EVALUATION OF UNSATISFACTORY STUDENT PERFORMANCE

EVALUATION OF UNSATISFACTORY STUDENT PERFORMANCE IN

PROFESSIONAL NURSING PRACTICE: A HERMENEUTIC STUDY

BY MARIA PRATT, R.N., B.A., B.Sc.N., M.Sc.N.

A Thesis Submitted to the School of Graduate Studies in Partial Fulfilment of the

Requirements for the Degree of Doctor of Philosophy

McMaster University DOCTOR OF PHILOSOPHY (2016) Hamilton, Ontario (Nursing)

TITLE: Evaluation of Unsatisfactory Student Performance in Professional Nursing Practice: A Hermeneutic Study AUTHOR: Maria Pratt R.N. Diploma (Mohawk College), B.A. (McMaster University), B.Sc.N. (McMaster University), M.Sc.N. (Western University) SUPERVISOR: Dr. Margaret Black R.N. Ph.D. NUMBER OF PAGES: xvii, 211

Abstract

A professional practice instructor (PPI), as an evaluator of student performance in professional practice, makes important decisions as to whether nursing students are meeting course requirements. Several nursing education studies have reported that students whose performances are deemed unsatisfactory in professional practice courses nonetheless continue to receive passing grades. While this phenomenon, known as "failure to fail," has been documented in studies involving nursing preceptors, it has yet to be the subject of an in-depth exploration among PPIs. Utilizing Gadamer's (2011) philosophical hermeneutics and Fleming, Gaidys, and Robb's (2003) hermeneutic methodology, this qualitative study sought to gain an in-depth understanding of the experiences of PPIs ($n = 8$) in evaluating unsatisfactory student performance within three educational institutions using a collaborative undergraduate nursing program (UNP) in Southern Ontario. This study revealed that evaluating unsatisfactory student performance is an emotionally draining experience for PPIs. The perception of an overwhelming workload and complex challenges can make it difficult for PPIs to assign a failing grade to a student, especially among novice PPIs. Furthermore, both assigning a failing grade and failing to fail students were found to have a negative impact on all participants in this study. Amid these difficulties, ongoing critical reflection and seeking collegial support and feedback were deemed helpful in validating a PPI's decision-making, as well as alleviating the emotional aspects of grading experiences. While this study reinforces that stressors are inevitable when evaluating unsatisfactory student performance, they may be ameliorated through the creation of mandatory multi-modal orientation programs for all

PPIs within educational nursing institutions. Furthermore, mentorship programs for novice PPIs might better prepare and support them in coping with the complex issues related to managing failing students.

Acknowledgements

Dedication

To my dear husband, Darren, who has always been supportive of all of my dreams and for helping me reach my goals, you have been my biggest motivation throughout this journey. I thank God every day for having you in my life. I couldn't have done this without you!

To my beautiful girls Mia, Danica, and Stella, thank you for being such good little girls and for being so understanding as to why Mommy was not always available to play with you. Mom is now done with her thesis and will have more time to spend with you.

To my mom and dad, thank you for believing in me and for your invaluable support as always. To my mother-in-law, thank you for the home-cooked meals and for picking up the kids and playing with them as I spent most of my time at work and school. I cannot express how grateful I am for your support, kindness, and patience throughout this journey.

I dedicate this accomplishment to all of you. You are all such a big part of what I have become today and will continue to achieve in the future. Thank you for helping me turn this dream into a reality. I couldn't have done this without you all!

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LIST OF ABBREVIATIONS

Abbreviation

BScN   Bachelor of Science in Nursing

CNO   College of Nurses of Ontario

PPI   Professional Practice Instructor

UNP   Undergraduate Nursing Program

DECLARATION OF ACADEMIC ACHIEVEMENT

I, Maria Pratt, declare that I am the sole author of this dissertation. Some parts of my literature review chapter have been published and were written as part of my comprehensive examination. The findings of this research have not been published or submitted for publication. Dr. Margaret Black guided all stages of the research process along with Dr. Lynn Martin and Professor Ann Mohide. I completed all the work in this research.

