TITLE: REMOVAL OF STUDENTS FROM CLINICAL SETTINGS OR EXPERIENCES

POLICY: Faculty members reserve the right to remove any student from the clinical setting to maintain patient comfort and safety, as well as to provide a safe and optimal clinical learning experience. NOTE: Disruptive behavior in the classroom setting is a violation of the UF Student Conduct Code.

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 and to provide an optimal clinical learning environment.

PROCEDURE: A student may be denied access to 1) a clinical assignment, or 2) all current and remaining class/clinical experiences. The procedure may differ in each instance.

I. Procedure for Removing a Student from the Clinical Setting/Experience or Denial of Access to the Clinical Setting for 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 appropriate Associate Dean for Academic Affairs to discuss the situation. Reports the incident to the Assistant Dean for Student Services, who will inform the Dean’s Office as needed.
   D. Provides follow-up guidance in writing within two (2) business days 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. Submits the Removal from Clinical Experience form (Attachment #1) within three (3) business days to the Assistant Dean for Student Affairs, who will provide a copy to the appropriate Associate Dean of Academic Affairs.
II. Procedure for Removing a Student from the Clinical Setting/Experience for the Remainder of a Course.

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

The faculty member:
A. Notifies the student verbally and in writing through an advising note, not to return to clinical setting until a final decision is made (See item C below.)
B. Reviews recorded documentation of relevant incidents regarding his/her clinical experience including advising notes regarding conferences with the student.
C. Discusses with the appropriate Associate Dean for Academic Affairs the observed behaviors and/or problems identified, the teaching and remediation strategies employed, and the rationale for a recommendation to remove the student from clinical experience.
D. Reports the recommendation to the Assistant Dean for Student Services and the Dean’s Office.

The appropriate Associate Dean for Academic Affairs:
E. Meets with the student’s clinical faculty and the student to discuss the situation.
F. Makes a determination of whether or not the faculty member’s recommendation to remove the student from the clinical experience is justified and adequately documented.
G. If the decision is made by the faculty member and the ADAA 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. The advising note should include the rationale for not removing the student for the remainder of the course and any additional requirements for returning to the clinical setting.
H. If the decision made by the faculty member and the ADAA is to remove the student from clinical experience for the remainder of the course, the ADAA meets with the Assistant Dean of Student Services to discuss conditions that could allow for the return of the student to the academic experience in a subsequent semester in accordance with Policies S2.03 – Academic Progression for Baccalaureae Degree Students and S2.15 – Out-of-Sequence Progress.
I. The faculty member meets the student to discuss the decision, the rationale, and conditions for the return of the student to the clinical setting in a subsequent semester. The student signs the Removal from Clinical Experience form (Attachment #1), and is directed to contact the Assistant Dean for Student Services regarding implications for progression in the program. The student is informed that s/he will receive an Unsatisfactory/Failing grade in the course. The student may not continue the semester, must withdraw from the semester.
J. Submits the signed Removal from Clinical Experience form (Attachment #1) within three (3) business days to the Assistant Dean for Student Services, who will provide a copy to the appropriate Associate Dean of Academic Affairs.

The student has the right to challenge this academic determination under the University of Florida Student Grievance Procedure
Removal from Clinical Experience

STUDENT’S NAME: __________________________________________

INSTRUCTOR’S NAME: _______________________________________

DATE OF REMOVAL: _________________________________________

COURSE NUMBER AND NAME: __________________________________

Reason for removal from clinical setting:

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) will be assigned for the course. Completion of remediation requirements does not guarantee a satisfactory grade in the course. If unable to return to the clinical setting for the remainder of the semester, I understand that I will receive an unsatisfactory grade in the course and will not be allowed to progress in the program.

Student Signature ____________________________________________

Date ____________________________ Instructor Signature _______________

Date ____________________________

Academic Dean Signature ____________________________

Date ____________________________

Distribution—Original to: Student Record _____ Copy to: _____ Student _____ Faculty

_____ Academic Advisor _____ Academic Dean