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Exploring the Issue of Failure to Fail in Professional Education Programs: A Multidisciplinary Study

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Exploring the Issue of Failure to Fail in Professional Education Programs: A Multidisciplinary Study

Abstract

There is a universal demand for well-prepared professionals in all disciplines, and society has entrusted professional schools with the task of preparing such individuals (Ralph, Walker, and Wimmer, 2008). Within this context, field or clinical instructors and university faculty have an academic and professional responsibility to teach, supervise, and evaluate students' field or clinical experience to ensure that each graduate of their program is competent. However, there is evidence that some instructors and university faculty experience difficulty in identifying and making decisions to fail students who display incompetent or unsatisfactory practice (Bogo, Regehr, Power, and Regehr, 2007; Brown, Neudorf, Poitras, and Rodgers, 2007; Hawe, 2003). A qualitative descriptive design was used to explore the issue of "failure to fail" in professional programs including Nursing, Education, and Social Work. Results indicate that: (a) failing a student is a difficult process; (b) both academic and emotional support are required for students and field instructors/preceptors/faculty advisors; (c) there are consequences for programs, faculty, and students when a student has failed a placement; (d) at times, personal, professional, and structural reasons exist for failing to fail a student; and (e) the reputation of the professional program can be diminished as a result of failing to fail a student. Recommendations for improving the quality of field or clinical experiences and support for students and field instructors/preceptors and will thus improve the quality of our programs and graduates are presented.

Keywords

"failure to fail", field experience, incompetent or unsafe student, professional programs

Cover Page Footnote

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Introduction

Field experiences or placements are considered integral parts of the educational process in a number of professional disciplines, including nursing (Budgen & Gamroth 2008; Croxon & Maginnis 2009; Levett-Jones et al. 2006), medicine (Cleland et al. 2008; Dudek et al. 2005), social work (Furness & Gilligan 2004; Parker 2010) and education (Brown 2008; Hastings 2010). Field experiences give students opportunities to apply theoretical concepts in "real-world" practice settings, and they gain valuable experience in a variety of professional settings. These placements socialise students into professional roles and help them acquire professional values. Levett-Jones et al. argued that quality placements across a variety of settings are critical to the development of competent professionals. Students consistently rate placements as the most useful part of their education in preparing them for graduate roles (Bogo et al. 2007; Parker 2010; Ralph et al. 2008).

Generally, during field placement a final-year student is paired with a work-based professional (field educator/preceptor) and a university staff member (faculty advisor/field consultant) for the duration of the field experience (Bogo et al. 2007; Bourbonnais & Kerr 2007; Brown 2008). While the field educator does the day-to-day teaching and supervision of the student, the faculty advisor/field consultant acts as the link between the educational institution and the practice setting. The university faculty member directs the teaching and learning process, provides support to both field educators/preceptors and students and is responsible for assigning the final grades (Bogo et al. 2007; Brown et al. 2007; Myrick & Yonge 2005).

Within this context, field educators, faculty advisors and university faculty members have an academic and professional responsibility to teach, supervise and evaluate students' clinical performance to ensure that the graduates of their programs are competent to practice (Boley & Whitney 2003; Chui 2010; Redmond & Bright 2007). Part of that responsibility includes assigning failing grades to students who have not demonstrated the required level of clinical/field competence during the placement. However, there is evidence in the literature that many field educators find it difficult to identify, and to make decisions about, students who display incompetent or unsatisfactory performance (Bogo et al. 2007; Brown et al. 2007; Gainsburg 2010; Hunt et al. 2012; Luhanga et al. 2008).

The inability of field educators and faculty members to identify and, where necessary, fail students who demonstrate incompetent practice can place the faculty member and the educational institution in a legally liable situation (Johnson & Halstead 2005; Parker 2010; Redmond & Bright 2007). The faculty member can be sued by the student for either failing or passing an unsafe or incompetent student (Chasens et al. 2000; Smith et al. 2001). As "gatekeepers" to their respective professions, field educators and faculty members have a duty to ensure that only students with the appropriate knowledge, skills and values to serve clients are allowed to graduate from educational programs, and to be admitted to a profession (Barlow & Coleman 2003; Hunt et al. 2012; Redmond & Bright 2007), thereby protecting society from incompetent or unsafe practitioners. Hunt et al. (2012, p. 351) explained that

irrespective of the profession or country concerned there is an agreement that those who assess practice are the gatekeepers of their profession; they and they alone determine whether the practice they have observed is or is not of the required standard.

The issue of failure to fail unsafe or incompetent students within professional programs warrants careful and diligent scrutiny. Consequently, the purpose of this research was to explore field instructors' and faculty members' opinions on evaluating students who display unsafe or poor performance, and the issue of failure to fail such students during the final-year field experience in undergraduate programs in education, nursing and social work.

Literature Review

The role of field educators remains pivotal to the assessment of future practitioners in a variety of practice-based professions, including nursing (Gallant et al. 2006; Myrick & Yonge 2005), education (Brown 2008; Hastings 2010; Hawe 2003), social work (Bogo et al. 2007; Furness & Gilligan 2004) and medicine (Cleland et al. 2008; Dudek et al. 2005). Although faculty advisors/consultants are involved to a greater or lesser extent in the evaluation process, the primary responsibility for corrective feedback and assessment of students' practice competencies rests largely with preceptors or field educators (Bogo et al. 2007; Duffy 2004; Myrick & Yonge 2005; Seldomridge & Walsh 2006). The literature suggests that it is the field instructor's and faculty member's duty to recognise unsatisfactory performance and assign a failing grade (Boley & Whitney 2003); however, limited research has been conducted to guide both faculty members and field educators when a student is identified as unsuitable for the profession or fails to meet the field-placement objectives (Brown et al. 2007; Parker 2010; Rath & Lyman 2003).

Furthermore, in most cases field instructors and faculty members have no written guidelines or policies to follow when they identify unsafe or incompetent practice (Bogo et al. 2007; Brown et al. 2007; Redmond & Bright 2007; Scanlan et al. 2001). For example, Scanlan et al. (2001) found that few schools of nursing have policies and processes to guide clinical evaluation. Similarly, several research studies into social work found no policies and procedures in this area (Barlow & Coleman 2003; Bogo et al. 2007; Redmond & Bright 2007, Parker 2010). Redmond and Bright (2007) explained that although most social-work institutions have policies to guide their gatekeeping tasks or role, "policies are often neither clear nor comprehensive" (p. 178). Barlow and Coleman highlighted the need for Canadian social-work schools and faculties to develop policies to guide educators who work with incompetent or underperforming students. Because of the lack of policies and processes to guide evaluation, faculty members often implement ad-hoc processes on a case-by-case basis (Furness & Gilligan 2004; Gallant et al. 2006; Redmond & Bright 2007); however, such processes can lack objectivity, openness and transparency, and frequently neglect to respect students' right to due process. Due process becomes more of a challenge for field instructors and faculty members, especially during the field experience when a student is close to graduation (Bogo et al. 2007; Gallant et al. 2006). Field instructors and faculty members therefore need clear guidelines on actions to take in such cases.

