaluation Policy - Nursing

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

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

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

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

- M = met expectations
- U = unsatisfactory

Met expectations: Performance met expectations for the course outcome.

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

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

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

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

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

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

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

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 exam security options that are best suited for the exam situation. Should an online exam security program be needed, a College-approved exam security program should be implemented. Environmental or room scans should never be implemented when using College-approved exam security programs.
- When utilizing non-proctored online exams
 - 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.

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

Exam Construction:

Exam questions are to be linked to a lesson outcome, course outcome, and program outcome.

- In accordance with the National Council of State Boards of Nursing (NCSBN) NCLEX test plan, exams should be comprised of a variety of NGN item types beyond the use of multiple choice question formats. Question types include: matrix, multiple response, drop-down cloze, drop-down table, select all that apply, highlight, case studies, standalone items (bow-tie and trend), and math calculations.

Case Study:

- Faculty teaching in semesters 5-7 are to include at least one case study on each exam which includes the six steps from Layer 3 in the clinical judgment measurement model ([CJMM](#)).
 - Semester 3 will incorporate case studies in class and semester 4 will implement case studies on 50% of exams.
- Each case study must be comprised of six questions. Each question represents one step of the CJMM and must follow the six-item sequence structured format.
 - The six steps of the CJMM includes: recognizing cues, analyzing cues, prioritizing hypotheses, generating solutions, taking action, and evaluating outcomes.
- LMS must be set to not allow backtracking on case study questions.

Exam Design

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

NGN item types:

- The goal would be to increase NGN item type questions by 5% each semester with no more than 30% max. Faculty have the autonomy to gradually increase the amount of these questions on each of their exams to meet the below percentages:
 - 10% at Semester 3
 - 15% at Semester 4

- 20% at Semester 5
- 25% at Semester 6
- 30% at Semester 7
- With each semester, faculty should begin with the maximum percentage of the previous semester (i.e. Semester 5 will begin at 15% and end with 20%).
- An additional resource to develop NGN item type questions can be found [here](#).

Exam Building

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

- Each exam has a minimum of two, dose-calculation math questions.
- Students must achieve a 75% exam average before adding of any bonus points.
- Faculty may give students an alternate exam for any missed exams.
- No single exam should be designed to be high stakes.
 - High-stakes testing is defined as the use of a single assessment opportunity to determine student progression or graduation.
- Exams questions should be developed on the computer via the learning management system (LMS) when question type allows
 - A lockdown browser is to be enabled for exam security for every exam.
 - If giving a remote exam, the lockdown browser's environmental check needs to be disabled.
- Students are to be given at least 1 ½ minutes per NGN item type question and 2 minutes per case study question (i.e. 12 minutes for a 6-part case study scenario).

Paper Exams

- If a student accommodation requires a paper exam, Academic Support Services will coordinate this request with course faculty.
- It is the faculty's responsibility to print off the paper exam and give it to an Academic Support Services team member.
- Once the paper exam is returned, exams should be kept in a secure locked area for up to 7 years. It is not necessary to upload the exam to the LMS.
- Faculty can initiate an EDT Support ticket to have the exam answers placed into the LMS for grading by EDT staff.
- Faculty are to double check the input of exam answers for accuracy.

Exam Proctoring

There should be a minimum of two, qualified proctors for each exam if there are more than 20 students. If there are less than 20 students, one proctor is appropriate, but a resource person needs to be available.

- White boards and dry erase markers may be supplied for testing.
- If paper is used, students are to turn in and give to the proctor to be secured.
- Faculty are to follow the Best Practices Related to Exams, which include:
 - no food, drink, or other personal items e.g. hats, backpacks near the testing area
 - all personal electronic devices unrelated to testing should be turned off
 - all personal belongings are to be placed away from the testing area
 - once the exam has started, students cannot leave the testing area until their individual exam is completed
 - seating should be arranged with a space between each exam taker when possible
 - If unable to seat students apart, faculty should shuffle questions and answers on the exam to increase security
- faculty may choose to provide arranged seating assignments
- faculty may decline to answer any questions asked during an examination

Exam Scoring & Item Analysis

An exam analysis provides valuable information to help faculty determine validity in exam questions.

- Partial points will be awarded for all question types that are not multiple choice.

- Faculty are to perform an item analysis after each exam to review the following components: difficulty index and discrimination index.
- **Difficulty Index:**
 - The item difficulty index ranges from 0-1.00; the higher the value, the easier the question.
 - An index of 0.80-1.00 classifies an item difficulty as “easy”. Faculty should investigate the question’s distractors and determine the need to increase difficulty to the question.
 - An index of 0.50-0.80 classifies an item as “moderate”. This index is ideal and faculty should continue with the analysis.
 - An index of 0-0.50 classifies an item as “hard”. Faculty should investigate the question’s distractors and/or for any errors (i.e. miskeyed answer)
- **Discrimination Interpretation:**
 - The discrimination interpretation is used to differentiate student performance on how well they know the material.
 - Results will range from 1.00 to -1.00 and will show a positive or negative point-biserial.
 - An index of 0.30 or higher classifies a “good” question. Faculty should continue using this question.
 - An index of 0.10-0.30 classifies a “fair” question. Faculty should review this question for accuracy and evaluate the content area.
 - An index of 0.10 or below classifies a “poor” question. Faculty should review both the difficulty index and discrimination interpretation to determine the next steps. Next steps could include: accepting two responses, nulling the question, and/or revising the question for the next attempt.
 - An exam question with a negative point-biserial should be examined. This may indicate that the item was miskeyed. This also could indicate that high-performing students are getting this question wrong and low or mid-performing students are getting it correct.

Exam question construction:

- More information for NGN item type questions can be found on the shared Undergraduate Nursing google drive.
- Information includes: exam question construction, stem guidelines and distractor guidelines.

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.

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

Statement:

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

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

Protocol and Procedures

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

Confidentiality of Cadavers:

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

Student Preparation for Cadaver Study:

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

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

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

1. Cell phones or any other device capable of capturing images, video, or sound may not be taken into the cadaver laboratory. **ABSOLUTELY no photography or video recording of the cadaver of any type is allowed.**
2. The cadavers are to be treated with the utmost respect at all times. An appropriate decorum will be maintained at all times to uphold the dignity of the individual. Thus, no inappropriate behavior will be tolerated including, but not limited to jokes, nicknames or disrespectful remarks that would be demeaning to the individual or the individual's family.

3. Cadaver demonstrations in the cadaver laboratory will only be allowed for college sponsored educational purposes.
4. An instructor who teaches Anatomy or Physiology coursework or a full-trained Anatomy and Physiology Ambassador must be present at all times when students view a cadaver.
5. No eating, drinking, or smoking is allowed in the cadaver laboratory.
6. 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.
7. Gloves must be worn if a specimen is touched.
8. No equipment is to be removed from the room.
9. No cadaver tissue of any type is to be removed from the room.
10. No prosthetic appliance, adornment, or other natural or man-made item found on or in the cadaver will be removed from the room.
11. ABSOLUTELY no photography or videos of any type is allowed.
12. The room's ventilation system must be on at all times while students are in the room. The doors must remain closed at all times. . If you have respiratory difficulties, inform your instructor and exit the room immediately.
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 cadavers in the future.

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

Protocol and Procedures

Security of Cadavers:

Cadavers will be maintained securely at all times. When at all possible, cadavers should be stored in the cadaver storage room located in SL-1, and this room should remain locked at all times unless an appropriate instructor or Anatomy and Physiology Ambassador is present. If cadavers must be stored outside the cadaver storage room, a lockable dissection table should be used to secure the individual cadavers. If cadavers are to be stored in SL-1, the room must be locked at any time the faculty or Anatomy and Physiology Ambassador is not in the room. Faculty who teach Anatomy or Physiology coursework will identify the appropriate individuals to hold keys for the cadaver storage room and/or dissection tables and these faculty will be responsible for securely storing their keys. In addition, appropriate maintenance and security personnel will also hold keys to SL-1 and the cadaver storage room.

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

Confidentiality of Cadavers:

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

Cadaver handling:

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

Research involving the use of cadavers:

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

Student Preparation for Cadaver Study:

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

Protocol and Rules for Students:

1. Cell phones or any other device capable of capturing images, video, or sound may not be used during a cadaver demonstration. These devices should be securely stored during a cadaver viewing. **ABSOLUTELY no photography or video recording of the cadaver of any type is allowed.**
2. The cadavers are to be treated with the utmost respect at all times. An appropriate decorum will be maintained at all times to uphold the dignity of the individual. Thus, no inappropriate behavior will be tolerated including, but not limited to jokes, nicknames or disrespectful remarks that would be demeaning to the individual or the individual's family.
3. Only students registered in a course in Anatomy or Physiology may view the cadaver as part of a regularly scheduled class meeting.
4. Under no circumstances may students access and/or view the cadaver on their own. The instructor for the corresponding course or a designated Anatomy and Physiology Ambassador must be present at all times with the cadaver being viewed.
5. No eating, drinking, or smoking is allowed.
6. Long-sleeved laboratory coats are highly recommended.
7. Gloves must be worn if a specimen is touched.
8. Goggles or protective eye wear is recommended, and will be worn at all times while using a bone saw, or when assisting someone who is using a bone saw or drill.
9. No music of any sort is allowed.
10. No equipment is to be removed from the room.
11. At no time may a student remove cadaver tissue of any type from the room.
12. At no time may a student remove a prosthetic appliance, adornment, or other natural or man-made item found on or in the cadaver from the room.
13. 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.
14. Assume all reagents and tissues are a potential hazard.

15. No visitors of any sort are allowed.
16. Any violations of the rules will result in expulsion of the offender from the Cadaver Laboratory and may result in disciplinary action up to and including dismissal from the college as outlined in the Student Code of Conduct.
17. Report any violations of these rules to your anatomy and/or physiology instructor, or the Dean of Healthcare Studies.
18. Failure to follow the rules and procedures hereby set forth may result in Bryan College of Health Sciences losing its privileges to obtain bodies from deeded body programs.

See [Appendix A-37](#) for the Bryan College of Health Sciences Student Cadaver Agreement

Approved May 1, 2015
Revised November 8, 2021

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.
- Course faculty determine the timing of the psychomotor skills assessment within their respective courses.

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

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

Video Recording in the Simulation Center

Video recording may be used in the simulation 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 unauthorized 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.

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 Bryan College of Health Sciences Board of Trustees.

Statement of Policy

Bryan College of Health Sciences recognizes that academic programs may need to be closed or terminated due to lack of enrollment or a change in workforce needs.

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. 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 and that the program will comply with requirements of state approval bodies, regional accreditation bodies and applicable specialized accreditation bodies. Decisions regarding personnel, financial aid, record-keeping, and College manual/handbook updates will occur as per the Procedure for Proposing Program Closure.

Procedure for Program Closure

- The appropriate academic Dean will work with necessary individuals to collect information to support program closure.
- The Dean will then present the Rationale for Program Closure ([Appendix A-19](#)) to the Academic Affairs Committee of the Board.
- The Academic Affairs Committee of the Board will make a recommendation to the College Board of Trustees

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:

Persons/Entities	Dates Initiated	Dates Accepted/Rejected
Individual(s)		
Subcommittee(s)		
Standing Committee(s)		
Operational Committee(s)		
Academic Affairs/College		
Student Affairs/College		
Finance/College		

Persons/Entities	Dates Initiated	Dates Accepted/Rejected
Leadership Council		
President		
Academic Affairs/Board		
Board of Trustees		

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 VI. Assessment of Student Learning

Philosophy of Assessment of Student Learning

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

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

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 VII. Faculty Senate Bylaws

See Bryan College of Health Sciences Bylaws of the Faculty Senate [Appendix A-29](#)

Section VIII. IRB Policies and 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. After receiving the *Request for Review*:

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

Identification and Review of Exempt Studies/Projects

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

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

- Category 1 (46.104(d) 1): Research conducted in established or commonly accepted educational settings. This includes normal educational practices that are not likely to adversely impact a student's opportunity to learn required educational content. This includes the assessment of educators who provide instruction. This includes research on regular and special education instructional strategies and the effectiveness of, or the comparison among, instructional techniques, curricular methods, or classroom management methods. Research under this provision must:
 - Not involve sensitive subjects (e.g., sex or substance abuse education).
 - Include provisions to ensure a non-coercive environment for the students who choose not to participate.
 - Ensure that the school/institution grants written approval for the research to be conducted.
 - Informed consent must be obtained from the prospective participant unless a waiver is granted.
- Category 2 (46.104(d)2): Involves the use of educational tests (cognitive, diagnostic, aptitude, achievement, etc.), surveys or interview procedures, or observations of public behavior. Educational tests or surveys must not contain invasive or sensitive questions that may cause discomfort and increase risk even in the absence of personal identifiers. One of the following criteria must be met:
 - The information recorded is done through procedures where the identity of subjects cannot be ascertained, directly or through identifiers linked to the subjects.
 - Disclosure of subjects' responses would not place subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, educational advancement, or reputation.
 - The information obtained has the potential to identify subjects and an IRB conducts a limited review to make a determination.