I certify that, to the best of my knowledge, my dissertation does not infringe upon anyone's copyright or violate any proprietary rights and that any ideas, quotations, or other material from the work of other people included in my thesis, published or otherwise, is fully acknowledged in accordance with the American Psychological Association, 6th edition manual.

I declare that this is a true copy of my dissertation, including any final revisions, as approved by my supervisor and supervisory committee members and that this dissertation has not been submitted for a higher degree to any other university or institution.

Chapter 1: Introduction

The clinical component of a nursing curriculum, or, a professional practice experience, is an essential part of an undergraduate nursing program (UNP). Such practice experiences offer students the opportunity to apply their knowledge in real-life situations under the supervision and guidance of a professional practice instructor (Kan & Stabler-Haas, 2014; Woodley, 2015). As an evaluator of a student's learning and performance, a professional practice instructor (PPI) is responsible for judging whether or not nursing students are meeting the required learning objectives and levels of competency demanded by a school and the nursing profession at large (Gaberson & Oermann, 2010; Oermann, Yarbrough, Saewery, Ard, & Charasika, 2009). PPIs thus need to note incompetent student performance and accordingly assign failing grades to students deemed unsatisfactory in their professional practice (Boley & Whitney, 2003; Scholes & Albarran, 2005).

This chapter will provide an introduction to the roles and responsibilities of the PPI and will discuss the problem, purpose, and significance of this doctoral study. For the sake of clarity, the following terms will be used throughout this dissertation: "Professional practice instructor" refers to a teacher in a professional practice course; "Professional practice course" refers to the clinical component of an undergraduate nursing curriculum; "Clinical nurse educators" refers to teachers involved in facilitating a nursing student's professional practice experience (e.g., PPIs, preceptors, and faculty instructors); "Non-clinical faculty members" refers to other educators who do not directly teach students in professional practice settings (e.g., classroom-based instructors,

lecturers, advisors); "Practice-based educators" refers to teachers or supervisors in other practice-based professions, such as medicine, social work, rehabilitation therapy, or teacher education; Finally, reference to an "educator" within this dissertation may refer to either a clinical nurse educator, faculty member, or a practice educator. These terms are referenced in detail towards the end of this chapter.

While professional practice can be an exciting and rewarding experience for both student and instructor, clinical nurse educators have deemed the evaluation of students in professional practice to be a most difficult and emotionally demanding task, especially when there is a student in jeopardy of failing a course (Duffy, 2003; Goldenberg & Wadell, 1990; Scanlan, Care, & Gressler, 2001; Whalen, 2009). A student is deemed unsatisfactory when he or she fails to meet the required knowledge, skills, and judgment expectations of a program, as well as fails to progress in terms of his or her knowledge of course criteria, such as safety, communication, critical reasoning, preparation, and prioritization (DeBrew & Lewallen, 2014; Steinert, 2008; Tanicala, Scheffer, & Roberts, 2011).

Given a clinical nurse educator's breadth of responsibility to students, patients, families, and professional practice agencies, teaching professional practice can be quite stressful (Woodley, 2015). Overseeing the work of an underperforming student in addition to the many challenges of working in professional practice settings (e.g., increased patient acuity, staffing shortages) has been shown to intensify a clinical nurse educator's workload in practice settings (Whalen, 2009; Woodley, 2015). Furthermore, a recent descriptive analysis of the nursing education literature reveals that nurse educators

in academic and professional practice settings face morally distressing issues related to the evaluation of students, with such figures expressing uncertainty about their decisions to fail a student due to competing obligations as both a nurse and evaluator (Pratt, Martin, Mohide, & Black, 2013).

