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1. Supporting failing students in practice 1: Assessment  Nursing Times, November 27, 2007 Tuesday, ARTICLE; Nursing Students; NT Clinical and Archive, 1634 words, Kathleen Duffy

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Supporting failing students in practice 1: Assessment

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SECTION: ARTICLE; Nursing Students; NT Clinical and Archive

LENGTH: 1634 words

HIGHLIGHT: AUTHORS Kathleen Duffy, PhD, MSc, BA, RGN, RNT, is lecturer in adult nursing, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University; Jayne Hardicre, MSc, BSc, DPSN, RN(A), is lecturer in adult nursing, School of Nursing, University of Salford.ABSTRACT Duffy, K., Hardicre, J. (2007) Supporting failing students in practice 1: assessment. Nursing Times; 103: 47, 28-29. This two-part unit examines the issue of nursing students who fail in clinical practice. Part 1 explores reasons for failure, assessment and the emotional challenges mentors may face when supporting failing students.

Keywords: Assessment, Education, Failing students, nursing students

Learning objectives1. Understand the practice placement assessment process and the reasons why nursing students may fail.2. Be aware of the potential reactions of failing students and the impact on mentors and the team.

Most nursing students will achieve the proficiency standards they need to register but mentors may be faced with a student whose performance is weak. While these may be in the minority, evidence suggests that mentors find this one of the most challenging aspects of their role (Duffy, 2003).

The NMC Standards to Support Learning and Assessment in Practice (2006) identified mentors’ responsibility in supporting and assessing nursing and midwifery students. The standards emphasise mentors’ role in managing failing students.
ASSESSING FITNESS FOR PRACTICE

Within pre-registration nursing and midwifery education programmes, clinical competence is verified via continuous assessment in practice. Mentors assess competence in practice and have a responsibility to confirm that nursing students are capable of safe and effective practice (NMC, 2006). This requires them to identify underperforming students and manage the situation appropriately. The following are common indicators that may alert mentors to the possibility of failure (Skingley et al, 2007; Duffy, 2003; Hrobsky and Kersbergen, 2002; Maloney et al, 1997):

- Inconsistency in meeting the required level of competence for the stage of training;
- Inconsistent clinical performance;
- Lack of insight into weaknesses so unable to change following constructive feedback;
- Unsafe practice;
- Not responding appropriately to feedback;
- Lack of interest or motivation;
- Limited practical, interpersonal and communication skills;
- Absence of professional boundaries and/or poor professional behaviour;
- Experiencing continual poor health, feeling depressed, uncommitted, withdrawn, sad, tired or listless;
- Unreliability, persistent lateness/absence;
- Preoccupation with personal issues;
- Lack of theoretical knowledge.

ASSESSMENT PROCESS

Duffy (2003) identified that one reason mentors may ‘fail to fail’ students in practice is lack of knowledge of the assessment process. Stuart (2007) gives a comprehensive account of the process. Price (2005) said that practice-based assessments need to be conducted transparently, rigorously and fairly, and discussed the two purposes of assessment:

- Formative assessment - designed to advise a student of progress toward a goal. Here, the mentor is an adviser;
- Summative assessment - designed to judge a student's competency as measured against stated benchmarks. It is the hurdle students must overcome if they are to qualify.

Here the mentor is an examiner. It is important that mentors are aware of the differences between formative and summative assessments as, if performed in a timely manner, one should inform the other. In general, students should have at least three formal meetings with their mentor:

- Initial assessment interview;
- Mid-placement interview;
- Final placement assessment.

Initial assessment interview

The aim of the initial assessment is to meet and discuss the needs and expectations of the placement. This is sometimes referred to as the 'orientation meeting' and is a formative assessment.

In addition to familiarising the student with the environment, it is an important meeting to discuss learning needs and sometimes specific learning difficulties. Action plans/personal development plans/learning contracts should be developed in line with the higher education institution's clinical assessment documentation. The date of the mid-placement interview and final assessment should also be set.

All initial documentation should be completed within the timeline and manner stipulated by the higher education institution. This is important for all students, but particularly those who may fail.

Mid-placement interview

The mid-point assessment needs to be conducted halfway through the placement and is formative in nature.
This is an important assessment as it is when the student's progress is highlighted, as well as any areas needing development. Extensive, constructive feedback is necessary here to help students understand any concerns mentors may have. It is crucial that problem areas are clearly documented, along with plans for development. It may also be necessary to contact the student's personal tutor to discuss concerns.

Scholes and Albarran (2005) concluded that one major inhibitor to failing a student is the risk of being overruled on appeal. This was also highlighted by Duffy (2003), when mentors discussed 'leaving it too late'. A student can only appeal if there are grounds to do so - and not highlighting deficiencies and concerns at the mid-point assessment is one of them. In fairness, if students are unaware of any problems, they are unable to take action to overcome them.

Final placement assessment interview
The final assessment is summative and should hold few surprises for students (Marsh et al, 2004). This is when they are formally graded as having passed or failed the assessment when compared with the benchmarks or competencies in the clinical assessment documentation.

