

**Florida International University**

**Nicole Wertheim College of Nursing  
and Health Sciences**

**Clinical Faculty Manual**



## Welcome

Welcome to Florida International University's College of Nursing and Health Sciences. The College has developed this manual in order to provide easy access to informational materials that will be helpful for orientation and future reference. This manual does not replace the policies or procedures found on our website, for example the Faculty Handbook. If you have any questions at any time, please do not hesitate to ask your colleagues or your program director.

## ADJUNCT FACULTY INFORMATION

### Introduction

Adjunct faculty negotiate a complex bureaucratic system that is often perplexing, frustrating, and full of impediments. However, there is assistance along the way:

**First**, read this manual. The information provides an overview of the Florida International University (FIU), the Nicole Wertheim College of Nursing and Health Sciences (NWCNHS), and the nursing unit and its programs. The sections also list University, College and nursing unit documents where information can be found and describe general faculty information and faculty policies/procedures.

**Second**, explore the FIU, NWCNHS, and nursing web sites. Just start clicking on links. Many of the documents referred to in the Nursing Faculty Handbook are found on the web sites along with other valuable information.

**Third**, attend (if at all possible) the general orientation session for adjunct faculty held at the beginning of the semester. The orientation session provides you with the "nuts and bolts" of signing on and functioning as an adjunct instructor.

**Fourth**, identify FIU personnel who can assist you:

- Personnel in the Office of Administrative Affairs answer your "sign-on," "contract" and "paycheck" questions. Please provide the Office with the following documents:
  - A copy of your updated curriculum vita or resume;
  - A copy of your nursing license; and
  - Final transcripts of your undergraduate and graduate degrees.

These documents are mandated by University policy and FIU/nursing unit accrediting bodies.

- The FIU faculty member coordinating your course (Course Coordinator/Track Leader) will give you specific information and pertinent forms and schedules related to the course. Sometimes the Director of the Undergraduate or Graduate Program functions as the Course Coordinator. He/she can answer questions about the course syllabi, course requirements, policies/procedures, and student evaluations. The Course Coordinator/Track Leader will provide you with his/her phone or beeper number so you can call if questions or problems arise during the semester.
- If you need to contact someone immediately and are unable to reach your Course Coordinator/Track Leader, you can contact the Program Director. The Directors are usually in the nursing unit office during the day or they can be contacted via a secretary or the Dean's Office.
- The Program secretaries are valuable resource people. They can answer questions related to semester deadlines, grade reports, registration lists, book orders, etc. If they can't answer a question, they will refer you to your faculty Course Coordinator/Track Leader or the appropriate Director.

**Fifth**, review the role description for the Adjunct Instructor and the general information for adjunct faculty. That gives you information that can get you started and on your way. The University recognizes that, although adjunct faculty members provide an important service to the University, their situation is sometimes a difficult one. Therefore, the University Administration and the United Faculty of Florida (UFF) have jointly created a Committee on Adjunct Faculty. The Committee provides a voice for adjunct

faculty concerns and has successfully won new benefits through its efforts. If you are interested in becoming active on this committee, contact the Office of the Vice-Provost for Academic Affairs.

#### **Office Space, Keys, Telephones, and Mail Slot**

Office space is at a premium and often difficult to find. If you are teaching on campus, you may be able to share an office (or a desk or table) with a willing faculty member or another adjunct faculty member. If you are assigned a space, make sure that you have a key to access the area. If a secretary is available in the evening, she/he may be able to provide access.

You are entitled to have access to a telephone on campus for making and receiving work-related calls. If you are rarely on campus, the secretaries can take messages for you. Call the secretary on a regular basis to retrieve your messages. To reduce “telephone tag,” many adjunct faculty members use beepers and/or cell phones that allow students to contact them directly.

Please make sure you are assigned your own mail slot for general communications. Nursing unit administrators and staff must be able to leave you messages and papers. Only you, staff, faculty and administrators should have access to your mail slot. Students who are turning in papers should give them to the Program secretary. Student papers which you return or messages for students should also be given to the secretary.

#### **Parking**

Every car must have a decal (except for metered parking) in order to park on the FIU campuses. If you are teaching for only one semester, you can purchase a one-semester parking decal. For information on where to obtain a decal and the cost, contact FIU Parking Services or go to their website. Failure to obtain a decal or pay for metered parking can result in expensive parking tickets.

#### **Benefits**

Although adjunct faculty members are not entitled to University employee health benefits or other employee benefits, they are eligible for the health plan available to alumni. If you are interested, ask about the plan during the sign-on process. Adjunct faculty members are eligible to use the services of the University Credit Union once they complete a contract.

