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: Any student’s participation in 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 or Denial of Access to the Clinical Setting for a Single Assignment Period.

A. 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:

1. Informs the student of the unsafe or unprofessional behavior that is the reason the student must leave the clinical area, and (2) identifies for the student the conditions to be met for return to the clinical area. The following reasons are examples of, but are not limited to, behavioral expectations of student nurses and may serve as the rationale for dismissal from the clinical area:
   a. inadequate preparation for safe patient care;
   b. failure to seek appropriate assistance with new or unfamiliar procedures;
   c. questionable decisions based on expected knowledge level, lack of insight and understanding of own behaviors and behaviors of others;
   d. a requirement for continuous detailed supervision or direction to provide safe patient care;
   e. dishonest or unprofessional interactions with patients, families, staff, faculty or peers;
   f. engaging in practice when not mentally or physically fit; or
   g. placing or leaving a patient in a hazardous condition or circumstance.

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

3. Documents behavior or incident using E*Value “On-the-Fly” report and in student’s E*Value biographical data page. Anecdotal notes by the faculty
member or clinical agency personnel should be included in student’s file if appropriate. If E*Value is not operating or unavailable, *Removal from Clinical Experience* form (Attachment #1) can be used as back-up until E*Value is operating or available.

4. Provides follow-up guidance in writing to the student by printing the E*Value form, 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.

5. Informs the program coordinator and course coordinator (if applicable) on the day of the decision. If *Removal from Clinical Experience* form (Attachment #1) was used, a copy must be provided to the program coordinator within three (3) School of Nursing (SON) business days.

6. Copies the signed, printed E*Value copy or, if necessary, Attachment #1, places it in the student’s file, and sends a copy to the Associate Dean for Academic Affairs and appropriate program coordinator.

II. Procedure for Removing a Student from the Clinical Setting for the *Remainder of a Course.*

A. A student may be immediately removed from a course, and afforded a subsequent review conference, if the student’s actions related to the course have caused life, health, or safety risks, or course or program disruption. When a faculty member determines, in consultation with the program coordinator, that a student needs to be removed from the clinical setting for the remainder of the course; the following procedure applies:

1. The faculty member reviews recorded documentation of relevant incidents, and notes regarding conferences with the student.

2. The faculty member discusses with the program coordinator the observed behaviors or learning problems identified, the teaching and remediation strategies employed, and the rationale for a recommendation to remove the student from the clinical setting.

3. The program coordinator examines the situation.
   a. The program coordinator may discuss with faculty members teaching concurrent or previous clinical courses, and review documentation from previous course work.
   b. The program coordinator will meet with the student. The student shall have the opportunity to provide clarifying information or documents to support their case.
   c. The program coordinator makes a determination of whether or not the faculty member’s rationale for a recommendation to remove the student from the clinical setting is soundly based and documented.

4. If the decision of the faculty member and the program coordinator is to remove the student, the program coordinator meets with the Associate Dean for Academic Affairs and provides a written decision with rationale, and with conditions that could allow for reinstatement in the clinical setting in subsequent semesters.
5. The Associate Dean for Academic Affairs, program coordinator, and faculty member meet with the student within five (5) SON business days to discuss the decision, the rationale and conditions for reinstatement and have the student sign the printed E*Value “On-the-Fly” report form or the Removal from Clinical Experience form (Attachment #1) (if E*Value is not operating or unavailable).

6. The faculty member copies the signed, printed E*Value copy or, if necessary, Attachment #1 and places in the student file and sends a copy sent to the Associate Dean for Academic Affairs and appropriate coordinator.

7. The student has the right to challenge this academic determination under the academic grievance procedures found in Student Grievance Policy and Procedure.

8. Because the theory and clinical portion of the course are combined and the student must pass both to receive a passing grade in the class, the student will not be allowed to participate in the theory portion of the class until reinstatement occurs.

III. Procedure for Removing a Student from All Clinical Settings (Dismissal from the School of Nursing).

   A. When a faculty member in consultation with the program coordinator determines that a student may need to be removed from all clinical settings because of a pattern of unsafe or unethical conduct or because of a particularly serious incident of unethical or unsafe conduct in a clinical setting, the following procedures apply:

   1. The faculty member reviews the recorded documentation of the relevant incident(s), including any guidance or remediation that has been offered.

