



Doctor of Nursing Practice

**STUDENT  
HANDBOOK**

**2009 - 2010**

**University of Miami School of Nursing and Health Studies (SONHS)  
Handbook of Policies and Procedures for DNP Students**

**ACKNOWLEDGMENT OF RECEIPT**

\* UMID: \_\_\_\_\_ Date: \_\_\_\_\_

\* Student Name \_\_\_\_\_  
*Please Print*

\* Current Address \_\_\_\_\_  
*Street Address/ Apartment Number*

\_\_\_\_\_ *City / State (Province) / Zip (Postal Code) / Country*

\_\_\_\_\_ *Telephone / Cell Phone / e-mail*

**Dear Student:**

Welcome to the University of Miami School of Nursing and Health Studies. Please complete the personal information above. It is your responsibility to update email and your mailing address and records as necessary through myUM.

It is important that you read this document carefully and sign where indicated below. This signed statement is required by the School of Nursing and Health Studies and will become a part of your file. This signed form must be received the Office of Student Services at SONHS within the first semester.

As a student of the University of Miami, I commit myself to upholding the Honor Code and promoting the values of honesty, responsibility and integrity.

As a graduate student of the School of Nursing and Health Studies I accept and agree that it is my responsibility to obtain and review these documents and adhere to the guidelines, therein:

- *Handbook of Policies & Procedures for Master's and Specialist Students, September 2007*

\*Signature: \_\_\_\_\_

- **Graduate Student Honor Code**

\*Signature: \_\_\_\_\_

**Office use only:**

Receipt of Handbook \_\_\_\_\_  
Graduate Student Honor Code \_\_\_\_\_

\*= Required  
(8/17/07: AS)

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## DEAN'S MESSAGE

Dear DNP (Doctor of Nursing Practice) Student,

It is with great enthusiasm and support that we welcome you to the 2008-2009 academic year here at the University of Miami School of Nursing and Health Studies. This promises to be an exciting year of challenging experiences and educational opportunities designed to provide you with the knowledge and skills to become a creative, competent, and compassionate graduate. We are glad you are a part of the student body and look forward to meeting you and facilitating your academic journey towards achievement of the DNP degree.

This *Handbook* is designed as a guide to enable you to achieve your academic goals and to fully participate in student life at the University of Miami School of Nursing and Health Studies. This *Handbook* contains essential information including policies and procedures, expectations of students, program of study details and services for students that facilitate learning experiences.

Each student is responsible for reading this *Handbook*, understanding the content therein, and abiding by its policies and procedures. Failure to have adequate knowledge of the *Handbook* content is not an excuse for inappropriate actions. The *Handbook* can be accessed on-line at the School of Nursing and Health Studies website at [www.miami.edu/sonhs](http://www.miami.edu/sonhs).

As a student, you are expected to focus your energy on meeting the opportunities and challenges presented by the faculty and courses in your chosen program. A major task for you to accomplish is to balance academic demands with your responsibilities associated with work and home life. Keep in mind your learning is not confined to the classroom, but encompasses a variety of experiences in health care institutions and other community health care sites.

We have an outstanding faculty that are committed to your success in your chosen career as a DNP prepared nurse who will vision the future of health care and nursing practice. You have our best wishes for a productive and successful year.

Welcome to the School of Nursing and Health Studies.

Nilda (Nena) P. Peragallo, DrPH, RN, FAAN  
Professor and Dean

JoAnn Trybulski, PhD, ANP-BC  
Associate Professor of Clinical Nursing and Associate Dean of Master's and DNP Programs

## **OVERVIEW OF THE SCHOOL OF NURSING & HEALTH STUDIES**

The School of Nursing and Health Studies is an integral part of the University of Miami and shares in the responsibility to facilitate the development of humanistic and intellectual capabilities of individuals to meet the challenges of a world increasingly characterized by science, technology and resource conservation. The ongoing interaction between the School of Nursing and Health Studies community and the University community serves to complement the functions of each through the exchange of resources, including the collective abilities of faculty and students.

The School serves a multicultural, international community that affords a rich environment for the exchange of ideas necessary for the advancement of nursing knowledge and the promotion of global health. The faculty believes nursing educators have a responsibility to prepare students to act as culture advocates and brokers for clients and health care providers in a diverse community. The School is committed to academic excellence in teaching, practice, and scholarly inquiry for the advancement of nursing as a discipline and service to society through its baccalaureate, graduate and continuing education programs.

Each person is a unique, integrated, holistic human being who is influenced by the complex interaction of biological, psychological, developmental, sociological, economic and cultural variables. Each individual functions in continuous interaction with a constantly changing environment. Each person is an integral part of a family and community in a multicultural society.

Changes in the cultural, economic, technological, political, and sociological environment affect the health care delivery system as well as the health care needs and expectations of clients. Access to health care is a basic right. Health and health alterations are dimensions of life that form a continuum within each person, group and community, can be located. Health is defined as the quality of life as measured by an ever-expanding level of well-being. Health results when energy is mobilized for the promotion, maintenance, and/or restoration of well being. The goal of health promotion and disease prevention is to facilitate the expansion of health regardless of level of functioning by acknowledgment of life-style choices, advocacy and decision-making.

Professional nursing is an integral component of the health care system and is vital to the delivery of health care to individuals, families, groups, and communities. Nursing care includes health promotion, health maintenance, illness prevention and treatment, rehabilitation, and palliation. Professional nursing knowledge rests on a foundation of arts and humanities, and natural and behavioral sciences that are developed outside or within the discipline of nursing. The faculty is committed to the advancement of knowledge. Nursing science is generated by ongoing development and testing of nursing theory.

Nursing science and nursing practice are reciprocal in nature, with each including independent and collaborative functions and actions. The professional nurse assumes a leadership role and is accountable to self, client, and society. Graduates of the School are expected to create innovative nursing roles within the changing health care system to meet emerging health care needs of clients across the life span.

Professional nursing requires a commitment to life-long learning, which results from interaction between the individual and environment. Faculty and students share responsibility to create a learning environment that stimulates intellectual curiosity, critical thinking, decision-making, and self-directed action. Students enter nursing education at various levels based on their personal backgrounds and career goals. Independent learning and flexibility are encouraged in meeting program objectives. Evaluation, as part of the teaching/learning process, promotes growth and provides direction for improvement of nursing practice, education, and research.

## **History**

Nursing education began at the University of Miami in 1948 with registered nurses admitted to the College of Arts and Sciences for the Bachelor of Science in Nursing (BSN). In 1952, the nursing program became a Department of Nursing within the College and began admitting generic nursing students. The BSN Program was approved in 1954 by the Florida State Board of Nursing and Registration. The BSN Program received initial national accreditation by the National League for Nursing in May 1956. In 1968, Nursing was transferred to the Medical Center and became a school, reporting to the vice-president for Medical Affairs. In 1976, seventeen students were enrolled in the new Master of Science in Nursing (MSN) Program. In 1980, the School of Nursing achieved the status of all other schools on the Coral Gables campus and the dean of the school began reporting directly to the provost and executive vice president. The MSN Program was accredited in 1982 by the National League for Nursing.

In 2006, the BSN and MSN Programs received initial accreditation from the Commission of Collegiate Nursing Education, the accrediting body of the American Association of Colleges of Nursing. In 1985, the PhD Program in Nursing admitted its first students. The program was one of only 25 doctoral programs in nursing at the time of its initiation. The first graduate completed her doctorate in December 1987. The School celebrated its 50<sup>th</sup> anniversary in 1998. The M. Christine Schwartz Center for Nursing Education had its ground breaking in October, 2004. In 2005, the School of Nursing became the School of Nursing and Health Studies (SONHS) to reflect the additional responsibilities assumed for the interdisciplinary Health Sciences Program.

## **Mission Statement**

The Mission of the School of Nursing and Health Studies is to educate students and support faculty committed to excellence in the art and science of nursing and health care studies through creating and disseminating health knowledge and developing culturally competent leaders to provide service to our community, the nation, and the world (Adopted by the SONHS, 2005).

## **Accreditation**

The baccalaureate program is approved by the Florida State Board of Nursing. The baccalaureate and master's programs are accredited by the Commission on Collegiate Nursing Education (CCNE), One Dupont Circle, NW, Suite 530, Washington, DC, 20036-1120, (202) 887-6791. The nurse-midwifery specialty is accredited by the American College of Nurse-Midwives, Suite 1000, 1522 K Street, NW, Washington, DC, 20910-6374, (202) 289-0171 and the nurse anesthesia

specialty is accredited by the Council on Accreditation of Nurse Anesthesia Education programs (COA), 222 South Prospect Avenue, Park Ridge, Illinois, 60068-4001, (847) 692-7050 (ext. 1154). The DNP program will be evaluated for accreditation in fall 2010.

