

Florida A&M University School of Nursing Undergraduate Clinical Faculty Checklist

Use this checklist as a guide to ensure you have submitted and/ or received all onboarding materials. Please review School of Nursing (SON) Undergraduate Clinical Faculty Handbook for additional information.

- Unencumbered Nursing License
- Employment Application
- Obtain FAMU email
- Obtain iRattler access
- Complete iRattler training
- FAMU Faculty ID Badge
- Complete Canvas training
- Immunization records
- Complete Tallahassee Memorial Hospital, Capital Regional Medical Center, or other clinical site clearance packet and training
- Malpractice or liability insurance (recommended)
- Clear Background check
- Controlled Drug Screen
- BLS CPR Certification
- General Student Clinical Requirements
- Undergraduate Student Handbook
- Faculty and Staff Handbook
- Clinical Facilities Clearance Documents

Clinical Clearance

Faculty must be cleared to attend clinical at the beginning of each semester. Clearance is given when all health forms, vaccine records, blood titers, current CPR record, etc., have been submitted to and positively verified by CastleBranch.com.

Required Clearances

All clinical and lab faculty must submit evidence of:

- A. Annual documentation of physical examination – demonstrating ability to sit and stand for prolonged periods and ability to lift per agency policy to maintain employment.
- B. Up to date immunizations as per agency policy (MMR, Varicella, TB skin test/negative Chest x-ray, Influenza, Hepatitis B, Tetanus)
- C. Documentation of current health care coverage is recommended.
- D. Current BCLS CPR certification.
- E. A local and Level II background check and a lab-controlled drug screen must be completed prior to beginning assignments.

1. Personnel who receive a flagged positive background check or drug screening report may not be able to participate in required clinical and/or lab and simulation sessions.
 2. Personnel with a flagged drug screen will be required to participate in the intervention program for nurses and be responsible for all associated costs.
- F. Failure to provide all required documentation will prevent the faculty from being cleared for employment.
- G. Clinical faculty are recommended to hold current malpractice or liability insurance.
- H. COVID Vaccine completion card or/ Signed vaccine waiver form per agency policy.

Appendices

Appendix A
 Florida A&M University
 School of Nursing
 Faculty Clinical Compliance Report

Clinical Faculty: _____

| Requirement | Date | Expiration | Compliance | | |
|---|------|------------|------------|----|----------|
| | | | YES | NO | COMMENTS |
| Current Florida RN License | | | | | |
| FDLE / FBI Level II Criminal Background Check | | | | | |
| Urine Drug Screen | | | | | |
| Current CPR Certification | | | | | |
| PPD skin Test (CXR, if history of +PPD) | | | | | |
| Varicella (2 doses) or Varicella Titer | | | | | |
| MMR (2 doses) or MMR Titer | | | | | |
| Hepatitis B (3 doses) or Titer | | | | | |
| DTaP / Tdap / Td (latest booster) | | | | | |
| OTHER: | | | | | |

Verified By: _____

Date: _____

Appendix B
 Agency Staff Evaluation
 Florida Agricultural and Mechanical University

Facility: _____

Unit: _____

Date: _____

Semester: _____

| Please indicate your agreement or disagreement with the following statements | Strongly Disagree to Strongly Agree |
|---|--|
| Were the students able to articulate their learning needs? | 1 2 3 4 5 Comments: |
| Were the students adequately prepared for clinical activities/responsibilities? | 1 2 3 4 5 Comments: |
| Did the faculty provide you with information regarding student competencies? | 1 2 3 4 5 Comments: |
| Was faculty available to student/staff when needed? | 1 2 3 4 5 Comments: |
| Did students display initiative and professionalism during clinical experience? | 1 2 3 4 5 Comments: |
| Recommendations to improve clinical experiences for students and staff: | 1 2 3 4 5 Comments: |

Appendix C
 Faculty Evaluation of Clinical Agency
 Florida Agricultural and Mechanical University
 School of Nursing

Clinical Agency:
 Course:
 Term: Unit(s) Assigned:

Below are statements to evaluate the clinical agency to which you were assigned. Thank you for your anonymous, constructive feedback and comments. Please rank each item based on the criteria below.

