

Deciding to fail: Nurse mentors' experiences of managing a failed practice assessment

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Abstract: Within pre-registration nursing education programmes, clinical competence is verified via continuous assessment in practice. Registered nurses who have undertaken mentor preparation assess competence in practice and have a responsibility to confirm that nursing students are capable of safe and effective practice prior to registration. This requires mentors to identify underperforming students and manage the situation appropriately. Drawing on interview data from 10 mentors who had failed a student in practice this paper will highlight the processes, alongside, the difficulties and dilemmas associated with managing a failed assessment successfully. Three key concepts emerging from the data will provide the framework for this paper, namely: identifying the weak student; creating possibilities for success; deciding to fail.

Within the concept of 'Identifying the weak student' participants discuss how they recognised the early indicators of possible failure. While, 'Creating possibilities for success' reveals the strategies mentors used to attempt to facilitate students' progress. The final concept 'Deciding to fail' exposes the emotional consequences for both the mentor and the student of a failed assessment and the importance of debriefing following the event. The paper concludes by discussing the support needs of mentors as this emerged as crucial in the process of managing a failed assessment.

Keywords: nursing; mentors; failing student; identifying weak students; deciding to fail

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Introduction

One of the key purposes of assessment during pre-registration education in the health care professions is to ensure that only those who meet the standards of competence become registrants on the professional registers. Within pre-registration nursing programmes in the United Kingdom (UK) practice comprises 50% of the curriculum to enable students the opportunity to achieve the Nursing and Midwifery Council (NMC) Standards of competence (NMC, 2010). Qualified nurses who have undertaken an NMC approved mentorship programme (NMC, 2008) support and assess nursing students in practice. These 'mentors' and, in the final placement, 'Sign off mentors' making the crucial 'pass/fail' assessment decisions when students are on practice placements. Although the phenomenon of 'failure to fail' is documented in the nursing and healthcare literature, less prominent is the experience of mentors who make the decision to fail a student in practice. Following an overview of the literature this paper then presents the findings from semi-structured interviews conducted with 10 mentors who had experience of having given a 'fail' grade to a student in practice. The data presented within this paper is drawn from a wider study, conducted in Scotland (Duffy, 2006), the aim of which was to explore the factors that influenced mentors' decisions when assessing students' competence in practice.

Overview of the literature

A review of the nursing literature revealed that the phenomenon of 'failure to fail' was initially drawn to the professions' attention in 1990. Lankshear, in a study investigating attitudes to the assessment of student nurses in practice placements in England, raised the concern of mentors' failure to fail poorly performing student nurses. In 1998 Fraser et al. again raised the issue. Commissioned by the English National Board to evaluate the effectiveness of the three-year pre-registration midwifery programmes interviews with lecturers and midwife assessors identified that it was difficult to fail students in practice. In particular, they highlighted two points, one was that "unsuitable students might get through and register as midwives", secondly that failing students was problematic and worthy of further investigation (Fraser et al., 1998: 82). In 2003, Duffy, in a

qualitative study with both mentors and lecturers, recruited from three higher education institutions in Scotland, reported that students were passing assessments when there was in fact some doubt about their clinical competence. More recent, an online survey conducted in the UK in 2010 indicated that 37 per cent of 1,945 mentors who responded would pass students, despite questions over their competence or attitude (Gainsbury, 2010). Nursing literature drawn from across the globe (Scanlan et al., 2001; Luhanga et al., 2008) and from other disciplines such as medicine (Dudek et al., 2005; Cleland et al., 2008), occupational therapy (Ilott, 1996; Ilott & Murphy, 1997) and social work (Brandon and Davis, 1979; Milner and O'Bryne, 1986; Sharpe, 2000; Shapton, 2006, Finch, 2009) revealed that making the decision to fail a student in practice is an aspect of practice based assessment that professionals across the health care disciplines find challenging.