## **DESCRIPTION OF FLORIDA INTERNATIONAL UNIVERSITY**

South Florida, with an estimated population of over four million people in Miami-Dade, Broward, and Monroe Counties in 2010, 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, 13% Black, 4% Asian/Pacific Islander, and 7% other minorities.

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 eleven 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, College of Nursing and Health Sciences, Chaplin School of Hospitality and

Tourism Management, School of Journalism and Mass Communication, and the Robert Stempel College of Public Health and Social Work.

Through these colleges and schools, FIU offers more than 175 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 2011 student body of over 47,000, more than 1,000 full-time instructional and research faculty, and over 9,000 degrees awarded annually, FIU is the largest university in South Florida and one of the 25 largest public universities in the nation. More than 110,000 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 University/High Research Activity. The University's annual research expenditures exceed \$100 million.

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.

## **DESCRIPTION OF THE COLLEGE OF NURSING AND HEALTH SCIENCES**

### **Our Mission**

The mission of the NWCNHS is to prepare diverse healthcare professionals who are providers and leaders in the delivery of high quality, accessible, culturally-competent, and compassionate care within in a highly technological and global environment. To teach, conduct research and practice in service to the community through inter-professional collaboration. To create, promote, expand and validate scientific knowledge and evidence-based practice through interdisciplinary research.

The vision of the NWCNHS is to be globally recognized as the higher education destination organization that is innovative, inquiry-driven and technologically advanced; drawing diverse top-class faculty, students, staff and others for positive transformation of society with a focus on the health care needs of underserved populations.

"We are fueled by intellect; driven by innovation and caring."

### **Strategic Plan**

<https://cnhs.fiu.edu/about-us/mission-and-vision/index.html>

The academic nursing programs are located in the Nicole Wertheim 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 and master's degree programs are fully accredited by the Commission on Collegiate Nursing Education (initial accreditation occurred in 2008), the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs (re-accreditation occurred in 2010), and are approved by the Florida Board of Nursing (re-approval occurred in 2011.)

A broad range of nursing degree programs are currently offered by the College and include a bachelor's degree in nursing, a master's degree in nursing, and a doctor of philosophy degree in nursing. A post-master's degree, the Doctor of Nursing Practice, was implemented in January, 2012. 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 (CNHS) when CHUA was disaggregated into three (3) autonomous units: the CNHS, the College of Social Work, Justice, and Public Affairs, and the Stempel School of Public Health. The CNHS 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 CNHS 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 CNHS 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 CNHS 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 CNHS programs and tracks. Two College departments (Health Information Management and Health Sciences) were phased out as a result of the review. CNHS 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, CNHS 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 CNHS Dean.

In 2013, Dr. Herbert and Nicole Wertheim made a transformational \$10 million naming gift that has left an indelible mark on the College. This gift established endowed faculty chairs, student scholarships, and incentive programs for faculty recruitment, enhancement and teaching innovation. All are vital to our mission and strengthen our standing as a top national academic and research institution. The Nicole Wertheim College of Nursing and Health Sciences (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. The NWCNHS academic departments are administered by Chairs.

### **Panthercard ID and Email Account**

All faculty (fulltime and adjunct) members must obtain a picture identification card (Panthercard) that is valid for the term of employment. The process for obtaining an identification card will be explained during the sign-on procedure. In the clinical area, nursing faculty must wear an ID that identifies her/him as a faculty member with the nursing unit. The FIU picture ID can be slipped into a plastic sleeve and pinned to clothes where it is easily seen. The Panthercard also serves as a library card. All faculty members have library privileges during the term(s) they are on contract.

A University e-mail account is activated for the every faculty member. E-mail accounts provide an additional mechanism for communicating with students, faculty, and University staff.

### **Policies/Procedures Related to Teaching**

FIU policies/procedures that are of special interest to faculty members are related to student conduct and academic misconduct. These policies and others (e.g., disabled student, sexual harassment, etc) are described more fully in the *FIU Student Handbook* and the nursing student policies/procedures manuals. Instances of academic dishonesty occur, and faculty members must follow the procedures correctly. Discuss any possible student violations of policies with the Program Chair immediately. Students have the right to file a grievance related to academic decisions and issues, such as grades, course requirements, and program progression. The NWCNHS has posted the academic grievance policy/procedures on the website to assist students, faculty members and administrators with the process.

### **Course Syllabus**

Faculty members are required to provide students with a detailed syllabus at the first class meeting. For faculty members who have not taught the course previously, the Course Coordinator/Track Leader or the Program Chair can provide a recent syllabus. If revising the syllabus, please discuss the revisions with the Course Coordinator/Track Leader before distributing it to the students. Course syllabi must follow a standard template and include specific information. **The course objectives cannot be changed.**

### **Textbook Orders**

Selecting and ordering textbooks, including adjunct faculty textbooks, are the responsibility of fulltime faculty members in consultation with the Program Chair. Book orders can be ordered online through the *FIU Bookstore*. The faculty member must complete the request at least 45 days before the start of the term or the announced deadline. If a faculty member is asked to teach a course shortly before the semester begins, he/she can ask the bookstore to place a “rush” order on the selected textbook. However, the textbook order usually takes 3-4 weeks to arrive, so the faculty member should plan accordingly.

