Policy Manual Contents

This manual expands on policies on the MGH Institute of Health Professions Web site in the [IHP Catalog 2014-2015](#).

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Please refer to http://www.mghihp.edu/about-us/operations/hours.aspx for Saturday and Sunday building hours. On holidays listed as “Institute offices closed”, Building 36 will be open from 11am – 6pm. On holidays listed as “Institute closed”, the building will be closed.
About the School of Nursing

The School of Nursing offers six interrelated courses of study based on a unified curriculum. Entry into a specific program depends on the individual student’s prior preparation. Our programs are designed to prepare nurses who are able to assume leadership roles in the health care system of the future. This includes engaging diverse individuals, families, groups, and communities in the mutual pursuit of healing and wholeness. We achieve this mission through excellence and innovation in education, scholarship, service and practice.

The School of Nursing offers the following:

- Bachelor of Science Degree for non-nurse college graduates
- Master of Science Degree for non-nurse college graduates
- Master of Science Degree for Registered Nurses with a Baccalaureate Degree in Nursing or other field, Associate’s degree or diploma
- Certificate of Advanced Study for RNs with MSN degree
- Doctor of Nursing Practice degree for RNs with a Baccalaureate Degree in Nursing or other field
- Doctor of Nursing Practice degree for RNs with a Master’s degree in nursing or related field

The following table summarizes the pre-requisites, credits required for graduation, and the applicable licensure, certification and degree associated with each program, and common areas of practice. Terminal Objectives are outlined in Appendix K.
<table>
<thead>
<tr>
<th>Prerequisites</th>
<th>Accelerated Bachelor of Science in Nursing</th>
<th>Direct-Entry Master’s</th>
<th>RN to Master’s</th>
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<th>RN to Doctor of Nursing Practice</th>
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<td>• BS/BA in any other field</td>
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<td>• Anatomy &amp; Physiology, Microbiology, Chemistry or Human Development, Nutrition, Statistics</td>
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<td>• AS or Diploma plus Baccalaureate equivalent of general education courses (41 – 46)</td>
<td>• AS or Diploma plus Baccalaureate equivalent of general education courses (41 – 46)</td>
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<td>• AS or Diploma plus Baccalaureate equivalent of general education courses (41 – 46)</td>
<td>• related Master’s Degree plus AP courses</td>
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| Number of Credits | 54 credits | 91-102 credits | 49-72 credits | 15-54 credits | 84-115 credits | 43 credits |

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<th>Degree or Certificate</th>
<th>Bachelor of Science in Nursing (BSN)</th>
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<th>Master of Science (MS)</th>
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<td>• Psych/Mental Health Lifespan</td>
<td>• Psych/Mental Health Lifespan</td>
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<td>• Dual Adult Gero/Women’s Health</td>
<td>• Dual Adult Gero/Women’s Health</td>
<td>• Dual Adult Gero/Women’s Health</td>
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<th>Elective Concentration</th>
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<th>Informatics</th>
<th>Teaching &amp; Learning</th>
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Mission and Philosophy

MISSION
The mission of the School of Nursing is to educate individuals to become exceptional professional nurses and to lead the discipline through practice, scholarship and service.

PHILOSOPHY
Nursing is both an art and science that cares for the body, mind, and spirit unity of persons-in-relation to their environment. Nursing’s caring perspective views human beings as persons-in-relation at every level of human existence and connection: individuals, families, groups, and communities. The concept of human beings as persons-in-relation provides the framework from which nursing addresses the potential for promotion, maintenance, and restoration of health. This framework underscores the importance of examining the political, economic, and social forces that impact a person’s agency and right to health. The infinite complexity of these forces creates a diversity of environments within which nursing seeks to maximize health at every level of human existence.

CONCEPTS
The structure for the curriculum is based upon the interrelationships among the concepts of the meta-paradigm: person-in-relation, environment, health, and nursing.

Person-in-relation
The person-in-relation is interactive and interdependent with others and with the environment. Nursing encounters the client as an individual and aggregates - as families, communities, and groups, existing in evolving relationships.

Environment
Political, economic, and social forces that are present in society shape the environment. This includes, but is not limited to, the biophysical environment in which we live, our diverse cultures, and our experiences and perceptions.

Health
Health is an evolving process that is the expression of the interaction of a person with her or his environment. The individual defines health. It embraces the states of illness, wellness, disease, and non-disease.

Nursing
Nursing is the diagnosis and treatment of human responses to actual or potential health problems.

THEMES
The philosophy is manifested in the curriculum through the continued focus of nursing’s role at the critical intersection of the concepts of the metaparadigm. This focus is supported by nursing’s social mandate to address the needs of our clients in their environment. Within this context are three evolving themes which sequence curriculum content from basic to complex: knowledge, critical thinking, and professional development.

Knowledge
Nursing’s knowledge base is grounded in subjective and objective knowing that is esthetic and ethical, empirical and intuitive.

Critical thinking
Critical thinking is the promotion of a high order of thinking - not merely the accumulation of facts - but the development of curiosity. It is a reflective process that exposes contradictions of knowing in order to understand the core concern. It is the acquisition of knowledge through inquiry that includes the process of conceptualization, interpretation, analysis, synthesis, evaluation, and the skillful application and communication of information.

Professional development
Professional development is the evolving process of the individual’s growth within the nursing profession. It is a
process rooted in knowledge and understanding of nursing’s rich heritage and a vision of the future of nursing. It allows the individual to develop a sense of place and belonging within the trajectory of the development of the profession. Through this process the individual develops a sense of self as an advanced practice registered nurse, incorporates the profession’s values, and becomes part of the shaping of nursing’s future.

Through the process of professional development, the individual comes to embody the values upon which nursing is founded. These values include the belief in human caring and the embracing of diversity in the profession, as well as in the clients that nursing serves and the settings in which nurses practice. In addition to the embodiment of these values, professional development means a commitment to life-long learning and development both of the individual and the profession in order to ensure consistent and high quality nursing care to all clients.
Nursing Model for Curriculum Development

Environmental Health Person-in-Relation

Knowledge

Professional Development

Critical Thinking
School of Nursing Administrative Structure

Dr. Laurie Lauzon Clabo serves as the Dean of the School of Nursing. She is responsible for the overall direction and management of the School. Working with the faculty, Dr. Lauzon Clabo is responsible for the content, scope, and quality of the curriculum, academic standards, and the degree requirements of the programs, including both clinical and academic components. She hires, evaluates, and supports the development of faculty in teaching, scholarship/research and service. As a member of the Institute’s senior administrative team, she works closely with the Provost and Vice-President of Academic Affairs on the development and administration of the academic programs in the School of Nursing and in coordination with the other academic programs of the Institute. Additionally, she provides leadership in professional and academic areas through active involvement in external educational and professional organizations, representing the Institute in these endeavors.

Dr. Linda Andrist serves as the Assistant Dean for Graduate Programs. In this role, she provides leadership for the School’s Master’s and Doctor of Nursing Practice programs and is a member of the administrative leadership team of the School. Dr. Cathy Franklin serves as the Assistant Dean for the Baccalaureate Program. In this role, she provides leadership for the School’s Accelerated Baccalaureate Program (ABSN) and is a member of the administrative leadership team of the School. Dr. Patricia Lussier-Duynstee is the Assistant Dean for Academic Affairs. Her primary responsibilities involve management and leadership of SON academic operations in accordance with the SON policies, procedures and contractual agreements, and in support of the overall plans of the SON and the Institute. She has leadership and administrative responsibilities for student recruitment, admissions, curriculum and student retention. She oversees academic support services and serves as the point person in the SON for student concerns.

Each of the Assistant Deans is responsible to the Dean for faculty team development, oversight for curriculum at their level of study, student and faculty liaison, faculty orientation and development, development and revision of nursing program policies and implementation of curricula, and resource projection and management for their respective programs.

The Clinical Education Department, consisting of Dr. Carmela Townsend and Ms. Natasha Ohene, develops contacts with a wide variety of clinical venues that serve as sites for student learning at both generalist and advanced practice levels to appropriately match students and clinical sites.

Specialization Coordinators are faculty with expertise and certification in a specific advanced practice specialty. These faculty monitor certification requirements for the specialization and provide guidance on curriculum and content issues appropriate to the specialization. The Specialization Coordinators are: Dr. Joshua Dion (Acute Care); Dr. Judith Webb (Adult Gero Primary Care); Dr. Patricia Reidy (Family); Ms. Malinda Teague (Pediatrics); Dr. Susan Stevens (Psychiatric/Mental Health-Lifespan); Ms. Katherine Simmonds (Women’s Health)

The overall organizational structure of the School of Nursing is summarized in the chart on the following page.
School of Nursing

Full-time Faculty

Linda C. Andrist, PhD, RNC, WHNP
Assistant Dean, Graduate Programs
Professor

Talli McCormick, MSN, GNP, APRN-BC
Clinical Assistant Professor

Nancy Baker, PhD, ANP-BC
Assistant Professor

Abraham Ndiwane, EdD, RN, CHES
Associate Professor

Margaret Beal, PhD, CNM
Clinical Professor

Patrice Kenneally Nicholas, DNSc, DHL (Hon.), MPH,
RN, ANP-C, FAAN
Professor

Suellen Breakey, PhD, RN
Assistant Professor

Mimi O’Donnell, DNP, RN
Clinical Assistant professor

Susan Carpenter, MSN, BA, RN
Clinical Instructor

Rita Olans, DNP, CPNP, SNP-BC
Assistant Professor

Inge Corless, PhD, RN, FAAN
Professor

Brant Oliver, PhD, NP, MSN, MPH
Clinical Assistant Professor

Catherine M. Franklin, DNP, RN, ANP
Assistant Dean, Baccalaureate Program
Clinical Assistant Professor

