TITLE: REMOVAL OF STUDENTS FROM CLINICAL SETTINGS/EXPERIENCES

POLICY: Faculty members reserve the right to alter the clinical experiences of any student to maintain patient comfort and safety, as well as to provide clinical experiences to enhance student learning.

RATIONALE: A student’s participation in any clinical experience requires that she/he meet the academic and professional standards of behavior that ensure patient comfort and safety.

PROCEDURE: A student may be denied access to patients for: 1) a single clinical assignment period; 2) the remainder of any course; or 3) all current and remaining clinical courses. The procedure differs in each instance. Procedures for each type of denial of access to patients are given below.

I. Procedure for Removing a Student from the Clinical Setting/Experience or Denial of Access to the Clinical Setting for a Single Clinical Assignment Period.

When a faculty member determines that a student cannot proceed safely in the clinical setting during a specific clinical assignment period, the faculty member does the following:

A. Verbally informs the student of the reason the student must leave or is denied access to the clinical setting (e.g., not prepared to provide safe care, symptoms of an illness that place the patient or other care providers at risk, evidence of use of and/or impairment from drugs/alcohol, unethical conduct, etc.)

B. Ensures that the student immediately and safely leaves the clinical area.

C. Contacts the Course Coordinator to discuss the situation.

D. Provides follow-up guidance in writing within 48 hours to the student on the Removal from Clinical Experience form (See Attachment #1), which outlines the observed behavior and requirements for return to the clinical area and patient care. Student signs this form prior to returning to the clinical area.

E. Informs the Program Director verbally on the day of the decision, and provides a copy of Removal from Clinical Experience form (Attachment #1) within three (3) working days.
II. Procedure for Removing a Student from the Clinical /Experience for the Remainder of a Course.

When a faculty member determines that a student may need to be removed from the clinical experience for the remainder of the course, the following procedure applies:

A. The faculty member:
   1. Notifies the student verbally and in writing through an advising note, not to return to clinical setting until a decision is made (See item C below.)
   2. Reviews recorded documentation of relevant incidents regarding his/her clinical experience including advising notes regarding conferences with the student.
   3. Discusses with the Course Coordinator and the Program Director the observed behaviors and/or learning problems identified, the teaching and remediation strategies employed, and the rationale for a recommendation to remove the student from clinical experience.

B. The Program Director:
   1. Talks with the student’s academic advisor, clinical coordinator and with the student to gain information about the situation.
   2. Makes a determination of whether or not the faculty member’s rationale for a recommendation to remove the student from the clinical experience is soundly based and adequately documented.

C. If the decision is made by the faculty member and the Program Director not to remove the student from the clinical experience for the remainder of the course, the faculty member will notify the student verbally and in a written advising note. Advising note should include rationale for not removing the student for the remainder of the course and any additional steps to follow.

D. If the decision of the faculty member and the Program Director is to remove the student from clinical experience for the remainder of the course, the Program Director, and faculty member meet with the Associate Dean for Student Affairs (ADSA) to discuss the incident(s) and identify conditions that could allow for return of the student to the clinical experience in a subsequent semester.

E. The faculty member and Program Director and/or ADSA meet with the student to discuss the decision, the rationale and conditions for return of the student to a clinical experience in a subsequent semester, have the student sign the Removal from Clinical Experience form (Attachment #2), and direct the student to contact the ADSA regarding implications for progression in the program. The student is informed that s/he will receive an Unsatisfactory grade in the course.
The student has the right to challenge this academic determination under the College Grade Appeal policy or the University Grievance policy.

F. The student may continue non-clinical work in the course, if applicable.

III. Procedure for Denying a Student Access to All Clinical Experiences in College of Nursing curriculum.

When a Program Director in conjunction with the Associate Dean of Academic Affairs (ADAA) and/or the ADSA determine that a student may need to be removed from all current and remaining clinical experiences because of a pattern of unsafe or unethical conduct, or other reasons, the following procedure applies.

A. The Program Director, ADAA and/or the ADSA:
   1. Review the student record and the recorded documentation of the relevant incident(s), including any guidance or remediation that has been offered to the student.
   2. Gather information about the student’s performance from faculty members teaching concurrent clinical courses, faculty members who have taught previous clinical courses, and the student’s academic advisor.
   3. Jointly meet with the student to discuss the student’s perception of the clinical incident(s).
   4. Make a decision about removal of student from all current and remaining clinical experiences in the College of Nursing.