   2. The faculty member discusses with the program coordinator and the Associate Dean for Academic Affairs the observed behaviors, the problems identified, the guidance/teaching strategies employed, including remediation and outcome, and the rationale for a recommendation to remove the student from all clinical settings.

   3. The program coordinator and Associate Dean for Academic Affairs examine the situation.

      a. There may need to be discussion with faculty members teaching concurrent clinical courses and the faculty who have previously taught the clinical courses in which the student was enrolled.

      b. The Associate Dean for Academic Affairs meets with the student to discuss the student’s perceptions.

      c. The program coordinator and Associate Dean for Academic Affairs make a determination of whether or not the rationale for recommendation to remove the student from all clinical settings is soundly based and documented.

   4. The Associate Dean for Academic Affairs provides a written decision within five (5) SON business days with rationale and suggestions for assisting the student in E*Value. The Associate Dean for Academic
Affairs meets with the student and informs him/her of the decision, rationale and suggestions for assistance. The student receives a copy of the printed E*Value “On-the-Fly” report from and the Removal from All Clinical Experiences form (See Attachment #2) and is requested to sign both.

5. The Associate Dean for Academic Affairs informs the student in writing of the consequences of dismissal from the School of Nursing.

6. The student may complete remaining non-clinical coursework in the semester of removal if she/he desires and if documented behaviors have no potential risk to classmates and/or faculty.

7. The student has the right to challenge this academic determination under the academic grievance procedures identified in the Student Grievance Policy and Procedure.

8. Serious cases of misconduct, as defined by the Rules and Disciplinary Procedures for Members of the University Committee, will be referred to the Administrative Officer for appropriate actions.

Approved by Student Affairs: revised 10/8/12, 6/8/15
Approved by Faculty Org: revised 10/29/12, 7/27/15
Approved by Dean: April 5, 2005, 10/29/12, 7/27/15
Effective Date: May 16, 2005, 10/29/2012
Removal from Clinical Experience

STUDENT’S NAME: ____________________________________________________________

INSTRUCTOR’S NAME: ________________________________________________________

DATE OF REMOVAL: __________________________________________________________

COURSE NUMBER AND NAME: ________________________________________________

Reason for removal from clinical experience: _______________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

SPECIFIC Requirements for possible return (Remediation plan): IF APPLICABLE

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Date by which all remediation requirements: Must be completed: ________________

I understand that if all requirements for remediation and safe practice are not obtained by the date specified above, a grade of “F” (failing) will be assigned for the course. Completion of remediation requirements does not guarantee a satisfactory grade in the course.

Student’s Signature Date Instructor’s Signature Date

Undergraduate or Master’s Program Coordinator’s Signature Date

Associate Dean for Academic Affairs (if applicable) Date

Distribution—Original to: Student Record Copy sent to: ___ Student ___Clinical Faculty ___ Undergraduate or Master’s Program Coordinator ___ Course Coordinator

Associate Dean for Academic Affairs

S-4: REMOVAL FROM CLINICAL EXPERIENCE ATTACHMENT #1
S-4: REMOVAL FROM CLINICAL EXPERIENCE
ATTACHMENT #2

Removal from All Clinical Experiences

STUDENT’S NAME: __________________________________________________________
INSTRUCTOR’S NAME: ______________________________________________________
DATE OF REMOVAL: _________________________________________________________

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

COURSE#: __________________________ TITLE(S): ____________________________

Reason for recommended removal: ____________________________________________

__________________________________________________________________________

__________________________________________________________________________

Decision and Rationale for continuation/discontinuation in other coursework occurring in this semester

__________________________________________________________________________

__________________________________________________________________________

Suggestions for assistance:

__________________________________________________________________________

__________________________________________________________________________

I UNDERSTAND THAT I WILL NOT BE PERMITTED FURTHER CLINICAL LEARNING EXPERIENCES IN THE SCHOOL OF NURSING. I HAVE BEEN COUNSELED REGARDING CHANGE OF MAJOR OR THE OPTION OF WITHDRAWAL FROM THE UNIVERSITY.

Student’s Signature __________ Date __________ Instructor’s Signature __________ Date __________

Undergraduate or Master’s Program Coordinator’s Signature __________ Date __________

Associate Dean for Academic Affairs Signature __________ Date __________

Distribution—Original to: _______Student Record
Copy to: _______Student _______Clinical Faculty _______Undergraduate or Master’s Program Coordinator _______Course Coordinator _______Associate Dean for Academic Affairs