NEW ENGLAND COLLEGE

THREE-YEAR COOPERATIVE BACHELOR OF SCIENCE IN NURSING

NURSING FACULTY HANDBOOK

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Dear New England College (NEC) Nursing Faculty:

Welcome to New England College and NEC Nursing! This academic year promises to be exciting as we welcome new members to our teaching-learning community. This handbook, designed for your use in combination with the NEC Faculty Manual, contains policies specific to NEC Nursing. This handbook will assist you in better understanding the NEC Nursing faculty expectations and the program. This Nursing Faculty Handbook, revised annually, is also available on NEC Nursing Teams.

Dr. A. McPhee Smith, DNP, RN, CNE

Dean of Nursing & Health Professions

ACCREDITATION

NEC has initial approval by the New Hampshire Board of Nursing, 7 Eagle Square, Concord, New Hampshire, 03301
Phone: 603-271-2152
https://www.oplc.nh.gov/new-hampshire-board-nursing

The Three-Year Cooperative Bachelor of Science in Nursing Program at New England College is pursuing initial accreditation by the Commission on Collegiate Nursing Education http://www.ccneaccreditation.org. Applying for accreditation does not guarantee that accreditation will be granted.

New England College will host CCNE on campus on February 28, 29, and March 1, 2024, for our initial accreditation site visit.

Send comments to:

Commission on Collegiate Nursing Education Attention: Third-Party Comments 655 K Street, NW, Suite 750
Washington, DC 20001

Section I:
Program Mission, Philosophy, Organizing Framework, Outcomes, and Bylaws

Mission, Vision, Philosophy, & Values

NEC Mission Statement

NEC is a creative and supportive learning community that challenges individuals to transform themselves and their world.

NEC Vision Statement

NEC will be the most highly respected and sought-after small private College in New Hampshire, known for its innovative academic programs and as a leader in experiential education.

NEC Nursing Mission Statement

The mission of the Three-Year Baccalaureate of Science in Nursing (BSN) Cooperative Program at NEC is to provide students with an innovative, accessible, affordable, experiential, and supportive learning community that challenges individuals to transform themselves and the care environments they serve.

NEC Nursing Vision Statement

NEC will be the most highly respected and sought-after small private College in New Hampshire, known for its innovative nursing program and as a leader in experiential nursing education.

NEC Nursing Philosophy

NEC Nursing faculty/staff believe our programs transcend the traditional nursing education model by offering the student a forward-thinking approach. Based on the Liberal Arts and an innovative experiential learning framework, our concept-based nursing curriculum seamlessly aligns with 21st Century practice needs. As Nursing Faculty, we believe our programs prepare graduates to navigate the complexity of healthcare challenges today and into the future. In addition, nursing faculty are committed to mentoring and teaching the following NEC values:

Value 1: Imaginative, innovative, and creative approaches to all endeavors.
Value 2: Respect for self in the development of personal, social, physical, and intellectual abilities.
Value 3: Caring and collaborative relationships among members of our community.
Value 4: Respect for the varied qualities of individuals, communities, and the world.
Value 5: An appreciation of beauty and elegance in the search for truth.
Value 6: Inquiry into and the pursuit of social justice.
Value 7: Ethical and responsible citizenship, including service to the community.
Value 8: The pursuit of ecological sustainability.
Value 9: Continuous learning and a lifetime of personal achievement.

Preferred Vision of the Professoriate

According to the [American Association of Colleges of Nursing (AACN)](), faculty members are entrusted with a noble mission - to equip students with the knowledge and skills to drive change, ignite innovation, and transform the healthcare landscape. It is worth emphasizing that the faculty composition, including their educational backgrounds, areas of expertise, roles, and responsibilities, naturally varies, reflecting the unique missions and emphases of the academic programs they serve. Nevertheless, amidst this diversity, a unifying expectation transcends these variables - a commitment to collegiality and the unwavering adherence to ethical principles and professional standards. These guiding principles find expression across four fundamental domains: the individual, their role, their alignment with core values, and their contribution to nurturing a positive and enriching teaching-learning environment.

Faculty members are called upon to showcase competence and a sustained commitment to excellence across diverse realms. This encompasses profound knowledge relevant to educating baccalaureate generalists, adept pedagogical techniques, exceptional interpersonal skills, and transformative leadership qualities. Furthermore, they must exemplify proficiency within their specialized practice or expertise. Regarding educational qualifications, the preferred pinnacle is often a doctoral degree, albeit with a specialization aligning with the faculty member's career aspirations and their intended contributions to the field. For those engaged in the critical areas of clinical instruction, coordination, and mentoring of preceptors, attaining graduate-level preparation focused on clinical expertise and the continuous pursuit of contemporary practice knowledge is considered the baseline expectation.

The role of faculty members is nothing short of multifaceted, encompassing scholarly contributions in areas such as teaching, research, practice, and leadership. The balancing act between these components reflects the unique talents of each faculty member and the specific needs of the profession, institution, and programs they champion. Beyond their core responsibilities, all faculty members are entrusted with the crucial task of mentoring, nurturing the growth of students and colleagues alike, fostering collaboration within the academic community, shaping curriculum development, inspiring innovative teaching-learning methodologies, supporting shared governance structures, and bolstering the reputation of their respective programs while fostering partnerships with a broader community of stakeholders, both within and beyond the academic institution. Faculty members are envisioned as catalysts for positive change, serving as leaders within the academic realm and as influential figures in professional organizations and broader communities of interest beyond the confines of academia.

Every decision and action undertaken by faculty members is steeped in shared values. These encompass an unwavering commitment to championing diversity and inclusivity, maintaining the highest standards of integrity, promoting equity in all endeavors, and ensuring unwavering accountability. Moreover, faculty members are expected to serve as exemplars and as inspirations for nursing excellence, lifelong learning, and a profound respect for diverse perspectives and knowledge beyond their own. Professional conduct mandates civility, respect, dignity, and the embodiment of scholarly demeanor in all interactions. At the helm of this vision is the chief nurse administrator, who plays an instrumental role in fostering an environment that nurtures the growth and success of both faculty and students and is equipped with the structures, processes, and resources essential for this purpose. Creating a healthy teaching-learning environment that cherishes and supports each individual's talents, perspectives, and interests is paramount in enhancing student and faculty engagement and kindling enthusiasm for the pursuit of knowledge.

Ultimately, the guiding vision that propels faculty members forward empowers them to address the ever-evolving healthcare needs of today, tomorrow, and beyond. They are the torchbearers of change, the guardians of knowledge, and the stewards of the nursing profession, poised to meet the challenges and seize the opportunities that lie ahead in the ever-dynamic world of healthcare.

Defining Scholarship for the Discipline of Nursing

As the AACN articulated, nursing scholarship encompasses the comprehensive processes of generating, synthesizing, translating, applying, and disseminating knowledge to enhance and inform various aspects of healthcare, including practice, education, policy, and healthcare delivery. This holistic view of scholarship includes four key dimensions outlined by Boyer (1999): discovery, integration, application, and teaching. The defining characteristic of scholarship is its cumulative impact on nursing and healthcare.

The scholarship of discovery takes the form of primary empirical research, encompassing activities such as analyzing large datasets, developing and testing theories, conducting methodological studies (including implementation science), engaging in health services research, and engaging in philosophical inquiry and analysis. This form of scholarship yields new knowledge, refines or expands existing knowledge, and has practical applications in healthcare practice.

The scholarship of practice interprets, consolidates, and provides fresh insights into original research by applying evidence to practice settings to enhance and transform healthcare delivery and patient outcomes. This scholarship leverages innovative methods of implementation and translation science to integrate evidence into clinical practice. It addresses specific practice-related issues, focusing on treatment methods or practices that can lead to improved outcomes or the establishment of "best practices." Internal evidence is generated through outcomes management, quality improvement initiatives, and evidence-based practice projects.

The scholarship of teaching centers on the transmission, transformation, and extension of knowledge. Teaching scholars are dedicated to developing, evaluating, and enhancing nursing curricula, student learning experiences, and teaching methodologies. This scholarship is concerned with understanding, describing, explaining, and assessing the impact of teaching and learning strategies on learner outcomes. It also involves disseminating the findings to contribute to the body of knowledge and inviting critique, review, and dissemination within the discipline.

Woven throughout these three domains of nursing scholarship is a crucial emphasis on healthcare policy, which plays a pivotal role in healthcare innovation and improvement in the public domain. The scholarship of healthcare policy encompasses various stages, including problem identification, analysis, stakeholder engagement, policy development, enactment (which involves designing programs and influencing rules and regulations), policy implementation, evaluation of policies and programs, and dissemination of evidence-based best practices.

In addition to these domains, health services research plays a significant role in examining how individuals access healthcare, the cost of care, and patient outcomes. Health services research aims to identify effective ways to organize, manage, finance, and deliver high-quality care, reduce medical errors, enhance patient safety, and influence policy formulation and revision. In essence, as described by AACN and Boyer's framework, nursing scholarship is a multifaceted and dynamic endeavor encompassing research, practice, teaching, and policy to advance nursing knowledge and improve healthcare outcomes.

Measures of Nursing Full-Time Faculty Effectiveness

The NEC Nursing full-time faculty are employed on 12-month contracts because the program operates on a 12-month calendar. *Per 4.7.2 Faculty Responsibilities: Full-Time Faculty in the Standard Ranks* section of the NEC Faculty Manual Volume 4, NEC Nursing full-time faculty (ranked or visiting) are expected to teach 30 credits per academic year. Administrative and adjunct faculty are appointed per-term/course contracts and do not have an expected teaching credit load minimum or service and scholarship requirements. In alignment with *4.9.1 Faculty Evaluation of Full-Time Faculty in the Standard Ranks* section of the NEC Faculty Manual Volume 4, NEC Nursing full-time faculty are expected to dedicate 50% of their role to teaching, 15-35% to participation in governance and community service, and 15-35% to scholarly activities.

Per *4.9.1 Faculty Evaluation of Full-Time Faculty in the Standard Ranks,* the faculty member is responsible for producing evidence of these three criteria as part of the annual activity report and in their evaluation dossier when undergoing summative evaluations. Full-time nursing faculty have additional specific and measurable outcomes evidence to collect listed below.

Teaching Effectiveness (50%)

Direct Teaching:
    a. Course materials (one packet per course):
        i. Syllabi;
        ii. Exams, quizzes, and related assessment materials;
        iii. Samples (at least one, no more than three) of materials demonstrating:
            a. Innovative instruction
            b. Use of writing in the course(s)
            c. Revision and update of course materials to maintain currency of the knowledge offered.
            d. Grading techniques and feedback are given to students.
            e. Instructional support (handouts, study guides, problem-solving sets, materials used to facilitate experiential education)
            f. Materials that illustrate the implementation of NEC's Shared Commitments into the course(s)
    b. Student evaluations of courses;
    c. Student letters (both current students and alumni);
    d. Classroom observation reports;
    e. Colleague letters;
    f. Examples of creation and implementation of experiential education activities, commitment to the natural and civic environment, and NEC pedagogical principles and practices in courses and programs;
    g. Examples of the use of technology in the classroom include the creation of videos, flipped classroom activities, and any other pedagogical use of technology in the physical or virtual classroom;
    h. Communications from Associate Deans or Deans when student evaluations are below the norm or issues arise during a term;
    i. Availability to students for help outside the classroom and
    j. Supervised internships, if applicable.

Indirect Teaching:
    a. Curricular planning, revision, and innovation informed by course and program assessment; creation of new courses or programs; development of specialized instructional materials (modules, self-instructional units, films, etc.);
    b. Advising assigned students in the Divisions. The extent to which the faculty member met with assigned students and the meetings were viewed as successful by the supervisor, peers, and students; student evaluations of faculty advising.

Teaching Effectiveness Measurable Outcomes for all Full-Time Nursing Faculty: (based on a 10-point Likert scale)
   a. The aggregate cumulative score for all full-time faculty teaching in the program will be >/= to 7.5 on the summative course evaluation tool each term.

Service to the Institution (15-35%)

In year two, a faculty member is required to contribute to the operation of the College by participating in faculty governance and community service activities. Evidence of this includes but is not limited to:
   a. Service within the Division;
   b. Service on College-wide committees, Ad-hoc committees, Faculty committees, and Board of Trustees committees;
   c. Advising of student organizations;
   d. Service to recruitment, mentoring, and retention of students;
   e. Service to alumni organizations;
   f. Service to professional societies in the faculty member's discipline and
   g. Service to the outside community that is rationally related to the faculty member's discipline benefits the College in another way.

Service to the Institution Measurable Outcomes for Full-Time Nursing Faculty:
   a. The aggregate cumulative percentage for the program will be 100% of all full-time nursing faculty participation in the program's governance through membership on at least one nursing program sub-committee (Student Affairs Committee or the Nursing Curriculum and Evaluation Committee).
   b. The aggregate cumulative percentage for the program will be 100% of all full-time nursing faculty participation in the program's governance through membership in the Shared Governance Committee.

Scholarly Activities (15-35%)

Faculty are required to engage in professional development and scholarly activity. There is a clear expectation that one will draw upon these experiences to enhance and inform the excellence of one's teaching, which is at the heart of the College's mission. The specific form of professional development and scholarly activity varies within the College due to inherent discipline differences. At the same time, all full-time faculty with primary teaching responsibilities in the undergraduate residential programs are expected to carry out scholarly, creative, or professional work in their disciplines or around the themes included in NEC's Shared Commitments. Faculty with primary teaching responsibilities in the doctoral program, in turn, are expected to carry out scholarly work in their disciplines. Section 4.7.2.3, "Professional Development and Scholarly Activities," provides guidelines about the types of work included in this area.

Evidence of professional development and scholarly activity may include, but is not limited to:
   a. Scholarly publications, including books, chapters, monographs, and papers that are refereed or otherwise deemed appropriate in the faculty member's academic discipline;
   b. Creative accomplishments (paintings, poetry, sculpture, dramatic presentations, etc.);
   c. Scholarly presentations (talks, presented papers, exhibits, poster sessions);
   d. Fully developed manuscripts;
   e. Attendance at conferences;
   f. Attainment of advanced degrees and certificates;
   g. Colleague letters;
   h. Grants;

     i.   Membership in professional organizations, especially in an active role such as committee member or officer of the organization;

     j.   Research projects, the direction of theses, and seminar projects;

     k.   Consulting or an equivalent professional activity; sharing expertise within the discipline locally or regionally.

Scholarly Activities Measurable Outcomes for Full-Time Nursing Faculty: (based on a 5-point Likert scale)

     a.   The aggregate cumulative percentage for the program will be 100% of all full-time nursing faculty demonstrating ongoing professional development through completion of at least ten CEUs annually (OR) a faculty may demonstrate completion of at least nine credits in a program of advanced education in nursing or a related field (OR) have demonstrated achievement of advanced certification.

     b.   The aggregate cumulative percentage for the program will be 100% of all full-time nursing faculty who will demonstrate forms of practice in nursing or a related field necessary to remain connected to and current with practice; practice activities may include direct or indirect provider roles or practical experiences or services that contribute to improvements in care.

Measures of Nursing Part-Time Faculty Effectiveness

Please review section *4.7.5, Adjunct Faculty Responsibilities* of the NEC Faculty Manual Volume 4, for specific pedagogical and administrative responsibilities. While adjunct faculty have no additional scholarship or service obligations, adjunct teaching effectiveness will be factored into our aggregate teaching effectiveness measurable outcome.

Teaching Effectiveness Measurable Outcomes for all Part-Time Adjunct Faculty (not including Cooperative Clinical Facilitators) (based on a 5-point Likert scale):

- The aggregate cumulative score for all part-time adjunct faculty (not including cooperative clinical facilitators) teaching in the program will be >/= to 3.5 on the summative course evaluation tool each term.

Teaching Effectiveness Measurable Outcomes for all Part-Time Adjunct Cooperative Clinical Facilitators (based on a 5-point Likert scale):

- The aggregate cumulative score for all cooperative clinical facilitators teaching in Cooperative Experiences will be >/= to 3.5 on each term's summative course evaluation tool.