Ruth Palan Lopez, PhD, GNP-BC
Associate Professor

Amy Fuller, MSN, RN, WHNP
Clinical Instructor

Andrew Phillips, PhD, RN
Assistant Professor

Clara Gona, PhD, FNP-BC
Assistant Professor

Mary (Mimi) Pomerleau, DNP, WHNP-BC, RNC-OB, CNE
Clinical Assistant Professor

Janice Goodman, PhD, RN, PMHCNS-BC
Assistant Professor

Mertie Potter, DNP, APRN, PMHNP-BC
Clinical Professor

Patricia Grobecker, DNP, RN-BC
Clinical Instructor

Eleonor Pusey-Reid, DNP, MEd, RN, CCRN
Associate Professor

Susan Hamilton, , PhD, APHN-BC
Assistant Professor

Lisa Quinn, RN, MS, OCN
Assistant Professor

Rebecca Hill, DNP, MSN, FNP-C
Assistant Professor

Patricia Reidy, DNP, FNP-BC
Clinical Associate Professor

J. Alexander Hoyt, PhD, RN
Assistant Professor

Kristine Ruggiero, MSN, RN, PNP-BC
Assistant Professor

Stacy Hutton Johnson, RN, MS/MBA, NE-BC
Assistant Professor

Eileen Searle, MPH, MS, RN/NP, AGPCNP-BC, CCRN
Assistant Professor

Susan Jussaume, MS, APRN-BC, FNP, AHN-BC
Instructor

Katherine Simmonds, MS, MPH, WHNP-BC
Assistant Clinical Professor

Elissa Ladd, PhD, APRN-BC, FNP
Associate Professor

Susan P. Stevens, DNP, MEd, PMHNP-BC
Clinical Assistant Professor
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Position</th>
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<tbody>
<tr>
<td>Jason Lucey, MSN, APRN-BC, FNP</td>
<td></td>
<td>Assistant Professor</td>
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<tr>
<td>Laurie Lauzon Clabo, PhD, RN</td>
<td></td>
<td>Dean</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assistant Professor</td>
</tr>
<tr>
<td>Patricia Lussier-Duynstee, PhD, RN</td>
<td></td>
<td>Assistant Dean, Academic Affairs</td>
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<tr>
<td></td>
<td></td>
<td>Assistant Professor</td>
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<tr>
<td>Diane Mahoney, PhD, APRN-BC, FGSA, FAAN</td>
<td></td>
<td>Jacques Mohr Professor of Geriatric Nursing Research Professor</td>
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<tr>
<td></td>
<td></td>
<td>Assistant Dean, Academic Affairs</td>
</tr>
<tr>
<td>Margaret Ann Mahoney, PhD, RN, ANP</td>
<td></td>
<td>Assistant Professor</td>
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<tr>
<td>Antonia Makosky, MS, MPH, ANP-BC</td>
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<td>Clinical Assistant Professor</td>
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<tr>
<td>Jean Bernhardt, PhD, RN, NHA, NEA-BC, FNP-BC</td>
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<td>Clinical Assistant Professor</td>
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<tr>
<td>Margery Chisholm, EdD, RN, CS, ABPP</td>
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<tr>
<td>Joshua Dion, DNP, APRN-BC, ACNP</td>
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<tr>
<td>Gail B. Gall, PhD, APRN-BC</td>
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<td>Clinical Assistant Professor</td>
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<tr>
<td>Angela MacDonald, DNP-PHNL, RN</td>
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<td>Clinical Instructor</td>
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<tr>
<td>Maureen J. Marre, MSN, RN, FNP-BC</td>
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<td>Clinical Instructor</td>
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<tr>
<td>Casey Sweeney, PhD, RN, FNP-BC</td>
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<td>Assistant Professor</td>
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<tr>
<td>Malinda Teague, MS, PNP-BC</td>
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<tr>
<td>Nancy Terres, PhD, RN</td>
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<tr>
<td>Carmela Townsend, DNP, MS/MBA, RN</td>
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<td>Clinical Instructor</td>
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<tr>
<td>Judith Webb, DNP, ANP-BC, PCMNP-BC</td>
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<tr>
<td>Lisa Wood, PhD, RN, FAAN</td>
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<td>Peabody Chair in Nursing Research Professor</td>
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<td>Diane Mahoeyney, PhD, APRN-BC, FGSA, FAAN</td>
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<td>Jacques Mohr Professor of Geriatric Nursing Research Professor</td>
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<td>Mario Rios, PhD, ANP-BC, PCMNP-BC</td>
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<td>Maureen J. Marre, MSN, RN, FNP-BC</td>
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**Part-time Faculty**

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<tr>
<td>Andrea Mosher, MS, RN</td>
<td></td>
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<td>Kathryn Sabo, MS, RN-BC</td>
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<td>Emily Karwacki Sheff, MS, CMSRN, FNP-BC</td>
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<td>Sara Smoller, MS, APRN-BC, CCD</td>
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<tr>
<td>Sheila Swales, MS, PMHNP</td>
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<tr>
<td>Trisha A. Zeytoonjian, MS, RN</td>
<td></td>
<td>Clinical Instructor</td>
</tr>
</tbody>
</table>
Associated Faculty

Guardia Banister, PhD, RN
Executive Director
The Institute for Patient Care
Massachusetts General Hospital
Clinical Assistant Professor

Jeanette Ives Erickson, DNP, RN, FAAN
Senior Vice President for Patient Care and Chief Nurse
Massachusetts General Hospital
Clinical Assistant Professor

Elaine L. Bridge, DNP, MBA, RN
Sr. Vice President Patient Services/CNO
Newton Wellesley Hospital
Clinical Instructor

Judith R. Flynn, BSN, MBA, RN
Chief Clinical and Compliance Officer
Partners Home Care / Waltham
Clinical Instructor

Denise M. Celli, MSN, RN
Sr. Vice President Patient Services/CNO
Newton Wellesley Hospital
Clinical Instructor

Sally Iles, MBA, BSN, RN
Associate Vice President
Medicine and Primary Care Services
Massachusetts General Hospital
Clinical Assistant Professor

Adjunct Faculty

Angela Catherine Abate
Phyllis Gorman
R. Bradley Potts
Paul Arnstein
Karen Goss
Ellen Robinson
James M. Badger
Jordan Hampton
Anne W. Rodman
Margaret Ann Baim
Lela M. Holden
Laura Rossi
Maureen Banks
Leslee Kagan
Kelly Santomas
Virginia Capasso
Danielle Labant
Kathleen Savage
Matilde Castiel
Noreen Leahy
Sandra Silvestri
Grace Clancy
Sara Dolan Looby
Lindsay J. Sugar
Edward Coakley
Megan R. Mays
Angelica Tringale
Constance M. Dahlin
Sheila McDonough
Lauren Turbush
Ruth Ellen Driscoll
Kathleen M. Miller
Maggie Wassel
Albert Fiorini
Michelle O’Leary, RN, BS
Kathryn Cullinane Whalen
Amanda Gerade
Junjira Pavao, RN, BS
Wayne White
Rolando Perea

15
Term Lecturers

Janet Actis  
Richard Ahern  
Corie Alfonso-Courville  
Kathryn Atkin  
Susan Barisano  
Mary Barnes  
Sharley Basseth  
Anne Benson  
Caroline Bollerriero  
Katherine Bonzey  
Suzanne Botelho  
Beth Anne Bowen  
Lyne Brady Wagner  
Karla Bulmer  
Katelyn Bushey  
Traci Camelo  
Gail Campbell  
Meghan Capasso  
Justine Carmody  
Maureen Carrigan  
Jennifer Casella  
Courtney Catalano  
Melissa Catone  
Kimberly Cheever  
Lori Cinelli  
Christine Clarke  
Amanda Coakley  
Danielle Cochrane  
Nicole Connolly  
Patricia Connors  
Colleen Danielson  
Jenna Delgado  
Katelyn D’Entremont  
Linda DiCesare  
Thomas Dolan  
Jacqueline Doyle  
Elise Drew  
Karen Durango  
Sylvia Durette  
Nancy Dussault  
Theresa Evans  
Shannon Fagan  
Stephanie Ferraro  
Monique Fields  
Karen Flaherty  
Silvana Flynn  
Jennifer Fong  
Michelle Forsyth  
Kathleen Forte

Marta Frank  
Catherine Giasson  
Barbara Giles  
Kristi Gilman-Pucillo  
Jason Glass  
Barbara Glick  
Kathryn Goodfellow  
Elyse Goodman  
Mary Grady  
Samantha Gunawardene  
Jennifer Hackensmith  
Kathryn Hall  
Robert Hallisey  
Elizabeth Hansen  
Andrea Haye-Lewis  
Jennifer Howard  
Susan Hughes  
Nadege Jean-Francois  
Laura Jones  
Jennifer Kales  
Mary Kantz  
Mary Keady  
Debra Kelly  
Kristen Kinglsey  
Erin Kivlehan  
Omanand Koul  
Karen Kumpavong-Gonsiewski  
Kaitlin Kurtzke  
Janet Kwan  
Vlasta LaValle  
Jennifer Lavery  
Halary LeBlanc  
Stephen Luippold  
Karen Manning  
Kathleen Marchetti  
Charles Mats Berry  
Amy Mawn  
Megan Mays  
Valerie McCarthy  
Rebecca McCauley  
Kathleen McNally  
Mary McNeice  
Lynn Menconi  
Kathleen Miller  
Deborah Mindnich  
Jaclene Morton Raymond  
Mary Mullany  
Jennifer Murphy  
Patricia Normandin  
Karla Odenwald  
Karen Parsons  
Tara Pellerin  
Mary Pennington  
Amy Perella  
Elizabeth Planansky  
Joanne Prendergast  
Donna Principato Sawyer  
Greg Quinlan  
Michelle Quirk  
Jenna Reardon  
Teresa Reddy  
Leonel Rezil  
Cathy Ricciardi  
Lois Richards  
Amy Riple  
Barbara Roberge  
Brendah Ross  
Joanne Rowley  
Jennifer Roy  
Maureen Russell  
Camille Sanabria-Cooper  
Gerry Sanderson  
Carrie Siefkin  
Teresa Shannon  
Ashleigh Smith  
Mary Stacy  
Daphne Staunton  
Rebecca Stevens  
Jean Stewart  
Virginia Sullivan  
William Sweet  
Courtney Sybertz  
Sarah Thibodeau  
Susan Thomas  
Andrea Thurler  
Leigh Tiedemann  
Hannelore Tripp  
Heather Vallent  
Jennifer Venuti  
Lisa Walsh  
Jane Wandel  
Beth West  
Donna White  
Theresa White  
Steve Wood  
Georgette Young  
Gennine Zinner

Note: Additional term faculty may join the program for Spring 2015 semester.
Faculty Emeriti

Arlene Lowenstein, PhD, RN
Professor Emerita

Yvonne L. Munn, MS, RN
Professor Emerita

A. Alexandra Paul-Simon, PhD, RN
Professor Emerita

Jean E. Steel, PhD, RN, FAAN
Professor Emerita

Barbara K. Wilson, PhD, RN, CS
Assistant Professor Emerita
STUDENT ACADEMIC POLICIES

I. Admissions

The Admissions Requirements and Process sections described under Direct-Entry Master’s Students are applicable to all students. Exceptions to this standard are listed in specific subsections below.

DIRECT ENTRY MASTER’S STUDENTS

A. Admission Requirements

1. Baccalaureate degree
2. Graduate Record Examination (GRE) scores within the last five years
3. Completed online application form from the MGH Institute of Health Professions
4. Non-refundable application fee
5. Statement of philosophy, qualifications, and career objectives
6. Current resume
7. Official transcripts from all colleges and universities attended
8. Three completed reference forms preferably from individuals who have known the candidate as a supervisor or in an academic capacity
9. Applicants to the DEN, Post-professional, Master’s and DNP who have completed graduate work (Master’s degree or higher) at another school may submit a GRE waiver request form. The waiver request will be considered on a case-by-case basis.

B. Admission Process

1. Application is made for full-time day study and a specific area of specialization.
2. Completed online applications and supporting materials are submitted to the Office of Student Affairs (OSA) by deadline set annually. See Application Process and Requirements
3. Admissions Committee reviews all applications and makes its decision based on submitted materials. The OSA is notified of admission decisions and informs candidates accordingly.
4. Applicants receive an email notification by the deadline set by Admissions Committee that the admissions decision is available to view.
5. Applicants indicate acceptance of admission and deposit fees online to confirm their place prior to deadline set by the OSA.
6. Applicants complete any pre-requisite requirements in human anatomy, human physiology, microbiology, chemistry (including organic) or human growth and development, human nutrition, and undergraduate statistics or indicate plan to enroll in course prior to matriculation. Prerequisites may be completed the summer prior to admission.

*For ABSN to MS see “Policy for ABSN Students to Articulate into the DNP or MS Programs.”

