

Dealing with Difficult Students in the Clinical Setting

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Objectives

- ❑ Discuss student incivility – what is it?
- ❑ Identify methods to maximize student learning in the clinical setting
- ❑ Identify ways to deal with a variety of difficult student issues
- ❑ Discuss ways to assist the difficult or failing student

Characteristics of Students Today

- ❑ Able to multi-task.
- ❑ Students of today are very technologically skilled.
- ❑ Students of today are open and transparent.
- ❑ 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 expect immediate responses.
- ❑ Students are materialistic.
- ❑ Today's student will jump from job to job.
- ❑ Students today tend to be civically and politically disengaged.
- ❑ Students of today are risk takers.
- ❑ Students have many societal pressures — i.e. single parents, working part-time or full-time.

Student Civility in Nursing — Classroom/Clinical Issues

- ❑ These disruptive behaviors are common themes by nursing educators in recent literature:
 - Sarcastic remarks
 - Inattentiveness/sleeping in class
 - Dominating discussions
 - Cell phone/computer use
 - Attendance and tardiness issues
 - Students today are not as prepared for class and clinical as compared to students in prior years.
 - Incidents of cheating
 - Verbal abuse directed toward instructors in the clinical setting
 - 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.
 - Both ADN and BSN programs report that student performance in the clinical setting was much lower as compared to students in years prior.

- Some form of physical contact initiated by students towards instructors was reported by about one quarter of instructors.
 - Physical threat — higher incidence in public institutions
- Violence: 2002 – University of Arizona

Faculty Incivility

- Cancelling class without warning
- Unprepared / ineffective teaching style
- Not allowing open discussion
- Belittling
- Not available
- Subjective grading
- Rigid

Faculty Concerns Regarding Incivility

- Student response
- Sense of threat to well being
- Physical and psychological ramifications
- Confidence in teaching ability

Guidelines for Appropriate Classroom Behavior

- Timeliness
- Engagement / participation
- Respect for others
- Prepared
- Responsible for own work

Guidelines for Safe Clinical Performance

- 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

Other Potential Student Issues

- ❑ Lack of motivation
- ❑ Disruptive behavior
- ❑ Impaired by drugs or alcohol
- ❑ Mental illness
- ❑ 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 Faculty

- ❑ Create a positive environment.
- ❑ 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 — need to observe over time and document these observations.
- ❑ Focus observations on the clinical objectives 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.
- ❑ Be a role model for honest behavior — allow students to make mistakes in a safe way.
- ❑ Discuss unprofessional behavior with students in a timely fashion.

Dealing with the Difficult Issues

- ❑ Formative and summative evaluation — evaluate throughout the semester and then conduct mid-semester and end of semester evaluation.
- ❑ Document on clinical evaluation tool daily — be sure the student is aware of the problems that you are identifying.
- ❑ Anecdotal notes — keep a good written log of problem issues as your memory will begin to fade over the course of the semester.
- ❑ 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).

Do Not Allow Student to Monopolize your Time

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

Methods to Assist Students

- ❑ Early identification of at-risk students
- ❑ Early referral to student services
- ❑ 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
- ❑ Clinical appeal process — should be available if the student feels that he/she is being unfairly evaluated
- ❑ Grade appeal process

Student Failure — Very Difficult!

- ❑ Fear that students will give them poor evaluations
- ❑ You need the support of the dean of the nursing program and the institution you are working for. It is important that unsafe students do not progress until they can meet the clinical objectives.
- ❑ Meet with other faculty to discuss situation and feelings.

Summary — Most Important 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, and as educators we need to be sure they will be able to practice safely and professionally.

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 is also 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 0645. During the first week of clinical, you note that Dale arrives either just on time or a couple of minutes late. Upon talking with Dale about timeliness, he states that his wife works the night shift and doesn't get off until 0600. "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. This morning you haven't seen Dale and it is 0700. As you walk around the corner he is walking out of the locker room. You pull him aside and he states, "I've been here. I was in the locker room looking up a medication."

What would you do?

Case Study #3

Sarah is a 22-year old junior nursing student who has been assigned to your clinical group. She appears quite nervous to begin her first clinical experience. On the first day on the unit, she doesn't seem to quite know how to get going. With a tremendous amount of explanation, reassurance and being physically present with her, you get her through her first day. As the days go by, the student continues to ask many questions and does not do anything for the patient (bath, etc.) without asking for direction from you first. She regularly asks you to be present when performing routine care. When quizzing her about medications, lab values, etc., she gets very frazzled and is frequently unable to explain. She sometimes cries.

Identify what you see as the problems.

What could you do?

After a few weeks it appears that Sarah is taking more independent action and seems to be asking fewer questions about routine care. However, in talking with staff nurses you realize that Sarah has started going to them rather than you. In addition, one of Sarah's fellow students approached you about Sarah. She expresses concern because Sarah always asks her to help with even the most basic tasks like taking VS.

You would:

Case Study #4

Cynthia is a 22-year-old student in your clinical group. You noticed during orientation that she often appeared slightly unkempt in the morning. During the first week of clinicals 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 lunch break. In addition, her personal appearance does not improve.

Would you take any action?

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Additional Reference List

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