

Sample Text from Academy Faculty Reference Manual for Participants

Dealing with Difficult Students in the Clinical Setting

Objectives

- ❑ Explore literature on student incivility in nursing
- ❑ Identify methods to maximize student learning in the clinical setting
- ❑ Identify ways to manage a variety of difficult student issues
- ❑ Discuss ways to assist the difficult or failing student

Characteristics of Students Today

- ❑ Respect for authority is different.
- ❑ Students have a consumer mentality — they are paying for their education, so teachers need to teach them what they need to know.
- ❑ Time has a different meaning for this generation of students — being on time is not a big priority.
- ❑ Students of today are risk takers.
- ❑ Students of today are very technologically skilled.
- ❑ Students have many societal pressures — i.e. single parents, working part-time or full-time.

Student Civility in Nursing

Lashley & De Meneses Study (2001)

- ❑ Three disruptive behaviors were identified by the nursing educators who participated in this study.
 - Inattentiveness in class
 - Attendance issues
 - Tardy issues
- ❑ Some form of physical contact initiated by students toward instructors was reported by nearly one quarter of the respondents.
- ❑ Verbal abuse directed toward instructors in the clinical setting was reported by almost half of the respondents.
 - Incidence of verbal abuse was more prevalent in public institutions with a large nursing student body. Large student body was described as 200 or more students.
 - Physical threat — higher incidence in public institutions
 - The study examined student preparation and found students today are not as prepared for class and clinical as compared to students five years ago.
 - Respondents from both ADN and BSN programs reported that student performance in the clinical setting was much lower as compared to students five years ago.

Student Civility in Nursing

Luparell Study (2004)

- ❑ In this study, 21 nursing faculty were interviewed about their experience with uncivil incidents with students.
- ❑ The study reported that 43.8 percent of the uncivil incidents involved male students.
- ❑ All of the incidents involving males were directed against female faculty.
- ❑ Many of the reported encounters occurred after students were critiqued on their performance.
- ❑ The faculty in the study identified the following concerns about the uncivil incidents.
 - Student responses were very unexpected.
 - Many faculty felt threatened by the students.
 - Many students threatened *reinforcement* — getting spouses or other people involved in the issue.
 - Many faculty reported feeling physical and psychological stress because of the incidents.

Student Civility in Nursing

Daniel, et al. Study (1994)

- ❑ Reasons for academic misconduct were identified.
 - Academic ability — many find nursing education difficult.
 - Students perceive college as “high-stakes.”
 - Students who engage in academic misconduct may engage in other forms of misconduct in the future.

Guidelines for Safe Student Performance: What Should You Expect from Students?

- ❑ Adequate preparation for clinical assignment
- ❑ Ability to administer medications safely and adequate knowledge of all medications that they are administering
- ❑ Ability to safely perform skills that they have already learned
- ❑ Ability to care for all patients safely
- ❑ Application of what they have learned in theory to the clinical setting — can demonstrate that they are putting the pieces together
- ❑ Ability to communicate both verbally and in writing, including computer documentation
- ❑ Demonstration of professional behavior at all times
- ❑ Compliance with the policies and procedures of the school, as well as any institution that they are working in as a student

Potential Student Issues

- ❑ Tardiness/absenteeism
- ❑ Unprepared for clinical
- ❑ Lack of motivation
- ❑ Disruptive behavior

- ❑ Belligerence/defiance
- ❑ Impaired by drugs or alcohol
- ❑ Mental illness
- ❑ Medication errors
- ❑ Falsifying records
- ❑ Breach in confidentiality
- ❑ Failing student

Case Studies

In this activity, you will use the cases studies on pages 5-7 to analyze potential difficult student issues. Work in small groups to discuss the assigned case and accompanying questions.

Role of Clinical Faculty

- ❑ Be aware of your own values, attitudes, biases that may influence evaluation of students.
- ❑ Do not rely on first impressions. Many times, these impressions are not correct.
- ❑ Make a series of observations. Document these observations over time.
- ❑ Focus observations on the clinical objectives that students are required to meet.
- ❑ Discuss observations with students, obtain their perceptions and be willing to modify judgment. Always keep them abreast of their performance and any issues that you are identifying.
- ❑ Be fair. Evaluate each student by the same standards.
- ❑ Discuss reporting of errors with students. Let students know that mistakes do happen and how to handle them.
- ❑ Be a role model for honest behavior. Allow students to make mistakes in a safe way.