Despite some prominence in the nursing literature over the last 20 years few studies have focussed exclusively on the experience of mentors who have given a 'fail' grade to a student in practice. Two studies, one conducted in the United States the other in Canada, offer some tantalising insights into the complexities of failing from the mentors' perspective. Hrobsky & Kersbergen (2002) investigated mentors' perception of unsatisfactory clinical performance. Analysing data from four semi-structured interviews with mentors who had been involved in supporting a student during a failed assessment they concluded that failing a student was demoralising and posed a threat to a mentor's self confidence. However care requires to be taken with the interpretation of results because of the small sample size, differing educational contexts and the fact that the authors gave no indication of the methodological approach underpinning the study. Luhanga et al. in 2008 (p.228) undertook a grounded theory study 'to explain the processes used to manage students engaging in unsafe practice.' Five participants in their study had experience of failing a student in practice. Analysis underlined the importance of support when mentors are faced with the decision to fail. Again this study was conducted in a different educational context which may not be readily transferable to UK. Given the dearth of literature this paper provides much needed insights to the experience of mentors who have made the decision to fail a student in practice.

Research methods

A qualitative approach using Strauss and Corbin's grounded theory methodology (Strauss & Corbin, 1998) was adopted in this present study. Data collection began with the initial question: *What has been your experience regarding students whose clinical performance has been weak?* In keeping with grounded theory methodology this gave participants room to answer in terms of what was important to them. It also allowed concepts to emerge from source rather than forcing the direction of the interviews.

Access and ethics

Approval to access participants was sought from the Directors of Nursing and mentors were invited by letter to participate in the study. Ethics approval was sought and granted for the four Health Service areas within Scotland from which the participants were drawn. The requirements of the Data Protection Act (1998) were adhered to at all times. All audio and transcribed material was kept in a secure location with restricted access. All information stored electronically was accessible only via password protection. Written consent was obtained from every participant and anonymity was assured by ascribing an ID number to each participant in the reporting of the data.

Data analysis

Consistent with the grounded theory approach, analysis of data was conducted as a continuous, ongoing process which was integrated with data collection and coding. Interviews were audiotape recorded, transcribed and analysis was conducted using the constant comparison technique as outlined by Strauss and Corbin (1998). A selection of transcripts were independently analysed by two experienced researchers to enhance the rigour of the analysis.

Findings

Analysis revealed three key categories associated with ‘Managing a failed assessment’, namely:

- Identifying the weak student
- Creating possibilities for success
- Deciding to fail

The findings associated with each of these three categories will now be presented and discussed in turn.

Category 1: Identifying the weak student

This category emerged as participants discussed how they recognised the indicators of possible failure. Three concepts are associated with this subcategory:

- Recognising early signs
- Making informal approaches
- Seeking support

Recognising early signs

The majority of participants revealed that signs of possible failure were apparent from early on in the placement. Extracts from two of the mentors illustrate this point:

The girl that I was involved with, even in the first two days, I had sort of alarm bells about her. (Participant 11M)

There were wee warning bells early on, you know, he went on and on about personal things, you know things like that, things that weren't appropriate when you've just met someone. (Participant 16M)

‘Recognising early signs’ resonates with the findings of an American study that explored mentors’ perceptions of clinical performance failure (Hrobsky & Kersbergen, 2002). Their four participants indicated that the ‘hallmarks of poor clinical performance’ occurred early in placement and

included 'students not asking questions, having an unenthusiastic attitude towards nursing and demonstrating unsatisfactory skill performance' (Hrobsky & Kersbergen, 2002: 551). Several mentors in the present study identified similar problems early in placement. This participant, a district nurse, highlighted a third year student's lack of interest, she recalled:

She was in her final six month placement. And basically it was just lack of interest. Sheer and utter lack of interest in anything that I said, anything that the patient said. She was very much wanting to talk about herself. We would go into a house and she would talk about living with her boyfriend and how they'd set up, you know, home, and totally, totally inappropriate. (Participant 11M)

Other participants revealed that students could present with problems in any of the three domains of competence, namely cognitive, affective or psychomotor. Mentors commented on students presenting with problems such as 'poor knowledge', 'lack of interpersonal skills', 'lack of practical skills' and 'absence of professional boundaries'. However a significant issue to emerge from the data was that, rather than recognising one early sign of clinical failure, mentors revealed they were often faced with students who lacked competence in all three domains, as these mentors illustrate:

I had a student at the end of her second year who was unable to document care effectively, couldn't write up notes, her spelling was awful. She had difficulty grasping appropriate terminology, couldn't relate theory to practice. She had limited knowledge of anatomy and physiology. Can you imagine what her practical skills were like? She couldn't do a wound dressing, record blood pressure accurately, she couldn't be left on her own . . . her attitude well that left a lot to be desired. (Participant 34M)

We recently had a very difficult situation with a third year student, she was lacking in communication skills, she would discuss parents in a derogatory manner, when I pointed this out to her that this was unprofessional I actually found her to be aggressive. . . she was unable to do dressings. . . her drug knowledge was poor. One example of her poor clinical skills was the recording of a pulse in a child with a post- tonsillectomy bleed. She made it 90 beats per minute when it was in fact 140. (Participant 33M)

These examples are representative of the experiences of many other participants in the study and illustrate the complexity of the situation they sometimes faced; students in their second and third year who lacked

practical skills, lacked interest, behaved unprofessionally and who appeared unwilling to accept constructive criticism. Notably within the literature that exists in relation to failing students the majority of examples cited concerns regarding students who are well advanced in their nursing programmes (Rittman and Osburn, 1995; Hrobsky & Kersbergen, 2002). A similar phenomenon is recognised within social work with students early in their programmes often being given the ‘benefit of the doubt’ (Furness & Gilligan, 2004 p.479). Once mentors had recognised early signs of possible failure, the next aspect of managing a failed assessment involved speaking to the weak student.

Making Informal approaches

This concept emerged as participants explained how they tried to address the problems that they had recognised. One mentor (Participant 14M), similar to other participants, indicated that she spoke to a student informally within the first week in the hope that the student would ‘pick up the signals’. She used this approach to give the student an opportunity to demonstrate some improvement before speaking to her formally. Some of the other participants indicated that if students were, for example, ‘*lacking in interest*’ then they would take the time to explore with the student the reasons why. This mentor who was recalling an experience with a first year student commented:

Well I had a student fairly recently, at the beginning of the year, who from day one didn't really participate or attempt to participate... she appeared to be unhappy to be here and in the first couple of days we questioned that a few times with her.
(Participant 31M)

Kramer & Stern (1995) in a paper that presented two case studies relating to failing students on an occupational health programme suggested that awareness can sometimes bring about change. However this requires students to be receptive to the idea of change. Gutman et al. (1997) conducted a study to identify the characteristics that might predict potential failure in occupational therapy students during the clinical component of their course. They identified lack of psychological insight that is, an inability to understand your own weaknesses, as one of the characteristics associated with failed clinical fieldwork. Similar to the issue raised by the findings of Gutman et al. (1997), the majority of participants in the present study indicated that potentially failing students often lacked insight into

their weaknesses. Therefore 'Making Informal Approaches' was often unsuccessful in initiating change in the student's practice. One mentor who failed a third year student illustrates this point:

... some of her responses I thought, she doesn't seem to appreciate the seriousness of this, you know. I would say things, you know, 'This is a problem' and she would say, 'Well I don't know why that's a problem because I did that when I was an auxiliary', you know. And I was saying 'But, yes but we're aiming for registration here and we expect a different level, a different level of responsibility', but she didn't seem to appreciate this. (Participant 36M)

Mentors in the study went on to explain that such responses from students resulted in them 'Seeking Support'.

Seeking support

The concept of 'Seeking Support' emerged as participants indicated that if problems were not resolving with informal feedback this normally resulted in them actively looking for support in order to cope with the failing student. Several mentors pointed out that they generally made attempts 'to contact the university' to highlight the problem and to ask for support. This mentor who failed a second year adult student illustrates this point:

I mean at the time...we called a tutor and said we were having problems and that we needed help and then the tutor came in and gave us some advice on what to do. (Participant 4M)

Sharpe (2000) undertook an exploratory study to identify the support and training needs of practice work teachers when confronted with failing Diploma of Social Work students. She interviewed twenty practice work teachers and reported that practice teachers regarded support from tutors as vital during difficult placements. For the majority of mentors in this present study dealing with a weak student was something they had not encountered before and therefore the need for support and guidance was essential, as this participant indicates:

I had never failed a student before. I can honestly say I had never come across a student like this before and really didn't know how to approach it. (Participant 34M)

Support often involved advice regarding the importance of starting formal

procedures. Several participants recalled the emphasis placed by lecturers on 'putting pen to paper', as the mentor comments:

The tutor said something like 'sit down with student, discuss the problems and write it down in black and white', and I did. (Participant 33M)

The importance of providing formal written feedback 'in black and white' is congruent with the view of several authors who emphasise the importance of collecting and documenting evidence when faced with a fail scenario (Sharp and Danbury, 1999; Zuzelo, 2000; Smith et al., 2001; Furness and Gilligan, 2004). Sharp and Danbury (1999) highlight that a clear, well-evidenced report not only supports the mentor's decision-making process but that it allows the student some protection against an irresponsible decision to fail. Smith et al. (2001) in their paper discussing legal issues in relation to clinical failure emphasise that documentation must be factual, non-judgemental, identify both strengths and weaknesses and should include specific examples when appropriate. While Furness and Gilligan (2004: 470) state that 'the evidence needs to be valid, sufficient, fair, reliable and clear.' The need for mentors to provide weak students with specific examples and documenting these was a recurring point within the transcripts. Several mentors within the present study indicated that they required support in order to complete the documentation associated with a fail scenario. A mentor in the study who confirmed this need commented:

I phoned and asked the tutor for some help. I mean I wanted to do it properly, I didn't want this coming back on me. I knew it had to be watertight. (Participant 14M)

Support from lecturing staff who are familiar with the process of writing up practice assessment documentation was seen as vital by some participants in the study. Several mentors were aware that their report would inevitably be scrutinised by an assessment board and therefore sought support in order to provide an accurate, clear and well-evidenced report. While discussing the concept of 'Seeking Support' some mentors indicated as well as providing practical help with the documentation and the development of constructive criticism skills support from lecturers confirmed their decision making processes. Several mentors in the present study indicated that at times during the process they had doubts about whether they 'were doing the right thing'. Support of lecturers and colleagues were invaluable at these times as it served to remind them of their professional responsibility, as one participant recalled:

He [the lecturer] reinforced that I was right...you know ...I mean that sometimes students do have to fail. (Participant 11M)

This echoes the sentiments from another qualitative study where a mentor commenting on her experience of failing a final year student declared, 'I needed to know that this was all okay' (Hrobsky & Kersbergen, 2002: 552). The importance of the emotional and practical support of professional colleagues when failing a student in practice is similarly echoed in the social work literature (Basnett & Sheffield, 2010).

Once specific problems had been identified and support sought, participants identified the next aspect to 'Managing a failed assessment', the need to develop strategies that would allow the weak student to improve their clinical performance.

Category 2 Creating possibilities for success

This category emerged as mentors described the strategies used to try and facilitate students' progress. Two concepts are associated with this category:

- Developing an Action Plan
- Reacting to Failure

Developing an action plan

The concept of 'developing an action plan' arose as participants described how they tried to support students once they recognised signs of possible failure. Sharp and Danbury (1999) in a text detailing the management of failing Diploma of Social Work students identified that following a three way meeting of student, practice teacher and tutor a remedial action plan should be formulated. Some participants in this present study identified a similar process, as the following quotation illustrates the mentor, lecturer and student were all involved:

...we met every week for probably an hour... all these sessions were made formal in order that any points of improvement that were identified could be reported to both the student and the lecturer. (Participant 16M)