The issue of nursing educators' "failure to fail" stems from Lankshear's (1990) study in the United Kingdom (UK), which examined the attitudes of nurse preceptors and faculty instructors in posing the question, "Do the right people pass and fail examinations and assessments?" (p. 35). Lankshear found that nurse preceptors failed "to [recommend a fail grade to] many students whose performance in [professional practice] settings was unsatisfactory" (p. 35). This "failure to fail" phenomenon has become a serious issue in nursing education today, as passing students who are incompetent in their professional practice can have grave implications for patient safety and the quality of patient care (Boley & Whitney, 2003; College of Nurses of Ontario (CNO), 2014; Luhanga, Yonge, & Myrick, 2008a; Luhanga, Yonge, & Myrick, 2008b; Stokes, 2007; Luhanga, Myrick, & Yonge, 2010). Indeed, as Luhanga et al. (2008a) note:

> [Clinical nurse educators] have an academic, legal, and ethical responsibility to ensure that nursing students are sufficiently competent when they graduate so as to protect the public from unsafe practice... [clinical nurse educators] who do not assign a failing grade to borderline or unsafe students are doing harm not only to the student but also to the profession. (p. 11)

Nurse educators who do not comply with their professional responsibility by failing to provide an honest evaluation of student performance can damage their teaching reputations, as well as those of their academic institutions and the profession at large (Fontana, 2009; Stokes, 2007). The "failure to fail" phenomenon has also come to light in

other professional programs, such as medicine, rehabilitation sciences, social work, and teacher education (Cleland, Knight, Rees, Tracey, & Bond, 2008; Dudek, Marks, & Regehr, 2005; Finch & Polletti, 2014; Hawe, 2003; Illott & Murphy, 1997).

As both a former nursing student and a current PPI, I have felt the effects of this phenomenon both personally and professionally. When I was a nursing student, I was at risk of failing a professional practice course. I felt ashamed at the prospect of failing and subsequently dropped the course. I recall feeling angry at the PPI, who I thought was demeaning and unsupportive of my learning needs at the time. When I began teaching nursing at the university level in 2008, the thought of having to fail a student caused me considerable concern both because I was unaware of the proper process for assigning a failing grade, and because I knew that failing a course can devastate a student. Based on my personal experiences, I felt compelled to become a fair and supportive PPI, especially when it came to potentially failing a student (see Appendix A for a detailed reflection on why I chose this topic).

Before addressing the purpose, research question, and relevance of this dissertation, I will first clarify the roles and responsibilities of a PPI, as well as address the dilemmas associated with evaluating students in professional practice.

PPI Roles and Responsibilities

Professional practice instructors in an UNP play a pivotal role in developing students' knowledge, skills, and attitudes, as well as in preparing students to meet required nursing competencies and standards of the profession (CNO, 2014). A PPI is generally employed by a university or may be appointed by a health care agency to teach

for the university (Croxon & Maginnis, 2009). A PPI is assigned to teach professional

practice typically for a period of 12 weeks per semester (Whalen, 2009), with part-time

PPIs primarily teaching professional practice courses in UNPs (Duffy, Stuart, & Smith,

2008).

For the first three years in most baccalaureate nursing programs, a PPI is assigned

to teach a group of about eight to ten students in professional practice. However, in the

final year of an UNP, each student is assigned to a registered nurse (RN) preceptor (in the

professional practice area) and a faculty instructor for the duration of his or her final year

of professional practice (Bott, Mohide, & Lawlor, 2011). Within this triad, the faculty

instructor does not directly oversee the work of the student in the professional practice

setting, but instead assists the student with theoretical and experiential learning in the

course. Furthermore, the faculty instructor also guides and supports the preceptor in

understanding program guidelines and course expectations (Bott et al., 2011).

