



NEW ENGLAND COLLEGE

THREE-YEAR COOPERATIVE
BACHELOR OF SCIENCE IN NURSING

NURSING STUDENT HANDBOOK



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Dear New England College (NEC) Nursing Student:

Welcome to NEC Nursing! This academic year promises to be an exciting year as we welcome new members to our teaching-learning community. This handbook, designed for your use in conjunction with the NEC Undergraduate Catalog and NEC Student Handbook, contains policies specific to NEC Nursing. We hope that it will assist you in better understanding student expectations and the program. This Nursing Student Handbook, revised annually, is also available on Blackboard in all nursing courses. After completing the first review of the handbook's contents, please complete the "Verification Form" in your Blackboard course and upload it.

Please note that NEC Nursing uses Blackboard for announcements to alert students to changes in policies and procedures. Announcements posted on Blackboard are delivered automatically to students' NEC email addresses. In addition, all nursing students have access to Blackboard for the course and program information.

NEC Nursing faculty and staff are committed to assisting your professional formation. On behalf of the faculty and staff, I wish you a warm welcome and a prosperous and stimulating academic year.

Dr. Angie D. McPhee Smith, DNP, RN
Associate 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 Bachelors of Science in Nursing Program at New England College is pursuing initial accreditation by the Commission on Collegiate Nursing Education <http://www.ccnaccreditation.org>.

Applying for accreditation does not guarantee that accreditation will be granted.

Send comments to:

Commission on Collegiate Nursing Education Attention: Third-Party Comments

655 K Street, NW, Suite 750

Washington, DC 20001

Section I:
Mission, Philosophy, Organizing Framework, and Outcomes of
the New England College Three-Year Cooperative BSN

Mission & Vision

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 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

Organizing Framework

The program organizing framework is designed from the alignment and adaptation of the following nursing education concept and competency resources:

- Giddens's (2021) Units, Themes, and Associated Concepts
- American Association of Colleges of Nursing (AACN) Essentials (2021) Domains and Core Concepts
- NCLEX-RN Blueprint (2019)
- Massachusetts Nurse of the Future (NOF) Competencies (2016)

The following is a list of program concept groupings, topics, and concepts:

- I.) Core Curricular Concepts – integrated throughout each course
 - A. Professional Identity
 - 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 & 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 & Learning
 - f. Health Promotion & 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, & Maladaptive Behavior
 - a. Stress & Coping
 - b. Mood & Affect
 - c. Anxiety
 - d. Cognition
 - e. Psychosis
 - f. Addiction
 - g. Interpersonal Violence & Trauma
4. Biophysical Concepts
 1. Homeostasis & Regulation
 - a. Fluid & Electrolytes
 - b. Acid-Base Balance
 - c. Thermoregulation
 - d. Rest & 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 & Sexuality
 - a. Reproduction
 - b. Sexuality
 3. Protection & Movement
 - a. Immunity
 - b. Inflammation
 - c. Infection
 - d. Mobility
 - e. Tissue Integrity
 - f. Sensory Perception
 - g. Comfort
 - h. Pain

Integrated Program Core Concepts

Integrated Program Core Concepts	
Concept	Definition
Professional Identity	Definition: A sense of oneself and concerning others that is influenced by characteristics, norms, and values of the nursing discipline, resulting in individual thinking, acting, and feeling like a nurse.
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.
Communication	Definition: A interaction process between people in which symbols create, exchange, and interpret messages about ideas, emotions, and mental states.
Compassionate Care	Definition: Noticing another person's vulnerability, experiencing an emotional reaction to it, and acting in some way with them that is meaningful for people.
Diversity, Equity, and Inclusion	Definition: A broad range of individual, population, and social characteristics that substantially limits a major life activity; religious beliefs; and socioeconomic status; the ability to recognize the differences in resources or knowledge needed to allow individuals to participate in society fully; and Inclusion represents environmental and organizational cultures in which faculty, students, staff, and administrators with diverse characteristics thrive.
Ethics	Definition: The study or examination of morality through various approaches.
Evidence-Based Practice	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 deliver optimum nursing care for the individual.
Health Policy	Definition: Goal-directed decision-making about health resulting from an authorized, public decision-making process. Governments or other authorized entities decide those actions, nonactions, directions, and/or guidance related to health.
Social determinants of Health	Definition: Are conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.
Quality & Safety	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 and minimizing the risk of harm to patients and providers through system effectiveness and individual performance.
Informatics and Technology	Definition: The science that encompasses information science and computer science to study information processing, management, and retrieval.