Measures of Nursing Preceptor Effectiveness

Teaching Effectiveness Measurable Outcomes for all Preceptors (based on a 5-point Likert scale):

- The aggregate cumulative score for all preceptors serving as an extension of faculty teaching in Cooperative Experiences and Capstone will be >/= to 3.5 on each term's summative course evaluation tool.

Program Organizing Framework

Professional Nursing Standards and Guidelines

The program organizing framework is designed from the alignment and adaptation of the following professional nursing standards and guideline resources:

- American Association of Colleges of Nursing (AACN) The Essentials of Baccalaureate Education for Professional Nursing Practice (2008)
- American Association of Colleges of Nursing (AACN) Essentials (2021) Domains and Core Concepts
- Massachusetts Nurse of the Future (NOF) Competencies (2016)

The following is a list of program concept groupings, topics, and concepts:
    I.   Core Integrated Concepts
        A. Professionalism
        B. Clinical Judgment
        C. Communication
        D. Compassionate Care
        E. Diversity, Equity, and Inclusion
        F. Ethics
        G. Evidence-Based Practice
        H. Health Policy
        I.   Social Determinants of Health
        J. Quality and Safety
        K. Informatics and Technology

    II.   Concept Groupings
        A. Themes
            1. Professional Nursing Concepts
                1. Attributes and Roles
                    a. Professional Identity
                    b. Clinical Judgment
                    c. Leadership
                    d. Ethics
                    e. Teaching and Learning
                    f. Health Promotion and Illness Prevention
                2. Care Competencies
                    a. Communication
                    b. Collaboration
                    c. Safety
                    d. Informatics
                    e. Evidence
                    f. Quality

2. Health Care Concepts
    1. Delivery
        a. Population Health
        b. Diversity
        c. Equity
        d. Inclusion
        e. Health Disparities
        f. Care Coordination
        g. Caregiving
        h. Palliative Care
    2. Systems
        a. Organizations
        b. Economics
        c. Policy
        d. Law
3. Psychosocial Concepts
    1. Attributes and Roles
        a. Development
        b. Functional Ability
        c. Family Dynamics
        d. Culture
        e. Spirituality
        f. Adherence
        g. Self-Management
    2. Mood, Cognition, and Maladaptive Behavior
        a. Stress and Coping
        b. Mood and Affect
        c. Anxiety
        d. Cognition
        e. Psychosis
        f. Addiction
        g. Interpersonal Violence and Trauma
4. Biophysical Concepts
    1. Homeostasis and Regulation
        a. Fluid and Electrolytes
        b. Acid-Base Balance
        c. Thermoregulation
        d. Rest and Sleep
        e. Cellular Regulation
        f. Intracranial Regulation
        g. Metabolism
        h. Hormonal Regulation
        i. Glucose Regulation
        j. Nutrition
        k. Digestion
        l. Elimination
        m. Perfusion
        n. Gas Exchange and Oxygenation

       o. Clotting
       p. Pharmacology
  2. Reproduction and Sexuality
       a. Reproduction
       b. Sexuality
  3. Protection and Movement
       a. Immunity
       b. Inflammation
       c. Infection
       d. Mobility
       e. Tissue Integrity
       f. Sensory Perception
       g. Comfort
       h. Pain

Concept Definitions and Exemplars

Professional Nursing Concepts	
Topic: Nursing Attributes and Roles	**Definition and Exemplars**
Professional Identity	Definition: A sense of oneself, and in relation to others, that is influenced by characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse. Exemplars: Integrity, Compassion, Courage, Humility, Advocacy, Accountability, Human Flourishing
Clinical Judgment	Definition: An interpretation or conclusion about a patient's needs, concerns, or health problems, and/or the decision to act (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient's response. Exemplars: Clinical Skills, Priority Setting Frameworks, Nursing Process, Communication, Medication Management, Management of Care, and Nursing Leadership
Leadership	Definition: An interactive process that provides needed guidance and direction. Exemplars: Leadership Roles and Leadership Styles
Ethics	Definition: The study or examination of morality through a variety of different approaches. Exemplars: Beginning of Life, Lifespan, End of Life, Organizational, and Health Policy Ethics Genetic Enhancement, Confidentiality, Advanced Directives, Uncompensated Care, and Conflict of Interest
Teaching and Learning	Definition: Anything that provides patients and families with information that enables them to make informed choices about their care, health, and wellbeing, and that helps them gain knowledge and skills to participate in care or healthy living processes. Exemplars: Formal, Informal, and Self-Directed Health Promotion and Illness Prevention Education
Health Promotion and Illness Prevention	Definition: Health promotion is the process of enabling people to increase control over, and to improve their health. Exemplars: Primary, Secondary, and Tertiary Prevention Across the Lifespan: Vaccination, Oral Hygiene, Nutrition, Physical Activity, Blood Pressure Screening, Breast Cancer Screening, Colorectal Cancer Screening
Topic: Care Competencies	**Definition and Exemplars**
Communication	Definition: A process of interaction between people in which symbols are used to create, exchange, and interpret messages about ideas, emotions, and mind states. Exemplars: Assertive, Therapeutic, Intrapersonal, Interpersonal, Interprofessional, Handoff/Reporting, Documentation – Electronic Health Record
Collaboration	Definition: Development of partnerships to achieve best possible outcomes that reflect the needs of the patient, family, or community, requiring an understanding of what others have to offer. Exemplars: Nurse-Patient, Nurse-Nurse, Interprofessional, Interorganizational
Safety	Definition: Minimizing risk of harm to patients and providers through both system effectiveness and individual performance. Exemplars: Point of Care and Systems
Informatics	Definition: The science that encompasses information science and computer science to study the process, management, and retrieval of information. Exemplars: Clinical, Consumer Health, Bio-surveillance and Bio-informatics Tools
Evidence	Definition: An ongoing process by which evidence, nursing theory, and the practitioners' clinical expertise are critically evaluated and considered, in conjunction with patient involvement, to provide the delivery of optimum nursing care for the individual. Exemplars: Quantitative and Qualitative Research, Practice Guidelines, and Expert Opinion and Health Care Policies
Quality	Definition: The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Exemplars: Regulatory Agencies, Advisory Bodies, Quality Plans and Philosophies, Error Prevention Management, and Health Information Technology

Healthcare Delivery Concepts	
Topic: Healthcare Delivery	**Definition and Exemplars**
Population Health	Definition: Health outcomes of a defined group of people along with the distribution of health outcomes within the group. Exemplars: Prevention of accidents, suicides, and communicable disease; Immunizations; Infection Control in Hospital Settings; Substance Abuse Education and Prevention; Non-Communicable Disease Prevention; School-Wide Screenings and Vaccine Administration; Public Health Laws (seatbelts, care seats, helmets); Health Data Collection and Statistics; Health Planning and Administration.
Diversity	Definition: A broad range of individual, population, and social characteristics that substantially limits a major life activity; religious beliefs; and socioeconomic status. Exemplars: Age; Sex; Race; Ethnicity; Sexual Orientation; Gender Identity; Family Structures; Geographic Locations; National Origin; Immigrants and Refugees; Language; Any Impairment.
Equity	Definition: The ability to recognize the differences in resources or knowledge needed to allow individuals to fully participate in society. Exemplars: Access to Higher Education, With the Goal of Overcoming Obstacles to Ensure Fairness. In Equitable Systems, All People Should Be Treated Fairly, Unhampered by Artificial Barriers, Stereotypes, Or Prejudice.
Inclusion	Definition: Inclusion represents environmental and organizational cultures in which faculty, students, staff, and administrators with diverse characteristics thrive. Exemplars: An inclusive environment requires intentionality and embraced differences, not merely being tolerant of them. Everyone works to ensure the perspectives and experiences of others are invited, welcomed, acknowledged, and respected.
Health Disparities	Definition: Differences that occur by gender, race or ethnicity, education or income, disability, living in rural localities, or sexual orientation. Exemplars: Healthcare access and insurance coverage; cardiovascular disease; Obesity; Diabetes; Immunizations; Preventive care; Smoking; Safe neighborhood; Social support system; Mental health services; Early and adequate prenatal care; Preterm birth rates; Pregnancy-related mortality rate; Infant, fetal, and perinatal mortality; Pap smear screening; Invasive cervical cancer; Prostate cancer mortality; Intimate partner violence; Quality of palliative care; and Pain management.
Care Coordination	Definition: The deliberate synchronization of activities and information to improve health outcomes by ensuring that care recipients' and families' needs and preferences for healthcare and community services are met over time. Exemplars: High-Risk Pregnancy; Preterm Infants; Special Needs Children; Frail and Elderly; Transitional Care; Mental Illness and End-of-Life Care.
Caregiving	Definition: Caregiving is made up of actions one does on behalf of another individual who is unable to do those actions for himself or herself. Exemplars: Short-term Caregiving Needs; Long-term Caregiving Needs; and Mental Health Conditions.
Palliative Care	Definition: Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice. (Grief and Loss) Exemplars: Perinatal and Neonatal; Children and Adolescents; and Adults.
Topic: Healthcare Systems	**Definition and Exemplars**
Organizations	Definition: A purposefully designed, structured social system developed for the delivery of healthcare services by specialized workforces to defined communities, populations, or markets. Exemplars: Hospitals; Nursing Homes; Clinics and Ambulatory Care Facilities; Hospice; and Specialty Care Organizations
Economics	Definition: The study of supply and demand of resources and its effect on the allocation of healthcare resources in an economic system. Exemplars: Medicare; Medicaid; State Children's Health Insurance Program; Private Insurance Plans; Accountable Care Organizations; and Managed Care Organizations.

Policy	Definition: Goal-directed decision-making about health that is the result of an authorized, public decision-making process. Those actions, nonactions, directions, and/or guidance related to health that are decided by governments or other authorized entities. Exemplars: Federal; State; and Local
Law	Definition: The practice of law involving federal, state, or local law and rules or regulations regarding the delivery of healthcare services. In addition to healthcare provider issues and regulations of providers, health law includes legal issues regarding relationships between and among providers and payors. Exemplars: Federal Statutory Laws; Federal Regulations; State Statutory or Regulatory Laws; Torts; Contracts; and Criminal Liability.

Psychosocial Health Concepts	
Topic: Attributes and Roles	**Definition and Exemplars**
Development	Definition: The sequence of physical, psychosocial, and cognitive developmental changes that take place over the human life span. Exemplars: Physical/Physiological Developmental Delay/Disorder; Motoric Developmental Delay/Disorder; Social/Emotional Developmental Delay/Disorder; Cognitive Developmental Delay/Disorder; Speech and Communication Developmental Delay/Disorder.
Functional Ability	Definition: Cognitive, social, physical, and emotional ability to carry on the normal activities of daily living. Exemplars: Cerebral Palsy; Autism Spectrum Disorder; Alzheimer's Disease; Rheumatoid Arthritis; Parkinson's Disease; Fetal Alcohol Syndrome; Malnutrition; Chronic Pain; Chronic Fatigue; Blindness; Deafness; Multiple Sclerosis; Osteoarthritis; Schizophrenia; Spinal Cord Injury; Fractures; Cardiovascular Disease and Stroke.
Family Dynamics	Definition: Interrelationships between and among individual family members or the forces at work within a family that produce behaviors or symptoms. Exemplars: Changes in Family Dynamics; Positive Family Dynamics; Negative Family Dynamics.
Culture	Definition: Pattern of shared attitudes, beliefs, self-definitions, norms, roles, and values that can occur among those who speak a particular language or live in a defined geographical region. Exemplars: Health Care Practices/Beliefs; Family Roles; and Patient-Provider Communication.
Spirituality	Definition: Dynamic and intrinsic aspect of humanity through which people seek ultimate meaning, purpose, and transcendence and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices. Exemplars: Faith; Hope; Prayer; Sacraments; Mindfulness; Compassion; Meditation; Dietary Traditions
Adherence	Definition: Persistence in the practice and maintenance of desired health behaviors and is the result of active participation and agreement. Exemplars: Short- and Long-term Medication treatment; Diet; and Preventative Health Activities
Self-Management	Definition: Self-management is the ability of individuals and/or their caregivers to engage in the daily tasks required to maintain health and well-being or to respond to the changing physical, psychological, behavioral, and emotional sequelae of a chronic disease based on their knowledge of the condition, its consequences, and the plan of care developed in cooperation with their healthcare team within the context of the daily demands of life. Exemplars: Health Enhancement /Wellness; Predisease/Disease Prevention; Disease/New Diagnoses.
Topic: Mood, Cognition, and Maladaptive Behavior	**Definition and Exemplars**
Stress and Coping	Definition: A continual process that starts with an event that is experienced by the individual, perceived through intact information processing channels, appraised for scope and meaning, assessed as neutral, manageable, or threatening within current capacity of coping skills, resources, and abilities, ending ideally in a positive outcome of homeostasis and feeling of well-being. Exemplars: Acne; Anxiety Disorders; Autoimmune Disorders; Cardiac Arrhythmias; Coronary Artery Disease; Depression; Dysmenorrhea; Dyspepsia; Eating Disorders; Eczema; Erectile Dysfunction; Fibromyalgia; HTN; Immunodeficiency; Insomnia; IBS; Stroke; and Tension Headache.
Mood and Affect	Definition: The way a person feels, and the observable response a person has to his or her own feelings. Exemplars: Depressive Disorders and Manic Disorders

Anxiety	Definition: A subjectively distressful experience activated by the perception of threat, which has both a potential psychological and physiologic etiology and expression. Exemplars: Simple or Social Phobia; Panic Disorder; Generalized Anxiety Disorder; and OCD.
Cognition	Definition: The mental action or process of acquiring knowledge and understanding through thought, experience, and the senses. Exemplars: Neurocognitive Disorders; Cognitive Impairment – Non-Dementia; Focal Cognitive Disorders; Intellectual Disability; and Learning Disability.
Psychosis	Definition: A syndrome of neurocognitive symptoms that impairs cognitive capacity, leading to deficits of perception, functioning, and social relatedness. Exemplars: Schizophrenia; Major Depressive Disorder – Severe with Psychotic Features; Delirium; Major Neurocognitive Disorder; Substance/Medication-Induced Psychotic Disorder.
Addiction	Definition: A compulsive, abnormal dependence on a substance (such as alcohol, cocaine, opiates, or tobacco) or on a behavior (such as gambling, Internet, or pornography). The dependence typically has adverse psychological, physical, economic, social, or legal ramifications. Exemplars: Substance-Induced Disorders; Substance Use Disorders; and Behavioral Addictions.
Interpersonal Violence and Trauma	Definition: The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychologic harm, maldevelopment, or deprivation. Exemplars: Child Abuse and Neglect; Bullying; Professional Incivility; Intimate Partner Violence; and Elder Abuse and Neglect; Post Traumatic Stress Disorder

