Graduate Nursing
Advanced Practice Nursing Program

Adult-Gerontology Primary Care | Family Health | Pediatric Primary Care | Psychiatric-Mental Health

Nurse Educator (MSN)

Doctor of Nursing Practice

Student Handbook

"We are fueled by intellect; driven by innovation and caring."
Welcome to the Graduate Nursing Programs at Florida International University (FIU). The Graduate Nursing programs, Masters of Science in Nursing (MSN) and Doctor of Nursing Practice (DNP) programs at FIU are accredited by the Commission on Collegiate Nursing Education (CCNE) and pride itself on its legacy of excellence in Nursing Education; designed to prepare qualified professional nurses for advanced nursing practice roles in the care and management of adults and children. The program offers nurse practitioner concentration tracks in Adult-Gerontology Primary Care, Pediatric Primary Care, Family Health, and Psychiatric-Mental Health; as well as the opportunity to complete a Nurse Educator MSN degree. Graduate certificates are also offered in all clinical concentrations and nurse educator tracks.

The Graduate Nursing Program at FIU subscribes to the notion that nurses are being entrusted with the ultimate responsibility of leading change and advancing health through the achievement of higher levels of education and the ability to practice to the full extent of their education (IOM Report, 2010). Therefore, in response to the national recommendation that all masters programs that educate advanced practice registered nurses (APRNs) to enter clinical practice should transition to the Doctor of Nursing Practice (DNP), the Graduate Nursing faculty voted and approved the transition of our MSN program to now be offered as part of the post-baccalaureate (BSN)-to-DNP program option. The post-BSN-to-DNP program at FIU provides students the opportunity to obtain both degrees, MSN and DNP, in a more streamlined manner.

FIU’s Graduate Nursing program tracks are highly competitive. Your journey will be challenging, but undoubtedly rewarding. If you are committed to advancing your leader role in the nursing profession, the Nicole Wertheim College of Nursing and Health Sciences is for you. Throughout the curriculum, you will be guided in the process of self-development to pursue excellence in professional and scholarly endeavors; fulfill your professional aspirations; and answer the national call to lead change and advance health through excellence in advanced nursing care.

FIU graduates of the APRNs program tracks are eligible to apply for national certification examination in their relevant area of clinical specialization and for state professional licensure as APRNs.

The Graduate Nursing faculty at FIU-Nicole Wertheim College of Nursing and Health Sciences commends your decision to join our program, lead change and advance health.

Sincerely,

Tatayana Maltseva, PhD, APRN, PMHNP-BC
Chair, Graduate Nursing – Advanced Nursing Practice Programs
Director, Doctor of Nursing Practice
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DESCRIPTION OF FLORIDA INTERNATIONAL UNIVERSITY

South Florida, with an estimated population of over 6.1 million people in Miami-Dade, Broward, and Palm Beach Counties in 2019, is one of the most artistically expressive, ethnically diverse, and cosmopolitan regions in the United States. As the gateway to Latin America and the Caribbean, it is a global center for trade, finance, manufacturing, tourism, and health care.

In this milieu, Florida International University (FIU) was chartered by the Florida Legislature in 1965 to offer upper division and graduate programs. FIU opened its doors in 1972 to the largest opening-day enrollment in the history of American higher education. Initially a two-year upper-division school with limited graduate programs, FIU added lower-division classes in 1981 and received authority to begin offering degree programs at the doctoral level in 1984. The University has two main campuses, the 344-acre Modesto A. Maidique Campus (MMC) in western Miami-Dade County, and the 200-acre Biscayne Bay Campus (BBC) in northeast Miami-Dade County.

Committed to both high quality and access, FIU meets the educational needs of full-time and part-time undergraduate and graduate students, and lifelong learners. Reflecting the vibrant ethnic diversity of South Florida, FIU students are 61% Hispanic, 15% White Non-Hispanic, 13 % Black, 4% Asian/Pacific Islander, and 7% other minority groups.

FIU is a public research university offering a broad array of undergraduate, graduate, and professional programs in carrying out the University’s mission of “high-quality teaching, state-of-the-art research and creative activity, and collaborative engagement with our local and global communities” in twelve colleges and schools: College of Architecture and the Arts, College of Arts and Sciences, College of Business Administration, College of Education, College of Engineering and Computing, College of Law, Herbert Wertheim College of Medicine, Nicole Wertheim College of Nursing and Health Sciences, Chaplin School of Hospitality and Tourism Management, School of Journalism and Mass Communication, Honors College, and the Robert Stempel College of Public Health and Social Work. For a ninth consecutive year, FIU has retained the top tier Carnegie Classifications of Institutions of Higher Education category for doctoral research universities – R1: Doctoral University – Highest Research Activity.

Through these colleges and schools, FIU offers more than 180 bachelor, masters, and doctoral degree programs and conducts basic and applied research. Interdisciplinary centers and institutes conduct collaborative research to seek innovative solutions to economic, technological, and social problems. Numerous programs are also offered at off-campus locations and online. With a fall 2019 student body of nearly 54,000, more than 2,000 full-time instructional and research faculty, and over 15,000 degrees awarded annually, FIU is the largest university in South Florida and one of the top 10 largest public universities in the nation. More than 115,000 FIU alumni live and work in South Florida.

Ninety-nine percent of FIU full-time tenured or tenure-track instructional faculty members hold doctorates or the highest degree attainable in their fields. FIU is the only urban public university in the state chartered with a Phi Beta Kappa chapter, the nation’s oldest scholarly honorary society. The Carnegie Foundation for the Advancement of Teaching classifies FIU as a Research Extensive University.

All academic programs of the University are approved by the Florida Board of Governors and the FIU Board of Trustees. The University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS) to award bachelor, masters, and doctoral degrees. SACS reaffirmed FIU’s accreditation in 2010. Degree programs at FIU are accredited or approved by the appropriate specialized accreditation agency.
On August 28, 2009, Florida International University’s fifth president, Mark B. Rosenberg, took the oath of office. Dr. Rosenberg is former chancellor of the State University System of Florida and the first FIU faculty member to ascend to the presidency of the University. A political scientist specializing in Latin America, Dr. Rosenberg is the first FIU faculty member to ascend to the university’s presidency. Within Miami-Dade County, Dr. Rosenberg was the 109th Chair of the Greater Miami Chamber of Commerce (GMCC), one of Florida’s leading business associations; and also served a 5-year term as Chair of the Academic Leaders Council (ALC) for the Beacon Council, Miami-Dade County’s official economic development organization. He serves on the Board of Directors of City National Bank of Florida and is active in a variety of other civic organizations, including the Holocaust Memorial Miami Beach, Florida Council of 100, and the United Way of Miami-Dade County.
DESCRIPTION OF THE NICOLE WERTHEIM COLLEGE OF NURSING AND HEALTH SCIENCES

The academic nursing programs are located in the College of Nursing and Health Sciences (NWCNHS) and are housed on the Modesto A. Maidique Campus (MMC) in the Academic Health Center 3 Building, and on the Biscayne Bay Campus (BBC) in the Academic 2 Building. The College’s baccalaureate, masters, and Doctor of Nursing practice degree programs are fully accredited by the Commission on Collegiate Nursing Education, the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs and are approved by the Florida Board of Nursing.

A broad range of nursing degree programs are currently offered by the College and include a baccalaureate degree in nursing, a master’s in nursing degree, a Doctor of Nursing practice degree, and a Doctor of Philosophy degree in nursing. The nursing unit holds institutional memberships in the American Association of Colleges of Nursing (AACN), the National League for Nursing (NLN), the Southern Collegiate Council of Nursing of the Southern Regional Education Board, the Florida Nurses Association (FNA), the Nursing Shortage Consortium of South Florida, and the South Florida Hospital and Health Care Association.

History
Nursing was present on the FIU campus from 1972 to 1978 when a RN-BSN degree was offered through the School of Health and Social Work. In 1982 the School of Nursing was established at BBC as an autonomous upper division unit through start-up funds provided by nine Miami hospitals. These health care organizations were concerned about the acute nursing shortage and were interested in contributing to baccalaureate education for qualified men and women who could assume beginning leadership positions in health care in the rapidly growing south Florida region.

During 1997, the School of Nursing merged with the College of Health to create a new academic unit, the College of Health Sciences. The College of Health Sciences included the School of Nursing and the Departments of Physical Therapy, Occupational Therapy, Dietetics and Nutrition, Medical Laboratory Sciences, Public Health, Health Information Management, and Speech-Language Pathology. The rationale for the merger was to enhance one of the University’s strategic themes, Health, through the consolidation of the health professions programs and development of interdisciplinary education and research.

During 1999, the College of Health Sciences merged with another academic unit, the College of Urban and Public Affairs, which gave rise to a new college, the College of Health and Urban Affairs (CHUA). CHUA included four schools: School of Nursing; School of Health; School of Social Work; and the School of Policy and Management. The purpose of the restructuring was to consolidate the health-related fields in one college and to enhance interdisciplinary education and research in these areas. Dr. Ronald Berkman was appointed Executive Dean of the College and Dr. Divina Grossman was appointed Dean of the School of Nursing.

In December 2004, the School of Nursing joined its sister schools in CHUA by relocating from the BBC to a newly constructed Health and Life Sciences 2 building at the MMC, a distance of approximately 20 miles. The move to the MMC was part of an overall strategy to locate nursing with other health related units in the context of the proposed medical school and the development of the academic health sciences complex. The new building provided nursing classrooms, teaching laboratories, offices, and research space. To provide for expansion, the School retained offices, classrooms, and laboratories at the BBC.

On October 1, 2006 the School of Nursing was transformed to the College of Nursing and Health Sciences (NWCNHS) when CHUA was disaggregated into three (3) autonomous units: the NWCNHS, the College of Social Work, Justice, and Public Affairs, and the Stempel School of Public Health. The NWCNHS included
Nursing and the Departments of Physical Therapy, Occupational Therapy, Health Information Management, Health Sciences, Communication Sciences and Disorders, and Athletic Training. The disaggregation provided autonomy for the educational units as they sought accreditation or re-accreditation from their professional agencies and laid the foundation for the future health sciences complex. Dr. Divina Grossman was appointed Dean of the NWCNHS and reported to the Provost.

In August 2006, as part of FIU’s Strategic Initiatives, a baccalaureate of science in nursing (BSN) program (the foreign-educated physician to BSN track) was re-established at the BBC. In December 2006, University administrators announced that a new NWCNHS building would be erected on the MMC. The $47 million 113,000 sq. ft. building would house the College’s combined disciplines that were scattered throughout two buildings and rapidly outgrowing them. The NWCNHS building (AHC 3), completed in December 2009, became part of the academic health sciences complex envisioned at the MMC.

In 2009, the University-wide budget cutting process required a feasibility review of all NWCNHS programs and tracks. Two College departments (Health Information Management and Health Sciences) were phased out as a result of the review. NWCNHS expansion re-occurred in 2011 with the assimilation of Health Services Administration, a baccalaureate level program previously housed in the Stempel College of Public Health and Social Work. In February 2010, NWCNHS Dean Divina Grossman was promoted to Vice-President of Engagement at FIU; Dr. Sharon Pontious was appointed Interim Dean until July 1, 2011 when Dr. Ora Strickland was appointed NWCNHS Dean.

In 2013, Dr. Herbert Wertheim demonstrated his commitment and confidence in the FIU College of Nursing and Health Science’s visionary strategic and business plans by commemorating his wife's birthday and their 44th wedding anniversary with a $10 million investment to name the College in honor of his beloved wife. Dr. Ora Strickland, Dean of The $10 million naming gift from Dr. Herbert and Nicole Wertheim established endowed faculty chairs, student scholarships and incentive programs for faculty recruitment, enhancement and teaching innovation as vital to the mission and to strengthening our standing as a top national academic institution.

The current NWCNHS consists of the Nursing Unit as well as Departments of Physical Therapy, Occupational Therapy, Communication Sciences and Disorders, Athletic Training, and Health Services Administration. All NWCNHS academic departments are administered by Chairs.

**Master of Science in Nursing (MSN) Program**

The Master of Science in Nursing (MSN) Program was approved by the Board of Regents in 1992. The National League for Nursing Accrediting Commission granted initial accreditation in 1993. The MSN Program offers nurse practitioner specialty tracks in Adult-Gerontology Primary Care, Pediatric Primary Care, Family Health, and Psychiatric-Mental Health. Effective Fall 2018 the MSN program will also offer a Nurse Educator specialty track. Graduates of the program are qualified to apply for certification examinations in their specialty areas. Nurse practitioner graduates who pass nationally certification examinations meet criteria to apply for advanced practice registered nurse (APRN) licensure through the Florida Board of Nursing. Post-graduate certificates in adult-gerontology primary care, family health, pediatric primary care, psychiatric-mental health, and nursing education are also offered. Graduates of the MSN program are eligible for doctoral level studies. The MSN program at Florida International University is accredited by the Commission on Collegiate Nursing Education, (CCNE), 655 K Street, NW, Suite 750, Washington, DC 20001, 202-887-6791.
**Doctor of Nursing Practice (DNP) Program**

The Doctor of Nursing Practice (DNP) Program was approved for implementation by the FIU Board of Trustees and Florida Board of Governors in 2010. The DNP Program offers a post-masters plan of study for the registered nurse with specialty preparation in advanced clinical nursing practice (nurse practitioners, nurse anesthetists, nurse midwives); post-BSN to MSN/DNP (adult-gerontology primary care, family health, pediatric primary care, psychiatric-mental health tracks) option, and a post-BSN to DNP (nurse anesthetist) option. The DNP program at Florida International University is accredited by the Commission on Collegiate Nursing Education, (CCNE), 655 K Street, NW, Suite 750, Washington, DC 20001, 202-887-6791.

**Doctor of Philosophy in Nursing (PhD) Program**

The Doctor of Philosophy in Nursing (PhD) Program was approved by the Florida Board of Governors in 2003. The program’s purpose is to develop individuals who will be leaders and educators in generating and applying the science needed to guide nursing practice. Graduates have the knowledge and skills to conduct research in the health care field, and direct and guide application of other evidence-based health care findings to improve the health of people from diverse cultures and underserved populations. In 2009 a BSN-PhD track was added for students who demonstrate outstanding academic accomplishment in their undergraduate courses.
MSN Program Purposes

The purpose of the MSN program is to prepare graduates for advanced practice nursing roles in clinical practice, education, scholarship, research, and leadership.

MSN Program Objectives

The objectives of the MSN program are to prepare graduates as:

1. Leaders, educators, practitioners, researchers, and change agents in the delivery of high-quality, accessible, culturally competent healthcare in local and global societies.

2. Professional advanced practice nurses who use communication, interprofessional collaboration, and synthesis of evidence-based practice, scholarship, and research in the delivery of health care for local and global societies.

3. Facilitators and leaders of interprofessional health care teams who use an understanding of organizational systems and the environment and are able to integrate care services and health care policy across local and global societies.

4. Critical thinkers who actively and skillfully utilize ethical principles into the translation of evidence into safe, affordable, accessible, innovative, quality care.

5. Advanced practice nurses who deliver patient and family centered holistic care using knowledge of basic sciences including genetics/genomics, preventive health, and advances in health technology.

6. Advanced practice nurses who analyze, influence, and develop health policy that promotes access and delivery of high-quality healthcare to diverse populations, underserved, and vulnerable populations across the lifespan.
DNP PROGRAM PURPOSE AND OBJECTIVES

DNP Program Purpose

The purpose of the DNP program at FIU is to prepare advanced practice clinical nurses at the highest level. This is in full compliance with the American Association of Colleges of Nurses endorsement of the DNP as the terminal professional degree for all nurses seeking advanced practice roles in clinical, educational, or leadership settings. The program is designed to be in full compliance with the DNP essentials and DNP competencies.

DNP Program Objectives:

The DNP program prepares the graduate to:

1. Demonstrate advanced levels of clinical practice, judgment, and scholarship in nursing based on scientific knowledge underpinning practice.

2. Implement analytical methodologies for the evaluation and formulation of health care policies and practices for the clinical situations, practice environment, and the health care delivery system.

3. Integrate the application of scientific evidence, professional values, and ethical decision-making in advanced nursing practice and health care delivery.

4. Access, utilize, manage, and safeguard state-of-the-science information technology and health care informatics systems for care delivery, systems operations and quality improvement.

5. Evaluate and translate research to support evidence-based practice to improve health care outcomes of medically, socially, and culturally diverse populations across the life span.

6. Collaborate with interdisciplinary teams in the delivery, evaluation, and quality improvement of health care, health promotion, disease prevention, practice models and health policy for individuals, communities as well as populations.

7. Analyze the scientific, social, ethical, economic, political, legal and policy components of health care systems which impact health care planning, access, and delivery.

8. Assume leadership roles in the development of excellence in clinical care and health care delivery systems through advanced nursing roles in clinical practice, education, or management settings.

The Post-BSN DNP Nurse Anesthetist option has specific educational objectives and outcome criteria consistent with the requirements of its accrediting agency (Council on Accreditation of Nurse Anesthesia Educational Programs [COA] and the Florida Nurse Practice Act. For further information regarding the Post-BSN DNP Nurse Anesthetist program, it is available in the nurse anesthesia student handbook.


COMPARISON OF THE DNP AND PhD PROGRAM

The primary focus of the PhD program is nursing research. The PhD is a research degree prepares nurse scientists and leaders in academia and health care systems. Graduates develop new knowledge for the science and practice of nursing and are leaders in generating and applying science needed to improve health care and inform and guide health policy. Graduates conduct research to improve the health of people from diverse cultures. Graduates develop and lead research teams of nurses, physicians, and members of other health care disciplines. Candidates who want to pursue a degree in nursing research should consider this option.

The primary focus of the DNP program is nursing practice. The DNP is a practice degree that prepares nurses for leadership roles in a specialized area of advanced nursing practice with an emphasis on: philosophical, ethical, and scientific principles that provide the foundation for leadership in professional nursing care; continued acquisition of knowledge and clinical skills in an area of advanced practice specialization; and leadership and clinical expertise in healthcare delivery, evaluation, quality improvement, and advanced practice nursing education.

Features of DNP and PhD at FIU

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<td>Nursing Practice</td>
<td>Nursing Research</td>
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<td>To prepare nurses for leadership roles in a specialized area of advanced nursing practice with an emphasis on philosophical, ethical, and scientific principles that provide the foundation for leadership in professional nursing care; continued acquisition of knowledge and clinical skills in an area of advanced practice specialization; and leadership and clinical expertise in healthcare delivery, evaluation, quality improvement, and advanced practice nursing education</td>
<td>To prepare nurse scientists, researchers, and leaders in academia and health care systems. Graduates develop new knowledge for the science and practice of nursing and are leaders in generating and applying science needed to improve health care and inform and guide health policy. Graduates conduct research to improve the health of people from diverse cultures. Graduates develop and lead research teams of nurses, physicians, and members of other health care disciplines.</td>
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<td><strong>Some Employment Opportunities Post Graduation</strong></td>
<td>Clinical Educators, Health care administration, clinical nurse faculty</td>
<td>Nurse scientist/researcher, educator, scholar and leader in academic, health care, and political systems</td>
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<td><strong>Core Courses</strong></td>
<td>Translational Research, Health Policy, Quality Improvement,</td>
<td>Advanced Research Methods Statistics, Grantsmanship, Quantitative and Qualitative</td>
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<td>Clinical Hours Required</td>
<td>540</td>
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| Point of entry         | A. Post master's in advanced nursing practice (Family, Adult, Pediatric Nurse Practitioner, Psychiatric-Mental Health, or Nurse Anesthetist)  
B. Post BSN | BSN or MSN (or related master's degree) |
| Program Length         | 2 Years (6 semesters) | 3 to 5 years |
| Credits Required       | 36  | BSN-PhD – 88 Credits  
MSN-PhD – 61 Credits |
| Curriculum Focus       | Translation of evidence to practice, transformation of health care, Health care leadership, and Advanced Specialty Practice | Design and conduct rigorous research using advanced research methodology to address the health of the nation through the conduct of clinical research, dissemination of research findings through publications, and national and international presentations. Students develop a program of research based on advanced knowledge in their area of expertise. |
| GRE Required           | Yes (applicable if admission G.P.A is less than 3.0). Otherwise, GRE is not required if admission G.P.A. is 3.0 and above. | Yes |

* The BSN to PhD program does require clinical hours for the completion of clinical specialty which will vary
MSN ESSENTIALS

The Essentials of Master’s Education in Nursing [Online]. Available from: [http://www.aacnnursing.org/Portals/42/Publications/MastersEssentials11.pdf](http://www.aacnnursing.org/Portals/42/Publications/MastersEssentials11.pdf) guide the preparation of graduates for diverse areas of practice in any healthcare setting. The MSN Program at Florida International University was designed to meet these nine Essentials.