Concept Definitions & Exemplars

Professional Nursing Concepts	
Topic: Nursing Attributes and Roles	Definition & Exemplars
Professional Identity	<p>Definition: A sense of oneself and concerning others that is influenced by characteristics, norms, and values of the nursing discipline, resulting in individual thinking, acting, and feeling like a nurse.</p> <p>Exemplars: Integrity, Compassion, Courage, Humility, Advocacy, Accountability, Human Flourishing</p>
Clinical Judgment	<p>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.</p> <p>Exemplars: Clinical Skills, Priority Setting Frameworks, Nursing Process, Communication, Medication Management, Management of Care and Nursing Leadership</p>
Leadership	<p>Definition: An interactive process that provides needed guidance and direction.</p> <p>Exemplars: Leadership Roles and Leadership Styles</p>
Ethics	<p>Definition: The study or examination of morality through various approaches.</p> <p>Exemplars: Beginning of Life, Lifespan, End of Life, Organizational, and Health Policy Ethics Genetic Enhancement, Confidentiality, Advanced Directives, Uncompensated Care, and Conflict of Interest</p>
Teaching & Learning	<p>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.</p> <p>Exemplars: Formal, Informal, and Self-Directed Health Promotion and Illness Prevention Education</p>
Health Promotion & Illness Prevention	<p>Definition: Health promotion is the process of enabling people to increase control over, and to improve, their health.</p> <p>Exemplars: Primary, Secondary, & Tertiary Prevention Across the Lifespan: Vaccination, Oral Hygiene, Nutrition, Physical Activity, Blood Pressure Screening, Breast Cancer Screening, Colorectal Cancer Screening</p>
Topic: Care Competencies	Definition & Exemplars
Communication	<p>Definition: A interaction process between people in which symbols create, exchange, and interpret messages about ideas, emotions, and mental states.</p> <p>Exemplars: Assertive, Therapeutic, Intrapersonal, Interpersonal, Interprofessional, Handoff/Reporting, Documentation – Electronic Health Record</p>
Collaboration	<p>Definition: Development of partnerships to achieve the best possible outcomes that reflect the needs of the patient, family, or community, requiring an understanding of what others have to offer.</p> <p>Exemplars: Nurse-Patient, Nurse-Nurse, Interprofessional, Interorganizational</p>
Safety	<p>Definition: Minimizing the risk of harm to patients and providers through system effectiveness and individual performance.</p> <p>Exemplars: Point of Care and Systems</p>
Informatics	<p>Definition: The science that encompasses information science and computer science to study information processing, management, and retrieval.</p> <p>Exemplars: Clinical, Consumer Health, Bio-surveillance & Bio-informatics Tools</p>
Evidence	<p>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 deliver optimum nursing care for the individual.</p> <p>Exemplars: Quantitative & Qualitative Research, Practice Guidelines, and Expert Opinion & Health Care Policies</p>
Quality	<p>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.</p> <p>Exemplars: Regulatory Agencies, Advisory Bodies, Quality Plans & Philosophies, Error Prevention Management, and Health Information Technology</p>