### **Copying/Typing**

A Work Request form for copies must be processed by the Program Coordinator. Copy requests should be made at least one week in advance (the more lead time, the better) and typing requests at least two weeks in advance. If a faculty member needs a small number of copies (less than 10), a copy machine is available on each floor in AHC3 and the Program Coordinator can help with access. Students are not allowed to use the office copy machine.

### **Reserving Materials in Library**

Faculty desiring to place books or other materials on reserve may do so by taking them to the library or having the librarian place them on reserve from the stacks. Books on reserve must be renewed each semester. The librarian should be consulted about specific policies and procedures related to placing copyrighted materials (such as copies of journal articles) on reserve.

## **During the Semester**

### **Course Enrollment Lists**

The University's software provides faculty with "real time" course enrollment numbers and enrolled student name lists. Faculty should obtain current student enrollment information from the University web site. New faculty will need a Panthersoft ID to access the site. Students who do not show up on the course registration list or show a "drop" and continue to attend class should be informed about the discrepancy. It is the student's responsibility to resolve the problem.

### **Students with Disabilities**

In congruence with the American Disabilities Act (ADA), faculty members (using the syllabus) must inform students with disabilities who may need special accommodations to register with the Office of Disability Services. Current documentation of disability is required to receive services. Students should be encouraged to contact each instructor so that arrangements can be made to accommodate their needs. Personnel in the *Office of Disability Services for Students* will provide a written statement regarding any necessary accommodations. Disabilities are confidential and should not be discussed in front of other students.

### **Classroom Environment and Equipment**

Small classroom supplies (such as chalk and markers) are kept in the office supply cabinet/closet. If a classroom needs cleaning, the Program secretary should be notified. Absolutely no food or drink is permitted in the classrooms or laboratories. This is a University policy. If special equipment is needed for the classroom, the faculty member should contact the Coordinator of the STAR Center (clinical-related requests) or the Program coordinator (other requests). Broken equipment should be reported to the STAR Center Coordinator or Program coordinator.

### **Illnesses/Emergencies**

**Faculty.** In the event of illness or other emergency during a scheduled class time, faculty members shall call their immediate supervisor (Clinical Director, Program Chair/Course lead faculty) immediately so alternative arrangements can be made. If a Chair becomes ill or has an emergency, he/she shall contact the NWCNHS Associate Dean of Academic Affairs.

If clinical or classroom activities must be cancelled, the faculty member, course lead faculty, and/or the Program Chair should decide how the students will be notified (such as placing a notice on the wall by the classroom door and answering student inquiries). Faculty who must cancel a class at a clinical site should notify students and the supervisor located at the site who can inform any arriving students.

The faculty member, lead faculty, and/or the Program Chair will evaluate the effect on the students' total learning. A decision will then be made regarding make-up time for students. Any make-up times need to be arranged at the convenience of the students.

**Students.** Students may become ill or experience an incident in the clinical site, laboratory, or the classroom. First, take care of the student. If the illness is minor, a faculty member can send the student home with instructions to see his/her private health care provider or go to the campus student health services. If the student experiences a health emergency, the student may have to be seen in the emergency room. Since students are required to carry health insurance, the NWCNHS has no financial obligation to the health care facility or the student. Follow the appropriate policy if needed.

[https://cnhs.fiu.edu/\\_assets/docs/resources/nwcnhs-bloodborne-exposure.pdf](https://cnhs.fiu.edu/_assets/docs/resources/nwcnhs-bloodborne-exposure.pdf)

[https://cnhs.fiu.edu/\\_assets/docs/resources/nwcnhs-fiu-physical-incidentpolicy.pdf](https://cnhs.fiu.edu/_assets/docs/resources/nwcnhs-fiu-physical-incidentpolicy.pdf)



## **Grade Posting**

Grades cannot be posted in public halls or doors and cannot be posted by social security number, Panther ID number, or any portion thereof. Grades are only communicated in a confidential manner. Once submitted in PantherSoft and posted at the end of the semester, final grades can be accessed by students in PantherSoft.

## **Examinations**

The exam schedule and percentage toward grade must be included in the syllabus. Exams must be taken on the scheduled day. If the student is unable to take the exam because of an emergency/illness, the policies/procedures in the student policies/procedures manual and/or syllabus must be followed. If the classroom size compromises test security, consult with the Program Chair or Program coordinator about moving the class to a larger room for the exam or obtaining an additional proctor. Failed exams cannot be retaken. Final examinations must be given during the scheduled final examination week (not earlier) and may be at a different time, day, or room to accommodate all students. The final exam schedule is published in the semester *FIU Class Schedule*.