Biophysical Concepts	
Topic: Homeostasis and Regulation	**Definition and Exemplars**
Fluid and Electrolytes	Definition: Fluid and electrolyte balance refers to the body's maintaining of homeostasis of fluid volume and electrolytes by several mechanisms that facilitate fluid and electrolyte movement within the body, including organs and body systems, osmosis, diffusion, active transport, and capillary filtration. Exemplars: Acute and Chronic Renal Failure; Electrolyte Balance; Fluid Balance; Gastroenteritis. and Shock.
Acid-Base Balance	Definition: Acid-base refers to the balance of hydrogen and bicarbonate ions within the body (the acidity and alkalinity of body fluids). An arterial blood gas (ABG) analysis is used to determine blood pH, and homeostatic mechanisms regulate acid-base levels to keep the pH within a normal range. Acid-base imbalances occur when the pH of the blood falls outside the range 7.35 to 7.45. These imbalances can be respiratory or metabolic in origin. Managing acid-base balance is an important role of the nurse, especially in high-acuity settings. Exemplars: Acid-Base Balance; Respiratory and Metabolic Acidosis; and Respiratory and Metabolic Alkalosis
Thermoregulation	Definition: Thermoregulation is regulation of the body's temperature by cells in the hypothalamus in response to signals from thermal (heat and cold) receptors located close to the skin's surface. Stimulation of these receptors sends sensory messages to the anterior hypothalamus to initiate mechanisms to dissipate heat (through vasodilation and sweating) or to preserve warmth through vasoconstriction and piloerection ("goose bumps"). Exemplars: Fever; hyperthermia, hypothermia, multiple system failure, newborn thermoregulation; and parenteral nutrition.
Rest and Sleep	Definition: Natural, necessary, involves a shift in physiologic and neurologic activity, and is intended to be restorative. Exemplars: Insomnia; Narcolepsy; Jet Lag/Shift Work Sleep Disruptions; Sleep Disordered Breathing; and Sleep-Related Movement Disorders.
Cellular Regulation	Definition: Cellular regulation is the coordinated function of thousands of physiologic control systems within the body to maintain homeostasis under conditions of change in the internal and external environment. Exemplars: Anemia; Breast Cancer; Cancer; Cancer Survivorship; Colon Cancer; Leukemia. Lung Cancer; Prostate Cancer; Sickle Cell Anemia; and Skin Cancer
Intracranial Regulation	Definition: Intracranial regulation refers to compensatory mechanisms in the brain that operate to maintain pressure within the cranial cavity in a safe range (0 to 15 mm Hg). Reciprocal compensation occurs among the three intracranial compartments such that small increases in the volume of one component can be compensated for by a decrease in the volume of one or both other two components, as CSF and blood can shift, and brain tissue comply. Exemplars: Increased Intracranial Pressure; Seizures; and Traumatic Brain Injury

Metabolism	Definition: Energy metabolism refers to the chemical processes involved in converting carbohydrates, fats, and proteins from the foods we eat into the energy needed for cell functions Exemplars: Addison's Disease; Diabetes; Gestational Diabetes; Liver Disease; Obesity. Osteoporosis; Syndrome of Inappropriate Antidiuretic Hormone; and Thyroid Disease
Hormonal Regulation	Definition: Physiological mechanisms that regulate the secretion and action of hormones associated with the endocrine system. Exemplars: Disorders of the Thyroid, Parathyroid, Pancreas, Pituitary Gland, and Adrenal Gland.
Glucose Regulation	Definition: The process of maintaining optimal blood glucose levels Exemplars: Diabetes 1 and 2; Polycystic Ovary Syndrome; and Diabetic Ketoacidosis
Nutrition	Definition: Nutrition is the study of the nutrients and how they are handled by the body, as well as the impact of human behavior and environment on the process of nourishment. Exemplars: Blood glucose monitoring; eating disorders; enteral and parenteral nutrition. gastroesophageal reflux disease; infant nutrition; malnutrition; Nasogastric Tubes; and Nutritional Assessment
Digestion	Definition: Is the conversion of food into absorbable substances in the gastrointestinal tract. Exemplars: Hepatitis; Malabsorption Disorders; Pancreatitis; and Pyloric Stenosis
Elimination	Definition: Elimination is the removal of waste products from the body through the skin, lungs, kidneys, and intestines via the processes of perspiration, expiration, urination, and defecation. Exemplars: Benign Prostatic Hypertrophy, Bladder Incontinence and Retention; Bowel Incontinence; Constipation/Impaction; Irritable Bowel Disease; and Kidney Stones

Perfusion	Definition: Perfusion refers to the passage of oxygenated capillary blood through body tissues. Exemplars: Angina; Arteriosclerosis; Cardiomyopathy; Circulatory Assessment; Coronary Artery Disease; Deep Vein Thrombosis; Disseminated Intravascular Coagulation; Heart Failure; High Cholesterol; Hypertension; Life-Threatening Dysrhythmias; Multiple Organ Dysfunction Syndrome; Myocardial Infarction; Peripheral Vascular Disease; Pregnancy-Induced Hypertension. Pulmonary Embolism; Shock (Cardiogenic and Septic); Stoke; and Ventricular Septal Defect
Gas Exchange and Oxygenation	Definition: Oxygenation refers to the process of providing cells with oxygen through the respiratory system and is accomplished by pulmonary ventilation, respiration, and perfusion. Exemplars: Acute Respiratory Distress Syndrome; Asthma; Chronic Obstructive Pulmonary Disease; Cystic Fibrosis; Pneumothorax; Respiratory Assessment; Respiratory Syncytial Virus; and sudden infant death syndrome.
Clotting	Definition: Clotting is the process whereby platelets circulating in the bloodstream collect at the site of vascular injury, form a plug, activate coagulation factors in the blood plasma, and initiate the formation of a stable clot composed of fibrin to prevent excessive blood loss following trauma Exemplars: blood products; deep vein thrombosis; disseminated intravascular coagulation; HELLP Syndrome; and Hemophilia
Pharmacology	Definition: Pharmacology is the study of the biological effects of chemicals. Exemplars: Dosage Calculations; Management of Intravenous Therapy; and Medication Administration.
Topic: Reproduction and Sexuality	
Reproduction	Definition: Reproduction is the biological function of producing offspring and is essential for the survival of a species. It involves conception (the joining of the sperm from the male with the ovum from female), development of the fetus within the uterus, and birth. Exemplars: Antepartum Care/Prenatal Care; Assessment of the Pregnant Female; Intrapartum Care; Newborn Care; Placental Abruption; Placenta Previa; Postpartum Care; Postpartum Hemorrhage (PPH); Preeclampsia; Prematurity; and Rh Incompatibility
Sexuality	Definition: A critical component of human identity and well-being, sexuality involves how a person exhibits and experiences maleness or femaleness physically, emotionally, and mentally. Sexuality is defined not only by a person's genitalia and hormones but also by attitudes and feelings. It can also be defined as learned behaviors in how a person reacts to one's own sexuality and by how one behaves in relationships with others. Culture profoundly influences learned behaviors involving sexuality. Sexuality is an integral part of a person's identity and is present in one's demeanor through actions, communications, and physical appearance. Exemplars: Erectile Dysfunction; Family Planning and Preconception Care; Infertility Counseling; Menopause; Menstrual Dysfunction; and Sexually Transmitted Diseases

Topic: Protection and Movement	
Immunity	Definition: Immunity is the body's specific protective response to a foreign agent or organism Exemplars: Anaphylaxis; HIV/AIDS; Hypersensitivity; Immune Response; Lupus; Rheumatoid Arthritis; and Transplant Rejection
Inflammation	Definition: Inflammation is a complex nonspecific response to tissue injury intended to minimize the effects of injury or infection, remove the damaged tissue, generate new tissue, and facilitate healing Exemplars: Appendicitis; Bronchitis; Celiac Disease; Gallbladder Disease; GERD; Hepatitis. Inflammation Process; Inflammation Response; Inflammatory Bowel Disorders and Diseases; Nephritis; Pancreatitis; Peptic Ulcer Disease
Infection	Definition: Infection is the presence and multiplication of a microorganism within another living organism, with subsequent injury to the host Exemplars: Antibiotic resistant infection; cellulitis; conjunctivitis; influenza; meningitis; MRSA. nosocomial infection; otitis media; pneumonia; septicemia; tuberculosis; and UTI
Mobility	Definition: Mobility is the range of motion available at a joint or the ability of a person to move, in general. Mobility may be restricted owing to pain, paralysis, loss of muscle strength, systemic disease, an immobilizing device (e.g., cast, brace), or prescribed limits to promote healing. Assessment of mobility includes positioning, ability to move, muscle strength and tone, joint function, and the prescribed mobility limits. Exemplars: Back problems; fractures; hip fractures; mobility techniques; multiple sclerosis. osteoarthritis; Parkinson's Disease; Rang of Motion; and Spinal Cord Injuries
Tissue Integrity	Definition: Tissue integrity refers to the state of skin or other tissue when it is healthy and intact. When tissue is wounded, its normal integrity and continuity are disrupted and its function of protection is compromised, making it vulnerable to invasion by organisms. Exemplars: Skin Assessment; burns; cellulitis; contact dermatitis; pressure ulcers; psoriasis; tinea pedis; and wound healing
Sensory Perception	Definition: Sensory perception is the conscious process of selecting, organizing, and interpreting data from the senses into meaningful information. Perception is influenced by the intensity, size, change, or representation of stimuli, as well as by past experiences, knowledge, and attitudes. Exemplars: Cataracts; eye injuries; glaucoma; hearing impairment; macular degeneration; peripheral neuropathy; and visual impairment.
Comfort	Definition: Comfort is a person's sense of psychosocial, emotional, and physical well-being. Comfort care provided by nurses focuses on restoring this sense of well-being to the patient, particularly by relieving pain. Exemplars: End-of-Life Care; Fatigue; Fibromyalgia; Pain: Acute and Chronic; and Sleep-Rest Disorders.
Pain	Definition: An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage. Exemplars: Somatic Pain; Visceral Pain; Neuropathic Pain; and Mixed Pain

Required Courses for the Major

Liberal Arts and Sciences Core Curriculum, BS (42 credits)
WR 1010 – Composition (4 credits)
MT 1100 – Quantitative Reasoning (4 credits)
LAS 1000 – First-Year Seminar (2 credits)
LAS 1 - The Natural Environment (4 credits)
LAS 2 - The Civic Environment (4 credits)
LAS 3 - The Creative Arts (4 credits)
PS 1110 – Introduction to Psychology (4 credits) (LAS 4 - Social Sciences)
NU 1120 – Human Anatomy, Physiology, & Health Assessment I (4 credits) (LAS 5 - Lab Science)
LAS 6 – Humanities (4 credits) (Suggested - Bioethics)
LAS 7 – Global Perspectives (4 credits) (Suggested - NU 3110 – Global Population Health)
LAS Elective (4 credits)

Core Requirements – Three-Year Cooperative Bachelor of Science in Nursing (BSN) (82 credits)
PS 2160 - Lifespan Development (4 credits)
BI 1020 - Foundations of Nutrition (4 credits)
NU 1110 - Professional Nursing I (2 credits)
NU 1130 - Professional Nursing II (4 credits)
NU 1150 – Human Anatomy, Physiology, & Health Assessment II (4 credits)
NU1250 – Health Assessment (4 credits) (Transfer students with A&P I&II only)
NU 1140 - Cooperative Experience I – Concepts of Health & Illness Across the Lifespan & Care Continuum (12 credits)
BI 3210 – Microbiology (4 credits)
NU 2130 - Professional Nursing III (4 credits)
NU 2140 - Cooperative Experience II – Concepts of Health & Illness Across the Lifespan & Care Continuum (12 credits)
NU 3120 - Evidence & Informatics (4 credits) (Hybrid)
NU 3140 - Cooperative Experience III – Concepts of Health & Illness Across the Lifespan & Care Continuum (12 credits)
NU 4110 - Systems-Based Practice in Healthcare (4 credits) (7-week Hybrid)
NU 4130 - Transition to Professional Practice (4 credits) (7-week Hybrid)
NU 4510 - Capstone Seminar & Clinical Immersion (8 credits) (15-week Hybrid/180 clinical hours)
Total Program Credits = 124

Program Goals and Learning Outcomes:

Program Goals. Through the delivery of an integrative curriculum, this program's purpose is to assist the student-learner to:

1. Critically think, clinically reason, and apply scientific problem-solving methods to demonstrate clinical judgment in simple and complex healthcare situations.
2. Intervene therapeutically by combining knowledge, skills, and professional dispositions in a holistic, socially just, person-centered, ethical, and compassionate manner.
3. Provide safe, high-quality, cost-effective care; and translate and apply evidence at the point of care and throughout care systems.
4. Communicate effectively using verbal, non-verbal, written, informatics, and technology skills to foster healthy interprofessional partnerships throughout care systems.
5. Value diversity as a member of society, the profession, and care systems; and advocate and lobby for inclusive and equitable access to healthcare.
6. Comport themself as professionals and leaders within an individual practice setting, system, society, and the nursing profession.

Program Learning Outcomes. The goals mentioned above relate to the identified program and student learning outcomes, based on the Essentials documents (AACN 2008 and AACN, 2021) and Nurse of the Future Competencies (Sroczynski, 2016) measured through classroom assessment methods and clinical performance. As a result of the completion of the nursing program, the New England College nursing graduate can:

PLO1. Synthesize knowledge from nursing, the arts, humanities, and the natural, physical, and social sciences into professional nursing practice across the lifespan and care continuum. (AACN Essentials 2008: (I) Liberal Education for Baccalaureate Generalist Nursing Practice, (IX) Baccalaureate Generalist Nursing Practice; AACN 2021 Essentials: (1) Knowledge of Nursing Practice; NOF: Patient-Centered Care)

PLO2: Provide holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate nursing care across the lifespan and care continuum. (AACN 2008 Essentials: (IX) Baccalaureate Generalist Nursing Practice, AACN 2021 Essentials: (2) Person-Centered Care; NOF: Patient-Centered Care and Communication)

PLO3: Serve in partnerships to advocate for improving the health status of a defined population through health promotion, illness prevention, and emergency preparedness measures. (AACN 2008 Essentials: (VII) Clinical Prevention and Population Health; AACN 2021 Essentials: (3) Population Health; NOF: Teamwork and Collaboration)

PLO4: Use clinical expertise and the individual's preferences, experience, and values to identify, evaluate, and apply the best current evidence into clinical decision-making.(AACN 2008 Essentials: (III) Scholarship for Evidence-Based Practice; AACN 2021 Essentials: (4) Scholarship for the Nursing Discipline; NOF: Evidence-Based Practice)

PLO5: Apply quality improvement principles and contribute to a culture of patient, provider, and work environment safety. (AACN 2008 Essentials: (II) Basic Organizational and Systems Leadership for Quality Care and Patient Safety, (VI) Interprofessional Communication and Collaboration for Improving Patient Health Outcomes; AACN 2021 Essentials: (5) Quality and Safety; NOF: Quality Improvement and Safety)

PLO6: Engage in team-based, person-centered care partnerships across the care continuum to optimize care, enhance the healthcare experience, and strengthen outcomes. (AACN 2008 Essentials: (VI) Interprofessional Communication and Collaboration for Improving Patient Health Outcomes; AACN 2021 Essentials: (6) Interprofessional Partnerships; NOF: Teamwork and Collaboration)

PLO7: Effectively and proactively coordinates unit-based human and fiscal resources to provide safe, quality, and equitable care across the lifespan and care continuum. (AACN 2008 Essentials: (II) Basic Organizational and Systems Leadership for Quality Care and Patient Safety, (V) Health Care Policy, Finance, and Regulatory Environments; AACN 2021 Essentials: (7) Systems-Based Practice; NOF: Systems-Based Practice, Leadership)

PLO8: Use information and technology to analyze and synthesize information to manage and improve the provision of safe, high-quality, and efficient care across the lifespan and care continuum. (AACN 2008 Essentials: (IV) Information Management and Application of Patient Care Technologies; AACN 2021 Essentials: (8) Informatics and Healthcare Technologies; NOF: Informatics and Technology, Communication)

PLO9: Demonstrate accountability for providing standard-based nursing care across the lifespan and care continuum, consistent with ethical, moral, altruistic, legal, regulatory, and humanistic ideologies. (AACN 2008 Essentials: (VIII) Professionalism and Professional Values; AACN 2021 Essentials: (9) Professionalism; NOF: Professionalism)

PLO10: Model personal health behaviors, demonstrate professional curiosity, and advocate for individuals across the lifespan and care continuum. (AACN 2008 Essentials: (II) Basic Organizational and Systems Leadership for Quality Care and Patient Safety, (VIII) Professionalism and Professional Values; AACN 2021 Essentials: (10) Personal, Professional, and Leadership Development; NOF: Professionalism, Leadership)

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Course Descriptions, Learning Outcomes, and Hours FA2022-FA2024

NU 1120 Human Anatomy, Physiology, and Health Assessment for Nursing - I: This course is suited for anyone interested in a career in clinical healthcare to connect the knowledge of anatomy, physiology, and the Scientific Process to physical assessment through laboratory investigation of the structure and function of the human body. *4 credits.