## **University Policies**

The School of Nursing and Health Studies Student Handbook is a supplement to the University of Miami Bulletin and the University of Miami Student Rights and Responsibilities Handbook, <http://www.miami.edu/dean-students/srr.pdf>. . Students are responsible for acting in accordance with the University and the School of Nursing and Health Studies regulations and policies set forth in these publications. The School of Nursing and Health Studies Nursing Handbook also provides additional information specific to the nursing program.

The curriculum of the School of Nursing and the Health Studies Student Handbook is reviewed annually and is as accurate and current as possible. Should there be changes in academic policies, or procedures or curriculum, they will be communicated to you via your official University of Miami email address. Students will assume responsibility for incorporating the changes into the Handbook. If you have a problem or a concern that is not adequately answered in the Handbook, please contact the Associate Dean of the PhD Program.

Please visit the School of Nursing and Health Studies Website for the most up-to-date information at: <http://www.miami.edu/sonhs>.

## **SONHS Doctor of Nursing Practice Program (DNP)**

The SONHS DNP program was launched in January, 2009. The DNP program was designed to increase the number of practice focused, doctorally prepared nurses in Miami-Dade (County) and eventually, in the nation. The DNP curriculum is based on AACN's *Essentials for Doctoral Education* and uses innovative educational methods to create practice focused experts to vision, design and implement practices and systems of care to assist with resolving health care disparities. Partnering with the UM Schools of Business and Education affords our DNP students an interdisciplinary dialogue as a component of their education. In addition, a diverse pool of practice sites provide a comprehensive array of experiences for DNP practice immersion and Capstone projects that are unique in the region.

The DNP program is the only program offered at an Academic Health Center in South Florida, creating a comprehensive interdisciplinary educational environment unavailable at many other universities. There is an urgent need for doctorally prepared, practice focused nurses to lend their expertise to the health care systems in the County and assist with resolving health care disparities in the County, State, and Nation.

Nurses who desire preparation at the DNP level as scholars and practice experts may enter this doctoral nursing program at the University of Miami after completing a master's degree.

## **Purpose and Objectives**

The purpose of the DNP program is to prepare scholars and researchers to contribute to the growth of nursing practice and health care delivery through recognized methods of scholarly inquiry and dissemination of practice innovations. Additionally, graduates of this program will be prepared to collaborate with PhD colleagues to provide innovative leadership to the profession and make the practice of nursing more effective. The program prepares students to:

- Integrate knowledge, theories, and concepts from the biophysical, psychosocial, analytical, and organization sciences to develop ethical health care systems and new frontiers for nursing practice which assist with the resolution of health care disparities.
- Evaluate research methods and findings to create an evidence base for nursing practice and health care delivery systems that are best practices and alleviate health care disparities.
- Synthesize knowledge gained from traditional and innovative learning methods to lead quality, cost effective health care collaborations addressing health care disparities.
- Demonstrate expert clinical judgment and knowledge of health care systems to design, deliver and evaluate evidence based care interventions to reduce health care disparities.
- Model expert nursing practice and serve as a leader and mentor to assist other nursing colleagues achieve expert nursing practice.
- Employ knowledge of health care policy and economics to develop and evaluate programs to address health care disparities.

## **ACADEMIC REQUIREMENTS OVERVIEW**

### **Credits Required**

Students in the MSN to DNP program are required to complete a minimum of 38 credits. Graduate credits earned at other institutions may be offered in partial fulfillment of the requirements for the Doctoral Program in nursing, pending approval of the faculty and Graduate School.

## DNP Courses

# credits	course #	course title
3	NUR 654	Evolution of Nursing Practice and Application of Theory in Nursing Practice
3	NUR 657	Population based Health and Health Care Disparities
3	NUR 658	Structure and Processes in Health Care Organizations and Health Care Policy
3	NUR 663	Research I: Evaluating the Evidence for Practice
2	NUR 656	International Health
3	NUR 664	Research II: Biostatistical Applications for Nursing Practice
3	NUR 672	Capstone I ( 1 lecture credit, 112 clinical hours)
6	NUR 676	Practice Immersion (1 lecture credit, 280 clinical hours)
3	NUR 539 or NUR 660	Effective Teaching, Learning, and Assessment in Higher Education - or - Translational Science
3	NUR 655	Health Care Management, Economics, Financing, and Ethics
3	NUR 659	Technology in Health Care (2 lecture credits, 56 clinical hours)
3	NUR 673	Capstone II (1lecture credit, 112 clinical hours)

## ADVISEMENT AND REGISTRATION

To register for classes, DNP students must contact a graduate advisor (Student Services). Registration for summer and fall semesters typically opens in April. Spring registration opens in November. However, students should consult the University’s academic calendar for the exact dates.

For various reasons such as financial cancellation, failure to submit a local address, non-compliance with the Office of Student Health Services, a student may be unable to register because a “STOP” has been placed on the student’s record. The Graduate Advisor in the Office of Student Services will assist the student in determining the cause of the stop, however, , the student needs to exercise initiative in clearing the stop by contacting the appropriate UM office. A list of phone numbers of the various offices at UM is in the back of this handbook.

Late registration fees go into effect on the second day of the semester. Dropping courses on the second day and thereafter results in a tuition refund or owing tuition which is prorated according to the *University of Miami Bulletin* ([www.miami.edu/bulletin](http://www.miami.edu/bulletin)). Students should familiarize themselves with the *Bulletin* in order to be aware of the University’s policies and procedures. Lock-step programs may not be subject to prorated refunds (See Lock-step Program Policy).

### GRADING POLICY

The grading scale of the School of Nursing and Health Studies is consistent with the University of Miami grading standards as set forth in the University of Miami Bulletin ([www.miami.edu/bulletin](http://www.miami.edu/bulletin)). The SONHS grading scale is as follows:

Numeric Grade	Letter Grade	Quality Points	
98-100	A+	4.00	
93-97	A	4.00	
90-92	A-	3.70	
87-89	B+	3.30	
83-86	B	3.00	
80-82	B-	2.70	Below Graduate
78-79	C+	2.30	Standards
75-77	C	2.00	
73-74	C-	1.70	
71-72	D+	1.30	
68-70	D	1.00	
▼ -67	F	0.00	
I-Incomplete			
IP-In Progress		0.00	
NG			
W			

### GRADING POLICY

The SONHS adheres to the method of calculating the GPA as discussed in the *UM Bulletin*. [Http://www.miami.edu/umbulletin](http://www.miami.edu/umbulletin). Doctoral students must obtain a grade of at least “B” ( $\geq 83\%$ ) in all required nursing courses and maintain a cumulative GPA of 3.0 on a 4.0 point scale to progress in the DNP Program. All grades are included in the computation of the UM overall grade point average including those that are failed or repeated.

### LOCK-STEP PROGRAMS POLICY & BLOCK TUITION

The DNP program is lock-step and students must successfully complete a semester to progress to the next semester. The tuition is per semester and block tuition rate. If a student withdraws from a course or fails a course, he or she will not receive a refund of their tuition. When the course is repeated, the student must pay the University’s published per credit rate.

## **COURSE AND CLASSROOM REQUIREMENTS**

### **Syllabi**

In each course, a course syllabus is distributed and the content reviewed. The syllabus stipulates course policies, grading standards, and academic expectations of the course. Syllabi contain class objectives, assignments, and required readings. Students are expected to be self-directed in completing the required readings and coming to class prepared to participate in the class learning experiences. Many courses incorporate student presentations into the teaching-learning process, and students are expected to assume duplication costs when necessary. Copy machines are available in the Richter Library. Students are encouraged to keep copies of their syllabuses forever.

### **Textbooks**

Required and recommended textbooks for each course are listed in the syllabus. Some nursing textbooks are used for more than one designated course and/or serve as reference resources throughout the nursing program.

### **Attendance**

Regular and punctual attendance at classes and clinical learning experiences is expected of all students. Each professor will announce during the first meeting the penalties for non-attendance, missed assignments. It is the student's responsibility to know the professor's policies regarding penalties for absences, missed examinations and late or missed work.

### **Reference Manual for Writing Papers**

All written work for courses in the School of Nursing and Health Studies must be submitted following the guidelines in the latest edition of the *Publication Manual of the American Psychological Association Manual*, 5<sup>th</sup> Edition. Washington DC: American Psychological Association (2001).