1. Background for Practice from Sciences and Humanities
2. Organizational and Systems Leadership
3. Quality Improvement and Safety
4. Translating and Integrating Scholarship into Practice
5. Informatics and Healthcare Technologies
6. Health Policy and Advocacy
7. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
8. Clinical Prevention and Population Health for Improving Health
9. Master’s-Level Nursing Practice


DNP ESSENTIALS

The Essentials of Doctoral Education for Advanced Nursing Practice [Online]. Available from: [http://www.aacn.nche.edu/dnp/pdf/essentials.pdf](http://www.aacn.nche.edu/dnp/pdf/essentials.pdf), provide eight fundamental areas of emphasis for DNP programs and serve as a basis for accreditation of programs. The DNP Program at Florida International University was designed to meet these Essentials:

1. Scientific Underpinnings for Practice
2. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
3. Clinical Scholarship and Analytical Methods for Evidence Based Practice
4. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
5. Health Care Policy for Advocacy in Health Care
6. Inter-professional Collaboration for Improving Patient and Population Health Outcomes
7. Clinical Prevention and Population Health for Improving the Nation’s Health
8. Advanced Nursing Practice

COMMUNICATION & COLLABORATION. (Pervasive Thread). Communication is the process by which information, ideas, beliefs, values, and feelings are interchanged. Communication involves symbols, such as written words, gestures, images, and spoken language. Communication is influenced by inherent capacities, socio-cultural background, environment, attitudes, past experiences, knowledge of subject matter, and ability to relate to others. Communication is also affected by technological advances in health care. Communication is inherent in collaboration and requires critical thinking skills.

Collaboration is the process of making and carrying out decisions with other people regarding health care and research in a caring context. Knowledge of health-care systems includes an understanding of the organization and environment in which nursing and health care is provided. Collaborative leadership is a set of skills to accomplish both individual and collective goals. Collaborative leaders must be excellent communicators of a clear vision based in theories of change and understanding of health care dynamics. Effective communication and collaboration are the foundation for developing therapeutic relationships for the purpose of providing patient care, conducting research, and collaborating with members of teams and communities at local, regional, national, and global levels.

CULTURAL COMPETENCE. (Pervasive Thread). Cultural competence is the integration of knowledge, behaviors, skills, and attitudes required to provide quality health care and conduct research with people from different cultures, transcending national boundaries. Cultural competence involves tailoring health care delivery to meet patients’ ecological, biosocial, cultural and linguistic needs in an effort to improve outcomes and eliminate disparities in healthcare. Cultural competence includes being able to recognize and respond to patient population health-related beliefs and values, disease incidence and prevalence, genetics and treatment outcomes. Cultural competence may be viewed as a process by which the healthcare professionals continually engage in self-evaluation and strive to effectively work within the cultural context of the individual, family, population, and/or community.

DECISION MAKING PROCESS. (Pervasive Thread). The decision-making process is the formulation and revision of conclusions based on knowledge acquired. The decision-making process requires reflective thought, interdisciplinary focus, global perspective, use of technology, ethical/legal considerations, and comfort with ambiguity. Critical thinking entails the acquisition of knowledge with the intent of deliberate inquiry and involves understanding of different alternatives before making decisions. The decision-making process is influenced by many factors such as: patterns and similarity recognition, sense of importance of the facts, common-sense understanding, skilled “know-how” and deliberate rationality. Decision making process outcomes incorporate scientific evidence, patient culture, values and preferences, and clinical expertise.

ETHICS. (Pervasive Thread). Ethics is a set of shared values or principles that govern the way nurses interact with patients, families and other health professionals. A Code of Ethics makes explicit the primary goals, values, and obligations of a profession. Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession, but also to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive.

EVIDENCE-BASED PRACTICE, SCHOLARSHIP & RESEARCH. (Vertical Thread). Professional nursing is grounded in the application of evidence from research, expert panels, opinion leaders, research-based theories, clinical expertise, assessment data (including preferences and cultural values), and healthcare data. Basing practice on evidence from a number of sources improves outcomes in practice, education, administration, and research at local regional, and national, global levels. Professional nurses participate in
the scholarship of discovery, application, integration, and teaching. Professional nurses are committed to evaluating, creating, conducting, and communicating research findings.

**GENOMICS.** *Pervasive Thread.* Genetics refers to the study of individual genes and their impact on single gene conditions while genomics examines all genes together and how they interact with each other, the environment, cultural, psychosocial and other factors. The study of genomics assists nurses and other health care practitioners and researchers to find better ways to promote health and prevent and treat disease in individuals, families, populations and communities.

**GLOBALIZATION.** *Pervasive Thread.* Globalization is the system of interaction among the peoples, communities, and countries of the world. Globalization of health requires the dissemination of knowledge and the use of best evidence to impact policies and improve world health in a manner that transcends allcultural, economic, environmental, political, and social boundaries. The professional nurse utilizes an integrative, cross-disciplinary approach to effectively address health care disparities and reduce the overall burden of disease.

**GLOBAL HEALTH SYSTEMS.** *Vertical Thread.* Global health systems encompass the personnel, institutions, commodities, information, financing, and governance strategies that support universal delivery of health promotion and preventative services in a fair and equitable manner, responding to people’s needs and expectations. Global health systems define the administration of health care in terms of market incentives, health impact, consumer satisfaction, and performance monitoring.

**HEALTH/ ILLNESS MANAGEMENT.** *Vertical Thread.* Health/illness management includes a scope of services across the health/illness continuum. Nursing practice includes management of health promotion, risk reduction/illness/injury prevention, health maintenance, health restoration, rehabilitation, palliative and end of life care for diverse individuals, families, groups, and vulnerable populations. Optimal health/illness management requires nurses to apply and synthesize knowledge, skills, behaviors, and attitudes to make decisions, develop strategies, and design integrative plans of care. Health/illness management principles and guidelines are developed from nursing and interdisciplinary research. Health/illness management starts at the undergraduate level and builds at the graduate and doctoral level with increasing depth and breadth of knowledge, synthesis of data, complexity of skills and interventions, and role autonomy.

**PROFESSIONAL NURSING.** *Vertical Thread.* Professional nurses use a well-delineated and broad knowledge base for practice. Inherent in professional nursing is an understanding of the historical, legal, empirical, and contemporary context of research and evidence-based practice. Professional nursing requires strong critical reasoning, clinical judgment, communication, collaboration, and assessment skills. Professional nursing also requires the development and demonstration of a set of core values and principles, an ethical framework for practice, and involves accountability for one’s self and nursing practice within the parameters of professional regulation, competencies and scope of practice. Professional nurses are advocates for high quality care and are knowledgeable and active in the policy processes defining healthcare delivery systems. The professional nurse is committed to lifelong learning and continuous professional engagement, including graduate level of study. Professional nurses have advanced knowledge and clinical expertise necessary to promote health, provide care, educate, advocate, consult, and collaborate as well as facilitate change and provide organizational leadership. Professional nurses use and/or create knowledge through research.

**QUALITY & SAFETY.** *Pervasive Thread.* Quality represents the desired health outcomes that are consistent with current professional knowledge. Quality care uses data to monitor the outcomes of care processes and uses improvement methods to design and test changes to continuously improve the quality and safety of health care systems. Quality care is safe, effective, patient centered, timely, efficient, and equitable. Nursing
focuses on the achievement of appropriate self-care, demonstration of health promoting behaviors, health-related quality of life, perception of being well cared for, and symptom management based on criteria as positive health outcomes. Patient safety is a critical component of high-quality health care. Safety minimizes risk of harm to patients and providers through both system effectiveness and individual performance. Nurses integrate quality aspects into patient safety and are a pivotal component in the integration of nursing care and the care provided by other members of the health team and health system.

TECHNOLOGY. (Pervasive Thread). Technology encompasses tools that are intended to enhance clinical practice and include, but are not limited to, computers, web based applications, decision support systems, monitors, data gathering devices, and other technological supports for patient care interventions and knowledge development. Knowledge and skills in information and patient care technology are critical in preparing nursing graduates to deliver quality patient care in a variety of healthcare settings.

SOURCES:
The organizing curriculum framework for the MSN program is derived from the mission, vision, and goals of the Nursing Unit and the purposes and objectives of the MSN program. The MSN organizing curriculum framework builds upon a common global concept schematically depicted as a “globe.” The MSN curriculum framework is founded on the knowledge base and advances the organizing processes (vertical and pervasive threads) of the BSN curriculum on the “globe.” The organizing curriculum framework for the MSN program is divided into two (2) major components: CORE KNOWLEDGE and POPULATION/SPECIALIZATION. These two components include 1) four vertical organizing threads (Global Health Systems, Health/Illness Management, Evidence-Based Practice, Scholarship & Research, and Professional Nursing); and 2) seven pervasive organizing threads (Genomics, Communication & Collaboration, Quality & Safety, Technology, Globalization, Decision Making Process, Ethics, and Cultural Competence).

The vertical organizing threads depicted within the globe (Global Health Systems, Health/Illness Management, Evidence Based Practice, Scholarship & Research and Professional Nursing) are articulated in logical progression and toward increased complexity from the BSN and through the MSN curriculum, providing depth and breadth to the curriculum. The pervasive organizing threads of the framework depicted surrounding the globe (Genomics, Communication and Collaboration, Quality & Safety, Technology, Globalization, Decision Making Process, Ethics, and Cultural Competence) are integrated throughout the curriculum.

Students advance through each of the two major components of the MSN curriculum as programs of study are completed. Courses within the two components are delineated as 1) CORE KNOWLEDGE and 2) POPULATION/SPECIALIZATION courses. CORE KNOWLEDGE courses are taken by all MSN students regardless of population focus or specialization. POPULATION/SPECIALIZATION courses are dependent on which population or specialization the student has chosen to pursue. (NOTE: The tracks for advanced psychiatric-mental health nursing and nursing administration are currently on moratorium for admissions).

**Vertical Organizing Threads**

The vertical organizing threads of the framework include Global Health Systems, Health/Illness Management, Evidence Based Practice, Scholarship & Research and Professional Nursing. These organizing threads are articulated through logical progression and toward increased complexity in the MSN curriculum. These vertical threads reflect the mission, vision, and goals of the Nursing Unit and the purposes and objectives of the MSN program.

**Global Health Systems**

The vision of the Nursing Unit is to prepare graduates who will be globally recognized for their contribution in health care, education, leadership and research with a focus on the needs of the underserved populations. MSN graduates will be prepared as facilitators in designing inter-professional healthcare teams, who use an understanding of organization and environment, and are able to integrate care services across global health systems.

MSN students acquire foundational knowledge in global health systems in the CORE KNOWLEDGE component course: NGR 5131 Culture in Advanced Nursing Practice. For the POPULATION/SPECIALIZATION component, MSN students select one of the following clinical populations: advanced adult-gerontology health, advanced child health, advanced family health, or anesthesiology.
nursing. Progress in knowledge and skills in global health systems is provided in the following courses:

**For nurse practitioner students:**

- NGR 6201C/L Advanced Adult-Gerontology Nursing I/PR; NGR 6202C/L Advanced Adult-Gerontology Health Nursing II/PR; NGR 6209 Clinical Decision making in Advanced Adult-Gerontology Nursing; and NGR 6700L Role Synthesis in Advanced Adult-Gerontology Nursing.
- NGR 6301C/L Advanced Child Health Nursing I/PR; NGR 6302C Advanced Child Health Nursing II/PR; and NGR 6337L Role Synthesis in Advanced Child Health Nursing;
- NGR 6503C/L Advanced Psychiatric-Mental Health Nursing I/Practicum & NGR 6504C/L Advanced Psychiatric-Mental Health Nursing II/Practicum; and NGR 6560L Role Synthesis in Advanced Psychiatric-Mental Health Nursing.
- NGR 6601C/L Advanced Family Health Nursing I/Practicum & NGR 6602C/L Advanced Family Health Nursing II/Practicum; and NGR 6619L Role Synthesis in Advanced Family Health Nursing.

**Health/illness Management**

A goal of the NWCNHS nursing unit is to prepare graduates who will be able to collaborate with local, national, and international health care agencies in promoting excellence through cost effective, accessible, equitable and humanistic health care delivery systems for divergent individuals, families and communities. MSN graduates will be prepared as professional advanced practice nurses who use communication, collaboration, and synthesis of evidence-based practice, scholarship, and research in the delivery of health care for global health systems.

MSN students acquire foundational knowledge in the health-illness management continuum in the CORE KNOWLEDGE component courses: NGR 5141 Pathophysiologic Basis for ANP; NGR 6172 Pharmacological Concepts in ANP; and NGR 6002 C Advanced Client Assessment. For the POPULATION/SPECIALIZATION component, MSN students select one of the following clinical populations: advanced adult-gerontology health, advanced child health, advanced family health, or anesthesiology nursing. Progress in knowledge and skills in health-illness management is provided in the following courses:

**For nurse practitioner students:**

- See courses under Global Health Systems

**Evidence-Based Practice, Scholarship & Research**

A goal of the NWCNHS nursing unit is to prepare nursing graduates to promote, expand and validate the scientific base of nursing knowledge and practice through the discovery, organization and transmission of research-based knowledge, skills and values. MSN graduates will be prepared as critical thinkers who use scientific evidence, patient culture, values, and preferences to investigate clinical problems and translate evidence into safe, cost effective innovative practice that adheres to the ethical tradition of nursing. These scholarly endeavors will provide a foundation MSN graduates to pursue post-master's study.

MSN students acquire foundational knowledge in evidence-based practice, scholarship and research in the CORE KNOWLEDGE component courses: NGR 5110 Theories in Nursing and NGR 5810 Research Methods in Nursing. Students work with faculty conducting research in the research project course: NGR 6910C Research Project. In the POPULATION/SPECIALIZATION component, MSN students select one of the following clinical populations: Adult-Gerontology Primary Care Nurse Practitioner, Family Health Nurse Practitioner, Pediatric Primary Care Nurse Practitioner, Psychiatric-Mental Health Nurse Practitioner.
For nurse practitioner students:

- See courses under Global Health Systems

Professional Nursing
A goal of the NWCNHS nursing unit is to prepare graduates for leadership roles in basic and advanced professional nursing practice in a rapidly changing, multicultural, multiethnic, global environment. The purpose of the MS program is to prepare graduates for advanced nursing roles in practice, education, research, and leadership. MSN graduates will be prepared to be leaders and change agents in the delivery of high quality, accessible, culturally competent health care in a global society.

MSN students are introduced to and acquire knowledge for developing an understanding of the roles of the advanced practice nurse within the context of professional nursing in the CORE KNOWLEDGE component courses of NGR 5141 Pathophysiologic Basis for ANP; NGR 6172 Pharmacological Concepts in ANP; NGR 6002 Advanced Client Assessment; NGR 5110 Theories in Nursing; NGR 5810 Research Methods in Nursing and NGR 6910C Research Project. In the POPULATION/SPECIALIZATION component, MSN students select one of the following clinical populations: advanced adult-gerontology, advanced child health, advanced family health, advanced psychiatric-mental health or anesthesiology nursing. Progress in knowledge and skills in understanding the role of the advanced practice nurse and the ability to apply this knowledge in an advanced practice role is further developed in the following courses:

For nurse practitioner students:

- See courses under Global Health Systems

Pervasive Organizing Threads
The pervasive organizing threads of the framework include Genomics, Communication and Collaboration, Quality & Safety, Technology, Globalization, Decision Making Process, Ethics, and Cultural Competence. These organizing threads are integrated throughout the curriculum and are found throughout course objectives in all components of the programs of study.

MSN Curriculum Components & Plan
Students advance through each of the two major components of the MSN curriculum as programs of study are completed. Courses within the two components are delineated as 1) CORE KNOWLEDGE and 2) POPULATION/SPECIALIZATION courses. CORE KNOWLEDGE courses are taken by all MSN students regardless of population focus or specialization. POPULATION/SPECIALIZATION courses are dependent on which population or specialization the student has chosen to pursue.

Allocation for course credits is based on the University formula. The ratio of credit to contact hour for theory courses is 1:1. The ratio of credit to contact hour for laboratory courses is 1:2. The ratio of credit to contact hour for clinical courses is 1:5. This ratio assures the level of learning achievement and compliance with
regulatory requirements necessary for the competent role performance of the MSN graduate. Therefore, the advanced adult-gerontology health, advanced child health, and advanced psychiatric-mental health NP students complete a minimum of 630 hours of clinical practice. Advanced family health nurse practitioner students complete a minimum of 770 hours of clinical practice. Anesthesiology nursing students complete a minimum of 3,240 hours in clinical practice as required by the Council on Accreditation of Nurse Anesthesia Educational Programs.

CORE KNOWLEDGE Component
The CORE KNOWLEDGE component required of all MSN students consists of seven (7) courses of three (3) credits each (21 total credits): NGR 5110 (Theories in Nursing); NGR 5035C (Advanced Client Assessment); NGR 5141 (Pathophysiological Basis of Advanced Nursing Practice); NGR 6172 (Pharmacological Concepts in Advanced Nursing Practice); NGR 5131 (Culture and Advanced Nursing Practice); NGR 5810 (Research Methods in Nursing and NGR 6910C Research Project). These courses are completed within the prescribed plan of study for each specialty track. NGR 6538 Psychopharmacology for Advanced Practice Nursing is a core knowledge required course for psychiatric mental health NP program.

POPULATION/SPECIALIZATION Component
In the POPULATION/SPECIALIZATION component, students select one of four clinical domains of specialization: Advanced Adult-Gerontology Health, Advanced Child Health, Advanced Family Health, or Anesthesiology Nursing. Students utilize and develop their knowledge and skills in one or more clinic settings under the supervision of a nurse practitioner or physician preceptor or certified registered nurse anesthetist (CRNA).

For nurse practitioner students:
Students in advanced adult, psychiatric, or child programs are awarded three (3) credits for each clinical related course. Students in the advanced family track are awarded four (4) credits for each clinical related course to allow for the added lifespan of practice experience required of these practitioners. Clinical decision-making courses are three (3) credit courses. For all NP tracks, the Role Synthesis course is a four (4) credit course composed of one theory credit and three clinical credit hours.

Advanced Adult-Gerontology Nursing students complete NGR 6201C/6201L Advanced Adult-Gerontology Nursing I Theory/Practicum followed by NGR 6202C/6202L Advanced Adult-Gerontology Nursing II Theory/Practicum, and finally NGR 6700L Role Synthesis in Advanced Adult-Gerontology Practice and NGR 6209 Clinical Decision Making in Adult-Gerontology Nursing.

Advanced Pediatric Health Nursing students complete NGR 6301C/6301L Advanced Child Health Nursing I Theory/Practicum followed by NGR 6302C/6302L Advanced Child Health Nursing II Theory/Practicum, and finally NGR 6337L Role Synthesis in Advanced Child Practice and NGR 6337C Clinical Decision Making in Child Health Nursing.

Advanced Family Health Nursing students complete NGR 6601C/6601L Advanced Family Health Nursing I Theory/Practicum followed by NGR 6602C/6602L Advanced Family Health Nursing II Theory/Practicum, and NGR 6619L Role Synthesis in Advanced Family Practice and NGR 6748 Clinical Decision Making in Family Health Nursing.