Failure to Fail Unsafe Students in the Field Setting

The literature identified several reasons for the reluctance to fail students whose performance is unsatisfactory: reticence on the part of field instructors to identify or resolve students' problems early enough in clinical placement (Duffy 2004; Luhanga et al. 2008); a lack of preparation or confidence in the evaluation role (Bogo et al. 2007; Duffy 2004; Furness & Gilligan 2004; Jervis & Tilki 2011; Luhanga et al. 2008); the university's appeal system (Duffy 2004; Gainsburg 2010; Jervis & Tilki 2011; Luhanga et al. 2008); the fear of potential legal implications (Boley & Whitney 2003; Rath & Lyman 2003); the time commitment required to ensure that proper channels are followed (Dudek et al. 2005; Duffy 2004; Gainsburg 2010); perceived pressure from

educational institutions to pass students for financial and reputation reasons (Gainsburg 2010; Hawe 2003; Jervis & Tilki 2011); lack of documentation (Cleland et al. 2008; Dudek et al. 2005; Duffy 2004; Luhanga et al. 2008); the belief that student failure reflects a teaching failure (Hawe 2003; Jervis & Tilki 2011; Luhanga et al. 2008); the perception that failing a student at the end of a program is unfair because of the significant personal cost to the student (Hawe 2003; Luhanga et al. 2008); and pressure from the student to pass (Gainsburg 2010; Jervis & Tilki 2011).

The findings from a field-based project in a preservice primary teacher education program in New Zealand revealed faculty members' reluctance to award failing grades (Hawe 2003). The reasons included "a belief that students should be allowed to pass if they were in their final year or semester" (p. 376). Field educators considered failing a student at this late stage unfair because of the significant personal cost to the student (Hawe 2003).

In a recent survey of nearly 2,000 nurse mentors (Gainsburg 2010), 37% reported that they had passed students despite concerns about their performance and attitude. Another 17% reported that the university had overturned their decisions to fail underperforming students, and 17% reported that they had falsified paperwork to pass students. Moreover, when Gainsburg asked the mentors why they had passed students whom they felt should not have been passed, 40% said they did so because they could not provide evidence to justify their decision not to pass them. Jervis and Tilki (2011) conducted a study to explore mentors' reluctance to fail underperforming nursing students. The key findings from their study were that (a) assessing clinical performance is complex, especially when student performance is borderline; (b) deciding to fail an assessment is stressful, but the response of the student makes it even more difficult; and (c) mentors might lack confidence in their own clinical knowledge and experience. The literature highlighted similar findings (Bogo et al. 2007; Cleland et al. 2008; Dudek et al. 2005; Duffy 2004; Hunt et al. 2012; Luhanga et al. 2008). Other authors (Bogo et al. 2007; Boley & Whitney 2003; Redmond & Bright 2007; Smith et al. 2001) looked at the legal implications and consequences of student failure. One of the findings was that failing a student on a clinical assessment is somehow "fraught with anxiety, uncertainty, and second-guessing" (Smith et al. 2001, p. 33) because of the subjective nature of the evaluation.

Challenges Related to Clinical Evaluation in Field Experience

Valid and accurate evaluation of students' placement performance is crucial to ensure that they attain their educational objectives in their professional training (Bogo et al. 2007; Chui 2010; Hunt et al. 2012; Seldomridge & Walsh 2006). Field instructors and faculty members in all professional-education programs consider evaluation in field placement one of the most challenging and stressful aspects of teaching (Bogo et al. 2007; Hunt et al. 2012; Jervis & Tilki 2011; Seldomridge & Walsh 2006). Furthermore, researchers have reported a variety of feelings that might influence faculty members' and field instructors' decisions at the time of assigning a fail grade, including anxiety, distress, self-doubt, guilt, regret and relief. In some cases the emotions can be so strong that the assessor chooses to award a pass rather than a fail (Gainsburg 2010; Luhanga et al. 2008).

Although a great deal has been written on how to evaluate students in field settings, little has been written about issues related to failure to fail, particularly from a multidisciplinary perspective. Educators believe that such studies are warranted to explore the issues and challenges that field instructors and faculty members in professional programs face when they evaluate senior-level baccalaureate students who are deemed unsafe or unsatisfactory.

Methods

Methods

A qualitative descriptive design was employed to explore the issue of “failure to fail” in Canadian professional programs including nursing, education and social work. The study was conducted in a mid-sized university in a northeastern Canadian province. After approval was received from the university’s ethics board, relevant health-care organisation and school boards, a purposive sample of faculty members, faculty advisors/liaisons and field instructors/preceptors was invited to participate in either individual interviews or focus groups. Participants were recruited through the electronic distribution of an information flyer to the respective disciplines and clinical-practice agencies. The information flyer, sent via email, invited associate teachers/field supervisors/preceptors, faculty members and liaison staff to participate in the study. Purposive sampling, using predetermined criteria such as professional experience (Patton 2002), was used. Participants did not have to have experience with a student who had failed or was at risk of failing. In addition to the flyer, participants were recruited using “snowball” techniques or referrals from initial volunteers. Potential participants were asked to email or call one of the researchers. Researchers then gave interested participants a copy of the information letter, consent form and interview guide by email or mail. Participants were asked to mail or email their consent, and researchers and/or research assistants followed up by telephone or email to set up the time, date and place for interviews.

The sample comprised 33 faculty members, faculty advisors/liaisons, and field instructors/preceptors from different practice settings, including, hospitals, community health-care settings and schools that served as clinical-practice partners within the disciplines of nursing, education and social work. Researchers and research assistants from a different professional school conducted the interviews between June 2010 and August 2011. The interviews and focus groups were semistructured, and evolved based on the participants’ responses. Open-ended questions were developed for the interviews from the literature; for example, “Imagine having to communicate to a student that he or she has not met the clinical course objective in the final placement. What would it be like being the one to deal with such a student?” Other questions included:

1. In your experience as field instructor/preceptor or faculty member, have you ever failed or considered failing students in their final field/preceptorship placement?
2. How was this situation managed, and what was the outcome?
3. Did you ask for any assistance? If so, explain what kind of assistance you received or asked for.
4. In your experience as a clinical educator or faculty member, do you think some students pass field placement even when their performance is questionable? If so, explain.
5. What are some of the factors that prevented you from failing a student in the past?