- 4-credits x 15 contact hours = 60 contact hours per semester, or 4 hours per week

Course Student Learning Outcomes: At the end of this course (I), students will be able to:
- CSLO1 and LAS5-1: Incorporate knowledge from anatomy, physiology, and health assessment to support clinical judgment, begin to distinguish between normal and abnormal health findings, and apply scientific processes to develop and test hypotheses in the laboratory or the field.
- CSLO2: Reflect on one's humanity to better recognize the humanity in others in the caring professions.
- CSLO3: Describe how knowing an individual's preferences, experiences, and values is essential in promoting a culture of quality and safety in healthcare.
- CSLO4 and LAS5-2: Apply qualitative/quantitative reasoning to the scientific process.
- CSLO5: Demonstrate the use of infection control measures and personal protective equipment while performing a systematic health assessment.
- CSLO6: Demonstrate a spirit of inquiry that fosters personal and professional maturity.

NU 1150 Human Anatomy, Physiology, and Health Assessment for Nursing - II: This course is designed to connect knowledge of anatomy and physiology to nursing science through laboratory investigation of the structure and function of the human body and its application to physical assessment. *4 credits.
- 3-credits x 15 contact hours = 45 hours per semester, 3 hours per week of theory
- 1-credit x 15 contact hours = 15 hours per semester, 1 hour per week of simulated practice

Course Student Learning Outcomes: At the end of this course (II), students will be able to:
CSLO1: Incorporate anatomy, physiology, and health assessment knowledge to support clinical judgment.
CSLO2: Incorporate knowledge from anatomy, physiology, and health assessment to distinguish between normal and abnormal health findings.
CSLO3: Implement infection control measures and proper use of personal protective equipment.
CSLO4: Describe how knowing an individual's preferences, experiences, and values are essential when making evidence-based clinical decisions.
CSLO5: Summarize a culture of quality and safety related to health assessment skills.
CSLO6: Communicate information in a professional, accurate, and timely manner.
CSLO7: Demonstrate a systematic approach for health assessment.
CSLO8: Describe how information and communication technology tools support patient and team communication.
CSLO9: Reflect on one's actions and the consequences of such actions.
CSLO10: Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.

NU 1110 Professional Nursing I: This course is the first of two foundational nursing courses introducing students to professional nursing knowledge and concepts. This course introduces the student to the scope and standards of practice for professional nursing, health care delivery systems, health promotion, wellness, and disease prevention; health policy, communication, ethical and legal considerations, professionalism and leadership; collaboration and teamwork; evidence-based practice; informatics; patient-centered care; quality improvement and safety; diversity, equity, and inclusion; and self-concept. *2-credits. ATI Fee.

- 2-credits x 15 contact hours = 30 hours per semester, or 2 hours per week theory

Course Student Learning Outcomes: At the end of this course, students will be able to:

CSLO1: Recognize the historical and theoretical foundation that articulates nursing's distinct perspective to practice.
CSLO2: Define person-centered nursing care.
CSLO3: Recall the nurses' role in health promotion and illness prevention.
CSLO4: Describe how knowing an individual's preferences, experiences, and values are essential when making evidence-based clinical decisions.
CSLO5: Define quality improvement and patient, provider, and work environment safety.
CSLO6: Describe various members of a healthcare team across the care continuum.
CSLO7: Define system-based practice.
CSLO8: Recall why information and technology skills are essential for communication in healthcare.
CSLO9: Define the concept of professionalism and professional identity.
CSLO10: Identify leadership skills necessary for the professional nurse and reflect on personal health behaviors

NU 1130 Professional Nursing II: This course is the second of two foundational nursing courses building on the knowledge and concepts introduced in Professional Nursing I and introduces the student to the clinical judgment process, priority-setting frameworks, management of care, documentation, medication administration; mobility; client education; vital signs; human growth and development; grief; stress and coping; comfort, rest and sleep; end-of-life care; infection control and isolation; elimination; fluid, electrolytes and acid-base balance; gas exchange and oxygenation; perfusion; nutrition; pain; sensory perception; tissue integrity; and the surgery client. Pre-requisite - Professional Nursing I. *4 credits. ATI Fee.

- 3-credits x 15 contact hours = 45 hours per semester, 3 hours per week of theory
- 1-credit x 15 contact hours = 15 hours per semester, 1 hour per week of simulated practice

Course Student Learning Outcomes: At the end of this course, students will be able to:

CSLO1: Describe how nursing, the arts, humanities, and the natural, physical, and social sciences apply to professional nursing practice.
CSLO2: Demonstrate skills to provide person-centered nursing care across the lifespan and care continuum.
CSLO3: Explain the nurses' role in health promotion and illness prevention measures across the lifespan and care continuum.
CSLO4: Demonstrate value for an individual's preferences, experiences, and values when making evidence-based clinical decisions across the lifespan and care continuum.
CSLO5: Understand quality improvement and patient, provider, and work environment safety across the lifespan and care continuum.
CSLO6: Distinguish the nurse's role from other healthcare professions on healthcare teams across the care continuum.
CSLO7: Describe the impact of providing safe and equitable nursing care to the healthcare delivery system.
CSLO8: Explain how information and technology are utilized in healthcare across the lifespan and care continuum.
CSLO9: Summarize the ethical, moral, altruistic, legal, regulatory, and humanistic characteristics required of the professional nurse.
CSLO10: Identify unhealthy personal health behaviors and describe ways to modify them.

NU 1140 Cooperative Experience I – Health and Illness Across the Lifespan and Care Continuum: In the first of three Cooperative Learning Experiences, students learn to integrate and apply core knowledge from the liberal arts and sciences with the foundational nursing knowledge, hands-on skills, and professional behaviors as the basis for providing safe, quality, and patient-centered care for the young adult, adult, and older adult populations across the care continuum. Students will be introduced to the concept exemplars, including oxygenation, acid-base imbalance, perfusion, fluid and electrolyte imbalance, nutrition, digestion, elimination, sensory perception, tissue integrity – and the related pathophysiology and pharmacology. Learning experiences include the classroom, simulated learning environment, and patient care settings. *12 credits. ATI Fee.

- 12-credit Cooperative Education
  - 168 hours (unpaid RN clinical education hours)
  - 336 hours (paid LNA work hours)
  - 60 hours (theoretical hours)

Course Student Learning Outcomes: At the end of this course, students will be able to:

CSLO1: Begin to apply knowledge from nursing, the arts, humanities, and the natural, physical, and social sciences into professional nursing practice for the young adult, adult, and older adult populations across the care continuum.

CSLO2: Begin to apply the concepts involved with providing person-centered nursing care for the young adult, adult, and older adult populations across the care continuum.

CSLO3: Begin to advocate for improving the health status of the young adult, adult, and older adult populations across the care continuum through health promotion and illness prevention measures.

CSLO4: Begin to apply theoretical nursing knowledge and an individual's preferences, experiences, and values when making evidence-based clinical decisions for the young adult, adult, and older adult populations across the care continuum.

CSLO5: Begin to apply quality improvement and patient, provider, and work environment safety theoretical nursing knowledge into practice for the young adult, adult, and older adult populations across the care continuum.

CSLO6: Begin to engage in team-based person-centered care partnerships across the care continuum to optimize care, enhance the healthcare experience, and strengthen outcomes.

CSLO7: Begin to coordinate unit-based human and fiscal resources to provide safe, quality, and equitable care for the young adult, adult, and older adult populations across the care continuum.

CSLO8: Begin to use information and technology to communicate and improve outcomes in healthcare across the care continuum.

CSLO9: Begin to demonstrate accountability for providing standard-based nursing care for the young adult, adult, and older adult populations across the care continuum, consistent with ethical, moral, altruistic, legal, regulatory, and humanistic ideologies.

CSLO10: Begin to advocate for patients, communities, and the advancement of nursing.

NU 2130 Professional Nursing III: This course builds on the knowledge, skills, and attitudes (KSAs) acquired in Professional Nursing I and II and Cooperative Experience I. To strengthen holistic relationships with patients and communities, students learn to apply foundational KSAs to Psychiatric-Mental Health nursing by exploring addiction, neurocognition, mood and affect, trauma, eating disorders, anger/violence, abuse/assault, and legal aspects through a Public Health lens. Pre-requisite - Professional Nursing II, Cooperative Experience I. *4 credits. ATI Fee.

- 3 credits x 15 contact hours = 45 hours per semester, 3 hours per week of theory
- 1 credit x 15 contact hours = 15 hours per semester, 1 hour per week of simulated practice

Course Student Learning Outcomes: At the end of this course, students will be able to:

CSLO1: Apply knowledge from nursing, the arts, humanities, and the natural, physical, and social sciences into the care of the community and psychiatric-mental health populations across the lifespan and care continuum.

CSLO2: Apply the nursing process to providing person-centered psychiatric-mental health nursing care across the lifespan and care continuum.

CSLO3: Demonstrate advocacy for improving the health status of psychiatric-mental health populations across the lifespan and care continuum utilizing health promotion and illness prevention measures.

CSLO4: Apply nursing knowledge and an individual's preferences, experiences, and values when making evidence-based psychiatric-mental health clinical decisions for populations across the lifespan and care continuum.

CSLO5: Apply quality improvement and safety knowledge into practice for psychiatric-mental health populations across the lifespan and care continuum.

CSLO6: Articulate how team-based healthcare impacts psychiatric-mental health populations across the lifespan and care continuum.

CSLO7: Describe the legal aspects of providing nursing care for psychiatric-mental health patients and communities.

CSLO8: Use information and technology to communicate and improve outcomes in psychiatric-mental healthcare across the lifespan and care continuum.

CSLO9: Apply knowledge of accountability for the provision of standard-based nursing care across the lifespan and care continuum, consistent with ethical, moral, altruistic, legal, regulatory, and humanistic ideologies.

CSLO10: Advocate for the community and psychiatric-mental health populations and the advancement of nursing.

NU2140 Cooperative Experience II – Health and Illness Across the Lifespan and Care Continuum: In the second Cooperative Learning Experience, students learn to integrate and apply core knowledge from the liberal arts and sciences with the foundational nursing knowledge, hands-on skills, and professional behaviors as the basis for providing safe, quality, and patient-centered care for the young adult, adult, and older adult populations across the care continuum. Students will be introduced to concept exemplars, including metabolism, intracranial regulation, infection, inflammation, immunity, tissue integrity, sensory perception – and the related pathophysiology and pharmacology. Learning experiences include the classroom, simulated learning environment, and patient care settings. *12 credits. ATI Fee.

- 12-credit Cooperative Education = 540 hours
  - 168 hours (unpaid RN clinical education hours)
  - 336 hours (paid LNA work hours)
  - 60 hours (theoretical hours)

Course Student Learning Outcomes: At the end of this course, students will be able to:

CSLO1: Apply knowledge from nursing, the arts, humanities, and the natural, physical, and social sciences into professional nursing practice for the young adult, adult, and older adult populations across the care continuum.
CSLO2: Apply the concepts involved with providing person-centered nursing care for the young adult, adult and older adult populations across the care continuum.
CSLO3: Advocate for improving the health status of the young adult, adult, and older adult populations across the care continuum through health promotion and illness prevention measures.
CSLO4: Apply theoretical nursing knowledge and an individual's preferences, experiences, and values when making evidence-based clinical decisions for the young adult, adult, and older adult populations across the care continuum.
CSLO5: Apply quality improvement and patient, provider, and work environment safety theoretical nursing knowledge into practice for the young adult, adult, and older adult populations across the care continuum.
CSLO6: Engage in team-based person-centered care partnerships across the care continuum to optimize care, enhance the healthcare experience, and strengthen outcomes.
CSLO7: Coordinate unit-based human and fiscal resources to provide safe, quality, and equitable care for the young adult, adult, and older adult populations across the care continuum.
CSLO8: Use information and technology to communicate and improve outcomes in healthcare across the care continuum.
CSLO9: Demonstrate accountability for providing standard-based nursing care for the young adult, adult, and older adult populations across the care continuum, consistent with ethical, moral, altruistic, legal, regulatory, and humanistic ideologies.
CSLO10: Advocate for young adult, adult, and older adult populations and the advancement of nursing.

NU 3140 Cooperative Experience III – Health and Illness Across the Lifespan and Care Continuum: In the final Cooperative Learning Experience, students learn to integrate and apply core knowledge from the liberal arts and sciences with the foundational nursing knowledge, hands-on skills, and professional behaviors as the basis for providing safe, quality, and patient-centered care for the pediatric (including newborn care) and women's health (including ante-, intra-, and post-partum care) populations across the care continuum. Students will be introduced to concept exemplars, including growth and development, health promotion and illness prevention, reproduction oxygenation, perfusion, clotting, metabolism, immunity, infection, abuse/neglect, mobility, nutrition, digestion, elimination – and related pathophysiology and pharmacology. Learning experiences include the classroom, simulated learning environment, and patient care settings. *12 credits. ATI Fee.

- 12-credit Cooperative Education = 540 hours
  - 168 hours (unpaid RN clinical education hours)
  - 336 hours (paid LNA work hours)
  - 60 hours (theoretical hours)

Course Student Learning Outcomes: At the end of this course, students will be able to:

CSLO1: Apply knowledge from nursing, the arts, humanities, and the natural, physical, and social sciences into professional nursing practice for pediatric and women's health populations across the care continuum.
CSLO2: Apply the concepts involved with providing person-centered nursing care for pediatric and women's health populations across the care continuum.
CSLO3: Advocate for improving the health status of pediatric and women's health populations across the care continuum through health promotion and illness prevention measures.
CSLO4: Apply theoretical nursing knowledge and an individual's preferences, experiences, and values when making evidence-based clinical decisions for pediatric and women's health populations across the care continuum.
CSLO5: Apply quality improvement and patient, provider, and work environment safety theoretical nursing knowledge into practice for pediatric and women's health populations across the care continuum.
CSLO6: Engage in team-based person-centered care partnerships across the care continuum to optimize care, enhance the healthcare experience, and strengthen outcomes for pediatric and women's health populations.
CSLO7: Coordinate unit-based human and fiscal resources to provide safe, quality, and equitable care for pediatric and women's health populations across the care continuum.
CSLO8: Use information and technology to communicate and improve outcomes in healthcare across the care continuum.
CSLO9: Demonstrate accountability for providing standard-based nursing care for pediatric and obstetric populations across the care continuum, consistent with ethical, moral, altruistic, legal, regulatory, and humanistic ideologies.
CSLO10: Advocate for pediatric and women's health populations and the advancement of nursing.

NU 3120 Evidence and Informatics: This hybrid course integrates evidence-based practice and informatics, examining the essential elements of the research process and models for applying evidence in clinical practice to support nursing care, quality standards, and fostering analytical thinking that reduces risk. Designed to spark the student's spirit of inquiry, students will have an opportunity to begin transforming research into practice by developing a clinical question, collecting data, appraising, and disseminating new evidence. Pre-requisite - Cooperative Experience II * 4 theory credits

- 2 credits x 15 contact hours = 30 contact hours per semester, or 2 hours per week (in-person)
- 2 credits x 15 contact hours = 30 contact hours per semester, or 2 hours per week (hybrid)

Course Student Learning Outcomes: At the end of this course, students will be able to:

CSLO1: Apply knowledge from nursing, the arts, humanities, and the natural, physical, and social sciences into an evidence-based practice project.
CSLO2: Appraise evidence regarding person-centered nursing care.
CSLO3: Compare and contrast health promotion and illness prevention measures used to improve the health status of populations.
CSLO4: Critique and apply the best current quantitative and qualitative evidence, considering an individual's preferences, experiences, and values, to a practice change.
CSLO5: Evaluate evidence-based quality improvement and safety technologies.
CSLO6: Assess how team-based partnerships affect care, the healthcare experience, and outcomes.
CSLO7: Assess how human and fiscal resources affect safe, quality, and equitable healthcare.
CSLO8: Describe how information, communication technologies, and informatics processes are used to provide care, gather data, and drive decision-making.
CSLO9: Appraise evidence-based nursing literature that reflects nursing characteristics and values.
CSLO10: Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.