Advanced Psychiatric-Mental Health Nursing students complete NGR 6503C/6503L Advanced Psychiatric-Mental Health Nursing I Theory/Practicum followed by NGR 6504C/6504L Advanced Psychiatric-
Mental Health Nursing II Theory/Practicum, and finally NGR 6505L Role Synthesis in Advanced Psychiatric-Mental Health Practice and NGR 6560 Clinical Decision Making in Psychiatric-Mental Health Nursing.

Master of Science in Nursing Nurse Educator students complete NGR 6713 Curriculum Development in Nursing, followed by NGR 6715 Instructional Technology in Nursing and Health Sciences, NGR 6714C Clinical Teaching Strategies for Nursing, NGR 6708C Classroom Teaching Strategies for Nursing, and NGR 6718 Testing and Evaluation in Nursing Education. Successful completion of this track consists of 37 credit hours of which 280 practicum hours are in classroom/clinical teaching experience/seminar.

**RN-MSN-BSN**

In 2008, the graduate entry was extended to all applicants to the MSN program; the “bridge” option had existed since 2001 for the Anesthesiology Nursing track. RN applicants with a baccalaureate degree other than nursing can apply to the MSN program; however, these applicants must have completed an Associate Degree in Nursing, be licensed as a RN, and take three baccalaureate level courses of seven (7) credits (NUR 3119 Professional Nursing: Concepts & Issues, NUR 3668 Nursing Leadership in Global Health Care, and NUR 4636C Care of Families: Community Health Nursing) to advance through the nurse practitioner or nurse anesthetist areas of specialization.

In addition to the courses listed above, currently students must complete the FIU University Core Curriculum, and Equivalency Exams and be admitted to the MSN Program prior to enrollment in Level III courses. Applicants must have a 3.2 cumulative GPA to be admitted to the MSN Program and must meet admission criteria for the FIU Graduate School and MSN Program. Students must be admitted to the MSN program prior to taking Pathophysiological Basis of ANP, Culture & Advanced Nursing Practice, and Advanced Client Assessment courses.

**Electives**

Elective courses are incorporated into the curriculum in each advanced nurse practitioner specialty program. Additional courses may be applied to the student’s plan of study after consultation with a faculty advisor. Students are encouraged to pursue electives in other academic units only when appropriate.
ADVANCED PRACTICE CORE COMPETENCIES

Refer to the Advanced Practice Nursing Programs Clinical Preceptor Manual for additional information

Advanced Practice Nurse Competencies: Nurse Practitioner (NP)

Direct Care Provider

- Demonstrates critical thinking and diagnostic reasoning skills in clinical decision making.
- Assesses, diagnoses, monitors, coordinates, and manages the health status of clients over time.
- Provides primary care.
- Communicates the client’s health status verbally or in writing, using appropriate terminology and format.
- Performs and interprets common screening and laboratory tests.
- Diagnoses and manages acute and chronic diseases while attending to the illness experience of clients based on expert knowledge and technical competence.
- Provides anticipatory guidance for expected, potential, and situational events where there is knowledge deficit or ethical issues arise.
- Provides culturally competent care, appreciating the growing diversity of the population and the need to understand health status and health care through differing cultural beliefs and values.
- Schedules follow-up visits to appropriately monitor clients and evaluate care.
- Serves as a role model in providing culturally competent care.
- Promotes prevention and wellness care, emphasizing primary and secondary preventive strategies.

Client Advocate

- Builds and maintain a supportive and caring attitude toward clients and their families.
- Establishes a relationship with clients and their families, acknowledging individual and collective strengths and assist them in meeting their health care needs.
- Provides clients comfort and protect human dignity in the midst of crisis.
- Facilitates client decision-making in health care.
- Provides emotional and informational support to clients and families.

Collaborator

- Interprets own professional strengths and scope of role to peers, clients, and families.
- Participates in coordinated care, working effectively as a leader or team member in organized settings that value high quality, cost-effective, integrated services, and nursing case management.
- Builds and maintains a therapeutic team to provide optimum therapy.
- Participates in peer review and performance evaluation of other health care providers.
- Works with team in problem-solving efforts, establishing realistic work goals, and identifying strategies for goal attainment.
- Participates in peer review and review of other health care practitioners.
- Provides constructive feedback to other health care providers to ensure safe practices.
- Creates strategic partnership toward improved health care systems operations and accountability from a broad economic, social, political, and legal perspective.
**Teacher/Coach/Educator**

- Promotes an environment which facilitates learning.
- Assesses health behaviors and learning needs of clients.
- Provides anticipatory guidance appropriate for age/developmental status.
- Assists clients to integrate implications of their illness and recovery into healthy lifestyles.
- Assists clients with goal setting for health promotion and maintenance.
- Establishes plans and protocols for client teaching.
- Provides an interpretation of the client's condition and give rationale for procedures.
- Utilizes selected strategies/theories to facilitate client educational activities.
- Provides information about therapeutic actions, side effects and instructions to promote optimum effects of therapeutics.
- Develops age-specific educational programs that are appropriate to health problems, level of functioning, emotional needs, and client characteristics.

**Researcher**

- Critically evaluates and apply research findings pertinent to patient care management.
- Conducts research studies pertinent to primary care.
- Engages in research utilization and dissemination.

**Leader**

- Provides leadership in professional activities at the local, state, and national levels.
- Evaluates implications of contemporary health care policy on health care providers, consumers, and the nation.
- Participates in legislative and policy-making activities influencing health services.
- Supports the socialization, education, and training of novice practitioners by serving as preceptor, role model, and mentor.
- Assesses and use technology appropriately, containing costs.
- Develops informed leadership integrated across the various functions within nursing.

**Life-Long Learner**

- Identifies mechanisms to update knowledge base and clinical competencies.
- Assumes responsibility and accountability in maintaining standards of practice.
- Maintains eligibility requirements for professional certification.
Organizing Curriculum Framework of the DNP Program

The DNP program offers three entry options: 1) a post-masters doctoral plan of study for the registered nurse with specialty preparation in advanced clinical nursing practice (nurse practitioners, nurse anesthetists, nurse midwives), 2) a post-baccalaureate doctoral plan of study that incorporates essential components of the MSN curriculum with the DNP curriculum for completion and conferral of both degrees; MSN and DNP in a streamline format for the registered nurse seeking specialty preparation in advanced clinical nursing practice (adult-gerontology primary care, family health, pediatric primary care, or psychiatric-mental health) and 3) a post-baccalaureate doctoral plan of study for the registered nurse seeking advanced clinical nursing specialty preparation in nurse anesthesia practice.

The DNP program of study builds upon the clinical specialization to include study of advanced specialty practice; systematic practice and program outcome evaluation; application of health informatics resources; development of safe, equitable, and cost effective health policy; innovation, implementation and evaluation of care delivery models; leadership development in health care delivery; and clinical expertise for advanced nursing practice and education.

The curriculum is based upon the outcome objectives for DNP graduates as defined by the 2006 AACN Essentials of Doctoral Education for Advanced Nursing Practice. The curriculum incorporates applicable graduate course offerings within the College as well as new courses developed specific to the DNP program. The resulting curriculum is educationally sound and cost effective. DNP graduates exit the program with advanced skills and competency in 1) analyzing, designing, implementing, managing, and evaluating health care practice, policy, and delivery systems; 2) facilitating the application and integration of research into clinical practice using innovative approaches across multiple settings to improve health care, patient outcomes, and health care systems; and 3) preparing to assume leadership roles in practice, education, and management.

The organizing curriculum framework for the DNP program is derived from the mission, vision, and goals of the Nursing Unit and the goals and objectives of the DNP program. The DNP organizing curriculum framework builds upon a common global concept schematically depicted in the "globe."

The DNP curriculum framework is founded on the knowledge base and advances the organizing processes (vertical and pervasive threads) of the BSN and MSN curricula on the "globe." The organizing curriculum framework for the DNP program is divided into the major components of CORE KNOWLEDGE, FOCUS CONCENTRATION, and DNP SCHOLARLY PROJECT, which include clinical mentorship hours and project development and dissemination. The DNP organizing curriculum framework major components include 1) four vertical organizing threads (Global Health Systems, Health/Illness Management, Evidence-Based Practice, Scholarship & Research, and Professional Nursing); and 2) seven pervasive organizing threads (Genomics, Communication & Collaboration, Quality & Safety, Technology, Globalization, Decision Making Process, Ethics, and Cultural Competence).

Students advance through the major components of the DNP curriculum as programs of study are completed. Courses within the components are delineated as 1) CORE KNOWLEDGE 2) FOCUS CONCENTRATION, 3) DNP SCHOLARLY PROJECT courses. The CORE KNOWLEDGE and DNP SCHOLARLY PROJECT courses are taken by all DNP students, irrespective of the entry/progression plan of study option. The FOCUS CONCENTRATION courses are embedded with the MSN curriculum and dependent on which advanced clinical practice specialty the student has chosen to pursue.

Vertical Organizing Threads

The vertical organizing threads of the framework include Global Health Systems, Health/Illness Management, Evidence Based Practice, Scholarship & Research and Professional Nursing.
Global Health Systems
The vision of the Nursing Unit is to prepare graduates that will be recognized for their contribution in healthcare, education, leadership and research with a focus on the needs of the underserved populations locally, nationally and globally. DNP graduates will be prepared to analyze the scientific, social, ethical, economic, political, legal and policy components of health care systems which impact health care planning, access, and delivery; and implement analytical methodologies for the evaluation and formulation of health care policies and practices for the clinical situations, practice environment, and the health care delivery system.

DNP students acquire knowledge in global health systems in the CORE KNOWLEDGE component courses:
NGR 7733 Organizational Dynamics of Health Systems; NGR 7891 Healthcare Finance and Economics in Advanced Clinical Practice; and NGR 7892L Health Policy Practicum

DNP students apply knowledge in global health systems in the DNP PROJECT component courses: NGR 7940C Project I – Identification & Proposal; NGR 7941C DNP Project II – Implementation; and NGR 7942C DNP Project III – Evaluation & Dissemination.

Health/Illness Management
The vision of the CNHS nursing unit is to prepare graduates who will be able to collaborate with healthcare agencies to promote excellence through cost effective, accessible, equitable and humanistic healthcare delivery systems for divergent individuals, families and communities. DNP graduates will be prepared to demonstrate advanced levels of clinical practice, judgment, and scholarship in nursing based on scientific knowledge underpinning practice; access, utilize, manage, and safeguard state-of-the-science information technology and health care informatics systems for care delivery, systems operations and quality improvement; and collaborate with interdisciplinary teams in the delivery, evaluation, and quality improvement of health care, health promotion, practice models and health policy for individuals and populations.

DNP students acquire knowledge in health/illness management in the CORE KNOWLEDGE component courses:
NGR 7769 Patient Safety and Quality Improvement in Health Care; and NGR 7871 Healthcare Informatics.

DNP students apply knowledge in health/illness management in the DNP PROJECT component courses:

Evidence-Based Practice, Scholarship & Research
The goals of the NWCNHS nursing unit are to prepare nursing graduates to promote, expand and validate the scientific base of nursing knowledge and practice through the discovery, organization and transmission of research-based knowledge, skills and values. DNP graduates will be prepared to evaluate and translate research to support evidence-based practice to improve health care of medically, socially, and culturally diverse, underserved and vulnerable populations across the life span; and integrate the application of scientific evidence, professional values, and ethical decision-making in advanced nursing practice and health care delivery.

DNP students acquire knowledge in evidence-based practice, scholarship, and research in the CORE KNOWLEDGE component courses: NGR 7121 Knowledge Development in Nursing Science; NGR 7854 Analytical Methods for Evidence-Based Clinical Practice; and NGR 7853 Translational Research.

Professional Nursing
The goals of the CNHS nursing unit are to prepare graduates for leadership roles in basic and advanced professional nursing practice in a rapidly changing, multicultural, multiethnic, global environment. DNP graduates will be prepared to assume professional nursing roles in the development of excellence in clinical care and health care delivery systems through advanced nursing roles in clinical practice, education, or management settings.


Pervasive Organizing Threads
The pervasive organizing threads of the framework include Genomics, Communication and Collaboration, Quality & Safety, Technology, Globalization, Decision Making Process, Ethics, and Cultural Competence. These organizing threads are integrated throughout the curriculum and are found throughout course objectives in all components of the programs of study.

DNP Curricular Model

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<thead>
<tr>
<th>CURRICULAR COMPONENT</th>
<th>Credits</th>
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<tbody>
<tr>
<td>DNP Core Course Credits</td>
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<tr>
<td>NGR 7121 Scientific and Theoretical Foundations for Advanced Nursing Practice</td>
<td>3</td>
</tr>
<tr>
<td>NGR 7733 Organizational Dynamics of Health Systems</td>
<td>3</td>
</tr>
<tr>
<td>NGR 7769 Patient Safety and Quality Improvement in Health Care</td>
<td>3</td>
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<tr>
<td>NGR 7853 Translational Research</td>
<td>3</td>
</tr>
<tr>
<td>NGR 7854 Analytical Methods for Evidence-Based Clinical Practice</td>
<td>3</td>
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<tr>
<td>NGR 7871 Healthcare Informatics</td>
<td>3</td>
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<tr>
<td>NGR 7891 Healthcare Finance</td>
<td>3</td>
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<tr>
<td>NGR 7892L Healthcare Policy Practicum</td>
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<tr>
<th>DNP Quality Improvement Project Course Credits</th>
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<tr>
<td>NGR 7940 DNP Project I – Identification &amp; Proposal</td>
<td>4</td>
</tr>
<tr>
<td>NGR 7941 DNP Project II – Implementation</td>
<td>4</td>
</tr>
<tr>
<td>NGR 7942 DNP Project III – Evaluation &amp; Dissemination</td>
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Minimum program requirements for the DNP degree for Doctorate in Nursing Practice = 36 Credits
Theory (24 Credits) 24 Credits X 1 Contact Hour/Credit = 24 X 15 [Total # of Semester Weeks] = 360 Contact Hours TOTAL

DNP Quality Improvement Project (12 Credits) = 6 Credits X 1 Contact Hour/Credit - 90 Contact Hours TOTAL
6 Credits X 6 Contact Hours/Credit X 15 [Total # of Semester Weeks in Mentorship] = 540 Contact Hours TOTAL
General Student Information/Policies & Procedures

Current Address, Phone Number and E-Mail Address
Florida International University (FIU) and the Nicole Wertheim College of Nursing and Health Sciences (NWCNHS) require that students keep current addresses and telephone numbers on file. E-mail addresses are also valuable for communications. A current address and phone number allows College personnel to contact students for emergencies, class changes, awards, academic questions/information, etc. The College secretarial staff and the Office of the Registrar must be notified immediately of any change in address and/or phone number. The College and University must also be notified if a student changes his/her name.

Professional Conduct and Responsibilities
In addition to meeting the academic standards of the University and College students enrolled in nursing courses must demonstrate professionalism in classroom, laboratory, and clinical experiences. Professionalism is defined as behaviors and attitudes congruent with the Codes of Ethics of their professional organization, guidelines and standards of practice, the Florida Nurse Practice Act, and policies and expectations of the College and University.

Inherent within the concept of professionalism is the development of those behaviors by the student during the program that demonstrate increasing maturity, competence, integrity, regard for human dignity, respect for social justice, accountability, responsibility, and caring as they progress through the program. Students are expected to respect the rights of others regardless of their race, religion, nationality, sex, age, sexual orientation, physical condition or mental state. Professionalism includes, but is not limited to, satisfactory academic and clinical conduct and performance.

Administrators and faculty reserve the right to interpret, maintain, and enforce the standards of professional conduct and performance for nursing. Administrators and faculty also reserve the right to recommend dismissal of any student who has violated the standards of professional conduct or demonstrates a lack of professional development.

Academic Grievance and Appeal
Graduate students have the right to appeal academic and/or clinical grading/course requirement decisions and program progression/dismissal decisions. Students who wish to appeal must use follow the NWCNHS Student Academic Grievance/Appeals Procedures found on the NWCNHS website. Contact an administrator or your advisor for the website location.

Students with Disabilities
Students with disabilities must register with the Disability Services for Students prior to the beginning of the semester. At the beginning of the course, the student must inform the faculty member concerning his/her disability. Personnel in the Office of Disability Services for Students will provide a written statement regarding any necessary accommodations. Current documentation of disability is required to receive services.

General Expenses
Expenses are incurred by all FIU students; however, nursing students have some additional expenses, such as laptop computers, program fees, stethoscope, penlight, watch with second hand, name badge, lab coat, personal audio plug-in (earphones) for the computer, transportation, CPR certification, health screenings (including immunizations) and health insurance. These requirements not only protect students, staff, and
patients, but also assist students in developing professional responsibility and accountability. Students are responsible for providing the NWCNHS clinical education department with a copy of their current CPR certification, immunizations, health screening tests, and health insurance.

**CPR Certification.** All students must have current CPR certification before entering the clinical areas. The NWCNHS Simulation Teaching and Research Center, (STAR Center) personnel may be able to schedule a CPR certification class for students upon the students’ inquiry and request. However, if a certification class cannot be scheduled (or a student cannot attend the class), the student is responsible for obtaining CPR certification (Basic Life Support) in the community. CPR certification renewals are the responsibility of the student.

**Immunizations/Health Screening Requirements.** Periodically, all students must obtain specific immunizations and health screening tests (such as TB tests and titers). The requirements are subject to change, depending upon current knowledge and practices relating to health care.

**Major Medical/Hospitalization Insurance.** All students registered in clinical nursing courses must have major medical/hospitalization insurance (student health fees cover only routine health services). Students are required to sign a waiver to release the NWCNHS from financial liability if the student does not maintain or cancels his/her major medical/hospitalization insurance.

The College is required to send reports of immunizations and health-screening tests to clinical agencies where students will practice, and these tests must reach the clinical agency before the student is allowed to practice. In addition, students must purchase NWCNHS approved goggles for eye protection. Students who do not have current and reported CPR certifications, immunizations, health screening tests, and health insurance will not be allowed in the clinical areas, and the days missed will be counted as clinical absences. Clinical absences can impact fulfillment of the clinical course objectives.

**Background Checks**

All students must submit information and fingerprints for background screening as a requirement for clinical placement at health care facilities. Students with an arrest history must disclose such history to the Dean of the NWCNHS who will inform the Board of Nursing. Students must disclose arrests made before and after admission to the NWCNHS. Background checks are performed by the State on application for licensure and advanced certification. Failure to disclose can result in a required appearance before the Board of Nursing and a significant delay (or possible denial) of a nursing license or advanced certification.

**Application for National Certification**

Students who graduated from the MSN clinical programs or post-master’s clinical programs must show evidence of completing a certification review course within one year before their application/validation (Form E) for any national certification examination will be completed.
All nursing students are encouraged to participate in the various campus activities and University governance. The NWCNHS also provides opportunities for nursing students to participate in College governance.

**Pi Alpha Chapter (Sigma Theta Tau)**
The purposes of this professional nursing organization are to recognize superior achievement, recognize the development of leadership qualities, foster high professional standards, encourage creative work, and strengthen commitment to the ideals and purposes of the profession. Membership is based on GPA and class rank at graduation. Eligible graduates will receive an invitation and application from the Chapter Eligibility Committee.

**FIU Graduate Students Association**
The aim of the Graduate Students Association (GSA) is to facilitate and enhance the graduate student experience, to advance the reputation and assist in the expansion of graduate programs, and to promote quality teaching and research at Florida International University.
General Assistance
Financial assistance is available to graduate students through fellowships, assistantships, scholarships, and loans. For general and current information on financial assistance, students should first access the FIU Financial Aid website. It is the student’s responsibility to understand financial aid implications for dropping courses that may directly impact their financial aid status. This can also be impacted by non-successful completion of a course and/or leave of absence. For information on financial assistance specific to graduate students, see FIU Graduate Student Financial Aid.

Scholarships and Traineeships
Scholarships and traineeships are awarded to admitted students meeting various criteria such as outstanding academic potential, prior achievement, financial need, and minority recruitment. For a list of current scholarships offered to graduate nursing students, go to the NWCNHS Office Student Services website.