6. What do you think are the challenges and consequences of failing a student who is in a field/preceptorship placement?

Before each interview, the researchers and research assistants obtained demographic data from the participants. They audio-recorded each interview and focus group, and the research assistants transcribed the recordings verbatim; then each of the researchers independently analysed all data using comparative and thematic analysis (Braun & Clarke 2006; Glaser 1978). The researchers met several times to reach a consensus on the content and themes. They also took field notes to add to the interview data.

The rigor, or trustworthiness, of the data was assessed according to its credibility, auditability, fittingness and conformability (Guba & Lincoln 1989; Streubert & Carpenter 2009). Credibility was achieved by collecting data from a variety of sources and involving interdisciplinary investigators (Lobiondo-Wood & Haber 2009; Shenton 2004). The data triangulation involved collecting data from different groups of people and analysing documents (student handbooks, field-placement manuals and course syllabi). Researchers from different programs also ensured credibility by holding frequent debriefing sessions.

In the Findings section we present excerpts from the participants' transcripts to facilitate the auditability of the data analysis and findings (Streubert & Carpenter 2009). Keeping a comprehensive audit trail and engaging in peer debriefing also helped to achieve auditability (Lietz & Zayas 2010). The collection of data from different settings ensured the fittingness of the research. The researchers met the criterion of confirmability when we achieved credibility, auditability and fittingness.

Findings

Five major themes and subthemes emerged from the data: (a) Failing a student is a difficult process; (b) both academic and emotional support are required for students and field instructors/preceptors/faculty advisors; (c) a student's failure in a placement has consequences for programs, faculty members and students; (d) at times, personal, professional and structural reasons exist for failing to fail a student; and (e) the reputation of the professional program can be diminished as a result of failing to fail a student. In the following sections we present the findings according to the identified themes and cite direct quotations used to give meaning (Sandelowski 1986).

Failing a Student Is a Difficult Process

The majority of the participants across the three disciplines acknowledged that the decision to fail students during professional practicums is a difficult process, and is not taken lightly. They reach a decision only after they have explored other avenues to help students to succeed:

In the end, it was really painful. You have invested all that time in trying to help the student succeed, and it is heart breaking when you realize they just can't do it. (Faculty member, Education)

It's certainly very difficult.... You start to question why is it that we got a student into, say, fourth year...and launch them into a preceptorship experience...and, you know, the

student is anticipating completing the program...and ready to move on. (Faculty member, Nursing)

Facing a decision to fail students, particularly in their final placement, often provokes many emotions and personal feelings, including distress, frustration and discomfort. The participants in this study noted the costly time demands of working with marginal students. Some participants found it difficult to take the responsibility for failing students because of the personal consequences to the students. They felt that the decision to fail students should be made at a much earlier stage in their program:

It is very difficult to take that responsibility of failing a student in a field-placement situation because they have put four or five years into their education; you would hope that the weeding out of students who are not going to succeed happens at earlier levels. But sometimes it doesn't, so it is very, very difficult. (Faculty member, Education)

The participants from across the disciplines reported that students who are at risk of failing in the professional or final year often display a range of behaviours or red flags that at times cannot be easily remedied through placement. These include, but are not limited to, an unenthusiastic attitude (e.g., lack of motivation or interest), repetitive lateness, a high level of anxiety, a lack of confidence, a lack of basic knowledge and skills, poor documentation of care or pertinent activities, a lack of insight into their behaviour and unreceptivity to feedback, an absence of professional boundaries and poor professional behaviour.

In addition, the participants identified discipline-specific indicators of students' incompetent performance. For example, the participants in education identified classroom-management and discipline issues, the inability to relate well with students, poor planning of lessons, the inability to develop relationships with students and the inability to reflect on their own actions as central reasons for failure in teacher education. As one faculty member stated:

The student was very non-reflective and really questioned her integrity for the teaching profession in general. (Faculty member, Education)

Because writing lesson plans is perceived as a critical component of effective teaching, one of the faculty members in education was concerned with the quality of the lesson plan that a final-year student teacher had written and presented. Furthermore, a lack of knowledge and skill in a teacher educator are reflected in a student's failure or inability to demonstrate certain personality characteristics, including enthusiasm, warmth and interest in their students. One participant commented on

someone who can be so distant from such a passionate...group of Grade 2 learners....The kids were absolutely ravenous to be learning, and the student teacher [was] so tired, so distant, that there was no eye contact with the kids. (Faculty member, Education)

The nursing participants identified a lack of basic knowledge and skills that result in, for example, medication errors, dishonesty and poor organisation skills as indicators of student unsafe practice. Patient safety is the key guiding principle in the clinical evaluation of nursing students. One preceptor commented:

I remember two in particular.... One of them did not know the medications, was not safe in giving medications. It was their last shift, and I'm still monitoring medications because they were so unsafe. This person had no interest in learning the medications on the floor, ...but we still have to think about patient safety. They were unsafe, not interpreting the orders right. (Preceptor, Nursing)

The social-work participants cited unprofessional behaviour with clients, inappropriate dress, time-management issues, and the inability to stay awake during agency meetings as common behaviours of students who are at risk of failing field placement. As one participant explained:

I guess lack of professionalism, in that they will get to their placement late. I've had some just overwork, I guess, and time-management issues. Some have fallen asleep at meetings, at agency meetings. So for a few it wasn't specifically related to their student-agency learning contract rules, but it was the whole other professional agreement around that. (Field supervisor, Social Work)

The participants further identified a lack of adequate preparation for field placement, personal circumstances (such as illness or family concerns) and the tendency to give weak students the benefit of the doubt earlier in field placements as factors that contribute to students' failure. Both faculty members and field educators were convinced that their programs were not doing a good job of preparing students for field placements. They questioned why their respective programs accepted incompetent students who were allowed to progress to final year and even register in the final field-placement courses in the first place:

So in a way it caused me to reflect...on how do we get her and how has she reached a point where she is still failing in her final effort in our program? ...I don't think it's appropriate professionally that...we have students at that point who are in any way going to fail.... In my thinking it's sort of failure of our program, and so we need to clean that up. (Faculty member, Education)

The participants contended that university programs have a moral and professional responsibility to ensure that only students who are competent be allowed to remain in the program. The participants seemed to assume that students who fail could have had performance issues even in their previous placements that had not been addressed, and that they had probably received the benefit of the doubt. One social worker questioned why students with no previous background in client work were admitted to the final placement course:

When we get them I am thinking, "Well, how did they pass the third-year placement?" But some of them didn't do actual client work in third year. So I am thinking, "Shouldn't it be mandatory that they do client work in third year?" (Field educator, Social Work)

However, regardless of these perceptions, the participants still had a general sense of the need for a mechanism to ensure that incompetent students are "weeded out" earlier in the program. On the other hand, some participants acknowledged that it is not realistic to expect students to be completely prepared for placement:

I don't think anybody comes into placement completely prepared. I mean, that wouldn't be fair; what's the point of having a placement if you're ready, you know? Why bother? (Field supervisor, Social Work)

Other participants reported that some of the struggling students have issues to work through to be able to continue with and pass their placement. Some students are not able to negotiate this, despite field supervisors' and faculties' focused goal-setting:

...[S]ort of the common thing would be trying to get an initial learning contract set up and having a really tough time getting a good contract, or students not replying to emails, phone messages, and just kind of giving me the runaround. And thinking, "Uh-oh"; and if that doesn't shape up, then by midterm I'm looking at, okay, there is a possibility that for whatever reason the time is up so the student would have to withdraw or fail. For me it is not necessarily the content; it is the process of professional behaviour. So once we get that piece sorted out, it takes a lot of energy, time [and] guidance, and lots of limit settings. (Faculty member, Social Work)

In addition to the time that they spend helping students to work toward professional behaviour, the participants said that they have also had to help students through significant life stresses as they try to manage a placement at the same time:

That's the best effort of the student who just maybe had a parent die or a divorce announced, or they were just in a car accident on the weekend, and their mind is elsewhere. (Faculty member, Education)

The decision to fail a student, although difficult to make, often must be done; as one faculty remarked: "*Once I make the decision, it is done.*" However, this process can take an emotional toll on the person who is making the decision:

The challenges are...I think, on a personal level you feel like you have failed as an educator in your job. So, emotionally, it's draining; and then, because there are so many questions and factors that come into play, it's very complex. So it is a difficult situation to face. (Faculty member, Nursing)

Another faculty member described how she felt after she failed a student for the first time. Initially, she felt guilty, that she was the one "*who had failed*", that she "*had failed the student*", a perception of personal failure. But upon further reflection on the scenario, she expressed a sense of relief that she had actually helped the student to succeed and still fulfilled her role as an educator by helping all of her students to succeed by "*holding them back*". The education participants also commented that failing a student can be a difficult, frustrating and time-consuming process. One participant noted that failing a student can be frustrating and awkward: frustrating because of the amount of time that faculty members have to spend justifying the fail decision, and awkward because nobody wants to communicate the decision to fail to a student.

Academic and Emotional Support

The participants from across the disciplines acknowledged that both students and field instructors/preceptors/faculty advisors require academic and emotional support in a decision to fail a student. Some participants, for example, reported seeking the opinions or guidance of colleagues or faculty members to determine whether their assessment of the student was fair or accurate:

I did speak to the visiting professor and we compared notes. I wanted to make sure that it wasn't just me and we were both in agreement that there were changes that absolutely needed to happen, and so she set up a second meeting with him. (Associate teacher, Education)

Two nursing participants highlighted the need for universities to offer support and guidance to both the preceptor and the student. Preceptors need support from university faculty members to enable them to make critical decisions regarding incompetent students:

I felt preceptors required a lot of encouragement and support... to fail a student.... As a faculty advisor, it's very challenging because you have to support the student and you have to support the preceptor. (Faculty advisor, Nursing)

Another participant asserted that university faculty members and administrators also need to guide and support failing students. They need to have time to think about and work through their failure and eventually to recognise that failure at this time might in fact be an important step for success in the future.

Some nursing and social-work participants raised concerns about the lack of support from educational institutions:

I would say it was a little bit frustrating at the time...because of the lack of support that I received from...whosoever the field placement supervisor was at the university level. (Field supervisor, Social Work).

Consequences to a Student of Failing

The participants reported that for a student, failing a placement can involve significant loss of self-esteem, time, tuition, certification and career:

I think it is difficult to fail a student because it is crushing their dreams and aspirations, really, and kind of jolting them into reality. (Faculty member, Education)

Some faculty members noted that they might receive a negative rating as a result of failing students, and that they might blame themselves:

The challenges are, I think on a personal level; you feel like you have failed as an educator in your job. (Faculty member, Nursing)

Reasons for Failing to Fail a Student

The participants cited a variety of possible reasons for failure to fail underperforming or unsafe students during field placement. In an effort to avoid university appeal processes or vocal students, faculty members and field instructors might give students the benefit of the doubt in passing them. Failure to fail can also be based on the desire to avoid a false failure (because of approximation); the recognition that there are differing perspectives between the practice setting and the university; and a lack of time to take on the extra workload involved in mentoring a failing student:

For a faculty advisor, you're going there for one hour, making a judgment on an hour of teaching. You can make mistakes. Maybe it was just a bad lesson. (Faculty member, Education)

This participant further sought the opinion of the student's associate teacher and the guidance of colleagues to determine whether the assessment of the student was accurate. Following the consultation, the faculty member decided to ask someone else to visit and observe the student for a second opinion, which thereby gave the student an opportunity to succeed and ensured a fair and objective evaluation. Another education participant acknowledged that contextual factors such as personality conflicts between students and field educators need to be taken into consideration.

Field educators, particularly from nursing and social work, reported that sometimes the university faculty members take their concerns about students' unsafe or incompetent practice into consideration:

It was quite challenging because the school kept on trying to figure out a way to pass her, when really she probably should not have passed. I don't really know if she passed or failed, but I suspect she passed. (Field supervisor, Social Work)

In fact, some nursing-faculty participants acknowledged that they had overturned preceptors' recommendations to fail students. In one case the faculty member had determined that the preceptor's expectations were not in line with entry-to-practice competencies and offered the student an extension of his/her placement on a different unit and with a different preceptor; the student successfully completed the program. Another faculty member commented:

When the preceptor recommended that the student fail, I, as a course professor, decided to override her decision and let the student pass.... I relied heavily on the advice and the information that I received from the faculty advisor.... So it was her [faculty advisor's] perception that, you know, the student was not really being evaluated fairly. And she gave me a list of her rationales for feeling that way. (Faculty member, Nursing)

This faculty member further explained that the decision to pass the student was also based on additional evidence she had gathered from the preceptor and student, as well as on her own intuition.