Milner & O'Bryne (1986) identified that, as well as development of an action plan, organising regular meetings aids ongoing evaluation of a

student's progress. The need for ongoing feedback is well recognised as essential in the assessment process even for students where there are no concerns about their practice. It provides a mechanism for the student's practice to be regularly monitored and discussed (Wallace, 2003). However, when faced with the possibility of failure regular feedback is considered essential (Kramer & Stern, 1995; Zuzelo, 2000; Smith et al., 2001; Osiniski, 2003). Kramer & Stern (1995) underline that repeated feedback can be useful as both mentor and student can jointly identify areas where the student's practice is weak, as well as, identify areas that are improving. Smith et al. (2001) highlight that regular meetings also gives students time to reflect on their performance. Mentors in the present study indicated that although they scheduled regular formal meetings they also tried to provide ongoing positive feedback to encourage the student. For example, one mentor (Participant 31M) stated that every day she worked with the student she 'tried to end the shift on a positive note.' Teeter (2005: 92) emphasises the importance of using a positive approach throughout the assessment process, indicating that directing the student "how to succeed rather than fail" can minimise the stress for a mentor and maximise the outcome for the student.

Another aspect related to 'Developing an Action Plan' involved working more closely with the student. This participant describes how she tried to facilitate a student's progress by working almost constantly with the student:

...I did spend a lot of time with him [the student]. I worked every shift with him, our requirements are that you work at least 50% of their time...but we worked every shift together. (Participant 16M)

In explaining the strategies used to try and improve a student's performance participants revealed that supporting a weak student involved investment of time and energy. This mentor highlights that supporting a weak student takes more time and effort, as he commented:

...it can be that you're doing double the work, because if everything has to be explained, then everything has to be prepared and it can be exhausting. (Participant 14M)

As indicated earlier, providing regular feedback meant extra meetings with the student, and perhaps the lecturer, while also having to complete

extra action plans and supporting documentation. When I asked participants if they had been allocated time within their clinical workload to take account of the added mentoring commitment a failing student entails only one mentor indicated that her immediate manager had made such provision.

Participants also identified other strategies they utilised in a hope to improve the student's practice and ultimately the outcome of the assessment. Some mentors built in time for students 'to work with other team members'. Mentors revealed that getting the student to work some shifts with other team members had several purposes. One was to help with 'gathering evidence' so that the assessment was not based on their opinion alone. Secondly to ensure the decision they were making regarding a failed assessment was 'right'. Thirdly to 'give the student a break' as the majority of mentors appreciated those students found the situation stressful. Therefore, as one mentor (Participant 14M) indicated, working some shifts with other team members allowed the student 'to stop feeling I was on her back all the time'. Cowburn et al. (2000: 630) commented that "justice needs both to be done and to be seen to be done" in the case of student failure on practice grounds. As can be seen from the data presented in this section, participants in the study used various strategies to ensure they were 'Creating Possibilities for Success' and as a result being fair to the student. However it became evident in the analysis of the data that some students did not appreciate that the process was fair.

Reacting to failure

The concept of 'Reacting to failure' arose as mentors revealed students' reactions when told about their weaknesses. The student's reaction was a factor that influenced the success of the supportive measures that were provided by mentors in the present study. Several mentors in the study talked about the frustration associated with students who lacked insight into their problems as this meant that any supportive measures put in place were not recognised as such by the student, as this mentor illustrates:

It was a difficult time...All that extra effort each day, explaining to someone who was disinterested and making no effort to learn. (Participant 34M)

Burgess et al. (1998) identified that students when faced with difficulties in placement reacted in different ways including: anger, frustration, disappointment and shock. Participants in the present study identified

such reactions. Congruent with Burgess et al.'s (1998) findings having to deal with the student's anger and frustration was not uncommon, as this participant indicated:

And latterly because I think she felt very stressed, which was understandable, and threatened because she knows there's a huge possibility the final outcome may not be favourable, her reaction was a combination of aggression and distress. (Participant 27M)

Furness (2012), drawing on data gathered from interviews with six practice educators of their observations of assessing both male and female social work students, identified that male students who were failing in placement often adopted a defensive attitude and were apparently unwilling to admit or address any shortfalls. This is similar to one of the participants in the present study who illustrated the tremendous pressure mentors can face when failing a student. This mentor recounted an experience where she had informed a third year student of concerns about his clinical practice. The student's reaction had been angry and defensive, she commented:

The student made threats to me and his lecturer. It got to the stage where I won't speak to the student about any issues unless one of the other staff were with me, otherwise it was my word against his. (Participant 16M)

This participant asserted that if it had not been for the support of the ward manager and regular tripartite meetings with the lecturer then she may well have 'buckled under the pressure' and given a satisfactory assessment. This sentiment resonates with Luhanga et al.'s (2008) findings of the importance of support when failing a student in practice.