Healthcare Delivery Concepts	
Topic: Healthcare Delivery	Definition & Exemplars
Population Health	Definition: Health outcomes of a defined group of people and the distribution of health outcomes within the group. Exemplars: Prevention of accidents, suicides, and infectious disease; Immunizations; Infection Control in Hospital Settings; Substance Abuse Education & Prevention; Non-Communicable Disease Prevention; School-Wide Screenings & Vaccine Administration; Public Health Laws (seatbelts, care seats, helmets); Health Data Collection & Statistics; Health Planning & Administration.
Diversity	Definition: A broad range of individual, population, and social characteristics that substantially limits a major lifeactivity; 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 participate in society fully. Exemplars: Access to Higher Education, to overcome 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 embracing 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 in 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 & Elderly; Transitional Care; Mental Illness & End-of-Life Care.
Caregiving	Definition: Caregiving is made up of actions one does on behalf of another individual who cannot do those actions for themselves. Exemplars: Short-term Caregiving Needs; Long-term Caregiving Needs; & 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 facilitating patient autonomy, access to information, and choice. (Grief & Loss) Exemplars: Perinatal & Neonatal; Children & Adolescents; and Adults.
Topic: Healthcare Systems	Definition & Exemplars
Organizations	Definition: A purposefully designed, structured social system developed to deliver healthcare services by specialized workforces to defined communities, populations, or markets. Exemplars: Hospitals; Nursing Homes; Clinics & Ambulatory Care Facilities; Hospice; and Specialty Care Organizations
Economics	Definition: The study of the supply and demand of resources and their 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 resulting from an authorized, public decision-making process. Governments or other authorized entities decide those actions, nonactions, directions, and/or guidance related to health. 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 & Exemplars
Development	<p>Definition: The sequence of physical, psychosocial, and cognitive developmental changes over the human life span.</p> <p>Exemplars: Physical/Physiological Developmental Delay/Disorder; Motoric Developmental Delay/Disorder; Social/Emotional Developmental Delay/Disorder; Cognitive Developmental Delay/Disorder; Speech & Communication Developmental Delay/Disorder.</p>
Functional Ability	<p>Definition: Cognitive, social, physical, and emotional ability to carry on the normal activities of daily living.</p> <p>Exemplars: Cerebral Palsy; Autism Spectrum Disorder; Alzheimer's Disease; Rheumatoid Arthritis; Parkinson Disease; Fetal Alcohol Syndrome; Malnutrition; Chronic Pain; Chronic Fatigue; Blindness; Deafness; Multiple Sclerosis; Osteoarthritis; Schizophrenia; Spinal Cord Injury; Fractures; Cardiovascular Disease & Stroke.</p>
Family Dynamics	<p>Definition: Interrelationships between and among individual family members or the forces at work within a family that produce behaviors or symptoms.</p> <p>Exemplars: Changes in Family Dynamics; Positive Family Dynamics; Negative Family Dynamics.</p>
Culture	<p>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.</p> <p>Exemplars: Health Care Practices/Beliefs; Family Roles; & Patient-Provider Communication.</p>
Spirituality	<p>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.</p> <p>Exemplars: Faith; Hope; Prayer; Sacraments; Mindfulness; Compassion; Meditation; Dietary Traditions</p>
Adherence	<p>Definition: Persistence in practicing and maintaining desired health behaviors resulting from active participation and agreement.</p> <p>Exemplars: Short- and Long-term Medication treatment; Diet; & Preventative Health Activities</p>
Self-Management	<p>Definition: Self-management is the ability of individuals and/or their caregivers to engage in the daily tasks required to maintain health and wellbeing or to respond to the changing physical, psychological, behavioral, and emotional sequelae of 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.</p> <p>Exemplars: Health Enhancement /Wellness; Predisease/Disease Prevention; Disease/New Diagnoses.</p>
Topic: Mood, Cognition, & Maladaptive Behavior	Definition & Exemplars
Stress & Coping	<p>Definition: A continual process that starts with an event that the individual experiences, perceived through intact information processing channels, appraised for scope and meaning, assessed as neutral, manageable, or threatening within the current capacity of coping skills, resources, and abilities, ending ideally in a positive outcome of homeostasis and feeling of wellbeing.</p> <p>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; & Tension Headache.</p>
Mood & Affect	<p>Definition: How a person feels and the observable response to their feelings.</p> <p>Exemplars: Depressive Disorders & Manic Disorders</p>
Anxiety	<p>Definition: A subjectively distressful experience activated by threat perception has a potential psychological and physiologic etiology and expression.</p> <p>Exemplars: Simple or Social Phobia; Panic Disorder; Generalized Anxiety Disorder; & OCD.</p>
Cognition	<p>Definition: The mental action or process of acquiring knowledge and understanding through thought, experience, and the senses.</p> <p>Exemplars: Neurocognitive Disorders; Cognitive Impairment – Non-Dementia; Focal Cognitive Disorders; Intellectual Disability; & Learning Disability.</p>
Psychosis	<p>Definition: A syndrome of neurocognitive symptoms that impairs cognitive capacity, leading to deficits of perception, functioning, and social relatedness.</p> <p>Exemplars: Schizophrenia; Major Depressive Disorder – Severe with Psychotic Features; Delirium; Major Neurocognitive Disorder; Substance/Medication-Induced Psychotic Disorder.</p>
Addiction	<p>Definition: A compulsive, abnormal dependence on a substance (alcohol, cocaine, opiates, or tobacco) or a behavior (gambling, Internet, or pornography). The dependence typically has adverse psychological, physical, economic, social, or legal ramifications.</p> <p>Exemplars: Substance-Induced Disorders; Substance Use Disorders; & Behavioral Addictions.</p>
Interpersonal Violence & Trauma	<p>Definition: The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either result in or has a high likelihood of resulting in injury, death, psychologic harm, maldevelopment, or deprivation.</p> <p>Exemplars: Child Abuse & Neglect; Bullying; Professional Incivility; Intimate Partner Violence; & Elder Abuse & Neglect; Post Traumatic Stress Disorder</p>