### **LEAVES OF ABSENCE AND READMISSION**

Graduate students must formally request a Leave of Absence (LOA). If a student misses a full semester (fall or spring), they may be required to apply for readmission. This policy is administered on a case by case basis by the Associate Dean. The application for readmission is reviewed by the Graduate Academic Standing and Admissions committee and a recommendation made to the Associate Dean.

## ACADEMIC HONESTY POLICIES

### **Ethics**

Nursing students have special concerns with ethics because of the unique participation in the lives of others that the profession of nursing entails. The School of Nursing and Health Studies follow the American Nurse's Association's (ANA) Code of Ethics. Questions concerning the ethics of particular situations should always be handled in consultation with a faculty member.

### **Honor Code**

The School of Nursing and Health Studies supports the Graduate Honor Code found at <http://www.miami.edu/pdf/graduatehonorcode.pdf>. In addition to the policies set forth in the Honor Code, the School's faculty has adopted the following policy on plagiarism:

### **Plagiarism**

The School of Nursing and Health Studies as does the University of Miami, have strict penalties against plagiarism. If a student is suspected of plagiarism, the matter will be reported to administration and will ultimately be referred to the Honor Council of the university.

The following paragraphs explain what constitutes plagiarism:

Plagiarism can be defined essentially as the deliberate act of taking the writings and/or ideas of someone else and representing them as your own. Plagiarism commonly takes three forms.

The most blatant form of plagiarism is the direct lifting of a passage from another book (encyclopedia, reference book, literacy criticism, and/or other printed sources) and including it in your paper as if it were your own work without using any quotation marks and/or without providing a proper citation. In addition, another direct and blatant form of plagiarism is that of obtaining information from electronic sources and submitting it as your own work.

A second form of plagiarism involves paraphrasing. Essentially, when you paraphrase, you take a passage from another book and change some of the words, altering the phrasing but not the meaning. Although some of the writing is now your own, paraphrasing differs only in degree from direct lifting a passage. Anytime you paraphrase material which is not your own, you should indicate it with a reference in which you identify the source used.

A third kind of plagiarism involves taking the major ideas from another book and incorporating them into your paper as if they were the products of your own thinking. Even

though you may not have taken any lines directly from the source material, it is still considered plagiarism to use another's ideas while representing them as your own.

### **Sanctions For Plagiarism**

Plagiarism is considered a serious offense in academic settings. In general, when plagiarism is discovered by a faculty member any one or more of the following responses are considered appropriate:

1. Failure on the assignment
2. Failure in the course
3. Referral to the Honor Council
4. Dismissal from the School/University and forfeiture of the degree

If plagiarism is discovered after a course or program has been completed, the following responses may be recommended:

1. Failure of the course, retroactively
2. Failure of the program, retroactively
3. Withdrawal of degree, retroactively

### **PROFESSIONAL BEHAVIOR**

Nursing is a profession which has earned the public's trust. The importance of student integrity, trustworthiness and honesty are serious concerns, in part due to the implications for patients' safety. Doctoral students are professional registered nurses.. Students are expected to exhibit professional behavior in all interactions with UMSONHS faculty members, staff, fellow students, and patients. Violations of the ANA code, r SONHS Professional Behavior Standards, or University of Miami Students Rights and Responsibilities Handbook ( <http://www6.miami.edu/dean-students/srr.pdf>) are grounds for probation or dismissal (see Probations Policy, below).

Excerpts from the ANA Code for Nurses defining professional behavior:

- The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
- The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
- The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
- The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.

- The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal professional growth.
- The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
- The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
- The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
- The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

### **SONHS Standards for Professional Behavior**

The SONHS has high expectations and standards for its graduate students. In addition to the Universities policies, the SONHS has adopted these guidelines for professional behavior.

1. Respect for others. Examples include:
  - arriving to class on time
  - no cell phone use in class or in clinical experiences
  - Being accountable for preparation for class and clinical experiences.
  - Exhibiting care for others in an empathetic manner
  - Participating in honest, open, and assertive (not aggressive) communication.
  - Maintaining the confidentiality of all patient information
  - Respect for the experience of faculty members and preceptors
2. Exhibiting professional appearance and image at all times.
3. Manifesting constructive verbal and non verbal behavior (hostile or confrontation attitudes are not commensurate with professional behavior).
4. Demonstrate safe, ethical nursing practice in all clinical experiences.

### **PROBATION POLICY**

**Probation** is defined as a time-limited opportunity to help a student identify and correct academic and/or behavior deficiencies. Probation is a vehicle to encourage a student to seek individual or more intensive instruction.

#### **Grounds for Probation**

Reasons for placing a student on probation include:

- a) failing to meet clinical performance objectives. Including, but not limited to:

- preceptor or clinical site coordinator requests the removal of a student from a clinical site
  - preceptor or faculty has concerns regarding clinical judgment or competency
  - student is involved in critical clinical incident
  - repeated errors in clinical judgment
  - inability to select appropriate action in response to a critical clinical event
  - repeated inadequate/unsafe technique or clinical skills
  - acting in a way as to be a threat to patient safety.
  - persistent tardiness or lateness in the clinical area.
  - unexplained absence from clinical.
  - leaving clinical area without notifying supervising staff.
- b) an act of insubordination is defined as failure or refusal to follow a directive of a faculty member, preceptor, or other persons of authority.
- c) violations of professional behavior standards ( listed above, Professional Behaviors)
- d) falsification of documents including, but not limited to medical records, controlled substances documentation, clinical evaluation forms.
- e) failure to prepare for or participate in course related assignments or other materials assigned by faculty.

### **Terms of Probation**

1. While on probation, the student meets weekly with program faculty to review progress towards correcting deficiencies. The student is responsible for scheduling these meetings.
2. While on probation the student must attend the clinical sites determined by the course coordinator chosen for quality of clinical instruction and/or clinical case availability.
3. The initial probation period will be no less than 30 days. At the end of the 30 day period the student's progress will be evaluated. If the deficiencies in the probation form have been met, then probation will be terminated.
4. If the student has not met the probationary terms, but is making significant progress as determined by the faculty, the probationary status may be extended for up to an additional thirty-day period. During either the initial or additional probationary period, any serious violation of professional behavior standards or occurrence of behaviors that are listed as grounds for probation can result in recommendation for immediate dismissal of the student from the Program or from the SONHS.
5. If the student fails to make significant progress at the end of 30 days, or correct the identified deficiencies or meet requirements of by the end of the second probationary period, the Course Coordinator in conjunction with the Associate Dean informs the student of the decision to dismiss the student. The student has access to appeal through the Academic Appeals process.

## **DISMISSAL POLICY**

The following circumstances are grounds for dismissal from the student's specialty program or the SONHS:

- a) plagiarism
- c) failure to maintain an overall 3.0 GPA.
- d) violation of the ANA's Code of Conduct for Nurses
- e) found to be impaired by substance use while conducting school-related activities or while attending clinical
- f) violation of the terms of probation and/or the failure to emerge from probationary status
- g) violations of professional behavior, poor preparation for course related assignments
- h) violations of patient safety standards
- i) violations of expected clinical performance objectives, and acts of insubordination deemed to be significantly serious
- i) dismissal from a course for unexcused absence or not financially registered

The decision for dismissal is vested in the Dean of the SONHS.

## **RESOLVING ACADEMIC DISPUTES AND SOLVING PROBLEMS**

A student who wishes to resolve an issue, dispute, and/or a problem related to his or her role as a student, may make an appointment to meet with the Associate Dean at the School. Examples of these include, but are not limited to grade disputes, the progression policy, completion of incompletes, accusations of honor code violations, charges of unsafe practice or unprofessional behavior, dismissals, overrides for registration, retroactive course drops, completion of terms of an independent study contract, acknowledgement of transfer credits, issues with transcripts, course prerequisites, course waivers or special circumstances regarding changing programs or withdrawing from classes. If attempts to resolve such issues, disputes, and problems are unsuccessful after intervention by the Associate Dean, the student has the right to avail him or herself of the academic appeals process. Further, the Associate Dean will advise the Dean of the School of his or her findings as appropriate and make recommendations to the Dean of any actions that should be taken.

## **GRADUATE SCHOOL GRIEVANCE GUIDELINES**

### **Student Grievance Procedures**

### **INTRODUCTION**

These University of Miami Graduate Grievance Procedures provides an opportunity for the resolution of disputes involving graduate students in a fair and collegial manner. These Graduate Student Grievance Procedures supersede all prior such procedures in effect or formerly

utilized at the graduate level. They do not supplant UM Students Rights & Responsibilities or any other published policy or procedure relating to graduate students.