[Policy updated June, 2014]

REGISTERED NURSE STUDENTS

A. Admission Requirements and Process for Registered Nurse Students with a Baccalaureate Degree

1. Current Massachusetts RN License or eligibility
2. Baccalaureate degree and completion of prerequisite course requirements
3. RN and post-professional applicants who have successfully completed with a grade of B or better in NP-715 Advanced Pathophysiology, PLUS a second graduate level IHP course may submit a GRE waiver request form. Additional application requirements are the same as for entry-level students.
4. Application may be made for full or part time study, day or evening option. Students may register for course work for any term.
5. Applications are processed prior to each term as they are received.
6. Acceptance letters specify specialization selection and acceptance for a specific term.
7. Upon acceptance, RN students may apply to waive up to six (6) credits based on life experience.

B. Admission Requirements and Process for Registered Nurse Students without a Baccalaureate Degree.

1. Prerequisite General Education Course Requirements for Registered Nurse Students with a Non-Baccalaureate RN Associate Degree or Diploma

<table>
<thead>
<tr>
<th>Humanities</th>
<th>Including: two English writing courses</th>
<th>15 – 18 credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Sciences</td>
<td>Including: psychology, sociology</td>
<td>15 – 18 credits</td>
</tr>
<tr>
<td>Biophysical Sciences</td>
<td>Including: anatomy and physiology, chemistry, nutrition</td>
<td>15 credits</td>
</tr>
<tr>
<td>Mathematics</td>
<td>Including: statistics</td>
<td>6 credits</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>54 general education credits</strong></td>
</tr>
</tbody>
</table>

Since most students already will have taken 30 – 33 credits of these courses as part of their previous RN program requirements, they will typically only need to take 24 credits of additional general education courses prior to matriculation. Since general education coursework in diploma and associate degree programs is primarily at the introductory level, a minimum of 12 credits of general education requirements must be beyond introductory level. Students may meet the general education prerequisites through College-Level Examination Program (CLEP), or the Excelsior College Examinations (ECE), formerly known as the ACT Proficiency Examination Program.

2. Please see IA for additional administrative requirements. [Policy updated June 2014]

CERTIFICATE OF ADVANCED STUDIES (CAS)

A. Admission Requirements and Process for CAS Course of Study

1. Master’s degree in Nursing and current Massachusetts RN license or eligibility.
2. Additional application requirements are the same as for Direct Entry Master’s students IA 2 – 11.
BACCALAUREATE STUDENTS

A. Admission Requirements and Process for Baccalaureate Students

1. Application is made for full-time study. Students begin in the spring (January) or summer (May) term.
2. GREs are not required.
3. Additional application requirements are the same as for Direct Entry Master’s students. [Policy updated June 2014]

DOCTOR OF NURSING PRACTICE STUDENTS

A. Admission Requirements and Process for Doctoral Course of Study

Post-Master’s Applicants

1. Master’s degree in nursing or a related field. Applicants with a degree in a related field may be required to complete additional courses
2. Current Massachusetts RN licensure or eligibility
3. Advanced practice status as a Nurse Practitioner, Certified Nurse Midwife, Certified Nurse Anesthetist, Clinical Nurse Specialist, or Nurse Administrator. RNs with education and/or experience in health policy or informatics should contact the Assistant Dean for the Program.
4. GREs are not required
5. A personal interview is required
6. Applicants may be asked to complete a portfolio that outlines their previous education and experience relative to the competencies expected in the program
7. Application is made for full or part-time study. Students begin in the fall or spring term.
8. Additional application requirements are the same as for Direct Entry Master’s students. [Policy reviewed June, 2014]

Post-Master’s Executive Doctor of Nursing Practice cohort

1. Same as above, but also must be a CNO or other nurse administrator

RN-DNP

See Registered Nurse application requirements

Policy for ABSN Students to Articulate into the DNP or MS Programs

1. IHP SON alums are granted a one time application fee waiver.
2. IHP SON ABSN graduates who graduated in good standing are automatically waived from having to submit GRE scores as part of the admissions process for the RN-DNP or RN-MS program.
3. RN licensure must be submitted before matriculating into the DNP or Master’s program.
4. Admission to the RN-DNP or RN-MS is in no way guaranteed even if the student graduated in good standing. The final admission decision is in the hands of the faculty admissions committee. [Policy reviewed June, 2014]

II. Registration Requirements

The following requirements pertain to all nursing students prior to course registration. The requirements include skills and abilities, compliance with immunization requirements and proof of CPR certification.

A. Technical Standards

Nursing education requires the completion of a professional program that is both intellectually and physically challenging. Students must be able to take part fully in the academic and clinical life of the program to benefit from the educational activities, and to succeed in fulfilling requirements for a degree or certificate.

In accordance with the provisions and philosophy of the Americans with Disabilities Act (ADA),
faculty are committed to providing appropriate learning experiences that maximize every student’s potential, and working with students with disabilities to determine if there are ways to assist them in performing essential requirements and skills to meet educational standards. All students will be held to the same standards and must be able to meet the essential requirements and perform essential skills of their positions with or without reasonable accommodations.

Technical standards refer to those physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of the curriculum as a student in the nursing program.

The qualified student must possess the mental, physical, and emotional capacities essential to attaining the competencies required to function as a nurse. These abilities enable the student to perform tasks required to meet professional requirements and work demands of the practicing nurse.

Candidates who posses any disability that would potentially interfere with the attainment of such competencies are encouraged to contact the Manager of Student and Disability Services, or the Dean of the Nursing program, to discuss and identify possible accommodations.

Observation: Candidates must have sufficient sensory capacity to observe in team-based learning and lecture settings, the laboratory, and the health care or community setting. Sensory abilities must be adequate to perform appropriate examination and assessments including functional vision and tactile sensation to observe, diagnose, and treat a patient’s condition.

Communication: Candidates must possess sufficient ability to communicate one-on-one and in small and large group settings. As a student, one must demonstrate effective and professional verbal and non-verbal communication in academic, community, educational, and health care settings, and be able to demonstrate proficiency in written and spoken English.

Motor: Candidates must have the ability to participate in diagnostic and therapeutic maneuvers and procedures. They must be able to negotiate patient care environments, and be able to move between settings such as the classroom, health care facility, educational, or community setting. Physical stamina sufficient to complete a rigorous course of didactic and clinical study is required. Long periods of sitting, standing or moving are required in a variety of learning sites. Candidates must be able to coordinate both gross and fine muscular movements, maintain equilibrium, and possess functional use of the senses of touch and vision.

Intellectual: Candidates must be able to measure, calculate reason, analyze, and integrate information as well as be able to comprehend temporal and spatial relationships.

Social: Candidates must exercise good judgment and be able to function effectively in the face of stress, taxing workloads, and the uncertainties inherent in clinical practice. They must be able to maintain mature, sensitive and effective professional relationships with faculty, staff, students, patients, family members, and other members of the health care and/or educational team. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all qualities that will be assessed during the admissions process and throughout the student’s nursing education.

The following requirements are considered necessary for full participation:

- Students must be able to read, write, speak and understand English at a level consistent with successful course completion and development of positive patient-nurse relationships
- Students may attend classes 30 hours or more each week, including combinations of lecture, discussion, laboratory and clinical activities
- Preparation for class typically requires an additional 20-30 hours per week. The curriculum may also require scheduled classes or laboratory experiences at local facilities in the early morning, evening or weekends
• Students will participate in intellectual activities requiring critical thinking, judgment, analysis, arithmetic competency, and conceptualization of spatial relationships, problem solving and planning within reasonable time frames within a complex environment
• Students will be required to participate in clinical and laboratory experiences that involve exposure to and palpation of patients’ and simulated patients’ body parts by faculty and students
• Students must have verbal and non-verbal interpersonal and communication skills that are consistent with productive classroom participation, respectful interactions with faculty, students, staff, patients, and development of appropriate therapeutic relationships

Students must possess the emotional health required for full use of their intellectual abilities, adaptation to unexpected change, exercise of good judgment, and safe completion of all responsibilities.

**Students Unable to Meet the Requirements / Skills**

Upon request of persons unable to meet the above requirements, the MGH Institute of Health Professions will provide reasonable accommodations that allow the individual to fulfill the essential requirements and skills within the program. However, the School of Nursing is unable to make accommodations that impose an undue burden, present a threat to the health or safety of the individual or others, or fundamentally alters the nature of the curriculum including didactic component, laboratory sessions and clinical experiences.

[Policy updated June 2014]

B. Health and Safety Requirements

Students must meet all health and safety requirements of the clinical education facility and of the Institute, prior to beginning any clinical education experience. Students must remain in compliance with all Immunization, CPR and Centralized Clinical Placement (CCP) requirements at all times. Failure to do so may result in a delay in clinical placement.

Students are advised to also maintain their own copies of all immunization records, certifications, and documentation of physical exams and to make their available if asked by their preceptors and clinical agencies.

C. Expenses Associated with Clinical Education

Students are responsible for all expenses associated with clinical education. The cost associated may include but are not limited to, transportation, parking, meals, and any additional expenses assigned by the facility (for example out of state RN licensure/reciprocity). Students are advised to plan ahead for such expenses, as students may be assigned to clinical facilities requiring travel outside of the Boston area or outside the public transportation system.

D. Travel Associated with Clinical Education

Students are responsible for all travel to and from clinical education experiences. Every student should anticipate needing access to a car for some portion of the clinical education component of the curriculum. Students assigned to the same facility for a clinical experience are encouraged to share travel resources when possible.

E. Contacting Clinical Facilities

Any student wishing to contribute to the process of identifying potential clinical education facilities, including a potential preceptor, is invited to communicate this information to the clinical education office and the track coordinator at least six weeks in advance of the planned clinical experience. The clinical education office and track coordinators will contact the potential facility and preceptor and are responsible
for ensuring the appropriateness of a preceptor and agency relative to the student’s educational program and objectives and for establishing a contractual relationship with the clinical agency. No student, family member of a student, or friend/acquaintance of a student is permitted to arrange a clinical placement directly.

[Policy updated June 2014]

F. Annual Required Training

All SON students across programs must complete the Massachusetts Centralized Clinical Placement Online Orientation between August 1st and August 31st annually regardless of whether they are in a clinical placement. Successful completion of this orientation will satisfy annual OSHA Compliance and HIPAA training requirements (See HIPAA/OSHA (Infection Control) Requirements)

Training can be found at http://www.mass.edu/mencps/orientation/welcome.asp

Please note that in some instances a student may be required to provide proof of completion and content mastery to designated representatives of agencies at which they are assigned for clinical practica and/or participate in additional trainings at an individual clinical site.

[Updated 5/27/2011; Reviewed June 2014]

G. CAP/HIPAA/OSHA (Infection Control) Requirements

The Institute requires that all new degree/certificate students verify that they have completed CAP, HIPAA, and OSHA (Infection Control) training by the first day of class.

Corrective Action Plan (CAP) training is part of an agreement that Massachusetts General Hospital (MGH) entered into with the U.S. Department of Health and Human Services Office for Civil Rights (OCR). CAP training requires MGH to train its entire workforce on three policies:

- Physical Removal and Transport of Protected Health Information (PHI) and Personal Information (PI)
- Laptop Encryption
- Portable USB Drive Encryption

The Health Insurance Portability and Accountability Act (HIPAA) is federal legislation that mandates the standards and requirements for the electronic transmission of certain health information. This act seeks to insure all patients, clients and research subjects' health information is protected.

Occupational Safety and Health Administration (OSHA) training is essential in health care and educational environments. This training instructs students about general infection control principles and their management.