Biophysical Concepts	
Topic: Homeostasis & Regulation	Definition & Exemplars
Fluid & Electrolytes	<p>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.</p> <p>Exemplars: Acute & Chronic Renal Failure; Electrolyte Balance; Fluid Balance; Gastroenteritis; & Shock.</p>
Acid-Base Balance	<p>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 blood pH falls outside the range of 7.35 to 7.45. These imbalances can be respiratory or metabolic in origin. Managing acid-base balance is an important nurse's role, especially in high-acuity settings.</p> <p>Exemplars: Acid-Base Balance; Respiratory & Metabolic Acidosis; and Respiratory & Metabolic Alkalosis</p>
Thermoregulation	<p>Definition: Thermoregulation is the 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").</p> <p>Exemplars: Fever; hyperthermia, hypothermia, multiple system failure, newborn thermoregulation; & parenteral nutrition.</p>
Rest & Sleep	<p>Definition: Natural, necessary, involves a shift in physiologic and neurologic activity, and is restorative.</p> <p>Exemplars: Insomnia; Narcolepsy; Jet Lag/Shift Work Sleep Disruptions; Sleep Disordered Breathing; & Sleep-Related Movement Disorders.</p>
Cellular Regulation	<p>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.</p> <p>Exemplars: Anemia; Breast Cancer; Cancer; Cancer Survivorship; Colon Cancer; Leukemia; Lung Cancer; Prostate Cancer; Sickle Cell Anemia; & Skin Cancer</p>
Intracranial Regulation	<p>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. 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.</p> <p>Exemplars: Increased Intracranial Pressure; Seizures; & Traumatic Brain Injury</p>
Metabolism	<p>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</p> <p>Exemplars: Addison's Disease; Diabetes; Gestational Diabetes; Liver Disease; Obesity; Osteoporosis; Syndrome of Inappropriate Antidiuretic Hormone; & Thyroid Disease</p>
Hormonal Regulation	<p>Definition: Physiological mechanisms that regulate the secretion and action of hormones associated with the endocrine system.</p> <p>Exemplars: Disorders of the Thyroid, Parathyroid, Pancreas, Pituitary Gland, & Adrenal Gland.</p>
Glucose Regulation	<p>Definition: The process of maintaining optimal blood glucose levels</p> <p>Exemplars: Diabetes 1 & 2; Polycystic Ovary Syndrome; & Diabetic Ketoacidosis</p>
Nutrition	<p>Definition: Nutrition is the study of the nutrients and how they are handled by the body and the impact of human behavior and environment on nourishment.</p> <p>Exemplars: Blood glucose monitoring; eating disorders; enteral & parenteral nutrition; gastroesophageal reflux disease; infant nutrition; malnutrition; Nasogastric Tubes; & Nutritional Assessment</p>
Digestion	<p>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</p> <p>Exemplars: Hepatitis; Malabsorption Disorders; Pancreatitis; & Pyloric Stenosis</p>
Elimination	<p>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.</p> <p>Exemplars: Benign Prostatic Hypertrophy, Bladder Incontinence & Retention; Bowel Incontinence; Constipation/Impaction; Irritable Bowel Disease; & Kidney Stones</p>

Perfusion	<p>Definition: Perfusion refers to the passage of oxygenated capillary blood through body tissues.</p> <p>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 & Septic); Stoke; & Ventricular Septal Defect</p>
Gas Exchange & Oxygenation	<p>Definition: Oxygenation refers to the process of providing cells with oxygen through the respiratory system and is accomplished by pulmonary ventilation, respiration, and perfusion.</p> <p>Exemplars: Acute Respiratory Distress Syndrome; Asthma; Chronic Obstructive Pulmonary Disease; Cystic Fibrosis; Pneumothorax; Respiratory Assessment; Respiratory Syncytial Virus; & sudden infant death syndrome.</p>
Clotting	<p>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</p> <p>Exemplars: blood products; deep vein thrombosis; disseminated intravascular coagulation; HELLP Syndrome; & Hemophilia</p>
Pharmacology	<p>Definition: Pharmacology is the study of the biological effects of chemicals.</p> <p>Exemplars: Dosage Calculations; Management of Intravenous Therapy; & Medication Administration.</p>
Topic: Reproduction & Sexuality	
Reproduction	<p>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 the female), development of the fetus within the uterus, and birth.</p> <p>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; & Rh Incompatibility</p>
Sexuality	<p>Definition: A critical component of human identity and wellbeing, sexuality involves how a person exhibits and experiences maleness or femaleness physically, emotionally, and mentally. Sexuality is defined by a person's genitalia, hormones, attitudes, and feelings. It can also be defined as learned behaviors in how a person reacts to one's sexuality and 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.</p> <p>Exemplars: Erectile Dysfunction; Family Planning and Preconception Care; Infertility Counseling; Menopause; Menstrual Dysfunction; & Sexually Transmitted Diseases</p>
Topic: Protection & Movement	
Immunity	<p>Definition: Immunity is the body's specific protective response to a foreign agent or organism</p> <p>Exemplars: Anaphylaxis; HIV/AIDS; Hypersensitivity; Immune Response; Lupus; Rheumatoid Arthritis; & Transplant Rejection</p>
Inflammation	<p>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</p> <p>Exemplars: Appendicitis; Bronchitis; Celiac Disease; Gallbladder Disease; GERD; Hepatitis; Inflammation Process; Inflammation Response; Inflammatory Bowel Disorders & Diseases; Nephritis; Pancreatitis; Peptic Ulcer Disease</p>
Infection	<p>Definition: Infection is the presence and multiplication of a microorganism within another living organism, with subsequent injury to the host</p> <p>Exemplars: Antibiotic resistant infection; cellulitis; conjunctivitis; influenza; meningitis; MRSA; nosocomial infection; otitis media; pneumonia; septicemia; tuberculosis; & UTI</p>
Mobility	<p>Definition: Mobility is the range of motion available at a joint or a person's ability 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. Mobility assessment includes positioning, moving ability, muscle strength and tone, joint function, and the prescribed mobility limits.</p> <p>Exemplars: Back problems; fractures; hip fractures; mobility techniques; multiple sclerosis; osteoarthritis; Parkinson's Disease; Rang of Motion; & Spinal Cord Injuries</p>