NU 4110 Systems-Based Practice: This 7-week hybrid course reinforces and expands on the principles of system-based practice, interprofessional competencies, and evidence-based practice as the basis for understanding the complex legal, ethical, regulatory, economic, and political dynamics that influence organizational behavior, leadership-followership, and management within the health care environment. Students will explore leadership, management, organizational communication, ethical and legal issues, delegation, and prioritization. Pre-requisite - Cooperative Experience III. *4 theory credits.
- 2 credits x 15 contact hours = 30 contact hours per semester, or 2 hours per week (in-person)
- 2 credits x 15 contact hours = 30 contact hours per semester, or 2 hours per week (hybrid)

Course Student Learning Outcomes: At the end of this course, students will be able to:

CSLO1: Apply a broad knowledge base from nursing and the liberal arts to build a strong understanding of a system-based approach to nursing leadership.
CSLO2: Analyze how care coordination contributes to person-centered care.
CSLO3: Describe how nurses can advocate for improving the health status of diverse populations through health policy.
CSLO4: Participate in scholarly inquiry as a team member.
CSLO5: Develop a plan for monitoring a quality improvement change.
CSLO6: Collaborate with interprofessional teams to establish mutual goals for a diverse population.
CSLO7: Coordinate human and fiscal resources to ensure safe, quality, and equitable care to diverse populations.
CSLO8: Analyze and synthesize data to manage and improve the provision of safe, high-quality, and efficient care for a diverse population.
CSLO9: Demonstrate accountability for providing standard-based nursing care across the lifespan and care continuum, consistent with ethical, moral, altruistic, legal, regulatory, and humanistic ideologies.
CSLO10: Develop a capacity for leadership.

NU 4130 Transitions to Professional Nursing Practice: This 7-week hybrid seminar provides opportunities to explore current issues in healthcare and professional nursing practice to support the students transition into the professional workplace. Students will also create a professional resume, prepare for job interviews, and be guided through preparation for professional licensure and to register for the NCLEX- RN. Pre-requisite - Cooperative Experience III Co-Requisite – Systems-Based Practice *4 theory credits.

- 2 credits x 15 contact hours = 30 contact hours per semester, or 2 hours per week (in-person)
- 2 credits x 15 contact hours = 30 contact hours per semester, or 2 hours per week (hybrid)

Course Student Learning Outcomes: At the end of this course, students will be able to:

CSLO1: Synthesize knowledge from nursing, the arts, humanities, and the natural, physical, and social sciences into the transition to professional nursing practice.
CSLO2: Provide holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate nursing care across the lifespan and care continuum.
CSLO3: Serve in partnerships to advocate for improving the population health through health promotion, illness prevention, and emergency preparedness measures.
CSLO4: Use clinical expertise and the individual's preferences, experience, and values to identify, evaluate, and apply the best current evidence into clinical decision-making.
CSLO5: Apply quality improvement principles and contribute to a culture of safety.
CSLO6: Engage in team-based person-centered care partnerships across the care continuum to optimize care, enhance the healthcare experience, and strengthen outcomes.
CSLO7: Effectively and proactively coordinates unit-based human and fiscal resources to provide safe, quality, and equitable care across the lifespan and care continuum.
CSLO8: Use information and technology to analyze and synthesize information to manage and improve the provision of safe, high-quality, and efficient care across the lifespan and care continuum.
CSLO9: Demonstrate accountability for providing standard-based nursing care across the lifespan and care continuum, consistent with ethical, moral, altruistic, legal, regulatory, and humanistic ideologies.
CSLO10: Model personal health behaviors, demonstrate professional curiosity, and advocate for individuals across the lifespan and care continuum.

NU 4510 Capstone Seminar and Clinical Immersion: This 14-week hybrid course is the summative evaluation of the theory and clinical program learning outcomes through ongoing adaptive assessments and synthesis of program concepts and a 180-hour clinical immersion. Pre-requisite - System-Based Practice in Healthcare and Transition to Professional Nursing Practice. *8 credits. ATI Fee.

- 4-credits theory = 60 hours over the first 7-weeks
    - 40 hours for the ATI Live Review (in-person in week 1)
    - 20 hours ATI Capstone (online)
- 4-credit externship = 180 hours over the second 7-weeks, or 26 hours per week
    - 40 hours of indirect care (at the hospital)
    - 120 hours of direct care in a capstone placement (at the hospital)

Course Student Learning Outcomes: At the end of this course, students will be able to:

CSLO1: Synthesize knowledge from nursing, the arts, humanities, and the natural, physical, and social sciences into professional nursing practice across the lifespan and care continuum.
CSLO2: Provide holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate nursing care across the lifespan and care continuum.
CSLO3: Serve in partnerships to advocate for improving the health status of a defined population through health promotion, illness prevention, and emergency preparedness measures.
CSLO4: Use clinical expertise and the individual's preferences, experience, and values to identify, evaluate, and apply the best current evidence into clinical decision-making.
CSLO5: Apply quality improvement principles and contribute to a patient, provider, and work environment safety culture.
CSLO6: Engage in team-based person-centered care partnerships across the care continuum to optimize care, enhance the healthcare experience, and strengthen outcomes.
CSLO7: Effectively and proactively coordinates unit-based human and fiscal resources to provide safe, quality, and equitable care across the lifespan and care continuum.
CSLO8: Use information and technology to analyze and synthesize information to manage and improve the provision of safe, high-quality, and efficient care across the lifespan and care continuum.
CSLO9: Demonstrate accountability for providing standard-based nursing care across the lifespan and care continuum, consistent with ethical, moral, altruistic, legal, regulatory, and humanistic ideologies.
CSLO10: Model personal health behaviors, demonstrate professional curiosity, and advocate for individuals across the lifespan and care continuum.

Theory Instruction	Direct Care	Simulation/Lab	Indirect (LNA)
645	645	45	1008

Total instruction hours = approximately 1,335 hours

Total LNA hours = 1008 hours

NEC Nursing Bylaws

Shared Governance Committee

The Shared Governance Committee (SGC) comprises all full-time nursing faculty and the Dean of Nursing and Health Professions, who hold voting rights. Adjunct nursing faculty can attend meetings as non-voting guests. Student representatives from each nursing cohort, appointed by a process determined by the Student Nurses Association, will be invited to present as appropriate at the beginning of each meeting to report and communicate aggregate student requests and concerns for consideration. Meetings occur at least monthly, with the Dean's authority for time-sensitive matters. Detailed minutes are kept by the administrative assistant and approved by voting members of the SGC.

Purpose

The SGC's key roles are to:

- Approve and implement nursing degree program curricula.
- Approve and implement academic policies, processes, and procedures.
- Approve and implement the admission, progression, retention, and graduation standards.
- Advise the Dean on matters affecting faculty, students, and program.
- Provide faculty and student input on faculty and student policies of concern.
- Consider Nursing Advisory Council Recommendations.
- Review and approve nursing student affairs committee and curriculum committee actions.

The SGC ensures collaborative, transparent decision-making for the NEC Nursing program.

Membership

Membership in the committee is open to all full-time faculty members and the Dean. Part-time faculty members are invited to attend as advisory guests.

Voting Privileges

All full-time nursing faculty members and the Dean have voting privileges. Adjunct faculty and students are non-voting guests.

Outcome

To ensure effective and collaborative decision-making within the NEC Nursing program.

Meeting Schedule

Meetings are convened at least once a month or more frequently as necessitated by committee responsibilities.

Student Affairs Committee

The Student Affairs Committee (SAC) is responsible for developing, overseeing, and evaluating the program admission criteria, academic policies, and student progression standards for the nursing program. This dedicated committee collaborates closely with the college admissions team to guide program admission requirements, and it plays a pivotal role in assessing the suitability of prospective students whose admission eligibility is under scrutiny. Furthermore, the SAC reviews student petitions and renders decisions on dismissals, appeals, and re-entry, all in alignment with the academic policies of the program and the college. The SAC conducts a comprehensive annual review of admission, academic, and progression policies to ensure they remain pertinent and effective. Admissions provide invaluable support to facilitate the SAC's work. Detailed minutes are kept by the administrative assistant and approved by voting members of the SAC.

Purpose

The primary objectives of the Student Affairs Committee are as follows:

- To uphold the integrity of admission standards.
- To make determinations regarding the admission status of students.
- To continuously assess and refine admission and progression standards and related published information.
- To review and enhance relevant student policies and related published materials.
- To ensure a comprehensive and precise evaluation of student progression.
- To decide on probation, dismissal, appeals, and readmission of individual students per the academic policies of the program and college.

Decisions made by the SAC may be appealed to the Dean solely on procedural grounds.

Membership

The Committee comprises the Dean, at least three full-time faculty members, and an admissions team member. A Chair is appointed every two years.

Voting Privileges

All members of the Committee hold voting privileges.

Outcome

The SAC's work monitors student admission and progression within the nursing program closely.

Meeting Schedule

The SAC convenes at the commencement and conclusion of each semester, holds monthly meetings, and schedules additional meetings as necessary to address pertinent matters.

Undergraduate Curriculum and Evaluation Committee

The Nursing Curriculum and Evaluation Committee (NCEC) is responsible for developing and reviewing the undergraduate pre-licensure curriculum and overseeing and evaluating individual and aggregate pre-licensure program outcomes. This committee brings recommendations to the Shared Governance Committee for approval and/or action. Once approved, curricular changes are submitted to the General Education Committee (if required), the college curriculum committee, and the full faculty for final approval. Detailed minutes are kept by the administrative assistant and approved by voting members of the SAC.

Purpose

The primary objectives of the NCEC are as follows:

- To ensure alignment of the program's mission, vision, faculty beliefs, goals, and outcomes with those of the college.
- To ensure that the program's mission, vision, faculty beliefs, goals, and outcomes reflect pertinent professional standards and guidelines.
- To develop, implement, and refine the curriculum.
- To scrutinize courses and proposed course changes to safeguard curriculum integrity and uphold expected student learning outcomes.
- To guarantee that teaching-learning environments facilitate the attainment of student outcomes.
- To review all faculty submissions for course alterations/modifications and act on those requests.
- To maintain an up-to-date and relevant systematic plan for program evaluation.
- To revisit the systematic plan for program evaluation at least every three years.
- To gather information on student alumni and employer satisfaction and the demonstrated achievements of graduates.
- To analyze aggregate student outcomes and compare them to anticipated student outcomes.
- To utilize aggregate student outcome data to encourage continuous program improvement.

Membership

Membership in the committee is open to all full-time faculty members, and part-time faculty members are invited to attend as their availability permits. The Dean is an ex-officio member, and the Chair is appointed every two years.

Voting Privileges

All members of the committee have voting privileges.

Outcome

The Nursing Curriculum and Evaluation Committee is pivotal in periodically evaluating curriculum and teaching-learning practices, fostering ongoing improvements.

Meeting Schedule

Meetings are convened at least once a month or more frequently as necessitated by committee responsibilities.

Section II:

NEC Nursing Faculty Structures, Resources, & Information

Academic Accommodations

New England College values diversity and inclusion; we are committed to fostering mutual respect and full participation. Our goal is to create learning environments that are usable, equitable, inclusive, and welcoming. If there are aspects of the instruction or design of this course that result in barriers to your inclusion or accurate assessment, please notify the instructor as soon as possible. Students are encouraged to contact the Office of Disability Services as soon as possible to discuss a range of options for removing barriers in the course, including reasonable accommodations.

Students requiring disability-related accommodations are expected to request accommodations through the accommodations management system each term and briefly meet with the Office of Disability Services to review and finalize course-specific accommodations. ODS electronically distributes notices of accommodations, and students discuss their accommodation needs with their instructor early in the course. The student and instructor will discuss how to implement the accommodations and address the accessibility of the course. The Office of Disability Services is available to faculty and students with any accommodation questions or accessibility and disability-related concerns.

For students who have not previously worked with the Office of Disability Services but who believe they need accommodations, please get in touch with the office via email at disabilityservices@nec.edu or make an appointment.

Academic Honor Principle

As a community at New England College, we embrace the academic honors principle: honesty, trust, and integrity.

Honesty is being true to oneself and others, engendering a culture of trust.
Trust builds mutual respect, fostering a disposition of responsibility and civility.
Integrity denotes inner strength of character: doing what is right and avoiding what is wrong.
As members of the NEC Community, we accept these values as fundamental guides to our actions, decisions, and behavior. Please see the Academic Catalog for further details on procedures and sanctions in minor and major cases of academic dishonesty.

NEC Nursing Organization Chart
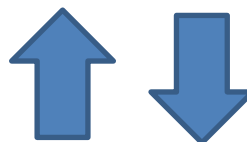
NEC President Dr. Wayne Lesperance
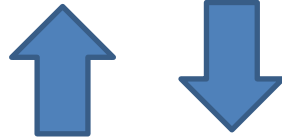
NEC VPAA Dr. Patricia Corbett
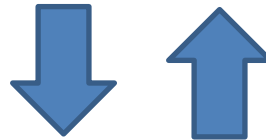
Dean of Nursing & Health Professions Dr. A. McPhee Smith, DNP, RN, CNE

Faculty

Students

Nursing Faculty Position Descriptions

Position Title: Full-time Nursing Faculty (Assistant, Associate, or Full Professor)

Position Purpose: New England College seeks academic nurse educators to come home to our innovative Three-Year Cooperative Bachelor of Science in Nursing program. First of its kind in New England, this program can be described as a mix of the best characteristics from diploma, associate, and bachelor degree programs, with an added pinch of designated education unit and internship model. As an Academic-Practice Partnership, academia and practice partners share the responsibility of educating student nurses to cultivate a nursing workforce poised to meet the demands of 21st Century healthcare delivery.

Program fast facts:

- Cohort-based learning in a concept-based program,
- Completion of 124 credits in less than three years on a 12-month academic calendar,
- Completion of 36 credits during three paid immersive clinical experiences as an employee of a partner organization,
- ATI Complete Partner,
- Located on the Henniker, NH campus.

NEC Nursing offers the Nurse Educator:

- A Competitive Salary
- A generous benefit package
- Professional growth and development
- Small class sizes in a rural environment that is rich in diversity
- A supportive and welcoming academic community

Minimum Qualifications:

- Hold a current and active RN or NP license in New Hampshire.
- A Master's degree in Nursing.
- At least two years of relevant nursing experience in population and mental health.
- Experience educating nurses in practice and/or undergraduate pre-licensure academic settings.
- Experience in curriculum design, assessment, and evaluation.
- Familiar with accreditation standards for undergraduate pre-licensure nursing programs.

Preferred Qualifications:

- The ability to obtain and hold an active RN or NP license in New Hampshire.
- A terminal degree in Nursing (DNP or Ph.D.) or Family Nurse Practitioner (Master's or Doctoral).
- In addition to population and mental health, at least three to five years of experience in educating nurses in the undergraduate pre-licensure academic setting with the ability to teach a variety of courses, e.g., (and/or) fundamentals, adult, pediatric, gynecologic/obstetric, evidence-based practice, informatics, population health, leadership, systems-based practice, etc.
- A post-graduate certificate in nursing education or Nurse Educator Certification.
- Experience in concept-based curriculum design, assessment, and evaluation.
- Experience with the accreditation process for undergraduate pre-licensure nursing programs.

Position Title: Adjunct Nursing Faculty

Position Purpose: New England College seeks academic nurse educators to come home to our innovative Three-Year Cooperative Bachelor of Science in Nursing program. First of its kind in New England, this program can be described as a mix of the best characteristics from diploma, associate, and bachelor degree programs, with an added pinch of designated education unit and internship model. As an Academic-Practice Partnership, academia and practice partners share the responsibility of educating student nurses to cultivate a nursing workforce poised to meet the demands of 21st Century healthcare delivery.

Program fast facts:

- Cohort-based learning in a concept-based program,
- Completion of 124 credits in less than three years on a 12-month academic calendar,
- Completion of 36 credits during three paid immersive clinical experiences as an employee of a partner organization,
- ATI Complete Partner,
- Located on the Henniker, NH campus.

NEC Nursing offers the Adjunct Nurse Educator:

- A Competitive Salary.
- Professional growth and development.
- A supportive and welcoming academic community.

Minimum Qualifications:

- Hold a current and active RN license in New Hampshire.
- A master's degree in nursing or BSN enrolled in an MSN program.
- At least 2 years of relevant nursing experience in the specific area of educational responsibility, e.g., adult, pediatric, gynecologic/obstetric, or mental health.
- Experience educating nurses in practice and/or undergraduate pre-licensure academic settings.