### **PURVIEW OF THE GUIDELINES**

The formal grievance process described herein is intended for cases not involving grades or matters covered by the Honor Code, which have not been resolved at the department or program level, and it is available only after a final determination within the relevant School or College has been reached. Students are encouraged to seek assistance from the University Ombudsperson for possible resolution before initiating the formal graduate grievance process. The procedures set forth here are applicable to any of the following types of grievances by graduate students who are enrolled in any graduate program at the University of Miami, except exclusively in the MD and JD programs:

1. grievances alleging improper dismissal or suspension from a graduate program;
2. grievances alleging the improper withholding or termination of financial support of any kind;
3. grievances alleging any other improper treatment, either substantive or procedural, of a graduate student by a faculty member, department or program, or university agency or administrator except:
  - a. allegations of improper evaluation of the quality and/or quantity of academic work (see UM Student Rights & Responsibilities);
  - b. allegations of unfair recommendation for employment or further graduate study;
  - c. allegations of discriminatory treatment arising from the student complainant's age, race, gender, sexual preference, handicap, national origin, or religion. (Such allegations ordinarily are handled by the Office of Equality Administration);

### **CONSTITUTION OF THE COMMITTEE AND GRIEVANCE PANEL**

The Graduate Council Grievance Committee (GCGC) is a standing committee comprised of the Schools' and Colleges' alternate representatives to the Graduate Council. Grievances as understood herein shall be heard by *ad hoc* appeals panels, constituted from time to time by the Dean of the Graduate School to review individual graduate grievances. The grievance review panel (GRP) shall consist of five disinterested members: four faculty members of the GCGC and one graduate student appointed by the executive board of the Graduate Students' Association. Notice of the constitution of the GRP shall be given by the Office of the Graduate Dean in writing to all parties to the grievance within ten (10) days after the grievance review request is properly filed.

Any party to the grievance may challenge the disinterestedness of a GRP member in writing to the Dean of the Graduate School within five (5) days after notification of the appointment. The challenge must specify reasons that would prevent the committee member or graduate student from making an unbiased recommendation with respect to the grievance. If such a challenge is determined to be valid by the Graduate Dean, a substitute appointment shall be made and the process will resume accordingly.

## **PROCEDURE AND TIME LIMITS FOR FILING A GRIEVANCE**

After a final determination has been made in the relevant School or College (or by the head of the relevant administrative office in the event of a grievance against a university agency), a student who believes he or she has grounds for appeal within the purview of these guidelines may file a written grievance review request with the Office of the Dean of the Graduate School. The request shall describe the student's allegations in a clear and concise fashion and shall clearly identify the individual(s), program(s), department, School or College, and/or University agency or administrator against whom the grievance is brought. The student's written grievance review request shall be filed within thirty (30) days of the final determination. No grievance review request or any other appeal of any kind will be granted after this time limit has expired unless a written extension of time is granted by the Dean of the Graduate School based on a written request from the grievant stating good cause.

## **DEFINITIONS AND ASSUMPTIONS**

*Burden of Persuasion:* The burden of persuasion is on the grievant.

*Final Determination:* This grievance process is available only after a final determination within the relevant School or College has been reached. This provision is intended to require the grievant to exhaust the remedies available within the relevant School or College before appealing to the Graduate Dean. In the case of a student in an interdisciplinary program who does not yet have a chair and/or committee assembled, the Dean of the Graduate School shall make a final determination in the student's case subject thereafter to the appeal contemplated by this policy. Appeal from the Graduate School Dean's decision follows this same procedure, except that the GRP shall be constituted by the Office of the Provost from the pool of GCGC members. Written notice of the constitution of the GRP in the case of a student in an interdisciplinary program without a chair or committee, shall be given by the Office of the Provost to all parties to the grievance within ten (10) days after the grievance review request is properly filed. All other deadlines, requirements, procedures, and the hearing format remain the same.

*Originals:* Wherever possible, the party in possession of an original document in support of or rebuttal to or at issue in the grievance shall provide it to the GRP within the time frames set out in the Hearing Materials and Preparation Deadlines. If a party has only a copy of a document not received by him, her, or it, the copy shall serve as an original. Digital documents or email messages in contention shall be printed and may then serve as originals.

*Party:* A party is the student grievant or the individual, program, department, School or College, or University agency or administrator against whom the student brings his or her grievance.

*Time Limits:* All time limits shall be calculated based on working days of the Fall and Spring Semesters, excluding reading and exam periods and University holidays. Grievances originally filed after the end of the Spring semester will be heard at the beginning of the following Fall Semester. Any stated time limit herein may be extended with the written consent of the grievant and the Dean of the Graduate School.

*Written:* Any document to which these guidelines refer as written signifies paper (hard) copy. Email messages and digital or other electronic versions do not meet the requirement that a form or notice be provided in writing. However, a party may transmit a digital version of any written document by email in addition to providing it in paper form.

## **DEADLINES FOR HEARING MATERIALS, PREPARATION, AND WITNESS IDENTIFICATION**

All materials to be considered for review by the members of the GRP must be submitted in writing to the Office of the Dean of the Graduate School at least fourteen (14) days before the scheduled date of the hearing, at which time such materials will be distributed to all parties to the grievance and to the members of the GRP. Thereafter, to the extent that any of the parties wishes to have additional materials considered by the GRP, such materials must be received by the Graduate School no later than seven (7) days before the scheduled date of the hearing, at which time all such additional written materials will be distributed to the parties as well as to the members of the GRP. Any party submitting written materials for consideration shall submit the original(s) and five (5) copies thereof to the Office of the Graduate Dean at his, her, or its own expense.

The name of any witness to be called by any party at the hearing shall be provided in writing to the Office of the Graduate Dean no less than five (5) days before the scheduled date of the hearing.

## **HEARING**

The grievance review hearing is chaired by a designated member of the GRP. The hearing is staffed by the non-voting Administrative Assistant of the Dean of the Graduate School, who will record it for archival purposes only. The hearing will proceed as follows:

- a. GRP chair's introduction, summary of issues, and process overview.
- b. Student's presentation of issues (15 minutes maximum).
- c. University representative's presentation of issues (15 minutes maximum).
- d. Optional: Presentation(s) by witnesses (limited to 3 per side and a maximum of 15 minutes total per side).
- e. Questions by members of the GRP.
- f. All presenters and witnesses are excused.

**g. Deliberation by GRP.**

Presentation of the issues should be concise and relevant. Undoubtedly the dispute is somewhat complex or it would not have reached this stage. Points of dispute or ambiguity may be summarized or illustrated by anecdote at the hearing. Experience suggests, however, that the best approach is to minimize formal presentations and allow the GRP members maximum time for questions.

**GRP DECISION AND AUTHORITY**

No additional substantive information may be submitted by any party following the hearing, unless requested by the grievance review panel. The GRP may but need not seek additional information from other sources during its deliberations, which will be conducted in closed session. Following its deliberations, and within ten (10) days of the date of the grievance review hearing, the GRP will make its confidential advisory recommendation to the Dean of the Graduate School [Office of the Provost in the event of a student in an interdisciplinary program who does not yet have a chair or committee]. The subsequent decision by the Dean of the Graduate School [Office of the Provost], which shall be rendered within ten (10) days of the GRP's recommendation, is final.

**MODIFICATIONS**

These procedures may be modified or withdrawn with or without notice.

**GRADUATE STUDENT ACADEMIC APPEALS**

**Grade Appeals**

The academic community is unanimous in its position that the grade an instructor assigns to a student is the instructor's responsibility and privilege. Any effort to alter this would be a violation of academic freedom.

It is the instructor's responsibility to establish criteria for assigning grades. Grounds for appeal of how a grade was assigned are: (1) The application of non-academic criteria in the grading process, as listed in the University's non-discrimination and affirmative action statute: race, color, sex, national origin, religions, age, sexual orientation, marital status, or handicap; (2) sexual harassment, or (3) failure to adhere to the grading criteria established for the course. The student should discuss the dispute with the instructor and make all efforts to resolve the grading issue prior to filing a formal appeal. Failing to resolve the disputed grade, the student should follow the steps listed in the Academic Appeals Process below.

## Written Formal Appeal

If a dispute or problem is not resolved through interactions with the instructor (grades) or through discussions conducted by the Associate Dean, the student may file a formal written appeal to the Graduate Admissions and Academic Standing Committee (GASAC). The GASAC Committee members reserve the right to decide whether or not it will hear the appeal presented by the student. Written appeals must be filed within 30 days of the occurrence of the academic action resulting in the appeal and prior to the completion of all degree requirements or withdrawal from the University. The Committee may, at its sole discretion, decide to hear appeals filed after the preceding time periods have elapsed.

