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To pass or to fail? Understanding the factors considered by faculty in the clinical evaluation of nursing students

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SUMMARY

Making the decision to pass or to fail a nursing student is difficult for nurse educators, yet one that all educators face at some point in time. To make this decision, nurse educators draw from their past experiences and personal reflections on the situation. Using the qualitative method of critical incident technique, the authors asked educators to describe a time when they had to make a decision about whether to pass or fail a student in the clinical setting. The findings describe student and faculty factors important in clinical evaluation decisions, demonstrate the benefits of reflective practice to nurse educators, and support the utility of critical incident technique not only as research methodology, but also as a technique for reflective practice.

Introduction

Clinical evaluation of nursing students is an important role of nurse educators, who are the gatekeepers to the profession of nursing (Tourangeau et al., 2007). However, clinical evaluation is difficult for faculty, and the process educators go through to make the decision to pass or fail a student is not well understood. There are tools that educators can use for clinical evaluation (Alfaro-LeFevre, 2004; Bofinger and Rizk, 2006; Scanlan et al., 2001), but completing the process is still problematic (Brown et al., 2007). Part of the difficulty of the process comes from the fact that the established clinical evaluation tools utilized by faculty are derived from course learning outcomes, which tend to be broad and abstract, and may have little connection to actual specific clinical behaviors that lead to success or failure in the clinical setting. Curricular outcomes generally measure concepts that directly relate to theory content, yet faculty are evaluating students on behaviors that they believe make someone a good nurse. Additionally, professional behaviors, such as appropriate dress and punctuality, are important to assess but may not be reflected in the course learning outcomes. The difficulty of the decision is compounded by the fact that students need time to learn, so mistakes are to be expected (Scanlan et al., 2001), and the line between learning time and evaluation time can become blurred.

The clinical evaluation process is multifactorial, where the faculty member must evaluate data from many sources to reach the decision of whether or not the student has successfully passed the clinical course (Oermann et al., 2009). In a survey of 1573 pre-licensure nursing programs in the United States, faculty reported typically using a variety of evaluation strategies as evidence when determining the summative clinical grade, such as nursing care plans, direct observation of patient care, clinical simulations, or reflective journals which may contain student self-evaluation comments. However, most faculty report that the summative clinical evaluation is determined and recorded using a clinical evaluation tool which is tailored to the course student learning outcomes. Most schools reported grading clinical performance on a pass/fail basis, and narrative comments written on the survey reflected concerns about the subjectivity and inconsistency of the process, especially among faculty in the same clinical course (Oermann et al., 2009).

Faculty members find that failing a student is stressful and lonely. Even experienced faculty find the decision challenging, but it is more of an ordeal for newer faculty and those who are part-time or adjunct faculty (McGregor, 2007). Often faculty are reluctant to ask the advice of colleagues when making this difficult decision, for fear of violating the confidentiality of the student (Diekelmann and McGregor, 2003). The Family Educational Rights and Privacy Act (FERPA) protects students from having their educational information shared inappropriately without their permission, therefore, faculty who do not completely understand FERPA may be unsure if they are permitted to discuss a student situation with a colleague (USDOE, n.d.). Educators who go through this process alone, however, could be missing an opportunity for personal development and growth that could come from reflection and discussion with colleagues.

The benefits of reflecting upon difficult situations in nursing practice have been described by O'Connor (2008), who described how reflection on incidents in her practice allowed her to identify knowledge deficits, make corrections, and prevent comparable incidents in the future. Nurse educators can benefit from similar reflective exercises as they grapple with the decision making required in evaluating clinical

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students. Reflecting on one's own experiences with clinical evaluation and hearing about the experiences of other faculty can make that process more deliberate. In the study reported here, the authors used critical incident technique to gather information from educators about a time when they had to make a decision about whether or not to pass or fail a student in the clinical setting. This paper discusses the factors that faculty found important in their decision making.

Critical incident technique (CIT) is a method of data collection that examines the processes used to solve practical problems (Flanagan, 1954). The critical incident technique was used to provide insight into behaviors and habits of the respondents (Alastuey et al., 2005; Norman et al., 1992). CIT gathers data from subjects that is meaningful to them and stands out as an important, special, even life changing moment. Gathering this type of data allows the respondents to reflect and remember meaningful experiences as a whole, and then choose one of particular significance to them.