If computerized answer sheets are used, contact the Program secretary for the procedure on completing the score analysis.

## **Security on Examinations**

Faculty may want to remind students at the beginning of the semester and in the syllabus that students caught cheating can be charged with academic misconduct and may be dismissed from the University. To practice extra security with examinations, include the following:

- Number all exams and handouts, including paper for calculations, and insure that they are all collected at the end of the exam.
- Change exam questions routinely. It may not be necessary to change the entire question, but rather to refocus the question so that a different answer is correct. If it is a drug question, change the drug or the dose.
- Create multiple formats of the same exam so that “wandering eyes” are not enabled by looking at another student’s answer sheet or computer screen.
- Implement planned seating which changes with each exam so that friends don’t sit near friends and students don’t know where they will be sitting.
- Do not allow students to leave the exam once they have started. Remind students prior to the beginning of the exam in case they need a quick bathroom break. Once the exam has started, if the student leaves, they have finished the exam.
- Do not allow multiple students to crowd you when they are turning in their exams. Students can add or change answers while standing in line waiting to turn in their exam.
- Online exams are a special problem. Students may do online exams together by signing in first on one student’s name, completing that exam, and then going on to the next. Consult with FIU Online for strategies that prevent cheating.
- Be vigilant during exams. If you see wandering eyes, move the student during the exam to a more isolated area of the room.
- Require students to cover their answer sheets. If after being reminded once to cover answer sheets and student does not do so, enforce a penalty.

- Follow proper security measures when examinations are given in the computer lab. Students must not have any devices with them including watches at the computer station.

### **Clinical and Practicum Supervision of Nursing Students**

Clinical faculty members are essential for the success of nursing students. It is impossible to learn nursing without effective clinical and practicum experiences provided in an environment that provides support and respect for students while they learn the art and science of basic or advanced nursing.

## **Annual**

**Clinical Faculty Clearance Requirements:** If teaching a clinical course, faculty need to submit all documentation into the Complio system one month prior to the first clinical day:

- Nursing license (current)
- Copy of current CPR certification
- Completion of Annual Physical Exam Form (including a TB skin test)
- Titters or immunizations for measles, mumps, rubella, varicella, and hepatitis B
- Background check
- Drug testing
- Attestation and Release forms

## **Each Semester**

### **Orientation paperwork**

All orientation paperwork must be sent to the Clinical Education Program Coordinator within one week of the request.

### **Clinical Faculty Dress**

Clinical faculty should follow the general guidelines for dress established for students such as scrubs (blue preferred), lab coat, and appropriate shoes. Please wear the hospital or Panther ID that identifies you as a faculty member with FIU. You can slip your FIU Panther ID into a plastic sleeve and clip it to your scrubs.

### **Purpose of Clinical Experiences**

Clinical and practicum environments are educational environments for nursing students. While students are expected to apply the knowledge, practice the skills, and demonstrate professional attitudes consistent with professional nursing practice, the clinical or practicum experience is a learning or “practice” experience for students not a “performance” experience. Clinical and practicum experiences provide the opportunity for students to:

- Apply the theoretical concepts learned in the classroom.
- Practice skills learned in the nursing laboratory in a variety of clinical or practicum situations
- Demonstrate skills that cannot be fully experienced in the nursing laboratory.
- Practice communication skills with clients, their families, colleagues, and other health professionals.
- Increase problem-solving and clinical decision-making skills.
- Practice clinical organization and time management skills, including determining clinical priorities for individual and multiple clients.
- Socialize professionally to the nursing environments of acute care facilities and community practice settings.
- Socialize to the profession during observational and professional activities.

### **Alternative Clinical or Practicum Experiences**

In many courses, alternative clinical and practicum experiences may be assigned to enhance student learning. Alternative learning experiences should not simply be a way to decrease the number of students on the nursing unit or a way to “reward” good students, but rather planned activities with specific objectives and available to all students. Alternative experiences may include observational activities in various health-related settings; interaction activities with patients, clients, or other health professionals; attendance and/or participation at professional conferences or meetings; or other instructional activities. Alternative learning experiences should be cleared with the Faculty Course Leader or Track Leader so that all students have consistent learning activities. When alternative learning activities are assigned, there should be clearly written learning objectives for the activity and a method of evaluating the student’s learning from the activity.