When bringing a matter before the Committee the student must place in writing issues s/he wishes to have considered. The appeal must include:

- a. The conditions as seen by the student, offering a rationale for appeal, and any other supporting documentation that s/he wishes the Committee to examine.
- b. Whether or not the student wishes to make a personal appearance before the Committee and the reasons why.
- c. Documents of support (e.g., examinations, tests, papers, syllabi, evaluations, provide documentation of illness, or any other documents relevant to the appeal).
- d. All written decisions of individual faculty/administrators which are available to the student or in the student's possession.
- e. If the appeal is based on or related to a disability:

The student should provide a copy of the Letter to Professors received from Accessibility Resources (AR) and describe any other information pertinent to the question of disability.

The letter of appeal and supporting documentation which the student would like to be considered by the Committee will be reviewed by the committee within 1 month of receiving the written appeal.

The Committee will review the student's written appeal; confer with the appropriate faculty, administrators, and other appropriate individuals as necessary in making its recommendation to the Dean. In the process of making its recommendation, the Committee may request:

- a. The student to be interviewed, provide additional information or access to records, or appear before the Committee.
- b. The faculty and/or administrator to be interviewed, provide additional information or access to records, or appear before the Committee.

The Committee will communicate its findings and recommendations to the Associate Dean and the Dean of the School. The final decision with respect to the appeals will be made by the Dean SONHS and communicated to the student in writing. Once a decision has been rendered and if the student still believes that her/his case has been handled unfairly, the student has the right to redress all issues to the University appeals process. This process begins with the student contacting the University Ombudsperson office at 305-284-4922 or [ombudsperson@miami.edu](mailto:ombudsperson@miami.edu).

### **University Ombudsperson**

The student and/or faculty may contact the University Ombudsperson at any time for assistance with any problem associated with an academic appeal. The Ombudsperson for the University of Miami may be reached at 305-284-4922 or [ombudsperson@miami.edu](mailto:ombudsperson@miami.edu).

### Decisions made outside of the GASAC

Decisions made by the Graduate School Honor Council or by Accessibility Resources will not be heard through the SONHS appeal process. The student should appeal through the appeal processes of the Graduate School Honor Council or Accessibility Resources.

## **CLINICAL EXPERIENCE GUIDELINES**

### **Requirements Prior to Starting Clinical Courses**

Prior to beginning the Practice Immersion and Capstone courses, all students must meet the requirements for clinical courses as specified by the agencies with whom the School contracts. This is for the safety of students, clients, agency employees, and all those with whom students interact. Verification of compliance must be submitted annually to the Office of Student Services. **Failure to comply with these requirements will result in the student being withdrawn from clinical experiences.**

### **Florida RN License**

All DNP students are required to be registered nurses in the State of Florida and maintain a valid registration throughout their educational experience in the DNP program. RN license verification must be on file in the student's folder located in the Office of Student Services.

### **Physical Examination**

A complete physical examination is required prior to admission and must be signed by the physician on the immunization form provided.

### **Background Check, Fingerprinting and Drug Testing Clearance**

The Joint Commission of Accreditation of Healthcare Organization (JCAHO), which accredits healthcare facilities across the country, has set forth requirements mandating that students in a healthcare field must now complete the same background check as

hospital employees. American DataBank has been asked to perform background checks for University of Miami nursing students every year. For further information, please visit the SONHS website at <http://www6.miami.edu/sonhs/undergrad/screening.html>.

## **Cardiopulmonary Resuscitation (CPR) Certification**

All students need to be CPR certified. - The certification required is the Basic Life Support for Health Care Providers (adult, child and infant) a Heart Saver course is not acceptable. - Please go to <http://www.americanheart.org/> and click on the link on CPR & ECC. - Please fax us or send a copy of the CPR with the immunization form.

## **Immunizations**

Students must submit the immunization forms completed by their physicians located at <http://www6.miami.edu/sonhs/undergrad/screening.html>, to **both** the School of Nursing and Health Studies and to the University of Miami Student Health Services Office. The UM Student Health Services office will accept a fax at 305-284-6463.

- **Tuberculosis - PPD Skin Test**  
Required yearly. If positive, a chest x-ray is required within the last 12 months.
- **Hepatitis B Series**  
A series of three injections is given over a period of six months. Students may decline the Hepatitis B vaccination series for certain medical reasons; however, a Hepatitis B Virus Vaccination Declination Form must be submitted.
- **Varicella (Chicken Pox)**  
Titer required if individual was vaccinated, if not, vaccination is required.
- **Measles, Mumps and Rubella**  
Documentation of vaccination on or after first birthday or laboratory evidence of immunity by antibody titer.
- **Tetanus/Diphtheria**  
Booster required every 10 years.

Some of these immunizations are available at low cost through the Student Health Service, (305) 284-5927, 5513 Merrick Drive who can also test for and verify existing immunity.

## **Drug Screening**

A 10 panel drug screen through American Data Bank is required at the time of admission, prior to starting classes. A positive drug screen report from American Data Bank may result in the student's admission being withdrawn and notification of the positive result to the Board of Nursing, according to the reporting

requirements for registered professional nurses (464.018, Disciplinary actions, Florida Nurse Practice Act).

### **Clinical Agency Requirements**

Our clinical agencies' contracts require that students practicing in the clinical setting comply with Federal OSHA and JCAHO regulations. Students may not participate in clinical activities until they provide evidence of compliance. Absence from clinical laboratory experiences due to a student's lack of compliance with this requirement will be considered as an unexcused absence, and may not be made up.

### **Clinical Attire**

Approved nursing attire must be worn during all clinical experiences. The student represents not only himself/herself, but the School of Nursing and Health Studies and the University of Miami, as well as the nursing profession. The student is expected to present a clean, well-groomed appearance. For purposes of infection control, hair must be worn off the collar. Uniforms should be purchased with comfort and professional appearance in mind. Men should wear a tee shirt under scrub tops. Tattoos should be appropriately covered by clothing. A University of Miami name pin must be worn on the uniform and the lab coat at all times.

Muslim students who must wear a head covering and long sleeves are to do the following. Tuck the excess head covering into the neck of their scrub top for infection control purposes. A long-sleeve top with elastic wrist cuffs may be worn under the scrub top. The elastic cuffs are to prevent the sleeve material from coming in contact with patients or bed clothing.

### **Accessories**

A watch with a second hand is required. A stethoscope is required. A blood pressure cuff is strongly recommended. Jewelry should be chosen with cleanliness, safety, and professionalism in mind. A watch is the only arm jewelry allowed; rings should be limited to one per hand; earrings, if worn, are to be small; neck chains, if worn, must be covered by the uniform. Nose or tongue rings are unacceptable.

### **Medical Center Identification**

A University of Miami identification card (with photograph) is required in order to use Calder Medical Library. This identification must be worn by students whenever they are on the Medical campus. Calder Library is located on the medical campus at 1601 NW Tenth Avenue and contains many health related sources that are not available at Richter. Students must present their University of Miami ID cards when checking out materials.

### **Transportation to Clinical Sites**

Students are responsible for arranging their own transportation between the Coral Gables campus, the Medical campus and various clinical facilities. Car pools are encouraged when possible. Metrorail passes may be purchased on the Coral Gables campus. Each student is encouraged to plan accordingly for transportation in order to avoid being late for classes and/or clinical experiences.

## **Health Insurance Portability and Accountability Act (HIPAA)**

HIPAA information and policies are located at the University of Miami's Office of HIPAA Privacy and Security website at <http://www.med.miami.edu/hipaa/public/>.

## **Impaired Student Policy**

For the safety of our students, patients, clients, and community, graduate nursing students are subject to random drug testing.

The following information is presented in response to compliance of regulations of the Drug-Free Schools and Communities Act amendment of 1989 (Public Law 101-226), Section 22: "Drug-Free Schools and Campuses." Regulation: Sec. 1213 "Drug and Alcohol Abuse Prevention"

**Section 1213 Subpart B.a.1.** requires annual distribution to each student and employee of: "standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities."

