

## Sample Text from Academy Instructor's Guide Dealing with Difficult Students

**Purpose**

This session provides information on how to handle/manage challenging or difficult students in the clinical setting. Today's college students are becoming more and more challenging to work with as they have more life pressures. This presentation should help new clinical faculty to identify problem issues and provide some possible methods to handle these issues.

**Time**

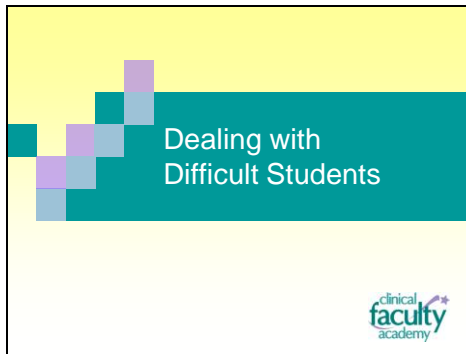
90 minutes

**Outline**

**Objectives**  
**Characteristics of Students Today**  
**Exploration of Nursing Literature Related to Student Incivility**  
     Lashley & De Meneses Study (2001)  
     Luparell Study (2004)  
     Daniel, et al. Study (1994)  
**Expectations of Students — What Is Reasonable?**  
**Guidelines for Safe Student Performance**  
**Identification of Possible Student Issues**  
     Case Studies  
     Identify What the Issues Are  
     Discuss Methods to Deal with the Issues  
**Role of the Clinical Faculty**  
     Methods to Deal with the Difficult Issues  
     Methods to Assist the Difficult Student  
     Dismissal or Failure of the Difficult Student  
**Summary**

**Materials Needed**

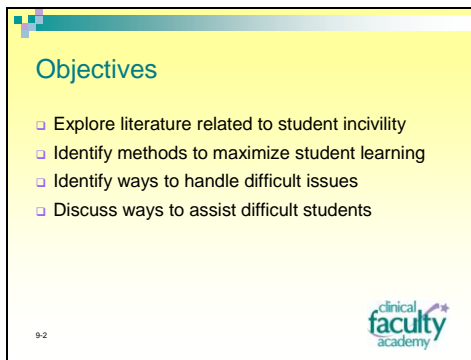
- ❑ PowerPoint Slides 9-1 through 9-25
- ❑ Case Studies: Use those in the participant notebook or substitute your own.



## Opening

### PPT 9-1

Introduce yourself, your role at your institution, and your session. Share with your audience the positive aspects of working with students and then inform them that the following session will seem negative as you discuss the difficult student. Emphasize that the majority of students are rewarding to teach and that the problem or difficult student is not the norm.



## Objectives

### PPT 9-2

Highlight the four main topics that will be covered in your session.



## Characteristics of Students Today

### PPT 9-3

Ask participants to recall what they remember about being a student and then compare those characteristics with the “students of today.” The characteristics on the slide are examples of some of the common characteristics that are seen in many students. Add any other characteristics that you have identified and/or give examples of some of these characteristics that you have witnessed in the classroom or clinical setting. You may want to emphasize the consumer mentality and the number of societal pressures that students have today.

Some topics on this slide also are discussed in previous presentations. The session on the technologically competent student is part of a previous discussion of online education in the session entitled *Why We Are Here* in Tab 2. You may want to draw this to the attention of the participants.

### Student Civility in Nursing (Lashley & De Meneses, 2001)

- Identified 3 disruptive behaviors
  - Inattentiveness
  - Attendance
  - Tardiness

94



### Student Civility in Nursing (Lashley & De Meneses, 2001)

- Incidents of incivility
  - Verbal abuse
    - Reported by 42.8% of instructors
  - Physical contact/abuse
    - Reported by 24.8% of instructors

95



### Student Civility in Nursing (Lashley & De Meneses, 2001)

- Occurrence of verbal abuse
  - Impacted by size of institution
  - Impacted by type of institution
- Occurrence of physical contact/abuse
  - Impacted by type of institution

96



### Student Civility in Nursing (Lashley & De Meneses, 2001)

- Lack of student preparation
  - 57.4% of all respondents
- Poor clinical performance
  - 60.6% ADN respondents
  - 39.4% BSN respondents

97




## Student Civility in Nursing Lashley & De Meneses Study (2001)

PPT 9-4 through 9-7

You will want to read the study from Lashley and De Meneses. Only a few of the interesting findings are discussed in this presentation. There are many other interesting findings that you could mention. You may want to stress to participants that extreme physical or verbal abuse is not common. Share with participants any examples of your involvement with student issues. Discuss with them how you see students changing throughout time.