On occasions mentors also found that as well as having to deal with the emotional reaction of the student they also had to deal with disharmony and distress within the team. One participant in the present study spoke in detail about a student who went behind her back to other team members in an attempt to rally support for her view of her own practice.

I found out she [the student] was going to other staff trying to get them to support her. All the staff were upset, she was trying to pitch one of us against the other. It put a damper on the whole ward. The atmosphere was terrible. Everyone was upset. (Participant 33M)

Basnett & Sheffield (2010) in their interviews with eight practice educators who had failed a social work student found that practice educators could experience isolation if team harmony is disrupted, making the process of failing a student much more stressful. Powell and Powell (1994) argued that practice teachers in social work face a process where their professional role can be undermined by counter accusations from students. They pointed out that students may become defensive and make accusations that are often unsubstantiated but are damaging and demoralising. Mentors in this present study provided evidence to support this view. This mentor recalled a situation where the student accused her of racism when she attempted to point out weaknesses in practice skills, she commented:

So you know I flagged it up very soon with her tutor and one angle of that was really difficult. She [the student] blamed it on her colour. She said, 'Oh they don't like me because of my colour'. And... I was absolutely horrified when she said that because... that's never been a problem... what she was saying wasn't right. I mean I felt she was just trying to use that as a reason. (Participant 11M)

Another defensive reaction by students was to deflect responsibility for their weaknesses onto the staff. Several participants reported students 'blaming others' as this quote indicates:

... The student herself... put it down to personality and that the whole staff were against her because we all worked there together, knew each other and so we had ganged up on her. (Participant 39M)

Several participants indicated that students often blamed 'previous mentors', 'lack of appropriate placements', and 'their university course' for their deficits. Such reactions has been recognised in the literature previously, Gutman et al. (1997) identified 'externalisation of responsibility', that is displacement of accountability onto others, when deficits in an area are identified. Gutman et al. (1997) found that students commonly externalised responsibility for their deficits to the clinical supervisor and academic institution. Data from this current study would appear to support this view.

The overall aim of 'creating possibilities for success' appeared to be to provide feedback and allow the student time to learn and develop before a decision was made as to whether the level of competence demonstrated constituted a fail. Where there was insufficient improvement the decision to fail the student had to be made thus emerged the third category.

Category 3: Deciding to fail

The final category associated with the process of 'Managing a Failed Assessment' relates to issues that arise when a mentor arrives at the decision to fail the student in practice. Two concepts are associated with this subcategory:

- Emotionally Challenging
- Lacking Feedback

Emotionally challenging

This concept emerged as participants talked about the emotional challenges of making the decision to fail a student in practice, as this participant reveals:

I had to make the stressful decision to fail a student in her last placement of her last year... it was one of the hardest decisions I have had to make. (Participant 33M)

This comment is consistent with findings from previous research. The difficulty of failing a student in practice has been highlighted in nursing (Rittman & Osburn, 1995; Watson & Harris, 1999; Duffy, 2003; Jervis & Tilki, 2011), as well as, multidisciplinary literature (Ilott, 1996; Sharpe, 2000; Basnett & Sheffield, 2010).

The stress associated with failing a student is acknowledged in the literature and although not measured within this present study was recognisable within the language used by the participants when discussing the decision to fail. Some of the words used by participants to describe the process of being involved in failing a student were 'horrendous', 'traumatic' and 'draining', as these mentors indicate:

...it's not a comfortable thing to do to fail somebody and it's quite a traumatic thing to do. (Participant 11M)

It was a really trying time...It drained all my resources physically and emotionally.' (Participant 34M)

This resonates with findings from Basnett & Sheffield's (2010) study exploring the impact failing a social work student had upon practice educators. Participants in their study reported anxiety which impacted

upon their mental and physical wellbeing. Several of the practice educators interviewed by Basnett & Sheffield reported physiological changes such as sleeplessness, gastro-intestinal difficulties and palpitations.