All students, faculty, administrators, and support staff are expected to recognize the potential for alcohol and drug abuse whenever illegal drugs or alcohol are sold, given, manufactured, and/or used and that such abuse is in conflict with the University's purpose. To mitigate abuse, the University has established policies and regulations which adhere to applicable federal laws and Florida statutes regarding such abuse. The regulations and policies governing the use of alcoholic beverages apply to all students, guests, and visitors on University property or as part of any University activity. The responsibility for knowing and abiding by the provisions of the University's beverage and drug policies rests with each individual.

**Section 1213 Subpart B.a.2.** requires: "a description of the applicable legal sanctions under local, state, or federal law for the unlawful possession or distribution of illicit drugs and alcohol."

The Florida State Statutes on drug and alcohol abuse are based upon and are consistent with current Federal Statutes, which are found in Titles 21 and 27 of the United States Code.

The University of Miami adheres to Florida Statutes, Chapter 562, which detail the Florida Laws on alcoholic beverages and related penalties (misdemeanor, felony). These statutes include selling, giving or serving alcoholic beverages to persons under 21 years of age (562.11) and for possession of alcoholic beverages by persons under 21 years of age (562.111). It is unlawful for any person to misrepresent or misstate his or her age. This includes the manufacture or use of false identification. Use of altered identification for the purpose of procuring alcoholic beverages is a felony. It is unlawful for any person to consume or possess open containers of alcoholic beverages while in municipal parks, playgrounds, sidewalks or streets. It is unlawful for a person to be found in the state of intoxication on a street or public place while within the city limits. It is unlawful for a person to drive while under the influence of alcohol or other drugs. *Penalties* include: (a) a mandatory suspension of license for 90 days for the first conviction; (b) fines of up to \$500.00 for the first offense; (c) a minimum of 50 hours community service; (d) imprisonment of not more than six months.

The Florida Statutes, to which the University of Miami adheres with regard to drug abuse, are found in Florida Statutes, chapter 893. This chapter includes definitions of what constitutes illegal drugs, drug paraphernalia, prohibited activities, and related penalties. Conviction for the possession or distribution of illegal drugs or alcohol will result in various penalties according to the nature of the offense. This can

include imprisonment, fines, confiscation of property, and other related penalties. A violation of State Law, which results in a conviction, will result in additional disciplinary action by the University.

According to Section 893.13 (1) Florida Statutes, it is unlawful for any person to sell, purchase, manufacture, or deliver, or to possess with the intent to sell, purchase, manufacture, or deliver, a controlled substance in, on, or within 200 feet of the real property comprising a public or private college, university, or other postsecondary educational institution.” Individuals who violate this law commit a felony of the first degree, and shall be sentenced to a minimum term of “imprisonment for three calendar years and shall not be eligible for parole or release under the Control Release Authority pursuant to s.947.146 or statutory gain-time under s.994.275 prior to serving such minimum sentence.”

**Section 1213 Subpart B. a.3.** requires “a description of the health risks associated with the use of illicit drugs and the abuse of alcohol.”

The following health risks are related to alcohol and drug abuse:

### **Alcohol**

Alcohol is a “psychoactive” or mind-altering drug. It can alter moods, cause changes in the body, and become habit forming. Alcohol is called a “downer” because it depresses the central nervous system. Drinking too much causes slowed reactions, slurred speech, and sometimes unconsciousness. Alcohol works first on the part of the brain that controls inhibitions. A person does not have to be an alcoholic to have problems with alcohol. Every year, many individuals lose their lives in alcohol-related automobile accidents, drowning, and suicides. Serious health problems can and do occur before drinkers reach the stage of addiction or chronic use.

Some of the serious diseases associated with chronic alcohol use include alcoholism and cancer of the liver, stomach, colon, larynx, esophagus, and breast. Alcohol abuse also can lead to such serious physical problems as: damage to the brain, pancreas, and kidneys; high blood pressure, heart attacks, and strokes; alcoholic hepatitis and cirrhosis of the liver; stomach and duodenal ulcers, colitis, and irritable colon; impotence and infertility; birth defects and Fetal Alcohol Syndrome, which causes retardation, low birth weight, small head size, and limb abnormalities; premature aging; and a host of other disorders such as diminished immunity to disease, sleep disturbances, muscle cramps, and edema.

### **Marijuana**

The potency of the marijuana now available has increased more than 275% since 1980. For those who currently smoke marijuana, the dangers are much more serious than they were in the 1960’s. There are more known cancer-causing agents in marijuana smoke than in cigarette smoke. In fact, because marijuana smokers try to hold the smoke in their lungs as long as possible, one marijuana cigarette can be as damaging to the lungs as four tobacco cigarettes.

Even small doses of marijuana can impair memory function, distort perception, hamper judgment, and diminish motor skills. Chronic marijuana use can cause brain damage and changes in the brain similar to those that occur during aging. Health effects also include accelerated heartbeat and, in some persons, increased blood pressure. These changes pose health risks for anyone, but particularly for people with abnormal heart and circulatory conditions, such as high blood pressure and hardening of the arteries.

Marijuana can also have a serious effect on reproduction. Some studies have shown that women who smoke marijuana during pregnancy may give birth to babies with defects similar to those seen in infants born with Fetal Alcohol Syndrome – for example, low body weight and small head size.

## **Cocaine**

Cocaine is one of the most powerfully addictive of the drugs of abuse, and it is a drug that can lead to death. No individual can predict whether or not he or she will become addicted or whether the next dose of cocaine will prove to be fatal. Cocaine can be snorted through the nose, smoked, or injected. Injecting cocaine, or injecting any drug, carries the added risk of contracting HIV, the virus that causes AIDS if the user shares a hypodermic needle with a person already infected with HIV. Cocaine is a very strong stimulant to the central nervous system, including the brain.

This drug produces an accelerated heart rate while at the same time constricting the blood vessels which are trying to handle the additional flow of blood. Pupils dilate and temperature and blood pressure rises. These physical changes may be accompanied by seizures, cardiac arrest, respiratory arrest, or stroke. Nasal problems, including congestion and a runny nose occur with the use of cocaine, and with prolonged use the mucous membrane of the nose may disintegrate. Heavy use of cocaine can sufficiently damage the nasal septum to cause it to collapse. Users often report being depressed when they are not using the drug and often resume use to alleviate further depression. In addition, cocaine users frequently find that they need more and more cocaine more often to generate the same level of stimulation. Therefore, any use can lead to addiction. “Freebase” is a form of cocaine that is smoked. Freebase is produced by a chemical process whereby “street cocaine” (cocaine hydrochloride) is converted to a pure base by removing the hydrochloride salt and some of the “cutting” agents. The end product is not water soluble, so the only way to get it into the system is to smoke it. The cocaine reaches the brain within seconds, resulting in a sudden and intense high. However, the euphoria quickly disappears, leaving the user with an enormous craving to freebase again and again. The user usually increases the dose and the frequency to satisfy this craving, which results in addiction and physical debilitation.

“Crack” is the street name given to one form of freebase cocaine that comes in the form of small lumps or shavings. The term, “crack” refers to the crackling sound made when the mixture is smoked (heated).

## **Heroin**

Heroin is an illegal opiate drug. The addictive properties of Heroin are manifested by the need for persistent, repeated use of the drug (craving) and by the fact that attempts to stop using the drug leads to significant and painful physical withdrawal symptoms. Use of heroin causes physical and psychological problems such as shallow breathing, nausea, panic, insomnia, and a need for increasingly higher doses of the drug to get the same effect. Heroin exerts its primary addictive effect by activating many regions of the brain; the brain regions affected are responsible for producing both the pleasurable sensation of “reward” and physical dependence. Together, these actions account for the user’s loss of control and the drug’s habit-forming action.

Heroin is a drug that is primarily taken by injection (a shot) with a needle in the vein. This form of use is called intravenous injection (commonly known as IV injection). This means of drug entry can have grave consequences. Uncertain dosage levels (due to differences in purity), the use of unsterile equipment, contamination of heroin with cutting agents, or the use of heroin in combination with such other drugs as alcohol or cocaine can cause serious health problems such as serum hepatitis, skin abscesses, inflammation of veins, and cardiac disease (subacute bacterial endocarditis). Of great importance, however, the user never knows whether the next dose will be unusually potent, leading to overdose, coma, and possible death. Heroin is responsible for many deaths. Needle sharing by IV drug users is one of the causes of new AIDS cases.

The signs and symptoms of heroin use include euphoria, drowsiness, respiratory depression (which can progress until breathing stops), constricted pupils, and nausea. Withdrawal symptoms include watery eyes, runny nose, yawning, loss of appetite, tremors, panic, chills, sweating, nausea, muscle cramps, and

insomnia. Elevations in blood pressure, pulse, respiratory rate, and temperature occur as withdrawal progresses. Symptoms of a heroin overdose include shallow breathing, pinpoint pupils, clammy skin, convulsions, and coma.