Tissue Integrity	Definition: Tissue integrity refers to the state of skin or other tissue when healthy and intact. When tissue is wounded, its normal integrity and continuity are disrupted, and its protection function is compromised, making it vulnerable to invasion by organisms. Exemplars: Skin Assessment; burns; cellulitis; contact dermatitis; pressure ulcers; psoriasis; tinea pedis; & 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 and past experiences, knowledge, and attitudes. Exemplars: Cataracts; eye injuries; glaucoma; hearing impairment; macular degeneration; peripheral neuropathy; & visual impairment.
Comfort	Definition: Comfort is a person's sense of psychosocial, emotional, and physical wellbeing. Comfort care provided by nurses focuses on restoring this sense of wellbeing to the patient, particularly by relieving pain. Exemplars: End-of-Life Care; Fatigue; Fibromyalgia; Pain: Acute & Chronic; & 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; & Mixed Pain

End-of-Program Learning Outcomes (PLO's)

At the end of this program, students will be able to:

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 - Domain 1: Knowledge of Nursing Practice; NOF: Professionalism)

PLO2: Provide holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate nursing care across the lifespan and care continuum. (AACN Essentials - Domain 2: Person-Centered Care; NOF: Patient-Centered Care & 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 Essentials – Domain 3: Population Health; NOF: Patient-Centered Care)

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 Essentials – Domain 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 Essentials – Domain 5: Quality and Safety; NOF: Quality Improvement & 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 Essentials – Domain 6: Interprofessional Partnerships; NOF: Teamwork & 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 Essentials – Domain 7: Systems-Based Practice; NOF: Systems-Based Practice)

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 Essentials – Domain 8: Informatics and Healthcare Technologies; NOF: Informatics & 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 Essentials – Domain 9: Professionalism; NOF: Professionalism)

PLO10: Model personal health behaviors, demonstrate professional curiosity, and advocate for individuals across the lifespan and care continuum. (AACN Essentials – Domain 10: Personal, Professional, and Leadership Development; NOF: Leadership)

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 11XX – Human Anatomy, Physiology, & Health Assessment II (4 credits), or

NU 1XXX – 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

**Section II:
Academic Resources and Information**

Academic Accommodations

Students are encouraged to contact the Office of Student Access and Accommodations as soon as possible to discuss a range of options for class support, including accommodations.

Students who have a letter of accommodation from the Student Access and Accommodations should contact their instructor as soon as possible to set up accommodations for this course. The student and instructor will discuss how to implement the accommodations and address the accessibility of the course. In addition, the Office of Student Access and Accommodations is available to both faculty and students with any accommodation questions or accessibility and disability-related concerns.

For students who have not previously worked with Student Access and Accommodations but believe they need accommodations, don't hesitate to get in touch with the office via email at access@nec.edu, phone 603-428-2302, or make an [appointment](#).

Academic Honor Principle

As a community at New England College, we embrace an academic honors principle; this principle consists of 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 the 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 detail on procedures and sanctions in minor and major cases of academic dishonesty.

Course Evaluations

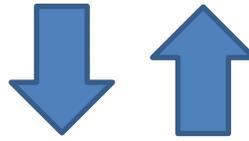
It is expected that students will complete the course evaluation sent to them via email within the last two weeks of the semester. Failure to complete course evaluations will reduce the Assessment by Professionalism in the Classroom/Clinical grade.

Need Help

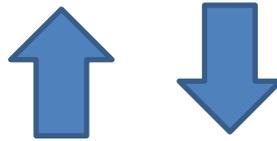
There are numerous support services available to NEC students. Tutors, mentors, coaches, advisors, faculty, associate deans, and wellness are just a few of the many resources available to help you succeed. Please do not hesitate to reach out to your faculty member, the Associate Dean of your division, or your advisor if you need help!

NEC Nursing Organization Chart

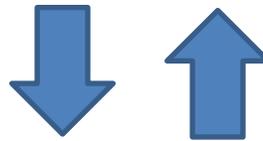
NEC President Dr. Michele Perkins



NEC Provost Dr. Wayne Lesperance



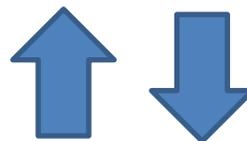
Dean of Undergraduate Studies Dr. Patricia Corbett



Associate Dean of Nursing & Health Professions Dr. Angie Smith, DNP, RN



Faculty



Students

Required Program Text and Resources

To avoid purchasing the wrong items, **please do not purchase items until meeting with NEC Nursing:**

- Assessment Technologies Institute (ATI) Complete (included in course fee)
- Pearson Nursing Concepts Volumes 1-3
- American Psychological Association. (2019). *Publication manual of the American Psychological Association* (7th ed). Washington, DC: Author.
- Nursing Kit
- Two NEC Nursing Approved Uniforms before first cooperative experience
- Nursing shoes before first cooperative experience

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/or 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 the expectations, 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 being met within one or more of three categories: Professional, Clinical, and/or Academic.
- This policy does not apply to repetitive or grossly unsafe or egregious behaviors; such concerns should be immediately reported to the Associate Dean of Nursing & Health Professions, and an investigation will be conducted. In the meantime, the student will be informed by the Associate Dean 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, which may result in stopped progression or dismissal from the program.