The use of children as participants or the observation of minors in public is not exempt under category 2.

- Category 3 (46.104(d)3): 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.

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

This exemption is not applicable if the research involves deceiving the subjects regarding the nature or purpose of the research.

- Category 4 (46.104(d)4): Secondary research for which consent is not required, provided one of the following criteria are met:
 - a. The identifiable private information or biospecimens are publicly available
 - b. Information is recorded by a means in which the human subjects cannot be ascertained. The research will not contact the subjects or re-identify subjects.
- Category 5 (46.104(d)5): Research or projects that are conducted or supported by a Federal department or agency designed to study, evaluate, or examine public benefit or service programs required, provided conditions identified in 45 CFR part 46 are met.
- Category 6 (46.104(d)6): Taste and food quality evaluation and consumer acceptance studies required, provided conditions identified in 45 CFR part 46 are met.
- Category 7(46.104(d)7): Storage or maintenance for secondary research for which broad consent is required, provided conditions identified in 45 CFR part 46 are met.
- Category 8 (46.104(d)8): Secondary research for which broad consent is required, provided conditions identified in 45 CFR part 46 are met.

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

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

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

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

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

- The decision of the reviewer related to the study/project
- The number assigned by the IRB to the study/project

- Any required changes to ensure protections for subjects according to the tenets set forth in the Belmont Report.

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

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

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

- *Note: Categories above retrieved on 7/8/2021 from <https://www.hhs.gov/ohrp/regulations-and-policy/index.html>; <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/categories-of-researchexpedited-review-procedure-1998/index.html>*

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

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

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

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

Full IRB Review

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

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

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

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

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

- Approve the study/project without changes.
- Approve the study/project pending submission of minor changes.
- Defer a decision pending submission of changes to a subsequent regularly-scheduled IRB meeting.

- Deny approval of the study/project
- Require review by an additional IRB prior to initiation of the study. (This would be required in cases of highly specialized vulnerable populations or protocols with features outside the expertise of the Bryan College of Health Sciences IRB members.)

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

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

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.

Data Sharing Beyond Primary Studies

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

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

External IRB Reviews

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

Procedure:

1. Requests to conduct research at BCHS shall be submitted to the Provost or appropriate Dean or Director and must include:
 - a. External IRB approval letters
 - b. All documents previously submitted to the external IRB for approval
 - c. The informed consent form approved by the external IRB (if applicable)
 - d. Human subjects training certificates of all external researchers
 - e. Completed *Institutional Review Board Authorization Agreement*. External researchers may obtain the BCHS agreement from by contacting the IRB Chair (irb@bryanhealthcollege.edu).
2. The Provost/Dean/Director will review the research request for institutional appropriateness.
 - a. If the request is appropriate for BCHS the Provost/Dean/Director will inform the external researcher that their request will be reviewed by the IRB Chair.
 - b. If the request is not appropriate for BCHS the Provost/Dean/Director will notify the external researcher and the request will not be granted.
3. If approved by the Provost/Dean/Director the request will be forwarded to the IRB Chair (irb@bryanhealthcollege.edu) for review.
 - a. *Note: survey requests DO NOT require a review by the IRB Chair if the survey is deemed to be extremely low risk, does not involve sensitive information/content, and does not require a signed informed consent form. Survey requests submitted to BCHS must include:
 - i. Documentation of IRB approval
 - ii. Access to the survey for review
 - iii. The Provost/Dean/Director approving the survey will forward the IRB approval letter and survey copy to the IRB Chair. The IRB Chair will maintain the documents in a folder labeled "External Researchers" for each corresponding year's survey submissions.
 - b. If survey requests require a signed informed consent they must be forwarded to the IRB Chair for review.
4. The IRB Chair will review the external researcher request and submitted documents to determine whether the research protocol is acceptable, is compliant with 45 CFR Part 46, has appropriate oversight by an external IRB, and may be conducted at BCHS.
5. The IRB Chair will notify the corresponding Provost/Dean/Director who has made initial contact with the researcher of the determination of the review.
6. The IRB Chair will notify the external investigator regarding the decision to approve/deny the research request if an IRB review was required.
7. Copies of all correspondence, submitted materials, and IRB approval letters will be maintained in a folder labeled "External Researchers" for each corresponding year's study submissions.

Quality Improvement Projects

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

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

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

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

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

Case Studies

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

Changes/Additions to a Study/Project Requiring Additional Approval

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

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

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

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

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

Security of Data

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

1. Encryption of storage devices (e.g. flashdrives)
2. Cloud based storage (e.g. Google Drive, DropBox, etc.) secured through 2 factor authentication on each account that accesses shared or primary files.
3. Storage on personal devices: password protection appropriate to the device.
4. Storage on corporate systems (e.g. BCHS pdrive) secured through limited access folders created by system administrators.

Mandatory Reporting Requirements

Mandatory Ad Hoc Reporting

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

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

Continuing Reviews

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

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

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

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

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

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

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

Final Report

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

- The date the study/project was concluded;
- The reason the study/project was concluded;
- The number of subjects enrolled in the study/project;
- The number of subjects who withdrew with the reasons for the withdrawals;

- The numbers and types of protocol deviations and adverse events;
- Plans for disseminating the findings of the study/project; and
- A summary of preliminary findings achieved by the study/project.

Informed Consent

Informed consent may be formal or informal (implied).

Formal Consent

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

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/transmitted in color; and
- Include an approved IRB letterhead.

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

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

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

Requirements for the electronic consent include:

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

Implied Consent

Informed consent may also be implied for some studies in an "Invitation to Participate" letter.

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

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

Recruitment Materials

All recruitment materials must be approved by the IRB. Researchers should utilize the approved

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

Required elements to include in recruitment materials include:

- Title of study & assigned IRB number
- Purpose of the study with a clear statement that the activity is research
- Eligibility criteria
- Possible risks and potential benefits
- Name/contact information of the investigator and associated institution

Other elements may include:

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

All recruitment efforts must be clear, promote equitable enrollment, and be free from undue influence or coercion.

Recruitment materials must be free from the following:

- Statements implying a certainty of favorable outcome or benefits beyond what was described in the consent document and protocol.
- Terms such as "new treatment."
- Promises of "free medical treatment" regardless of whether the treatment will be provided without charge.
- A stated amount of compensation for participation in any font, size, or manner that is intended to draw attention to the value or availability of compensation.

Waiver of Authorization

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

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

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

Research purposes for which authorization is required include, but are not limited to:

- Review of patient records to identify potential research participants.
- Collection of data from patient records for retrospective chart review studies.

An investigator must obtain either signed authorization/permission or a waiver of authorization to access PHI for research purposes even if the investigator has approved access to the PHI in the role of a health care provider. The investigator must obtain approval from the institution owning the patient records before accessing the records and collecting the PHI. The institution may require the investigator to produce the letter granting the waiver of authorization, and may place a copy of the letter in each record that is accessed.

The letter granting the waiver of authorization must specifically state that the study/project met the conditions listed above and list the specific PHI for which the waiver is granted. The letter must also specify the conditions under which the waiver will be applied, why the waiver is appropriate for research, and how the decision is consistent with the principles of the Belmont Report.

A waiver of consent may not be granted if an individual refused to provide broad consent for the storage, maintenance, and secondary research use of identifiable private information or identifiable biospecimens.

Use of Internet and Social Media in Research

Definitions:

- **Internet-based research:** The practice of conducting research using data obtained from the Internet. This includes venues such as online forums, chat rooms, gaming environments, etc. The Internet venue serves as the research site.
- **Social media research:** The practice of conducting research using data obtained from social media sites including Facebook, Twitter, Instagram, etc. The social media site serves as the research site.
- **Mobile technology research:** The practice of conducting research using data obtained from remote mobile technology applications and/or devices where data are collected continuously and/or in real time. The mobile technology device travels with/within the participant and generates active and/or passive data regarding specific research tasks or participant activities. This includes devices such as smart phones, wearable health devices, etc. The mobile device serves as the primary research site.

The IRB will evaluate research protocols that utilize Internet and social media sites for compliance with all Common Rule requirements. In addition, the research will also be evaluated for the following considerations:

- **Public versus private venues:**
 - Is the research site public or private? The IRB will classify research conducted in a public space as no more than minimal risk.
 - What are the participant's expectation of privacy within the site?
 - Has the primary investigator obtained the appropriate permissions to conduct research in a private Internet space? Moderators of groups are often the gatekeepers for Internet sites. For private sites, the investigator must include an analysis of the path or process through which they are accessing the site. The IRB will evaluate the appropriateness of the role of the gatekeeper – particularly in terms of coercion or undue influence by the moderator.
- **Terms of service:**
 - The research site's terms of service must be included in the research protocol.
 - The research protocol must include a statement regarding compliance with the policies and terms of use of relevant websites.
 - The research protocol must include a plan to review the site's terms of service at regular intervals during the research process to ensure compliance with any revisions to the terms of service.
- **Recruitment:**
 - Recruitment for Internet and social media research must follow all policies that apply to traditional research methods.
 - The IRB will evaluate the context in which recruitment takes place. This includes recruitment processes that utilize posting on a group's site versus alternate processes.
 - The IRB must see an example of what the prospective participant will see (example: screenshot of recruitment ad).

- The IRB will evaluate the primary investigator’s plan for privacy settings of posts within social media sites. This includes the ability for potential participants to interact within the recruitment post through “commenting” or “liking”.
- The research must ensure that research recruitment is not a violation of end-user license agreements or terms of service.
- **Confidentiality:**
 - The researcher must use a robust process to “anonymize” all data. Data submitted over the Internet is only anonymous if data is stripped of all identifiers.
 - The research protocol must include a risk analysis to determine the appropriate level of security for the data. The best protection is multiple layers of security. It is impossible to guarantee absolute data security over the Internet, some extremely sensitive research may not be appropriate for the Internet.
- **Privacy:**
 - Individual identities can often be readily ascertained in Internet research. When evaluating privacy the IRB will consider the following questions:
 - What are the cultural expectations of privacy?
 - Are there restrictions on use/access of data
 - Are there policies in place that dictate the nature of the site/space?
 - Are there norms regarding privacy? Is the site/space considered by its users or membership to be open or private?
 - Will the research involve merging any data sets resulting in an increased risk of participant identification?
- **Informed consent:**
 - The IRB will evaluate the informed consent for compliance with all Common Rule requirements. In addition, the consent may include one or more of the following language statements, as appropriate, to the study:
 - Participation in this research study is distinct from the use or membership on [____ Internet site].
 - Your participation in this online survey involves risks similar to a person’s everyday use of the Internet.
 - Your confidentiality will be maintained to the degree permitted by the technology used for this study. Specifically, no guarantees can be made regarding the security of data sent via the Internet. Every effort will be made to optimize security, but no guarantee of third-party interception can be made.
 - Since the data collected from you is de-identified, the risks in this study appear to be minimal, however, technology allowing re-identification continues to evolve, so complete anonymity cannot be guaranteed.
 - By clicking the survey’s entry button, you acknowledge that you have read and understand the consent to participate, that you are 19 years old or older, and are willing to voluntarily, participate.
- **Mobile technology research:**
 - The IRB must evaluate research utilizing mobile technology devices for compliance with all Common Rule requirements. In addition, the research must be evaluated for:
 - Ability to identify participant’s locations and geographical movements. This risk must then be considered in relation to subject vulnerability.
 - Terms of service, privacy policy, end-user license agreements, etc.
 - Scope of data to be collected (limit to minimum necessary in order to carry out the research).
 - The reliability and validity of the mobile technology device/app.
 - Potential ethical conflicts of interest between the researcher and the device/app.
 - Potential for unintended or undisclosed data collection.
 - An analysis of the ownership of the data in the event of sale or dissolution of the mobile technology device.
 - The researcher’s plan for mitigation in the event of a data breach (the appropriateness of the plan will take into consideration the type of data collected).
 - The researcher’s plan for notification of participants in the event of a data breach.
 - The mobile technology device/app and any FDA regulatory oversight associated with the device/app.
 - Appropriateness of the device to the study population.
 - The geographic region in which data will be obtained (**note: regional limitations may be necessary as state-by-state privacy regulations may differ*).
 - *Note: Accessing email using a smart phone is not a form of mobile technology research.*
- **Other issues:**
 - The age of participants must be considered. The *Children’s Online Privacy Protection Act* governs information collected from children on the Internet. It is best to exclude minors from Internet based research by using appropriate verification methods (e.g. SafeSurf, moderator verification), if possible.