During the first three years of UNPs, in addition to supervising and assessing

students' learning, the PPI role also involves coaching students to build their critical

inquiry, clinical decision-making, reflective thinking, and clinical skills, helping students

bridge gaps between theory, research, and practice, supporting students to meet course

outcomes within a safe learning environment, and evaluating students' overall

performance in a professional practice course (Gaberson & Oermann, 2010; Jerlock, Falk,

& Severinsson, 2003). Overseeing all of these aspects within a program, the PPI thus

plays an important role in determining whether a student has met the required learning

outcomes and competencies of the course (Boley & Whitney, 2003; Larocque &

Luhanga, 2013; Tanicala et al., 2011), which students must attain by the end of each professional practice term (Kan & Stabler-Haas, 2014; Oermann, 2015).

In a literature review of research on the role of an effective PPI, Dahlke, Baumbusch, Affleck, and Kwon (2012) describe an effective instructor as someone who is a clear communicator, has professional practice skills and expert judgment, is knowledgeable about the practice environment and the curriculum, acts as a role model, is a source of support to students, is able to stimulate critical thinking, and uses a person-centered approach to learning. Such attributes lead to quality teaching standards that can enrich a student's professional practice experience. In addition, a PPI should continuously look for learning opportunities for students, develop a collegial relationship with staff and administrators, and establish a clear line of communication between students and staff members (Gaberson & Oermann, 2010).

Professional Practice Evaluation

The evaluative decision-making of a PPI is an important responsibility that is assigned by an academic institution. Crisp (2012) proposes four types of assessment tasks: diagnostic, formative, integrative, and summative. While these types of assessment are discussed in the context of higher education, they can also be used by instructors in most UNPs.

Diagnostic assessment involves the general identification of a student's knowledge gaps or deficiencies in practice (Crisp, 2012). A formative assessment is meant to help a student improve his or her learning performance on a final summative assessment. The formative stage is still meant to be diagnostic in nature, and therefore

should not be graded. In undergraduate nursing education, formative assessment involves an ongoing process of collecting data and documenting students' application of learning objectives throughout a course. The identification of a student's learning gaps should be provided regularly via ongoing verbal feedback, as well as written feedback at midterm evaluation (Kan & Stabler-Hass, 2014; Oermann et al., 2009). Providing specific verbal and written assessments in a timely manner is "critical to the student's learning process [by] allowing the student opportunities to correct mistakes before they become patterns, and to feel supported and mentored during the [professional practice] experience" (Woodley, 2015, p. 158). Furthermore, formative feedback encourages both instructor and student to develop a learning contract that outlines how a student can achieve course outcomes by the end of a term (Oermann et al., 2009).

In most UNPs, students are encouraged to assess their own professional practice performance as they progress through a course (Kan & Stabler-Haas, 2014). A student's individual performance assessment, which involves looking broadly at one's abilities to apply knowledge in future learning situations, is what Crisp (2012) refers to as an integrative assessment. Finally, a summative assessment, or a summative evaluation, outlines what a student has learned and allows an instructor to make a definitive judgment of a student's level of performance at the end of a course (Crisp, 2012; Woodley, 2015). Oermann (2015) explains that if the formative feedback provided has been consistent, the outcome of a summative evaluation should not be a surprise to a student. The summative evaluation indicates a student's overall performance effort in a course, with the instructor assigning either a "pass" or "fail" at the end of a professional practice experience.

A "pass-fail" grading system is commonly used for the grading of professional practice courses in most nursing programs (Oermann et al., 2009). Other grading variations used by nursing schools include "satisfactory to unsatisfactory" or letter grades (e.g., from A to F) (Kan & Stabler-Haas, 2014). In some programs, criterion-referenced evaluation tools (i.e., based on learning outcomes) with rubrics are used to evaluate a student's level of performance in professional practice (Heaslip & Scammel, 2012). It is therefore imperative that instructors clearly understand the program's course expectations and goals in order to provide an adequate assessment and evaluation of student performance (Hewitt & Lewallen, 2010; Kan & Stabler-Hass, 2014).