Graduate Assistant Matriculation Fee Waivers
Graduate Assistant fee waivers may be awarded to graduate assistants. Contact the Office of the NWCNHS Associate Dean for Administrative Affairs for details.
Faculty Advisor
All students in the Graduate Nursing program(s) are advised by faculty academic advisors. Upon admission to the NWCNHS each student is assigned a faculty advisor to assist the student in progressing satisfactorily toward the MSN and/or DNP degree. Faculty advisors are available throughout the academic year. The advisor assists the student in planning a course of study that meets the MSN and/or DNP program objectives and requirements, as well as the student’s particular interests.

Students’ Advisement Responsibility
Students are responsible for arranging to meet with their advisors prior to registering for courses. Students’ advisement assignments are intended to ensure advisors’ accessibility to students. Students should see their advisors if they find they are having personal or academic difficulties that could impede their progress toward graduation. Advisement hours are posted outside each faculty member’s office and appointments can be made by contacting the faculty member directly via phone or email; as well as through the program’s support staff. Appointments at non-posted times can be made directly with the faculty member.

Degree Completion Requirements
Questions on the completion of academic requirements for advanced degrees should be addressed by the faculty advisor or the track leader. The preparation and filing of the Scholarly Project should be addressed primarily by the DNP Scholarly Project Team leader (faculty) Chairperson. Ignorance of a rule or a deadline does NOT constitute a basis for waiving that rule or deadline!
Advanced Pathophysiology, Advanced Pharmacology, and Advanced Client Assessment Courses should be taken within three (3) years of admission/re-admission into the MSN program.

**Transfer Credits**
A maximum of six semester hours of graduate credit earned from another institution beyond a bachelor’s degree may be accepted towards the MSN or DNP degree. University Graduate School (UGS) policy requires that all graduate courses be completed within six (6) years of enrollment. Transfer credit request(s) will be reviewed and approved by Graduate Nursing Chair, DNP program director, or designee. A transfer of credit request form must be completed by the student.

Degree seeking students requesting transfer of credits for the following courses: Advanced Pathophysiology, Advanced Pharmacology, and/or Advanced Client Assessment (a.k.a. 3 Ps) will be subject to the additional graduate nursing Credit Course(s) Timeframe Policy. UGS transfer credit policy will be applied for all other courses.

Non-degree seeking students will have their courses evaluated on an individual basis.

Any exceptions to the above policies (e.g. denial of credits for courses taken within the 3-6-year timeframe or acceptance of courses beyond these timeframes) will be at the discretion of the graduate nursing chair or designee.

**Non-Degree Seeking Status**
Non-degree seeking students include students seeking admission to graduate degree programs who enroll prior to completing the requirements for admission. Enrollment as a non-degree seeking student does not imply a right to future admission as a regular degree-seeking student. A maximum of 12 graduate level credit hours earned at FIU as a non-degree seeking student may be counted toward a graduate degree provided, they were earned within the six years preceding admission to the degree program.

**Required Course Registration**
Due to University/College insurance requirements, students must be registered for a nursing course in order to practice as a student in the clinical and mentorship area.

**Fulltime Status**
The University requires (9) credit hours, or its equivalent, for Fall and Spring graduate enrollment, and six (6) credit hours, or its equivalent, for Summer graduate enrollment for full-time status. The number of hours which a graduate student may carry without special permission is 15. Both the Chair of the Graduate Nursing Program and the Associate Dean of Academic Affairs must approve a heavier load.

**Degree Verifications**
Degree verifications are done through the University Registrar’s Office and the Graduate Nursing department (as it relates to nursing specific degree and/or clinical hours verifications). The employing agency must send a written request for a degree verification, and it must be accompanied by a written release of information signed by the graduate.

**Letters of Recommendation**
Recommendations regarding clinical skills/performance can be completed by a faculty member should a student or agency request it. If an agency requests a recommendation, the agency must send a release of information form signed by the graduate with the recommendation form.
Program Progression Plan
The Program Progression Plan is a tool for ensuring students’ logical progression in his/her course of study from admission to graduation. Faculty and student advisee should jointly review the Progression Plan at periodic intervals and during registration to ensure logical program progression and academic requirements are met as planned.

Program Progression Checklist
The Program Progression Checklist delineates course requirements and documents the student's progress through the program. A copy of this form and current transcripts are kept in each student's file for use by the advisor and student during conferences.

Course Sequencing
The curriculum content is logically sequenced to build upon previous knowledge, intellectual skills and clinical competence. Therefore, the student must demonstrate satisfactory comprehension of the course content in order to progress to the courses with more complexity and increased depth of content.
Failure in the Clinical Specialty Courses (i.e. Adult-Gerontology, Family Health, Pediatric, and Psychiatric-Mental Health): Students who fail either the clinical course or the theory/didactic course \textbf{MUST} repeat both the theory/didactic and clinical courses prior to progressing to the next level.

Cumulative Grade Point Average
To achieve and maintain a classification of "good standing," a student must maintain a cumulative grade point average (GPA) of 3.0 or better for each semester.

Dropping and Adding Courses
Students must notify their faculty advisors prior to dropping any course. Students who fail to notify their advisors may jeopardize their progression in the Graduate Nursing program.
To drop and/or add a course, the student must obtain and submit a Drop/Add form to the Office of the Registrar. Registering for and adding courses require a nursing faculty advisor’s signature.

Withdrawal from the University
Students who withdraw from the University must file the appropriate paperwork. See the \textit{FIU Graduate Catalog} for additional policies/procedures related to withdrawal.

If a student must withdraw from the Program/University after the final withdrawal date because of major illness, the student can complete the appropriate forms to petition for an excused withdrawal. The student must provide documentation of the illness and attach it to the withdrawal form. The Medical Withdrawal Form can be obtained from the Office of Registrar.

Graduate Nursing students who have withdrawn from the NWCNHS must petition the Chair of the Graduate Program in writing for re-entry, providing there is evidence of resolution of the problems that necessitated withdrawal and the student meets all admission requirements in place at the time of readmission request. No student will be allowed to re-enter the program more than once and student will be subject to the Graduate Nursing Credit Course Timeframe Policy upon re-admission to the program.
GRADUATION / PROGRAM COMPLETION

To be eligible for the Master of Science in Nursing (MSN) degree, the student must:

- Satisfactorily complete all courses and clinical experiences/competencies required for the MSN degree and the specialty program, including satisfactory completion of the required program EXIT examination.

- Earn the minimum of credits and clinical clock hours listed for the selected clinical specialty program.

To be eligible for the Doctor of Nursing Practice (DNP) degree, the student must:

Satisfactorily complete all courses required for the DNP degree, including the required clinical mentorship experiences, Scholarly Project submission, approval, and final presentation.

- Earn the minimum of credits and clinical mentorship clock hours listed for the degree.

Petition for Exception to Graduate Requirements

Students can request an exception to the following UGS requirements: GPA, transfer credits, time limit, leave of absence, or for students on OPS, working more than 20 hours/week. To obtain a copy of the certification form, see Graduate Student Forms and then Petition for Exception to Graduate Requirements. The student must complete the form and provide a letter explaining the reason for the request. The form must be signed by the Director of the MSN, the NWCNHS Associate Dean of Academic Programs, and the Dean of the University Graduate School.
ACADEMIC CONDUCT AND PERFORMANCE

Graduate Nursing students are expected to review the FIU Student Handbook, the APN Clinical Preceptor Manual, the APN Course Examinations and Assignments Procedures, and the Academic Integrity Policy for details on Standards of Student Conduct and Policies. The Standards of Student Conduct addresses three major areas of moral integrity: Academic Honesty, Respect for the Law, and Respect for People. Students who plagiarize, cheat and/or harass an instructor or peer may be charged with Academic Misconduct. Penalties for academic misconduct may include up to dismissal from the University. Below are the definitions of academic dishonesty, bribery, cheating, commercial use, complicity, falsification of records, and plagiarism:

- **Academic Dishonesty**
  
  Academic dishonesty is defined as any act or omission not specifically mentioned in the Code and which is outside the customary scope of preparing and completing academic assignments and/or contrary to the above stated policies concerning academic integrity.

- **Bribery**
  
  Bribery is defined as the offering of money or any item or service to a member of the faculty, staff, administration, student, or any other person in order to commit academic misconduct.

- **Cheating**
  
  Cheating is the unauthorized use of any materials, information, study aids or assistance from another person on any academic assignment or exercise, unless explicitly authorized by the course Instructor. Cheating also includes assisting another Student in the unauthorized use of any materials, information, study aids, unless explicitly authorized by the Instructor and having a substitute complete any academic assignment or completing an academic assignment for someone else, either paid or unpaid.

- **Commercial Use**
  
  Commercial use is the selling of course material to another person, Student, and/or uploading course material to a third-party vendor without authorization or without the express written permission of the University and the Instructor. Course materials include but are not limited to class notes, Instructor's PowerPoints, tests, quizzes, labs, instruction sheets, homework, study guides and handouts.

- **Complicity**
  
  Complicity is defined as the planning or acting with one or more fellow Students, any member of the faculty, staff or administration, or any other person to commit any form of academic misconduct together.

- **Falsification of Records**
  
  Falsification of records includes the tampering with or altering in any way of any academic record used or maintained by the University.

- **Plagiarism**
  
  Plagiarism is the deliberate use and appropriation of another’s work without any indication of the source and the passing off of such work as the student’s own. Students who are using another person's ideas or writings must document their sources. Direct quotes must be consistent with American Psychological Association (APA) format. Any student who fails to give credit for ideas or materials taken from another is guilty of plagiarism. Any student helping another plagiarize may be found guilty of academic misconduct.
Course Requirements
Students are expected to adhere to the stated course requirements outlined in the course syllabus by faculty (provided at the beginning of the course), including due dates for assignments and the specified grading system. Unless prior arrangements have been made with the faculty member, work that is submitted late is downgraded one FULL letter grade for each day the paper/project is late until the grade of “F” is reached. Refer to the Course Examinations and Assignments Procedures and Academic Integrity Policy. Students are expected to be prepared for all classes and to participate in them.

Students should not ask a faculty member to change the course requirements by requesting special treatment such as “extra credit” work to raise a grade or ask for extensions of due times for papers. These requests are unfair to other students and the faculty member.

Classroom Conduct and Responsibilities
As a matter of common courtesy, students should not enter classrooms late; carry on conversations, even whispered ones; or take up class time with questions of solely personal interest. Taping class lectures is at the discretion of each faculty member. The student must request permission before taping any classroom activity. Audible beepers and portable telephones must be turned off during class periods.

Children or pets are never permitted in the classrooms unless for specified laboratory experiences. Food and drinks are not permitted in the classrooms or the laboratories. This is a University policy. Students are expected to assist in keeping the School, College, and University laboratories, classrooms and lounge areas in a presentable condition at all times.

In consideration of others, classroom furniture or equipment that is moved during a teaching/learning activity should be returned to its original location.

Attendance
Students are expected to attend all classes and laboratory experiences. Courses include the instructional strategy of shared knowledge and experience between students during group presentations and discussions. Absence interferes with the student's ability to learn from this in class sharing.

Students are expected to read and adhere to the course syllabus regarding clinical and class attendance. Excessive absence or habitual tardiness may affect the course grade (since the stated course objectives cannot be met) and can result in failure.

Written Assignments
All written work is to be submitted on the announced due date unless the student made previous arrangements with the faculty member. Refer to the Course Examinations and Assignments Procedures and Academic Integrity Policy. Computers are available for student use in the NWCNHS and University computer laboratories. Formal written papers (term or scholarly papers) shall follow the format using the guidelines of the American Psychological Association's (APA) Publication Manual (the latest edition is available for purchase at the FIU Bookstore).
EXAMINATION POLICIES/PROCEDURES

Examination Security
If exams are closed book, students may not use notes, texts, dictionaries, or other materials; nor can they speak to other students during the exam. If a student has a problem or question, it must be discussed with no one other than the faculty member proctoring the exam. If a student leaves the classroom, he/she will be asked to hand in the paper and will not be permitted to return. Refer to the Course Examinations and Assignments Procedures and Academic Integrity Policy.

Examination Reviews
Reviews of exams are at the discretion of the course faculty. Without permission of the particular faculty member, no other person, including another faculty member, Director, Associate Dean, or Dean can review and/or discuss the exam with the student. Refer to the Course Examinations and Assignments Procedures and Academic Integrity Policy.

Failure to Take Examination
Students unable to take the exam at the scheduled time must make arrangements with the faculty member PRIOR to the exam date. If the student communicates with the faculty member prior to the exam, possible alternate arrangements can be discussed. If the faculty member is not available, the Director of the Graduate Program must be notified. Refer to the Course Examinations and Assignments Procedures and Academic Integrity Policy.

If a student fails to communicate with the faculty member prior to the exam and subsequently claims an emergency, illness, or accident, the explanation will be considered to determine extenuating circumstances. If extenuating circumstances are found, the student will not be penalized. If the faculty member believes there to be no extenuating circumstances, the student MAY be allowed to take the exam, and may receive a lower grade at the discretion of the faculty member. Refer to the Course Examinations and Assignments Procedures and Academic Integrity Policy.

An alternate exam may be selected by the faculty member if taken late by the student.
GRADES AND GRADING

Cumulative Grade Point Average
To achieve and maintain a classification of “good standing,” a student must maintain a cumulative grade point average (GPA) of 3.0 or better for each semester.

Students whose GPA falls below 3.0 are subject to University and Graduate Program policies related to warning, probation, and dismissal. Students are advised to refer to the Rules and Regulations section of the FIU Graduate Catalog and this Manual for further information about dismissal.

Course Grades
A grade of “B” or better in all nursing courses is necessary for continuing in the program. Credit hours for courses in which the grade is “B-minus” or below will not count toward satisfying graduate degree requirements.

Repeating Nursing Courses and Dismissal
Students who fail a graduate nursing course must retake the course the next semester that course is offered.

Only one course in the program can be repeated, and that course can be repeated only once. If a student fails the same course twice or fails a second course, he/she will be dismissed from the program.

After successfully completing the repeated course, the student must obtain and submit a Repeated Course form to the Office of the Registrar. While both grades will be included on the student's transcript, only the last grade for the repeated course will be computed into the student's GPA.

Only students who are enrolled in DNP I, DNP II or DNP III Projects courses will be allowed to re-take these courses if they fail and will not be dismissed from the program.

Grading Scale

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
</tr>
<tr>
<td>A-</td>
<td>91-92%</td>
</tr>
<tr>
<td>B+</td>
<td>89-90%</td>
</tr>
<tr>
<td>B</td>
<td>85-88% PASSING</td>
</tr>
<tr>
<td>B-</td>
<td>83-84%</td>
</tr>
<tr>
<td>C+</td>
<td>81-82%</td>
</tr>
<tr>
<td>C</td>
<td>77-80%</td>
</tr>
<tr>
<td>D</td>
<td>67-76%</td>
</tr>
<tr>
<td>F/F0</td>
<td>00-66% SEE BELOW</td>
</tr>
</tbody>
</table>
Passing (Applies only to individual courses, NOT to the cumulative GPA).

GPA Calculation Scale

<table>
<thead>
<tr>
<th>Grade</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.00</td>
</tr>
<tr>
<td>A-</td>
<td>3.67</td>
</tr>
<tr>
<td>B+</td>
<td>3.33</td>
</tr>
<tr>
<td>B</td>
<td>3.00</td>
</tr>
<tr>
<td>C+</td>
<td>2.33</td>
</tr>
<tr>
<td>C</td>
<td>2.00</td>
</tr>
<tr>
<td>D</td>
<td>1.00</td>
</tr>
<tr>
<td>F/F0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Fzero Grade**

Beginning Fall, 2004, the Faculty Senate approved the addition of a course grade of F0 (Fzero). An F0 will be given to students who both earn a failing grade based on course standards and who fail to complete at least 60% of the course requirements or fail to attend at least 60% of class sessions. An F0 equals zero grade points per credit hour and is a permanent grade.

**Incomplete “I” Grade**

An incomplete grade is a temporary symbol given at the discretion of the instructor for work not completed because of serious interruption not caused by the student’s own negligence. An incomplete must be made up as quickly as possible, but no later than two consecutive semesters after the initial taking of the course or it will automatically default to an “F” or the grade that the student earned in the course. There is no extension of the two-semester deadline. The student must not register again for the course to make up the incomplete. Students who have incomplete grades on their records must remove the incomplete by the end of the fourth week of the term in which they plan to graduate. Failure to do so will result in a cancellation of graduation.

"Incompletes" in MSN and DNP (didactic and laboratory) courses must be completed to a grade before progression.

It is the student's responsibility to ensure that the faculty member has received the missing materials in a timely fashion and has forwarded the necessary Change of Grade form. The student should print out his/her unofficial transcript three to four weeks after the form was initiated to ensure that the change was entered on the student's transcript. If it has not been entered, the faculty member must be notified immediately. If the faculty member is not available, the Program Director must be notified.

**Communicating Grades**

Final Grades can be obtained through Panthersoft. Students will need their Panthocard ID and password to obtain grades. Otherwise, grades are communicated through a procedure designated by the faculty member. Only faculty members are authorized to report grades over the phone.

The Panther Success Network is a FIU platform that allows faculty to remain connected with students who are at risk for course failure. The Panther Success Network makes it easier for students to stay on track,
alerts students if remediation is required through progress reports from faculty and predetermined success markers. The Panther Success Network includes a record of advising reports and notes that both student and faculty advisor may view at any time.

ACADEMIC WARNING, PROBATION, AND DISMISSAL

**Academic Warning**
Graduate students in academic jeopardy are notified through conferences or in writing by the course faculty member, Advisor, and/or the Chair of the Graduate Program.

A graduate student whose cumulative GPA falls below 3.0 will be placed on Academic Warning by the University.

**Academic Probation**
A student on Academic Warning whose cumulative GPA remains below 3.0 in the following semester will be placed on Academic Probation by the University. To remove the Academic Probation status, a student must attain a cumulative GPA of 3.5 or above in the subsequent semester.

**Dismissal**
A graduate student on probation who’s cumulative and semester GPAs fall below a 3.0 will be automatically dismissed from the Program and University.

Students are advised to refer to the Rules and Regulations section of the FIU Graduate Catalog for further information about academic warning, probation, and dismissal.
CLINICAL CONDUCT AND PERFORMANCE

Clinical Evaluation
Clinical performance is evaluated during each clinical course by course faculty and preceptors. Clinical evaluation tools are designed to address specific course expectations and objectives. Typical clinical expectations include, but are not limited to:

- Safe, effective, ethical performance of nursing tasks;
- Problem solving;
- Use of appropriate judgment;
- Appropriate communication and interaction with others;
- The ability to apply knowledge.

Refer to the Advanced Practice Nursing Programs Clinical Preceptor Manual for additional information

Professional Behavior and Language in the Clinical Setting
Nursing students are expected to respect the rights of others regardless of their race, religion, nationality, sex, age, sexual orientation, physical condition or mental state, in both laboratory and clinical settings. Students are expected to:

- Adhere to established laboratory and clinical deadlines.
- Have no unexplained laboratory and clinical absences, either at arrival or while the clinical setting.
- Exhibit promptness when attending classroom, laboratory, and clinical experiences.
- Remain for the entire laboratory and clinical learning experience, unless excused.
- Adhere to policies and procedures related to the assigned clinical agency.
- Promptly and properly identify one’s self and role during clinical experiences.
- Adhere to the uniform and dress policies found in the MSN student policies/procedures manual.

Unprofessional Conduct and/or Professional Misconduct
Nursing students are expected to act in a manner consistent with the Code of Ethics of their applicable professional organization. Failure to comply may result in action by administrators and/or faculty including in appropriate cases, dismissal from the nursing program. Examples include but are not limited to:

- Negligence in patient care.
- Unprofessional behavior either at the laboratory or at the clinical agency.
- Substantiated act or acts of patient abuse, either physical or verbal.
- Unsatisfactory performance as judged by the clinical supervisor.
- Neglect of duty with actual cause or potential to cause patient harm.
- Fraudulent or egregious acts.
- Demonstrated and/or documented incompetence.
- Personal conduct which adversely effects the work environment and/or the supervisor’s ability to perform their responsibilities.
- Exhibiting aggressive or intimidating behavior (e.g., profanities, threats, loud talking, rudeness, verbal coercion) toward or in the presence of faculty, staff, peers, patients/clients, or agency personnel.