Consequences of Failure to Fail Incompetent Students

The participants in this study reported that failure to fail incompetent or underperforming students can have implications not only for the student, but also for educational programs, the public and

the profession. For example, the participants acknowledged that failure to fail incompetent students does not protect the interests of the public and clients who will be under the care of such students upon graduation:

But really, in the end it is a profession; and I really feel that if a teacher is going to be incompetent, you should stop them at the beginning. You should just be honest and forthright, because in the end they are in a classroom, and when you are in a classroom by yourself, it gets harder; it doesn't get easier.... And we have all seen teachers that have been teaching for a long time and are incompetent, and they haven't been stopped, and in the end it hurts the students. (Faculty member, Education)

In nursing, passing an unsafe practice can have serious consequences for the health and well-being of the public. This is exemplified in the following comment of an education participant who compared the consequences of failure to fail in education and nursing:

The teaching profession has more opportunities for approximation...but it is the approximation piece that is different in teaching [to] nursing. Nursing is high stakes. You've got one shot, literally, to put insulin in the vein, and if you screw up, it's high stakes. You have got either a kid in an overdose of insulin—...it can be fatal. With approximation in teaching, well, you didn't really teach that lesson on fractions as well it might be done; ...tomorrow you have got the opportunity. (Faculty member, Education)

One participant described her feeling of relief after hearing that the borderline or underperforming student to whom she had given the benefit of the doubt failed her registered nurse's licensing examination, which was a detrimental consequence to the student.

Universities need to respect field educators' evaluation judgements. When the university overturns their recommendations to fail students, field educators can feel betrayed and devalued by their university colleagues and lose trust in the university system. Perceptions of the program and the student can result in a potential loss of placements and future field educators:

It's frustrating. You think, I'm not taking another student.... you know, my opinion is not valued. I'm telling you this person is unsafe to be out there. And it's just not listened to. (Preceptor, Nursing)

Social-work field supervisors raised similar concerns:

We had another one [student] that failed...the student placement supervisor at the university failed her. She took it to the board of regency and passed; she ended up with a pass.... And that was very frustrating for us and for the supervisor because we all knew that she shouldn't have passed.... Maybe that's not appropriate, because if the school...doesn't think the person should pass and the board...overturns that, then I think it's about the money, and that frightens me a little bit, because I don't want these people working with clients. (Field supervisor, Social Work)

Another concern is related to the lack of feedback from the university on the final outcome of a recommendation for the failure of a student:

One of the frustrating parts that I have experienced in the years is, I don't really have a mechanism to know whether or not the recommendations have indeed been accepted or not. I certainly don't take it lightly if I say this person doesn't seem to be suited to this field, or she hasn't done well at least in this placement. (Field supervisor, Social Work)

These feelings of betrayal and the negative perceptions of the program and its students can potentially result in the loss of future placements and field educators. This finding thus reveals the importance of university faculties' ongoing contact with field educators to keep them apprised of remedial interventions, for instance, that might have been offered to the student and mediated the final outcome, particularly when they work with students whom the field educators deem unsafe or incompetent. If partners in the field lose faith in the university's ability to uphold standards, they might decide that mentoring a student is not worth their time and effort.

Failure to fail incompetent students can be detrimental to educational programs and the profession standard that the faculty members seek to uphold:

I don't mean that is a bad thing. I could remember when I taught at [university], we did fail a student, and I remember the comment of the principal, who said, "Thank you.... We have something to uphold...the quality of our program. (Faculty member, Education)

So if a student fails for whatever reason, there's potential loss of funding there. And while that shouldn't be a driving factor, who fails and who is successful...those were realities that we have to kind of navigate through...always upholding the integrity of the program, the integrity of the clinical expectations. (Faculty member, Nursing)

Approaches for Dealing with Incompetent or Unsafe Students

Finally, although the current study did not specifically address approaches to dealing with incompetent or failing students, the participants across the three disciplines identified a variety of strategies or approaches that they implemented to facilitate student success and manage students who are unsafe or incompetent and at risk of failing their final placement. The participants indicated that, when they identify a problem, they initially communicate it and clarify the issue with the student. They give the student an opportunity to reflect on the issue and, if possible, to identify the factor(s) that contributed to the problem. To validate their observations, they then consult colleagues, field advisors and agency staff. Based on the evidence that they gather, they give the student an opportunity to improve; if there is no improvement by mid-term, they then initiate a learning contract to give the student an opportunity to improve. During this period they encourage the student to self-reflect, and field educators are encouraged to document the process or keep anecdotal notes to support their decision to fail and to offer the student ongoing feedback.

If there is no improvement in performance after a specified period of time, the participants make recommendations, including asking another faculty member to observe the student (education), advising the student to seek counselling for personal problems such as family addiction (social work), and, in case of unsafe practice, removing the student from the placement (nursing). In some

cases they will offer the student remedial work. However, if there is still no improvement, the student can either repeat the placement or, if appropriate, be counselled out of the program and assigned a failing grade.

Discussion

The analysis of the findings from the three participating professional programs shows more patterns of similarities than differences regarding the issue of failure to fail. The obvious differences relate to the nature of each professional education program with regard to the indicators and factors that contribute to student failure, the consequences of failure to fail and strategies to manage students at risk of failing.

The participants across the disciplines acknowledged that failing a student is a difficult, stressful, emotionally demanding and time-consuming process. These findings corroborate the findings in the literature: that failing a student can be an overwhelming, stressful, daunting and difficult process that at times is avoided (Basnett & Sheffield 2010; Duffy 2004; Gainsburg 2010; Hawe 2003, Hunt et al. 2012; Luhanga et al. 2008, Siebert, Clark, Kilbridge & Peterson 2006). The field educators in Duffy's study described the experience of failing a nursing student as "horrendous, traumatic and draining" (p. 38). Similarly, an education faculty member in the current study described the experience of failing a student as "really painful and heartbreaking," and a nursing participant portrayed it as emotionally draining and very complex.

The participants in this study described a variety of feelings, including frustration, disappointment and relief, as they went through the process of failing a student. One participant, for example, described the experience of working with a failing student as frustrating because of the extraordinary amount of time it took and the awkward feelings associated with communicating the fail decision to the student. These findings echo those in the existing literature that failing a student can be a complex and time-consuming process for the assessor (Dudek et al. 2005; Duffy 2004; Gainsburg 2010; Luhanga et al. 2008). For example, in Luhanga et al.'s (2008) study, the preceptors described the process of evaluating unsafe student as difficult, frustrating and time-consuming because of the amount of paperwork involved. Similarly, Gainsburg reported that a nursing faculty member affirmed that mentors find failing a student not only emotionally difficult, but also time-consuming in terms of the paperwork, partly because the assessors have to justify, or "build a case" for, failure, which involves a great deal of paperwork to ensure the student's right to due process.