Problem Statement

Certain inherent problems of professional nursing practice make the evaluation of students in nursing education quite challenging. In Wooley's (1977) seminal article on the history of clinical evaluation, the author discusses the long-standing issue of "there [being] no valid or reliable method of grading students in baccalaureate education" (p. 314). Despite the utilization of criterion-based assessments (e.g., rubrics and rating scales) to assist in an instructor's evaluative decision-making, only one assessor is involved in assessing a student, which can make it difficult for a nurse educator to escape the subjectivity of the evaluation process entirely (Heaslip & Scammel, 2012; Oermann & Gaberson, 2010). Furthermore, even though graded professional practice tools were found to be more accurate in determining achievement in the course, a recent survey found some educators to report that they continued to lack confidence in assigning a failing mark. This finding indicates that the development of grading tools has failed to provide

sufficient support for assigning failing grades (Heaslip & Scammel, 2012). Furthermore, Price (2012) argues that the continuous assessment of professional practice may be unrealistic as a means of evaluation, as an educator "may only view the student's practice in part" (p. 50).

The PPI's group size further adds to the complexity of assessment, given the limited amount of time a PPI has to observe all students in a practice setting (Kan & Stabler-Haas, 2014; Price, 2012). Furthermore, a student's application of theory to practice is dependent on the available learning opportunities in a professional practice setting, which may make it difficult to evaluate a student's improvement in this regard (Price, 2012). Another point of contention related to professional practice evaluation is the notion of caring that is inherent in the nursing profession. A nurse's obligation to be caring may impact PPIs emotionally when it comes to delivering a failing grade to a student. Alternatively, Pesut and Meyerhoff (2005) explain that a failing student may view a nurse educator as uncaring, and thus develop feelings of anger or blame toward the educator. Failing a student can be an emotionally difficult experience for both nurse educator and student, with the process having a damaging effect on an educator-student relationship (Diekelmann & McGregor, 2003; Duffy, 2003; Fontana, 2009; Poorman & Mastorovich, 2014). PPIs may also face challenges supervising nursing students in a professional practice workplace due to their simultaneously having to care for patients with complex needs, staffing shortages, and changes in health technology (Woodley, 2015). Such added stressors may contribute to various challenges in evaluating students, particularly with regard to students who are struggling in a course (Whalen, 2009).

While a number of nursing and other practice-based professions have recognized the shortcomings of certain methods of student evaluation and the reluctance of some educators to fail students in professional practice, research on the "failure to fail" phenomenon in the nursing education literature has referred predominantly to preceptors who work in healthcare settings (Duffy, 2003; Jervis & Tilki, 2011; Laroque & Luhanga, 2013; Luhanga et al., 2008a, 2008b; Stokes, 2007; Yonge, Krahn, Trojan, Reid, & Haase, 2002). To date, research studies that have focused on the experiences of PPIs dealing with failing students in professional practice settings are limited (Amicucci, 2012; Diekelmann & McGregor, 2003; Duke, 1996).

While the role of PPIs may be similar to that of a preceptor in terms of the obligation to facilitate, support, and assess student performance, instructor experiences pertaining to the "failure to fail" phenomenon may differ to varying degrees, which would appear worthy of research inquiry. For example, although preceptors can make recommendations as to whether a student is fit to pass a course or not, a preceptor does not assign a student's summative grade in a course. The issuing of a student's summative grade is a responsibility assigned exclusively to faculty members employed by an educational institution. Therefore, if the "failure to fail" is a common occurrence among PPIs, then they are failing to comply with their obligations to the educational institution and the profession, and are contributing to a problem that can have negative implications for patient safety and quality nursing care in the future.

Purpose of the Study

Due to the limited research available on the experiences of PPIs in evaluating unsatisfactory students, this study seeks to explore this group of clinical nurse educators who directly teach, supervise, guide, and evaluate students in professional practice settings. The overall purpose of this study is to gain a deeper understanding of the challenges involved for a PPI in evaluating the performance of students with unsatisfactory performance in a professional practice.