Clinical Probation, Failure, and Dismissal
A student who demonstrates unprofessional conduct and/or professional misconduct will be notified by the faculty member of such behavior. The faculty member will counsel the student, document the occurrence of the behaviors in writing and place the documentation in the student's file. The student may respond in writing within 48 hours to the faculty member's findings and/or submit written documentation relevant to the behavior. Depending on the nature of the behavior, the faculty member, in consultation with the Director of the Graduate Program and/or the Director of the Anesthesiology track, may place the student on clinical probation.

**Clinical Probation**

Clinical probation is based on the performance of the student in relationship to course objectives, and expected behaviors and attitudes that are consistent with those of a professional nurse. In addition to persistent behavior or behaviors related to unprofessional conduct (see above), a student enrolled in a clinical nursing course may be placed on clinical probation for one or more of the following:

- Initiating clinical experiences without a contract;
- Initiating interventions or actions without appropriate supervision or approval of the supervisor;
- Consistent difficulties in applying theory to the clinical setting;
- Inconsistently completing clinical assignments or logs.

The faculty member will notify the Director of the Graduate Program and/or the Director of the Anesthesiology track of any student who is placed on clinical probation. In addition, the faculty member will send a letter to the student indicating the areas of weakness as the basis for clinical probation. A copy of the letter will be placed in the student's academic file.

The student is expected to complete the requirements of the probation by the end of the course. If the student demonstrates satisfactory progress in improving performance and meets the course objectives, the faculty member will remove the probationary status at the end of the course. Failure to meet the requirements of the probation will result in clinical failure.

**Clinical Failure**

Clinical failure is based on the unsatisfactory performance of the student in relationship to the course objectives, expected behaviors, and attitudes that are consistent with those of a professional nurse. A student enrolled in a clinical nursing course may receive a clinical failure and/or dismissal from the program for one or more of the following:

- Failure to demonstrate satisfactory progress after being placed on clinical probation;
- Recurring absenteeism or tardiness in the clinical setting;
- Recurring failure to follow clinical course policies, policies of the clinical agency, or recommendations of the supervisor;
- Acts of dishonesty;
- Repeated lack of preparation for the clinical setting.
- Demonstrating behaviors that, in the judgment of the faculty, constitute unsafe or potentially unsafe practice;
- Demonstrating practices that are inconsistent with professional standards or codes of ethics;
- Unsatisfactory final clinical evaluation.

The faculty member will notify the Director of Graduate Program and/or the Director of the Anesthesiology track of any student who earns a clinical failure. In addition, the faculty will place a copy of the letter sent to the student indicating the clinical failure in the student's academic file.

**Dismissal**

A student may be dismissed without a probationary period for identified infractions. Grounds for dismissal without a probationary period include:
• Level of incompetence representing a threat to patient safety;
• Falsification of documents or records;
• While in the clinical area, being under the influence of alcohol, marijuana, or any controlled substances not legally prescribed;
• Insubordination or failure to follow direct orders from a clinical supervisor;
• Theft of College, University, or agency property;
• The inappropriate administration of any drug or treatment without the permission of the clinical supervisor.
Background Checks
All students must submit information and fingerprints for background screening as a requirement for clinical placement at health care facilities. Students with an arrest history must disclose such history to the Chair of Graduate Nursing program(s) or designee. Students must disclose arrests made before and after admission to the NWCNHS. Background checks are performed by the State on application for licensure and advanced certification. Failure to disclose may result in non-approval for assignment to clinical facilities and may prevent the student from completing the program and/or from attaining the appropriate licensing.

Transportation
All students are expected to have transportation to and from their clinical sites. Faculty members are not responsible for arranging students' assignments according to carpools, distance from home or work to clinical site, or making babysitting and/or day-care arrangements.

Nursing Clinical Rotations / Mentorship
Each clinical course and DNP scholarly project requires supervised practicum / mentorship with a school-approved preceptor / mentor and under the direction of the course faculty. The student cannot be paid for participation in the practicum / mentorship experience(s).

MSN / Clinical Specialty Practicum Requirements
Prior to enrolling in clinical courses (including advanced health assessment), students must provide proof that the following criteria are valid throughout the semester of each clinical course. The criteria are:

- **Current RN licensure in Florida**
- **Current Professional Liability Insurance** Nurse Practitioner Student Professional liability insurance is available through the American Nurses Association and other selected carriers. The NWCNHS does not recommend any specific company.
- **Immunization/Health Screening Requirements.** The requirements are subject to change, depending upon current knowledge and practices relating to health care, or in keeping with policies related to a practicum site.
- **Major Medical/Hospitalization Insurance.** All students registered in clinical nursing courses must have major medical/hospitalization insurance (student health fees cover only routine health services).
- **CPR Certification.** American Heart Association Healthcare Provider Certification is required.

*Students who do not have current and reported CPR certifications, immunizations, health screening tests, health insurance, and nurse practitioner student liability insurance will not be allowed in the clinical areas, and the days missed will be counted as clinical absences.*

Clinical absences can impact fulfillment of the clinical course objectives. *Refer to the Advanced Practice Nursing Programs Clinical Preceptor Manual for additional information*

Clinical Dress Guidelines
Clothing is to be appropriate for professional appearance. A white lab coat and comfortable shoes are required. Dress length and pant length is always expected to present a professional image. Makeup should be minimal. Colognes, perfumes, and aftershave lotions are to be avoided.

The following apparel will not be acceptable: jeans, sweatpants, shorts, t-shirts as outer garments, midriff tops. Scrubs will only be permitted when it is a specific requirement stipulated by the clinical site. Clinical agencies also have the right to refuse the placement of a student who is inappropriately attired; in which event the clinical faculty and/or Advanced Practice Nursing Program director is to be notified immediately.

Refer to the Advanced Practice Nursing Programs Clinical Preceptor Manual for additional information

Identification Name Badge
The FIU NWCNHS approved identification name badge which identifies student by first and last name, FIU Nurse Practitioner Student, and includes a picture. The Panther ID can be placed in a plastic sleeve and must be clipped on the lab coat. These cards are issued to Graduate Nursing FIU students following completion of Clinical / Mentorship Orientation. See the FIU web site for information on obtaining the panther ID.

Students must identify themselves immediately as an FIU Graduate Nursing Student (i.e., Advanced Practice Nursing or Doctor of Nursing Practice student) to other professionals working in the area.

Refer to the Advanced Practice Nursing Programs Clinical Preceptor Manual for additional information

Clinical Tardiness and Absence
A student who is absent or tardy in the clinical facility on the assigned day is expected to contact the clinical faculty member prior to the assigned reporting time.

Students are expected to have 100% attendance for all laboratory and clinical experiences. The stated course objectives must be met in order to successfully pass the course.

Refer to the Advanced Practice Nursing Programs Clinical Preceptor Manual for additional information

Illness
If a student needs health care and/or is at risk to others, the faculty member must determine appropriate action based on the individual circumstances and make the proper referrals. Health care alternatives are treatment at the nearest walk-in facility, the FIU Student Health Clinic, or a private physician.

Accidents/Injuries
If an accident or injury occurs while the student is in the clinical area, the student is responsible for following up on the necessary medical care and for the cost of their medical care. Faculty are to follow the clinical agency's policy for employee/student injuries, such as an incident report, emergency room treatment, etc.

The Chair of the Graduate Nursing program must be notified and all steps of NWCNHS CLINICAL INCIDENT/BLOODBORNE PATHOGEN EXPOSURE POLICY must be followed.
Cases of the novel coronavirus (COVID-19) continue to rapidly escalate worldwide. The Nicole Wertheim College of Nursing and Health Sciences (NWCNHS) clinical education has been impacted, therefore, the following guidelines have been developed using readily available public health guidance issued by the appropriate authorities listed below:

- International, national, state, and local health care entities, which are the authority for COVID-19.
- World Health Organization (WHO)
- Centers for Disease Control and Prevention (CDC)
- Florida Department of Health
- Miami-Dade County

PLEASE NOTE: Information regarding COVID-19 is constantly changing and evolving. In anticipation for these changes, we recommend checking with these authorities referenced above frequently for updated recommendations.

Clinicals, Field Experiences, Internships, and Residency

Decisions regarding Clinicals, Field Experiences/Fieldwork, Internships, and Residency shall be made on a case-by-case basis by the NWCHNS and university leadership. Accordingly, students scheduled for Clinicals, Field Experiences/Fieldwork, Internships, and Residency should stay alert to announcements regarding these activities and should remain in direct communication with their respective program leadership and faculty.

The following guidelines shall apply to FIU NWCNHS students in their Clinicals, Field Experiences/Fieldwork, Internships, and Residency (whether in Athletic Training, Health Services Administration, Communication Sciences & Disorders, Nursing, Occupational Therapy, or Physical Therapy):

Students shall not:

- Attend clinicals, Field Experiences/Fieldwork, internships or residency if they have been asked to self-quarantine, following guidance from the Centers for Disease Control and Prevention, public health authorities or FIU’s own guidelines.
- Participate in the care of known or suspected COVID-19 patients.
- Student clinicals, Field Experiences/Fieldwork, internships, and residency will be cancelled:
  - At any site that is treating a patient with COVID-19 if it is determined that appropriate environmental controls cannot be implemented per CDC Guidelines;
  - At any site when crisis standards of care will be used to care for COVID-19 patients; or
  - In the event of staffing shortages at a clinical site.

The professor shall communicate with their clinical, field placement, internship or residency students before they attend any scheduled experiences to check if cancellation is warranted.

For international and out-of-state clinicals, Field Experiences/Fieldwork, internships, and residencies, travel advisories from the CDC and U.S. State Department; as well as FIU guidance on travel shall be followed.

Students shall immediately communicate to their clinical, field placement, internship or residency faculty and their program's clinical, field placement, internship or residency coordinator/director any safety concerns and stop participating in the experience until the issue is resolved.

Clinical, field placement, internship or residency sites and/or FIU NWCNHS will retain the right to cancel student participation at any time to protect the safety of students and staff.
Student safety is our priority. Students in clinicals must continue to adhere to agency policies and NWCNHS policies related to COVID-19 prevention. If your clinical site decides to suspend clinical rotations for students, please have the clinical site administrators submit an email noting the same to the Graduate Nursing Clinical Education Department. The Graduate Nursing Department will do everything possible to find an alternative clinical site. Due to the unique and unprecedented situation however, there can be no guarantee, by NWCNHS or the clinical site, that you will not be exposed to the COVID-19 virus nor that you will not acquire the infection while on clinical rotations. Please remember that you must take into consideration your family, friends, significant others and those who may be at risk if they contract COVID-19, because of your healthcare exposure.

If you voluntarily decide to attend a clinical site, and subsequently do not feel comfortable in continuing your rotation because of concern of exposure to COVID-19 or for any other reason at all, please inform your faculty and the Graduate Nursing Education Department. There will be absolutely no prejudice, judgement, or penalty. If you chose to delay taking this opportunity the clinical hours will need to be completed in the future in order to comply with licensure and NP certification requirements. If student develops any signs and symptoms of respiratory illness, cough, cold, fever, or snifflies, student must stay home and seek medical attention and clearance from their health care provider and provide documentation for clearance before returning to the clinical site.

Clinical Education Impacts
Due to the evolving facts and/or subsequent declarations that may be issued as a result of the COVID19, it is unclear how many students may be removed from their clinical, field placement, internship or residency sites, for how long, and how broad the impacts may be. As much as possible, students will be accommodated with alternate clinicals, Field Experiences/Fieldwork, internships, and residencies so they can continue to meet requirements towards graduation and licensure. FIU NWCNHS officials will work to communicate updates to students expediently. Students should also contact their program's clinical, field placement, internship or residency coordinator/faculty for more information.
DNP PROJECT COURSE SERIES

- DNP Project courses (I, II, and III) are designed as a 3-course series that build on each other. The courses provide the DNP student with mentored opportunities to identify, develop, implement, evaluate, and disseminate a quality improvement project. All DNP core courses must be satisfactorily completed before beginning the first DNP Project course.

- If the student has not satisfactorily completed the corresponding portion of the DNP Project during courses I, II, or III at the end of the four credit course, the student may receive an incomplete on one of the courses until the work is approved and graded by the Faculty member (University/College policies and procedures for Incomplete Grade apply). However, progression into the next Project level cannot occur until satisfactory completion of work is approved and a satisfactory grade is posted by the Project Faculty member.

See the forms section of the course syllabus/shell for all related forms needed.

DNP Project

The DNP program culminates in the successful completion of a 12 credit DNP Project, divided in 3 Progressive Project Courses (4 credits each) beginning after the completion of all DNP core course work. The DNP Project is designed by the student in collaboration with a faculty member and clinical preceptor and the report must be a significant, evidence-based contribution to nursing practice and be suitable for publication in a peer-reviewed, practice-focused nursing journal. Examples of quality improvement projects include quality improvement project proposal, program needs assessment, evidence-based program development, existing program evaluations, development of an assessment or therapeutic protocol, or a cost/benefit analysis of program models. Through this scholarly clinical project, students are intended to demonstrate synthesis of scientific knowledge in their specialty practice area and contribute to existing nursing knowledge.

DNP Project Faculty

As soon as the student has registered for the DNP courses, student will identify a focus area for the DNP Project. A faculty will guide the student in procedures about completion of the project. The student will select the immersion site with a faculty. The choice of project topic should be made based on the student’s proposed area of clinical inquiry and the faculty member’s clinical and scholarly interests.

The faculty must be a doctorally-prepared faculty member in the NWCNHS.

The DNP faculty supervises the project as a whole and is the primary resource person for all aspects of the project. A recommended approach for students to use in identifying a project mentor is to become informed about the scholarly interests and mentor's areas of expertise. The student, faculty, and mentor will work together, often intensively, over an extended period, so careful selection is essential.

The faculty and immersion site mentor assists the student in developing a continued plan for the project, monitoring the student's progress, and guiding the student throughout the DNP Project. To formalize the DNP Project Team, signatures from all team members are obtained by the DNP student and recorded on the DNP Project and DNP Team Approval Form. Since this form establishes the type of output the student will produce, the number of articles if applicable, and other important information, the student is advised to keep a copy of this form before sending the original, signed form to the Director of the DNP degree program for his/her signature.

Changes in DNP Project Team Membership

Any changes in the DNP Project team membership must be approved by faculty and/or Departmental Chair.
Final DNP Project

The final product includes the Final Report agreed upon by the student and their DNP Team as documented on the DNP Project and Team Approval Form, which could be:

1. A manuscript submitted for publication (Number of manuscripts required)
2. A grant proposal
3. A publishable clinical guideline
4. Innovative change project (Multimedia, Policy, Curriculum development)
5. Other (___________________) Ex. Legislative bill, etc.

Steps to the DNP Project Process

The DNP project process consists of the following steps:

Step 1: Identify project topic area of interest (Project title as well)

Step 2: DNP Project Team established (lead faculty, student, primary clinical immersion mentor, and others as needed to inform the project)

Once a student has formed the DNP Project Team the student must complete the DNP Project and DNP Team Approval Form as described above (see handbook for form).

Step 3: Write Literature Review. Findings from the Literature Review will serve as the foundation of the Quality Improvement project.

Step 4: Write the Quality Improvement Project Proposal. DNP project proposal primarily focus on quality improvement initiatives at the immersion site. There must be clear evidence that DNP project proposal was developed from the finding of the literature review and the established needs of the immersion site. The DNP project protocol must be submitted to the FIU IRB for approval (additional IRB immersion site approvals may be required).

Step 5: Complete Project

Write and submit the DNP Project Final Report (APA format required) which will include the literature review, developmental process for the quality improvement project, and implementation results.

Step 6: Oral Presentation

The goals of the DNP oral presentation are:

1) Develop professional presentation skills.
2) Oral presentation of a command of the topic by presenting literature review and demonstrate how the Quality Improvement Project emerged from the findings of the literature review.
3) Presentation of QI project results.
4) Disseminate knowledge from the final project to team members, nursing peers and the academic community at the annual DNP Symposium

All oral presentations must be live (synchronous) presentations to the DNP Team/NWCNHS. DNP Symposium is open to the public.

**Step 7: Submit Copies of Completed DNP Project Report**

Once the oral presentation has been completed and approved by the student’s committee, students are required to submit a minimum of two (2) bonded copies of the final project to the Departmental Chair for signing: one for the Chair, and one for the Graduate office. Final copies should be printed on high quality bond paper, 11x8.5, no less than a standard 12-point font (Times Roman, Arial, Cambria).

Students will also submit an electronic copy of their final project report, and product to the DNP program director. This electronic version must have the signed title page and include all of the attachments, and sign off forms as well as any final products produced as one merged pdf document entitled with the student, Last Name, First Name, and "DNP" (insert Class year): Ex; Smith, John, DNP 2020. This is to be submitted on a USB flash drive with no other documents on it.

Students must meet the deadlines for completion/presenting, formatting and submission for the semester in which they will complete degree requirements. The deadlines are published in the Schedule of Classes and graduate school web site. Timelines will be adhered to closely.
GUIDELINES FOR DNP PROJECT and FINAL REPORT

The DNP student is expected to submit a quality improvement project commensurate with advanced doctoral nursing practice specific to their focus concentration area: advanced clinical practice, clinical education, or systems administration. To complete the objectives of the three-course series successfully, the DNP student is expected to submit a doctoral thesis of the Project (i.e., quality improvement project) completed in conjunction with the advanced doctoral nursing practice mentorship experience, and disseminate findings of the project. Dissemination activities (i.e., NGR 7942) may take several forms including development of an evidence-based practice guideline, educational modules, curriculum, tool kit to move science into practice, publication, and other strategies.

Focus of DNP Project (Clinical Mentorship) Hours

Beyond the MSN, clinical practice experiences at the DNP level expand the student’s practice to DNP level expectations. All students must complete a minimum of 540 supervised practice hours at the DNP level.

**NOTE:** Per the DNP essentials all students must have minimally a 1,000 documented clinical practice hours post-baccalaureate. Hence students might be required to complete additional residency hours beyond the required 540 if upon admission based on the required “Verification of Post-Baccalaureate Clinical Practice Hours” form their total number of hours upon completion of the program with the 540 will be less than the 1,000 hour minimum requirement. This will be determined early in the program and a plan of action designed for each student who may need additional practice hours.

Particular areas of focus for DNP practice experiences include:

1. Translation of research evidence into practice, including the complexities of motivating and achieving sustainable practice changes and staff behaviors in clinical environments.

2. Systems leadership for improving patient and healthcare outcomes.

3. Specific DNP competencies that the student may lack or has yet to develop. Students are encouraged to review the DNP Essentials document and identify specific competencies in their practices that they would like to strengthen through their clinical hour requirements.

4. Development of skills that support successful completion of the student’s DNP Project.

5. Health policy immersion, analysis, and creation.

Clinical hours and credits needed for DNP Project I (NGR 7940C), DNP Project II (NGR 7941C), and in DNP Project III (NGR 7942C) are stipulated on the course syllabus and are coordinated collaboration with the course professor. Students may fulfill these clinical requirements in their own work settings, through arrangements with a NWWNHCNS approved preceptors. It may be helpful to schedule a joint meeting of the Residency Faculty, student, and Preceptor early in each course to clarify the student’s learning objectives and plan for student clinical hours.

**Guidelines and Policy for Preceptors and Clinical Contracts**

Students may not begin any DNP Residency activities until an approved clinical contract with the healthcare facility or institution is in place. FIU must have an affiliation agreement in place with the potential clinical site before student can attend that clinical site. DNP clinical rotations must be approved by the Clinical Education Department before students can start residency immersion experience hours.

Students must follow the following steps:
1. Identify a preceptor/mentor in the student’s place of practice or in the community. Ideally the preceptor should be doctorally-prepared, an expert in the student's field, willing to be the student's preceptor/mentor, and agree to complete all written evaluation forms to document the Residency.

2. Verify that a contract with the facility or institution is in place. Follow the Clinical Education – Preceptor Approval Process. Check our current list of Clinical Site Contracts

**Note:** Initiation of new contracts can take from 6 – 8 weeks, students are encouraged to begin the placement verification process with sufficient time.