Dealing with the Difficult Issue

- ❑ Formative and summative evaluations — evaluate throughout the semester and then conduct mid-semester and end-of-semester evaluations.
- ❑ Document on clinical evaluation tool daily — be sure the student is aware of the problems that you are identifying.
- ❑ Ongoing verbal communication with the student — try to give verbal feedback daily.
- ❑ Mid-rotation conference may be necessary if the student is not progressing toward clinical objectives.
- ❑ Conference with third party may be necessary (i.e. course coordinator, dean).
- ❑ Anecdotal notes — keep a good written log of problem issues because your memory will begin to fade throughout the course of the semester.

Do Not Allow Student to Monopolize your Time

- ❑ Make patient assignments carefully
- ❑ Set time limits with the demanding student
- ❑ Pair students for certain tasks if appropriate — assign a strong and a weak student to work together

Methods to Assist Students

- ❑ Simulations in the lab
- ❑ Practice case studies
- ❑ Design daily or weekly goals that the student must meet
- ❑ Design contracts with the student

Dismissal of Student

- ❑ Verbal and written notification is necessary.
- ❑ The clinical appeal process should be available if students believe that they are being unfairly evaluated.

Clinical Failure — Very Difficult!

- ❑ Lashley & De Meneses study (2001) reports that instructors may fear to discipline because of the following.
 - Fear that students will give them poor evaluations
 - Fear that they will not get pay raises based on poor evaluations
 - Fear that they could lose their job
 - Fear that they will not get promoted
- ❑ You need the support of the dean of the nursing program and the institution. It is important that unsafe students do not progress until they can meet the clinical objectives.

Summary — Important Things to Remember as You Work with Student Nurses

- ❑ The student is a novice and not an expert.
- ❑ Students will make mistakes. Mistakes that do not cause harm are good learning experiences.
- ❑ Careful documentation of student performance is critical, especially with difficult students.
- ❑ Clinical experience is very important. These are the nurses of the future. As educators, we need to be sure they will be able to practice safely and professionally.

*This presentation was developed by Martha Blackman, RN, MSN
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Case Study #1

Joan is a perky, 21-year-old junior nursing student in your clinical group. Joan is funny and likeable but a bit disorganized. During the first two weeks of clinical, you have to remind her frequently about tasks to be done; e.g., medications, FSBS, signing off meds on the MAR. Her computer documentation also is frequently incomplete. When reminded of these lapses, Joan cheerfully complies with your request.

During the second week, Joan is caring for a patient who is on a sliding scale insulin protocol. As before, you have had to remind Joan of the 1130 FSBS. About 15 minutes later, you check back with Joan. She cheerfully announces that the blood sugar was 245. You begin to discuss the sliding scale with her and she states, "Oh, I've already given him the insulin." You calmly ask her which nurse checked the insulin for her, to which she replies, "No one. I couldn't find you, so I just went ahead and gave it." (Note: The students had been given strict instructions that no medications were to be given without supervision of the instructor or staff nurse.)

What problems do you identify?

What actions would you take?

You are into the fourth week of the eight-week clinical. Joan has not given any more medication without supervision. When checking her patient's MAR, you note that she has not signed off on the medications she gave three hours ago, nor had she remembered an 1100 medication. When you find her, she is chatting with her patient while he is eating lunch. You remind her about signing the MAR, the 1100 medication, and also inquire about the patient's 1130 blood sugar. "Oh, I forgot all about that. I'll check it right now."

What would you do?

Case Study #2

Dale is a 28-year-old married student with two small children. He is in your clinical group, which starts at 6:45 a.m. During the first week of clinical, you note that Dale arrives either just on time or a couple of minutes late. When talking with Dale about timeliness, he says his wife works the night shift and doesn't get home until 6 a.m. "I'll do my best, but I'm probably going to be late occasionally."

What problems do you identify?

What actions would you take?

Dale has been on time for two weeks. Yesterday, Dale was 20 minutes late and his excuse was car trouble. He did call the unit to inform them of his late arrival. You haven't seen Dale this morning and it is 7 a.m. As you walk around the corner he is walking out of the locker room. You pull him aside and he says, "I've been here. I was in the locker room looking up a medication."

What would you do?

Case Study #3

Cynthia is a 22-year-old student in your clinical group. You noticed during orientation that she often appears slightly unkempt in the morning. During the first week of clinical, Cynthia arrives in a scrub that appears as though she might have slept in it. Her eyes are red, and her hair is barely combed. You are not sure, but you think you might smell alcohol on her breath.

What problems do you identify?

What would you do?

Cynthia tells you she went out with friends last night for someone's 21st birthday. She says it won't happen again. You do not smell alcohol on her breath again, but you note that she regularly goes to her car during her lunch break. In addition, her personal appearance does not improve.

Would you take any action?