Assessments that are transparent, rigorous and fair take time and should include input from students. The required time needs pre-planning.

RECTIONS TO FAILURE
Failing students may react in a number of ways and this should be a consideration for mentors. While it is not possible to predict students' reactions, the need to plan extra time for these situations is clear. Gomez et al (1998) suggested students may need time to grieve for the loss of a personal dream. They will need time to digest the reality of it and to discuss their feelings with mentors.

- Students may respond with disbelief and shock to a failed assessment. This may be due to an inaccurate self-assessment of their own abilities and competence. It may also be due to previous mentors 'passing the buck' or giving them the 'benefit of the doubt' (Duffy, 2003). This is neither in the interest of the student nor the profession;

- Students may feel betrayed and hurt that their 'friend' has failed them. Some interpret the nurturing, supportive mentorship role as a close friendship. This requires skills from mentors to develop and maintain a professional, supportive role;

- Many students cry when they realise they have failed, which can be upsetting for mentors. It is important to give them time to cry before moving forward to discuss the assessment results in further detail;

- Students may react with anger/aggression and/or denial, and may verbally abuse their mentor. Some may accuse mentors of bias or victimisation and may not accept the outcome of the assessment. Duffy (2003) reported students saying the failure was due to personality clashes with their mentor or trying to undermine their mentor and even threatening 'legal action', putting tremendous pressure on mentors. Stuart (2007) suggested that if anger is anticipated at this stage, it may be wise to enlist the help of a third person, perhaps the student's personal tutor;

- Students may react by blaming others. Several mentors in Duffy's (2006) study indicated that students blamed 'previous mentors', 'lack of appropriate placements', and 'their university course' for their deficits;

- Some students may be relieved and willing to accept a failed assessment. Failure can sometimes have a positive outcome. A common assumption is that students always react negatively to failed assessments. However, Zuzelo (2000) observed that they often recognise their clinical weaknesses, are concerned by their shortcomings and consequently are relieved when mentors highlight areas that need improvement.

Challenges for mentors
It is clear that decisions to fail have emotional consequences for students. These occasions also present mentors with challenges.
One participant in Duffy's (2003) study described the experience of the final interview as 'heated and emotional'. Milner and O'Bryne (1986) said that failing a student can be an unpleasant, messy and emotionally fraught experience. This can leave mentors with feelings of sadness, anger, exhaustion and relief (Duffy, 2003; Burgess et al, 1998) and can result in the mentor experiencing a sense of personal failure (Duffy and Scott, 1998).

Failing students can have emotional consequences for the whole team. A mentor in Duffy's (2006) study described a student who went behind her back to other team members, in an attempt to rally support for her view of her practice. Therefore, as well as having to cope with the emotional reaction of the student, mentors may have to deal with disharmony within the team.

It is important that mentors do not avoid these uncomfortable situations by passing students when they feel that they have not achieved the outcomes required of them, whatever the reason.

Part 2 of this unit, which looks at how to manage failing students, will be published in next week's issue.

KEY References


The full reference list for this part of the unit is available in Portfolio Pages on nursingtimes.net

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Supporting failing students in practice 2: Management

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Keywords: Management, nurse education, Failing students

Learning objectives: 1. Know how to identify failing students and understand the importance of providing effective feedback and documentation. 2. Understand the problems and consequences of 'failing to fail' students in the clinical setting.

Identifying failing students
Signs of failure can be apparent early on. Mentors often have an instinctive feeling about failing students and initially may find it difficult to clearly identify their concerns.

Mentors in Duffy's study (2003) indicated that they found it difficult to fail students who had 'attitude' problems. When this issue was explored with mentors, concrete examples of attitude problems emerged. Discussing an instinctive feeling with another mentor or educator very often helps identify incidents to support a point of view.

It is important to identify and document concerns to failing nursing students at the earliest opportunity and certainly no later than midway assessment.

Problems must not be ignored. For example, if a student is lacking in interest, take the time to explore the reasons with them. Awareness can sometimes bring about change. Early discussion can prompt students to consider their practice, thus facilitating satisfactory progress. Most students welcome being told about areas for improvement.

When faced with a failing student, mentors may need to look at themselves. Students need to be clear about expectations but mentors may have to consider whether their expectations are realistic. Duffy (2003) identified that mentors often have their own 'hidden' criteria for assessment.
Reviewing the assessment documentation will confirm the learning outcomes the student is required to achieve and, again, early discussion with mentor colleagues or educators can clarify whether or not expectations of students are realistic.

When mentors first identify that a student may fail, they should review the higher education institution's procedures for assessment. Students failing to meet clinical outcomes should be informed without delay, given advice on how to improve, given time frames within which improvement is expected and informed of the consequences should the required improvement not occur.

**Providing feedback**

Ongoing feedback is essential in assessment, even for students about whom there are no practice concerns. It provides a mechanism for performance to be regularly monitored and discussed (Wallace, 2003). Halstead (1998) stressed that assessment regulations give students the right to:

- Receive timely feedback about their performance, and have the opportunity and support to correct behaviour considered unsatisfactory;
- Be made aware that their performance is not meeting the criteria set for satisfactory performance before being failed.