Preferred Qualifications:

- Hold a current and active RN license in New Hampshire.
- A master's degree in nursing or BSN enrolled in an MSN program.
- At least 2 years of relevant nursing experience in the specific area of educational responsibility, e.g., adult, pediatric, gynecologic/obstetric, or mental health.
- Experience educating nurses in practice and/or undergraduate pre-licensure academic settings.

Position Title: Academic-Practice Partner Liaison

Position Purpose: As an Academic-Practice Partnership, academic and practice partners are responsible for educating student nurses to cultivate a nursing workforce poised to meet the demands of 21st-century healthcare delivery. The NEC Academic-Practice Partnership Liaison (APPL) is the academic link in the partnership designed to ensure student clinical learning and partnership success.

Essential Functions: In collaboration with the Dean of Nursing & Health Professions, the NEC APPL will:

- Manage a student nurse cohort in the program from year one through year three.
    - Orientation
        - College
        - Program
        - Clinical partnership
        - ATI
        - Pearson Products
        - Nursing Handbook – Policies and Procedures
    - Cooperative Clinical Experiences
        - Plan and schedule students in collaboration with the practice partner liaison (PPL)
        - Assist the Dean in hiring qualified adjunct Cooperative Clinical Facilitators
        - Serve as a substitute Cooperative Clinical Facilitator as needed.
        - Schedule regular meetings at the assigned partner organization(s) to check in with the Cooperative Clinical Facilitator, preceptors, students, and the organization.
        - Implement
            - Orientation to the Cooperative Portfolio
            - Schedule Clinical Progression Committee (CPC) meetings in collaboration with the partner PPL
        - Evaluate
            - Student learning in the clinical setting in collaboration with the adjunct cooperative clinical facilitator, preceptors, and CPC.
            - In collaboration with the Dean and administrative assistant, collect and manage program data for Cooperative Experience I, II, II, & Capstone for assigned cohort(s)
                - Course reports
                - Student satisfaction
                - Partner satisfaction
                - RN preceptor satisfaction
                - Additional stakeholder satisfaction
    - Mentoring and support of the partnership in the clinical setting
        - Students
        - Course Lead
        - Cooperative Clinical Facilitator
        - RN preceptor
- Serve as the academic co-chair of the CPC with the PPL. The CPC is responsible for:
    - Student academic/clinical performance
    - Managing student progression to the next cooperative
    - Discussion about student-employee performance
    - Support of and education for practice partner RN preceptors

Qualifications: Employed by NEC as Full-time Faculty

Position Title: Skills and Simulation Director

Position Purpose: In collaboration with the Dean, the Skills and Simulation Director has administrative and faculty responsibilities in alignment with faculty rank. This role is responsible for developing, overseeing, and managing skills and simulation education for the NEC Three-Year Cooperative BSN program. Additionally, the Skills and Simulation Director collaborates with faculty and the Academic-Practice Partnership Liaison(s) (APPLs) to ensure students, preceptors, and partner organizations are educated in the Cooperative Experience model and feel supported throughout the experience.

Essential Functions: In collaboration with the Dean of Nursing & Health Professions, the NEC Skills and Simulation Director will:

Program Planning/Organization
- Collaborates with faculty to advance the skills and simulation program to include interprofessional education activities in alignment with IPEC competencies.
- Collaborates with the APPL(s) and faculty to develop and implement quality skills and simulation-based experiences that align with course objectives and end-of-program student learning outcomes.
- Collaborates with internal and external stakeholders to ensure alignment of the skills and simulation program with the program and college strategic planning.
- Evaluates the simulation program to develop and maintain alignment with INACSL standards of best practice.
- Assists APPL(s) and faculty in allocating skills and simulation credit hours per course.
- Provides guidance and expertise in using electronic health records and advanced technologies within the simulated environment.
- Reviews and recommends approval for purchasing supplies, simulators, monitors, and items to implement skills and simulation experiences.
- Assists the Dean in hiring qualified adjunct Cooperative Clinical Facilitators and adjunct faculty to meet the students' learning needs in the skills and simulation center and Cooperative Experiences.

Teaching and Learning Support and Coaching
- Works with the Dean to develop and continue improving faculty skills and simulation knowledge of NEC Nursing faculty.
- Develops and provides continued education to NEC faculty, Cooperative Clinical Facilitators, RN preceptors, and partner organizations.

Leadership
- Provide leadership of student educational experiences in all skills, simulation, and clinical-related courses to ensure continuity, quality, and integrity of academic and clinical learning, according to best practice.
- Participates in the development, planning, recommendation, implementation, and administration of goals and objectives of the simulation program.
- Collaborates and coordinates with internal and external partners related to skills and simulation.
- Develops and implements a policy to oversee inventory and equipment, and maintenance schedules (annual maintenance conducted during the summer semester).
- Role models effective leadership and interpersonal skills; Ability to work with a diverse faculty; implementation of DEI.
- Develops and serves on committees and task forces to improve the NEC Nursing Skills and Simulation program.

Reporting
- Reports to Dean monthly, disclosing skills and simulations implemented per course, number of faculty required for skills and simulation implementation, student and faculty feedback, anticipated curricular changes, and additional simulation changes and/or needs. (i.e., new equipment, faculty education, space restrictions, etc.)

Qualifications: Employed by NEC as Full-time Faculty

Cooperative Experience I, II, & III Team Roles and Responsibilities

Preceptee/Student: A student-learner paired with a preceptor/clinical teacher to focus on meeting course-specific learning outcomes in a designated clinical setting. Although diverse in their abilities, developmental needs, cultural perspectives, and work-life experiences, all student learners are expected to be self-regulating persons/professionals and self-directed and highly motivated learners. Student-learners must comply with NEC and practice partner policies and procedures.

Preceptee/Student criteria: The preceptee is an NEC pre-licensure BSN student employed by the hospital as a licensed nursing assistant (LNA). The student has completed two academic terms of professional nursing theory and skills practice in the lab before beginning Cooperative Experiences.

Orientation:
- Actively participates in academic and practice orientations as required.
- Completes all required components of the academic and practice orientation.

Practice:
- Provides care consistent with the standards of practice and program expectations.
- Asks for assistance from preceptor/clinical teacher or CCF when needed/indicated to perform care safely and meet identified learning outcomes.
- Portrays a professional image at all times.
- Demonstrates accountability by accepting responsibility for own learning, behaviors, and performance.
- Is self-directed; looks for opportunities to learn and improve nursing practice.
- Incorporates feedback into clinical performance.

Communication:
- Communicate early with the preceptor/clinical teacher and CCF about any needed schedule changes, tardiness, or sickness. The APL and/or PPL must approve changes to the schedule before
  making them.
- Keeps a current record of clinical skills that have been performed and practiced.
- Maintains ongoing channels of communication with the preceptor/clinical teacher and CCF.
- Assures that all forms to be completed and signed by the preceptor/clinical teacher and CCF are completed and returned on time.
- Assures that elements of the clinical portfolio are completed and returned to the CCF on time.
- Responds to communications on time.
- Incorporates feedback into written assignments.

Evaluation of Clinical Experience:
- Provides frequent and objective feedback to preceptor/clinical teacher and CCF regarding learning experience.
- Completes the preceptor and program evaluation in a timely and professional manner. Assures that the form is returned to the APPL on time.

Preceptor/Clinical Teacher: An experienced, competent, caring registered professional nurse (RN) who agrees to serve as a role model, leader, consultant, mentor, and teacher, helping students bridge the gap between academia and what can be expected in the patient care setting. Preceptors facilitate and supervise student learning experiences in a practice setting and are not members of the program's faculty. The preceptor/clinical teacher completes the weekly formative evaluation and mid- and end-of-term clinical evaluation tool in collaboration with the CCF and preceptee.

Preceptor/Clinical Teacher criteria: The preceptor must have (1) at least one year of experience in the clinical areas where they provide clinical teaching, (2) an active and unencumbered license as a registered professional nurse in New Hampshire. The agency selects preceptors based on satisfactory performance evaluations and established criteria.

Orientation:
- Communicate with preceptee and CCF to ensure readiness for the learning experience.
- Ensure the preceptee feels welcome on the hospital unit and answers preliminary questions.

Supervision and Education:
- Serves as a role model, resource, mentor, guide, teacher, and advocate for the student.
- Maintains direct supervision during medication administration, procedures, and patient education.
- Advocates for the preceptee; assists in identifying opportunities or learning experiences to help the preceptee meet the learning objectives.
- Assists preceptee in identifying their strengths and weaknesses and provides opportunities for growth and development.

Communication:
- Assures all staff working with the preceptee know their presence, student role, limitations, and responsibilities.
- Communicates regularly with the preceptee and the CCF on the student's progress in meeting learning objectives.
- Provides timely, fair, and accurate input to the assigned CCF through meetings (face-to-face or virtual) and evaluating student performance.
- Immediately notifies the CFF of any incident requiring a formal report.
- Collaborates/communicates with the CCF and preceptee to ensure that all parties understand the performance expectations, personal goals/objectives, and student learning outcomes.
- Meets with the student and preceptor before starting the experience and periodically throughout the experience to review performance expectations. Meetings may occur virtually or face-to-face.
- Guides to assure the student learner's needs are being met.
- Serves as a resource to the student-learner and preceptor.
- Consults with the CCF, PPL, and APL as necessary.

Evaluation of Clinical Experience:
- Attests to completing direct and indirect clinical/patient care hours and validates the achievement of competencies.
- In collaboration with the CCF, informs formative and summative student clinical evaluations.

Cooperative Clinical Facilitator: The Cooperative Clinical Facilitator (CCF) is a qualified and board of nursing-approved NEC or CH faculty member responsible for facilitating and supervising the cooperative experience. The CCF is on the CH campus throughout each cooperative experience to provide ongoing real-time support and mentoring to the preceptor/clinical teacher and students. The CCF completes the clinical evaluation tool in collaboration with the preceptee and preceptor/clinical teacher.

Orientation:
- Communicates with the preceptor/clinical teacher and preceptee to ensure readiness for the
  learning experience.
- Validates that the preceptor/clinical teacher has been provided with all necessary material and
  information to oversee and supervise the clinical experience.
- Assures that the preceptor/clinical teacher and preceptee questions have been satisfactorily
  answered.

Supervision and Education:
- Assumes overall responsibility for facilitating and evaluating the student's performance.
- Serves as a continuous liaison to the preceptor/clinical teacher in evaluating the student's performance.

Communication:
- Collaborates/communicates with the preceptee and preceptor/clinical teacher to ensure that all
  parties understand the performance expectations, personal goals/objectives, and student learning
  outcomes.
- Meets with the preceptee and preceptor/clinical teacher before starting the experience and
  periodically throughout the cooperative experience shift to review performance expectations.
- Serves as a resource to the preceptee and preceptor/clinical teacher.
- Completes preceptee evaluations with input from the preceptor/clinical teacher and uses this
  information to help determine final clinical performance grades in the course.
- Consults with the PPL and APL as needed.

Evaluation of Clinical Experience:
- Elicits ongoing feedback regarding the preceptee's performance in the cooperative experience.
- Ensures all required paperwork related to the cooperative experience has been submitted to the
  APPL.
- Ensures the preceptee receives timely and specific feedback on written coursework related to the
  cooperative experience.
- Provides the final grade to the preceptee and NEC.

Cooperative Experience Partner Selection Process

1. Students should attend a scheduled Cooperative Experience Fair to meet representatives of our cooperative experience partners.

2. The Nursing & Health Professions Administrative Assistant will notify students to submit the following form and set a due date for its return. The form includes:
   a. Student name
   b. Employment status at any current cooperative experience partner organizations
   c. Primary residence when NOT taking classes at NEC.
   d. Primary residence when taking classes at NEC.
   e. Student's 1st, 2nd, & 3rd cooperative experience partner preferences

3. Once forms have been submitted by the required due date, the dean and faculty will use the following criteria to pair students with a cooperative experience partner (in the order written):
   a. First preference
   b. Proof of employment, if applicable
   c. Distance in miles from a primary residence
   d. Cooperative Experience partner representative feedback from the Cooperative Experience Fair

4. If your first preference is unavailable, then the second choice will be applied with the following criteria (in the order written):
   a. Proof of employment, if applicable
   b. Distance in miles from a primary residence
   c. Cooperative Experience partner representative feedback from the Cooperative Experience Fair

5. If your second preference is unavailable, then the third choice will be applied with the following criteria (in the order written)
   a. Proof of employment, if applicable
   b. Distance in miles from a primary residence
   c. Cooperative Experience partner representative feedback from the Cooperative Experience Fair

Cooperative Experience Partner Selection Process

1.   Name: _____

2.   Are you employed (currently) at any of the following healthcare organizations? (Please check all that apply).

- Elliot Hospital
- Catholic Medical Center
- Concord Hospital
- Lakes Region General Hospital
- Portsmouth Regional Hospital
- Frisbie Hospital
- Parkland Hospital
- Cheshire Medical Center
- Other…_____

3.   Primary residence when NOT taking classes at NEC.

            _____ (street address)

            _____ (city) _____ (state)

4.   Please provide the physical address of where you live when taking classes at NEC, i.e., home address or residence halls, as applicable.

            _____ (street address)

            _____ (city) _____ (state)

5.   Please list your Cooperative Experience Partner preferences ranking from 1st choice to 3rd choice …. This may or may not be where you work now, but perhaps you hope to work when you graduate.

- Elliot Hospital in Manchester, N.H.
- Catholic Medical Center in Manchester, N.H. (current employees ONLY)
- Concord Hospital in Concord, N.H.
- Lakes Region General Hospital in Laconia, N.H.
- Portsmouth Regional Hospital in Portsmouth, N.H.
- Frisbie Hospital in Rochester, N.H.
- Parkland Hospital in Derry, N.H.
- Cheshire Medical Center in Keene, N.H.

1st Choice: _____ Distance from primary residence_____
2nd Choice: _____Distance from primary residence_____
3rd Choice: _____ Distance from primary residence_____

Section III.
Academic Policies and Procedures

Academic Success Plan Policy

Purpose: To provide guidelines for faculty and students to formatively address student performance that fails to meet standards, policies, or procedures outlined in the Nursing Student Handbook. The goal of the Success Plan is to assist the student in understanding better and more proactively addressing identified academic or behavioral concerns. Student success in a professional nursing program depends on meeting expectations in three realms: professional comportment, clinical, and academic performance. Faculty and instructors are responsible for providing students with a clear understanding of professional, clinical, and academic expectations and, through evaluative measures, letting students know when they are not meeting minimal expectations. Students are responsible for familiarizing themselves with the expectations, seeking information when they do not understand what is expected, and actively participating in their learning to enhance their opportunities for success.

Policy:
- An Academic Success Plan may be initiated when faculty or clinical preceptor identifies student performance and/or behavior inconsistent with the NEC Nursing expectations.
- A success plan may be initiated if the expectations are not met within one or more of three categories: Professional, Clinical, and/or Academic.
- This policy does not apply to repetitive, grossly unsafe, or egregious behaviors; such concerns should be immediately reported to the Dean of Nursing & Health Professions, and an investigation will be conducted. In the meantime, the Dean will inform the student that the student is under investigation.
- A student's failure to meet the goals of the Academic Success Plan may result in a lack of professional, clinical, and/or academic success, resulting in stopped progression or dismissal from the program.

