

Ensuring safety in clinical: Faculty role for managing students with unsafe behaviors



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Abstract

Nurse educators often struggle when managing students with unsatisfactory performance in the clinical setting. Although literature has addressed characteristics of unsafe practice, little has been published in the past decade on the faculty role when dealing with the student with unsafe behaviors. This article provides strategies for managing students with unsafe behaviors including initiation of early remediation, fostering a positive student relationship, addressing continued violations and failures, and the need for administrative support.

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Introduction

A faculty member examines an insulin syringe to verify the dosage and notices that the student withdrew 20 units of Humalog insulin instead of 2 units for sliding scale coverage. She immediately asks the student to look at the syringe again. The student is not able to determine that she has the incorrect dosage and was prepared to administer 10 times the ordered dose. The same student later attempts to withdraw heparin from two vials (10,000 units) when the patient is ordered 5,000 units. This situation presents a significant concern related to safety and the role of the faculty member when working with the student who displays unsafe behaviors in the clinical practice setting.

The Accreditation Commission for Education in Nursing (ACEN) supports the need for safety in nursing education (ACEN, 2013) stating that the curriculum will provide clinical experiences that are evidence based and mimic current practice and nationally established patient health and safety guidelines. Similarly, the Quality and Safety Education for

Nurses (QSEN) project included safety as one of six competencies for prelicensure nurses, defining safety as minimal risk of harm to patients and providers (Cronenwett et al., 2007). Clinical learning experiences provide opportunities for students to develop as safe and competent nurses while caring for patients, but some students have difficulty demonstrating safe practice. Nurse educators share the responsibility of providing safe care while assisting students to learn, yet often struggle when managing students with unsatisfactory performance (Killam, Luhanga, & Bakker, 2011). Although literature has addressed characteristics of unsafe practice as identified by faculty, students, and preceptors (Brown, Neudorf, Poitras, & Rodger, 2007; Killam et al., 2011; Luhanga, Yonge, & Myrick, 2008), little has been published in the past decade on the role of the faculty when dealing with the student demonstrating unsafe behaviors. In addition to the complexity surrounding the varied characteristics of the unsafe student, faculty can also be challenged by limited experience with clinical evaluation and initiating remediation opportunities and varied viewpoints on how to address unsafe student behaviors. Program and administrative challenges that perpetuate the issue include ambiguous program policies, lack of administrative support to fail students, and concern for litigation (Killam et al., 2011). This

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article will provide faculty with recommendations for managing students with unsafe behaviors in clinical practice.

Defining Unsafe Student Practice

Killam, Montgomery, Luhanga, Adamic, and Carter (2010) noted that there are varied interpretations about what defines unsafe student practice and how to address students in such situations. They suggested that safety is a complex event involving students' and educators' perceptions, values, attitudes, and expectations (Killam et al., 2010). Scanlan, Care, and Gessler's (2001) foundational work defined *unsafe clinical practice* as "an occurrence or pattern of behavior involving unacceptable risk (p. 25)." Unsafe practice has also been described as any act by the student that is harmful or potentially harmful to the patient, the student, or other health care personnel (Luhanga et al., 2008).

Previous research has noted similarities when describing characteristics of unsafe clinical practice. An integrative literature review on characteristics of unsafe undergraduate nursing students in clinical practice identified three themes: ineffective interpersonal interactions, knowledge and skill incompetence, and unprofessional image (Killam et al., 2011). In a study where preceptors were asked to describe behaviors related to unsafe practice, similar categories of inability to demonstrate knowledge and skills, attitude problems, unprofessional behavior, and poor communication skills were noted (Luhanga et al., 2008). Discussions with faculty and students about indicators of unsafe practice found comparable behaviors such as not accepting responsibility for one's actions, ineffective communication, and lack of preparation and respect (Brown et al., 2007).

Faculty Role

Faculty need to address unsafe behaviors using a structured approach. This can include communicating clear expectations, identifying and documenting unsafe behaviors, initiating remediation, and fostering a positive relationship with the student.

Communicating Clear Expectations

After establishing a definition of unsafe practice, faculty should begin by communicating clear expectations of safe clinical performance to students. The instructor can start the semester or clinical rotation by discussing unsafe clinical behaviors or providing a definition of unsafe clinical practice in the student's course syllabus. This can be a statement explaining the need to ensure safety in clinical practice and listing safety behaviors that could result in a clinical failure. Example behaviors can include not following universal precautions; administering medications that have not been reviewed by the instructor or registered staff nurse;

displaying unprofessional behaviors including verbal and nonverbal toward patients, staff, peers, and instructors; and unexcused absences or tardiness. Although the list will not be exhaustive and might vary depending on the clinical specialty, it should introduce students to unsafe clinical behaviors to provide clear guidelines about safety and clinical practice.

Some nursing programs may choose to address unsafe clinical performance in departmental policies. Likewise, reviewing policies such as unsafe clinical practice, professionalism, and attendance helps students to be informed of program expectations and consequences. Reviews like this can be done during the course orientation. Another method for communicating expectations includes providing a handout about faculty expectations for clinical practice (see Fig. 1). This should help to establish "ground rules" related to areas such as accountability, responsibility, and professional conduct (Gaberson, Oermann, & Shellenbarger, 2015). The handout should be shared during clinical orientation. Faculty might also request a student signature acknowledging that the student read the information and is aware of the listed expectations. Examples of faculty expectations may include how students should structure their day, specific details about how the process of medication administration will be organized, reminding students that changes in the patient's status or condition needs to be reported to the registered staff nurse or faculty member, the need for punctuality, confidentiality, or other safety concerns. Communicating clear expectations helps to build rapport (Bain, 2004) and allows students to know what is expected during their clinical rotation, thus possibly preventing unsafe behaviors before they occur.

Recognizing Unsafe Student Behaviors

Both novice and experienced faculty need to recognize unsafe student behaviors. Because there are varying degrees of unsafe clinical practice, faculty need to consider the following variables when evaluating unsafe behaviors: type of incident, frequency of event and patterns of repetitive behavior, risk level associated with incident, level of the student in the nursing program, and the timing in the semester (Killam et al., 2010). This can be done by considering unsafe practice occurrences, behaviors, or patterns of behavior along a continuum where one end represents minimal risk, whereas the other end represents high risk or actual harm (University of New Brunswick/Humber Collaborative Bachelor of Nursing, 2013) (see Table 1 Examples of Unsafe Student Behaviors along Continuum). For example, an isolated incident of a late medication at the beginning of the semester may carry less weight than repetitive behaviors of incorrect medication dosages occurring later in the semester. Faculty must typically use their own judgment to determine safety issues. Furthermore, faculty might also provide students' opportunities to correct behaviors or near misses such as not immediately

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