Students will view the HIPAA and OSHA Training in HealthStream which is a learning management system (LMS) used for online training. Approximately two weeks prior to your start of classes, the Institute’s Office of Information Technology will provide information about how to access HealthStream.

As mentioned in item C, The School of Nursing also requires all its students to complete annually the Centralized Clinical Placement Online Orientation in addition to the HealthStream training in order to satisfy SON’s additional HIPAA and OSHA training requirements.

[Policy updated June 2014]

H. Licensure as a Registered Nurse
Students who enter a program as a licensed registered nurse must present their nursing licenses to the Program Manager of the School of Nursing, or their designee, prior to their first clinical practica. When relevant, it is the student’s responsibility to provide evidence of license renewal at the time of its expiration. Direct Entry students must present their licenses as soon as they are issued by the Board of Registration in Nursing. All RN licenses must be unrestricted. Students may be required to apply for reciprocity in states to satisfy other clinical agency requirements.

I. Criminal Background Check Requirement

All Degree/Certificate Students at the MGH Institute of Health Professions are required to complete a Criminal Background check before the first day of your matriculation. The MGH Institute uses HireRight, the Partners HealthCare provider of extensive background checks, to complete this process. The HireRight Criminal Background check will include the following:

- Criminal Felony & Misdemeanor (7 years, unlimited counties as revealed by SSN trace)
- Social Security Number Trace
- Social Security Number Validation
- Widescreen Plus National Criminal Search
- National Sex Offender Search

Newly admitted students will also be required to complete a Massachusetts CORI check as well.

A CORI (Criminal Offender Record Information) is a person's criminal history. You will have a Massachusetts CORI if you have ever been charged with a crime in a state or federal court in Massachusetts, whether your case ended with a conviction, a finding of not guilty, charges were dismissed, or another outcome.

Should either of the two background check procedures yield information that shows a student has engaged in conduct that could subject the student to being disqualified from engaging in certain activities, the Institute reserves the right to initiate disciplinary action against the student, up to and including dismissal.

Students may find that they are unable to begin a precepted clinical placement until an additional background and/or CORI check is completed by the facility to which a student is assigned. Background checks may be performed each time an individual has an affiliation with a different facility. Students are individually responsible for the cost of these additional background checks if required by the clinical site.

[Policy updated June 2014]

III. Advanced Placement for Students Entering the MS Program as Registered Nurses

A. Course Placement Policies

1. Students are eligible for alternative methods of completing degree requirements (transfer credit, credit by examination, course exemption or independent study) as described in General Policies and Procedures http://www.mghihp.edu/students/catalog/Inst-Policies.html

2. Requests for course credit, transfer credit, credit by examination or advanced placement must be processed prior to enrollment in the last semester of the student’s program.
3. A record of advanced placement and credit will be kept in the student’s academic advisor file and will be recorded on the transcript.

B. Registered Nurses with a Baccalaureate Degree in Nursing

1. Upon admission into the program, students present validation of previous course work (e.g., transcript, course syllabi) in ethics, community health nursing, and statistics. With successful validation, students are exempted from these courses and receive no credit. A record is kept in the student’s permanent file. See also Topic III – A: Advanced Placement; above.

C. Registered Nurses with an Associate’s Degree or Diploma in Nursing

1. In addition to Topic III – A: Advanced Placement; above, please see Topic I: Admissions, Registered Nurse Students, Section B.

D. Post-Master’s DNP Students

1. Up to 12 credits may be waived through post-admission portfolio review.

[Policy reviewed June 2014]

IV. Advisement

Each student is assigned an academic advisor prior to initial orientation to the program.

At matriculation, each student meets with the assigned faculty advisor and reviews the course of study, which is available to both student and advisor in IONLINE. This program of study serves as a guide to academic progress.

A. Role of Academic Advisor

1. Maintains a schedule of office hours for a minimum of two (2) hours a week each semester
2. Contacts each advisee the first week of the student’s program
3. Meets with each advisee when applicable, at a minimum of once a year and/or during advisement period
   - To review current academic status
   - To review course of study and advise for registration
   - To clear student in IONLINE in order to register
4. Reviews advisee’s progress each semester
5. Reviews advisee’s program of study for completion of all credits/requirements for graduation
6. Completes course add/drop form
7. Advises when an academic warning has been issued
8. Plans for graduation
9. Counsels students if considering change in status.
10. Communicates change in student status to the Assistant Dean of their program.
11. Meets with student as requested.

B. Role of the Student

1. Responds to advisor’s communications
2. Initiates an appointment with advisor as needed
3. Meets with the advisor prior to registration
4. Communicates with Advisor prior to changes in program of study, track, or status.

C. Change of Advisor
A change of academic advisor may be made upon request of either the faculty or student. Granting the request may be dependent upon faculty availability. The student is required to complete a Notification of Change of Academic Advisor Form. (Appendix A) [Policy updated June 2014]

D. Faculty Schedules
All faculty will have schedules on file in the Dean’s office each semester and are expected to offer office hours for a minimum of two (2) hours a week each semester.

V. Progression

A. Pre-Registration

All current students are expected to pre-register within the period specified by the OSA. Students intending to enroll in a clinical course requiring a precepted clinical placement must pre-register. A clinical placement cannot be guaranteed if the student fails to pre-register by the deadline set by the OSA.

B. Continuous Enrollment

Continuous enrollment is defined as enrollment in two consecutive academic terms per year. If a student does not plan to register for any course in a particular semester, a leave of absence must be approved by the School of Nursing. Leave of Absence Policy

C. Leave of Absence

In the event that a student cannot maintain continuous enrollment, the student may submit a request for a Leave of Absence (LOA) using the online Withdrawal/Leave of Absence Form http://www.mghihp.edu/current-students/osa/registrar/important-forms/withdrawal-leave-of-absence-form.aspx.

1. LOA request

Leaves of absence are granted for reasons of health, academic, or extenuating circumstances.

a. Health: A leave of absence for health reasons requires validation of the health problem by a health practitioner. To return to the program, evidence must be furnished that the health problem is sufficiently resolved for the student to resume study.

b. Academic: A leave of absence for academic reasons requires that a committee of at least three faculty members (including the student's academic advisor) formulate conditions for the leave.

c. Extenuating Circumstances: A leave of absence for other reasons will be individually evaluated.

2. Approval Procedure

a. After completing and submitting the online form, the Assistant Dean for the program will review for approval/denial.

b. If approved, an agreement granting the leave and outlining and conditions will be sent to the student by the Assistant Dean and a copy kept in his/her permanent record.
c. Once the request has been officially granted or denied, the student will be informed by OSA of the decision.

3. Return from LOA

The student is responsible for contacting his/her academic advisor and the Assistant Dean for the program when returning from an LOA.

3. Length of LOA

Refer to the 2014-2015 Catalog for policy governing length of LOA.

4. Return to Program

In order to return to the program, all conditions outlined in the leave of absence agreement must be met and approved by faculty involved in the process. A leave of absence does not extend the time to complete the program. [Policy updated June 2014]

D. Course Progression

Students must successfully complete all courses as prescribed in their course of study program curriculum. Course prerequisites must be completed and/or co-requisites must be registered for before students may enroll in the respective course.

E. Part-time Status For Direct Entry Master’s and Baccalaureate Students

Because of the lock-step nature of these curricula, part-time status is not encouraged; therefore, a special written request is required. The request must include a course of study plan depicting the proposed part-time curriculum plan for the student. Students must obtain permission from their advisor and the Assistant Dean for the program. No more than 10% of students in any class will be permitted to register on a part-time basis.

Part time progression in the program requires that all course pre- or co-requisites be met according to the prescribed curriculum plan. If part-time status is granted, the OSA will be notified, and the course of study plan will be maintained in the program and advisor's files.

F. NCLEX-RN

Proof of unrestricted RN licensure is required for progression to the clinical courses beginning in the second semester in the Advanced Practice level Direct Entry Master’s program of the IHP.

G. Grading

1. Grading Scale for the School of Nursing
(Refer to the IHP Catalog/Academic Policies/Grading Policy)

2. Pass/Fail Option

Students may take a maximum of 20% of the total credits required to graduate or complete the program on a Pass/Fail basis, subject to the following:

a. The Pass/Fail option is available only for selected required courses. (See D).
b. Any course taken as an elective may be taken as Pass/Fail, subject to approval of the faculty and to the 20% of total credit limit

c. Scholarly Project or Thesis and will be graded Pass/Fail and is exempt from the 20% limit.

d. DNP 800 courses that are designated as pass/fail only are exempt from the 20% limit.

(Refer to the IHP Catalog: Academic Policies/Grading Policy / Pass/Fail Option. The Change of Grade scale form may be obtained from the Registrar’s website/Important Forms)

3. Incomplete Work

(Refer to the IHP Catalog: Academic Policies/Grading Policy / Incompletes)

The policy of the School of Nursing is:

a. An "I" (incomplete grade) in a course must be completed within the first two weeks of the succeeding term unless negotiated otherwise with the faculty of record for the course.

b. If the course in which the student has an Incomplete is a pre-requisite for a subsequent course, the student may not progress to the next course until the earlier course is satisfactorily completed.

c. Faculty submit a grade of Incomplete for the student on online, noting the completion date agreed to by the student and the faculty. If the grade has not been changed by faculty prior to the agreed upon date, the grade automatically converts to an F.

d. If by the end of the grading period, the student is failing the course, an incomplete grade is not an acceptable remedy.

4. Resolution of Student-Faculty Conflicts Regarding Grading

(Refer to the IHP Catalog: Academic Policies/Grading Policy / Process for Challenging a Final Course Grade)

5. Feedback in Clinical Courses

Students in clinical settings should receive feedback from their clinical instructors and/or preceptors on an ongoing basis.

[Updated 5/27/2011; Reviewed June 2014]

H. Academic Standing

1. Definitions

a. A Clinical Course is defined as any course that entails a laboratory or clinical component and all associated theory and practicum courses.

b. Minimum Passing Grade is defined for courses in each of the following categories:

   i. C+ (C plus): for any ABSN Clinical Course
   ii. C+ (C plus): for any Generalist level DEN Clinical Course
   iii. B- (B minus): for any advanced practice (NP designated) DEN course
   iv. B- (B minus): for any Doctoral level course
   v. C- (C minus): for all other courses
Any student not achieving the Minimum Passing Grade for a course (See Section H.1.b. above) will be required to repeat that course before taking any course for which that course is a prerequisite.

2. Progression Standards

Any student who fails to meet the academic and clinical standards set forth below will be subject to academic or disciplinary action up to and including dismissal from the program following the completion Automatic Review Process described in Section 3.

(Refer also to IHP Catalogue: Academic and Disciplinary Actions)

a. Academic

i. A second failure to achieve the Minimum Passing Grade in a course.

A course may only be repeated once. If a student repeats a course, both grades will stand on the transcript, but only the second grade will be considered in determining GPA.

ii. Failure to achieve the Minimum Passing Grade in two courses in the same semester.

iii. Failure to achieve the Minimum Passing Grade in three separate courses.

iv. Failure to regain a 3.0 GPA by the end of the second consecutive semester.