Maintenance of IRB Records

Storage of IRB Documents

A limited-user file on a shared network drive will be used to store IRB documents electronically. Documents to be maintained include:

IRB Minutes

- Communication with the Office for Human Research Protections (OHRP)
- Records of all research proposals including:
 - Study/project title and identification number
 - Principal Investigator, other investigators, and research assistants
 - All correspondence between investigators and the IRB
 - All documents submitted for review
 - Approved research proposals, sample approved (stamped) consent forms, recruitment materials
 - Dates and decisions of initial and subsequent reviews
 - Documents pertaining to adverse events, protocol breaches, and breaches in confidentiality
 - Dates and decisions of ongoing reviews
 - Communication with potential or enrolled subjects

Study/project documents will be maintained for no less than three (3) years. Only the Secretary and Chair of the IRB will have access to these files.

The IRB Chair will remind IRB members and guest subject matter experts that research proposal requests and decisions are confidential.

IRB Minutes

The Secretary of the IRB or a designee will take minutes for the Board meetings. The minutes will contain all of the following elements:

- Date and time of meeting
- Meeting location
- Members present
- Members absent
- Minutes reviewed from prior meetings with needed changes noted
- Evidence that conditions are satisfied for members attending via distance
 - IRB member participated via telephone/video conference
 - IRB member received all pertinent material prior to the meeting
 - IRB member must be able to actively and equally participate in the discussion of all studies/projects
 - The minutes must clearly document that the above two (2) conditions have been satisfied
- Detailed information related to each study/project submitted for review (whether initial or ongoing):
 - Title
 - Principal Investigator
 - IRB-generated number
 - Documents submitted for review
 - Type of Review
 - Reviewer (if exempt or expedited)
- Detailed information about the discussion/decisions related to each study/project
 - Summary of discussion points
 - Vote on actions including number of members voting for, against, and abstaining.
 - All recommended changes with careful reference to the document to be changed
 - Decision of the Board related to the study/project
- Detailed information pertaining to any other business performed by the IRB members at the meeting.
- Time of adjournment
- Name and title of person submitting the minutes

IRB Registration

The Office for Human Research Protections (OHRP) must be notified:

- Every three (3) years for registration renewal.
- Within 90 days after changes regarding the IRB chairperson.
- Within 90 days after changes to the contact person for the IRB registration.
- Within 30 days after disbanding Bryan College of Health Sciences IRB.

Any renewal/update to OHRP that is submitted and accepted begins a new 3-year effective period.

IRB Membership Roster

The Secretary or Chair of the IRB shall maintain a current roster of IRB members. The roster shall include names, earned degrees, representative capacity, indications of experience such as board certification or licenses, and employment or other relationships between each member and the institution (full-time employee, part-time employee, member of College Board, community members, or paid or unpaid consultant).

IRB Member Training

Bryan College of Health Sciences is committed to providing Institutional Review Board (IRB) members with the education and resources to ensure Office for Human Research Protections (OHRP) compliance on the ethical conduct of research.

Training for IRB members includes:

1. Initial Training
 - 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:
 1. Protecting Human Research participants (PHRP)
 2. Collaborative Institutional Training Initiative (CITI).
 3. Other OHRP approved Human Research Protection trainingVerification of successful completion of training will be maintained by the IRB.
 - d. HIPAA Training.
 - e. FERPA Training.
2. Continuing Education
 - a. Ongoing offerings of continuing education on human subject research protection by the IRB.
 - b. Recertification of training every three years.

Source: 45 Code of Federal Regulations 46, 2017

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Revised 8/19/2021

Revised 8/11/2022

Revised 8/2023

IRB Bylaws

See Bryan College of Health Sciences Bylaws of the Institutional Review Board [Appendix A-30](#)

Section IX. 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.
- **Laboratory Safety: Working with Small Animals.** Prepared by the Occupational Safety & Health Administration. This is a Quick Facts brochure published by OSHA, 2011.

Composition and Governance of the Institutional Animal Care and Use of Committee (IACUC)

Appointment and Composition of the IACUC

- **Composition.** The IACUC shall include the following:
 - at least one faculty member experienced in research or instruction involving animals;
 - one Doctor of Veterinary Medicine, with training or experience in laboratory animal science and medicine;
 - at least one faculty member whose primary concerns are in an area not associated with research or instruction involving animals; and
 - at least one non-scientist member of the community at large, who is not affiliated with the institution in any way other than as a member of the IACUC, and is not a member of the immediate family of a person who is affiliated with the institution.
- **Appointment of Chair.** The members of the IACUC shall appoint a Chair of the committee.
- **Term of Members.** The term of members of the IACUC shall be a minimum of three years. Longer terms will be permitted with approval of the IACUC.

Governance of the IACUC

- **Meetings.** The IACUC shall meet as necessary, no less than once every six months, to review protocols and to tend to committee business.
- **Application Distribution.** The IACUC Chair will distribute proposals in electronic format to committee members for review.
- **Application Review.** Review of proposals can be carried out by email communication among members; however, a full meeting of the committee is required if any member so requests.
- **Voting.** Approval will be decided by a simple majority of the voting members; the Chair shall vote as a regular member. Members shall not vote on their own or supervised proposals.
- **Ad hoc reviewers.** The IACUC may solicit ad hoc reviewers with specific expertise to assist in protocol reviews on a case-by-case basis. Ad hoc reviewers may participate but not vote in the review process

Responsibilities of the IACUC

Review of Proposals

- **New proposals.** The IACUC will approve, withhold approval of, or require changes in research or instructional protocols involving vertebrate animals in accordance with Federal regulations and accepted guidelines. The Provost cannot approve an activity that the IACUC has withheld approval on.
- **Changes to approved protocols.** The IACUC has the authority to require changes to previously approved research or instruction protocols.
- **Meeting requests.** To facilitate the review of submitted protocols, the investigator/instructor may request a meeting with the IACUC. Requests should be submitted to the Chair of the IACUC.
- **Notification of decisions.** The IACUC shall notify the investigator/instructor as well as the investigator's/instructor's department chair of decisions by email and include explanations for withholding of approval and requested changes to protocols.
- **IACUC reviews at other institutions.** When research or instruction involving vertebrate animals is conducted through a cooperative project at, or in cooperation with, another entity, all provisions of this policy remain in effect. The Bryan College of Health Sciences IACUC may accept review of the protocols by another IACUC recognizing the same or equivalent Authorities. Such acceptance must be in writing and must be signed by the Chairs of the IACUC at each of the cooperating institutions.

Monitoring of Facilities and Animal Use Activities

- **Inspections.** The IACUC or appointed members shall conduct inspections as necessary, of all of the College's animal facilities.
- **Outside concerns.** The IACUC shall receive and review concerns or complaints reported by faculty, staff, students, or members of the general public concerning the care and use of animals at Bryan College of Health Sciences.
- **Written recommendations.** The IACUC may make written recommendations to the Provost regarding any aspect of the College's animal care and use program, facilities, or personnel training.

- **Suspension of approval.** The IACUC by majority vote may suspend any activity involving vertebrate animals that is not being conducted in compliance with applicable provisions of Federal or State law or College policy or in accordance with a protocol approved by IACUC. The Provost may unilaterally suspend an activity independent of the IACUC, but cannot override a decision the IACUC has made.
- **Reporting of suspended approval.** The IACUC shall report serious non-compliance with the requirements of this policy to the investigator's/ instructor's Department Chair, Provost

Other IACUC Responsibilities

- **Applicable Regulations.** The IACUC shall interpret Federal and State laws, regulations, policies and guidelines concerning the utilization of vertebrate animals.
- **Program Review.** The IACUC shall review on an annual basis the institutional animal care and use program and evaluate the currency of approved protocols semi-annually.

Responsibilities of the Investigator/Instructor

Care of Vertebrate Animals

The use of vertebrate animals in research or instruction covered by this policy will not begin before IACUC has reviewed and approved the protocols. In the use of vertebrate animals, the investigator/instructor shall:

- ensure that all pertinent laws, regulations, and guidelines for humane care and use of the animals are observed.
- maintain and use animals only in approved facilities and according to IACUC approved conditions and protocols.
- monitor animals used personally in research or instruction, or by students performing supervised research, and maintain a Vertebrate Animal Care and Use Record (henceforth referred to as the Use Record). The Use Record should include dates of animal inspections, bedding change, feeding, research protocols, etc., and be readily accessible by the IACUC and the institutions Safety Officer. The Use Record is to be retained for a minimum of three years after animal use is completed and should be easily accessible.
- maintain a scholarly, sensitive, and respectful environment during all experimentation and instructional activities involving the use of animals.
- become knowledgeable about, and conduct all research and instruction in accordance with, approved policies governing the care and use of animals, and when practical participate in continuing education and training programs designed to keep animal users abreast of the latest regulations and procedures.
- provide for proper training of students in the care and handling of the animals and in any specialized techniques required for their research or instruction.
- report promptly to the IACUC, and/or the attending Veterinarian any injuries to or illnesses of the animals.
- report promptly to the IACUC any non-compliance with the requirements of this policy or the determinations of the IACUC.
- attend IACUC meetings when requested by the IACUC or provide additional written information when requested.

Submission of IACUC Application Forms

A New Protocol Application shall be submitted to and approved by the IACUC covering all protocols involving vertebrate animals prior to purchasing or obtaining the animals and initiating the research or instruction. Applications should be sent to the IACUC Chair in electronic format and as a single hard copy.

A Protocol Modification Application shall be submitted to and be approved by the IACUC before altering protocols previously approved by the IACUC, except when necessary to eliminate apparent immediate hazards to the animals or to humans.

An Existing Protocol Application shall be submitted to the IACUC to before using previously approved protocols, which IACUC will provide to Investigators.