| Please indicate your agreement or disagreement with the following statements | Strongly Disagree to Strongly Agree |
|---|--|
| Agency provided additional/special opportunities that enriched my students' learning experiences. | 1 2 3 4 5 Comments: |
| Agency personnel provided an atmosphere in which students could ask questions. | 1 2 3 4 5 Comments: |
| Agency provided an atmosphere in which students could try out new ideas. | 1 2 3 4 5 Comments: |
| Agency personnel stimulated my students' critical thinking related to clinical issues. | 1 2 3 4 5 Comments: |
| Agency provided a climate of respect for students and faculty. | 1 2 3 4 5 Comments: |
| Agency support personnel were helpful in providing a positive learning environment. | 1 2 3 4 5 Comments: |
| Staff/agency facilitated my students' ability to meet course learning objectives. | 1 2 3 4 5 Comments: |
| Staff/agency facilitated my students' ability to integrate theory with clinical experiences. | 1 2 3 4 5 Comments: |
| Staff provided constructive feedback to students throughout the clinical experience. | 1 2 3 4 5 Comments: |

| | |
|--|------------------------|
| Staff provided useful feedback to help students improve their clinical and documentation skills. | 1 2 3 4 5 Comments: |
| Staff were available and accessible when I required assistance. | 1 2 3 4 5 Comments: |
| Staff allowed students to practice clinical skills under my direct supervision. | 1 2 3 4 5 Comments: |
| Staff were helpful to me in accessing patient information. | 1 2 3 4 5 Comments: |
| Patient population at the agency facilitated students' ability to meet learning objectives. | 1 2 3 4 5 Comments: |
| Parking and accessibility to at the agency was adequate. | 1 2 3 4 5 Comments: |
| Overall, I was pleased with the clinical experience at this agency. | 1 2 3 4 5 Comments: |

Appendix D
 Student Evaluation of Clinical Agency
 Florida Agricultural and Mechanical University
 School of Nursing

Facility: _____
 Unit: _____
 Date: _____
 Semester: _____

Below are statements to evaluate the clinical agency to which you were assigned. Thank you for your anonymous, constructive feedback and comments. Please rank each item based on the criteria below.

| Please indicate your agreement or disagreement with the following statements | Strongly Disagree to Strongly Agree |
|--|--|
| Agency provided additional/special opportunities that enriched my learning experience. | 1 2 3 4 5 Comments: |
| Agency stimulated my critical thinking related to clinical issues. | 1 2 3 4 5 Comments: |
| Agency stimulated my students' critical thinking related to clinical issues. | 1 2 3 4 5 Comments: |
| Agency provided a climate of respect for students and faculty. | 1 2 3 4 5 Comments: |
| Staff/agency fostered a sense of independent learning. | 1 2 3 4 5 Comments: |
| Agency facilitated my orientation to the facility and nursing units to which I was assigned. | 1 2 3 4 5 Comments: |
| Agency rules and requirements were consistent throughout the term. | 1 2 3 4 5 Comments: |
| Agency support personnel were helpful in providing a positive learning environment. | 1 2 3 4 5 Comments: |
| Staff/agency facilitated my ability to meet course learning objectives. | 1 2 3 4 5 Comments: |
| Staff/agency facilitated my ability to integrate theory with clinical experiences. | 1 2 3 4 5 |

| | |
|--|------------------------|
| | Comments: |
| Staff provided constructive feedback to students throughout the clinical experience. | 1 2 3 4 5 Comments: |
| Staff provided constructive feedback throughout my clinical experience. | 1 2 3 4 5 Comments: |
| Staff provided useful feedback to help me improve my clinical and documentation skills. | 1 2 3 4 5 Comments: |
| Staff were available and accessible when I required assistance. | 1 2 3 4 5 Comments: |
| Staff allowed me to practice clinical skills under the direct supervision of my faculty. | 1 2 3 4 5 Comments: |
| Staff were helpful to me in accessing patient information. | 1 2 3 4 5 Comments: |
| Patient population at the agency facilitated my ability to meet learning objectives. | 1 2 3 4 5 Comments: |
| Parking and accessibility to the agency was adequate. | 1 2 3 4 5 Comments: |
| Overall, I was pleased with the clinical experience at this agency. | 1 2 3 4 5 Comments: |