Procedure:

1. Student performance and/or behavioral concerns should be addressed by the Faculty and Academic Advisors as soon as possible.
2. Advisors will contact the student privately to discuss any issues or concerns that might impact student performance and/or behavior.
3. The faculty will privately discuss performance and/or behavioral concerns with the student at the first opportunity. Regarding clinical performance concerns, the faculty will include the clinical preceptor and clinical facilitator in the discussion.
    a. At this meeting, using relevant evaluation tools, rubrics, and policies, expected performance and/or behaviors will be reviewed with the student.
    b. The student will be asked to reflect on their performance and/or behavior, consider expectations, and identify the root cause of performance and/or behavioral deficits.
    c. The faculty and other relevant parties will share their perspectives on the student's performance and/or expectations-related behavior.
    d. The student and faculty will identify specific resources and strategies to address measurable outcomes for the identified performance and/or behavioral deficits.
    e. A follow-up appointment (s) to evaluate progress will be established.
    f. The student, faculty, and other relevant parties will sign the success plan.
    g. If progress is not apparent and/or the student fails to follow the success plan, the student will incur progressive sanctions up to and including dismissal from the nursing program.
4. If a third incident in any category occurs over the student's academic tenure, the student may be dismissed from the nursing program. (See Grievance Policy)
5. A copy of the Academic Success Plan will be scanned, provided electronically, and placed in the student's file in the NEC Nursing office.

ADMS 8.23

Attendance Policy

Purpose: To provide students clear guidance regarding all nursing lectures and scheduled clinical learning experience attendance. All New Hampshire Board of Nursing-approved registered nursing education programs must provide minimum theory and clinical hours. In addition, all CCNE-accredited nursing programs require that learning experiences be carefully designed to provide significant learning required to achieve program outcomes consistent with baccalaureate expectations. Thus, policies related to attendance exist.

Policy:
- General Policy for Class and Cooperative Experiences for Nursing Students at NEC
    - Attendance at all scheduled classes and clinical learning experiences is mandatory.
    - Students are expected to arrive on time and be seated by the time class or clinical begins, and after any breaks the professor may give.
    - Make-up opportunities may not be available; thus, student absences affect the ability to meet course and state licensure requirements. In addition, absences may affect a student's ability to succeed or progress in the course and program.
- Classroom Attendance
    - In addition to the above, the following is a requirement for nursing courses that meet in the classroom environment (in-person or remote):
        - Students are expected to attend all classroom experiences to meet the objectives successfully.
        - Students are permitted one (1) absence during the inclusion dates of the course. After that, ten (10) points will be deducted from the student's professionalism grade for each occurrence.
        - Suppose the absence will occur on a scheduled exam day. In that case, it is the student's responsibility to reach out to the professor at least two (2) hours before the start of class to arrange for an alternative date/time to take the exam via office phone or email.
        - Exception(s): If the student's absence is deemed "excused" by NEC procedure (example: COVID quarantine) OR the Dean of Nursing has deemed the absence "excused."
        - Students are expected to be on time to class per the course's posted start time in "MyNEC." If a student is not present at the start time and is tardy, five (5) points will be deducted from the student's professionalism grade for each occurrence.
        - Suppose the student is tardy on a scheduled exam day. In that case, the student must reach out to the professor at least two (2) hours after class to arrange an alternative date/time to take the exam via office phone or email.
        - Exception(s): There are no exceptions to this rule.
- Cooperative Experience and Capstone Immersion Attendance
    - In addition to the above, the following is a requirement for coop experience:
        - Students are expected to attend all coop experiences to meet the objectives successfully.
        - If a student has an absence or multiple absences from coop experience that has been deemed "excused," the student may be required to do the following:
        - Attend a rescheduled coop experience shift at the coop site's discretion.
        - Complete cooperative experience assignment at the discretion of the NEC Clinical Faculty
        - If a student has an absence or multiple absences from coop experience that has NOT been deemed "excused," the student may experience the following:
        - Lowering of overall cumulative grade
        - Unable to continue in the NEC nursing program.
        - "Excused" Absence in Nursing Program at NEC
        - Suppose the student feels their absence should be excused, such as (but not limited to) death in the family, medical condition, or weather. In that case, they must contact the Dean of Nursing before or within 48 hours after the event to discuss via email or office phone.
        - The decision to "excuse" or "not excuse" the absence will be determined within 24 hours of meeting with the student and communicated in writing to the student and professor.

ADMS 8.23

Class and Cooperative Cancellation Policy

Purpose: To outline the mechanisms to determine if a class or cooperative learning experience has been canceled. Severe weather may sometimes preclude safe travel. Faculty may also experience sudden, unexpected personal, family, or health concerns that may require the cancellation of a planned learning experience. Students are asked to adhere to this policy to prevent unsafe and/or unnecessary travel.

Policy:

- Students must routinely check phone, email, and text messages for information in severe weather.

- The student should follow the NEC Nursing attendance policy if there is a safety concern in inclement weather.

- If a faculty member must cancel, the faculty will notify students via NEC email.

- The mode of communication for cancellation is Blackboard announcements. Therefore, students are advised to check Blackboard announcements before each class.

- Students must provide a phone number to the cooperative clinical facilitator to be reached in case of an unexpected cancellation.

Procedure:

1. Routinely check Blackboard for messages regarding cancellations.
2. Routinely check phone and text messages for information regarding cancellations.
3. Should questions arise, be in touch with the faculty.

ADMS 10.23

Electronic Device Policy

Purpose: To outline the appropriate use of electronic devices in the learning environment.
NEC Nursing supports professional electronic devices, such as cell phones, tablets, personal computers, and personal tracking devices for appropriate personal use and learning purposes. This policy was developed to define the appropriate use of electronic devices in an academic setting. In general, the non-disruptive use of electronic devices to promote learning is supported. But, illegal, distracting, disruptive, or rude use of electronic devices is not tolerated. The following guidelines are meant to guide students and faculty about the appropriate professional use of electronic devices and provide consequences for illegal, distracting, disruptive, or rude use.

Policy:

- In the current climate of instant communication and computer/internet technology, students must be mindful of appropriate conduct when using laptop computers, communication devices, and audio or video recording devices.

- Students may bring cell phones and other electronic devices to class, but they must be silent.

- All electronic devices, including smart watches and cell phones, must be appropriately secured, and turned off during examinations. Cell phones may not be used as a calculator.

- Video and or audio recording during a lecture or professional encounters is only permitted with faculty approval or as part of an approved accommodation.

- When participating in clinical experiences, it is very important to be aware of and comply with all organizational policies, particularly those regarding the use of electronic devices and maintaining patient confidentiality. Students are expected to complete HIPPA training and take extraordinary measures to avoid HIPPA violations.

- In compliance with professional standards of behavior and the interest of patient safety and confidentiality, students' use of cell phones in patient care settings is strictly forbidden. Use of other electronic devices, including blue tooth tracking devices, may also be prohibited in clinical settings. Consult agency policies before using or enabling the use of such devices.

- Students must be familiar with and adhere to professional guidelines on the use of social media. Refer to the Social Media Policy for further guidance.

- Computer access to protected patient health information is limited; students may only access information related to assigned patients and only access information necessary to provide safe patient care and complete their assigned care and academic assignments.

Procedure:

All students must adhere to the policy above.

1. A violation of this policy in the classroom or clinical setting will result in sanctions up to and including dismissal from the setting, the course, and/or the program depending on the nature of the violation and contextual variables.

2. Possession of a prohibited electronic device during a quiz or exam will result in an automatic zero and referral to the Dean of Health Professions for academic dishonesty.

ADMS 8.23

Examinations

Purpose: To outline the student and faculty expectations regarding all nursing examinations.

Examination Accommodations

According to the American Disabilities Act, students with certain disabilities may qualify for testing accommodations.

Policy:
- The student's responsibility is to contact the Office of Student Access and Accommodations for approval of the need for academic accommodations.
- Students with examination accommodations must provide documentation to each faculty to receive those accommodations.

Procedure:
1. The examination must be given during the regular examination unless the faculty has specified and/or approved another time.
2. All examinations are administered under proctored conditions.
3. If an examination is to be administered to a student other than the regular examination time, the student will be administered an alternate examination.

Examination Administration

Examinations are used as one form of assessment to evaluate student learning outcomes.

Purpose: To outline the steps to be taken by nursing faculty administering examinations to ensure the academic integrity of examinations. Students will need to bring a laptop to class on exam days. Be sure to install Chrome.

Policy:
- Immediately upon entry to the space where the examination will occur, it is asked that:
  - No verbal or non-verbal communication between students occurs.
  - All student possessions (cell phones, backpacks, water bottles, hats, electronic devices including the smartwatch, etc.) are left at the room's front or rear as instructed.
  - No food or drink is permitted during examinations.
- Students will not be permitted to enter a room where the examination is administered if tardy.
- Once the class time has begun, the faculty will provide students access to the examination and review any last-minute instructions.
- Once students are allowed access to the exam and testing has begun, they may not leave their seats.
- Once students have completed the examination and exited the testing area, they may not re-enter it.
- Students with questions during the examination may raise their hand, and the faculty member will approach them.
- There will be no discussion of exam items between students and faculty on the exam day.

Procedures: Non-adherence to the policy may result in the inability to take a scheduled exam or an automatic examination failure.

ADMS 8.23

Examination Review

Purpose: To provide faculty and students with guidance regarding the review of examinations. To protect the integrity of the test bank.

Policy: Exam review sessions are not mandatory; however, they may be offered with the intent to clarify and dialogue about concepts evaluated in an examination.

Procedure:

1. All examinations review is time-limited and may be held in class or during scheduled faculty office hours.

2. To ensure the integrity of examinations and items on examinations, all review sessions must occur on NEC's campus; procedures must be taken to ensure the integrity of the exam and exam items.

3. To make good use of student and faculty time, students must adhere to an established set of behavioral norms during a review session, or the session will end.

4. Students should be aware that it is inappropriate to challenge their faculty or argue about their grades on an examination in a public forum. When done by groups of individuals, such behaviors constitute mobbing, a recognized form of incivility, and a form of professional misconduct. Instead, individuals with concerns about items on the examination or calculating their grades should ask to meet with the faculty privately.

5. Students are not allowed any writing materials, digital equipment, or electronic storage devices, e.g., phones, iPads, or smart watches, while an exam is in their possession or being reviewed. Any student who violates this rule may be charged with academic dishonesty.

6. Students may not leave the review session with exam items in their possession. Any student who violates this rule will be charged with academic dishonesty.

ADMS 8.23

Grading Policy

Purpose: To outline the grading policies for NEC Nursing.

Policy:
- The faculty will outline the methods for evaluation for each course in the course syllabus.
- The description of assignments and related rubrics for each course will be posted on Blackboard.
- The clinical portfolio guidelines for each course will be posted on Blackboard.
- Grades are assigned according to the NEC Grading Scale below:

Grade	Value
A	94-100
A-	90-93
B+	87-89
B	83-86
B-	80-82
C+	77-79
C	73-76
C-	70-72
D	60-69
F	Below 60

- Students Must:
    - Earn a minimum grade of "B-" or 80% overall in all required NU prefix courses.
    - Earn an overall minimum "B-" or 80% grade in all required nursing clinical portfolio assignments.
    - Earn a minimum " Satisfactory " evaluation in all simulated/clinical learning outcomes of a course.
    - Earn an average of 80% in the Assessment by Examination category in each NU prefix course.
    - Maintain a minimum overall "B-" grade or cumulative GPA of 2.7 at NEC.

- Remediation Plans will be initiated by the course instructor for all students who earn less than 80% on any examination. Remediation plans are a collaborative tool designed to assist students toward successful course completion and are not optional. A remediation plan includes, but is not limited to:
    - Meeting with Nursing Faculty advisor
    - Meeting with Academic Advising
    - Meeting with an academic tutor
    - Meeting with a peer or professional mentor

Program Assessment Methods

- Professional Nursing I, II, & III and Human Anatomy, Physiology, & Health Assessment I & II will have the following evaluation methods:

  - Assessments by Examination: Four 50-point unit assessments will be conducted during these courses. In addition, there will be one 100-question comprehensive final exam. The course instructor reserves the right to administer unannounced quizzes that may or may not be counted in the final grade. (50%)

  - Assessment by Assignments: These course instructors reserve the right to administer scheduled or unscheduled assignments (e.g., ATI, discussions, case studies, group activities, concept maps, skills labs, etc.) that may or may not be counted in the final grade. (45%)

  - Assessment by Professionalism in the Classroom/Clinical: Professional Identity is a nursing attribute that shapes the nurse. Therefore, nursing students must demonstrate nursing values in every educational experience. As a professional, course evaluations are a mandatory part of this course's evidence-based quality improvement process, instructor(s), and program. (5%)

- Cooperative Experience I, II, & II will have the following evaluation methods:

  - Assessments by Examination: Four 50-point unit assessments will be conducted during these courses. In addition, there will be one 100-question comprehensive final exam. The course instructor reserves the right to administer unannounced quizzes that may or may not be counted in the final grade. (50%)

  - Assessment by Assignment: These course instructors reserve the right to administer scheduled or unscheduled assignments (e.g., ATI discussions, case studies, group activities, concept maps, etc.) that may or may not be counted in the final grade. (20%)

  - Assessment by Clinical Portfolio: Each student will compile a clinical portfolio throughout the semester. The portfolio will comprise 25% of the final grade. A grade of 80% or higher is required on your clinical portfolio to pass the Cooperative Experience and progress in the nursing program. Employment in good standing at a partner organization must be maintained to pass this course. (25%)

  - Assessment by Professionalism in the Classroom/Clinical: Professional Identity is a nursing attribute that shapes the nurse. Therefore, nursing students must demonstrate nursing values in every educational experience. As a professional, course evaluations are a mandatory part of this course's evidence-based quality improvement process, instructor(s), and program. (5%)

- Evidence and Informatics, Systems-Based Practice, and transition to Professional Nursing Practice will have the following evaluation methods:

  - Assessment by Course Specific Scholarly Project or Presentation: (50%)

  - Assessment by Assignment: These course instructors reserve the right to administer scheduled or unscheduled assignments (e.g., ATI, discussions, case studies, group activities, concept maps, etc.) that may or may not be counted in the final grade. (20%)

  - Assessment by Professionalism in the Classroom/Clinical: Professional Identity is a nursing attribute that shapes the nurse. Therefore, nursing students are expected to demonstrate nursing values in every educational experience. As a professional, course evaluations are a mandatory part of this course's evidence-based quality improvement process, instructor(s), & and program. (5%)

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- Capstone Seminar & Clinical Immersion

Assessments/Assignments	Value of Course Grade
ATI Live Review	5%
ATI Capstone	30%
Virtual ATI	30%
Summative Clinical Portfolio	30%
Assessment by Professionalism in the Classroom/Clinical	5%
Total	100%

Procedure:

Students who do not meet the passing standards as outlined in this policy will be subject to the nursing program's progression standards, which may include stopped progression or dismissal from the program.

ADMS 8.23

Issues and Resolution Policy

Purpose: To assure fair and equitable treatment of all students through open communication and resolution of issues among students, faculty, administration, and staff. The Issues and Resolution policy is a process that allows NEC Nursing students to bring forward issues of student dissatisfaction and unfair or non-equitable treatment regarding established policies, procedures, rules, and regulations of NEC Nursing. This policy is specific to NEC Nursing in conjunction with the policies of NEC.

Policy:
- The student can express issues without prejudice, penalty, or recrimination.
- Following the proper procedure, sequence, and timeframe is important when an issue is filed.
- The resolution will be considered final when a solution is obtained in any given step.
- Documents related to the issue will be maintained in a confidential and secure file in the NEC Nursing office.

Procedure:
1. The student shall schedule a meeting with the involved party. The student may request that their advisor be present. If the advisor is the involved party, the student may ask another faculty or the Dean to be present. This meeting must be scheduled within ten business days of the occurrence.
2. If the issue is not resolved in the step above, the student and the involved party will document and sign a written copy of their discussion. Copies will be given to the involved parties.
3. Next, and within ten business days of the meeting referenced in the second step above, the Dean of Nursing & Health Professions will review the issue and arrange to meet individually with the student and the involved party.
4. Within ten working days of this meeting, the student will receive a decision from the Dean of Nursing & Health Professions.
5. If the issue remains unresolved after meeting with the Dean, either party may request in writing that the Dean arrange a meeting with all parties and the Vice President of Academic Affairs (VPAA). This group will review the issue and the Dean's decided resolution of the issue.