### **Learning Objectives**

For clinical and practicum experiences to be effective:

- **Learning objectives must be clear and concise.** Learning objectives must be written in a manner that is clearly understood by all students. The Faculty Course Leader or Track Leader for the course should review clinical or practicum learning objectives with students and clinical faculty so that all members of the instructional team understand student requirements.
- **Learning objectives must be consistent for all students in a given course regardless of clinical/practicum setting and faculty member.** The Faculty Course Leader or Track Leader for the course should review clinical or practicum learning objectives with students and faculty members so that all members of the instructional team are consistent in their requirements. Students in a given course talk to each other and can be confused if different faculty members have different course requirements for student success.

### **Respect for Students as Persons**

For many students, clinical and practicum experiences are frightening because of the interaction with real patients with real health problems. Students should never be reprimanded in front of patients other students, or staff members. Students should be counseled in private when their performance is unacceptable. If the faculty member feels that a witness is necessary when counseling a student with deficiencies, the Faculty Course Leader, Track Leader, or the Chair are preferred witnesses rather than agency staff.

The FIU nursing is proud of the diversity of its students, staff, and faculty. Such diversity can result in misunderstanding between students and faculty in regard to student expectations. Different cultural understandings of male/female roles, teacher/student roles, and nurse/patient roles may result in behavior that is interpreted as disrespectful. All faculty members are expected to be role models of cultural competence during their interactions with students, patients, and agency staff.

### **Written Evaluation of Student Progress**

Students should receive written evaluation of their progress at mid-semester and at the completion of the semester. Students who are deficient at mid-semester must be informed in writing of the specific deficiencies (e.g., inadequate preparation, lack of knowledge about their patient needs, absenteeism or lateness, unprofessional behavior, etc.). Failure to provide written mid-semester evaluation for students with significant deficiencies may require that the student receive a passing grade for the clinical or practicum course.

### **Continuous Remediation and Reward**

Students require continuous feedback regarding their performance. For students who are not meeting clinical or practicum objectives/standards, clinical faculty should counsel students promptly with a plan for remediation. For students who are meeting or exceeding clinical or practicum objectives/standards, praise

for their work should also and be given opportunities for greater learning challenges discussed. Faculty should guide and nurture students to the highest ability.

### **Opportunities for Remediation**

Students who demonstrate deficient or unsafe practice must be provided with opportunities during the clinical or practicum experience for remediation and demonstration for improvement. Students may be referred to the nursing laboratory, the STAR Center, the Faculty Course Leader, Track Leader, or the Program Chair for remediation or guidance for improvement. When making such referrals, there must be verbal or written communication between the faculty member and the person for whom the student is referred.

**Faculty Evaluation** Part-time faculty and all nursing faculty are evaluated by students at the end of each semester. Part-time faculty will be evaluated by the program chair at least once during the academic year. Part-time faculty are required to sign and return the evaluation. An opportunity is given for any comment part-time faculty would like to add to the evaluation. The Questions posed on the student evaluation of faculty include: Description of course objectives and assignments, Communication of ideas and information, Expression of expectations for performance in this class, Availability to assist students in or out of class, Respect and concern for students, Stimulation of interest in course, Facilitation of learning, and Overall assessment of instructor.

### **Components of BSN Clinical Experiences**

**Student assignments.** Student assignments may be made the evening before clinical or before the starting time of clinical depending upon the agency and nursing unit. Faculty may make assignments the evening before for nursing units where client turnover is not frequent, such as long term care facilities, or general nursing units. For student experiences on nursing units with rapid turnover, assignments may be made prior to the start time of the clinical activity. Assignments must be made allowing sufficient time for student preparation prior to the beginning of the clinical time. Client/patient assignments will be made by the clinical instructor. Assignments should be made based on student learning needs; thus clinical instructors must know what prior experiences students had and what experiences they need. Having the theory class schedule assists the instructor in assigning appropriate clients/patients to enhance learning. For example, if students are studying the respiratory system in Pathophysiology, respiratory drugs in Pharmacology, and nursing care of clients with respiratory problems in Adult Nursing, then the clinical assignment should include clients with respiratory problems. If a student has not had an opportunity to perform a specific nursing procedure on a “live” client, the instructor might assign a client who requires that procedure. The number of clients assigned may vary with the type of clients and the ability of the student. First semester nursing students may be assigned one client at the beginning of clinical experiences and assigned two or more clients as they become more confident and skilled. In some environments such as an intensive care unit, the student may be assigned one client. It is also effective to assign two students to provide care to one or more clients together. This can reinforce the concept of collaboration in client care.

**Pre-conference.** During pre-conference, planning of client care continues. This is an opportunity for students to ask questions about their assigned clients and for the instructor to assess students’ preparation. It also provides students with an opportunity to organize their day and establish priorities of care. If student are expected to participate in change of shift report, pre-conference should finish so that students are on time for the report.