Procedure:

1. Student performance and/or behavioral concerns should be addressed timely with Faculty and Academic Advisors.
2. Advisors will reach out to the student to privately discuss any issues or concerns that might impact student performance and/or behavior.
3. The faculty will privately discuss any performance and/or behavioral concerns with the student at the first available opportunity. Should concerns be related to clinical performance, 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 behavior related to expectations.
 - 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 and provided electronically and placed in the student's file in the NEC Nursing office.

Attendance Policy

Purpose: To provide students with 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 a minimum number of 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:

- Attendance at all scheduled classes and clinical learning experiences is required.
- Students are expected to arrive on time and be seated by the time class or clinical begins and after any breaks that the professor may give.
- If a student is absent or tardy, the student must notify the faculty by phone, text or
 - email at least 2 hours before the start of the scheduled experience. Failure to report an absence or
 - tardiness or a pattern of absence and/or tardiness that is deemed to be excessive will result in
 - progressive penalties up to and including a reduction in the course grade, a clinical failure, and/or
 - dismissal from the program.
- The grade in this course may be lowered for any unexcused absence, excessive tardiness, or for leaving the class early without the permission of the instructor.
- Make-up dates may not be available; thus, the ability to meet course requirements and state requirements for licensure are affected by student absences. In addition, absences may affect a students' ability to succeed or progress in the course and program.
- All clinical experiences (agency, community, simulation, and laboratory) are mandatory. Students are expected to attend all clinical experiences to meet the course objectives successfully.
- Any clinical absence interferes with the student's ability to meet course requirements and state requirements for licensure. Therefore, absences may affect a students' ability to succeed or progress in the course and program. The following clinical attendance policy ensures students are successful in their academic and professional progression.
 - Students will be rescheduled for excused clinical absences, and no clinical portfolio grade deduction will be applied when:
 - **Excused Clinical Absences:** illness, injury, death of an immediate family member, weather, or cancelation of the experience by the clinical faculty or organization. All absences related to medical concerns must produce a provider note outlining when to return to work/clinical. You will not be permitted back into the clinical setting until a provider note is provided.
 - Students will **NOT** be rescheduled for unexcused clinical absences, and **a one-point per day absent deduction WILL** be applied to the clinical portfolio overall grade when:
 - **Unexcused Clinical Absences:** garage won't open, my head hurts, overslept, clinical organization mandatory health and workplace requirements not completed, mandatory health requirements are not complete, read my schedule wrong, or any other excuse not deemed excused by the Clinical Coordinator in collaboration with the faculty teaching the course.
- If a student has medical or other emergencies which require an absence from lab, simulation, or the clinical site, the student must first notify:
 - Clinical Coordinator by phone, text, and/or email at least 2 hours before the start of the scheduled experience.
 - Then the clinical faculty by phone, text, and/or email at least 2 hours before the start of the scheduled experience.
 - Students are prohibited from rescheduling missed clinical experiences through the clinical instructor or clinical organization. Only the Clinical Coordinator may reschedule per the excused/unexcused clause above. If there are no opportunities available for make-up, alternative Simulation work may be assigned.

Class and Clinical Cancellation Policy

Purpose: To outline the mechanisms to be followed for determining if a class or clinical learning experience has been canceled. Severe weather may sometimes preclude safe travel. As well, faculty may 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 are advised to routinely check phone and text messages for information in severe weather.
- If the College is closed, faculty and students are not permitted to attend class or clinical.
- If the College has not canceled classes and is concerned for their safety, the student should follow the NEC Nursing attendance policy.
- If a faculty member cannot attend class or clinical, the faculty will notify students via NEC email.

The mode of communication for class cancellation is Blackboard announcements. Therefore, students are advised to check Blackboard announcements before each class. In addition, students must provide a phone number to the clinical faculty to be reached in an unexpected cancellation.

Procedure:

1. Routinely check Blackboard for messages regarding class cancellation.
2. Routinely check phone and text messages for information regarding the cancellation of clinical.
3. Should questions arise, be in touch with the faculty or NEC Nursing.

ADMS 1.22

Course Descriptions

Human Anatomy, Physiology, & 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. **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.

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 Course Fee: \$462.70.

- Pearson Nursing Concepts Volumes 1-3 (purchased through eCampus)

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.

Professional Nursing III: This course builds on the knowledge, skills, and attitudes (KSAs) acquired in Professional Nursing I & 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 Course Fee: \$462.70.

Cooperative Experience I – Health & 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 & 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 Course Fee: \$462.70.