Duffy & Scott (1998) raised the issue of a sense of personal failing when faced with a problematic student, an aspect raised by the mentors in the present study. This mentor who had to tell a second year student that he had failed an assessment, recollected:

I mean it does stick with you. As I say I can remember what he looked like and I can remember his reaction when we said, you know, "We've called the tutor here and we've called you up to tell you that you haven't passed your assessment". And you know the eyes started to well up and it was really quite, I mean I didn't feel too good after it... I just remember feeling as if I'd let him down. (Participant 4M)

Two other participants also recalled their sense of personal failing and self doubt. They remarked:

...you have feelings of failure in yourself as a mentor, you think, did I do enough?' (Participant 31M)

It was over two years ago but I still feel guilty. The student was devastated when she failed but so was I. It was awful. I kept thinking, did I do enough for the student? It left me exhausted and put me off having other students. (Participant 14M)

Similar to the data presented above, participants interviewed both in Hrobsky & Kersbergen's (2002) and Basnett & Sheffield's (2010) respective studies expressed feelings of self-doubt following failing a student on clinical placement. In the present study a prominent emotion felt by mentors was 'anger', particularly when having to deal with a student who they believed should have been picked up earlier in the course. Some mentors directed their anger at other colleagues who, as they saw it, had 'let them down' by not failing students in earlier placements. These participants who found themselves in the position of failing third year students demonstrate this anger, they stated:

I couldn't believe this student and yet she'd passed the other clinical assessments... I realised other mentors had passed her and I was so, so angry... why had they let her go on? I couldn't believe it, don't they understand about professional responsibility. (Participant 39M)

I'm really quite angry as are some of my colleagues, being left to actually identify it... it's clear this problem didn't just manifest in the last six to twelve months. (Participant 16M)

While some participants directed their anger at previous mentors others directed their anger at the 'university' often questioning why such students had been allowed entry to the course in the first instance, as this mentor commented:

This student should never have been allowed on the course. (Participant 33M)

Similar views have been expressed in social work literature. Burgess et al. (1998: 53) identified that 'practice teachers were taken aback by the seriousness of the problems and wondered how the students could have been selected for the programme in the first instance.' Several mentors in the present study expressed concern that the selection processes currently employed were ineffective at 'weeding out' unsuitable students before commencement of a programme.

Having an understanding of the emotional challenges associated with a fail scenario further illuminates the complexities associated with this situation. As participants revealed the range of emotions they experienced they revealed that 'Managing a Failed Assessment' did not end with giving the student the final assessment. Mentors raised issues relating to feedback.

Lacking feedback

The concept 'Lacking Feedback' gained significance as mentors disclosed that they felt aggrieved about the lack of feedback on the outcome of a failed assessment. The majority of mentors experienced lack of information after the placement had ended, as was clearly illustrated by this quote:

And I don't know what happened ... after I had sent the assessment to the college there was no feedback from them. (Participant 27M)

Other participants talked about being left with a sense of 'unfinished business', which was very frustrating, as this mentor illustrates:

And I think it's important that we do get a feedback... But we don't. We don't hear anything from the university at all. (Participant 16M)

The majority of the participants commented that they had not been informed of the outcome of having given the student a failed assessment. Mentors wondered, for example, 'had the student actually been discontinued from the course', 'had the student repeated the clinical experience elsewhere and passed', or 'had the student attained a successful appeal and been allowed to progress?' Several mentors indicated that they had found out informally, sometimes from 'other students' or 'by accident', this mentor recalls her experience:

There was no feedback...one day a few months later I met her [the student] in the corridor. She had a uniform on so they obviously let her go on. (Participant 31M)

A number of participants indicated the need for information after 'Deciding to Fail'. They also indicated they would have liked feedback as to how they had dealt with the situation, but none had been available to mentors in this current study. Participants also thought it would be beneficial if both the mentor and lecturer involved could meet for feedback and so have time to reflect together in order to learn from the situation.

