Florida Agricultural and Mechanical University

UNIVERSITY SUPPORT PERSONNEL SYSTEM

POSITION DESCRIPTION

1. Division: Student Affairs

2. Transaction Type:
   - [ ] Establishment
   - [ ] Update
   - [ ] Reclassification
   - [ ] Transfer

3. Position Number: 20130

4. School/College/Department
   Student Health Services

5. Department Number: 047900062

6. Effective Date: (Personnel Use Only)

7. Section:

8. FTE: 1

9. Budget Entity:

10. Pay Plan:
    USPS

11. Subsection: PRES

12. Class Code: 9440

13. City: Tallahassee

14. County: Leon

15. Class Code: 5297

Class Title: Advanced Registered Nurse

16. STATEMENT OF FUNCTION. Describe in detail the specific duties and responsibilities assigned this position. Attach additional sheets, if necessary, to properly describe the position.

16A. Essential Functions of the Job

   This position serves as an Advanced Registered Nurse in the Student Health Center and reports to the Director, Student Health Services.

   • Assists the Director of the Student Health Services department in managing day to day operations
   • Provides nursing services to student patients under the direction of a licensed medical professional

48% Identifies, evaluates and treats illness and injuries according to protocols. Compiles and evaluates the patient’s medical history and physical findings. Initiates further diagnostic laboratory tests. Evaluates test results and consults physician when needed.

20% Applies nursing principles and techniques in the care and treatment of acute emergency and routine illnesses. Cleans wounds, changes dressings, irrigates ears, collects specimens for analysis and performs related nursing procedures. Triages, assists and prepares patients for examinations and carries out nursing procedures. Draws blood, gives injections, does simple lab test and EKG etc.

14% Performs physical examinations of patients. Renders patient assessment following history taking, evaluation of history, physical finding and laboratory data. Inform students of abnormal laboratory or x-ray reports. Does HIV/AIDS counseling and testing.

10% Evaluates patient information to formulate plans for treatment and follow-up care. Prescribes drugs to patients in accordance with established protocols, or approval by a physician. Refers the patient to a consulting physician upon approval of a SHS physician.

5% Interviews and confers with students with special problems. Inform students of various agencies available in the community that handle problems not resolved in the clinic. Fosters the concept of Wellness by sponsoring lectures and seminars on health-related issues. This responsibility may involve evening hours.

16B. Marginal Functions of the Job

   Performs related work as required

16D. Level of Public Contact (statement of internal and external business contact, including frequency and scope) –

   Will have ongoing contact with Students, Parents, Visitors, Administrators, and/or University Departments and Colleges.

17. POLICY MAKING INTERPRETATION: What statute establishes or defines the work performed?

   NONE

18. SUPERVISOR’S POSITION: Number: 20126   Class Code: 9440   Class Title: Director, Student Health Services
19. SUBORDINATE UNITS: (State organizational units under your direct supervision. Include class titles and position numbers of positions directly supervised.)

NONE

20. MONETARY RESPONSIBILITY: Current budget for which this position is accountable. Include statement of responsibility for funds, amount and consequence of error.

NONE

21. STATEMENT OF RESPONSIBILITY FOR CONFIDENTIAL DATA (The disclosure of which would be prejudicial to the successful operation of the University.)

Will have access to confidential medical data subject to numerous institutional, state, and federal statute, rule, and policy and will exercise appropriate caution in their personnel action. Must be in compliance with Federal Educational Rights & Privacy Act (FERPA) laws.

22. KNOWLEDGE/SKILLS/ABILITIES:

- Knowledge of nursing principles, practices and techniques
- Knowledge of human anatomy and physiology
- Ability to identify and evaluate illnesses and injuries
- Ability to perform basic physical examinations
- Ability to treat and/or monitor illnesses
- Ability to interpret and evaluate the results of laboratory tests
- Ability to administer and prescribe medically appropriate medication
- Ability to compile and evaluate medical histories and other clinical and laboratory tests
- Skill in the use of nursing equipment and instruments.

22A. Education/Training/Experience - In order of importance, state any specific education, training and experience and knowledge, skills and abilities required for this position. Note that these requirements must be related to the essential functions and at least equal to the minimum qualifications stated on the official class specification.

Specialized Minimum Qualifications: An MSN and licensure as an ARNP in the State of Florida

Preferred Qualifications: Experience in a college or university health center.

Working Hours: a) Daily from 8 to 5 b) Total hours per week 40 c) Explain any variations in workweek, split shifts, on-call status or rotations. May be required to attend events related to Student Affairs on evening and/or weekends.

23. REQUIRED LICENSES/CERTIFICATIONS/OTHER SPECIFIC REQUIREMENTS OF LAW:

Please review statements below check all that apply.

_X This position requires a background check and/or fingerprinting. Florida Statutes.
__ This position requires a childcare provider security check as required under Sections 402.305 and 402.3055, Florida Statutes.
__ This position is responsible for meeting the requirements of Section 215.422, Florida Statutes, as amended regarding the approval and/or processing of vendors' invoices and/or distribution of warrants to vendors.
_X This position requires licensure, certification or other special requirements described below.

State of Florida Nursing License

ATTACH ADDITIONAL SHEETS, IF NECESSARY, TO PROPERLY DESCRIBE THE POSITION.

24. SIGNATURES:

Incumbent __________________________ Signature __________________________ Date ________________

Supervisor __________________________ Signature __________________________ Date ________________

Reviewing Officer __________________________ Signature __________________________ Date ________________