Students are required to maintain a minimum cumulative grade point average of 3.0 each semester. Failure to do so will result in an academic warning. The student must regain a 3.0 GPA by the end of the following semester.

v. Violation of the Institute’s Academic Integrity Policy or the Code of Professional Behavior for Students.

vi. Failure to meet the IHP/SON immunization, OSHA, HIPAA, CPR, and any other clinical placement requirements.

b. Clinical

Students who demonstrate unsafe clinical practice will be suspended from the program immediately. “Unsafe clinical practice is behavior that places the client or staff in either physical or emotional jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional jeopardy means that the student creates an environment of anxiety or distress which puts the client or family at risk for emotional or psychological harm. Unsafe clinical practice is an occurrence or pattern of behavior involving unacceptable risk.”


(Refer also to the Code of Professional Behavior for Students in the MGH Institute of Health Professions School of Nursing, Appendix H)

3 Automatic Review Process
The Automatic Review Process will be conducted by a committee convened by the SON Assistant Dean for Academic Affairs, and consisting of the involved faculty and the student’s faculty advisor. A review committee will be convened in the case of:

a. Violation of the Institute’s Academic Integrity Policy or the Code of Professional Behavior for Students.

b. Failure to meet the IHP/SON immunization, OSHA, HIPAA, CPR, and any other clinical placement requirements.

c. Student request for review for exception to current policy.

A student will receive three days notice prior to the date of the committee meeting and will have the right to submit documents to and appear before the committee. Any committee recommendation for dismissal of a student shall be made to the Dean of the SON.

A student may appeal a decision to dismiss or a Review Committee decision with which the student does not agree to the SON Appeal Committee (See Appendices D & E).

[Policy updated 6/2013]

I. Alternative Methods To Complete Degree Requirements

Refer to the Institute website for Institute policies and deadlines governing alternative methods to complete degree requirements. (*Listed under “Academic Policies/Transfer Credit Policy; Independent Study Policy; and/or Course Exemption, Credit for Life Experience, and Credit by Exam Policies”)*

Alternative methods of completing Nursing degree requirements through transfer credit, credit by examination, course exemption, or independent study apply only to non-clinical classes.

1. Transfer Credits

A maximum of nine (9) credit hours may be transferred from another school for credit toward the degree. For Direct Entry and RN Master’s degree students, these must be graduate credits not utilized from a previously completed degree. No transfer credit will be allowed from institutions or programs that lack appropriate accreditation or for courses for which the student received a grade of less than a B. In order for transfer credits to be allowed, they must have been acquired within 7 years prior to matriculating at the Institute.

During study at the Institute, students may take approved courses at other colleges and universities, using the following procedure: The student provides a petition and course syllabus to his/her academic advisor for review. The academic advisor, in consultation with the Assistant Dean for the program determines if the course meets requirements for transfer credit. The advisor returns the signed petition to the OSA.

2. Credit by Examination: see 2014-2015 Catalog


A student may obtain a maximum of six (6) credit hours by examination toward the degree. Students with life/work experience related to specific courses may wish to receive credit for courses by taking a special examination.

a. The student must be matriculated in the programs in the School of Nursing.
b. The Credit by Exam option will be offered for selected courses, a listing of which is available from the Program Office.

c. The student submits a petition form for Credit by Examination
   http://www.mghihp.edu/current-students/osa/registrar/important-forms/petition-form.aspx
   no later than two weeks after the course begins.

d. A non-refundable examination fee of 10% of the course tuition is charged.

e. The student arranges exam administration with course faculty.

f. The course faculty returns the signed petition to the OSA. Written notification of the grade is sent to student and advisor within one week of exam administration.

g. If the exam is not passed, the student must register for the course.

h. An exam may be taken only once.

3. Course Exemptions

   Students who have extensive previous study or experience may request course exemption from non-clinical courses for a maximum of six (6) credit hours.

a. The student must be matriculated in the School of Nursing.

b. The student meets with the academic advisor to discuss intent to exempt a course and with the course faculty to receive direction regarding the materials required to support the course exemption. http://stage-www.mghihp.edu/current-students/osa/registrar/important-forms/petition-form.aspx

c. The course faculty, in consultation with the Assistant Dean for the program, determines if the course exemption will be awarded.

d. If an exemption is granted, credit will be awarded based on School of Nursing petition review and approval and no fee will be charged for the exempted course(s).

e. If the student enrolls in a course and then decides to exempt the course, a request to do so must be made to the student's faculty advisor and the course instructor no later than two weeks into the semester.

f. Requests for exemption from clinical courses will not be considered.

g. If an exemption is granted, course credit may be given at the discretion of the SON; The student then is not required to take another course to earn equivalent credit counted toward graduation. [Policy updated June 2014]

4. Independent Study


Go to the Registrar’s section on the Web site for forms:
http://www.mghihp.edu/current-students/osa/registrar/important-forms/independent-study-agreement-form.aspx

J. Adding and Dropping Courses

Refer to the Institute website for policies regarding Drop/Add Policies

K. Withdrawal Policy

Refer to the Institute website for policies regarding Withdrawal

L. Attendance Requirements

Refer to the Institute website for policies regarding Attendance.
1. Absence from Clinical Experience

Students are expected to be present for all clinical experiences. Students who miss clinical experience will be expected to make up that clinical experience to the satisfaction of the faculty. The faculty and student will arrange appropriate times for meeting the clinical experience requirements. The student must complete the clinical experience within the first week of the succeeding term, and may be liable for additional payment to cover the cost of any extra faculty time required. For more information, see the attendance policy in the IHP Catalog under Academic Policies. http://mghihp.smartcatalogiq.com/en/2014-2015/Catalog/Academic-Policies/Attendance-Policy

M. Auditing Courses


N. Changing Specialization

A student who wishes to change his/her specialization after admission to the program must be in good academic standing.

a. The student is encouraged to discuss the proposed change with his/her advisor.
b. First year students are notified of the process to request a change in track specialty.
c. Decisions are made by faculty in a timely manner and are subject to available space within each specialty program.
d. This process does not guarantee a change of specialty. [Policy updated June 2014]

O. Requests for Review

Students have the right to request a review of a program policy on an individual basis due to extenuating circumstances. The relevant program policy must effect the student’s current or future semester. This request must be in writing and submitted to the Assistant Dean for Academic Affairs. The Assistant Dean for Academic Affairs will convene a committee of involved faculty to include at a minimum, the Assistant Dean for the program, faculty of record, and the faculty advisor. The committee will make every reasonable effort to deliver a timely decision.

VI. Graduation Policies

A. Time for Completing Program

1. Full time students in all programs must complete all course work within five (5) years after matriculation.

2. Part-time post-master’s Doctor of Nursing Practice students must complete all course work within five (5) years and all other part-time students within eight (8) years after matriculation.

3. Students enrolled in the Certificate of Advanced Studies program must complete all course work within three (3) years.

4. Students who do not complete the program within these time limits will be dismissed from the program. Under extreme extenuating circumstances, students may submit a written petition to the Dean to extend the time for completion of the program.
B. Course Requirements

1. Students must complete all required course work as described in the respective plan of study. Students wishing to take course work beyond requirements may do so with permission of advisor and course faculty. Enrollment is dependent upon availability of resources.

2. Direct Entry students admitted without advanced standing or course exemptions must complete their program of study to graduate. Specific curricular requirements for their specialization must be met.

3. MS students must complete a minimum of 24 credits at the MGH Institute of Health Professions.

C. Participation in Graduation Ceremony


The Institute holds one commencement ceremony in May of each year for all students graduating in January, May, or September of that year.

Degrees are recorded and made official according to the following guidelines:

- Fall finish (December) – degree will be conferred on the first business Friday in January.
- Spring finish (April) – degree will be conferred on the date of the May Commencement Ceremony.
- Summer finish (September) – degree will be conferred on the first Friday in September.

All students who plan on graduating must complete an application for graduation by the beginning of December prior to your graduation year. See also “Application for Graduation.”

[Policy updated June 2014]

CURRICULUM POLICIES

I. Course Requirements and Options

A. Curriculum Plans

Students must complete the curriculum plan for their program of study as outlined. Students wishing to take coursework beyond their required credit allotment may do so with the permission of their advisor, and course faculty, dependent on the availability of resources.

B. Scholarly Project for MS

Scholarly Project. The scholarly project is a requirement for Masters level students in order to graduate and is completed within the term of registration. Students who extend beyond one term must submit a request for a grade of incomplete. Students who have completed their Masters program in all courses except Scholarly Project, must enroll in the Scholarly Project continuation course, and are subject to Institute policies regarding continuation fees. A public presentation of the Scholarly Project is a requirement for graduation. Specific requirements are described in the course syllabus and Scholarly Project guidelines.

Posters at Local, Regional, or National Meetings Fulfilling Oral Presentation of Scholarly Project
Poster or paper presentations from either national or regional conferences or others as approved by the Assistant Dean or faculty of record, may substitute for the required oral presentation of Scholarly Project. Students may also present their work to their preceptor sites, and clinical sites where the project may have taken place, or to fellow students in a forum specifically designed for the student to present their Scholarly Project work.  

[Policy updated June 2014]

C. Independent Study

An independent study elective is available to students with special needs and interests. Credit and hours are to be arranged with the appropriate faculty member and approved by the student's faculty advisor. Students must complete an online Independent Study Agreement Form. A descriptive title, reflecting the content of the course, must be given and will be listed as such on the transcript. Independent study for clinical credit must be approved by appropriate nursing administrative channels.  

[Policy updated June 2014]

D. Format for Written Work

All formal papers must be written according to the format specified in the Publication Manual of the American Psychological Association (Sixth Edition).  

[Policy updated June 2014]

II. Course Credit/Contact Hour Ratio

A. Theory Credit Ratio

The didactic credit to contact hour ratio is 1:1. Courses taught in less than a semester block are adjusted accordingly.

B. Clinical Credit Ratio

ABSN and Generalist Level of the DEN Program: The clinical credit to contact hour ratio in all clinical courses is 1:3. Courses taught in less than a semester block are adjusted accordingly. Advanced Practice Level, DEN, RN-Master’s and RN-DNP: 3 clinical credits = 130 clinical hours.

C. Lab Credit Ratio

The lab credit to contact hour ratio is 1:2. Courses taught in less than a semester block are adjusted accordingly.

D. Practice Credit Ratio

The practice credit to contact hour ratio in the Post-Master’s Doctor of Nursing Practice courses is 1:5.

[Policy reviewed June 2014]

III. Guidelines for New Course Development

New course proposals shall be presented to the Curriculum Committee for review and recommendation to the Nursing Program Committee. The faculty responsible for the course shall submit a new course proposal to the Curriculum Committee in the semester prior to the planned offering. Refer to the Institute Policy for Approval of New Courses in the Faculty Manual. New courses that involve new initiatives within the program (specialization, new cadre of students, etc.) are guided by the Institute New Initiatives Proposal Process. I:HPCCOMM/FACULTY/Faculty Manual/Table of Contents/Flowchart of Review of All Courses

A. New Course Proposal
New course proposals will include the following:

1. A course syllabus presented in the required format (See Section V).
2. A course justification stating:
   a. Rationale for adding course/contribution to the program
   b. Congruence with program philosophy and program level objectives.
   c. Potential contribution to the Institute
   d. Review of other similar courses for areas of overlap (within Institute)
   e. Resources needed for the course

IV. **Course Revisions**

A. **Changes in Course Description, Course Objectives or Credit Allocation**

Changes in course description and/or course objectives or credit allocation must be submitted to the Nursing Curriculum Committee for review and approval in the semester prior to implementation using the Course Change Form located in the Faculty Manual. Faculty should submit the following materials:

1. Original objectives and proposed new objectives,
2. Original course description and proposed new description,
3. Original course credit allocation and proposed new credit allocation,
4. Rationale for the change(s),
5. Statement of the congruence with program philosophy and program level objectives.