3. Whether you select a currently contracted facility or initiate a new contract, you are responsible for reading the contract, abiding by it, and completing and submitting any requisite forms in addition to NWNWCNHS requirements governing clinical placement.

4. You must also fully adhere to any rules and regulations specified by any clinical facility or institution that govern student clinical rotations on their premises.

**General Guidelines for Mentorship Component of DNP Project Courses**

- Clinical mentorship hours may be done at the student’s current job site. However, if this is the case the clinical hours must go beyond the student's current work responsibilities and be done outside of their regularly scheduled work hours. Also, the preceptor/mentor of record cannot be the student’s regular work supervisor.

- Clinical mentorship hours must be supervised by a preceptor/mentor who is an expert in the student’s clinical specialty area and/or in the DNP Project field of interest.

- The student must document a minimum of 540 supervised clinical/practice hours, upon completion of the program, as stipulated in each of the DNP Project courses and Health Policy immersion course.

- Students must develop objectives/goals for their residency experiences in collaboration with their preceptor/mentor and they must be approved the DNP residency faculty member.

- Students must document meeting all objectives/goals.

- DNP Project courses have a coordinating course faculty for each of the three DNP Project courses.

- DNP Project courses are designed in a progressive series fashion, therefore, successful completion of DNP Project I is necessary to progression into DNP Project II and successful completion of Residency II is necessary for progression into DNP Project III.

- Students may not register for more than one DNP Project course per semester. Each DNP Project course consist of 4 credit hours (2 credits for DNP scholarly project and 2 credits for DNP clinical mentorship directly related to the DNP scholarly project focus area = 160 hours of clinical practice time.)
The graduate nursing program uses a variety of clinical agencies to achieve graduate program objectives. All are carefully selected and evaluated on a regular basis. Contacts between clinical course faculty and agency preceptors are made periodically throughout the semester by phone and in person as needed. Students have the opportunity to experience appropriate learning environments to facilitate mastery of advanced practice competencies. Refer to the Advanced Practice Nursing Programs Clinical Preceptor Manual for additional information.

Selection of Clinical Facilities
The role of the advanced practice nurse (APN) is developed through the blending of theoretical knowledge and diverse clinical placements. Following university guidelines and in collaboration between the NWCNHS clinical education office and the office of academic affairs, specific clinical experience and practice sites are selected based on client populations, available resources, and student academic needs for professional role development and attainment of specific advanced nursing role competencies.

The graduate nursing clinical coordinator is the central contact for the placement of students at these selected sites and is responsible for contacting, coordinating, and corresponding with preceptors and clinical sites during the placement process.

Another critical criterion is the technical competencies of the preceptor. Thus, the prospective preceptor is carefully reviewed in terms of educational background, professional experience, state and national certification as NP and/or CNS, nursing philosophy, and willingness to precept students.

A master’s degree in nursing is a minimum requirement. The DNP mentor/preceptor must have extensive clinical expertise in their specialty area. In all cases, the course faculty works closely with the clinical preceptor and student to ensure the relevance of the student’s practice experiences relating to the course objectives. Refer to the Advanced Practice Nursing Programs Clinical Preceptor Manual for additional information.

Student clinical rotations are established the semester before each clinical course as a collaborative process between faculty and students.

Clinical rotations are based on student learning needs and course/program objectives. Clinical faculty members evaluate the student’s prior experiences in determining the most appropriate clinical site for the student. Students must do clinical rotations in sites and with preceptors for whom NWCNHS has all required contract and other documents as deemed by the NWCNHS Office of Clinical Education. Students must also have completed a satisfactory clinical clearance process prior to starting the clinical rotation.

While faculty members strive to collaborate with students to determine the best clinical placements, certain clinical-related situations are prohibited:

• Students cannot choose family or close friends as clinical preceptors.

• Students cannot do their clinical rotation in the unit where they work (if student works in a large institution, they may do their rotation in their institution but on a different unit).

• Students cannot do clinical rotations in an ICU/progressive care unit.

• Students will only be allowed to observe during hospital rounds if the preceptor is not an employee of the hospital. Observations must be kept at a minimum and will not count towards total clinical practicum.
ours, as the purpose of clinical rotations is “hands on practice”.

• A majority of student’s clinical rotations will be with nurse practitioners.

• Students are encouraged to change clinical sites (the type and location) and preceptors every semester to obtain the broadest experiences.

• Clinical rotation can only take place during semester periods when school is in progress, inclusive of University campus breaks only with prior faculty documented approval.

**Criteria Used for the Selection of Clinical Facilities**
The following criteria have been developed and used by the faculty for the selection and evaluation of clinical facilities and preceptors:

- Educational background, professional competencies and experience of the preceptor (a minimum of one year of professional experience in the field/specialty required).

- Active status of the preceptor’s professional licensure and national certification(s)

- The philosophy of the facility and the preceptor supports graduate nursing education.

- Clinical administration of the agency is supportive of graduate nursing education.

- The types of clients/patients and services offered provide students opportunities for meeting instructional objectives.

- The clinicians and staff members of the clinical setting are appropriate role models for the students.

- The standards of care within the agency meet the standards of its accrediting agency and/or reflect the regulatory requirements.

- Physical facilities of the agency support the students’ educational needs, e.g., use of examination/consultation room, space for student/preceptor to meet.

- The contractual terms are mutually acceptable to both the University and the Agency.

• By contract, the agency assumes responsibility for the continuity of care of all patients assigned to students.
Appendix 1. Standards of Professional Behavior Policy

TITLE: STANDARDS OF POLICY: The Nicole Wertheim College of Nursing and Health Sciences (NWCNHS) will specify specific requirements, student responsibilities and recommended guidelines regarding standards of professional behavior across all nursing and health sciences programs within the college.

RATIONALE: Standards of Professional Behavior and Conduct Students in nursing and other health professions curricula are held to standards of conduct that both differ from and exceed those usually expected of university students. Consequently, NWCNHS students are required to demonstrate clinical competency, including reasonable skill, safe practice, and professional behavior at all times, in the care of clients and clinical rotation/field experience interactions.

PROCEDURE:

Students may be removed from program experiences at any time for unsafe or unprofessional behavior. Further, students are required to adhere to the standards of acceptable conduct outlined in their respective professional association code of ethics and state of Florida professional regulations. Students can be removed from the nursing or health sciences program of study and/or any college affiliate clinical site or organizations based on violation of professional conduct.

NWCNHS students are held to the basic expectations for personal and professional behavior that all members of the FIU community should follow. Especially when faced with a difficult situation or decision, consider and apply the university’s core values of civility, respect, and integrity.

Breaches of conduct are reviewed and processed by the program chair referred to the Office for Student Conduct and Academic Integrity in accordance with the procedures outlined in the FIU Student Handbook. Resolutions of presented violations may include dismissal from the program.

Academic honesty and integrity are fundamental values that the Nicole Wertheim College of Nursing and Health Sciences upholds. Any incident of academic misconduct will be handled according to the guidelines of the FIU Office of Student Conduct and Academic Integrity. Additionally, any individual who is aware of violations of the Honor code is bound by honor to report the incidence or violation to the respective administration.
Appendix 2. Student Social Media Use Policy

TITLE: STUDENT SOCIAL MEDIA USE POLICY

POLICY: The Nicole Wertheim College of Nursing and Health Sciences will specify specific requirements, student responsibilities and recommended guidelines regarding the use of social media and web-based network platforms.

RATIONALE: The Nicole Wertheim College of Nursing and Health Sciences recognizes that social media and web-based network platforms and applications including, but not limited to, Facebook, Instagram and Twitter, are an important and timely means of communication. However, students who use these social media sites and applications must be aware of the critical importance of limiting the use of these sites and privatizing the settings of these sites and applications so that only trustworthy “friends” have access to the sites. Students must also be aware that posting certain information is illegal. Violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability, and the punishment for violations may include fines and imprisonment. Offenders also may be subject to adverse academic actions that range from a written of reprimand to dismissal from the program and expulsion from the university.

PROCEDURE

When using these social networking sites, FIU students in the Nicole Wertheim College of Nursing and Health Sciences are expected to conduct themselves in a mature, responsible, and professional manner. Discourse should always be civil, respectful, and in accordance with University Regulations. Student behavior should be in accordance with FIU’s values and are bound by FIU-2501 Student Conduct and Honor Code.

Enrolled students represent the Nicole Wertheim College of Nursing and Health Sciences and Florida International University as a healthcare professional. With regard to Social Media, personal posts on any and all social media platforms, which currently exist or will exist in the future, should be appropriate to your profession in healthcare, and not reflect adversely on the College of Nursing and Health Sciences or the University. Students who violate social media guidelines will be in violation of the FIU-2501 Student Conduct and Honor Code, Section 5-K-1 and may be subject to disciplinary action.

1. Students must NOT transmit or place online individually identifiable patient information; this includes photographs of any kind.
2. Students must observe ethically prescribed professional patient-healthcare provider boundaries.
3. Students should understand that patients, colleagues, institutions, and employers may view postings on personal accounts.
4. Students should take advantage of privacy settings and should seek to separate personal and professional information online.
5. Students should bring content that could harm a patient’s privacy, rights, or welfare to the attention of appropriate authorities.
6. Standards of professionalism are the same online as in any other circumstance. This includes postings regarding the University, the Nicole Wertheim College of Nursing and Health Sciences, faculty, staff, and peers.
7. Do not share or post information or photos gained through the healthcare provider-patient relationship.
8. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
9. Do not make disparaging remarks about patients, clinical sites, clinical rotations or field experiences, employers, co-workers, and/or peers even if they are not identified.

10. Do not take photos or videos of patients or any clinical setting on personal devices, including cell phones.

11. Promptly report a breach of confidentiality or privacy.

12. If students choose to list an email address on a social networking site, they should use a personal email address (not their fiu.edu address) as their primary means of identification.

13. Students may not represent themselves as another person.

14. Students may not utilize Web sites and/or applications in a manner that interferes with their academic/clinical responsibilities.

15. The following actions are strongly discouraged:

   a. Display of vulgar language.

   b. Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.

   c. Presentation of photographs that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity.
FIU-105 Sexual Harassment (Title IX) and Sexual Misconduct

I. POLICY STATEMENT

Florida International University (the University) is committed to encouraging and sustaining a learning and living environment that is free from discrimination based on sex including gender, gender expression, gender identity, and sexual orientation. Discrimination based on sex encompasses Sexual Misconduct, Sexual Harassment, Gender-Based Harassment, Domestic Violence, Dating Violence, and/or Stalking. The University has developed this regulation applicable to the entire University Community (i.e., students, student organizations, faculty, staff, affiliated third parties, and visitors) prohibiting discrimination based on sex consistent with Title IX of the Education Amendments of 1972 (Title IX), relevant provisions of the Violence against Women Reauthorization Act of 2013 (VAWA), the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act), along with all applicable implementing regulations, and other applicable federal and state laws.

The University has identified two areas that are under the purview of this Regulation: Sexual Harassment as defined by Title IX and Sexual Misconduct. Sexual Harassment applies to alleged harassment, violence, and/or prohibited discrimination that occurs in an University education program or activity in the United States. This refers to locations, events, or circumstances over which the University had substantial control over both the Respondent and the context in which such incidents occurred, and also includes buildings owned by or controlled by a student organization that is officially recognized by the University. Sexual Misconduct applies to alleged harassment, violence, and/or prohibited discrimination that occurs in or outside an University education program or activity regardless of location. Nothing in this Regulation shall be construed as preventing the University President from taking any action which may be deemed necessary to meet the goals of this Regulation. The President may change the outcome and/or sanctions for any matter under the jurisdiction of this Regulation as outlined in Section XV.

All members of the University community are expected to conduct themselves in a manner that does not infringe upon the rights of others and is consistent with this regulation. The Regulation is not meant to inhibit or prohibit educational content or discussions protected by academic freedom or the First Amendment, the Fifth and Fourteenth Amendments, or any other rights guaranteed by the U. S. Constitution.
The University emphasizes the importance of treating Complainants and Respondents equitably upon receipt of a Formal Complaint. There is a presumption the Respondent is Not Responsible for the alleged conduct until Final Agency Action.

II. TITLE IX COORDINATORS

The Title IX Coordinator is:

• knowledgeable and trained in University policies and procedures and relevant state and federal laws;
• responsible for coordinating the effective implementation of Supportive Measures;
• responsible for responding to concerns raised by the Deputy Title IX Coordinator(s), University Police, or Responsible Employees;
• responsible for overseeing investigations of alleged violations of this Regulation;
• responsible for ensuring the effective implementation of this Regulation, including monitoring compliance with all procedural requirements, recordkeeping, and timeframes;
• responsible for overseeing training, prevention, education efforts, and periodic reviews of climate and culture; and
• responsible for maintaining all reports of possible violations of this Regulation and reviews such reports and complaints for systemic patterns that need to be addressed.

The University’s Title IX Coordinator is:

Courtney McHenry

Office of Inclusion, Diversity, Equity, & Access (IDEA)

Office number: 305-348-2785
Email: cmchenry@fiu.edu
Address: 11200 S.W. 8th Street, PC 321
Miami, FL 33199

The Title IX Coordinator has designated Deputy Title IX Coordinators to assist in fulfilling the Title IX Coordinator duties. The Deputy Title IX Coordinators are:

• Michelle R. Horvath, Assistant Dean of Students, Office of Student Conduct and Academic Integrity

Office number: 305-348-3939
email: conduct@fiu.edu

• Julie Berg-McGraw, Sr. Associate Athletic Director, Athletics Department

Office number: 305-348-2352
email: julie.bergmc_graw@fiu.edu

• Joann Cuesta-Gomez, Director, Office of Employee & Labor Relations
The Title IX Coordinator, Deputy Title IX Coordinators, investigators, Hearing Officer(s), and
the Hearing Body are properly trained based on their roles. Training includes what constitutes
Sexual Misconduct and Sexual Harassment, the scope of the University’s education programs
and activities, how this Regulation is implemented, how to conduct an investigation and
grievance process, including hearings, appeals, and informal resolution processes, as applicable,
and how to serve impartially including by avoiding pre-judgment of the facts at issue, conflicts
of interest and bias, any technology to be used at a live hearing, issues of relevance of questions
and evidence, including when questions and evidence about the Complainant’s sexual
predisposition or prior sexual behavior are not relevant, and relevance to create an investigative
report that fairly summarizes relevant evidence.

The Title IX Coordinator, investigators, and Hearing Officer(s), and Hearing Body will be free
of actual or reasonably perceived conflicts of interest and biases for or against any party.
Concerns about the University’s application of this Regulation may be addressed to the
following offices below and/or to the Deputy Title IX Coordinators listed above.
FIU Office of University U.S. Depart. of Education Equal Opportunity Compliance and
Integrity Office for Civil Rights Commission
(305) 348-2216
(800) 421-3481
(800) 669-4000
Email: compliance@fiu.edu

III. DEFINITIONS

Actual knowledge – Verbal or written notice of Sexual Harassment or Sexual Misconduct or
allegations of Sexual Harassment or Sexual Misconduct to the Title IX Coordinator or
Responsible Employee.

Advisor - Any person chosen by the Complainant or Respondent to assist throughout the Sexual
Harassment or Sexual Misconduct process (e.g. faculty, staff, parent/guardian, attorney, friend,
alumni, or any other person who is not a Witness in the process).

Appellate Officer - The Senior Vice President for Academic and Student Affairs or designee for
student Respondents or the Vice President for Human Resources or designee for non-student
Respondents.

Business Day: A day when the University is open for regular business operations from 8:30 am
to 5:00 pm Eastern Time. For emailed correspondence, the day of delivery is not included in a
designated time period. In computing any time period specified in this Regulation, the day of the
event, act, or default that initiates the period shall be excluded.

Complainant - Any individual who is alleged to be a victim of conduct that could constitute behavior prohibited by this Regulation.

Consent - A clear, knowing, and voluntary agreement to engage in specific sexual activity at the time of the activity. Consent can be communicated by words or actions as long as those words or actions create mutually understandable permission regarding willingness to engage in (and the conditions of) sexual activity. Consent must be ongoing throughout the sexual activity and can be withdrawn at any time. Sexual contact must cease immediately once withdrawal of consent is clearly communicated.

• Consent must be active, not passive.
• Lack of protest or resistance does not mean consent has been granted, nor does silence mean consent has been granted.
• Within each sexual encounter, there may be separate individual sexual acts involved, and consent to one act and/or person(s) by itself does not constitute consent to another act and/or person(s).
• The existence of a dating relationship between the persons involved, or the fact of past sexual relations, should never, by itself, be assumed to be an indicator of consent for any current or future sexual encounter even in the context of a relationship, there must be mutual consent.
• If coercion or force is used, there is no consent.
• If a person is incapacitated so that the person cannot understand the fact, nature or extent of the sexual situation, there is no consent. This may be affected by conditions due to age, alcohol or drug consumption, unconsciousness, being asleep, physical or developmental disabilities.
• Whether one has taken advantage of a position of influence over another can be a factor in determining whether there was consent.
• In order to give consent, one must be of legal age.
• The question of what the Respondent should have known as to whether the Complainant was incapacitated is objectively based on what a reasonable person, sober and/or exercising good judgment, would have known about the condition of the Complainant.

Deputy Title IX Coordinator – The Deputy Title IX Coordinator is an individual(s) designated by the Title IX Coordinator to support the Title IX Coordinator with respect to the University’s efforts to comply with this Regulation.

Final Agency Action - Notice that the University has made a final determination and, as such, may be appealed to an external judicial forum.
Formal Complaint – A document filed by a Complainant or signed by the Title IX Coordinator alleging Sexual Harassment or Sexual Misconduct against a Respondent and requesting an investigation of alleged Sexual Harassment or Sexual Misconduct.

- A document filed by a Complainant means a document or electronic submission that contains the Complainant's physical or electronic signature or otherwise indicates the Complainant is the person filing the complaint.

Hearing Body – Members of the University community responsible for determining the merits and sanctions of alleged conduct violating this Regulation. The Hearing Body for Sexual Harassment and Sexual Misconduct shall consist of a University Official or panel of University Officials except, if requested by a student Respondent and no objection is raised by the Complainant, a Hearing Body may be comprised of at least one-half of students.

Hearing Officer – The University official responsible for chairing the Hearing Body. The Hearing Officer will not be the same person as the Title IX Coordinator or investigator.

Impact Statement - An oral or written statement that describes how the Complainant or Respondent is impacted by the alleged conduct.

Incapacitation – Incapacitation is the inability, temporarily or permanently, to give Consent because the individual is mentally and/or physically helpless, or the individual is unconscious, asleep, or otherwise unaware that the sexual activity is occurring.

Interim Suspension or Administrative Leave – An immediate separation or leave from the University.

Responsible Employee - Any employee with authority to institute corrective measures; who has been given the duty of reporting incidents of Sexual Harassment or Sexual Misconduct or any other misconduct by students or employees to the Title IX Coordinator or other appropriate University designee; or an individual who a student or employee could reasonably believe has this authority or responsibility.

Student employees are only Responsible Employees if they are employed in the following positions:

- Graduate Teaching Assistants and Graduate Research Assistants;
- The Athletics Department; or
- Housing and Residential Life.

The definition of Responsible Employee does not absolve anyone with the knowledge of or reason to suspect child abuse, abandonment, or neglect of the responsibility to report such relevant information to the Department of Children and Families in accordance with FIU Policy # 140.130 Mandatory Reporting of Child Abuse, Abandonment and Neglect.

Obstruction – Any action, individually or working with others, which the Respondent knew or
should have known would impede an investigation by the University into possible violations of this Regulation committed by the Respondent, including, but not limited to, failing to participate in a University investigation or grievance process if not the Respondent, making false statement or submitting false information during the grievance process, or destroying potentially relevant evidence.

Preponderance of the Evidence – Based on the evidence provided, it is more likely than not that the actions alleged occurred. Grievance proceedings are conducted to take into account the totality of all evidence available from all relevant sources. The burden of proof rests with the University.