**Student Civility in Nursing (Luparell, 2004)**



- Male student involvement - 43.8%
- All incidents against female faculty
- 23 encounters - following criticism of performance

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**Student Civility in Nursing  
Luparell Study (2004)**

PPT 9-8 and 9-9

Become familiar with the Luparell study. This study does identify particular incidents involving male students and female faculty. If your personal experiences teaching in a clinical setting differ from the study, explain that to participants. You may want to share your experiences related to male students, noting that problems are the exception. Emphasize that handling difficult student issues can become time consuming and may be emotionally and physically exhausting. Mention lack of sleep, questioning one's ability to evaluate students, and other examples of how these problems can affect an instructor.

**Student Civility in Nursing (Luparell, 2004)**

- Faculty concerns
  - Student responses were unexpected
  - Sense of threat to well-being
  - Students threatening "reinforcement"
  - Physical and psychological ramifications

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**Student Civility in Nursing (Daniel, et al., 1994)**

- Possible rationale for academic misconduct
  - Academic ability
  - College viewed as "high stakes"
  - Academic misconduct tied to other misconduct


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**Student Civility in Nursing  
Daniel, et al. Study (1994)**

PPT 9-10

This study identifies possible causes for student misconduct. You may want to share your personal beliefs on this topic related to situations you have encountered and why you feel students reacted in certain ways.

**Expectations of Students - What Is Reasonable?**



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**Expectations of Students — What Is Reasonable?**

PPT 9-11

Ask participants what they think is reasonable to expect from students in the clinical setting. See what kinds of things they identify before sharing the next two slides.

### Guidelines for Safe Student Performance

- Adequate clinical preparation
- Ability to administer medications safely
- Ability to perform skills safely
- Ability to care for patients safely
- Application of theory to clinical setting

9-12



### Guidelines for Safe Student Performance (continued)

- Ability to communicate
- Professional behavior at all times
- Compliance with policies and procedures
  - Academic
  - Institutional

9-13



## Guidelines for Safe Student Performance

PPT 9-12 and 9-13

You may want to remind the participants of the presentation on clinical evaluation tools presented in an earlier session. The guidelines presented on these two slides are based on a school's clinical evaluation tool that they use with their students. You may have other guidelines you want to mention. Stress safety related to patient care, medication administration, and skill performance, as well as professional behavior. During this discussion, share particular student examples that you have encountered. For instance, students who do not come prepared for clinical, students who do not know their medications, and examples of unprofessional behavior.

### Potential Student Issues

- Tardiness/absenteeism
- Lack of clinical preparation
- Lack of motivation
- Disruptive behavior
- Belligerence/defiance



9-14



## Potential Student Issues

PPT 9-14 and 9-15

These two slides include a few of the issues that one may encounter with students. Add any others that you may have experienced. At this point, do not mention ways to handle these issues. That will be discussed through the case studies.

### Potential Student Issues (continued)

- Substance abuse
- Mental illness
- Medication errors
- Falsifying records
- Breach in confidentiality
- Failing student



9-15





## Case Studies

PPT 9-16

Divide participants into small groups to work on the case studies. Groups should be no larger than three or four to ensure that all have an opportunity to participate. Number off to mix the groups.

Each small group will only work on one case study. Three to six different case studies are adequate as there is not enough time to discuss any more than that when the large group reconvenes. If there are more than three to six small groups, it works well for more than one group to have the same case study. Groups should have approximately 20 minutes to work before calling the group back together for discussion.

Groups are instructed to read the case study, identify problems, and discuss possible actions they might take.

The participant notebook includes three sample case studies. Each case illustrates one or more issues that nurses may encounter in a clinical teaching situation. These have been drawn from actual experiences of clinical faculty. Use these or develop some of your own case studies based on personal experiences as this adds interest and credibility to the discussion.

Case 1: This case presents a very disorganized student who also demonstrates poor decision making, resulting in unsafe care.

Case 2: This case involves a student with tardiness issues and possibly lying to the instructor.

Case 3: This case involves a student with a possible substance abuse problem.


When the participants reconvene, ask each small group to report on their case study and how they approached the problems. The larger group can then give feedback if they have additional suggestions.

Encourage small groups to identify all the issues, not just the most obvious. Also help participants state specific interventions rather than general approaches. Discussion should include how student progress will be evaluated.

Other questions and issues that often arise during the discussion or should be introduced by the facilitator, are as follows.

- When should someone else be notified of the student's behavior; i.e., the course or clinical coordinator?
- Are there course, program, or institutional policies affecting the instructor's intervention with this student?
- Does the instructor have a clear understanding of what is acceptable performance or remediation by this student?