**Clinical practice.** After pre-conference and report, students may start assessing their clients and providing care in collaboration with the registered nurse responsible for the client. While the instructor is responsible for the care given by all students, the instructor may spend the most time with students who require intense instruction or guidance. For this reason, not all students may administer medications every clinical day, especially when beginning students are developing proficiency and confidence in this skill. Similarly, for students who are demonstrating a nursing procedure for the first time on a “live” client, the instructor must be available to guide the student in successful performance of the skill. It goes without saying that students

must be informed prior to the clinical experience that they will be performing these procedures so they can prepare adequately.

Opportunities for leadership and practice of delegation skills are also important. One strategy for providing these experiences is to assign one or two students the team leader role with other students being members of their team. In this way, the “team leader” interacts with the “team members” under the guidance of the instructor to ensure that client needs are met.

Clinical instructors must be active participants in nursing students’ learning. They must be readily available to students for guidance, answers, and support throughout the clinical day. If students are off the primary nursing unit for observational experiences, the clinical instructor should make telephone contact to insure that the student is achieving the objectives of the observational experience.

**Post-conference.** Post conference is a time to analyze and synthesize the events of the clinical day. It is essential to summarize the day’s experiences and set goals for future clinical days.

There are many strategies for creating a successful post conference. Often, post conference is used to process student feelings about some critical event of the day, such as the death of a client, a successful CPR, a client’s diagnosis of a terminal condition, or a client’s hostile or belligerent behavior. Post conference may also be used for students to present their client/patient using a “nursing rounds” model. All students can then participate in discussion about the care provided and alternatives to that care. Such discussion can be used to challenge students to defend the care they planned. Sometimes, post conference may be used for specialized health professionals, such as the infection control nurse, social worker, or respiratory therapist or chaplain to discuss their role in client care.

Post conference should always be done in an environment where client confidentiality is maintained. The activities of post conference can help students synthesize the events of the clinical day through critical analysis of their client care.

### **Components of MSN Nurse Practitioner Clinical Experiences**

**Student clinical rotations.** 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 as the purpose of clinical rotations is “hands on practice”.
- A majority of students’ 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 rotations can only take place during times when school is in progress, i. e., not during December recess, spring break, etc.
- **Clinical practice and conferences.** Clinical instructors must be active participants in nursing students’ learning. They must be readily available to students for guidance, answers, and support throughout the clinical rotation. Students are responsible for making faculty aware of

- any issues/concerns pertaining to clinical practice in a timely manner. During the clinical rotation, students and faculty must schedule conferences or meet to discuss clinical cases.
- Conference is a time to analyze and synthesize the events of the clinical experiences. It is essential to summarize the day's experiences and set goals for future clinical days.
  - There are many strategies for creating a successful conference. Often, conference is used to process student feelings about some critical event, such as the death of a client, a client's diagnosis of a terminal condition, or a client's hostile or belligerent behavior, challenging diagnosis and/or management, or adaptation to the new role as a nurse practitioner. Conference may also be used for students to present their client/patient using a "nursing rounds" model. All students can then participate in discussion about the care provided and alternatives to that care. Such discussion can be used to challenge students to defend the care they planned.
  - Conference should always be done in an environment where client confidentiality is maintained. The activities of conference can help students synthesize the events of their clinical rotation through critical analysis of their client care.
  - Faculty members are responsible for regularly evaluating student clinical performance. The faculty can evaluate the students by observing them at their clinical site, communicating with preceptor/s and communication with students (e.g. clinical conference times etc.).

### **At the End of the Semester**

#### **Course Evaluations**

University policy requires that all courses/faculty are evaluated by the students. Students fill out a standardized evaluation form provided by the University for each course. The nursing unit also provides an attachment for student comments. The faculty member cannot be present during the process or handle evaluation forms. Course evaluations must be done before the day of the final exam. The Program coordinator will contact faculty as to who will do the evaluations and when they will be conducted.

#### **Grade Reports**

Students in academic jeopardy in a course should be notified in writing at midterm by the respective faculty member. A copy of the notification shall be placed in the student's file.

Students in academic jeopardy for program progression are notified by the Program Chair at the end of the semester. Specific policies/procedures related to academic progression and dismissal are described in the student policies/procedures manuals.

Faculty shall complete and submit grade reports through the PantherSoft system by the specified date. Once submitted and posted at the end of the semester, final grades can be accessed by students through PantherSoft and the University's web page. Clinical evaluations of students must be placed in student's files on completion of the course.

#### **Incomplete Grades**

An incomplete grade is a temporary symbol given at the discretion of the instructor for work not completed, because of a serious interruption not caused by the student's own negligence. An "I" grade must be reported to the Program Chair and an ***Incomplete Grade*** notation describing the work the student must complete for clearing an incomplete grade with be entered into PantherSoft. An incomplete must be made up as quickly as possible, but no later than two semesters or it will automatically default to the earned grade or F.