In the case of course revisions, a discussion with faculty teaching concurrent or subsequent courses that might be affected by the changes should take place prior to presenting materials to the Curriculum Committee. A summary of meeting(s) with faculty whose courses may be affected by proposed revisions should be submitted with the proposed revisions.  

[Policy reviewed June 2014]

V. **Course Syllabus Format**

Courses use the IHP Course Syllabus Template  
[http://www.mghihp.edu/files/faculty/faculty-compass/IHP_Syllabus_Template_Word.docx](http://www.mghihp.edu/files/faculty/faculty-compass/IHP_Syllabus_Template_Word.docx)

**Student’s Privacy Rights Clause**

Courses that expect student participation in learning activities that could be considered invasive or possibly threatening to students’ privacy should include a statement regarding voluntary participation in the course syllabi. Additionally, students or volunteers who consent to having a physical examination by another student should complete the attached consent form (See Appendix B). A consent form (See Appendix C) should also be completed by volunteers who participate in learning activities (other than physical exams) that could be considered a threat to student privacy (e.g., health, interviews, and treatments).

[Policy updated June 2014]

**PROGRAM GOVERNANCE**

I. **Governance for School of Nursing**

A. School of Nursing Committee
1. The governing body for the School of Nursing is the School of Nursing Committee (SONC).

2. Membership of the SONC
   Voting membership of the SONC consists of all full- and part-time faculty appointees.

3. Quorum
   A quorum for the SONC shall consist of 1/2 of the voting members.

4. Chair
   The Dean will serve as Chairperson, and a designee will serve in the Dean’s absence. Robert’s Rules of Order are used to guide the meetings.

5. Minutes
   A staff support person will take minutes at each meeting. A copy of the minutes will be kept in the SON office.

B. Standing Committees

The standing committees of the School of Nursing include the Curriculum, Admissions, Evaluation, Policy and Appeals committees.

1. Rules for Standing Committees
   a. Elections:
      A term of office is two years, with half of the voting membership changing each year. Nominations for open terms are submitted at the last SONC meeting in the Spring term of the academic year. Elections are held by faculty ballot, results are announced as soon as they are available.
   
   b. Appointments:
      Appointments are made by the Dean following the annual elections. A term of office is two years. Appointments are made on a rotating basis.

   c. The Dean proposes a charge to the committees at the first meeting of an academic year. The charge recommends the important products to be completed by the committee.

   d. Chair: Each committee will elect a chair from its members. Committee chairs are responsible for calling and conducting meetings, creating the agenda, ensuring minutes be taken, and creating the annual report.

   e. Minutes: Minutes are taken and placed in permanent file in the program office.

   f. Annual Reports: Annual reports of the standing committees are to SONC and maintained in the program file.

   g. The Dean and/or her designee serves as ex officio on all committees of the School of Nursing.

B-1 Curriculum Committee

1. Purpose and Function
   a. Oversee the implementation and evaluation of the curriculum.

   b. Identify need for curricular changes and develop proposals for same.
c. Review required courses to insure their congruence with the stated philosophy, purpose and conceptual framework of the program.

d. Review new course proposals and make recommendations to the SONC. Review special curriculum project grants for compatibility with the program's goals.

e. Propose curriculum policies as needed to the SONC.

2. Membership

There are eight voting members: seven faculty members (four are elected and three are appointed), one nursing student. The Chair and Co-Chair are selected annually at the first meeting by the committee. The Assistant Deans for Baccalaureate and Graduate Programs serve as ex officio members.

3. Decision-Making

Committee decision-making is by majority vote. Curriculum decisions are guided by the following process. At the beginning of each academic year, the SONC faculty shall:

- identify curricular issues regarding implementation, evaluation and changes in the program
- generate short-term goals for the academic year from the identified curricular issues
- establish long-range curricular goals as appropriate; set priorities for short- and long-term goals
- identify where decision-making will occur (i.e. curriculum committee or program committee)

Based on the goals, the curriculum committee shall:

- create a plan and time for goal implementation;
- distribute the time frame to the nursing faculty;
- provide opportunities for faculty input into the development of position papers;
- generate "position papers" for selected curricular issues.

To monitor this process, the following steps shall be taken:

a. The curriculum committee will report to the faculty regularly
b. At mid-academic year, the faculty will review the progress made toward meeting curriculum submitted goals
c. An evaluation meeting of the faculty will be held at the end of the spring term to assess the achievement of the curriculum goals and recommend goals for the following year
d. The curriculum committee will compile and distribute a list of curriculum decisions made over the year

B-2. Admissions Committee

1. Purpose and Function:

a. Implement the application and selection procedure as voted in accordance with Institute and School of Nursing policies.

b. Set application deadlines.
c. Review prospective applicants in accordance with the standardized criteria, following the established procedure.

d. Submit a list of final candidates for admission for the approval of the Dean.

2. Membership

There are five voting members: Five faculty members (three are elected and two are appointed). The Chair is selected by the committee annually at the first meeting. The Assistant Dean for Academic Affairs serves as an ex officio member.

3. Decision-Making

a. Decision-making is by majority vote. The committee reports to the SONC throughout the year.

B-3. Policy Committee

1. Purpose and Function:

   a. To review Institute and School of Nursing policies for consistency with policies in the student and faculty handbooks.

   b. To review and make recommendations to the SONC on policy issues brought to the committee.

2. Membership

   a. There are five voting members: two faculty members elected for a 2-year term; two members appointed by the Dean; one student representative appointed by the student body of the School of Nursing. The Chair is elected by the committee annually at the first meeting. The Assistant Dean for Academic Affairs serves as an ex officio member.

3. Decision-Making

   a. Decision-making is by majority vote. The committee reports to the SONC throughout the year.

B-4 Appeals Committee

1. Purpose and Function:

   a. Acting as an agent of the School of Nursing committee, the appeals committee will review each student case submitted to them and will make a final decision to support or overrule the faculty recommendation.

   b. Any student dismissed from the program may appeal that decision first via the appeals committee, which will review and decide the case.

   c. If the appeals committee’s decision is not in the student’s favor, the student may follow the process for Student Grievance Procedure as outlined in the Institute Online Catalog.

2. Membership:

   Eight faculty will be elected for a two-year term, four from the Baccalaureate/Generalist Level and four from the Doctor of Nursing Practice/Advanced Practice Level. The chair is selected by the committee annually at the first meeting. The chair will randomly select three committee
members to serve as the appeals panel for each appeals committee review. Panel members will appoint a faculty chair for that panel. The Assistant Dean for Academic Affairs serves as an ex officio member.

3. Decision Making:
   a. All discussion and delineation is confidential.
   b. Decision-making is by simple majority vote. The appeal’s panel will communicate its decisions in writing to the Dean. The Dean will communicate the decision in writing to the student, advisor, involved faculty, and Registrar.
   d. Students are considered dismissed from the program upon receiving notification to that effect from the Dean, unless an exception is made. Students who are dismissed can no longer attend classes. All current faculty will be notified.
   e. Any student dismissed from the program, without prior review of the appeals committee, may appeal that dismissal first via the appeals committee, which will review and decide the case.
   f. If the appeals committee’s decision is not in the student’s favor, the student may follow the process for Student Grievance Procedure as outlined in the Institute Online Catalog.

B-5 Evaluation Committee

1. Purpose and Function:
   To oversee formative and summative processes across programs in the SON; to evaluate data sources to help ensure a quality improvement process based on defined outcome measures; to make recommendations for change to appropriate faculty groups
   a. Develop a plan for evaluation of the School of Nursing.
      1. Identify appropriate evaluation measures for the three degree programs.
      2. Analyze and critique current data sources. Identify gaps in existing data sources and make recommendations or take actions to fill or bridge them.
      3. Make recommendations for changes in the evaluation plan.
   b. Develop a process for evaluation of the School of Nursing.
      1. Identify responsible parties for data elements and reporting lines.
      2. Identify time frame for data generation and reporting.
      3. Identify reporting and communication lines within the evaluation plan.
   c. Implement evaluation plan of the School of Nursing.
      1. Analyze performance measures
      2. Set and review benchmarks
      3. Report to the faculty of the School of Nursing

2. Membership
   a. There are six voting members with staggered 2-year terms.
   b. Four members are voted by the faculty, one appointed by the Dean of the School of Nursing (SON) and one student representative appointed by the student body of the SON. The Chair is elected by the committee annually at the first meeting. The Assistant Dean for Academic Affairs serves as an ex officio member.

3. Decision-making
a. Decision-making is by majority vote. The Committee reports to the SON throughout the year. [Policy updated June 2014]

II Additional Committees (non-governance)

A. Nursing Continuing Education Provider Unit – Continuing Education Committee

1. Purpose and Function
   To guide continuing education program development and evaluation in accordance with professional standards.

2. Membership
   a. The Committee consists of at least three members drawn from SON faculty who express interest in continuing education activities.

3. Decision-Making
   a. Decision-making on program offerings is by consensus of the planning committee members.
   b. To assure proposed programs meet professional standards as community-constituent review. [Policy reviewed June 2014]

ADMINISTRATIVE POLICIES

I. Adjunct Appointments

Refer to the Institute Faculty Handbook for Adjunct Faculty Appointments

II. Preceptors

A preceptor is an expert clinician with designated responsibility for clinical supervision of students in a particular clinical area.

A. Criteria for Selection

The ideal preceptor is a master's prepared advanced practice nurse, a physician, or other primary care practitioner, who meets the following criteria:

1. Supports the philosophy and objectives of the Institute and the School of Nursing
2. Demonstrates clinical competence and teaching ability, thereby serving as a student role model
3. Demonstrates the ability to assess, plan, implement, and evaluate clinical care for a specific patient population in a particular content area
4. Establishes and maintains effective working relationships with colleagues and students
5. Is willing to fulfill the responsibilities of a preceptor by
a. reviewing the student's learning contract  
b. facilitating the student's meeting the level objectives and goals in the learning contract  
c. sequencing learning experiences so that the student assumes increasing responsibility  
d. supervising/consulting with the student in the delivery of care  
e. functioning as a liaison to other colleagues to facilitate other experiences available at the clinical site  
f. meeting periodically with student and faculty advisor to discuss and evaluate the student's clinical experience

B. Preceptor Tuition Vouchers

A clinical preceptor who provides a minimum of sixty (60) hours of clinical supervision during a semester is eligible for three one-credit tuition vouchers. Vouchers are awarded to the preceptor’s health care institution, are valid for two years from date of issuance and may, if desired, be used by an employee of that institution other than the preceptor.

III. Additional Policies

Refer to the Institute Faculty Handbook for additional Policies and Procedures.  

[Policy reviewed June 2014]

EVALUATION POLICIES

I. Evaluation in the School of Nursing

The School of Nursing evaluation plan is based on the commitment and belief that program evaluation is a systematic, continuous process of gathering and analyzing data about all facets of the programs. The purpose is to guide decision-making in order to enhance the quality of the programs. The process includes gathering formative and summative data regarding the program in its entirety.

Refer to the Institute Catalog for Course Evaluation Policy  

II. Faculty Evaluation

All faculty within the School of Nursing participate in the Institute’s annual Faculty Workplan and Evaluation as delineated in the IHP Faculty Handbook.  