B. If the decision is made not to remove the student from all current and remaining clinical experiences, the Program Director, ADAA, and/or the ADSA meet with the student to discuss alternative plans to address concerns about the student’s clinic performance. These plans are to be documented in an advising note.
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C. If the decision is made to remove the student from all current and remaining clinical experiences, The Program Director, ADAA, and/or the ADSA provide a written decision with rationale, and suggestions for assisting the student. The ADSA or designee meets with the student within three working days after the decision is made to inform him/her of the decision, rationale consequences and suggestions for assistance. The student signs and receives a copy of the Removal from All Current and Remaining Clinical Experiences form (See Attachment #3).

D. The student may complete remaining non-clinical coursework in the semester of removal if she/he desires at the Program Director’s discretion.

E. The student has the right to challenge this academic determination using the existing College Grade Appeal policy or University Grievance Policy.

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- **Bold = committee responsible for A-01 review**
Removal from Clinical Experience or Denial of Access to Clinical Experience for a Single Clinical Assignment Period

STUDENT’S NAME: ________________________________

INSTRUCTOR’S NAME: ________________________________

DATE OF REMOVAL: ________________________________

COURSE NUMBER AND NAME: ________________________________

Reason for removal from or denied access to clinical experience:

Remediation Plan: Requirements for return to clinical experience

Date by which all requirements must be completed: ________________________________

I understand that if all requirements for remediation and safe practice are not completed by the date specified above, a grade of E (failing) or a grade of U (unsatisfactory) will be assigned for the course. Completion of remediation requirements does not guarantee a satisfactory grade in the course.

Student Signature ________________________________ Date __________

Instructor Signature ________________________________ Date __________

Program Director Signature ________________________________ Date __________

Distribution—Original to: Student Record ___ Copy to: ___ Student ___Clinical Faculty ___Academic Advisor ___ Program Director
Removal from Clinical Experience or Denial of Access to Clinical Experience for the Remainder of the Course

STUDENT’S NAME: ____________________________

INSTRUCTOR’S NAME: __________________________

DATE OF REMOVAL: ____________________________

COURSE NUMBER AND NAME: ____________________

Reason for removal from clinical experience:

Remediation Plan: Requirements for return to clinical experience in same course in future semester:

Date by which all requirements must be completed: ________________

I understand that I will be receiving a failing grade for this course
I understand that if all requirements for remediation are not completed by the date specified above, I will not be allowed to progress in the program

Student Signature ____________________________ Date ________________

Instructor Signature ____________________________ Date ________________

Program Director Signature ____________________________ Date ________________

Assoc. Dean for Student Affairs Signature ____________________________ Date ________________

Distribution—Original to: Student Record ___ Copy to: ___ Student ___ Clinical Faculty ___ Academic Advisor ___ Program Director
Removal from All Current and Remaining Clinical Experiences in College of Nursing Curriculum

STUDENT’S NAME: ________________________________________________________________

DATE OF REMOVAL: ____________________________________________________________

RELEVANT COURSE NUMBER(S) AND TITLE(S):

COURSE#: ____________________________ TITLE(S): _________________________________

_________________________________________ ____________________________________________

Reason for removal: _____________________________________________________________

Consequences of removal: _______________________________________________________

Decision and Rationale for continuation/discontinuation in this semester's non-clinical coursework:

______________________________________________________________

Suggestions for assistance: _______________________________________________________

I UNDERSTAND THAT I WILL NOT BE PERMITTED FURTHER CLINICAL LEARNING EXPERIENCES IN THE COLLEGE OF NURSING CURRICULUM. I HAVE BEEN COUNSELED REGARDING POSSIBLE COURSE FAILURES AND THE OPTION OF WITHDRAWAL FROM THE UNIVERSITY.

_________________________________________ _________________
Student Signature Date

_________________________________________ _________________
Program Director Signature Date Assoc. Dean for Student Affairs Signature Date

Distribution—Original to: _____Student Record Copy to: _____Student _____Clinical Faculty
_____Academic Advisor _____Program Director

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