Animal Use Protocols Requiring IACUC Approval

The following types of projects are subject to IACUC review and approval:

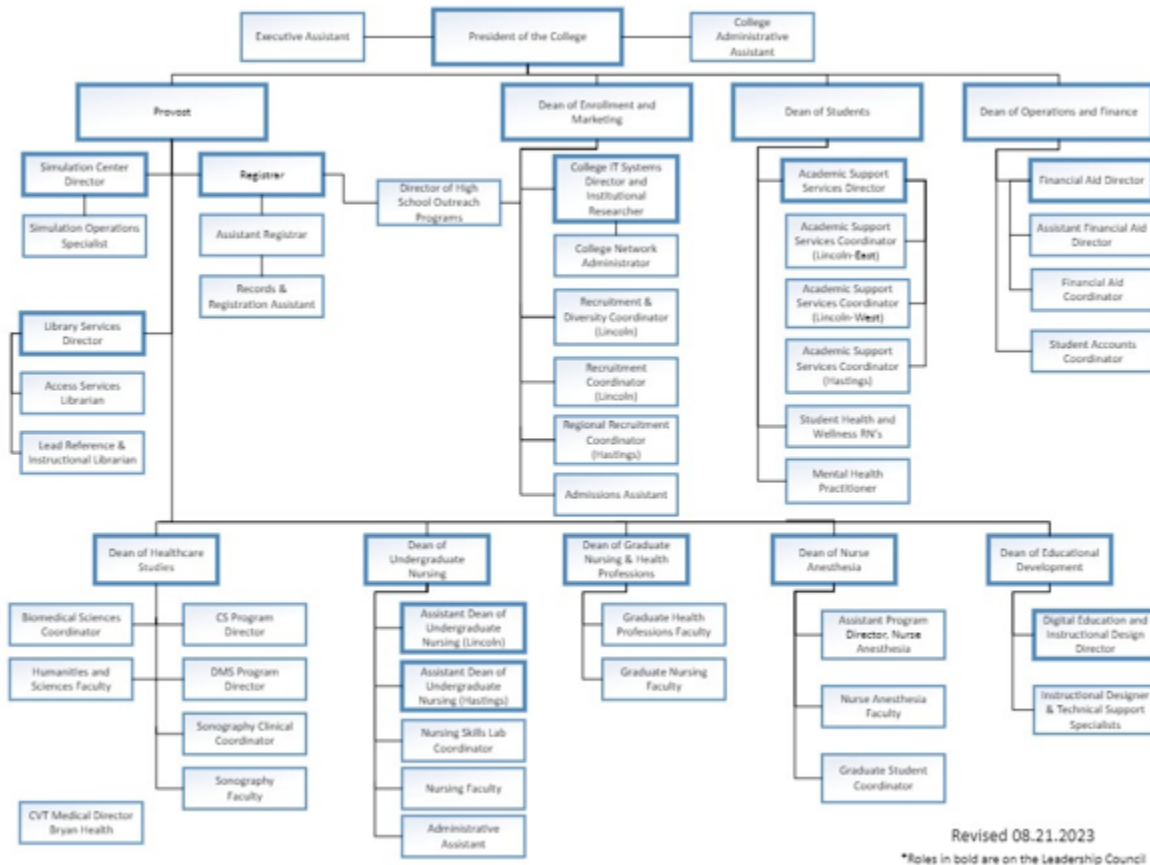
- **Faculty Research.** All independent faculty research with vertebrate animals, including pilot experiments conducted to obtain data necessary to the preparation of extramural grant proposals or laboratory exercises requires approval by the IACUC before the research is initiated. An application should be submitted before, or as soon thereafter as possible, submitting a grant proposal for external or internal funding.

- **Classroom and Laboratory Instruction.** All classroom and laboratory instruction that involves the use of vertebrate animals requires the approval of the IACUC. Instructors can use protocols previously approved by the IACUC with the submission of an Existing Protocol Application. Procedures not previously approved by the IACUC will require submission of a New Protocol Application.
- **Independent Student Research.** All student research involving the use of vertebrate animals requires approval of the IACUC, as well as the approval of a faculty advisor. An application should be submitted for approval by the IACUC before the start of student research projects.

Approved October 2016

Appendices

Appendix A-2: Organization Chart

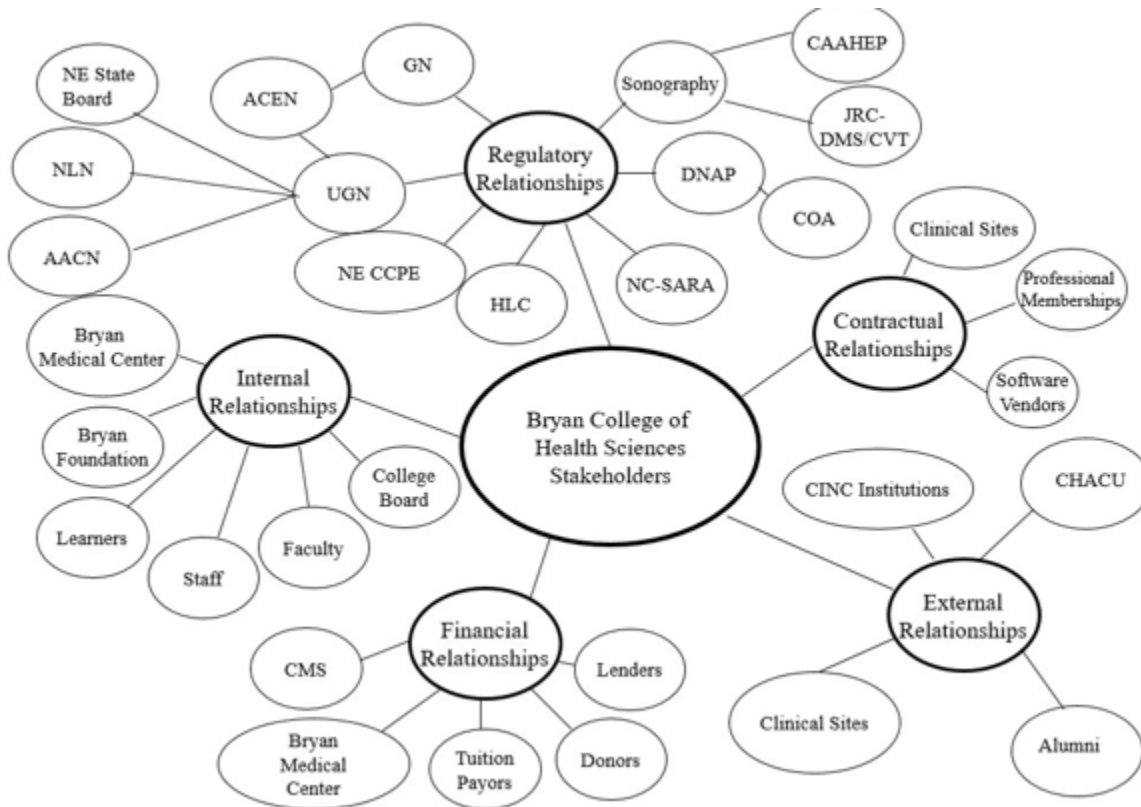


Appendix A-3: Board of Trustees Membership

Board Member	Board Position	Term
Beth Lau, M.D., FASA Physician Associated Anesthesiologists, PC	Board Chair, Physician	Term 2
Laurie Bellows, PhD. Vice Chancellor for Student Affairs University of Nebraska-Lincoln	Board Vice Chair, Community Member/Higher Education	Term 2
Cedric Cooper, M.Ed. Lincoln Northwest High School Principal Lincoln Public Schools	Community Member, Education	Term 1
Kay Crabtree, PhD, BSN Associate Professor Bryan College of Health Sciences	Faculty Senate Chair	Ex-Officio
Larry Dlugosh, PhD. Emilsson, LLC	Community Member	Term 3
Pete Ferguson, BA District Administrator Lincoln Public Schools	Community Member, Education	Term 1
David Griffiths, BS Chief Financial Officer Bryan Medical Center	Financial Officer, Bryan Medical Center	Ex-Officio

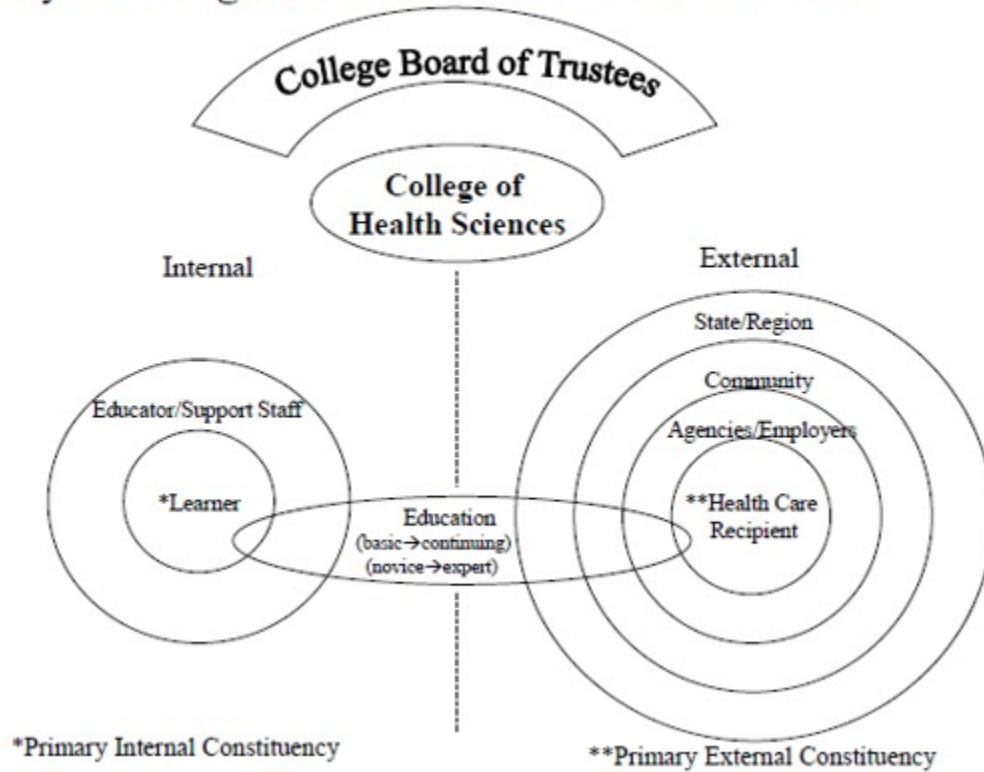
Board Member	Board Position	Term
Russ Gronewold, MBA President and Chief Executive Officer Bryan Health System	President and CEO, Bryan Health	Ex-Officio
Richard Lloyd, PhD. President Bryan College of Health Sciences	President, Bryan College of Health Sciences	Ex-Officio
Melissa Newton, BA Executive Vice President of Talent and Organizational Strategy Olsson	Community Member	Term 1
Caitlyn Schmidt Student Bryan College of Health Sciences	Student Government President	Ex-Officio
Lisa Vail, RN, DNP, NEA-BC Bryan Health System Chief Nursing Officer Patient Care Services Vice President Bryan Health	Bryan Health	Ex-Officio
Sue Wilkinson, CPA, FLMI Executive Vice President, Chief Financial Officer & Treasurer Ameritas	Community Member	Term 3

Appendix A-4: Stakeholders Model

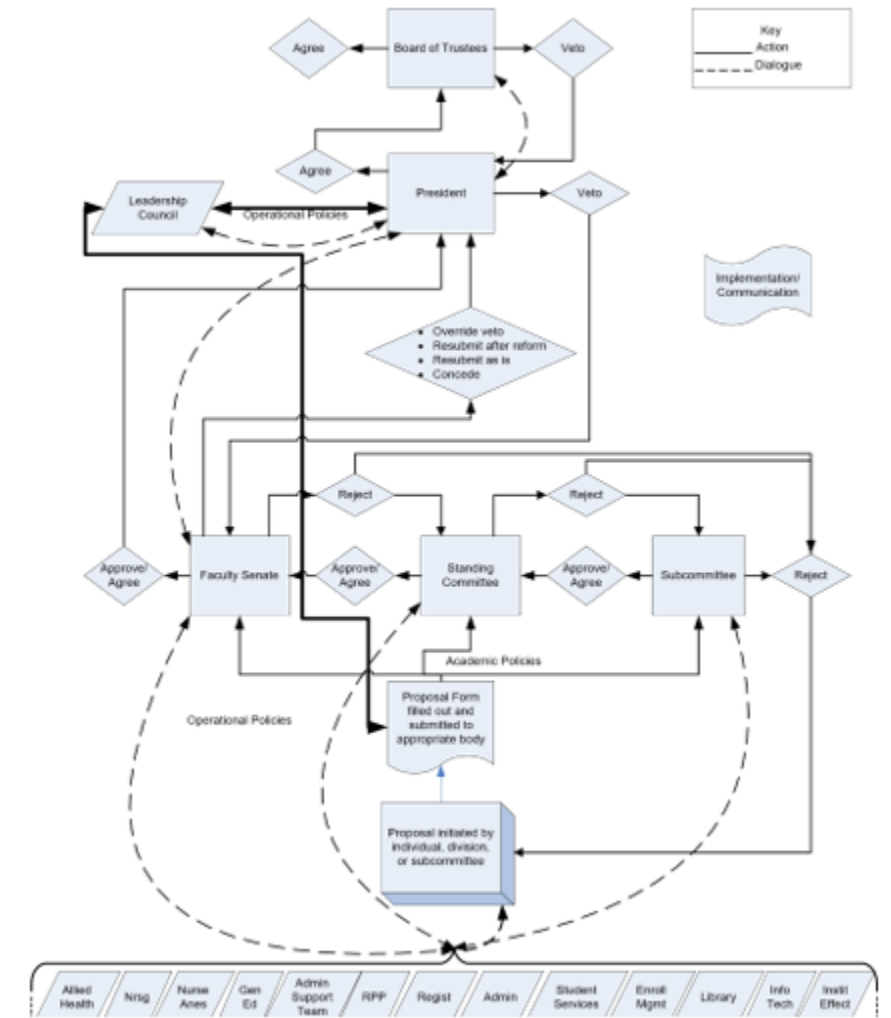


Appendix A-5: Constituencies Model

Bryan College of Health Sciences Constituencies



Appendix A-6: Policy-Making Flowchart



Appendix A-7: Policy 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?