- 12-credit clinical externship = 540 hours per semester = 39 hours per week in a 14-week semester
 - 12 hours per week is direct care, with a preceptor and nurse educator oversight (168 hours per semester)
 - 24 hours per week is LNA care (336 hours)
 - 3 hours per week is dedicated to theory (42 hours per semester)

Cooperative Experience II – Health & 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 Course Fee: \$462.70.

- 12-credit clinical externship = 540 hours per semester = 39 hours per week in a 14-week semester
 - 12 hours per week is direct care, with a preceptor and nurse educator oversight (168 hours per semester)
 - 24 hours per week is LNA care (336 hours)
 - 3 hours per week is dedicated to theory (42 hours per semester)

Cooperative Experience III – Health & 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 Course Fee: \$462.70.

- 12-credit clinical externship = 540 hours per semester = 39 hours per week in a 14-week semester
 - 12 hours per week is direct care, with a preceptor and nurse educator oversight (168 hours per semester)
 - 24 hours per week is LNA care (336 hours)
 - 3 hours per week is dedicated to theory (42 hours per semester)

Evidence & 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 credits.

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 credits

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 credits.

Capstone Seminar & 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 & Transition to Professional Nursing Practice. *4 credits. ATI Course Fee: \$462.70.

- 4-credit theory = 68 hours over the first 7-weeks
 - 40 hours for the ATI Live Review (in-person in week one)
 - 28 hours ATI Capstone (hybrid)
- 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)

Nursing Theory Instruction	Direct Care Clinical Instruction	Simulation/Lab	Indirect (LNA)
624	624	70	1008

Total instruction hours = 1,318 hours

Total LNA hours = 1,008

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 Associate Dean of Health Professions for academic dishonesty.

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 who have 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.

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 smart watch, etc.) be left at the front or rear of the room as instructed.
- 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 with access to the examination and review any last-minute instructions.
- Once students have been allowed access to the exam and testing has begun, students may not leave their seats.
- Once students have completed the examination and exited the testing area, they may not re-enter it.
- Students who have questions during the examination may raise their hand, and the faculty member will come to them.
- There is to 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 failure on the examination.

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.

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 grade of "B-"; or 80% overall in all required nursing clinical portfolio assignments.
 - Earn a minimum evaluation of "Satisfactory" in all simulated/clinical learning outcomes of a course.
 - Maintain a minimum overall grade o "B-"; or GPA of 2.7 in the nursing program.
- Professional Nursing I, II, & III and Human Anatomy, Physiology, & Health Assessment I & II will have the following evaluation methods:
 - **Assessments by Examination:** There will be four 50 question unit assessments during these courses. In addition, there will be one 100 questions 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, CoursePoint, 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, it is expected that nursing students will 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), & program. (5%)

- Cooperative Experience I, II, & III will have the following evaluation methods:
 - **Assessments by Examination:** There will be four 50 question unit assessments during these courses. In addition, there will be one 100 questions 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, CoursePoint, 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, it is expected that nursing students will 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), & program. (5%)
- Evidence & Informatics, Systems-Based Practice, & Transition to Professional Nursing Practice will have the following evaluation methods:
 - **Assessment by Scholarly Project or Presentation:** (50%)
 - **Assessment by Assignment:** These course instructors reserve the right to administer scheduled or unscheduled assignments (e.g., ATI, CoursePoint, 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, it is expected that nursing students will 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), & program. (5%)
- 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.

Grievance Policy

Purpose: To assure fair and equitable treatment of all students through open communication and resolution of grievances among students, faculty, administration, and staff. A grievance is a student's claim of dissatisfaction, unfair or non-equitable treatment regarding established policies, procedures, rules, and regulations of NEC Nursing. This policy is subject to the overriding policies of the NEC. Please refer to the NEC student handbook for other grievance policies and procedures.

Policy:

- The student has the right to express grievances without prejudice, penalty, or recrimination.
- When a grievance has been filed, it is important to follow the proper procedure, sequence, and timeframe.
- When a grievance solution is obtained in any given step, the resolution will be considered final.
- Documents related to the grievance will be maintained in the NEC Nursing office in a confidential and secure grievance file.

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 Associate Dean to be present. This meeting must be scheduled within ten business days of the occurrence.
2. If the grievance is not resolved as part of the above, the student and the involved party will document the discussion and sign it. Copies will be given to the involved parties. At this point, the student may choose to begin the Formal Grievance Process. If this is the decision, documentation of this initial contact will be kept in the Grievance File* in the NEC Nursing office for seven years.
3. The Formal Grievance Process begins with the student submitting a written summary of the dissatisfaction and suggested resolution to the Associate Dean within ten working days of the discussion.
4. The Associate Dean of Nursing & Health Professions will review the formal complaint and arrange to meet individually or together with the student and the involved party. Within ten working days of this meeting, the student will receive a decision from the Associate Dean of Nursing & Health Professions.
5. If the grievance remains unresolved, either party may request in writing that the Associate Dean arrange a meeting with all parties and the Dean of Undergraduate Studies. This group will review the formal complaint and the Associate Dean's decision to recommend the student's grievance. The following guidelines will be followed:
 - a. Meetings are closed, formal, and confidential. The Associate Dean directs the flow of the meeting but does not vote. An appointed secretary shall take minutes.
 - b. To the extent that new information is pertinent to the case 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 issues of the grievance.
 - d. Upon request from the group, it is expected that the involved party shall make available such records pertinent to the grievance. The confidential nature of these records shall be safeguarded.
 - e. The student and/or involved party may bring support to another NEC student, faculty, or staff member. The support member may not address the committee but may answer questions directed by the committee.
 - f. Proceedings of the meeting may not be audio 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.