Appendix E
 Florida Agricultural and Mechanical University
 Evaluation of Clinical Faculty
 School of Nursing

| | |
|---|--|
| Instructor being assessed (Name) | |
| Course being assessed | |
| Peer Assessor (Name, Rank, Department) | |
| Term | |
| Number of students enrolled at time of assessment | |

| Teaching Effectiveness: | Strongly Disagree - - - - - Strongly Agree |
|---|---|
| 1. Instructor ensured my experience was well-organized and thoroughly planned. | 1 2 3 4 5 Comments: |
| 2. Instructor shows definite evidence of careful preparation documented by current course outlines, syllabi, or other appropriate methods. | 1 2 3 4 5 Comments: |
| 3. Instructor keeps up enthusiasm. Inspires interests in subjects and encourages students to understand all phases of the course content. | 1 2 3 4 5 Comments: |
| 4. Instructor gives clear and definite explanation. | 1 2 3 4 5 Comments: |
| 5. Instructor's questions are challenging, demands critical thinking. | 1 2 3 4 5 Comments: |
| 6. Instructor's examinations or student evaluations are thought-provoking, carefully selected, relevant and clear. | 1 2 3 4 5 Comments: |
| 7. Instructor exemplifies scholarship and professionalism; demonstrates mastery and currency in principal subject area related disciplines. | 1 2 3 4 5 Comments: |
| Instructor Engagement: | |
| 1. Contact Information: Office Hours, contact number and email are available. | 1 2 3 4 5 Comments: |
| 2. Demonstrates quality knowledge of the discipline. | 1 2 3 4 5 Comments: |

| | |
|---|------------------------|
| 3. Offers announcements and communications tailored to the progress of the class. | 1 2 3 4 5 Comments: |
| 4. Assures that learners are ready to undertake assigned tasks. | 1 2 3 4 5 Comments: |
| 5. Suggests amount of time expected to accomplish learning activities. | 1 2 3 4 5 Comments: |
| 6. States the broader scholarly/practical context for learning objectives/goals. | 1 2 3 4 5 Comments: |
| 7. Instructor uses the Canvas Gradebook to provide information on progress in the course. | 1 2 3 4 5 Comments: |
| 8. Instructor utilizes the comment feature of the gradebook to give individual feedback that not only highlights reasons for assigned grade but also suggests strategies for improvement. | 1 2 3 4 5 Comments: |

| | |
|--|------------------------|
| Clinical Materials: | |
| 1. Addresses learning objectives/goals (Ex. course reference materials, library resources, relevant web resources) | 1 2 3 4 5 Comments: |
| 2. Clinical materials are appropriately authenticated and cited. | 1 2 3 4 5 Comments: |
| 3. Have active links and descriptions to non-institutional (external) electronic resources. | 1 2 3 4 5 Comments: |
| 4. Address diverse learning styles (Ex. multimedia, text chats, simulations) | 1 2 3 4 5 Comments: |
| 5. Address diverse learner readiness levels (Ex. Remediation and enrichment materials supplied) | 1 2 3 4 5 Comments: |
| Clinical Materials: | |
| 6. Addresses learning objectives/goals (Ex. course reference materials, library resources, relevant web resources) | 1 2 3 4 5 Comments: |

| | |
|--|------------------------------------|
| 7. Clinical materials are appropriately authenticated and cited. | 1 2 3 4 5 Comments: |
| 8. Have active links and descriptions to non-institutional (external) electronic resources. | 1 2 3 4 5 Comments: |
| 9. Address diverse learning styles (Ex. multimedia, text chats, simulations) | 1 2 3 4 5 Comments: |
| 10. Address diverse learner readiness levels (Ex. Remediation and enrichment materials supplied) | 1 2 3 4 5 Comments: |

Comments: _____

Supervisor Signature _____

Date: _____

Dean's Signature _____

Date: _____

Faculty Member Signature _____

Date: _____