Policy Action

Date of Action Responsible Committee/Person Outcome

Policy Details

Current Policy Language Proposed Revised Policy Language

Rationale for New Proposal or Revision

Rationale

Relevant Evidence/Benchmark Comparisons

Final Policy Language

	Final Approved Policy Language Forward To
College Manual	Administrative Assistant
Undergraduate	Director of Student Services
Handbook	
Graduate Handbook	Director of Student Services
UG Catalog	Registrar
Grad. Catalog	Registrar

Policy Location

Manuals/Handbooks/Catalogs: Include page number and location for narrative within page.

Individual Completing Change

College Manual

Undergraduate

Handbook

Graduate Handbook

UG Catalog

Grad. Catalog

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.

Appendix A-8 & 9: Speaker Agreement

Speaker Agreement (PAID)

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. Nonresident 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:

Name:

Title:

Date of Execution:

Speaker Agreement (non-paid)

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. 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.

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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:

Name:

Title:

Date of Execution:

Appendix A-10: Faculty Orientation Record

Faculty: _____ Start Date: _____

Program Dean: _____ Program: _____

Orientation Items	Check Complete
STATEMENTS OF MISSION (COLLEGE WEBSITE)	
<input type="checkbox"/> Mission	
<input type="checkbox"/> Vision	
<input type="checkbox"/> Purpose	
<input type="checkbox"/> Goals	
<input type="checkbox"/> Core Values	
<input type="checkbox"/> Philosophy of Diversity & Diversity Statement	
<input type="checkbox"/> Philosophy of Programs	
COLLEGE ORGANIZATION (COLLEGE MANUAL)	
<input type="checkbox"/> Organizational Chart	
<input type="checkbox"/> Faculty Senate Membership and Function	
<input type="checkbox"/> Role Descriptions for College Leadership	
<input type="checkbox"/> Board of Trustees Membership	
<input type="checkbox"/> Leadership Council Membership and Function	
<input type="checkbox"/> College Council Membership and Function	
<input type="checkbox"/> Academic Affairs Membership and Function	
ACCREDITATION	
<input type="checkbox"/> Higher Learning Commission	
<input type="checkbox"/> Specialized Accreditors	
OFFICE AND CLASSROOM TECHNOLOGY	
<input type="checkbox"/> Desk Orientation	
<input type="checkbox"/> Email Accounts (@bryanhealth.org, @bryanhealthcollege.edu, and Learning Management System (LMS) Inbox)	
<input type="checkbox"/> Academic, Faculty, and Outlook calendars	
<input type="checkbox"/> P:Drive storage vs. H:Drive Storage	
<input type="checkbox"/> Room Scheduling procedures	
<input type="checkbox"/> Teaching station orientation	
<input type="checkbox"/> Laptop Computer Carts	
<input type="checkbox"/> Print shop	

Orientation Items

Check Complete

COLLEGE RESOURCES

- College Website
- College Manual
- Student Handbooks
- College Catalogs
- Faculty Forms-Google shared folder
- Learning Management System (LMS)
- Student Information System (SIS)

POLICIES AND PROCEDURES (COLLEGE MANUAL)

- Emergency and Safety
- Personnel
- Academic

ACADEMICS MANAGEMENT

- Assessment of Student Learning
- Course Planning
- Course syllabus & schedule
- Beginning, middle, and end of course activities
- Student evaluations
- Instructor report of courses
- Program-specific curriculum
- Student testing
- Student Evaluation
- Grading System
- Early Intervention
- Course Warning Process
- Incomplete Grade Process
- Entering Final Grades
- Student Conduct Policies
- Student Handbook
- Faculty Advisor Role
- Withdrawal, Leave of Absence, Readmission
- Student Advisement Process
- Course Registration Guides
- eReserves
- Textbook submission to bookstore

ADMINISTRATIVE

- Communication Expectations
- Rounding
- Student Communication

FACULTY EXPECTATIONS (COLLEGE MANUAL)

- Teaching
- Scholarship
- Service
- Annual Evaluation

REQUIRED TRAINING

- Health Insurance Portability & Accountability Act (HIPAA)
- Family Educational Rights and Privacy Act (FERPA)
- Title IX
- Americans with Disabilities Act
- Catalyst
- Initial and Ongoing Requirements of Distance Faculty
- Intercultural Development Inventory
- Diversity Activities
- Influenza Vaccination/Declination
- Specialty Specific Licensure/CPR (as applicable)
- Staff Development Day
- Question Persuade Refer (QPR)
- Formalized Simulation Training

Orientation Items

☐ Meetings, Graduation, and Recruitment Activities

Check Complete

Signature when completed:

Faculty: _____ Start Date: _____

Appendix A-12: Point Value Requirements for Progression in Rank

Candidate must provide evidence of ongoing work to progress to the next Rank

Rank	Teaching	Scholarship	Leadership/ Service	Required Teaching Experience and Education
Professor	60 points	100 points	100 points	<ul style="list-style-type: none"> 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
	45 points	55 points	55 points	<ul style="list-style-type: none"> 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
Associate Professor	20 points	7 points	8 points	<ul style="list-style-type: none"> 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

Appendix A-13: Teaching, Scholarship and Leadership/Service Activities Table

Teaching Evidence	Scale	Possible Points	Evidence Provided/ Points Requested	Points Awarded	Comments
Teaching philosophy appropriate to discipline and aligns with mission & values		3			
Description of teaching within course(s) taught (face-to-face, online/hybrid, clinical, simulation/skills lab, science lab)		1			
Embraces diversity & inclusion in the classroom (in addition to yearly college requirement of diversity offerings)		3			
*Validated completion of an ACUE course	(must be different courses)	3			
Teaching evaluation					
Student evaluations and description of how teaching was modified based on feedback		1			
Supervisor evaluation/observation of teaching (since last rank)		1			
Peer evaluation (since last rank)		1			
Meets teaching standards for distance course(s)		1			
Teaching excellence as evidenced by standardized exams (ie. ACS exam, HAPS, math, biochemistry, molecular biology, etc.)		1			
Professional development related to teaching					
Webinars	(1-4)	1			
	(5-9)	2			
	(10-14)	3			
	(15+)	4			
Teaching Evidence					
College-sponsored in-services or local workshops (ie provost colloquium)	(1-4)	1			
	(5-9)	2			
	(10-14)	3			
	(15+)	4			
*Professional conference attendance	(In person)	2			
*Professional conference attendance	(Virtual)	1			
Enhancing teaching related to clinical practice					

Teaching Evidence	Scale	Possible Points	Evidence Provided/ Points Requested	Points Awarded	Comments
Clinical-related Catalyst modules		1			
In-services/training		1			
*Professional practice committee involvement		2			
Teaching strategies/resources					
*Integrates new educational technologies		2			
Utilizes multiple teaching strategies		3			
*Creation of innovative, multimedia, or interactive student resources or teaching strategies		2			
*Creation of audio/visual resources for students		2			
*Development of laboratory manual or clinical handbook		6			
Evidence-based teaching					
Performs literature review to incorporate new evidence or research		2			
*Integration of content learned from a conference into teaching		2			

Teaching Evidence	Scale	Possible Points	Evidence Provided/ Points Requested	Points Awarded	Comments
Collaboration with library services to integrate new evidence		2			
Course updates based on assessment data		2			
*Working with educational development team (Center for Teaching & Learning) on a course-related project		2			
Development/Revision of course/program					
*Contributions to major course revision		4			
*Contributions to major curriculum revision		5			
*Development of new course		6			
*Contributions to new program development		8			
Mentoring role					
Established role of mentoring faculty into new teaching role		3			
*Engaged in a formal mentoring program related to teaching	(per each different program)	3			
*Precepting graduate student	(per semester)	2			
Miscellaneous Items Related to Teaching					
*Development and/or facilitation of a workshop		4			
*Specialty certification that enhances teaching	(per different certification)	5			
*Obtained post-graduate certificate	(per different certificate)	5			
*Award recipient related to teaching		5			
*Writing for teaching-based grants		7			
*Capstone advisor (external to institution or beyond workload requirements)		7			

Teaching Evidence	Scale	Possible Points	Evidence Provided/ Points Requested	Points Awarded	Comments
*Dissertation/capstone committee member (external to institution or beyond workload requirements)		5			
*Dissertation/capstone committee chair (external to institution or beyond workload requirements)		7			
Dissemination of research or evidence-based project related to teaching					
*Scholarly presentation in the clinical setting		3			
*Publication		8			
Poster presentation					
*Local (includes Medical Center & College)	(In person/Live virtual)	5			
	(Virtual/prerecorded)	3			
*State	(In person/live virtual)	6			
	(Virtual/prerecorded)	4			
*National	(In person/live virtual)	8			
	(Virtual/prerecorded)	6			

Teaching Evidence	Scale	Possible Points	Evidence Provided/ Points Requested	Points Awarded	Comments
*International	(In person/live virtual)	10			
	(Virtual/ prerecorded)	8			
Podium presentation					
*Local (includes Medical Center & College)	(In person/Live virtual)	7			
	(Virtual/ prerecorded)	5			
*State	(In person/Live virtual)	8			
	(Virtual/pre recorded)	6			

Teaching Evidence	Scale	Possible Points	Evidence Provided/ Points Requested	Points Awarded	Comments
*National	(In person/Live virtual)	9			
	(Virtual/ prerecorded)	7			
*International	(In person/Live virtual)	11			
	(Virtual/ prerecorded)	9			
Teaching consultation or expert roles					
Visiting/guest lecturer (internal or external)	(1-4)	1			
	(5-9)	2			
	(10-14)	3			
	(15 +)	4			
*Content expert for teaching materials (ie. for a publishing company)		5			
*Development or revision of an external program/curriculum		5			
*Peer reviewing articles that relate to teaching, clinical practice, or discipline		3			
*Editing a book chapter related to teaching, clinical practice, or discipline		5			
*Authoring a book related to teaching, clinical practice, or discipline		10			
Petitioned Points for Teaching					
Points Awarded by Reviewer for Teaching					
Total for Teaching Activities					

*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.