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 an Associate 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 Associate Dean of Health Professions.
- Consult with the Financial Aid Office.

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 Associate 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 Associate Dean of Nursing & Health Professions.

- Student applies to the nursing program
- NEC Admission Team in collaboration with the Associate 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:
 - Attendance at (1) scheduled virtual Program Information Session
 - Submission of all application materials as outlined in the next section
 - Submission of final transcripts
 - A \$100.00 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 the final acceptance decision and information.
- Candidates who fall below the set nursing admission criteria:
 - Will be interviewed by NEC Nursing
 - May have a follow up interview by the program's Cooperative Clinical Council and then be:
 - **Admitted to the nursing program** contingent upon:
 - Attendance at (1) scheduled virtual Program Information Session
 - Submission of all materials as outlined below
 - Submission of all final transcripts
 - The \$100.00 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 in the program allows. In addition to NEC's general admission requirements, applicants to the pre-licensure nursing program should meet the following admission standards.

- Minimum high school GPA of 3.0 or by permission of the Associate Dean
- Minimum SAT of 1000/ACT of 18, or TEAS (Test of Essential Academic Skills) or by permission of the Associate Dean
- TOEFL (Test of English as a Foreign Language) for International Students
- Essay
- Mandatory attendance at one virtual Program Information Session
- (1) Letter of Recommendation from a Guidance Counselor
- (1) Letter of Recommendation from a Teacher
- Licensed Nursing Assistant (LNA) required before first cooperative clinical experience
- Eligible for employment as an LNA at a partner institution
- 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:

- Completed at least 12 college credits at least a B- average (2.7 GPA) or by permission of the Associate Dean
- TEAS (Test of Essential Academic Skills) or by permission of the Associate Dean
- TOEFL (Test of English as a Foreign Language) for International Students
- Essay
- Mandatory attendance at one virtual Program Information Session
- (1) Letter of Recommendation from an Academic Advisor or Professional Recommendation
- Licensed Nursing Assistant (LNA) required before first cooperative clinical experience
- Eligible for employment as an LNA at a partner institution
- Criminal Background Check & Initial/Routine Drug Screening before first cooperative clinical experience

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 grade of "B-"; or 80% overall in all required nursing clinical portfolio assignments.
- Earn a minimum evaluation of "Satisfactory" in all simulated/clinical learning outcomes of a course.
- Maintain a minimum overall grade of "B-"; or GPA of 2.7 in the nursing program.

Please take note of the following:

- A student may repeat an NU course only once.
- A student may repeat only two NU courses.
- Students must take all courses required for the nursing program in the proper sequence.
- 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 progression standards may be stopped from moving to the next nursing course. This means that the student may have to leave the nursing program until the progression standard has been met.

For instance, students failing to meet the minimum grade of B-; or 80% in any nursing course may be stopped from progressing in the nursing program.

Program Dismissal

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 a 2.7 GPA.
- Is deemed clinically "unsafe" according to evaluative clinical criteria.
- Is unable to obtain and maintain and LNA licensure.
- Is deemed "unprofessional" based on their conduct in the classroom or cooperative clinical experiences.

Stopped Progression or Program Dismissal Appeal Process

Students who have been stopped or dismissed from the nursing program can appeal the decision to NEC Nursing based on unusual and compelling personal or health circumstances. Appeals should be developed in consultation with a trusted advisor and emailed directly to the Associate Dean of Nursing & Health Professions, amcphce-smith@ned.edu.

The appeal should include:

- A detailed and substantiated discussion of the unusual and compelling circumstances should be taken into consideration in potentially granting a variance of the progression policies.

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 Associate Dean before December 1st for the spring semester and May 1st for the fall 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 is stopped.
- A detailed Academic Success Plan.

Upon reinstatement, the student must meet with a nursing advisor to register for classes.

Procedure:

- All appeals will be reviewed by the Associate Dean of Nursing & Health Professions.
- The Associate Dean will provide written notification of the decision.
- Students may appeal the decision to the Dean of Undergraduate studies on procedural grounds.

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.

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 appropriate titles, 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.

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 when 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 any 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 conservative, limited to mascara, lip gloss, and foundation.
- To uphold the profession's standards, smoking is not permitted 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).

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 defined as media 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 Principals 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 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.