For a moment consider again...

- The Positive Learning Environment
- Effective Feedback
- Familiarity with Assessment (CAF)

"PERFORMING!"

- Who sets the bar?

The Under Performing Student

- The Role of the Practice Educator is a complex and demanding one, especially when faced with a student who presents with problems of attitude and/or competence

The Under-Performing Student

• Familiarise yourself with the expectations of the placement
  – Agreed Learning Outcomes/Objectives
  – Agreed expected competencies of the student according to their level regarding
    • Patient Assessment
    • Patient Treatment/Management
    • Professionalism
    • Documentation
    • Communication

The Failing Student

The Over-Performing Student
### The Underperforming Student

- Ongoing Assessment. Familiarise yourself with the Appraisal Form
- Regular Feedback—Constructive, use of Sandwich Approach
- If identify areas for development—let the student know asap and give specific examples

### The Under Performing Student

- If student does not agree may be useful to give examples of problems identified by co-workers.
- Give them the opportunity to explain why they may be under performing?
- Ask the student how do they feel they are performing.
- Self Ax may save practice educators time and anxiety but may not be useful if student is lacking in self-awareness

### The Under Performing Student

- Identify the actions needed to achieve learning outcomes.
- Detail how this will be achieved
- List success criteria to know how outcomes have been achieved
- State a date for achievement of these goals.

### Findings

- Has been shown by Duffy (2004) that practice educators find it difficult to fail students who had attitude problems if they met practical criteria
- Professional Behaviour and Attitude should be given prominence
- Common Assessment Form Part 2: The student may fail the placement on purely professional issues

### The Failing Student

- What do you do if you feel the student is under performing to an extent that they are in danger of failing the placement?

- Should I have said something sooner?
Dudek et al., 2005: Failure to Fail: the perspectives of clinical supervisors

Barriers to failing a student

- Lack of knowledge as to:
  - What constitutes a fail
  - What to do

- Lack of documentation

- Anticipating an appeals process

What constitutes a fail

- A. Fail Part 2
- B. Score < 40% overall
- C. Score < 40% in 2 or more sections of evaluation form

Failing according to marks

- B. Score < 40% overall
  - CAF
  - Total = 400 marks
  - Fail = < 160/400

- C. Score <40% in 2 or more sections

Main problems after a ‘settling in period’

- Poor communication and interpersonal skills
- Lack of interest and failure to participate in practice learning
- Persistent lateness
- Lack of personal insight
- Lack of insight into professional boundaries
  - Duffy (2004)

What to do??

- Give feedback as soon as a problem is identified (constructively!)
- Take the ‘sandwich approach’
- Link up with the School ASAP
- Inform the student in writing
- Set up an action plan to deal with identified problems
- Can refer to the evaluation form for feedback
- Give specific examples

Input of the Discipline Of Physiotherapy

- Resources will be put in place to help the student depending on what the problems may be
- Action plan put in place
- Timetabled feedback
- +/- Extra tutorials
- +/- Extra opportunities to practice skills
- +/- Safety awareness education
Further role of clinical educator

• Depending on what the problem is; student may need:
  – More opportunities to observe
  – More opportunities to do
  – Teaching
  – Reading material
  – Additional safety awareness education

If they are to fail the mid-way:

• Must be informed in writing (marking form adequate) of:
  – Failure to meet the required standard
  – Consequences of failing the final evaluation
  – Change in behaviour required
  – Resources that will be available

A barrier to graduation
Don’t forget about the clinical hours..

• ISCP/WCPT guidelines:
  • 1,000 clinical hours - approx 30 week
  • Absenteeism must be recorded,

Documentation

• Very important
  • Filling out marking form

• Very useful to keep records of specific examples

Consequences of failing

• Placement would be repeated
  • If failed again would go to a court of examiners to decide next course of action

Emotional Aspect

• For the Student
  – May be upset/distraught
  – May be angry
  – May project blame
  – May prove intimidating
Emotional aspect

• For the Practice Educator
• There can be a degree of heart searching/feelings of guilt
• ‘Did I help the student enough?,
• ‘Did I not give enough feedback earlier on in the placement?’ (Milner & O’ Bryan, 1988)
• Feelings of ‘dread & guilt’ (Ilott, 1996)
• May be angry that other colleagues failed to fail a student on the last placement
• May blame the university for accepting the student on the course

Boundary between pass and fail

• Represents ‘protecting the public from unsafe, incompetent, unsuitable or unscrupulous practitioners’ (Ilott, 1996)
• Professional obligation

Role of the clinical educator

• Vital role in student clinical education
• ‘Gatekeeper’ of the profession
• Remember the students are our colleagues of the future!!

Stats..

• Failure rate in SW: 2.7% (Milner & O’ Bryan, 1988)
• No evidence in the literature as to failure rate of physiotherapists
• Anecdotally: small percentage

In conclusion

• If you identify a problem, inform the Discipline of Physiotherapy ASAP
• Inform the student in writing
• Strategies/ Action plan will need to be put in place
• Timetabled feedback

In spite of all this:

• Some students may need to fail
• Don’t feel guilty!!
• Supports from the Discipline of Physiotherapy

The Over Performing Student

• Students who perform exceptionally well on placement.
• “Don’t flog the willing horse”
• Motivate further learning
• Re-enforce good practice to ensure such performance is sustained
• Keep the student Challenged.

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• Re-evaluate their goals on a constant basis
• Examples of more challenging Objectives
  — Managing own varied caseload
  — More challenging patients (medically, physically, emotionally)
  — Interaction with carers, families, MDT (Case conferences, writing notes in the chart)
  — Employing more use of outcome measures and evaluating how effective they are.
  — Present in service
  — Review journal article
  — Become familiar with specialist equipment

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