### **PCP**

PCP is a hallucinogenic drug; that is, a drug that alters sensation, mood, and consciousness and that may distort hearing, touch, smell, or taste as well as visual sensation, it is legitimately used as an anesthetic for animals. When used by humans, PCP induces a profound departure from reality, which leaves the user capable of bizarre behavior and severe disorientation. These PCP-induced effects may lead to serious injuries or death to the user while under the influence of the drug.

PCP produces feelings of mental depression in some individuals. When PCP is used regularly, memory, perception functions, concentration, and judgment are often disturbed. Used chronically, PCP may lead to permanent changes in cognitive ability (thinking), memory, and fine motor function.

### **“Designer Drugs”**

By modifying the chemical structure of certain drugs, underground chemists are now able to create what are called “designer drugs” – a label that incorrectly glamorizes them. They are, in fact, analogues of illegal substances. Frequently, these drugs can be much more potent than the original substances; therefore, they can produce much more toxic effects. “Ecstasy” for example, is a drug in the amphetamine family that, according to some users, produces an initial state of disorientation followed by a rush and then a mellow, sociable feeling. We now know however, that it also kills certain kinds of brain cells.

**Section 1213 Subpart a.4** requires “ a description of any drug or alcohol counseling, treatment, or rehabilitation, or re-entry programs that are available to employees or students.”

A list of some drug and alcohol prevention, counseling, treatment and rehabilitation, and re-entry programs are available at the Center for Alcohol and Other Drug Education located in Building 21-E. Additional programs may be listed in the local and other area telephone *directories*.

**Section 1213 Subpart B.a.5** requires “ a clear statement that the institution will impose sanctions on students and employees (consistent with local, State and Federal law), and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution for violations of the standards of conduct required by Section 1213 Subpart B.a.1.”

The University will impose sanctions for violation of the standards of conduct consistent with local, state, and federal laws, student and employee handbooks, and University policies. Violations will result in disciplinary action, up to and including termination of employment, expulsion, and referral for prosecution. Sanctions imposed will depend upon the severity and frequency of the violation. In addition to, or in lieu of discipline, violators may be required to complete an appropriate rehabilitation program.

Students enrolled in the School must observe the aforementioned policies. A student may be required to undergo drug or alcohol screening if he/she is suspected to be impaired from drugs or alcohol, at the discretion of a faculty, clinical preceptor, clinical instructor, or school administrators. **If a student refuses to comply with the request from a faculty, clinical preceptor, clinical instructor, or school administrator to undergo drug or alcohol screening, the student may be dismissed from the University of Miami School of Nursing and Health Studies.**

## **Policy for Safe Practice in Clinical Settings**

As registered nurses, students are expected to practice safely and ethically adhering to the American Nurses Association Code for Nurses, Standards of Practice, and the State of Florida Nurse Practice Act which is located online at

[http://www.doh.state.fl.us/mqa/nursing/info\\_PracticeAct.pdf](http://www.doh.state.fl.us/mqa/nursing/info_PracticeAct.pdf).

## **Precautions to Prevent Transmission of HIV – CDC Universal Precautions**

Since medical history and examination cannot reliably identify all patients infected with HIV or other blood-borne pathogens, blood and body fluid precautions should be consistently used for all patients. This approach, previously recommended by the Center for Disease Control (CDC), and referred to as "universal blood and body-fluid precautions" or "universal precautions" should be used in the care of all patients, especially including those in emergency-care settings in which the risk of blood exposure is increased and the infection status of patient is usually unknown. Detailed information on the CDC's Universal Precautions is found at

[http://www.cdc.gov/ncidod/dhqp/wrkr\\_occHealth.html](http://www.cdc.gov/ncidod/dhqp/wrkr_occHealth.html)

## **Exposure Control Policy**

The University of Miami's School of Nursing and Health Studies is committed to providing a safe and healthy environment for our students. All students at the School of Nursing and Health Studies having exposure to blood or other potentially infectious materials in a clinical capacity are covered under this policy. Students who are determined to have exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this Exposure Control Policy (ECP).

### **Exposure Control Plan**

Students covered by this policy will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training.

All students can review this plan at any time during their work shifts by contacting:

Undergraduate Associate Dean, if student is an undergraduate, 305 496 9809, cell. If student is a graduate student, contact the Associate Dean,: 305 496 4352.

### **Universal Precautions**

All students will utilize universal precautions as indicated above.

### **Engineering Controls and Work Practices**

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used such as use of "Sharps with Engineered Sharps Injury Protections (SESIPs)." These are defined as "a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident." This term encompasses a broad array of devices that make injury involving a contaminated sharp less likely.

They include, but are not limited to:

- Syringes with guards or sliding sheaths that shield the attached needle after use.
- Needles that retract into a syringe after use; shielded or retracting catheters used to access the bloodstream for intravenous administration of medication or fluids.

- Intravenous medication delivery systems that administer medication or fluids through a catheter port or connector site using a needle that is housed in a protective covering, blunt suture needles.
- Plastic (instead of glass) capillary tubes.
- *Sharps disposal containers* are inspected and maintained or replaced by the Health Care Agency to prevent overfilling. Students should not attempt to dispose of sharps in an overfilled container.
- Students will be instructed in the proper use of safety devices prior to their use.

### **Personal Protective Equipment (PPE)**

PPE is provided to our students at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the clinical faculty member or preceptor. The types of PPE available to students are as follows:

- Gowns
- Gloves
- Masks
- Aprons
- Face shields
- Goggles
- Shoe covers
- Head covers, etc.

PPE location will be explained by clinical faculty member or preceptor at the Health Care Agency to which the student is assigned.

### **INFECTION CONTROL PRACTICES**

**All students using PPE must observe the following precautions:**

1. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
2. Remove PPE after it becomes contaminated and before leaving the work area.
3. Dispose of used PPE in the appropriate receptacle.
4. Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
5. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
6. Never wash or decontaminate disposable gloves for reuse.
7. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

8. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

### **Housekeeping**

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

*Contaminated sharps* are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded (RED or ORANGE-RED).

Sharps disposal containers are easily accessible and as close as feasible to the immediate area where sharps are used.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

### **Laundry**

The following laundering requirements must be met:

Handle contaminated laundry as little as possible, with minimal agitation.

Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport.

Use either red bags or bags marked with the biohazard symbol for this purpose.

Wear the following PPE when handling and/or sorting contaminated laundry:

Gloves

Gown

### **Labels**

Follow the labeling methods used at the Health Care Agency:

Students are to notify the clinical faculty member or preceptor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

## **HEPATITIS B VACCINATION**

All students having exposure to blood or other potentially infectious materials will be required to provide written proof of the Hepatitis B vaccination series OR complete the Hepatitis B

Declination Form (Appendix A) prior to initial assignment for Vaccination is encouraged unless:

Documentation exists that the student has previously received the series

Antibody testing reveals that the student is immune

Medical evaluation shows that vaccination is contraindicated.

However, if a student declines the vaccination, the student must sign a declination form (Appendix A). Documentation of refusal of the vaccination is kept at the School of Nursing and Health Studies.

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Should an exposure incident occur, the student should immediately notify the clinical faculty member or preceptor who is responsible for the learning experience in which the student is engaged.

An immediately available confidential medical evaluation and follow-up will be conducted by the Health Care Agency to which the student is assigned. If this is not possible, the student will be seen at Physician's Health Center or University of Miami's Employee Health Office. In the event of a life threatening emergency, call 911. Student should be taken to the nearest Emergency Room. Once initial evaluation and treatment is administered, the student contacts UM Employee Health for the necessary post-exposure follow-up. The student should also notify Dr. JoAnn Trybulski, the Associate Dean for the Master's and DNP programs at 305-496-4352.

### **UM Employee Health Office Contact Information**

Pager: 305-750-0525 (pager for Sandra Chen Walta)

Office: 305-243-3272

Address: 1400 NW 10<sup>th</sup> Ave,  
Dominion Tower, Suite 405  
Miami, Fl 33136

### **Additional Resources**

There is a 24-hour nationwide Post Exposure Prophylaxis hotline at 1-888-HIV-4911 (1-888-448-4911) if there are any questions or concerns about the exposure incident, evaluation or treatment.