The student must not register again for the course to make up the incomplete. Students who receive an incomplete grade and have applied for graduation at the end of that term, must complete the incomplete grade by the end of the fourth week of the following term to graduate.

## STEPS TO GRADING

Please be sure you have grades for every student on a roster prior to beginning the Grading Process.

- 1) Sign into Panthersoft (**My FIU portal**).
- 2) Click on the **Faculty Center** link.
- 3) Make sure the term shows as **Current term; if not, change the term;**
- 4) Your class(es) for the semester will appear on the left hand side of each course. You will see the Class Roster icon and a Grade Roster icon
- 5) Click on the **Grade Roster** icon of the course for which you wish to enter grades. The selected roster will appear and will look similar to grade rosters in past semesters .
- 6) Begin entering grades in the **Roster Grade** column.
- 7) After **all** grades have been inputted, scroll down to the bottom of the page and click **SAVE**.
- 8) Go back up to the **Approval Status** box and click **SUBMITTED** (from the drop down list).
- 9) Click on **SAVE** again (bottom of page).
- 10) There will be a quick message flashed on the screen **confirming the successful submission of your grades.**

## HELPFUL HINTS

Please wait until you are ready to grade **ALL** students on a particular roster before beginning the grading process.

Move from the **NOT REVIEWED** status to the **SUBMITTED** status. (**NEVER change the Approval Status to READY TO REVIEW**).

# Nursing

## Organizing Framework: BSN, MSN, and Doctoral (DNP & PhD) Programs





## Curriculum Framework Definitions

**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 all cultural, 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.

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SOURCES:

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- American Academy of Nursing (AAN). Evidence-Based Practice, Scholarship, & Research. Professional Nursing. Quality/Safety. Genomics. Technology. Retrieved from <http://www.aannet.org/i4a/pages/index.cfm?pageid=1>
- American Nurses Association (ANA). Code of Ethics. Professional Nursing. Communication & Collaboration. Decision Making Process. Quality/Safety. Genomics. Retrieved from <http://www.nursingworld.org/>
- International Council of Nurses (ICN). Cultural Competence. Globalization. Code of Ethics. Retrieved from <http://www.icn.ch/about-icn/about-icn/>
- Institute of Medicine (IOM). Quality/Safety. Global Health. Retrieved from <http://www.iom.edu/>
- Office of Minority Health-DHHS (OMH). Cultural Competence. Retrieved from <http://minorityhealth.hhs.gov/>
- Quality and Safety Education for Nurses (QSEN). Quality/Safety. Communication & Collaboration. Retrieved from <http://www.qsen.org/definition.php?id=4>
- World Health Organization (WHO). Globalization. Global Health Systems. Genomics. Safety. Technology. Retrieved from <http://www.who.int/en/>

### **BSN TRACKS PROGRAM & CURRICULUM**

<https://cnhs.fiu.edu/nursing/undergrad/bsn-programs/index.html>

<https://cnhs.fiu.edu/nursing/undergrad/assets/documents/bsn-student-handbook/BSN-Student-Handbook.pdf>

### **BSN to DNP PROGRAM & CURRICULUM**

<https://cnhs.fiu.edu/nursing/graduate/msn-programs/index.html>

<https://cnhs.fiu.edu/assets/docs/resources/grad-msn-student-handbook.pdf>

**NICOLE WERTHEIM COLLEGE OF NURSING AND HEALTH SCIENCES  
NURSING**

**CLINICAL EVALUATION TOOL– Converted to digital TracPrac**

[https://cnhs.fiu.edu/\\_assets/docs/resources/nur-assess\\_bsn-clinical-evaluation-tool.pdf](https://cnhs.fiu.edu/_assets/docs/resources/nur-assess_bsn-clinical-evaluation-tool.pdf)

**CARE PLAN**

[https://cnhs.fiu.edu/\\_assets/docs/resources/nur-assess\\_bsn-nursing-care-plan.pdf](https://cnhs.fiu.edu/_assets/docs/resources/nur-assess_bsn-nursing-care-plan.pdf)

**BLOODBORNE EXPOSURE POLICY**

[https://cnhs.fiu.edu/\\_assets/docs/resources/nwcnhs-bloodborne-exposure.pdf](https://cnhs.fiu.edu/_assets/docs/resources/nwcnhs-bloodborne-exposure.pdf)

**PHYSICAL INCIDENT POLICY**

[https://cnhs.fiu.edu/\\_assets/docs/resources/nwcnhs-fiu-physical-incidentpolicy.pdf](https://cnhs.fiu.edu/_assets/docs/resources/nwcnhs-fiu-physical-incidentpolicy.pdf)