Approved 04.2023

Scholarship Evidence	Scale	Possible Points	Evidence Provided/ Points Requested	Points Awarded	Comments
Professional development activities					
*Attendance at teaching, clinical or specialty area conference/workshop	(In-person)	2			
*Attendance at teaching or clinical conference/workshop	(Virtual)	1			
Application of new content from teaching, clinical or specialty area conference/ workshop to teaching	(1-2 items)	1			
	(3-4 items)	2			
	(5-6 items)	3			

Scholarship Evidence	Scale	Possible Points	Evidence Provided/ Points Requested	Points Awarded	Comments
	(7+ items)	4			
*Facilitation of a journal club		2			
Curating a library e-reserve or archive		2			
Item writing for national board certification exams		6			
*Invited speaker/presenter at conference		6			
*Creating and performing original work in a public venue		6			
*Award recipient related to scholarship		5			
*Scholarly work for publishing companies or organizations		5			
*Policy analysis/report that shapes or informs an organization or legislative body (ie. providing testimony to legislature)		10			
*Fellowship appointment (within an organization)		12			
Mentoring of scholarship/research activities					
Student presentation (beyond course expectation)	(1-3)	4			

Scholarship Evidence	Scale	Possible Points	Evidence Provided/ Points Requested	Points Awarded	Comments
	(4-6)	5			
	(7-9)	6			
	(10+)	7			
Student publication	(1-3)	5			
	(4-6)	6			
	(7-9)	7			
	(10+)	8			
Colleague presentation	(1-3)	6			
	(4-6)	7			
	(7-9)	8			
	(10+)	9			
Colleague publication	(1-3)	7			
	(4-6)	8			
	(7-9)	9			
	(10+)	10			
*Capstone advisor (external to institution or beyond workload requirements)		7			
*Dissertation/capstone committee member (external to institution or beyond workload requirements)		5			
*Dissertation/capstone committee chair (external to institution or beyond workload requirements)		7			
Editorial contributions					
*Peer reviewer for book chapter		5			
Peer reviewer for journal position	(1-2 yrs of service)	4			
	(3-4 yrs of service)	6			
	(5+ yrs of service)	8			

Scholarship Evidence	Scale	Possible Points	Evidence Provided/ Points Requested	Points Awarded	Comments
Member of an editorial board	(1-2 yrs of service)	8			
	(3-4 yrs of service)	10			
	(5+ yrs of service)	12			
Research activities					
Research assistant	(1-2 research projects)	3			
	(3-4 research projects)	5			
	(5+ research projects)	7			
*Member of faculty learning community	(Per each new FLC)	9			
*Development of proposal and initiation of FLC	(Per each new FLC)	2			

Scholarship Evidence	Scale	Possible Points	Evidence Provided/ Points Requested	Points Awarded	Comments
*Conducts original research (doctoral dissertation)		14			
Master's degree final project (capstone/thesis)		6			
Grant Reviewer	(1-2)	2			
	(3-4)	3			
	(5 +)	4			
Writing for grants	(1-2)	8			
	(3-4)	10			
	(5 +)	12			
Recipient of grant award to support research, teaching, or scholarship	(1-2)	8			
	(3-4)	10			
	(5 +)	12			

Dissemination of works (research, teaching & learning processes, practice or leadership processes)

Scholarship Evidence	Scale	Possible Points	Evidence Provided/ Points Requested	Points Awarded	Comments
*Scholarly presentation in the clinical setting		3			
Poster presentation					
*Local (includes Medical Center & College)	(In person/live virtual)	5			
	(Virtual/prerecorded)	3			
*State	(In person/live virtual)	6			
	(Virtual/prerecorded)	4			
*National	(In person/live virtual)	8			
	(Virtual/prerecorded)	6			
*International	(In person/live virtual)	10			
	(Virtual/prerecorded)	8			
Podium presentation					
*Local (includes Medical Center & College)	(In person/live virtual)	7			
	(Virtual/prerecorded)	5			
*State	(In person/live virtual)	8			
	(Virtual/prerecorded)	6			
*National	(In person/live virtual)	9			
	(Virtual/pre recorded)	7			
*International	(In person/live virtual)	11			
	(Virtual/prerecorded)	9			

Scholarship Evidence	Scale	Possible Points	Evidence Provided/ Points Requested	Points Awarded	Comments
Publication					
*Blog, opinion piece, etc (related to professional expertise)		1			
*Literature review synthesis		12			
*Laboratory manual/clinical handbook		8			
*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			
Petitioned Points for Scholarship					
Points Awarded by Reviewer for Scholarship					
Total for Scholarship Activities					

*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.

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Service & Leadership Evidence	Scale	Possible Points	Evidence Provided/ Points Requested	Points Awarded	Comments
Internal Service					
Service to the College					
Assisting with admissions or recruitment events (above committee expectations)	(1-4)	1			
	(5-9)	2			
	(10-14)	3			
	(15-19)	4			
	(20 +)	5			
Assisting with student success center/affairs events	(1-4)	1			
	(5-9)	2			
	(10-14)	3			
	(15-19)	4			
	(20 +)	5			
Internal Service to the College (Search committees, Integrity Panel)	(1-4)	1			
	(5-9)	2			
	(10-14)	3			
	(15-19)	4			
	(20 +)	5			
Teaching overload beyond workload requirements	(1 per AY)	1			
Assists students with career preparation activities (ie. mock interviews or resume development)	(1-4)	2			
	(5-9)	3			
	(10-14)	4			
	(15-19)	5			
	(20 +)	6			
Reviewing of portfolios for increase in rank and promotion	(1-3)	2			

Service & Leadership Evidence	Scale	Possible Points	Evidence Provided/ Points Requested	Points Awarded	Comments
	(3-6)	3			
	(7-9)	4			
	(10 +)	5			
Faculty advising of students (Not included in workload)	(1-2 semesters)	3			
	(3-4 semesters)	4			
	(4-6 semesters)	5			
	(7 + semesters)	6			
*Serving as an advisor of a student organization or extracurricular activity	(per full academic year)	2			
*Development and/or facilitation of a College-wide project or initiative		5			
College faculty senate committee work					
*^Subcommittee membership		2			
*^Standing committee membership		2			
*^Completing a special project within a committee		2			
*^Faculty senate parliamentarian		1			
*^Faculty senate historian		2			
*^Subcommittee secretary		4			
*^Standing committee secretary		4			
*^Subcommittee chair		5			
*^Standing committee chair		5			
*^Faculty senate secretary		8			
*^Faculty senate chair		12			
College task force/College or operational committee contribution (ie DEIB)					
*Task force/committee member		2			
*Task force/committee leader		5			

Service & Leadership Evidence	Scale	Possible Points	Evidence Provided/ Points Requested	Points Awarded	Comments
College accreditation involvement					
*Program accreditation document preparation		7			
*Program accreditation leadership role		8			
*Institutional accreditation document preparation		8			
*Institutional accreditation leadership role		9			
External Service					
Community service/volunteerism with record of consistent service to a cause	(1-3)	2			
	(4-9)	3			
	(10-14)	4			
	(15-19)	5			
	(20 +)	6			
Professional organization involvement					
*^Active membership beyond enrollment	(per organization)	3			
*^Committee involvement	(per organization/term)	4			
*^Panel reviewer	(per organization)	5			
*^Officer or board member	(per organization/term)	6			
*^President	(per organization/term)	10			
*Award recipient for service or leadership		5			
*^Established community leadership (ie. school board member, elected official)		6			
*Accreditation peer reviewer	(per visit)	4			
Petitioned Points for Service/Leadership					
Points Awarded by Reviewer for Service/Leadership					
Total for Service/Leadership Activities					

*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.

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Appendix A-14: Disclosure of Conflicts of Interest

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 or actual conflict of interest for review:

1. Name of conflict of interest:

2. Outside agency/entity for which the activities will be performed (if applicable):
3. Nature of activities to be performed:
4. Time period during which the conflict of interest will take place.
5. Average number of hours per week, per month or other fixed time period required for all activities being requested for authorization:
6. Proposed plan for addressing the potential conflict of interest (if applicable):

Signature _____ Date _____

Submit completed request to your Dean/Immediate Supervisor.

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.

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 _____

Date _____

Chief Academic Officer _____

Date _____

Signed and completed form should be given to the College Administrative Assistant for archiving in employee’s files.

Appendix A-15: Types of Academic Dishonesty

Type of Academic Dishonesty	Typical Range of Sanctions for violator with no prior record of Academic Integrity Violations**
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 Steps faculty should take: <ul style="list-style-type: none"> • Notify the Provost via the Google Early Referral Form
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

Type of Academic Dishonesty

Typical Range of Sanctions for violator with no prior record of Academic Integrity Violations**

Final course grade reduced by one letter grade

Course failure—theory component

Steps faculty should take:

- Notify the Provost via the Google Early Referral Form

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.

Individualized plans for success must be completed within the time frame determined by faculty. A copy of the plan will be provided to the Provost. Failure to complete the plan for success may result in disciplinary action, up to and including dismissal from the College.

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.

Steps faculty should take:

- Notify the Provost via the Google Early Referral Form

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 / Expulsion / Dismissal

Steps faculty should take:

- Notify the Provost via the Google Early Referral Form

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.

Fabrication / Falsification (classroom or clinical):

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.

Repeat occurrences of academic integrity violation by an individual student as indicated in the Academic Integrity Violation Database maintained by the Provost, regardless of the type of violation, will result in escalating sanctions, which may include dismissal from the College.

Appendix A-16: Academic Integrity Violation Policy Flow Chart



Appendix A-17: Academic Integrity Violation Student Notification

Date:

To:

From:

Method of delivery:

Subject: Alleged Violation of the Academic Integrity Policy

The purpose of this letter is to notify you of a possible violation of the Academic Integrity Policy of Bryan College of Health Sciences. Bryan College of Health Sciences is committed to being an academic community of integrity. Academic Integrity is expected in all endeavors of its student body.

You must contact me by ENTER DATE & TIME (MUST BE WITHIN 5 WORKING DAYS OR LESS) to discuss this issue. I am available ENTER BEST TIME TO CONTACT YOU. I can be reached by calling ENTER PHONE NUMBER or by emailing ENTER EMAIL.

Please be aware that failing to contact me within the designated time will result in an automatic referral to the Academic Integrity Committee for review of the alleged violation.

Thank you for your immediate attention and cooperation.

Appendix A-18: Academic Integrity Violations Reporting Form

Bryan College of Health Sciences is committed to being an academic community of integrity. It is mandatory to report all academic integrity violations.

Refer to the Academic Integrity Violation Procedure for detailed information about addressing academic integrity violations. Please contact the Provost at any time if you need guidance in completing this report or if you need support in handling this violation.

Student Name

Program/Degree _____

Semester Date

Course Faculty

Step 1

Please check type of academic integrity violation.

Definitions:

Deliberate Plagiarism = intentionally claiming the words or ideas of another as one's own without attempting to give credit to the originator of the words or ideas, thereby implying the words or ideas are one's own.

Cheating = Using or providing unauthorized assistance to gain or promote an unfair advantage

Fabrication/Falsification = Reporting or recording false information, or omitting required information.

Classroom Violation

- Deliberate Plagiarism
- Cheating
- Fabrication/Falsification
- Other

Clinical Violation

- Cheating
- Fabrication/Falsification
- Other

Please provide a brief description of the violation of the Academic Integrity Policy. For example, include date of violation, location, facts leading to suspicion of violation, relevant syllabus or clinical guideline statements, as appropriate. Attach additional documented evidence as needed.

Step 2

Contact the Provost, via the Early Intervention Referral form, to determine whether the student has a prior violation on record.

- No, the student has no prior record of Academic Integrity Violation. Complete the Academic Integrity Violation Student Notification form. Proceed to Step 3.
- Yes, the student has a prior Academic Integrity Violation. Complete the Academic Integrity Violation Student Notification form. This violation must be referred to the Academic Integrity Committee. The student must sign here.

To be completed by the student:

- I have discussed the violation with Course Faculty. I have been informed this violation will be addressed by the Academic Integrity Committee. I will make an appointment with the Provost within 2 working days to review the Academic Integrity Policy and Procedure.

Student Signature _____

Date _____

Faculty Signature _____

Date _____

Step 3: Select Option A or Option B.

OPTION A—Faculty investigate suspected violation and assign sanctions, not to exceed course failure.

Please check one or more of the following sanctions:

- Revise/repeat the assignment
- Reduced grade on assignment/paper/quiz/exam
- Zero on assignment/paper/quiz/exam
- Unsatisfactory clinical evaluation
- Course failure—theory component
- Course failure—clinical component
- Other

REMEDIATION: Remediation is required in addition to a sanction. If a prior violation is on record, the remediation plan and sanctions are recommendations for the Integrity Panel. If assistance is needed for remediation plan development, please contact the Provost, or Professional Development Center. Please describe the remediation plan below:

Remediation to be completed by (date & time—allowed one working day):

The Provost will document when remediation is completed. Professional development, student, and faculty need to communicate with the Provost when the remediation plan is met.

- The faculty and I have discussed the violation. I admit responsibility and accept the sanction. A record of the violation will be maintained by the Provost. I will make an appointment with the Provost within 2 working days to review the Academic Integrity Policy and Procedure. Failure to complete the remediation plan may result in disciplinary action up to and including dismissal from the College.
- **I do not admit responsibility and do not accept the sanction.** I request a review by the Academic Integrity Committee. I will make an appointment with the Provost within 2 working days to review the Academic Integrity Policy and Procedure.
- **I admit responsibility but do not accept the sanction.** I request a review by the Academic Integrity Committee. I will make an appointment with the Provost within 2 working days to review the Academic Integrity Policy and Procedure.