Evaluations of SON Faculty members are conducted by the Dean, Associate Dean, or the Assistant Deans of the SON. Assistant and Associate Deans are evaluated by the Dean. (See the SON Organizational chart for details regarding organizational reporting).

Appeals Process - If the individual faculty member and the evaluators cannot come to a consensus about either the goals statement or the performance evaluation, the individual faculty member has a right to include an appended statement to the document. Such an appended goal statement will be considered valid as the faculty member’s goal statement when the faculty member next comes up for review.

[Policy updated June 2014]
APPENDICES
APPENDIX A

MGH INSTITUTE OF HEALTH PROFESSIONS
School of Nursing

Notification of Change of Academic Advisor

Please fill out the information below and obtain the appropriate signatures.

Student:______________________________________________

Program Level: _____Generalist/Pre-RN _____Advanced Practice/RN

Specialty track: ______________________

Former Advisor: __________________________________________

New Advisor: ____________________________________________

Effective Date: __________________________________________

Signature of New Advisor: ________________________________

Date: ______________________

Signature of Former Advisor: ______________________________

Date: ______________________

Please return completed form to Nursing Program Office

Received in Nursing School Office: Date:_______________ by _________

cc to:  Student
       Former Advisor
       New Advisor

Rev11
CONSENT FORM FOR PHYSICAL EXAMINATION

I volunteer to have a __________________________ examination performed on me by a graduate ______________________ student of the MGH Institute of Health Professions for the purpose of STUDENT LEARNING ONLY, as more fully described in Attachment A.

I understand that the MGH Institute of Health Professions is a post-baccalaureate school dedicated to preparing skilled health care professionals, and that the student performing the examination on me is a student and not a fully trained specialist. In agreeing to volunteer, I have been informed on the following:

1. The tests that will be performed during the examination will not be for diagnostic purposes.

2. I may experience some minor discomfort during the examination.

3. I may ask the student to stop the examination at any time.

4. Any side effects either during or after the examination are described in Attachment A.

I agree that I will not hold the MGH Institute of Health Professions, faculty or student responsible for any problems I may encounter after this examination.

Signed:_____________________________________________

Date: ___________________________________________
MGH INSTITUTE OF HEALTH PROFESSIONS
School of Nursing

CONSENT FORM FOR PHYSICAL EXAMINATION

ATTACHMENT A

Description of Examination:

Description of Possible Side Effects:

Additional Comments:

This form was prepared by: ________________________________, ________________
Name of Faculty of Record Date
CONSENT FORM FOR PARTICIPATION IN LEARNING ACTIVITIES

I, __________________________, volunteer to participate as a subject in classroom laboratory activities for __________________________ _____________________________.

Subjects Name

Course #

Course Title

I understand that the MGH Institute of Health Professions is a graduate school dedicated to preparing skilled health care professionals, and the class activities are part of their professional preparation. The purpose of my participation is for student learning only, and will not serve diagnostic or treatment purposes.

In agreeing to volunteer, I have been informed of the following:

Who will be interacting with me and how:

Description of activities:

Potential side effects or risks and precautions:

Additional Comments:

I have read the descriptions provided above. All questions have been answered to my satisfaction. I understand that I may discontinue my participation in these activities at any time. I agree that I will not hold MGH Institute of Health Professions, faculty or students responsible for any problems I may encounter as a result of my participation.

Signed:_____________________________________   Date:___________________________

This form was prepared by: ______________________________________, _________________

Name of Faculty of Record   Date
APPENDIX D

Pass/Fail Options for Selected Required Courses

Master of Science in Nursing

NS 601 History of Nursing Ideas (3 credits)
NH 602 Health Care Policies & Politics (3 credits)
NH 720 Designing Clinical Research (3 credits)
NP 839 Professional Issues (2 credits)

Accelerated Baccalaureate in Nursing

NS 512 History of Nursing Ideas (3 credits)
NH 531 Health Care Policy & Politics (3 credits)
HP 529 Ethics (2 credits)

Doctor of Nursing Practice

NP 745 Leadership for Advanced Nursing Practice (3 credits)
NH 740 Health Care Economics and Financing (3 credits)
NH 730 Outcomes Measurement (3 credits)
DNH 720 Population Health (3 credits)

Any clinical courses taken as elective and not required for the course of study may be taken for a pass/fail grade in accordance with the Pass/Fail policy and with the permission of the instructor.

(See Section G/Grading Policy/Pass-Fail option)
APPENDIX E
Process for Automatic Review and Dismissal from Program

Violation of Academic Integrity or Code of Professional Conduct (2.a.v.)

Faculty Recommendation for dismissal from the Program

Suspension from the program for unsafe clinical practice (2.b.)

Review Favors Student Student Progresses

Automatic Review Process

Student request for review for exception to current policy (3.b.)

Suspension from the program for unsafe clinical practice (2.b.)

GPA < 3.0 for Second Consecutive Semester (2.a.iv.)

Second failure to achieve the Minimum Passing Grade in a course (2.a.ii.)

Failure to meet the IHP immunization, OSHA, and HIPAA Requirements (2.a.vi.)

Failure to achieve the Minimum Passing Grade in two courses in the same semester (2.a.ii)

Failure to achieve the Minimum Passing Grade in three separate courses (2.a.iii.)

SON APPEALS COMMITTEE

IHP HEARING COMMITTEE

Student Receives Official Dismissal Letter from the SON Dean
APPENDIX F

MGH INSTITUTE OF HEALTH PROFESSIONS
School of Nursing

Appeal Procedure

1. Students may request an appeal hearing in the event of dismissal for any reason. The student sends a written request to the Dean for the SON to initiate an appeal.

2. The Assistant Dean for Academic Affairs assures that the Appeals Process is conducted.

3. Appeals Committee chair:
   a. Identifies three faculty members to comprise the Appeals Panel.
   b. Sets a date and time for appeal meeting within 10 business days, during academic calendar.
   c. Ensures all members and the student have copies of faculty documentation.
   d. Invites the student and faculty to submit documentation to the Administrative Assistant to the Dean. All documentation submitted by the student is distributed by the Administrative Assistant to the appeals panel, Assistant Dean for the program, the Assistant Dean for Academic Affairs, the Dean, and involved faculty. Thus, documentation is needed three days prior to appeal meeting date. After the Panel has met, all documentation is collected from panel members by the panel chair, with duplicate copies destroyed.

4. Procedure for Meeting
   a. Panel meets privately and reviews format and charge.
   b. Student and faculty of record and/or involved faculty join the meeting.
   c. Both student and involved faculty may bring one person for support (i.e.: advisor, family member, peer, or significant other), but such person cannot be a legal representative or lawyer and may not speak for the student prior to or during the proceedings.
   d. Student has opportunity to present his/her case: maximum 20 minutes.
   e. Involved faculty has opportunity to present his/her case: maximum 20 minutes.
   f. Panel has opportunity to ask questions to faculty and/or student.
   g. When panel feels fully informed, student and faculty, and other non-panel persons are excused.
   h. Committee deliberations are confidential. Decisions are made by majority rule.

5. The panel chair must communicate the recommendation in writing to the Dean within three business days.

6. The Dean must communicate the decision in writing to the student within ten business days of the panel meeting, with copies to the Assistant Dean for Academic Affairs, Assistant Dean for the program, the registrar, the Dean of Students, involved faculty and the advisor. The student is notified of his/her right to appeal the decision via the student grievance procedure, outlined in IHP catalog. The only method to reverse the appeals committee decision is via the IHP Hearing Committee.

7. Involved faculty have no further responsibility in this action.

8. All original written documents reside in the student’s folder in the Office of Student Affairs.
APPENDIX G
MGH INSTITUTE OF HEALTH PROFESSIONS
School of Nursing

Policy for Professional Attire

Purpose: To ensure that nursing students of MGH Institute of Health Professions Graduate Program in Nursing maintain a professional image through appropriate attire, grooming and personal hygiene

POLICY: Students are expected to maintain a professional image both in clinical and academic settings. This dress code includes, but is not limited to, the following:

In the Clinical Area and for Clinical/Simulation Lab Activities:

- Students must wear their identification badges visibly at all times.
- Jewelry: Students should minimize wearing of jewelry in the clinical setting; for example, no more than 2-3 simple rings and 1-2 pairs of small stud earrings in the ear.
- Body piercings should be discreet. Nose and tongue studs should be removed before clinical, or if in place should be flesh colored and minimally noticeable.
- Perfume is an allergen and should not be worn.
- Only small amounts of makeup should be worn.
- Nails should be maintained according to CDC recommendations: short and neatly trimmed. Only clear or light neutral nail polish may be worn. (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm)
- Hair must be worn away from the face and off the shoulders. Facial hair must be neat and trimmed.
- Footwear should be closed toe and low heel only.
- For inpatient clinical settings, the dress code will be specified by each course in the syllabus. Scrubs and lab coats must be clean.
- In ambulatory/community settings, professional attire is expected, i.e. business or conservative business casual. No jeans, exercise outfits, T-shirts, sweatshirts, revealing or provocative clothing should be worn at any time. Please be sure shirts are of an appropriate length. Midriffs should not be exposed, even when reaching above your head. Any clothing, buttons/pins or accessory items displaying graphic or written material that may be construed as harassment or offensive is not allowed.
- Tattoos should be discreet and covered if offensive/inappropriate language or design is displayed. This may be further restricted by clinical placement.

In the Classroom:

- Students must wear their identification badges visibly at all times.
- Students are expected to dress conservatively. Jeans are permitted; shorts and shirts should cover upper thigh and midriff respectively. No provocative dress is allowed.
- Any clothing, buttons/pins or accessory items displaying graphic or written material that may be construed as harassment or offensive is not allowed.
For Physical Assessment Lab Activities:
In addition to the above criteria for Clinical and Simulation Lab Activities:

- Students are expected to dress appropriately in order to conduct and have a physical exam conducted upon them. Open toe footwear may be appropriate depending on the body system being examined on a given day.

- Students are advised to wear a sports bra or tank top along with gym shorts or scrubs depending on the body system being examined on a given day.

Enforcement:
At the discretion of course faculty, violation of this policy may result in dismissal from the classroom, clinical or lab experience and count as an unexcused absence.

[Updated June 2014]
APPENDIX H

MGH INSTITUTE OF HEALTH PROFESSIONS
School of Nursing

Code of Professional Behavior for Students

The MGH Institute of Health Professions (IHP) School of Nursing abides by the American Nurses Association code of ethics and expects students also to abide by the Student Nurses Association code of ethics. The School of Nursing (SON) community is a microcosm of the professional arena. In addition to the requirements for conduct articulated in the HIPAA privacy rules, and the IHP Catalog: Safety and Security section, this SON Code of Professional Behavior is aimed at assuring an environment that is conducive to optimal student learning and professional development, thereby protecting patient, student, faculty, and staff safety. In addition, the Code assures that graduates of the IHP uphold the highest standards of personal and professional integrity. Toward that goal, the SON must evaluate students’ professional conduct in the same way it does scholarship and clinical proficiency. Evaluation is focused on the student’s obligations toward the IHP community of faculty, students and staff across learning and professional environments. Professional environments include, but are not limited to, the classroom (in person or online), the laboratories, and inpatient, outpatient, and community clinical sites. The clinical environment also includes any volunteer efforts where students are representing the IHP.