Findings of potential emotional difficulties for field educators who have worked with or failed an incompetent or unsafe student are evident in several other studies in teacher education (Harris 2010), nursing education (Duffy 2004; Gainsburg 2010; Hrobsky & Kersbergen 2002; Luhanga et al. 2008), occupational therapy (Ilott & Murphy 1997) and social work (Basnett & Sheffield 2010; Bogo et al. 2007; Finch & Taylor 2013; Siebert et al. 2006). In Luhanga et al.'s (2008) study, the nurse preceptors reported a variety of feelings, including anxiety, self-doubt, anger, frustration and relief, as they went through the process of evaluating students who demonstrated unsafe clinical practices. Similarly, Basnett and Sheffield (2010) reported physiological and emotional manifestations of stress, including the anxiety and rumination that social-work field educators expressed as a result of failing students. More recently, the social-work field educators in Finch and Taylor's (2013) study described the emotions of distress, anger and guilt as academics worked with struggling or failing students. Harris (2010) noted the emotional experiences of associate teachers and the impact of these emotions on both personal and

professional identities as they worked with failing student teachers. The associate teachers revealed emotions that included disappointment, frustration, anger, guilt and hurt when their students could not meet the field-placement expectations. These findings suggest that these emotional feelings and the stress associated with such situations must be acknowledged, and that all those involved, including the field educators, students and faculty members, must be supported.

The participants in this study further acknowledged that failure in the final year of a program is more traumatic than at any other time because of the amount of time that they invest in helping students to succeed. Therefore, when students fail, some participants feel that they have not only failed the students, but that they have also failed as educators, and they thereby internalise or personalise students' failures as their own. Field educators' personalisation of the outcome of failure has been reported in a several other multidisciplinary studies, including education (Hawe 2003), nursing (Duffy 2004; Hrobosky & Kersbergen 2002; Luhanga et al. 2008), and social work (Basnett & Sheffield 2010; Finch & Taylor 2013). For example, a nurse preceptor in Hrobosky and Kersbergen's (2002, p. 552) study reported, "I felt like I killed somebody; I killed somebody's career". More recently, Basnett and Sheffield (2010, p. 2125) stated that a practice educator who had failed a social-work student commented, "I was thinking, Oh it's me.... I thought it was me.... It's me, clearly. My style is not working." The participants in this study similarly felt bad for their students; these feelings are generally associated with the consequences of the fail decision for the student's life, financial costs and career. However, as Furness and Gillian (2004) asserted, the economic cost, for instance, is insignificant when weighed against the potential dangers of passing a student who is incompetent for professional practice.

Although some of the participants reported feelings of guilt or self-doubt about their decision to fail a student, it was encouraging to note that others felt good and relieved about the decision they had made. One nursing faculty member commented that, although she initially felt guilty after failing a student, she later felt a sense of relief that she had fulfilled her professional obligation as an educator, and felt particularly assured that she had made the right decision to hold the student back, and for the right reason. Similar findings have been reported in the literature (Basnett & Sheffield 2010; Luhanga et al. 2008). For example, a field educator in Basnett and Sheffield's (2010, p. 2127) study commented, "No one wants to fail a student, but as a professional you have to, otherwise standards go through the window, don't they?" Despite the emotional difficulties they faced, the participants in the current study were clear that their primary duty was to maintain professional standards to protect the public from incompetent practitioners. Basnett and Sheffield's participants believed that they offered sound judgement and effective guidance by preventing incompetent students from entering the profession, which is an important emotionally focused coping mechanism for field educators and faculty members.

The literature affirmed the importance of a clear process for early identification and management of students who are at risk of failing their final placements (Duffy 2004; Furness & Gilligan 2004; Luhanga et al. 2008; Parker 2010) to promote students' learning. To this end, the participants in this study identified several indicators of incompetence or characteristics of failing students. These included, but were not limited to, poor basic knowledge and skills, medication errors, unreceptivity to feedback, lack of insight, unprofessional behaviour, poor organisational and management skills, poor classroom management and lesson planning and the inability to reflect on their own behaviour. These findings concur with the indicators of incompetent student practices identified in the literature on nursing (Duffy 2004; Killam, Luhanga & Bakker 2011; Luhanga et al. 2008), education (Raths & Lyman 2003; Reynolds 1992; Turley 1999) and social work (Redmond & Bright 2007; Ryan, Cleak & McCormack 2006).

In a recent integrated review, Killam et al. (2011), for example, revealed that unsafe nursing students are characterised by ineffective interpersonal interactions, knowledge and skill incompetence and unprofessional interactions. Students in health-related disciplines such as nursing and social work are expected to have a sound knowledge base to guide them in clinical decision-making to ensure that they provide safe and competent care to their clients (James & Musselman 2006; Killam et al. 2011; Luhanga et al. 2008). Deficits in knowledge and skill can potentially place patients at risk for clinical error. Medication errors by nursing students, for example, have the potential for a considerable impact on patient safety and quality health care (Reid-Searl, Moxham & Happell 2010). One education faculty member acknowledged that “nursing is high stakes” compared to education.

However, field educators and faculty advisors need to realise that, although final-year students are near the completion of their programs and are expected to have advanced knowledge and skills, their level of expertise can vary depending on the kind of clinical experiences to which they have been exposed (Myrick & Yonge 2005). The participants in the current study further reported that students who failed field placements exhibited poor organisational and time-management skills. Although organisational skills and priority-setting are essential skills in professional practice, studies have noted that these skills are learned through experience during field placement (James & Musselman 2006; Myrick & Yonge, 2005).

Furthermore, the findings of this study reveal that both field educators and faculty members perceived student teachers with poor organisational and management skills, poor classroom-management and lesson-planning skills and the inability to reflect on their own behaviour as incompetent. These behaviours or characteristics of incompetent or failing student teachers are consistent with those identified in the teacher-education literature (Raths & Lyman 2003). In Turley’s (1999) study, field supervisors identified poor classroom-management skills, ineffective use of instructional strategies, poor time management and poor rapport with children as the most important indicators of at-risk performance by student teachers. Raths and Lyman categorised the indicators of incompetence in student teaching into seven main areas, which include lack of subject matter, poor relationships with students, failure to engage students in active learning and poor management of student behaviour and classroom activities.

Student teachers are expected to plan lessons that enable students to connect or relate new learning to prior understanding and experiences (Hastings 2010; Raths & Lyman 2003). The literature reported that the ability of students “to conceptualize and organize learning in a clear written plan is considered to be one of the cornerstones of becoming a competent teacher” (University of Victoria, Education 2012, p. 8). Reynolds (1992) noted that although novice teachers seem to understand the need to create lessons that are appropriate to the subject matter and students, they seem to accomplish this task only in superficial ways. To create good lessons, teachers need to have a good knowledge of the subject matter to enable them to explain it to their students. In addition, student teachers who find lesson-planning difficult are those who tend to find teaching more difficult (University of Victoria, Education 2012).