Student Signature _____

Date _____

Faculty Signature _____

Date _____

(Step 3 is complete. Proceed to Step 4.)

OPTION B—Faculty believes the violation may warrant a sanction more severe than course failure; therefore, the case is referred to the Academic Integrity Committee to be adjudicated.

To be completed by student:

- I have discussed the violation with Course Faculty. I have been informed this violation will be addressed by the Academic Integrity Committee. I will make an appointment with the Provost within 2 working days to review the Academic Integrity Policy and Procedure.

Student Signature _____

Date _____

Faculty Signature _____

Date _____

(Step 3 is complete. Proceed to Step 4.)

Step 4

- A. If the academic integrity violation was resolved at the course level, provide a copy of this Academic Integrity Violation Report to the student and to the Dean of the Academic Program. Retain copies of the following for your own records until course completion and submit the originals to the Provost:
 - This Academic Integrity Violation Report, signed by faculty and student
 - The Academic Integrity Violation Student Notification Form
 - All supporting evidence
- B. If the academic integrity violation is being referred to the Academic Integrity Committee, provide a copy of this Academic Integrity Violation Report to the student. Retain copies of the following for your own records and submit the originals to the Provost:
 - This Academic Integrity Violation Report, signed by faculty and student
 - The Academic Integrity Violation Student Notification Form
 - All supporting evidence

Thank you for taking the time to report this violation. Your efforts will help administration, faculty, staff, and the student body nurture a culture of integrity at Bryan College of Health Sciences.

Appendix A-19: Rationale for Program Closure

1. Describe the rationale for closing the program: provide supporting data.
2. Identify the regulations regarding program closure from state regulatory bodies, specialized accreditors, and the regional accrediting body.
3. 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.
4. Address how currently enrolled (or accepted) students will be able to complete the curriculum.
5. Address how financial aid will be affected by the phase out.
6. 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.

7. Address how program faculty will be retained for completion of the program. What is the plan for phasing out of faculty?
8. Address a plan for record retention.
9. Address a communication plan.
10. Identify locations where information on program will need to be removed/destroyed.

College Manual

Student Handbook

College Catalog

College Website

Fact Sheets

Appendix A-21: Distance Proctor Letter

Distance Proctor Letter

Dear Potential Proctor,

Thank you for considering this role. Proctoring a student is an important service for providing educational opportunities for students attending from a distance. It is also a serious role that requires attention to detail and high standards of integrity. As the representative for the college, you are fulfilling our standards of integrity and quality education. Please read the accompanying materials and consider if you feel you will be able to fulfill this role. If you choose to act as a proctor, please complete the enclosed application and return it to the address below.

You and the student should make arrangements for the time and location of the exam at least 3 weeks in advance. Please communicate these arrangements as soon as they are known. Students have access to the dates and times in the course syllabus. If you have any questions please do not hesitate to call or email any time. I appreciate your willingness to assist this student.

Sincerely,

Krista Croghan
 Distance Education and Instructional Design Director
 Bryan College of Health Sciences
 1535 S. 52nd Street, Lincoln, NE 68506
krista.croghan@Bryanhealthcollege.edu
 1-402-481-8065 or
 1-800-742-7844 Ext. 18065

Appendix A-22: Proctor Application Form

Please complete all of the following questions or indicate N/A. Please type or print clearly.

Name: _____

Address: _____ Street – line 1

_____ Street – line 2

_____ City, State, Zip Code

Day Time Phone: () - ____ - ____ Ext. _____ check if this is your preferred contact

Evening Phone: () - ____ - ____ ___ check if this is your preferred contact

Cell Phone (optional): () - ____ - ____ ___ check if this is your preferred contact

Do you have a preferred time for the college to call? _____

Email Address: _____

Alternate Email Address (optional): _____

Which of the following criteria applies to you?

___ Clergy

___ Elementary, Middle or High School teachers

___ College faculty

___ Military Education Officer or Officer of rank higher than student

___ Supervisor from a different department or more than one level above student

Please briefly explain how you meet this criterion - e.g.: What is your place of employment, how long have you been in this type of position? _____

Student Name _____

Course: _____

Do you know this student? If so for how long and in what capacity? _____

Are you related to this student? ___ Yes ___ No

Are you a direct supervisor for this student? ___ Yes ___ No

Does the student have access to your email: ___ Yes ___ No

Phone? ___ Yes ___ No

US Mail? ___ Yes ___ No

Having read the description of responsibilities, do you agree to abide by the directions? ___ Do you agree to maintain the highest levels of integrity in this role? ___

Signature: _____

Date _____

If a self-addressed envelope is not included with this form, please mail, email or fax to:

Krista Croghan, Distance Education Director,
Bryan College of Health Sciences,
1535 S. 52nd Street, Lincoln, NE 68506-1398

Fax to 1-402-481-8421
Email: krista.croghan@Bryanhealthcollege.edu

Appendix A-23: Student Application for Proctor

Student Name: _____

Address: (City/State) _____

Approximate Distance to Lincoln _____

Semester/Year proctor will be required: _____

Program at the College (RN, Health Professions etc.) _____

Proctor Name: _____

Contact information for proctor: _____

Course(s): _____

Do you know the proctor? If so for how long and in what capacity? _____

Are you related to this proctor? ____ Yes ____ No

Is this proctor your direct supervisor? ____ Yes ____ No

Do you agree to maintain the highest levels of integrity as a student taking an exam under a proctor's supervision? _____

Signature: _____

Date _____

Please mail, email or fax to:

Krista Croghan, Distance Education and Instructional Design Director,
Bryan College of Health Sciences,
1535 S. 52nd Street, Lincoln, NE 68506-1398

Fax to 1-402-481-8421
Email: krista.croghan@Bryanhealthcollege.edu

Directions for student:

- Complete and return this form at least 3 weeks prior to the first exam for which you will require a proctor.
- Provide the proctor the forms, allowing adequate time for the proctor to complete, mail and the college to receive the form at least 3 weeks prior the first exam.
- Give the Proctor Application Form, Guidelines for Proctoring and Letter to Potential Proctor to the proctor candidate in adequate time to complete and return at least 3 weeks prior to first exam.
- Make any necessary arrangements for fees related to the proctoring service in advance of requesting the proctor to complete the form.
- **Keep a copy of all of these forms for future use in other courses!**

Appendix A-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.

Appendix A-28 Assessment of Student Learning - Framework for Annual Assessment Plans and Reports

Content for the Annual Report	
1 Statements of Mission, Goals, and Philosophy	State the College Mission, Goals, and Program Philosophy Statement
2 Program Outcomes	Identify program outcomes
Measurements of	Describe the measures (tools) and methods (processes and procedures) used to collect data. <ul style="list-style-type: none"> • Which measures were used? • How do measures assess program outcomes? • How and when were measures administered?
3 Assessments and Benchmarks	Determine benchmarks for each measurements of assessment. Describe the results of data collection and analysis.
4 Determine gaps	<ul style="list-style-type: none"> • 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? Describe the probable reasons for each gap, if any.
5 Probable Reason for Gaps	<ul style="list-style-type: none"> • How did programs determine probable reason for gaps in student learning? Describe the adjustments, if any, in program or operations to narrow the gaps identified.
6 Programmatic and/or operational adjustments to narrow gaps	<ul style="list-style-type: none"> • How did the program determine what adjustments might be necessary. • What changes does the program recommend to address each identified gap? <ul style="list-style-type: none"> ◦ Changes in the curriculum? ◦ Changes in instructional strategies? ◦ Changes to course content? ◦ Changes in faculty? Describe the budget requests, if any, required to implement program/operation changes recommended above
7 Changes in budget for planning/ budgeting processes	<ul style="list-style-type: none"> • What changes to budget is needed to implement proposed adjustment? <ul style="list-style-type: none"> ◦ What needs to be changed and what is the cost? Describe if/how changes in outcomes documented in data collection are related to the programmatic or operational changes made previously.
8 Correlate adjustments to changes in outcomes	<ul style="list-style-type: none"> • 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. Describe changes, if any, to next year's assessment plan.
9 Refining Assessment Plan and Processes	<ul style="list-style-type: none"> • Did assessment of student learning raise questions about the effectiveness of program's assessment plan? • If so, what changes need to be made? <ul style="list-style-type: none"> ◦ Different measurements and/or methods of data collection? ◦ Adjusting benchmarks?

Assessment plans with changes highlighted along with annual reports must be submitted to either the Undergraduate Studies or Graduate Studies Committees.

Appendix A-29: 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 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
- 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. The Chair with agreeance from the Executive Committee may cancel meetings if the agenda items do not warrant a meeting.

Section 2.

Special meetings shall be called by the Chair, as deemed necessary.

Section 3.

The order of business at the regular meetings shall be: (This is not a standard part of bylaws.)

- A. Call to order
- B. Approval of minutes
- C. Reports
 - 1. Provost

- 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. The Chair with agreeance from the Executive Committee may cancel meetings if the agenda items do not warrant a meeting.

Membership of the Faculty Senate Executive Committee shall include the Chair, Chair Elect, Secretary, and Historian of the Faculty Senate; Chairs of each of the Standing Committees; and the President and/or Provost of the College.

Section 5.

Special meetings may be called by the Chair, as deemed necessary.

Section 6.

The business to be conducted at each Faculty Senate Executive Committee meeting will include reports from all Standing Committee Chairs and the President and/or Provost.

Article VI

Quorum

A simple majority of the voting membership shall constitute a quorum for the Faculty Senate and its Committees.

Article VII

Voting/Amendments

Section 1.

All members of the Faculty Senate shall have the power to vote except those designated as "ex-officio, non-voting." Faculty Senate meetings are open to all administration, faculty, and College staff, except when designated as executive sessions restricted to members.

Section 2.

A simple majority of votes cast is necessary for the adoption of any motion, except those for which parliamentary law prescribes a greater vote such as the amendment of bylaws. The minutes shall reflect the outcome of the vote.

Section 3.

The Bylaws of the Faculty Senate may be amended at any regular or special meeting of the Faculty Senate by a two-thirds vote of the members present, provided a quorum is present and a written copy of the proposed amendments has been sent to all members at least two weeks prior to the vote.

Article VIII

Standing Committees and Subcommittees

Section 1.

Standing Committees shall be:

- A. Integrity
- B. Educational Technology
- C. Faculty Development, Rank, and Promotion
- D. Graduate Studies

E. Undergraduate Studies

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. The process of requesting nominations for Faculty Senate Officers and Standing Committee members may begin up to two weeks prior to the March Faculty Senate Meeting and remain open beyond the March meeting. Voting shall take place before the end of March. Requesting nominations and voting may be conducted electronically.
- 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.
- D. Policies scheduled for routine review will be shared with the Executive Committee at the beginning of the academic year, by the Faculty Senate Chair. Standing Committee Chairs shall communicate the need to review respective policies to Standing Committee members and plan for policy review movement to begin at the level of Subcommittee recommendations, if applicable to policy content/publication locations.

Section 8.