Reporting Party - Any person (excluding the Complainant) who reports an alleged violation of the FIU 105 Regulation.

Respondent - Any individual or group, including student organization, who has been accused of violating this Regulation.

Retaliation – Any words or behavior made to intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by this Regulation, or because the individual has made a report or complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing under this Regulation. Retaliation may be committed by the Respondent, the Complainant, the Reporting Party, or any other individual or group of individuals.

Sexual Harassment – Conduct on the basis of sex which occurs in the United States in an University activity or program that satisfies one or more of the following:

- An employee, including faculty, staff, or contractor, conditioning the provision of aid, benefit, or service on an individual’s participation in unwelcome sexual conduct; or
- Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to an education program or activity;
- Sexual Assault is defined as penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration (regardless of whether it includes penetration) by a sex organ of another person, without the consent of the Complainant. Attempts or assaults to commit Sexual Assault are also included; however, statutory Sexual Assault and incest are excluded;
- Dating Violence which means violence committed by a person (i) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (ii) where the existence of such a relationship shall be determined based on a consideration of the length of the relationship, the type of relationship, and the frequency of interaction.
between the persons involved in the relationship;

- Domestic Violence is defined as violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim or by any other person against an adult or youth victim; or

- Stalking defined as a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others; or suffer substantial emotional distress.

Sexual Misconduct — Conduct, regardless of geographic location, that includes:

- Coercion - Conduct, intimidation, and/or express or implied threats of physical, emotional, financial, or any other type of harm that would reasonably place an individual in fear of immediate or future harm and that is employed to force or compel someone to engage in sexual contact or any other type of involuntary conduct, especially conduct which would endanger or be detrimental to the Complainant. Examples of Coercion include:
  - Causing the deliberate incapacitation of another person;
  - Conditioning an academic benefit or employment advantage;
  - Threatening to harm oneself if the other party does not engage in sexual contact;
  - Or
  - Threatening to disclose an individual’s sexual orientation, gender identity, gender expression, or other personal or sensitive information if the other party does not engage in the sexual contact or takes actions involuntarily.

- Domestic Violence - violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim or by any other person against an adult or youth victim.

- Dating Violence - violence committed by a person (i) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (ii) where the existence of such a relationship shall be determined based on a consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship.

- Gender-based Harassment - harassment based on gender, sexual orientation, gender identity, or gender expression, including acts of aggression, intimidation, or hostility,
whether verbal or non-verbal, graphic, physical, or otherwise, even if the acts do not involve contact of a sexual nature.
• Non-Consensual Sexual Touching – any sexual touching without consent. Sexual touching is any intentional touching of a person’s body, including the breasts, buttocks, groin, genitals, or other intimate parts. Touching may be over or under clothing and may include the Respondent touching the Complainant, the Respondent making the Complainant touch the Respondent or another person, or the Respondent making the Complainant touch the Complainant’s own body.
• Obscene or Indecent Behavior
  i. Exposure of one’s sexual organs or the display of sexual behavior that would reasonably be obscene or indecent to others. Other forms of obscene or indecent behavior include sexual exhibitionism, engaging in prostitution, or the facilitation or solicitation of a prostitute.
  ii. Observing another individual’s nudity or sexual activity or allowing another to observe consensual sexual activity without the knowledge and consent of all parties involved.
  iii. Recording, photographing, transmitting, showing, viewing, streaming, or distributing intimate or sexual images, audio recordings, or sexual information of another person in any form without the knowledge and Consent of all parties involved.
  iv. Publishing a sexually explicit image of a person that contains or conveys the personal identification or information of the depicted person to an internet website, text, email, and/or social media without the depicted person’s Consent.
• Revenge Porn - to publish a sexually explicit image of a person, including any depiction that contains or conveys the personal identification or information of the depicted person by any electronic, digital or other means, including to an internet website, by text, by email, and/or by through social media without the depicted person’s Consent.
• Sex-based Harassment – any unwelcome sexual advance, request for sexual favors, and/or other verbal or physical conduct of a sexual nature:
  i. Submission to, or rejection of, such conduct is made implicitly or explicitly a term or condition of a person’s instruction, academic standing, or participation in any University program, activity, or benefit;
  ii. Submission to, or rejection of, such conduct by an individual is used as a basis for academic or work evaluation;
  iii. Such conduct creates a hostile environment. A hostile environment exists when
the conduct is sufficiently severe, persistent, or pervasive that it unreasonably interferes with, limits, or deprives an individual from participating in or benefiting from the University’s educational, and/or campus-residential experience when viewed both from a reasonable person in similar circumstances and the person in question.

- **Sexual Assault** – Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration (regardless of whether it includes penetration) by a sex organ of another person, without the consent of the Complainant. Attempts or assaults to commit Sexual Assault are also included; however, statutory Sexual Assault and incest are excluded.
- **Sexual Coercion** – the act of using pressure or force to have sexual contact with someone who has already refused.
- **Sexual Exploitation** - Knowingly or recklessly transmitting a sexually transmitted disease or sexually transmitted infection (such as HIV) to another individual without the knowledge and consent of the person exposed.
- **Stalking** - A course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others; or suffer substantial emotional distress.

**Supportive Measures** – Non-disciplinary, non-punitive individualized services offered as appropriate, as reasonably available, and without fee or charge, to the Complainant or Respondent. The Title IX Coordinator is responsible for coordinating effective implementation of Supportive Measures.

**Title IX** – refers to Title IX of the Educational Amendments of 1972, and applicable implementing regulations, which protects people from sex and gender discrimination in educational programs and activities at institutions that receive federal financial assistance. Title IX covers more than athletics and sexual assault, it addresses concerns relating to discrimination on the basis of sex or gender in all aspects of the educational process, including in the areas of recruitment, admissions, and counseling; financial assistance; the needs of pregnant and parenting community members, discipline; and employment.

**Title IX Coordinator** – The individual University official with the primary responsibility for coordinating the University’s compliance with Title IX.

**University Community** - Any student, faculty, staff, other person currently employed by the University, or working on University premises, or any participant in a University program or activity regardless of the location of the program or activity.

**Violation of Supportive Measure(s):** Failure to comply with a Supportive Measure(s) imposed
pursuant to this Regulation.

IV. JURISDICTION

Jurisdiction applies to University educational program or activities, including locations, events, or circumstances over which the University exercised substantial control over both the respondent and the context in which the harassment occurs, and also includes any building owned or controlled by a student organization that is officially recognized by the University. For Sexual Misconduct matters, jurisdiction applies to respondents who are members of the University community regardless of location.

V. OPTIONS FOR SEEKING CONFIDENTIAL ASSISTANCE AND/OR MAKING A REPORT OF A POTENTIAL VIOLATION

The University is committed to providing options through multiple contact points across campus that are broadly accessible to all University community members to address a potential violation of this Regulation. Anyone may seek confidential assistance and/or make a report to the University on behalf of themselves or others. It is important to understand the differences between these two options.

Seeking confidential assistance means talking about the alleged violation with a professional who cannot share the information with anyone else without the express permission from the person sharing the information unless there is a threat of serious harm to the person sharing the information and/or to others and/or there is a legal obligation to reveal such information (e.g., suspected abuse or neglect of a minor or vulnerable adult). Any individual may choose to seek support from confidential professionals on and/or off campus, including the staff at the University Victim Empowerment Program, the counselors at the University Counseling and Psychological Services Center, medical health providers, clergy, and/or rape crisis counselors (as noted in the chart below). The confidential resource will provide help in addressing the incident to the extent possible and in accordance with the person’s desires. Seeking confidential assistance does not prevent an individual from making a Formal Complaint at a later date. The chart below provides a graphical representation of the differences between the options. [THE REST OF THIS PAGE IS LEFT INTENTIONALLY BLANK]

Off-campus professionals

who can provide Confidential Assistance:

Roxcy Bolton Rape Treatment Center at
Jackson Memorial Hospital
305-585-5185
1611 N.W. 12th Avenue, Miami, FL 33136
Florida Council Against Sexual Violence
Information Line
1-888-956-RAPE
Florida Domestic Violence Hotline
1-800-500-1119; Florida Relay 711
Florida Victim Assistance
1-800-266-6667
Miami Coordinated Victim Assistance Center (CVAC)
305-285-5900
Any licensed mental health professional can provide Confidential Assistance
University Officials to Contact for Making a Report to the University
Courtney McHenry
Interim Title IX Coordinator
Assistant Director, Office of Inclusion, Diversity, Equity & Access
PC 321
Phone: 305-348-2785
Email: idea@fiu.edu
Michelle Horvath
Director, Student Conduct and Academic Integrity (SCAI)
GC 311A
Phone: 305-348-3939
Email: conduct@fiu.edu
Joann Cuesta Gomez
Director, Employee & Labor Relations (ELR)
PC 236
Phone: 305-348-4186
Email: elr@fiu.edu
Julie Berg-McGraw
Deputy Title IX Coordinator
Silent Witness Form provides a method to report on an anonymous basis to the FIU Police Department:
http://police.fiu.edu/Silent_Witness.php
FIU Ethical Panther Line provides a method to report on an anonymous basis to the University Compliance Office at
https://fiu.i-sight.com/portal/reportonline
Incident Reporting Form provides a method to report on an anonymous basis to Student Affairs:

All other employees not designated as confidential resources or Responsible Employees will safeguard an individual’s privacy, but are strongly encouraged to share any information about such conduct with the Title IX Coordinator or Deputy Title IX Coordinator(s) in recognition of the understanding that centralized reporting is an important tool to address, end and prevent prohibited conduct. Similarly, all students (who are not otherwise required to report as a Responsible Employee are strongly encouraged to report any information, including reports or partial reports, to the Title IX Coordinator or Deputy Title IX Coordinator(s).

Reports of conduct believed to be prohibited by this Regulation (or that left unchecked may rise to the level of prohibited Sexual Misconduct or Sexual Harassment) are encouraged even if the reporter is not sure that the conduct violates this Regulation or does not want the University to take action against a Respondent. The University will make every effort to respect a Reporting Party’s autonomy if that is the Reporting Party’s desire. Making a report to the University does not mean that the Reporting Party cannot also seek confidential assistance.

VI. SUPPORTIVE MEASURES
When an informal or Formal Complaint is received, the Title IX Coordinator or designee, in consultation with other appropriate administrators, will make an assessment of any risk of harm to the parties, any other individuals, or the broader University community. The University may
impose reasonable and appropriate supportive measures when necessary to protect the safety and/or emotional well-being of the parties or witnesses involved and/or to provide academic or other appropriate support. Implementing any supportive measures is within the sole discretion of the University. Because they are temporary in nature, interim protective measures may be amended or withdrawn as additional information is gathered. The Title IX Coordinator or designee, in consultation with other administrators, will maintain consistent contact with the parties so that all safety and/or emotional well-being concerns can be reasonably addressed.

Supportive measures may be afforded to the Complainant, the Reporting Party, the Respondent, and/or other involved individuals as appropriate to ensure their safety and/or well-being. Supportive measures may be requested by the parties at any time regardless of whether any particular course of action is sought by the Complainant while avoiding punishing the Respondent prior to the conclusion of the grievance process. The range of Supportive Measures includes, but is not limited to:

- Arranging for medical services
- Access to counseling services either provided by the University and/or through community resources
- Providing crisis intervention, case management, emotional and/or practical support, and/or safety planning through the Victim Empowerment Program for students and through the Office of Employee Assistance for faculty and staff
- Imposition of a University “No-Contact Directive” for all or some of the parties involved in the incident
- Rescheduling of exams and assignments
- Providing alternative course completion options
- Change in class schedule, including the ability to drop a course without penalty or to transfer sections
- Change in work schedule or job assignment
- Change in campus housing assignment
- Assistance from University support staff in completing housing relocation, if feasible
- Voluntary leave of absence from work in accordance with University policies
- Providing an escort to assure safe movement between classes and activities
- Providing academic support services, such as tutoring
- University-imposed leave or suspension for the Respondent.
- Any other feasible measure(s), which can be tailored to the involved individuals to achieve the goals of this Regulation.
All individuals are encouraged to report concerns about the adequacy of the Supportive Measures or the failure of another individual to abide by any Supportive Measure to the Title IX Coordinator or designee. Any violation of a Supportive Measure will be investigated and adjudicated under this Regulation.

VII. ADVISORS

During the grievance process, the Complainant and Respondent may have an advisor of their choice accompany them to any related meeting or proceeding. Advisors have no active role in any meetings or the grievance process except as explicitly provided in this Regulation. Meetings or proceedings may not be unreasonably delayed due to the selection or schedule of an Advisor, and it is the responsibility of the Complainant or Respondent to communicate relevant information to their Advisor and ensure that their Advisor comports themselves in a manner which respects this educational-administrative process. After an appropriate warning, the University reserves the right to stop a meeting or proceeding and remove an Advisor whose presence disrupts the meeting or proceedings, and then begin the meeting or proceedings without the Advisor. During a hearing held pursuant to this Regulation, an advisor will be provided by the University for cross-examination purposes only if the Complainant or Respondent does not already have an Advisor.

VIII. FORMAL COMPLAINTS

A Formal Complaint may be filed with the Title IX Coordinator in person, by mail, or electronic mail using the contact information listed for the Title IX Coordinator above. A Formal Complaint may also be filed through conduct.fiu.edu or https://fiu.i-sight.com/portal/idea.

If the Complainant files a Formal Complaint, the University will analyze whether it is to be dismissed. This analysis occurs prior to the investigation, and at any point in the investigation or grievance process when the grounds for dismissal appear. In all cases, if the Formal Complaint is dismissed, the Title IX Coordinator will promptly and simultaneously provide the parties written notice of the dismissal, the reasons for the dismissal, and an opportunity to appeal.

Mandatory Dismissal of Formal Complaints of Sexual Harassment

The University must dismiss a Formal Complaint of Sexual Harassment to the extent the conduct alleged in the Formal Complaint:

- Would not constitute Sexual Harassment even if proved;
- Did not occur in the University’s education program or activity; or
- Did not occur in the United States.

At the time a Formal Complaint is filed, a Complainant must be participating in or attempting to participate in a University educational program or activity. Even though a Formal Complaint must be dismissed for Sexual Harassment (Title IX) purposes, the University may continue to
review the allegations as Sexual Misconduct or other violation of the University’s regulations, rules, and policies.

Permissible Dismissal of Formal Complaints of Sexual Harassment or Sexual Misconduct

The University may dismiss a Formal Complaint in the following circumstances:

- The conduct would not constitute Sexual Misconduct even if proved;
- Upon completion of the investigation, the Title IX Coordinator concludes that there is not reasonable cause to believe that a violation of this Regulation occurred. Reasonable cause is a lower standard than preponderance of the evidence;
- The Complainant notifies the Title IX Coordinator in writing that the Complainant would like to withdraw the Formal Complaint or any allegations therein;
- The Respondent is no longer enrolled or employed by the University; or
- Specific circumstances prevent the University from gathering evidence sufficient to reach a determination as to the formal complaint or allegations therein.

In determining whether to dismiss in these circumstances, the University will evaluate whether a dismissal would be clearly unreasonable in light of the known circumstances.

If dismissed, the University may continue to review the allegations as a violation of other University regulations, rules, and policies.

Consolidation of Formal Complainants

The Title IX Coordinator, Director of Student Conduct and Academic Integrity or the Director of Employee and Labor Relations or designee(s) may consolidate Formal Complaints against more than one (1) Respondent, or by more than one (1) Complainant against one (1) or more Respondents, or by one Party against another Party where the allegations arise out of the same facts or circumstances.

IX. INTERIM SUSPENSION AND ADMINISTRATIVE LEAVE

The University may remove a Respondent from some or all of the University’s programs and activities or employment on an interim basis if it determines there is an immediate threat to the health, safety, or welfare of the University or University Community arising from allegations of violations of this Regulation. Prior to placing a Respondent on Interim Suspension or Administrative Leave, the University will conduct an individualized safety and risk analysis.

If a Respondent is removed pursuant to this section, the University will provide the Respondent with written notice and an opportunity to challenge the removal. The Respondent will have three (3) Business Days from the date of the notice of Interim Suspension or Administrative Leave to challenge the decision, in writing, stating the basis of their challenge to the removal. A copy of the challenge to the Interim Suspension or Administrative Leave will be provided to the Complainant. No later than three (3) Business Days after receipt of the challenge, the University
will provide a written determination to the Respondent and Complainant. If Interim Suspension or Administrative Leave is upheld, the Respondent retains all rights to an investigation and hearing as set forth in this Regulation prior to any ultimate finding of responsibility and sanctions.

X. INVESTIGATION OF FORMAL COMPLAINTS

Criminal Investigations

To initiate a criminal investigation, reports of Sexual Misconduct or Sexual Harassment should be made to the University Police Department, or local law enforcement. The criminal process is separate from this grievance process and the Rules of Civil or Criminal Procedure do not apply. The University has an obligation to promptly respond to allegations of Sexual Misconduct or Sexual Harassment and investigate all Formal Complaints while the criminal process is pending. Therefore, the University in its sole discretion may proceed with an investigation under this Regulation before, during, or after any law enforcement investigation or criminal proceedings.

Notice of Allegation

Upon receipt of a Formal Complaint, the Title IX Coordinator or designee will provide the Complainant and Respondent with written notice stating:

• this Regulation and other applicable Regulations or policies;
• the allegations of Sexual Harassment or Sexual Misconduct including sufficient details known at the time and with sufficient time to prepare a response before any initial interview. Sufficient details include the identities of the parties involved if known, the alleged conduct constituting Sexual Harassment or Sexual Misconduct, and the date and location of the alleged incident if known;
• the Respondent is presumed Not Responsible for the alleged conduct and that a determination regarding responsibility is made at the conclusion of the grievance process;
• the parties may have an advisor of their choice, who may be, but is not required to be, an attorney, and may inspect and review evidence;
• any provision of the Student Conduct and Academic Honor Code or applicable regulations, policies, or procedures that prohibits knowingly making false statements or knowingly submitting false information during the grievance process; and
• an appointment date and time where they will, separately, meet with the Title IX Coordinator for an information session to discuss the grievance process, supportive measures, and any other concerns a party may have. Each party will be provided with at least fourteen (14) Business Days between receipt of the Notice of Allegation and the date of the initial interview except in cases or emergency or where waived by the party.

If, in the course of an investigation, the University decides to investigate allegations about the
Complainant or Respondent that are not included in the original Notice of Investigation, the University will provide notice of the additional allegations to the parties.

Timeline for Investigation and Responsibility Determination

It is the University’s intention to complete a Title IX investigation and reach a determination of responsibility within ninety (90) Business Days, although good-faith efforts to conduct a fair, impartial investigation in a timely manner may require a different timeline depending on the circumstances.

Any deadline set forth in this Regulation or imposed during the grievance process may be temporarily modified or given a limited extension of time for good cause with written notice to the Complainant and the Respondent of the delay or extension and the reasons for the modification. Good cause may include considerations such as the absence of a party, or a witness; concurrent law enforcement activity; or the need for language assistance or accommodation of disabilities.

The University may act on its own in modifying deadlines, or the parties may request an extension in writing by contacting the Title IX Coordinator, Director of Student Conduct and Academic Integrity or Director of Employee Labor Relations or designee(s) as applicable.

Appointment of an Investigator

The Title IX Coordinator may designate one or more properly trained individuals to investigate a Formal Complaint, including University or third-party investigators.

In the event of a conflict or bias, the University will appoint an alternate individual so that the process is free of conflicts of interest and bias.

Concurrent Processes

If the Respondent is a student and portions of the Formal Complaint include allegations that violate the Student Conduct and Honor Code but are not alleged violations of this Regulation, those allegations may be investigated and/or addressed separately by Student Conduct and Academic Integrity before, during, or after the investigation coordinated by the Title IX Coordinator described herein.

Similarly, if the Respondent is an employee or member of the University Community and portions of the Formal Complaint include allegations that violate University regulations, policies, and procedures applicable to personnel, but are not alleged violations of this Regulation, then those allegations may be investigated and/or addressed separately by Human Resources before, during, or after the investigation coordinated by the Title IX Coordinator described herein.