Feedback should be given to students regularly to ensure that they have had the best opportunity possible to improve during the clinical experience. Smith et al (2001) stressed that regular meetings give students time to reflect on their performance. At such meetings, mentors and students can jointly identify areas where practice is weak as well as areas showing improvement. It is an opportunity to discuss progress.

**Practical advice for mentors**

The following are some basic principles for giving feedback to students:

- Arrange for all meetings with students to be held in a private area;
- Ensure students have prior notification of the meeting;
- Ensure there will be no interruptions, such as phone calls;
- Put plenty of time aside for the meeting.

When dealing with students:

- Invite the student to conduct either a verbal or written self-assessment;
- Formulate an action plan;
- Clearly identify evidence of success;
- Formulate learning objectives for the next meeting;
- Identify appropriate learning opportunities to meet the objectives;
- Identify required knowledge inputs and the sources of these;
- Plan the date of the next meeting.

Price (2005) provided some useful investigative questions for addressing concerns with learners. Mentors may, for example, find it useful to invite students to evaluate their performance or, if discussing a specific incident, to ask: 'What do you understand happened here?' It is important to encourage students to self-assess against the required clinical outcomes. Listen to students’ concerns and acknowledge their opinion. Address students’ feelings of anger or failure and then provide them with honest, detailed feedback with specific examples. The need for mentors to provide weak students with specific examples and to document these was emphasised by Duffy (2003).

Clinical assessment has long been criticised for being subjective (Chambers, 1998). When faced with an underperforming student, mentors may tend to compare them with other students. Any feedback must be based on explicit expectations for clinical performance as outlined in the clinical assessment and not ‘hidden’ criteria.

It is often helpful to suggest a grade for performance as this provides concrete information and stresses the seriousness of the situation. Remember to highlight students’ achievements and strengths to build their self-esteem - it is easy to focus on the negative aspects of performance.
Students will develop over the course of the placement even if not to the final standard required to pass. Mentors should remain positive and supportive and remember that failing students require patience and self-control.

Providing evidence of failure
Several authors emphasise the importance of collecting and documenting evidence when faced with a fail scenario (Smith et al, 2001; Zuzelo, 2000; Sharp and Danbury, 1999). Sharp and Danbury (1999) emphasised that a clear, well-evidenced report not only supports assessors’ decisions but also allows students a degree of protection against an irresponsible decision to fail.

Documented evidence is critical to establish a pattern of ‘failing’ performance. The principles of good record-keeping (NMC, 2005) should be applied. Documentation must be factual, non-judgemental, identify strengths and weaknesses and include specific examples when appropriate. Each feedback session should be recorded, with details of the supportive measures taken and the learning opportunities provided to enable students to reach the level of practice required.

The evidence that mentors document will mainly come from observing students in practice. NMC (2006) standards indicate mentors should supervise students (directly or indirectly) at least 40% of the time. Mentors often support underperforming students by working extra shifts with them (Duffy, 2003).

Mentors may find it useful to have another team member assist in clinical observation. This can bring objectivity and demonstrate to students that there is a genuine interest in giving a fair evaluation. Feedback from other staff, patients and relatives can also inform mentors’ opinion. Discussing students’ own reflections on practice and examining their portfolio or student passport (NMC, 2006) can also help in the decision-making process.

When coming to a decision, some student mistakes can be accepted as part of learning and development. However, others are so serious that failure is inevitable.

Seeking support
Several mentors in Duffy’s (2003) study indicated that during the process of failing a student they had had doubts about whether they ‘were doing the right thing’. When managing a failed assessment, they need to acknowledge their feelings and get support.

Students’ reactions to being told they are underperforming can leave mentors feeling frustrated and angry. Poorer students often overestimate their performance or lack insight into their weaknesses, meaning that supportive measures are not recognised. The link lecturer, personal tutor or placement facilitator should be informed as early as possible as they can support both mentors and students. Having them present at the feedback interviews on students’ performance can be beneficial for all.

Mentors in Duffy’s (2003) study indicated that they needed support to complete the documentation associated with a fail scenario. Several mentors were aware their report would be scrutinised by an assessment board, and therefore sought support to provide an accurate, clear and well-evidenced report.

Managing underperforming students can be time consuming. Mentors may need to negotiate with line managers for extra time to support students. Students may feel isolated and inadequate and will need all the time and support possible.

Conclusion
Areas of concern about performance should be highlighted as early as possible. Feedback should give students an opportunity to show some improvement. Verbal and written feedback is vital as students should never be surprised by the details of a failed final clinical assessment.

For students to pass a placement, mentors must be confident that patients will be in safe hands if they proceed along the route to qualify as a nurse. It is important that mentors do not avoid the issue of having to fail students and that failing students are identified as it may prepare the way for greater achievement in future clinical placements.
Key References