Furthermore, student teachers are expected to develop rapport and interact personally with their students (Raths & Lyman 2003). One participant in this study described a Grade 2 student teacher he observed as “distant”, as making “no eye contact with kids” and as not “excited”, which are all red flags of incompetent teaching. To be able to perform teaching tasks competently, student teachers must develop good relationships with students. This requires that they demonstrate enthusiasm and warmth, and show interest in and support their students. This finding echoes what

Raths and Lyman identified as “coolness,” ‘aloofness,’ and ‘at a distance,’ and showing no personal contact with their students” (p. 212) as some of the characteristics of incompetent teaching. Student teachers are expected to reflect on their own actions and student responses to improve their teaching (Raths & Lyman 2003; Reynolds 1992). One of the faculty members in this study was concerned about a final-year student teacher who was not able to reflect on her work.

Consistent with the findings in the multidisciplinary literature (Basnett & Sheffield 2010; Duffy 2004; Finch & Taylor 2013; Hastings 2010; Luhanga et al. 2008; Raths & Lyman 2003), the participants across the disciplines in this study affirmed the importance of professional behaviours, such as the ability to accept feedback and take responsibility for their actions.

Both faculty members and field educators believed that their students were not academically prepared for the fieldwork experience, and that the academic programs needed to review their admission criteria and develop a mechanism to weed out students earlier in the program so that the students did not spend money and then fail in the end. Similarly, in Burges et al.’s (1998) study, the field educators were amazed at the seriousness of the students’ placement problems, and wondered how such students could have been selected for the program in the first place. Both field teachers and faculty members expressed concern that the selection processes are not effective in weeding out unsuitable students before the field placement starts. Yonge and Myrick (2004) explored nursing students and their assigned preceptors’ views of preparation in relation to a 340-hour preceptorship course. Fewer than half of the student participants believed that they were well prepared for their placement. As this study also found, Yonge et al. (2002) concluded that students need to be carefully screened before being placed in clinical placements, and that students with obvious deficits in knowledge and motivation should not be placed in practice settings. Selecting suitable students for field placement is crucial to ensure public safety and student success, and thus minimise the emotional stress and burden on both field educators and faculty members.

Field educators from all three disciplines voiced the concern that sometimes the university does not consider their recommendations to fail unsafe or incompetent students. These participants further emphasised that they do not take lightly their recommendations to fail an incompetent student or one whose performance or behaviour is not up to standard. This finding affirms that nurse preceptors consider failing an act of courage or bravery (Duffy 2004; Luhanga et al. 2008), a serious decision and a last resort that is taken only when students’ performance is substandard (Duffy 2004; Luhanga et al. 2008; Scholes & Albarran 2005). From a teacher-education perspective, Turley (1999, p. 500) also noted that “because the careers and lives of not just the student teacher but untold number of children are at stake, as such, the decision to inform an ‘at risk’ student teacher that he or she is failing at student teaching cannot be taken lightly”.

For these reasons, when the university does not consider their decisions or overturns them, field educators feel belittled or undermined. Other field educators cited examples of colleagues who had withdrawn from supervising students after the university had overturned their recommendation to fail a student. The literature reported similar concerns (Basnett & Sheffield 2010; Duffy 2004; Gainsburg 2010; Hawe 2003; Jervis & Tilki 2011; Luhanga et al. 2008; Scholes & Albarran 2005). Hawe gave many examples of failing grades from field teachers that the faculties had overruled.

Moreover, most field educators in this study believed that the university did not want them to fail students, which concurs with the findings of previous and recent studies (Duffy 2004; Finch &

Taylor 2013; Gainsburg 2010; Hawe 2003; Jervis & Tilki 2011; Luhanga et al. 2008). In fact, some nursing faculty members in the current study reported that they had overturned preceptors' recommendations to fail students. They decided to pass the students because they believed that the preceptors had not fairly evaluated them; the preceptors' high expectations were far beyond the entry-to-practice competencies; and the preceptors did not have enough documentation to support their fail decisions. These findings suggest the differing agendas of practice and academia in relation to students' placement (Duffy 2004; Scholes & Albarran 2005). As Scholes and Albarran (2005) noted, the differing philosophical culture with regard to failure that might exist between the university and the field-placement setting exacerbates the problem. For example, the university might be seen as manipulating a student to receive a fail grade when a field educator has concluded that the student should not be in practice.

The participants in the current study, like those in previous studies (Duffy 2004; Hawe 2003; Luhanga et al. 2008; Paton 2010), contended that the university is motivated to keep students in the program in the interest of retaining enrolment figures, which thereby suggests a link between the overturning of fail decisions, the educational institution's funding and the number of seats in the program. However, this mismatch in expectation, unless carefully addressed, can cause field educators to feel betrayed by their academic colleagues and withdraw from student supervision completely (Luhanga et al. 2008; Paton 2010; Scholes & Albarran 2005), an unfortunate outcome for all concerned. These findings further suggested the need for better communication between educational programs and the field-placement sites regarding expectations for final-year students and the need for more formalised training for field educators to prepare them for their supervision and evaluation roles.

Another related concern among field educators was that in most cases they do not receive any feedback from the university about the final outcome when they recommend failures. Sometimes they learn from others that the university passed students for whom they had recommended failure, and that the students are working on a unit or in a practice setting, which is discouraging to them. This finding concurs with findings of previous studies (Basnett & Sheffield 2010; Luhanga et al. 2008). Three participants in Basnett and Sheffield's (2010) study were not informed of the final outcome when the university overturned the failure recommendations of two of the participants. Not knowing the final outcome of recommended failures undermines educators' confidence and can result in their temporary withdrawal from the practice educator's role. Therefore, it is critical that practice educators ensure that the university's final decision about students for whom they have recommended failures be communicated to the field educators (Basnett & Sheffield 2010).

The participants further questioned why students are allowed to progress in their respective programs, only to be failed in their final year. One nursing participant alluded to the fact that sometimes students receive the benefit of the doubt earlier during placements because of the clinical educator's lack of experience or lack of time to work with them. The participants across the three disciplines believed that giving the benefit of the doubt is one of the most common reasons for the failure to fail incompetent students. The literature cited several examples of marginal or incompetent students who had been given the benefit of the doubt (Bogo et al. 2007; Duffy 2004; Furness & Gillian 2004; Hawe 2003; Jervis & Tilki 2011; Luhanga et al. 2008). However, this tendency has educational consequences for students as well as future field educators, as well as, ultimately, professional consequences. For example, one nurse preceptor in this study who had given a final-year student the benefit of the doubt later discovered that the student had failed the licensing examination. Caldwell and Tenofsky (1996) suggested that the

repetition of placements earlier in the process might help set the foundation for better practice and potentially help a student to avoid the trauma of failing at the end of the program.