The Collection of Evidence

Investigators will gather information from the Complainant, Respondent, and other individuals who have information relevant to the Formal Complaint. The parties will have an equal
opportunity to present facts and evidence, identify witnesses, and other inculpatory and
exculpatory evidence. The investigator may also interview relevant third parties who, throughout
the course of the investigation, are determined to have information that may assist in the review
of the formal complaint. The investigator has the discretion to determine the relevance of any
witnesses provided by either party, and will determine which witnesses to interview. The
investigator will not consider relevant any witnesses who are offered solely for the purpose of
providing evidence of a party’s character. If a party declines to provide relevant information, the
University’s ability to conduct a prompt, thorough, and equitable investigation may be impaired.
The University will provide to a party whose participation is invited or expected written notice of
the date, time, location, participants, and purpose of all investigative interviews at least seven (7)
Business Days prior to the investigative meetings, or other meetings except in cases of
emergency or unless waived by the Respondent.

Exclusion of Certain Forms of Evidence
The University cannot access, consider, disclose, or otherwise use a party's records that contain
information protected under a legally recognized privilege, unless the person holding such
privilege has waived the privilege.

If a party chooses to provide evidence that would otherwise be excluded under this subsection, it
will be considered directly related evidence subject to the parties’ inspection.

Review of Collected Evidence & Investigatory Report
The Title IX Coordinator, Director of Student Conduct and Academic Integrity, or Director of
Employee and Labor Relations, or designee as appropriate will provide both parties an equal
opportunity to inspect and review any evidence obtained as part of the investigation that is
directly related to the allegations raised in the Formal Complaint, including the evidence upon
which University does not intend to rely in reaching a determination regarding responsibility and
inculpative or exculpatory evidence whether obtained from a party or other source, so that each
party can meaningfully respond to the evidence prior to conclusion of the investigation. Prior to
completion of the investigative report, the University must send to each party and the party's
advisor, if any, the evidence subject to inspection and review in an electronic format or a hard
copy, and the parties will be given at least ten (10) Business Days to submit a written response.
The investigator will consider any written responses prior to completion of the investigative
report.

The University will also make all directly related evidence subject to the parties' inspection and
review available at any hearing to give each party equal opportunity to refer to such evidence
during the hearing, including for purposes of cross-examination.

The Title IX Coordinator or designee will send the parties and their advisors the final
investigative report that fairly summarizes relevant evidence, with at least 10 (ten) Business Days prior to a hearing or determination of responsibility.

XI. INFORMAL RESOLUTION

If a Formal Complaint has been filed, the University has the discretion at any time prior to reaching a determination regarding responsibility to choose to offer and facilitate informal resolution options so long as the parties give voluntary, informed written consent to attempt informal resolution. Informal resolution is not available when a Complainant is a student alleging that a University employee has engaged in Sexual Harassment or Sexual Misconduct.

In offering an informal resolution process, the University will provide the parties written notice disclosing the allegations, the requirements of the informal resolution process including the circumstances under which, upon reaching an agreed resolution, it precludes the parties from resuming a formal complaint arising from the same allegations; provided, however, that at any time prior to agreeing to a resolution, any party has the right to withdraw from the informal resolution process and resume the grievance process with respect to the Formal Complaint. The University will also explain any consequences resulting from participating in the informal resolution process, including the records that will be maintained or could be shared.

The Informal Resolution process must be completed within fifteen (15) Business Days of the parties agreeing to pursue such a process. If not completed by that deadline, in the absence of any approved extensions, the Formal Complaint will continue to be investigated and processed for a live hearing as described in this Regulation.

XII. HEARINGS

The Hearing Process

Live hearings may be conducted with all parties physically present in the same geographic location or with any (or all) parties, witnesses, and other participants appearing virtually utilizing technology that enables participants to simultaneously see and hear each other. At the request of either party, the University will provide for the live hearing to occur with the parties located in separate rooms with technology enabling the decision-makers and parties to simultaneously see and hear the party or the witness answering questions.

At the live hearing, the Hearing Officer will explain each Party’s rights and options and assure that fairness and procedural due process are observed throughout the hearing. The Hearing Officer will permit each party’s Advisor to ask the other party and any witnesses all relevant questions and follow-up questions, including those challenging credibility. Such crossexamination at the live hearing must be conducted directly, orally, and in real time by the party’s advisor. Only relevant cross-examination and other questions may be asked of a party or witness.

To ensure this, before a Complainant, Respondent, or witness answers a cross-examination or
other question, the Hearing Officer will first determine whether the question is relevant and explain any decision to exclude a question as not relevant.

Questions and evidence about the Complainant’s sexual predisposition or prior sexual behavior are not relevant, unless such questions and evidence about the Complainant’s prior sexual behavior are offered to prove that someone other than the Respondent committed the alleged conduct or if the questions and evidence concern specific incidents of the Complainant’s prior sexual behavior with respect to the Respondent and are offered to prove Consent.

If a party or witness does not submit to cross-examination at the live hearing, the Hearing Officer and Hearing Body will not rely on any statement of that party or witness in reaching a determination regarding responsibility. The Hearing Office and Hearing Body will not draw an inference about the determination regarding responsibility based solely on a party’s or witness’s absence from the live hearing or refusal to answer cross-examination or other questions.

The University will create an audio or audiovisual recording, or transcript, of any live hearing.

Live hearings will be closed to the public.

The Written Determination Regarding Responsibility

The University will provide a written determination regarding the Respondent’s responsibility simultaneously to the Parties within fourteen (14) Business Days from the conclusion of the hearing. The Decision-Maker will also provide a copy of the written determination to the Title IX Coordinator. Unless an appeal is filed, this written determination shall constitute Final Agency Action. The written determination regarding responsibility will include the following:

• Identification of the allegations potentially constituting Sexual Misconduct or Sexual Harassment;
• A description of the procedural steps taken from the receipt of the formal complaint through the determination, including any notifications to the parties, interviews with parties and witnesses, site visits, methods used to gather other evidence, and hearings held;
• Findings of fact supporting the determination;
• Conclusions regarding the application of the University’s regulations to the facts;
• A statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility, any disciplinary sanctions the University imposes on the Respondent, and whether remedies designed to restore or preserve equal access to the University’s education program or activity will be provided by the University to the Complainant (without disclosing the nature of those remedies except to the extent a remedy also imposes requirements on the Respondent); and
• The grounds for appeal.
XIII. DISCIPLINARY SANCTIONS

In reaching a determination regarding sanctions, consideration will be given to any aggravating and mitigating circumstances. The sanctions described below are a description of the range of sanctions available, and not an exhaustive list of all sanctions that may be imposed.

Student Conduct and Academic Integrity will oversee disciplinary sanctions for students and student organizations. Students or student organizations who are found to have violated this Regulation will be subject to disciplinary sanctions as set forth in the Student Conduct and Academic Code, FIU- Regulation 2501. Any sanctions will be proportionate to the severity of the violation and the student’s cumulative conduct history. Sanctions include, but are not limited to, reprimand, educational sanctions, counseling assessment, restitution, disciplinary probation, restrictions, exclusion from university housing, suspension, loss of university recognition, or expulsion.

Human Resources will oversee disciplinary sanctions for non-students. Faculty and staff who are found to have violated this Regulation will be subject to disciplinary action pursuant to applicable collective bargaining agreements or applicable personnel regulation, policies, or procedures. Sanctions include, but are not limited to letters of reprimand, training, performance improvement plans, reassignment, demotion, suspension with or without pay, and termination. Third parties (including contractors and visitors) who are found to have violated this Regulation may be barred from the campus and/or conducting business with the University.

XIV. REMEDIES

In some cases, the Hearing Official or Hearing Panel may find that remedies are needed for a Complainant when a Respondent is found responsible for violating this Regulation. Remedies are designed to restore or preserve the Complainant’s equal access to the University’s education program or activities. As an example of the range of remedies available, remedies may include similar individualized services as defined in Supportive Measures; however, remedies need not be non-disciplinary or non-punitive and need not avoid burdening the Respondent. Remedies do not include damages or other financial awards, or other relief that would impose an undue hardship on the University.

The Title IX Coordinator is responsible for the effective implementation of any remedies. When a determination indicates that remedies will be offered to the Complainant, the Complainant should contact the Title IX Coordinator to arrange for appropriate remedies.

XV. PROCESS OF PRESIDENTIAL REVIEW

The President will notify the Appellate Officer within three (3) Business Days of notification of a disciplinary outcome if he/she wishes to review the underlying disciplinary matter. This review will serve as the appeal process for the Respondent and Complainant. Any other appeal process
will immediately cease.

No later than one (1) Business Day after the President notifies the Appellate Officer, the Appellate Officer shall notify the Respondent and Complainant of the President’s decision to review the underlying disciplinary matter including sanctions. The Respondent and Complainant may provide the President with any information (including any documents supporting an appeal if not previously submitted) within three (3) Business Days of the Appellate Officer’s notification.

The President may only consider the information previously provided in this disciplinary matter, any appeals submitted by the Respondent and Complainant, and any information that meets the grounds for appeal as outlined in Section XVI.

The President shall issue a written decision, including the results of the appeal and rationale, to the Respondent, Complainant, Appellate Officer, and Title IX Coordinator within fourteen (14) Business Days of notification of a disciplinary outcome. The President’s decision constitutes Final Agency Action and will include notice of the Respondent’s right to appeal to an external judicial forum.

XVI. APPEALS

Both parties will be notified and provided with the opportunity to appeal a determination or dismissal based on the following grounds only:

• Procedural irregularity that affected the outcome of the matter;
• New evidence that was not reasonably available at the time the determination regarding responsibility was made, that could affect the outcome of the matter;
• The Title IX Coordinator, investigator(s), or Hearing Official had a conflict of interest or bias for or against complainants or respondents generally or the individual complainant or respondent that affected the outcome of the matter; or
• The sanctions are extraordinarily disproportionate to the violation committed.

An appeal must be submitted in writing to the Appellate Officer within seven (7) Business Days of the date of the Hearing Official or Hearing Body’s written determination and identify the grounds and arguments for challenging the outcome. If the appeal is based on newly discovered evidence, the evidence must be submitted with the written appeal.

Upon receipt of an appeal, the University will notify the other party in writing when an appeal is filed and provide them with seven (7) Business Days to submit a written statement in support of or challenging the outcome.

After both parties have had an opportunity to present their arguments challenging or supporting the outcome, the Appellate Officer will issue a written decision within fourteen (14) Business Days simultaneously to both Parties with the result of the appeal and the rationale. The
Appellate Officer will also provide a copy of the appellate decision to the Title IX Coordinator. The University’s decision shall constitute Final Agency Action.

XVII. PRIVACY AND CONFIDENTIALITY
The University will keep information and actions taken in accordance with this Regulation confidential to the extent possible under the law, meaning it will only disclose information to individuals with a legitimate need to know in order to review, investigate, and resolve reports of Sexual Misconduct or Sexual Harassment, or as permitted or required by law.

The University may release information about Sexual Misconduct or Sexual Harassment in certain circumstances without permission in order to warn and protect the University Community.

XVIII. RETALIATION AND OBSTRUCTION
Retaliation and Obstruction are prohibited during any portion of the grievance process. If a member of the University community believes that Retaliation or Obstruction may have been taken against them or others, they should report the behavior to the Title IX Coordinator or investigator. The situation will be reviewed and a response will be provided to the employee or student who alleged the Retaliation or Obstruction.

Charging an individual with a violation for making a materially false statement in bad faith in the grievance process under this Regulation does not constitute Retaliation, provided, however, that a determination regarding responsibility, alone, is not sufficient to conclude that any party made a materially false statement in bad faith.

Exercising any rights secured by the First Amendment does not constitute Retaliation.

Specific Authority: Board of Governors Regulation 1.001 (5)(a). History—Formerly FIU-104 (repealed) and FIU-103 (repealed). New April 15, 2015, Amended June 8, 2018, Amended 8-13-20, Amended 10-30-20.
I. POLICY STATEMENT

Florida International University (the University) affirms its commitment to ensure that each member of the University community shall be permitted to work or study in an environment free from any form of illegal discrimination, including race, color, sex, pregnancy, religion, age, disability, national origin, marital status, and veteran status. The University recognizes its obligation to work towards a community in which diversity is valued and opportunity is equalized. This Regulation establishes procedures for an applicant or a member of the University community (faculty, staff, affiliated third parties, and/or student) to file a complaint of alleged discrimination or harassment. It shall be a violation of this Regulation for any member of the University community to discriminate against or harass any member of the University community or applicant. Discrimination and harassment are forms of conduct that shall result in disciplinary or other action as provided by the Regulations/policies of the University.

The University is also committed to creating a work or academic setting free from illegal discrimination based on sexual misconduct, sexual orientation, gender identity or expression which is addressed in FIU Regulation 105 Sexual Misconduct (Title IX).

II. PURPOSE AND INTENT

This Regulation applies to the conduct of University students and employees, including faculty and staff. The non-discrimination provisions also apply to contractors and other third parties under circumstances within the University’s control. The Regulation provides for prompt and equitable resolution of reports of discrimination, harassment, and retaliation.

III. DEFINITION OF TERMS

Discrimination - treating any member of the University community differently than others are treated based upon race, color, sex, pregnancy, religion, age, disability, national origin, marital status and/or veteran status.

Examples of conduct which falls into the definition of discrimination includes, but is not limited to:

1. Disparity of treatment in recruiting, hiring, training, promotion, transfer, reassignment, termination, salary and other economic benefits, and all other terms and conditions of employment on the basis of membership in one of the listed groups.

2. Disparity of treatment in educational programs and related support services on the basis of membership in one of the listed groups.

3. Limitation in access to housing, or participation in athletic, social, cultural or other activities of the University because of race, color, religion, age, disability, national origin, marital status and/or veteran status.
4. Retaliation for filing complaints or protesting practices which are prohibited under this Regulation.

Harassment - conduct which unreasonably interferes with an employee’s, student’s or applicant’s status or performance by creating an intimidating, hostile, or offensive working or educational environment. It includes offensive or demeaning language or treatment of an individual, where such language or treatment is based typically on prejudicial stereotypes of a group to which an individual may belong. It includes, but is not limited to, objectionable epithets, threatened or actual physical harm or abuse, or other intimidating or insulting conduct directed against the individual.

IV. PROHIBITED CONDUCT

Activities covered under this Regulation include, but are not limited to, all educational, athletic, cultural and social activities occurring on a campus of or sponsored by the University, housing supplied by the University, and employment practices between the University and its employees.

V. COMPLAINT AND INVESTIGATIVE PROCESS

The Office of Equal Opportunity Programs and Diversity shall administer the policies and procedures outlined in this Regulation. The Office of Equal Opportunity Programs and Diversity shall answer inquiries regarding the procedures contained in this Regulation and may provide informal advice regarding issues of discrimination. Members of the University community are encouraged to report conduct they believe may be prohibited discrimination or harassment (or that left unchecked may rise to the level of prohibited discrimination or harassment) even if they are not sure that the conduct violates this Regulation. The identity of any individual who reports discrimination, harassment, or other personally identifiable information will be kept confidential to the extent possible and permitted by law. In cases where the potential complainant chooses not to file a formal complaint, action will be taken to inform the alleged offender of the concerns, suggesting that the individual monitor and modify (if necessary) his/her behavior.

A. Complaints.

1. A complaint must be made in writing to the Office of Equal Opportunity Programs and Diversity. The complaint shall contain the name of the complainant and state the nature of the act(s) complained of, including such details as the name of the alleged offender, the date(s) or approximate date(s) on which the offending act(s) occurred, the name(s) of any witnesses, and the desired resolution(s).

2. A complaint must be filed within three hundred (300) calendar days of the alleged act(s) of discrimination.

3. The Office of Equal Opportunity Programs and Diversity shall investigate the formal complaint. This investigation may include, but shall not be limited to, interviewing the
person complained about regarding the allegations, interview of other persons who may have information relevant to the allegations, preparation of witness statements for all persons interviewed, and review of any relevant documents. Upon completion of the investigation, a report shall be prepared which includes a summary of the complaint, a description of the investigation, the findings, and recommendations.

4. There may be instances in which a potential complainant is unable or unwilling to pursue a complaint of discrimination, but where the University administration is aware of the behavior. In such instances, the Office of Equal Opportunity Programs and Diversity may choose to pursue an investigation of the alleged offense. The decision of whether or not to pursue an administrative complaint will be based on the egregiousness of the alleged offense, the basis for the aggrieved party’s decision not to pursue a complaint, and the apparent evidence supporting the allegations. The decision to pursue an administrative complaint shall be made by the director of the Office of Equal Opportunity Programs and Diversity in consultation with the Vice President in charge of the aggrieved party’s unit and the Vice President in charge of the alleged offender’s unit, in the event that the two parties are in different units. An administrative complaint will follow the same procedures as formal complaints except that no complainant will be named.

5. In the event that a claim of discrimination is found to be frivolous or malicious, appropriate University sanctions shall be taken against the complainant, including disciplinary action where appropriate. Disciplinary action against students shall be taken in accordance with the University’s Student Code of Conduct.

B. Conciliation.

The Office of Equal Opportunity Programs and Diversity may attempt conciliation during the course of an investigation of a complaint. If conciliation of the complaint was achieved between the parties in cooperation with the Office of Equal Opportunity Programs and Diversity, and the alleged offender fails to abide by the agreement or retaliates against the complainant, the complainant or supervisor should notify the Office of Equal Opportunity Programs. The Vice President for Human Resources or a designee may then require the complaint to proceed as if conciliation had not been reached.

If conciliation is not achieved, then the Office of Equal Opportunity Programs and Diversity shall continue to investigate the complaint. The investigation by the Office of Equal Opportunity Programs and Diversity will be conducted expeditiously, but in a manner consistent with the complexity and severity of the matter and availability of witnesses. The office will attempt to complete its investigation and recommendation within sixty (60) calendar days of initiation of the
formal complaint, if possible.

C. Findings.
The report of the Office of Equal Opportunity Programs and Diversity shall be made known to the Vice President for Human Resources or designee, the complainant, the alleged offender, the immediate supervisor of the alleged offender, and the appropriate Vice President.

D. Review.

1. Either party may seek review of the finding of the Office of Equal Opportunity Programs and Diversity to the Vice President for Human Resources or a designee by filing a request for a review ("appeal") within seven (7) business days of receipt of the Office of Equal Opportunity Programs and Diversity finding. It shall specify the basis of the appeal. The appeal shall be based on one or more of the following: relevant evidence was not reviewed and/or new evidence is available, or the factual evidence was insufficient to support the findings.

2. The appeal shall be in writing, and shall set forth the issues to be considered in the appeal.

3. Copies of the appeal shall be provided to the opposing party and to the Director, Equal Opportunity Programs and Diversity.

4. The opposing party may file a response to the appeal to the Vice President for Human Resources or designee within seven (7) business days of receipt of the appeal.

5. The Vice President for Human Resources or designee shall issue a written finding no more than seven (7) business days after receipt of the appeal, or of a response to the appeal, whichever is later.

6. Upon final acceptance by the Vice President for Human Resources or designee of a written finding on the complaint, the Office of Employee and Labor Relations along with the immediate supervisor of the alleged offender shall provide a reasonable resolution to the complaint (e.g., that a student be allowed to change sections, that the employee report to a different supervisor) and may also recommend or take disciplinary action against the alleged offender. The proposed resolution shall be approved by the Office of Equal Opportunity Programs and Diversity. Disciplinary action shall be taken in accordance with the Regulations and policies affecting the class of employee and the terms of any applicable collective bargaining agreement.

IV. Retaliation Prohibited
Retaliation is expressly prohibited by this Regulation, and the University will take immediate and responsive action to any report of Retaliation. No University employee shall retaliate against a
complainant or any person involved in the process. Any attempt to penalize a complainant or anyone involved in the process through any form of retaliation shall be treated as a separate allegation of discrimination.

Specific Authority: Board of Governors Regulation 1.001 (5)(a). History-- Formerly FIU-104 (repealed) and FIU-103 (repealed). New -- June 8, 2018.