The usefulness of CIT to nursing was demonstrated through Keating's work with practicing nurses. Keating (2002) utilized the CIT when studying nursing practice in three diverse nursing settings: neonatal intensive care, palliative care, and care of the demented older adult. She found that the reflective nature of the question allowed the nurses participating in the study to think about their own nursing practice and what interventions worked or did not work when providing care for patients.

Methods

As part of a larger qualitative descriptive (Sandelowski, 2010) study about clinical evaluation (Lewallen and DeBrew, 2012), the authors collected critical incidents from 24 nurse educators in order to describe their decision making regarding student evaluation in the clinical setting. Specifically, participants were asked through semi-structured interviews to describe a time when they had to make a decision whether or not to fail a student in clinical. Educators were given the freedom to choose any student story they felt compelled to share with the researchers, without any prompting to recall a certain type of incident. Probes used included: What was the outcome? How did you decide that the student would pass or fail? Did you feel good about how you handled it when it was over? Did you feel supported by your administration?

Participants

Participants for the study were 24 nurse educators in a southeastern US state; all had at least one year of teaching experience in either an associate degree or a baccalaureate nursing program. Care was taken to select schools of nursing that were representative of the various types of nursing programs in the state where data were collected: associate degree, baccalaureate degree, public, private, and historically minority (Black and American Indian). Nurse educators in the study had a mean age of 47 and had worked an average of 11 years as a nurse educator; most (88%) were Caucasian. Slightly more than half of the sample worked in baccalaureate programs (58%), while the remainder worked in associate degree (2-year) programs. The great majority (88%) did clinical in hospital settings, with med–surg as the most common clinical specialty (63%). Three-quarters of the sample were master's prepared, and the remainder held a doctoral degree.

Interviews were conducted via telephone by both authors, and participants were provided the interview questionnaire prior to the call. The interviews included questions about successful and unsuccessful nursing students (Lewallen and DeBrew, 2012), and then asked about a specific time when the educators had to make a decision whether or not to fail a student in clinical. Receiving this question ahead of time gave the educators a chance to reflect upon their experiences and choose a critical incident to share with the authors. The phone interviews were recorded, and transcribed.

Prior to data collection, Institutional Review Board approval was granted and each participant signed an informed consent form. Participants agreed to have their phone interviews recorded.

Data Analysis

Content analysis was used to examine the critical incidents. The incidents were read, summarized, and then analyzed for differences in program type, years of faculty experience, age of educator, and reasons for failure or passing of students. The approach to content analysis used (Hsieh and Shannon, 2005) did not rely on predetermined categories or codes, but allowed the discovery of codes by the authors based on participants' responses (Sandelowski, 2000).

Data were gathered from participants from different types of nursing programs, as well as from different parts of the state, in order to gather a variety of viewpoints. In order to ensure trustworthiness of the data, both authors participated in the analysis, as suggested by Flanagan (1954). During data analysis, the demographic characteristics of the participants were kept in mind to determine if any differences were found related to these factors; none were.

The two authors discussed each critical incident together in relation to the entire interview to look for contradictions and the context of the incident. The incidents were then first coded separately, then the codes from all interviews were grouped into categories, and the categories were combined into two broad analytic clusters: student factors and faculty factors.

Results

Critical incidents were collected from 24 nurse educators, and a total of 25 incidents were described. Of the students described, 10 passed the course, and 15 failed; however, one of those who failed was reinstated by administrators. Although all the educators interviewed used clinical evaluation tools based on course learning outcomes, the incidents they chose to describe did not focus on clear failure to achieve a specific learning outcome, but instead on general behaviors that made the evaluation decision challenging.

Student Factors

The broad analytic cluster *student factors* (Table 1) included students' traits described by nurse educators as contributions to the faculty member's decision on whether or not to pass the student.

The most common reason given by educators for failing students was that the student was a *poor communicator*. Communication encompassed both verbal and written communication with patients, faculty, and staff nurses. One instructor reported that she was threatened by a student,

Table 1
Student factors.

Factor and number of times mentioned
Poor communicators (15)
Student did not make progress (7)
Unsafe medication administration (6)
Unable to prioritize (6)
Unprepared (5)
Weak (4)
Level of student (4)
Student made progress (4)
Previous student failures (4)
Unsafe (3)
Anxiety (3)
Student remorsefulness (3)
Unable to seek out learning opportunities (2)
Unprofessional (1)
Student going through personal problems (1)
Academic integrity (1)