Purpose and Membership of Standing Committees

- A. Integrity Committee
 1. *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 integrity violations by students;
 - d. plan and coordinate 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 integrity;
 - g. evaluate and report trends in integrity violations in the College
 2. *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, Provost (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 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 using 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, review results of the evaluation of distance education and educational technology, and offer recommendations for improvements.
 - e. Evaluate recommendations and provide input for proposed college-wide technology purchases.
 - f. Review changes in regulations and standards for distance education and educational technology, brought forward by the Director of Digital Education and Instructional Design, 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 (i.e. completion of required distance faculty training and a minimum of one completed semester teaching a distance course).
 - b. College Network Administrator (ex-officio, non-voting)
 - c. Educational Development Team Representative (ex-officio, non-voting)
 - d. Director of Library Services (ex-officio, non-voting)
 - e. One or two students appointed by the Student Government Association or by faculty recommendation (non-voting)

Revised/Approved by the Faculty Senate January 9, 2017

Revised/Approved by the Faculty Senate May 22, 2017

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. recommend, review, and evaluate effectiveness of policies and procedures for academic rank and promotion;
 - d. 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;
 - e. collaborate with administration regarding faculty policies; and
 - f. 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 all ranks both undergraduate and graduate programs; minimum of one faculty from Nursing, Sonography, Humanities and Sciences, 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 below for list). For those programs with few enough faculty where the APG, Curriculum, and Assessment committees all have the same faculty composition and meet together (see VIII.4) the single faculty chair will represent all three committees.
 - e. Provost (ex-officio, non-voting)

- f. Registrar (ex-officio, non-voting)
 - g. Librarian (ex-officio, non-voting)
 - h. Director of Digital Education and Instructional Design (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) Each elected faculty member may serve up to two (2) consecutive terms, if elected to each for a total of six (6) years.
 - (1.4) Upon completion of two (2) terms, the faculty member must wait one (1) year to become eligible for nomination and service to return to the committee.
 - (1.5) Dean of Undergraduate Nursing (ex-officio, non-voting)
 - (1.6) Dean of Enrollment Management (ex-officio, non-voting)
 - (1.7) Admissions Counselor (ex-officio, non-voting)
 - (1.8) One student representative appointed by the Student Government Association or by faculty recommendation (non-voting)
 - (2.1) (APG) Sonography Admission, Progression, and Graduation Subcommittee
 - (2.2) One faculty representative from each sonography specialty – a minimum of three and no more than seven sonography faculty
 - (2.3) Dean of Healthcare Studies (ex-officio, non-voting)
 - (2.4) Director of Enrollment Management (ex-officio, non-voting)
 - (2.5) Admissions Counselor (ex-officio, non-voting)
 - (2.6) One student representative appointed by the Student Government Association or by faculty recommendation (non-voting)
 - (3.1) (APG) Humanities and Sciences Admissions, Progression, and Graduation Subcommittee
 - (3.2) A minimum of five and no more than eight Humanities and Sciences faculty.
 - (3.3) Dean of Enrollment Management (ex-officio, non-voting)
 - (3.4) Dean of Healthcare Studies (ex-officio, non-voting)
 - (3.5) One student representative appointed by Student Government Association or by faculty recommendation (non-voting)
 - 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. Each elected faculty member may serve up to two (2) consecutive terms, if elected to each for a total of six (6) years.
 - c. Upon completion of two (2) terms, the faculty member must wait one (1) year to become eligible for nomination and service to return to the committee.
 - d. Dean of Nursing (ex-officio, non-voting)
 - e. 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 Healthcare Studies (ex-officio, non-voting)
- c. One student representative appointed by the Student Government Association or by faculty recommendation (non-voting)
- (1.3) (Assess) Humanities and Sciences Assessment Subcommittee
 - a. A minimum of five and no more than eight Humanities and Sciences faculty
 - b. Dean of Healthcare Studies (ex-officio, non-voting)
 - c. One student representative appointed by 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. Each elected faculty member may serve up to two (2) consecutive terms, if elected to each for a total of six (6) years.
 - c. Upon completion of two (2) terms, the faculty member must wait one (1) year to become eligible for nomination and service to return to the committee.
 - d. Dean of Undergraduate Nursing (ex-officio, non-voting)
 - e. Assistant Dean of Undergraduate Nursing (ex-officio, non-voting)
 - f. Registration and Advising Supervisor (ex-officio, non-voting)
 - g. 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 Healthcare Studies
 - c. (ex-officio, non-voting)
 - d. Registration and Advising Supervisor (ex-officio, non-voting)
 - e. One student representative appointed by Student Government Association or by faculty recommendation (non-voting)
 - (1.3) (Curric.) Humanities and Sciences Curriculum Subcommittee
 - a. A minimum of five and no more than eight Humanities and Sciences faculty
 - b. Registration and Advising Supervisor (ex-officio, non-voting)
 - c. Dean of Healthcare Studies (ex-officio, non-voting)
 - d. One student representative appointed by Student Government Association or by faculty recommendation (non-voting)

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. review assessment results;
 - h. evaluate and verify curricular proposals in relation to College mission and policies, including actions such as;

- (1.1) New programs (major, minor, or certificate), tracks and degree options: Vote at subcommittee level; Graduate Studies; and Faculty Senate:
 - (1.2) Revisions to current program or program outcomes: Vote at subcommittee level, Graduate Studies, and Faculty Senate:
 - (1.3) New or significant revision (change in intent) to course description or course outcomes: Vote at subcommittee level; and report to Graduate Studies:
2. *Membership of Graduate Studies Committee:*
- 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. Graduate student representative (non-voting), one or two selected by faculty
 - 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) At least one, but no more than two graduate nursing students 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 respond to questions and suggestions made by the Graduate Studies Committee for approval or revision;
 - (1.2) Implement assessment plans, evaluate student learning outcomes, and review progress in meeting assessment goals; and
 - (1.3) Integrate assessment results into curricular evaluation, strategic planning, and budgetary cycles.
 - 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) At least one, but not more than two graduate nursing students selected by faculty (non-voting). Invitation to attend meeting based on topic of discussion.
 - (2.1) School of Nurse Anesthesia Assessment Subcommittee
 - (2.2) A minimum of three and no more than five 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) At least one, but not more than two 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.

Approved by College Council, December 15, 2005

Amended by Faculty Senate August 7, 2006

Amended by Faculty Senate July 2, 2007

Amended by Faculty Senate December 1, 2008

Amended by Faculty Senate January 5, 2009

Amended by Faculty Senate August 3, 2009

Amended by Faculty Senate September 14, 2009

Amended by Faculty Senate November 2, 2009

Amended by Faculty Senate March 1, 2010

Amended by Faculty Senate April 5, 2010

Amended by Faculty Senate May 7, 2010

Amended by Faculty Senate April 4, 2011

Amended by Faculty Senate September 2012

Amended by Faculty Senate February 2013

Amended by Faculty Senate May 4, 2015; Reviewed and approved by the Executive Committee of the Board of Trustees, July 1, 2015

Amended by Faculty Senate May 2, 2016, Reviewed and approved by the Executive Committee of the Board of Trustees, June 28, 2016

Amended by Faculty Senate May 22, 2017. Approved by the College Board of Trustees, August 10, 2017
Amended by Faculty Senate May 6, 2019. Approved by the College Board of Trustees, August 8, 2019
Amended by Faculty Senate May 4, 2020. Approved by College Board of Trustees September 17, 2020.

Documents from these institutions guided the development of the Bylaws of the Faculty Senate: Good Samaritan College of Nursing and Health Sciences, Bellin College of Nursing, Deaconess College of Nursing, Mount Carmel College of Nursing, Lester L. Cox College of Nursing and Health Sciences, Trinity College of Nursing and Health Sciences, Mercy College of Health Sciences, Allen College, Nebraska Wesleyan University.

Appendix A-30: 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

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 review of all submitted research proposals submitted to the IRB.
- 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. Perform a quarterly review of all open studies to determine the need for annual and/or final study closure reports.
- D. Notify Primary Investigators of research protocols that are in need of routine annual reviews and/or final study closure reports.
- E. Report results of quarterly review to the IRB.

Article IV

Quorum

A simple majority of the voting membership shall constitute a quorum for meetings of the IRB.

Article V

IRB Review of Protocols

Section 1.

The IRB shall:

Review research protocols from within the Bryan College of Health Sciences community. All research protocols to be reviewed by the IRB must come from within Bryan College of Health Sciences and have a designated college faculty or sponsor. Research that has been reviewed and approved by the IRB may be subject to further review and disapproval by officials of Bryan College of Health Sciences or institution in which the research will be conducted. Those officials may not, however, approve research if it has been disapproved by the IRB. Approved research is subject to continuing IRB review and must be reevaluated at least annually.

Section 2.

Only the IRB may decide whether a study meets the definition for an Exempt, Expedited, or Full review and the level of review required for that study. Exempt, Expedited, and Full protocols will be reviewed according to IRB definitions and procedures.

Article VI

Conflicts of Interest

Section 1.

No IRB member may participate in the review of or vote on a project/research protocol in which that member has an active role or conflict of interest. No IRB member may participate in the discussion of such unless invited to do so by the IRB.

Article VII

Amendments

The bylaws of the IRB may be amended at any regular or special meeting of the IRB by a two-thirds vote of the members present, provided a quorum is present and a written copy of the proposed amendment(s) has been sent to all members at least two weeks prior to the vote. Any amendments that are mandated by the federal government will be made immediately and reported to IRB members.

Appendix A-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.

Appendix A-32: Travel Estimate

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

Name _____

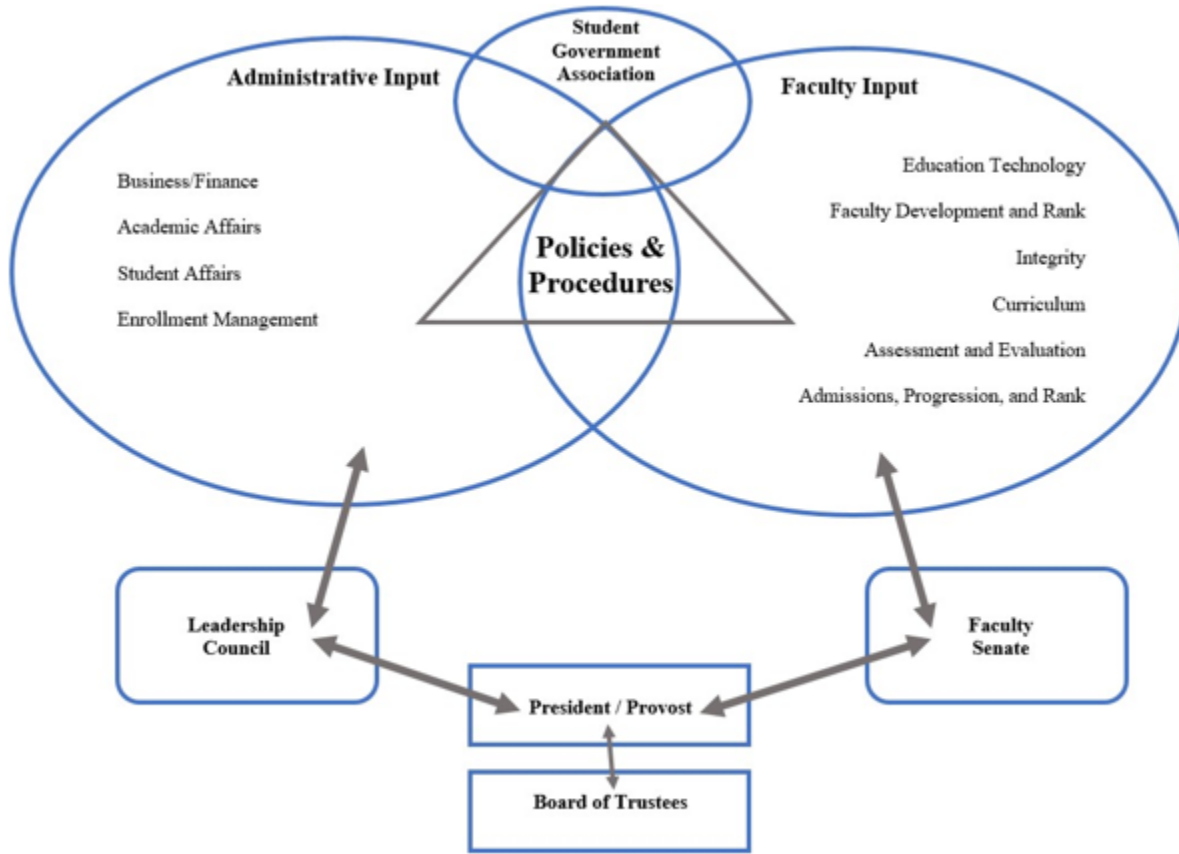
Cost Item	Actual or Estimated Cost
Registration for Conference	
Hotel (daily cost X # days of stay)	
Flight – find estimated cost online for dates of conference - use Orbitz.com, etc.	
Per diem – Contact the Dean of Operations for total per diem cost.	
Miscellaneous (parking, cabs, mileage, etc.) include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

Name of Conference

Dates of Conference:

Manager/Dean Signature (required before submission to FDR) _____

Appendix A-33: Shared Governance Model



Appendix A-36: Bryan College of Health Sciences High School Cadaver Agreement

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 2. 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 _____

Appendix A-37: Bryan College of Health Sciences Student Cadaver Agreement

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 your anatomy and/or physiology instructor, or the Dean of Healthcare Studies.

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 _____