The following guidelines will be followed:
   a. Meetings are closed, formal, and confidential. The Dean directs the flow of the meeting but does not vote. An appointed secretary shall take minutes.
   b. If new information is pertinent to the issue under consideration, academic community members (students, faculty, administration, and staff) may be asked to present information.
   c. Both the student and the involved party may be questioned. Questions must be relevant to the issue.
   d. Upon request from the group, the involved party is expected to make such records pertinent to the issue available. The confidential nature of these records shall be safeguarded.
   e. The student and/or involved party may bring another NEC student, faculty, or staff member as a support person. The support person may not address the committee but may answer questions directed by the committee.
   f. Proceedings of the meeting may not be audio or video recorded without permission from all in attendance.
   g. A simple majority shall be required to decide.
   h. The group shall prepare a written decision within ten business days.
   i. Documentation of the decision will be signed by both involved parties and kept in the Grievance File in the NEC Nursing office for seven years, and copies will be given to the involved parties.

ADMS 1.24

Leave of Absence Policy and Readmission

Purpose: To define the procedures to follow when seeking a leave of absence or readmission to the program following a leave of absence.

NEC Nursing supports students who wish to take a leave of absence or return to the nursing program after taking a leave of absence.

Policy:

- Any nursing student may request a Leave of Absence for one or two consecutive semesters.
- A leave that extends beyond one year must have prior approval from the Dean of Nursing & Health Professions.
- A student approved for a leave of absence is no longer enrolled for federal financial aid purposes; thus, they should be in contact with the Financial Aid about their financial obligations.
- The student who has been on a leave of absence or medical leave of absence for less than one year and left the program in good standing is guaranteed a seat in the nursing program upon their return. All other students will need to reapply to the nursing program.
- Returning students will be considered for readmission to the nursing program if they meet the progression standards. Those who fail to meet the progression standards will be denied readmission.
- Any student deemed clinically "unsafe" according to evaluative clinical performance criteria or "unprofessional" according to the Code of Conduct will not be considered for readmission.
- Any student readmitted to the program following a Leave of Absence for health or personal concerns are placed on "close academic scrutiny" to ensure a smooth transition to the academic environment.
- Students will only be considered for readmission to the program once.
- Applicants for readmission must meet all admission standards and progression requirements for the nursing program.

Procedure: Processing a Leave of Absence or Medical Leave of Absence

Students wishing to process a Leave of Absence should
- Discuss their plans with their advisor.
- Complete an interview with the Dean of Nursing & Health Professions.
- Consult with the Financial Aid Office.

ADMS 8.23

Recruitment, Admission, Progression, and Graduation Policies

Purpose: To provide a uniform statement for students and faculty regarding nursing student recruitment, admission, progression, and successful completion of graduation requirements.

The requirements for graduation are consistent with NH BON requirements and NEC requirements. Upon completing this program, graduates earn the Bachelor of Science in Nursing (BSN) and can take the National Council Licensure Examination for Registered Nurses (NCLEX-RN®).

Recruitment

The NEC Nursing recruitment philosophy aligns with the National Association of College Admission Counseling's (NACAC) Statement of Principles of Good Practice. The NEC Nursing faculty work with our internal and external colleagues on the marketing, admission, and enrollment teams to maintain high ethical standards and a highly transparent admissions process for nursing applicants.

Admission
NEC strives to maintain our nursing admission standards, and aims to review candidates holistically; thus, students who do not strictly meet our admission requirements are encouraged to apply, meet with a member of the admissions staff and/or the Dean of Nursing & Health Professions for advisement as their mix of experience, attributes, and academic performance may make them a suitable candidate for nursing now or in the future. Students who are ineligible for admission based on these requirements also may be admitted by permission of the Dean of Nursing & Health Professions.

- Student applies to the nursing program.
- NEC Admission Team in collaboration with the nursing admission council and Dean of Nursing to review all candidates.
- Candidates who meet or exceed the listed admission criteria are admitted directly into nursing.
    - Students can expect an email and US Postal Service notification from the NEC Admission Team outlining the following acceptance contingencies:
        - Submission of all application materials as outlined in the next section.
        - Submission of final transcripts
        - A $300.00 Deposit – Reserves your acceptance and seat in the cohort.
            - Once all of these have been completed, students can expect a final acceptance letter via email and US Postal Service from NEC Nursing with the final acceptance decision and information.
- Candidates who fall below the set nursing admission criteria:
    - May be interviewed by NEC Nursing
    - May have a follow up interview by the program's nursing admission council and then be:
        - Admitted to the nursing program contingent upon:
            - Submission of all materials as outlined below.
            - Submission of all final transcripts
            - The $300.00 Deposit – Reserves your acceptance and seat in the cohort.
                - Once all of these have been completed, students can expect a final acceptance letter via email and US Postal Service from the NEC Nursing with final acceptance and information.
        - Admitted to the NEC Health Science program to demonstrate ability to meet the academic rigors of the nursing program.
            - Students can expect a letter via email and US Postal Service from the NEC Nursing with the final acceptance decision and information.
        - Denied admission to NEC.

Post-secondary Students - Qualified post-secondary students are admitted directly into the nursing program as space allows. In addition to NEC's general admission requirements, applicants to the pre-licensure nursing program should meet the following admission standards.

- o Minimum high school GPA of 2.7 or by permission of the Dean
- o Essay
- o (2) Letter of Recommendation from an Academic Advisor or Professional Recommendation
- o Licensed Nursing Assistant (LNA) licensure is required before the first cooperative clinical experience.
- o Current BLS
- o Eligible for employment as an LNA at a partner institution
- o Criminal Background Check & Initial/Routine Drug Screening Before First Cooperative Clinical Experience

External & Internal Transfer Requirements - External or Internal Students enrolled in other colleges or NEC academic programs are eligible for transfer into the nursing program. The selection process takes place at the end of each semester. The most qualified applicants will be accepted as space in the program allows. To be considered for transfer, the applicant must meet these requirements:

- o Completed at least 12 college credits and at least a 2.7 GPA or by permission of the Dean.
- o Essay
- o (2) Letter of Recommendation from an Academic Advisor or Professional Recommendation
- o Licensed Nursing Assistant (LNA) is required before first cooperative clinical experience.
- o Current BLS
- o Eligible for employment as an LNA at a partner institution
- o Criminal Background Check & Initial/Routine Drug Screening Before First Cooperative Clinical Experience

May be required to assess and support individual academic needs:
- o TEAS (Test of Essential Academic Skills)
- o TOEFL (Test of English as a Foreign Language) for International Students

Progression in the Program:
To progress semester-to-semester in the pre-licensure nursing program, the student must:
- • Earn a minimum grade of "B-" or 80% overall in all required NU prefix courses.
- • Earn an overall minimum "B-" or 80% grade in all required nursing clinical portfolio assignments.
- • Earn an average of 80% in the Assessment by Examination category in each NU prefix course.
- • Earn a minimum " Satisfactory " evaluation in all simulated/clinical learning outcomes of a course.
- • Maintain a minimum overall "B-" grade or cumulative GPA of 2.7 at NEC.
- • Maintain eligibility for employment at the assigned partner institution.

Please take note of the following:
- • A student may repeat an individual NU course only once.
- • A student may repeat only two separate NU courses.
- • Students must take all courses required for the nursing program in the proper sequence or with the Dean's approval.
- • Inability to meet these standards may result in a student's stopped progression or dismissal from the nursing program.

Stopped Progression

Stopped Progression means that a nursing student who fails to meet the progression standards listed above may be stopped from moving to the next nursing course. For instance, students failing to meet the minimum grade of B- or 80% final grade in any nursing course, an 80% on their exam cumulative in any nursing course with exams, or an 80% on their Cooperative Portfolio in any nursing cooperative experience course may be stopped from progressing term to term. Which will extend the students' program and graduation.

Students who have received a stopped progression notification from NEC Nursing can appeal the decision. Students must email the NEC Nursing Student Affairs Committee (SAC), NECNursing@nec.edu, directly within seven days of receipt of the stopped progression notification to set up an appeal meeting with the SAC.

Procedure:
- The SAC will meet with students to review all appeals.
- The SAC will provide written notification of the decision.
- On procedural grounds only, students may appeal the SAC's decision to the Dean of Nursing & Health Professions, Dr. Angie McPhee-Smith, amcphee-smith@nec.edu.

Forward Progression

A student whose progression has been stopped and wishes to return to the nursing program must submit a letter requesting "forward progression" to the Dean 30 days before the start of the upcoming semester. The letter should include:
- A statement indicating an intent to progress in the major.
- A description of the circumstances that led to your progression being stopped.
- A detailed Academic Success Plan to prevent those circumstances from reoccurring.

Upon reinstatement, the student must meet with a nursing advisor before class registration.

Program Dismissal and Program Dismissal Appeal Process

Students may be dismissed from the nursing program if the student:
- Fails to meet the passing standard in a nursing course more than once.
- Fails to meet the passing standard in more than two nursing courses.
- Fails to maintain an overall 2.7 GPA at NEC.
- Is deemed clinically "unsafe" according to evaluative clinical criteria.
- Is unable to obtain and maintain LNA licensure.
- Cannot obtain or maintain employment as an LNA at the assigned partner institution.
- Is deemed "unprofessional" based on their conduct in the classroom or cooperative clinical experiences.

Students who have received a program dismissal notification from NEC Nursing can appeal the decision. Students must email the NEC Nursing Student Affairs Committee (SAC), NECNursing@nec.edu, directly within seven days of receipt of the program dismissal notification to set up an appeal meeting with the SAC.

Procedure:
- The SAC will meet with students to review all appeals.
- The SAC will provide written notification of the decision.
- On procedural grounds only, students may appeal the SAC's decision to the Dean of Nursing & Health Professions, Dr. Angie McPhee-Smith, amcphee-smith@nec.edu.

Graduation

For a student to meet the requirements for graduation, the student must meet the following criteria:
- Meet all NEC graduation requirements for the Bachelor of Science with a major in Nursing.
- Complete all NU courses with a minimum grade of B-; or 80%.
- Students must complete all degree requirements within six years from the time the student enrolled in the first nursing course.

ADMS 1.24

Section IV.
Social and Behavioral Policies

Behavioral Norms

Purpose: To outline expected behaviors in the learning/academic environment. The academic nursing community is where learning and professional growth, development, and self-regulation occur. NEC Nursing is a high-stake learning environment, and, as such, it can be stressful, and it is a place where boundaries may be pushed. Therefore, it is imperative to create a respectful and nurturing environment. Although not yet a nurse, nursing students enrolled in a professional program are expected by the faculty, the administration, other healthcare professionals, and the public to always abide by the profession's standards.

Policy:
- Common courtesy and respect are minimal requirements for all members of the academic nursing community (faculty, students, and staff). Courteous behavior includes but is not limited to:

  - The appropriate manner of dress for all guest speakers and academic events. This means business casual at a minimum for students and professional attire for faculty.
  - Timely arrival for scheduled appointments, meetings, and learning experiences.
  - Professional demeanor: community members are expected to communicate and behave, verbally and non- verbally, civilly, and respectfully in all encounters.
  - Address faculty and staff by their preferred name and when appropriate i.e., Ms., Mr., Coach, Dean, Professor, or if it applies, Doctor. Include a greeting and salutation on correspondence, including email correspondence.
  - Demonstrate respect for others/difference; practice inclusive and collaborative behaviors and avoid the trap of personalizing differences when they exist.
  - Assume goodwill; stand for something good, be open and honest about one's intentions, and be non- judgmental regarding the intentions of others.
  - Be humble about one's accomplishments and mistakes.
  - Be fair in one's judgments.
  - Demonstrate accountability for one's actions.
  - Show forgiveness.

- Adherence to certain minimal standards of courteous behavior in the classroom/learning environment is expected. Examples of courteous behaviors include but are not limited to:

  - Preparedness for the learning experience.
  - Avoidance of distracting behaviors in the learning environment.

  Procedure:

  1. Students will review this policy when they review the course syllabi and sign a document indicating that they understand the behavioral expectations of the learning environment.

  2. To maintain a positive teaching-learning environment, students who do not adhere to this policy will generally receive cues to observe the classroom norms but may be asked to leave the classroom and be subject to a reduction in the Assessment by Professionalism in the Classroom/Clinical grade.

  3. Repeated non-adherence to this policy will result in progressive sanctions up to and including removal from the class and/or dismissal from the program.

ADMS 8.23

Dress Code and Personal Appearance

Purpose: To outline expectations regarding professional dress and appearance for nursing students. Professionals are expected to present themselves as safe, competent, and trustworthy members of the profession. Professional dress and appearance are important because they:

- Provide a powerful symbolic message about a professional's status and competence.
- Students are representing themselves, NEC Nursing, and the partner organization.
- It can have an impact on patient safety and infection control.

Policy:

- NEC Nursing students must wear the approved NEC Nursing uniform in the clinical setting.
- The nursing student uniform should only be worn when participating in clinical activities scheduled by NEC.
- The uniform should be clean, free of stains, hemmed, and wrinkle-free; uniforms may not be rolled at the ankle or the waist. Uniform pants with a tattered hemline are not acceptable.
- Nursing shoes should be clean and allow for swift movement (skid-free, low-heeled)
- To ensure patient safety, uniforms must be loose fitting to allow swift and proper ease of movement.
- To maintain the profession's dignity and professional boundaries, uniforms should be fitted to avoid exposure to undergarments. Tunic tops should be untucked to cover both the midriff and buttocks. A t-shirt or camisole may be necessary to avoid chest or brassiere exposure.
- Tattoos and body piercings are subject to the partner organization's policy.
- Long hair should be worn off the collar /shoulders to avoid infection control concerns. Ponytails are not considered acceptable.
- Beards and facial hair should be trimmed and neat in appearance.
- Fingernails must be short and clean. Nail polish and/or acrylic nails, artificial nails, overlays, and/or extenders are not permitted in the delivery of direct patient care.
- Heavy perfume or cologne, or other highly scented lotions are not permitted.
- Make-up, if worn, should be conservatively limited to mascara, lip gloss, and foundation.
- To uphold the profession's standards, smoking is prohibited on the clinical campus or when wearing the NEC uniform.
- Gum chewing is not permitted.

Procedure:

1. Students who do not adhere to the conditions of this policy will be asked to make suitable adjustments and, if immediately suitable adjustments cannot be made, will be required to leave the clinical setting.
2. Students repeatedly demonstrating non-adherence to the conditions of this policy will be asked to develop an Academic Success Plan (see related policy).

ADMS 8.23

Social Media Policy

Purpose: To enhance and protect the personal and professional reputation of nursing students, their colleagues, the faculty, the school, and NEC when participating in social media.

Social media is a powerful and far-reaching means of communication that can blur the lines between personal, professional, and institutional voices and significantly impact one's personal and professional reputation. According to the ANA (2011), "nurses and nursing students should understand the nature, benefits, and consequences of participating in social networking of all types."

Social media is designed to be disseminated through social interaction created using highly accessible and scalable publishing techniques. Examples include but are not limited to Twitter, Facebook, YouTube, Instagram, Snapchat, and LinkedIn.

Policy:

- Do not post confidential or proprietary information about patients, professionals, or other students.
    - Follow the applicable federal requirements such as FERPA and HIPPA in the online environment.
    - Adhere to the NEC Code of Conduct
    - Always consider copyright and intellectual property rights when using social media sites. When in doubt, consult with a librarian.
- Use of the NEC name, logo, or other symbols representing NEC without proper authorization is not permitted.
    - Do not use the NEC logo, images, or iconography on personal social media sites.
    - Do not post pictures of other students in any clothing where the NEC logo can be seen without permission from the student, NEC Nursing, and NEC.
- Obey the Terms of Service of any social media platform employed.
- Be familiar with and adhere to the American Nurses Association principles for social networking.
- Be familiar with and adhere to the National Council of State Boards of Nursing (NCSBN) Social Media Guidelines.
- Nursing students and nursing faculty should take advantage of privacy settings available on many social networking sites in their online activities and seek to separate their online personal and professional sites and information. However, the use of privacy settings and the separation of personal and professional information online does not guarantee that information will not be repeated in less protected forums.

Procedure:
Students who do not adhere to this policy and the identified professional standards and guidelines will be subject to sanctions, including dismissal from the nursing program and/or potential legal liability.

ADMS 8.23