



Facilitating student performance conversations: A framework for success[☆]

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ABSTRACT

Nurse educators are considered the gatekeepers of the profession. They teach students the skills and values needed for their role and prepare them to be competent, ethical beginner nurses. Evaluation of these growing skills begins in the first term and continues through their four-year journey. An important skill for nurse educators is facilitating performance conversations with students who are not meeting curricula requirements. This can be challenging as many barriers exist to impede this required feedback. A literature review revealed consistent barriers to effective performance conversations and suggested methods/tools to help overcome these barriers. A Performance Conversation Concept Map was developed, based on findings in the literature, and is presented to illustrate intrinsic and extrinsic barriers, supportive tools/methods, and potential outcomes that may result from successful performance conversations. This analytical paper evaluates what the literature revealed and describes how the elements of the concept map can be used as a framework to support new educator competency during performance conversations.

An important, yet challenging skill in which nurse educators need to be proficient is facilitating conversations with students whose performance is not meeting curricula requirements. The literature consistently identifies reasons why these conversations are difficult to accomplish. What the literature lacks are frameworks to guide nurse educators beyond these barriers when delivering difficult messages to these students. This article presents a review of current literature identifying barriers new nurse educators may face when facilitating successful conversations with underperforming students. Three crucial perspectives are appraised to help educators understand the importance of overcoming these barriers. An exploration of recommended tools/methods to overcome such barriers was completed. A Performance Conversation Concept Map (Fig. 1) is presented as a framework to guide educators during remediation efforts. At the core of the figure rests the attainable goal of effective performance conversation competency; the elements that support and hinder this goal surround the core and will be explained.

The purpose of this literature review and resulting framework, is to support new educators as they develop competence in their role and learn to apply performance conversations concepts to practice. The creation and application of this framework was of interest due to the need for a tool to enhance confidence and moral courage while supporting underperforming students.

1. Literature Search

An advanced search of the terms *communication*, *evaluation*, *failure*, *nurses*, *students*, and *performance* was completed in the Cumulative Index to Nursing and Allied Health Literature (CINAHL) online library. Over 9000 titles resulted and were significantly narrowed based on relevance to evaluation of nursing students; specialty unit studies were excluded to generate a broader nurse faculty perspective. Articles chosen also needed to be published in English; of Canadian, American, British, or Australian origin; and specific to nursing instructors, mentors, or preceptors responding to struggling students. The most applicable articles, based on the above criteria, were selected and used during the development of the framework and description of its components. The chosen articles were rooted in variations of qualitative methodology, with reflective or interpretive insight into the human side of supporting underperforming nursing students. An additional eTextbook was used for its supporting data depicting theoretical and strategic approaches to nursing scholarship.

2. Barriers

Student evaluation begins in their first term and continues to the end of their degree studies. During this time, students receive feedback from their instructors which highlights strengths and weaknesses as compared to the required standards of nursing performance (Lake et al.,

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Fig. 1. Performance Conversation Concept Map illustrating methods/tools to facilitate successful conversations with underperforming students and desired outcomes. Barriers that challenge communication surround the model. (For interpretation of the references to color in this figure, the reader is referred to the online version of this chapter.)

2014). The challenge many nurse educators face is to effectively support students who do not meet these standards. The literature reveals consistency in intrinsic and extrinsic barriers that impose upon performance conversations and impact instructor ability to facilitate these important dialogues. Larocque and Luhanga (2013) describe the remedial process as one of the hardest things to do with a student. Eight barriers circle the outer aspect of the Performance Conversation Concept Map (Fig. 1) – purple ovals indicate intrinsic barriers, red depicts extrinsic barriers; each will be discussed.

2.1. Intrinsic

Three common barriers are intrinsic in nature. The first is the emotional conflict instructors face when there is a need to facilitate change in an underperforming student.

Reflective studies have found that instructors feel a significant personal and emotional challenge when students are failing (Elliott, 2016). They may feel guilt and shame, especially when students are upset and when the financial and time costs to students are considered (Larocque and Luhanga, 2013; Luhanga et al., 2008). When one considers that nurses are part of a caring and compassionate profession, it is understandable that performance conversations can be very stressful and emotionally demanding upon instructors who do not want to be perceived as uncaring (Jervis and Tilki, 2011; Larocque and Luhanga, 2013). It is very difficult to turn off the caring switch during these conversations. Instructors will experience conflict between desiring to maintain a positive relationship with students and advocating for patient safety.

A second intrinsic barrier is instructor confidence. This is especially evident in new faculty members where lack of experience in the instruction, evaluation, and feedback roles is anticipated, or in instructors who feel unsupported by their employer (Elliott, 2016; Jervis and Tilki,

2011; Larocque and Luhanga, 2013; Luhanga et al., 2008). New faculty may not be as confident in their own clinical expertise as they should be (Jervis and Tilki, 2011). As with nursing skills, it takes time to gain confidence in applying theory to practice and being able to critically apply knowledge and experience to unique student situations. New faculty is an appropriate population to consider utilizing this framework to assist with performance conversations.

The third intrinsic barrier is difficulty in determining student competence in skills such as compassion, attitudes, values, and ethics. Evaluation of these skills is subjective in nature and there is no gold standard to compare assessments to. Instructors may rate soft skills in comparison to their own skills or those of peers, which can vary significantly between individuals. Both Luhanga et al. (2008) as well as McGregor (2007) point out that student evaluation tools do not account for the affective domain, and instructors find it difficult to assign failing grades based on non-cognitive ability.

2.2. Extrinsic

Five extrinsic barriers encircle the concept map. Unclear assessment criteria make it difficult for educators to evaluate student performance. McGregor (2007) points out the challenge of not knowing how many possibly harmful omissions or commissions provide enough evidence for a failing grade. Many schools of nursing lack both the assessment tools and the instructor time needed for a comprehensive measure of skills, as well as the policies and processes needed to guide clinical evaluation (Jervis and Tilki, 2011; Larocque and Luhanga, 2013; and Luhanga et al., 2008). This leaves faculty to implement ad hoc processes for each student situation, which lacks objectivity, openness, and transparency and can prevent students from receiving their right to due diligence (Larocque and Luhanga, 2013). Unclear guidelines, along with a lack of standardized documentation tools have led to the

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