It is the goal of Partners HealthCare System Inc. (PHS) and its affiliate, the IHP, to provide a safe, comfortable, productive, professional and educational environment that is free from disrespectful, harassing, and offensive behavior, both in person, or via information communication technologies such as social networking sites and other electronic and digital media. This means that all students must treat one another and all other members of the IHP and PHS communities with dignity and respect, and, as a health care professional, adhere strictly to all requirements directed at protecting patient health information, safety, and confidentiality. Furthermore, students are expected to adhere to professional boundaries. As per the National Council of State Board of Nursing (NCSBN) standards in their document on professional boundaries:

“As a health care professional, a nurse strives to inspire the confidence of clients, treat all clients and other health care providers professionally, and promote the clients’ independence. Clients can expect a nurse to act in their best interests and to respect their dignity. This means that a nurse abstains from obtaining personal gain at the client’s expense and refrains from inappropriate involvement in the client’s personal relationships.” (2007).

HARASSMENT
No form of harassment will be tolerated, including, but not limited to, disrespectful and/or abusive conduct and associated retaliatory behavior or harassment based on an individual’s status (race or ethnicity, color, religion, creed, age, national origin, gender, sexual orientation, disability, veteran status, marital/relational status, genetic background, health condition or physical attributes). All allegations of such behavior are taken seriously, investigated, and where it is determined that such behavior has occurred, the SON will take all steps it deems necessary, including but not limited to acting promptly to ensure the conduct ceases and continuing effects are eliminated.

Definitions

Harassment or physical conduct that:

1. Has the purpose or effect of creating an intimidating, hostile, or offensive educational or professional environment;
2. Has the purpose or effect of unreasonably interfering with an individual's work performance; or
3. Otherwise adversely affects an individual's educational opportunities.
Examples of harassing conduct include but are not limited to:

1. Epithets, slurs, negative stereotyping or threatening, intimidating or hostile acts that relate to race or ethnicity, color, religion, creed, age, national origin, gender, sexual orientation, disability, veteran status, marital/relational status, genetic background, health condition or physical attributes.
2. Written, electronic or graphic material that denigrates or shows hostility or aversion toward an individual or group because of race or ethnicity, color, religion, creed, age, national origin, gender, sexual orientation, disability, veteran status, marital/relational status, genetic background, health condition or physical attributes. Electronic media includes, but is not limited to social networking sites such as Facebook and Twitter.
3. Threatening or intimidating behavior or words (electronic, written or oral) directed at another person.
4. Taunting, jeering, mocking or humiliating another person through words/texts or actions.
5. Insulting someone, in any form, especially in the presence of others.
6. Screaming or yelling at or around others.
7. Endangering the safety of an individual or individuals.
8. Delivering feedback to fellow students, faculty and professional colleagues that is demeaning or offensive, and not designed to ameliorate or address a problematic incident or behavior.
9. Behaviors described in the 2014-2015 Catalog on Sexual Harassment and Sexual Assault policies.

**REASONABLE VICTIM STANDARD** - In order to determine if the alleged conduct constitutes harassment, the IHP will follow the Reasonable Victim Standard. This standard asks whether a reasonable person, in the same or similar circumstances, would find the alleged conduct intimidating, hostile or abusive, e.g. would other health care professionals of the claimant's race or ethnicity, color, religion, creed, age, national origin, gender, sexual orientation, disability, veteran status, marital/relational status, genetic background, health condition or physical attributes feel harassed or offended if the alleged conduct were directed toward them.

**Students at the IHP will also refrain from all acts of:**

**VIOLENCE AND/OR THREATS OF VIOLENCE,** defined as behavior that:

Creates an educational or professional environment that a reasonable person would find physically intimidating or threatening, violent or abusive; regardless of whether the behavior may affect a person's psychological or physical well being.

**INTIMIDATION**

Creates an educational or professional environment that a reasonable person would find psychologically intimidating or threatening, or abusive; regardless of whether the behavior may affect a person's psychological or physical well being.

Examples include but are not limited to:

1. An act of physical aggression, such as an assault or attempted assault on another student, faculty member, staff, patient or visitor.
2. Threats – Words/texts or actions that either create a perception there may be intent to harm a person or property or that result in harm or similar consequences.

**Other prohibited activity:**

1. Use or possession of explosives, firearms or other weapons on IHP property or property connected to IHP educational or professional experiences.
2. Deliberate destruction or theft of SON or IHP property, or the property of others.
3. Stalking - Willfully, maliciously and repeatedly following or harassing another student, faculty member, staff, patient or visitor, whether on or off IHP premises.
Students are to conduct themselves at all times with:

INTEGRITY, which refers to representing oneself with honesty and sound ethical principles, and includes, but is not limited to

1. Disclosing your status as a student both verbally and in documentation in clinical settings.
2. Documenting any and all information accurately on patient records.
3. Following the IHP policies on integrity found under the Conditions of Enrollment in the IHP Catalog.

SOCIAL AND PROFESSIONAL ETIQUETTE

Students are expected to:

1. Come to class on time, or enter the room with minimal disruption.
2. Treat speakers with dignity and respect.
3. Silence cell phones and other electronic devices during class.
4. Determine from each faculty member what are the acceptable boundaries of behavior or the class, Examples to inquire about include, but are not limited to:
   - Eating in class;
   - Bringing visitors to class; and
   - Rules for group process in discussion.
5. When in clinical sites students are always to remember they are guests of the site and are to behave with politeness and respect for the site’s employees and staff, and show respect for the site environment as well as possessions belonging to the site’s employees and staff.
6. Demonstrate the ability to give and receive constructive feedback.

BEHAVIOR ON SOCIAL NETWORKING SITES

The Board of Registration in Nursing (BORN) has alerted Schools of Nursing to caution students about their use of social networking sites. Such sites (including, but not limited to Facebook, My Space, Twitter) are not considered private. The BORN reminds us that employers, as well as admissions committees in graduate programs, can and do use the sites to screen candidates, make employment or admissions decisions, or as the basis to rescind offers of employment or admission to candidates whose social networking images reflect poorly on them as professionals or potential professionals.

*This Code of Professional behavior is drawn directly from the corporate policies of the Partners HealthCare System Inc. (PHS) and its affiliates, in concert with the stated policies for professional conduct from the American Nurses Association, and NCSBN on Professional Boundaries.

[Policy reviewed June 2014]
APPENDIX I

MGH INSTITUTE OF HEALTH PROFESSIONS
School of Nursing

DUTY TO REPORT

In accordance with the Massachusetts Board of Registration in Nursing (BORN) Professional Standard of Conduct governing a Nurse’s Duty to Report 224CMR 9.03(26) and the MGH IHP Substance Abuse Policy, students are expected to immediately report to a clinical instructor and/or faculty member any instances where they personally observe abuse of a patient; the practice of nursing while impaired by chemical substances including alcohol or drugs, or both; or diversion of controlled substances. Any concerns students may have about what they observe in the practice setting, particularly as it relates to patient safety, should be brought to the attention of the clinical instructor.

1. Should a student observe a nurse, nursing student, or other health provider engaged in behavior involving abuse of a patient, the student should immediately notify his or her clinical instructor.

2. Should a student observe a nurse, nursing student, or other health provider practicing while impaired by chemical substances including alcohol or drugs, or both, or engaged in diversion of controlled substances, the student should immediately notify his or her clinical instructor.

3. The clinical instructor is responsible for taking action as appropriate including investigating and reporting such student observations and concerns within the clinical setting.

4. In addition to reporting their observations to the clinical instructor, students who are licensed as Registered Nurses are expected to comply with the Nurse’s Duty to Report such observations to the BORN in accordance with 224CMR 9.03(26).

5. In addition to notifying the clinical instructor, students are encouraged to discuss any clinical situation they find troubling with their course faculty, academic advisor, or Assistant Dean.

Abuse of a patient is defined by the BORN as “…contact or communication with a patient or resident, which in any way harms or intimidates, or is likely to harm or intimidate, a patient or resident. Abuse may be verbal or non-verbal, and may cause physical, sexual, mental, or emotional harm” (EOHHS, 2000, para. 5).

Practicing while impaired “means the inability to practice nursing with reasonable judgment, skill, and safety by reason of alcohol or drug abuse, use of other substances, a physical or mental illness or condition, or by any combination of the foregoing. The duty to report does not apply to impairment resulting only from a physical or mental illness or condition” (EOHHS, 2000, para. 7).

Controlled substance means “any drug or medication requiring a prescription in Massachusetts” (EOHHS, 2000, para. 10).

Diversion means “the unauthorized removal of a controlled substance from a patient or resident supply or care setting” (EOHHS, 2000, para. 9).


[Policy adopted May 2013]
In the event of a needle stick injury to a student, the student is responsible for notifying the clinical instructor or the preceptor of the incident. Costs associated with health care services associated with a needle stick are the responsibility of the student.

The clinical instructor/preceptor advocates for the student as follows:
   a. assures that the student receives timely services and complies with the procedures in place at the organization where the needle stick occurred;
   b. assures that testing and counseling are offered to the student;
   c. reports the incident to the faculty of record;
   d. reviews the incident with the student prior to the next clinical day to assure that undue risk is avoided in the future.

The faculty of record completes an incident report for the SON. This report must include: the student name, date, time, place, organizational process, whether testing and counseling occurred.

[Updated 5/27/2011; Reviewed June 2014]
APPENDIX J

MGH INSTITUTE OF HEALTH PROFESSIONS
School of Nursing

Terminal Objectives by Program (Approved 5/30/08)

<table>
<thead>
<tr>
<th>Accelerated ABSN</th>
<th>Generalist Level</th>
<th>Advanced Practice</th>
<th>Doctor of Nursing Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td>The graduate will synthesize knowledge and theories from nursing, liberal arts, and sciences, and other disciplines that will guide implementation of nursing process in patient-centered care for individuals, families, and communities.</td>
<td>The student will synthesize knowledge and theories from nursing, liberal arts, and sciences, and other disciplines that will guide implementation of nursing process in patient-centered care for individuals, families, and communities.</td>
<td>The graduate will evaluate theories and practices in order to improve outcomes of patient-centered care provided to individuals, families, and communities.</td>
</tr>
<tr>
<td><strong>Critical Thinking</strong></td>
<td>The graduate will analyze nursing process, practice interventions, and scholarly work intended to promote, maintain, restore health, and to provide comfort and support.</td>
<td>The student will analyze nursing process, practice interventions, and scholarly work intended to promote, maintain, restore health, and to provide comfort and support.</td>
<td>The graduate will critically evaluate knowledge derived from scholarship, practice, and research for innovation in advanced nursing practice.</td>
</tr>
<tr>
<td><strong>Professional Development</strong></td>
<td>The graduate will demonstrate effective collaboration with other members of the health care team.</td>
<td>The student will demonstrate effective collaboration with other members of the health care team.</td>
<td>The graduate will participate in the leadership of health care delivery as a member of an interdisciplinary health care team.</td>
</tr>
<tr>
<td><strong>Professional Development (cont’d)</strong></td>
<td>The graduate will demonstrate accountability for personal and professional development in accordance with professional values, ethics, and standards.</td>
<td>The student will demonstrate accountability for personal and professional development in accordance with professional values, ethics, and standards.</td>
<td>The graduate will demonstrate professional leadership through scholarship and practice to affect health care policy and the development of advanced nursing practice.</td>
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