While the majority of mentors highlighted a lack of feedback from Higher Education Institutions (HEIs) in relation to the outcome of the failed assessment, some participants found themselves caught up in a lengthy 'battle' as the students evoked the HEI's appeals or grievance procedures. Students have the right to challenge adverse assessment decisions and all HEIs have established written policies for hearing student grievances and appeals. These policies exist to protect the student's rights and to provide the opportunity for original assessment decisions to be reassessed (Halstead, 1998). There are specific criteria for appeal and to be successful students challenging assessment outcomes must demonstrate substantial departure from accepted academic practices, that is, procedural irregularity or undeclared extenuating circumstances (Smith et al., 2001).

There are increased emotional costs of failure for mentors and lecturers when a student evokes their right to appeal, as this participant described:

I was brought through the coals after failing that student. I was interrogated by the university. It was as if I was on trial. A whole panel of people sitting round. I was made to feel guilty... as if, it was me in the wrong and not the student. (Participant 11M)

This resonates with a quote from a social work practice educator interviewed by Furness (2012, p.9) who commented that it 'feels like the

practice educator is on trial'. Burgess et al. (1998) highlighted the need for debriefing after a failed clinical placement for both mentors and teachers. A view supported by Basnett & Sheffield (2010).

Discussion and conclusion

The findings from this study have given insight into the experience of mentors who came to the decision to fail a student in practice. Mentors indicated that they often recognised the characteristics of the potentially failing student early in the placement. Mentors also revealed that students who subsequently failed the placement often presented, not one aspect, but with multifaceted problems from across the cognitive, affective and psychomotor domains. Once mentors had identified the signs of possible failure they would give students informal cues regarding their weak performance hoping to bring about change in the students' performance. However, participants indicated that students that failed placement often did not have insight into their problems and so a formal approach was needed. Mentors who made the decision to fail a student in practice sought advice at this stage of the process and emphasised the importance of support from lecturing staff. A tripartite arrangement, when it was in place was seen as beneficial.

The importance of providing formal written feedback that was clear and well evidenced was highlighted in this study. Development of an action plan, regular meetings and clear documentation of areas of concern were identified as important aspects of managing a failing student. The time consuming nature of supporting a failing student was identified, as was the need to maintain a positive approach throughout the assessment process. Also acknowledged was that failing a student has emotional consequences for both the mentor and the student. Assessing students' unsatisfactory clinical performance was a demoralising experience with mentors identifying feelings of self-doubt, anxiety, anger and sadness as they moved through the decision to fail a student in practice.

Mentors in the study questioned the effectiveness of course selection processes and emphasised the importance of follow up after the experience. After the assessment process the majority of mentors who had been involved in failing a student received no further information regarding the student and were unaware of whether the student had remained on the course. For

others feedback was in the form of attendance at appeals.

Key implications for practice centre around support both during, and after, a mentor has made the decision to fail a student in practice. Mentors in the current study found support invaluable from both a practical and an emotional perspective a sentiment echoed by participants in Basnett & Sheffield's (2010) study who cited that support was essential to coping when faced with a failing social work student. This present study highlights the need for ongoing support after the event and feedback of the academic processes. Critical incident stress debriefing is a recognised method used to help nurses deal with stressful clinical situations (O'Connor & Jeavons, 2003). For example, debriefing has been utilised following stressful emergency situations (Cotterill-Walker, 2000; Gamble, 2001; Iacono, 2002) and found to be beneficial. As failing a student is an aspect of practice that is also stressful and emotionally challenging for all concerned debriefing the individuals involved is a strategy worth considering.

This study involved only a small number of participants but the resonance with studies from across the health care professions both within the UK and internationally supports transferability of the findings. At the time the data was collected for this study preparation for mentors in the UK was inconsistent. Preparation courses ranged from one or two days to full academic modules while ongoing mentor updates were sporadic across the UK. Recent changes to mentor support has seen the embedding of a more consistent approach to mentorship which includes 10 days initial mentorship preparation, yearly mentor updates, as well as, triennial review in relation to mentorship standards (NMC, 2008). Future research should focus on the impact of these changes on the phenomenon of 'failing to fail.'

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