#### **As part of the medical evaluation, the following activities may be performed:**

1. Document the routes of exposure and how the exposure occurred.
2. Identify and document the source individual (unless it can be established that identification is infeasible or prohibited by state or local law).
3. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the student's health care provider.
4. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
5. Assure that the exposed student is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
6. After obtaining consent, collect exposed student's blood as soon as feasible after exposure incident, and test blood for HIV, HBV, and HCV serological status
7. If the student does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed student elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

## **COSTS OF POST EXPOSURE EVALUATION**

All costs related to the evaluation, testing and standard treatment after an exposure incident shall be covered by the University of Miami through an insurance policy maintained by the School of Nursing and Health Studies subject to limits and exclusions set forth in such policy. Costs incurred from services rendered by the UM Employee Health Office and/or other healthcare facilities that is not covered under such policy will be the responsibility of the University of Miami's School of Nursing and Health Studies

## **COMPUTER LAB**

A computer lab is located on the first floor of the M. Christine Schwartz Center. The hours of operation are: Monday - Friday, from 8:00 AM - 5:30 PM. A list of the University of Miami Computing Center Labs is located at <http://www.it.miami.edu/labs/>.

## **REQUIRED SUMMATIVE EXPERIENCES**

### **Comprehensive Exam (overview)**

In order to graduate from the DNP program, students must successfully complete a written comprehensive exam. The exam is designed to validate achievement of the outcome objectives of the DNP program:

- Integrate knowledge, theories, and concepts from the biophysical, psychosocial, analytical, and organization sciences to develop ethical health care systems and new frontiers for nursing practice which assist with the resolution of health care disparities.
- Evaluate research methods and findings to create an evidence base for nursing practice and health care delivery systems that are best practices and alleviate health care disparities.
- Synthesize knowledge gained from traditional and innovative learning methods to lead quality, cost effective health care collaborations addressing health care disparities.
- Demonstrate expert clinical judgment and knowledge of health care systems to design, deliver and evaluate evidence based care interventions to reduce health care disparities.
- Model expert nursing practice and serve as a leader and mentor to assist other nursing colleagues achieve expert nursing practice.
- Employ knowledge of health care policy and economics to develop and evaluate programs to address health care disparities.

The comprehensive exam is taken in the last semester of the program. Students are required to successfully answer essay questions in a take home format. The comprehensive exam will be

graded as Pass or Fail. Students are allowed to retake a failed exam once. Specific guidelines for this exam will be provided to the students at the beginning of their final semester and posted in this handbook as an addendum.

### **Capstone Project**

Currently, we adhere to the recommendations from the National Organization of Nurse Practitioner Faculties (NONPF) on Scholarly Projects. These are found at <http://www.nonpf.com/NONPF2005/PracticeDoctorateResourceCenter/ScholarlyProjectCriteria.pdf>. The recommendations are:

#### **NONPF Recommended Criteria for NP Scholarly Projects in the Practice Doctorate Program**

1. The project is related to advanced practice in the nursing specialty and benefits a group, population or community rather than an individual patient.
  - Often arises from clinical practice
  - May be done in partnership with another entity: clinical agency, school, health department, church, government, voluntary organization or community group, etc.
2. The project leadership may be solo or collaborative depending on scope of the project and university requirements.
3. The scholarly project addresses identified needs.
4. The literature review suggests an evidence base for the project or supports the need for the project.
5. Description of the innovation is adequate for others to use (essential components for success, cost, etc.)
6. A systematic approach is used and data are collected using methods and tools that meet accepted standards.
7. Expected outcomes are defined and measured (quality improvement, cost savings, etc.).
8. The project is conducted according to ethical principles.
9. Dissemination modes are professional and public (peer review is included).

#### **Types of scholarly projects include but are not limited to:**

This list reflects a range of types of scholarly projects. This is a sample list and is not exhaustive.

- Translate research into practice
- Quality improvement (Care processes, Patient outcomes)
- Implement and evaluate evidence based practice guidelines
- Analyze policy: Develop, implement, evaluate, or revise policy
- Design and use databases to retrieve information for decision making, planning, evaluation
- Conduct financial analyses to compare care models and potential cost savings, etc.
- Implement and evaluate innovative uses of technology to enhance/evaluate care
- Design and evaluate new models of care
- Design and evaluate programs
- Provide leadership of interprofessional and or intra-professional collaborative projects to implement policy, evaluate care models, transitions, etc.
- Collaborate with researchers to answer clinical questions
- Collaborate on legislative change using evidence
- Work with lay and or professional coalitions to develop, implement or evaluate health programs (such as health promotion and disease prevention programs for vulnerable patients, groups or communities).

The scope of the scholarly project is designed to benefit a group, population and /or a community rather than an individual patient. Specific examples are included to illustrate how these projects might be applied in different settings, for various populations and by different nurse practitioner specialties. Some projects focus on existing programs while others address the creation of new programs. The scope of the project would be determined by the university's guidelines, feasibility given time devoted to projects in the curriculum, faculty, funding, and other resources, etc. In some programs the project may evolve through

course work in courses on policy and inquiry eventually culminating in the final design of the proposed project before it is launched. By providing opportunity over a longer duration in which to explore and develop aspects of the projects, students receive feedback regarding alternatives and strategies before project implementation.

### **Examples of Projects Undertaken in Practice Doctorate Programs**

The following includes a list of general topics and the grouping of projects by category. This is not an exhaustive list of projects or of categories.

- Evaluate interventions, innovations in care techniques
- Obtain baseline data, design an evidence based intervention and plan and evaluate
- Collaborate with other NPs or other professional colleagues to compare/ evaluate group visits
- Capture data on common problems and effectiveness of treatments with recommendations for change
- Evaluate management of psychiatric patients (protocols, meds, metabolic monitoring)
- Evaluate peer led support groups and their impact
- Evaluate pain control in palliative care
- Promote patient safety by reducing errors in medications
- Evaluate home care comparing satisfaction with physician and NP care

#### **Health Promotion & Community Health: Epidemiology and Continuity of Care**

- Compare strategies for health promotion / disease prevention (community, schools, churches, etc.)
- Identify trends in patient visits, outreach programs
- Launch collaborative new health promotion program in vulnerable community population and evaluate it
- Develop and evaluate monitoring tools or screening programs
- Evaluate screening protocols
- Evaluate programs (care, training volunteers, education)
- Evaluate community responses to disasters
- Develop and evaluate the impact of self-care models
- Develop and test transition protocols to promote continuity of care across settings
- Evaluate high risk patients and develop approaches for risk reduction (child and elder abuse) for policy or care improvement

#### **Policy-Related Scholarly Projects**

- Implement new policy collaboratively by designing and evaluating HPV vaccination for 6th grade girls to prevent cancer (partnering with School/ Health Dept., etc.)
- Evaluate or compare nursing home policies for treating chronic pain
- Evaluate students at risk (school dropouts, depressed, substance users, pregnant) and recommend policy change, programs
- Evaluate employer policies regarding health and potential cost savings of new policies
- Evaluate the effect of evidence based policy in NICU
- Evaluate inconsistencies in scope of practice issues and use evidence based knowledge and to recommend changes

#### **Integration of Technology in Care and Informatics Related Projects**

- Create a database for monitoring childhood injuries in urgent care and evaluate its impact
- Use technology to improve care (telehealth consultation, interactive “home” visits, etc.) and evaluate results
- Evaluate technology’s impact on care (information transfer to point of care, etc)
- Establish protocols that integrate use of technology in patient assessment in urgent care and evaluate their impact

**Acknowledgment:** The above examples were developed and generalized from several sources including publications, Web sites, and information shared by deans of various nursing practice doctorate programs. Some examples were common to several schools and others were unique to specific programs. NONPF would like to acknowledge the following schools whose projects are reflected in the list above: Medical College of Georgia; Rush University; Oregon Health and Science University; University of Tennessee, Memphis; University of Arizona; University of Kentucky; and University of Washington.

We encourage other programs to share examples of scholarly projects that can be added to the list. We hope that this list will be a useful list maintained in the Practice Doctorate Resource Center on the NONPF Web site. Please send examples to [nonpf@nonpf.org](mailto:nonpf@nonpf.org).

### **Capstone Project Requirements**

Students are required to submit a formal written proposal that is reviewed and approved by the DNP faculty committee by the conclusion of the Capstone I course. To complete the Capstone II course, students must successfully defend the project in a formal presentation format and write one article suitable for publication in a peer reviewed journal based on the Capstone project, as approved by a faculty advisor and a second reader. The DNP faculty advisor must be a doctorally prepared nurse and the second reader must be doctorally prepared. Specific guidelines for the capstone will be disseminated. Capstone continuation guidelines will be added as an addendum, as they are in the approval process.