

PRECEPTORSHIP: USING AN ETHICAL LENS TO REFLECT ON THE UNSAFE STUDENT

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Patient safety has become a worldwide health concern, and health care professionals have a moral and ethical responsibility to promote patient safety. The clinical education of many health care professionals often involves a preceptorship or field experience wherein students are assigned to work one-to-one with a preceptor or field educator so that they can be socialized into the profession and receive a reality-oriented experience. Health care professionals who accept the responsibility of being a preceptor face additional workload and stress, especially when the students to whom they are assigned are not meeting the expectations of safe, professional practice. Taking a stand against unsafe students is an important way for preceptors to promote patient safety. Given the nature of the stress and the inherent ethical issues associated with precepting an unsafe student, it is useful to examine this experience through an ethical lens. Included in this article is a brief overview of preceptorship as a model of clinical education, together with a discussion of the nature of the ethical decisions that preceptors face when precepting an unsafe student. Ethical theories, namely, virtue ethics and utilitarianism, are also explored and serve to provide the ethical lens through which preceptors can reflect upon their experiences with unsafe students. (Index words: Preceptorship; Unsafe student; Ethical lens; Ethical theory) J Prof Nurs 28:27–33, 2012. © 2012 Elsevier Inc. All rights reserved.

PATIENT SAFETY IS a worldwide health issue and is the ultimate responsibility of all health care providers (Brown, Neudorf, Poitras, & Rodger, 2007; Frank & Brien, on behalf of The Safety Competencies Steering Committee, 2008; World Health Professionals Alliance, 2002). Codes of ethics for health care professionals clearly state that those who are aware of risks to patient safety have a moral and ethical obligation to take action to

reduce such risks (American Nurses Association [ANA], 2001; Canadian Association of Social Workers, 2005; Canadian Medical Association, 2004; Canadian Nurses Association [CNA], 2008; International Council of Nurses [ICN], 2006; World Medical Association, 2009). Allowing an incompetent health care practitioner to progress in an educational program is a serious breach of ethical responsibility because it puts patients at risk and also compromises the integrity of the profession (Harding & Greig, 1994). It also damages the credibility and effectiveness of the educational program (Kemper, Dye, Sherrill, & Mayo, 2004). It is important to examine the ethical implications of failing to assign a failing grade to an unsafe student because this issue impacts on all health care professionals and those we serve.

The clinical education of health care professionals often involves a preceptorship or field experience wherein students are assigned to work one-to-one with a preceptor or field educator so that they can be socialized into the profession and receive a reality-oriented experience (Myrick & Yonge, 2005). Health care professionals who accept the preceptor responsibility face

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additional workload and stress, especially when the students to whom they are assigned are not meeting the expectations of safe, professional practice (Yonge, Krahn, Trojan, Reid, & Haase, 2002a). Given the nature of the stress and the inherent ethical considerations associated with precepting an unsafe student, it is useful to examine this experience through an ethical lens. The purpose of this article was to explore the ethical dimensions of precepting an unsafe student, namely, how preceptors ought to respond to this difficult and challenging issue. Included is a brief overview of preceptorship as a model of clinical education, together with a discussion of the nature of the ethical decision that preceptors face when precepting an unsafe student. A brief synopsis of the literature is provided as context for this issue. Ethical theories, namely, virtue ethics and utilitarianism, are explored and serve to provide the ethical lens through which preceptors can reflect upon their experiences with unsafe students. A discussion regarding preceptors' ethical responsibilities vis-a-vis protecting patient safety is also included.

Preceptorship in Clinical Education

Preceptorship is defined in the literature as "an individual teaching/learning method in which each student is assigned to a particular preceptor...so that she can experience day-to-day practice with a role model and resource person" (Chickerella & Lutz, 1981, p. 107). The primary focus of preceptorship is the development of the student's clinical competence, and as a result, the preceptor is directly involved in judging and/or evaluating the student's clinical performance (Sword, Byrne, Drummond-Young, Harmer, & Rush, 2002). Preceptorship is often the teaching/learning method of choice for clinical placements in undergraduate and graduate education of health care professions such as medicine, nursing, pharmacy, social work, and dentistry (Billay & Yonge, 2004). It offers a cost-effective approach for educational programs, reality-oriented learning, and socialization into the profession or work culture (Myrick & Yonge, 2005). The preceptorship approach to teaching/learning "provides a perfect medium in which practice and education can combine to achieve a common goal-the preparation of present and future practitioners and leaders" (Myrick & Yonge, 2005, p. 5).

As a pedagogical approach, the success of preceptorship is highly dependent upon the development of relationships between students, preceptors, and faculty members, and all participants have important roles and responsibilities that must be carried out in an ethical and professional manner. In addition to the roles of guiding, teaching, and evaluating students, preceptors also "act as the last quality control measure to ensure those nurses who are about to enter the professional work environment are competent to do so" (Yonge, Myrick, Billay, & Luhanga, 2007, p. 9). The focus of this article was the ethical decision and associated ethical responsibilities with which the preceptor is confronted when precepting an unsafe student.

An Ethical Decision for Preceptors

Very little has been written about how to actually define unsafe practice. Scanlan, Care, and Gessler (2001), however, offer the following definition that can be particularly useful for preceptors:

Unsafe practice is behaviour that places the client or staff in either physical or emotional jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional jeopardy means that the student creates an environment of anxiety or distress which puts the client or family at risk for emotional or psychological harm. Unsafe clinical practice is an occurrence, or pattern of behaviour involving unacceptable risk. (p. 25)

Clinical failures often result in the termination not only of the course but also of the student's career goals, and subsequently, it is a decision that places preceptors or assessors in a difficult situation (Ilott & Murphy, 1997). Dealing with unsafe students presents preceptors with a challenging ethical decision for several reasons.

First of all, preceptors often report that they are uncomfortable with evaluating students (Billay & Yonge, 2004; Dudek, Marks, & Regehr, 2005; Scanlan et al., 2001). Moreover, the literature indicates that, often, they are also unprepared for the evaluation role (Kaviani & Stillwell, 2000; Luhanga, Yonge, & Myrick, 2008d). The subjective nature of clinical evaluation can make it difficult to apply evaluation procedures in a clear and consistent manner (Brooke, 1994; Orchard, 1994). Furthermore, evaluating students can be an arduous task for preceptors owing to the difficulty of defining "unsafe practice" and identifying the specific behaviors that warrant a failing grade (Hayes, Huber, Rogers, & Sanders, 1999; Scanlan et al., 2001).

Another factor that leads to stress and heightens the difficulty for preceptors is concern about litigation by students who feel that they have been unfairly evaluated (Scanlan et al., 2001). In addition, preceptors or assessors sometimes feel a sense of personal failure and guilt (Ilott & Murphy, 1997; Luhanga et al., 2008d) and even feel demoralized from the process when the student is not successful (Hrobsky & Liners Kersbergen, 2002). An added concern relates to a lack of support from faculty who allow students to progress even when the preceptor has evaluated the student as incompetent or unsafe (Rittman & Osburn, 1995).

It is important to examine the reasons put forth in the literature for not assigning a failing grade to an unsafe student because this issue impacts on all health care professionals and our public mandate as health professionals. A review of the literature reveals that minimal research has been carried out on the subject of failure to assign failing grades in preceptorship/field education of students. In the nursing literature, a recent study by Luhanga (cited in Luhanga, Yonge, & Myrick, 2008a) identified at least six reasons why preceptors avoid

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