Consistent with the participants in previous studies in nursing (Gainsburg 2010; Hunt et al. 2012; Jervis & Tilki 2011; Luhanga et al. 2008), social work (Bogo et al. 2007; Furness & Gilligan 2004) and education (Hawe 2003; Raths & Lyman 2003), the participants in this study identified a variety of reasons for the failure to fail unsafe or incompetent students, including the fear of vocal students and the appeal process, the avoidance of a force failure (because of approximation) and the differing perspectives of the university and the practice setting. For example, in Duffy's (2004) study both the lecturers and the mentors were aware that some students were passing field placements even though they had expressed concerns about the safety of the students' performance. However, failing a student in a field experience can be necessary because of dangerous and/or unprofessional practices (Chui 2010; Cowburn, Nelson & Williams 2000; Hunt et al. 2012). For example, passing nursing students who should have failed puts patients at risk. In relation to social work, Cowburn et al. (2000) explained that the clinical evaluation of students in professional programs can potentially safeguard both professional standards and the public. From a nursing perspective, Hunt et al. (2012) added that assessment should serve as a means of preventing incompetent students from entering the profession, and that if all students are passed irrespective of their performance, professional standards cannot be upheld. It is therefore imperative that field educators/preceptors and university faculty members not avoid the difficult issue of failing incompetent or unsafe students.

Furthermore, the findings of this study affirm the need for better communication between educational programs and field-placement sites with regard to the expectations of the level of students' clinical reasoning skills as they begin their final placements. In addition, although it was not often mentioned in this study, the literature pointed out that university faculty members, both full-time and sessional, might have little training with regard to their legal obligations in the role of gatekeeper (Redmond & Bright 2007). Redmond and Bright further emphasised that faculty members must fully understand their legal obligations and know how to fulfil them to protect themselves and educational institutions from liability.

The difficulty with the clinical evaluation of student performance based on competency in certain skills, professional values, personal qualities and power has become evident in this study (Chui 2010; Cleland et al. 2008; Duffy 2004; Gainsburg 2010; Hawe 2003). It is possible that with more training in the evaluation of underperforming students at an earlier stage and stronger communication between the university and the practice setting university (Hawe 2003), students' field experience will ensure their readiness for practice (Bogo et al. 2007).

To implement any changes, administrative support in the form of adequate resources (such as the recognition of field placements as a valued form of education in nursing, education and social work; funding for practice learning; and continual training) is necessary to ensure that field experiences empower students, their field instructors and their faculty advisors (Barlow et al. 2006; Chui 2010; Furness & Gilligan 2004).

Conclusion and Recommendations

To date, little has been written about the issues related to the failure to fail, particularly from a multidisciplinary perspective. The aim of this study was to explore the issue of the failure to fail incompetent students in Canadian professional programs; specifically, nursing, education and

social work. A major finding of this study was that, although the language of operation might be different in each discipline, the field-experience processes and issues that faculty members and field educators face are relatively the same.

The study findings revealed a variety of affective responses and challenges that university faculty members, faculty advisors/liaisons and field educators currently face when they decide to fail underperforming students. Both university and practice-setting administrators need to acknowledge the emotions and stress associated with such situations, and ensure that supporting mechanisms are available to all those involved. Recognition and additional resources are required to compensate for the extra work involved in mentoring – and, where necessary, failing – underperforming students. It is recommended that ongoing professional development for field educators and university faculty members include topics such as dealing with incompetent students and the emotional reactions associated with fail scenarios.

The findings of this study suggest the importance of students' preparation and readiness for their final placement. Both faculty members and field educators in this study contended that students are not being adequately prepared for their final placements. Therefore, it is suggested that students be carefully screened and prepared before their final placement, and that incompetent students be identified early in the placement so that they can be given an opportunity to improve. Field educators and faculty advisors/liaisons could use the indicators of unsafe or unsuitable behaviours reported in this study to identify the early warning signs of incompetent practice. Specialised programs to meet the needs of struggling students or those at risk of failing could be designed through joint planning and collaboration between the professional programs and the practice setting.

Moreover, the findings affirm that students are being passed even when concerns are raised about substandard performance. One of the challenges that both field educators and university faculty members face is the lack of support for their decisions to fail underperforming students: the university can overturn such decisions if students pursue the university appeal process.

Some field educators reported a lack of support from the university faculty/liaison, and this study also confirms the need for support for both faculty members and field assessors, particularly for those who work with failing students. It is, therefore, recommended that university faculty members continuously monitor the placement by conducting regular meetings, visiting the site or keeping in telephone or email contact with field educators, students and faculty advisors in the field setting. It is further suggested that university faculty members, field educators and students receive better support to deal with the process and impact of a fail scenario from colleagues and administrators in both the university and field-placement settings. Another related concern of the field educators in the current study was that in most cases they do not receive feedback from the university on the final outcomes of students they recommend for failure. Therefore, it is critical that practice educators ensure that the university's final decision on students they have recommended for failure be communicated to field educators.

It is recommended that strategies be implemented to strengthen the agency field educator/preceptor university liaison team, beginning with gaining an understanding of students and their personal issues, choosing appropriate field experiences, tracking students and identifying problems early in the placement, clearly documenting issues and offering students continuous feedback. In addition, it is recommended that team meetings be held to discuss failing or underperforming students. To strengthen the communication of expectations, agency supervisors

should be given a checklist of basic skills in field placements. It is also recommended that continuing training be provided for new faculty members, field instructors and supervisors; resources should include a handbook and/or simulations to help to develop a plan for emotional and academic support for everyone involved.

Furthermore, based on the findings of this multidisciplinary study, it is possible to take a multidisciplinary approach to addressing the issue of failure to fail because the issue appears to have common roots and implications regardless of the discipline. In fact, based on the findings of this study and the review of the existing literature, this study's authors have created case studies to better prepare field educators and faculty members in education, nursing and social work (at participating universities) for decisions to fail or not fail students who are having difficulty meeting the objectives of their final practicum.

In conclusion, the decision to fail a student in a professional program is difficult, rife with consequences and not taken lightly. Such decisions should be made only after consideration of the consequences to the student, the field educators, the public (including patients, clients and school children), professional programs, the integrity of the profession and the university. To avoid the issues that arise from the failure to fail underperforming students, university faculty members and field educators require support in their decisions to fail them during field placements.

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