**Role of Clinical Faculty**



- Be aware of own values, biases
- Do not rely on first impressions
- Make a series of observations

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**Role of Clinical Faculty (continued)**



- Evaluate based on clinical objectives
- Discuss evaluation with students
- Be fair

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**Role of Clinical Faculty (continued)**



- Discuss reporting of errors with students
- Role model honest behavior
- Allow safe mistakes

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### **Role of Clinical Faculty**

PPT 9-17 through 9-19

The next few slides discuss the role of the clinical instructor in handling the difficult student. Discuss how important it is for the faculty to be aware of their own values and biases and to be sure that these biases do not get in the way of fair evaluation. Note how first impressions of students can really change throughout time.

The emphasis in this section is related to careful observation and documentation. The evaluation of the student needs to occur throughout time and be based on the clinical evaluation tool that is being used. All documentation needs to be done very carefully and thoroughly. Also stress the solicitation of student self-evaluation. Maybe the student is making mistakes or acting in a certain way because the faculty makes them very nervous. Are there ways to handle this?

In this section, discuss mistakes and how they need to be handled. Stress to the participants that students will make mistakes, and it is OK for them to make mistakes as long as it does not harm the patients. You may want to stress that unprofessional behavior, such as poor attendance, tardiness, alcohol abuse, etc. will not be tolerated.

### Dealing with the Difficult Issues

- Formative and summative evaluation
- Carefully written documentation
- Ongoing verbal feedback
- Mid-rotation conferences
- Conference with third party
- Anecdotal notes



### Dealing with the Difficult Issues

- Prevent monopolization of your time
  - Make assignments carefully
  - Set time limits
  - Pair weaker student with a stronger student



### Methods to Assist Students

- Provide simulations in the lab
- Practice case studies
- Design daily or weekly goals
- Design contracts



## Dealing with Difficult Issues

PPT 9-20 and 9-21

This is a continuation of the previous content. In this section, stress documentation and keeping students informed on their progress toward meeting clinical objectives. If students are not meeting the objectives, they need to be notified of this early. Frequent conferences may be necessary, as well as a third-party participant to witness what is discussed with the student. The course coordinator or school of nursing dean may be possible third-party witnesses.

Also stress that the faculty cannot allow the difficult student to monopolize their time — all students need their attention. Use the suggestions on the slides for how they can prevent this monopolization. You may share other ideas. Stress that careful assignment of patients is important when handling the difficult student. Suggest pairing the difficult student with a strong student. However, be aware of how this affects the other students.

## Methods to Assist Students

PPT 9-22

This slide is a list of possible methods to assist the struggling student. The participants may not be familiar with clinical simulations. You may need to explain that these are patient care scenarios that are created in the laboratory setting, which allows the faculty to evaluate student performance without putting patients in jeopardy. You also may want to give examples of goals that could be set for students to help them to progress toward meeting the clinical outcomes. Design student contracts for some of the more difficult student issues. If students are not able to meet the objectives of the contract, they do not progress in the course. If you have not designed contracts, you may want to mention them just as a possibility. Many times, the contract may involve the student seeking assistance outside the school of nursing (i.e., student resource center, mental health counseling).

**Dismissal of Student**

- Verbal notification
- Written notification
- Clinical appeal process

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## Dismissal of Students

PPT 9-23

We have stressed to participants that clinical failure and dismissal of students is not common but does happen occasionally. This discussion emphasizes the importance of notifying the student of the failure. Institutions may have a clinical failure appeal process available for students who believe they are not being evaluated fairly. Note that this process may not be available in all institutions but should be considered to prevent legal problems. Many legal issues on discipline and/or dismissal were discussed in the *Legal Issues* session, Tab 3.

**Clinical Failure – Very Difficult!**

- Lashley & De Meneses Study (2001)
- Instructors fail to discipline due to fear of:
  - Poor student evaluations
  - Lower pay raises
  - Loss of job
  - Withholding promotion

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## Clinical Failure

PPT 9-24

Discuss the faculty fears on student discipline as identified in the Lashley & De Meneses study (2001). Many faculty do not share these same fears. Emphasize that most deans, course coordinators, and school administrators are usually supportive of faculty who must fail a weak or unprofessional clinical student. Emphasize to these new faculty that they must not do this alone. They need to get the other course faculty or dean involved as they face these challenging students.

**Summary – Most Important to Remember**

- Student is a novice
- Students will make mistakes
- Careful documentation necessary with difficult issues
- These are nurses of the future!



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## Summary

PPT 9-25

In summarizing, stress that students are just learning the nursing process and will make mistakes. However, if they do not begin to progress toward meeting the clinical objectives or have issues related to professional behavior, that progression in the nursing major may not be possible. Again, emphasize careful documentation! Tell participants that their students are going to be nurses of the future and that one has to feel confident that these students can practice safely.

In closing, emphasize again how rewarding it is to work with student nurses. Stress that the difficult student will be the exception, and not the majority. Close the session by stating that most students are very hard-working and provide a positive and fun challenge to faculty. Allow a few minutes at the end of the presentation for any final questions.