**STUDENT SKILLS CHECKLIST – Converted to digital TracPrac**

[https://cnhs.fiu.edu/\\_assets/docs/resources/nur-assess\\_bsn-clinical-skills-checklist.pdf](https://cnhs.fiu.edu/_assets/docs/resources/nur-assess_bsn-clinical-skills-checklist.pdf)

**SBAR**

[https://cnhs.fiu.edu/\\_assets/docs/resources/sbar.pdf](https://cnhs.fiu.edu/_assets/docs/resources/sbar.pdf)

## EVALUATION RUBRIC

### Care Plan Rubric:

#### I. Assessment – 32

- 1. Gathers data to include health assessment (4)
- 2. Pathophysiology/Psychopathology described and source/reference stated using APA format (**no dictionary definitions**) (4)
- 3. Past health history and social determinants of health (4)
- 4. History of present illness (4)
- 5. Current lab data and explanation of values: rationale for the values. (4)
- 6. Diagnostic Data (4)
- 7. Medications: (brand/generic/classification) & rationale and references (4)
- 8. Genogram – (4)

**32 pts**

#### II. Nursing Diagnosis – 12 points

- 1. Prioritized NANDA diagnosis and rationale (4)
- 2. Significant subjective & objective data & rationale (4)
- 3. Nursing Theorist related to care (4)

**12 pts**

#### III. Plan of Care/Outcomes – 16 points

- 1. Short and long term goals achievable. (4)
- (4) 2. Expected outcomes are measurable and time limited (4)
- 3. Expected outcomes are patient centered (4)
- 4. Expected outcomes flow from the Nursing Diagnosis (4)

**16 pts**

#### IV. Interventions/Implementation – 16 points

- 1. Nursing interventions state action, frequency and person who is going to carry these out (4)
- 2. Enable achievement of the expected outcomes (4)
- 3. Patient’s cultural, developmental and psychosocial status is considered in nursing interventions (4)
- 4. Rationale for actions stated and referenced (APA) (4)

**16 pts**

#### V. Evaluation – 8 points

- 1. States whether expected outcomes are met or not (4)
- 2. Discharge Plan/Patient Teaching (4)

**8 pts**

**Transfer Scores to Clinical Evaluation Form for Midterm (Care plan 1) THEN Final (Care plan 2)**

Outstanding	Meets	Mostly Meets	Minimally Meets	Does Not Meet Expectations
<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

**FLORIDA INTERNATIONAL UNIVERSITY  
COLLEGE OF NURSING AND HEALTH SCIENCES**

Course and Content	General Goals	Skills	Clinical Hours
<b>Level I</b>			
Fundamentals of Nursing II (Concurrent Courses) Nursing Research Pathophysiology	Work with Nursing Instructor and Unit Nurses to perform skills related to care of medical-surgical patients	Vital Signs Physical Assessment Hygiene Bed making Medication administration and calculation Moving/ patient transfer Naso-gastric tube insertion and removal Tube feedings Foley catheter insertion and removal Wound Care/Surgical drains Tracheotomy care/ suctioning Peripheral IV fluid maintenance and IVBP Central line dressings (no fluid maintenance or IVBP) O2 Adjuncts Isolation (no TB patients) Ostomy care Accucheck per hospital policy Patient communication Care plans and charting	90 Hours 1 hospital clinical day/week (Skills completed in Basic Skills Lab in the previous semester)
<b>Level II</b>			
Adult I		<b>Skills in addition to above</b> IV insertion Central Line and PICC Line fluid maintenance Wound Vac	90 Hours
Adult II		<b>Skills in addition to above</b> Assist Physicians with procedures EKG interpretation	90 Hours
Psych/Mental Health Nursing		<b>Skills in addition to above</b> Specialty Skills – On list	90 Hours
<b>Level III</b>			
Childbearing		<b>Skills in addition to above</b> Specialty Skills – On list Assessments –Maternal, Neonatal, gestational	90 Hours
Childrearing		<b>Skills in addition to above</b> Specialty Skills – On list	90 Hours
<b>Level IV</b>			
Practicum		<b>Skills in addition to above</b> Emphasis on decision making, priority setting, delegating, managing nursing care, and time management	180 Hours

**\* Students cannot take orders, manipulate dialysis equipment, witness consents, push medications, hang blood, or care for Special Respiratory Isolation patients unless fit tested for the facility they are in for clinical**

# Nursing Student Uniforms

Nicole Wertheim College of Nursing and Health Sciences  
Nursing Students

- **Color: Navy Blue**

**Scrub Top and Scrub Pant**

**White Lab Coat**

- **Logo/Patch for Scrub Top:**

**Left Chest**

- **Logo/Patch on Lab Coat:**

**Left Sleeve**

- **Vendor:**

**FIU Bookstore**