Research Question and Relevance

The primary research question of this study is as follows: What is a PPI's experience when assigning a grade to a nursing student who is not performing satisfactorily in a professional practice course?

This research question will help to clarify what PPIs in UNPs experience when evaluating underperforming students. These experiences will then be compared with those that have been discussed in the extant nursing education literature. This study has the potential to expand upon previous research on nurse educators' experiences, as well as to identify strategies to assist PPIs in managing barriers that may be encountered when dealing with this challenging aspect of teaching practice. Furthermore, the findings of this study can greater inform relevant stakeholders, such as UNP administrators, concerning the professional development and other needs of PPIs.

An understanding of the difficulties surrounding professional nursing practice evaluation is integral to grasp why PPIs may feel reluctant to fail a student, as well as to identify the dilemmas they may encounter when dealing with a student at risk of failing

professional practice. Symanski (1991) states that the devastating experience related to failing students can create negative feelings toward teaching, which may result in the loss of competent nurse educators within the profession. In addition, the stressors associated with failing a student may lead a nurse educator to feel sympathy for a failing student, thereby leading to the student passing despite his or her inability to achieve a satisfactory grade in a course (Diekelman & McGregor, 2003; Duffy, 2003; Luhanga et al., 2008a). The reasons for the educator's reluctance to fail a student will be discussed in the subsequent chapter.

Definition of Terms

The following terms have been defined to serve as a frame of reference throughout this dissertation:

Clinical nurse educator: A nurse involved in instructing or facilitating a student's learning in professional practice. The three types of nurse educators involved in facilitating a student nurse's professional practice experience include PPIs, preceptors, and faculty instructors.

(1) *Professional practice instructor (PPI)*: A clinical nursing faculty member whose responsibilities are to teach, supervise, guide, facilitate, assess, and evaluate the professional practice learning experiences of a small group of nursing students in a professional practice setting (e.g., a hospital setting) (Woodley, 2015). Numerous terms (e.g., clinical teacher, clinical instructor, clinical educator, clinical nurse faculty, faculty instructor, nursing instructor) are used in the literature when discussing the function of a PPI. Professional practice instructor was chosen to describe the participant's title in this

study, in reference to an instructor who teaches a professional practice course. The majority of PPIs are most likely to hold part-time instructor positions within educational institutions. To a lesser extent, some may hold part-time unpaid (academic) appointments or full-time paid faculty appointments within educational institutions.

(2) *Preceptor*: A preceptor is an experienced registered nurse (RN) employed by a clinical organization who is partnered with a faculty instructor from an academic institution to oversee the learning of undergraduate nursing students in their final professional practice courses (Bott et al., 2011). In the United Kingdom, the preceptor within this triadic function is referred to as a "mentor" (e.g., Duffy, 2003; Lankshear, 1990). For clarity and consistency, "preceptor" will be used throughout this dissertation.

(3) *Faculty instructor*: A nursing faculty member who does not directly supervise senior students in a professional practice setting, but is responsible for guiding a student's integration of theoretical and clinical learning and assigning him or her a summative grade in a professional practice course (Bott et al., 2011).

Educator: A conventional term that will, in the context of this dissertation, refer to a student's teacher in nursing and other practice-based disciplines (e.g., medicine, social work, rehabilitation therapy, teaching) during professional practice.

Failure to fail: An educator's failure to assign [or recommend] a failing grade to a student whose overall performance is deemed unsatisfactory in a professional practice course (Duffy, 2003; Lankshear, 1990; Luhanga et al., 2008a).

Learning outcomes: The course objectives that students are required to attain by the end of a professional practice experience (Kan & Stabler-Haas, 2014; Oermann, 2015). These objectives and criteria are outlined in a student's course syllabus.

Non-clinical faculty members: This title refers to instructors who are not involved in teaching professional practice students within a nursing program (e.g., faculty advisors, lecturers, classroom-based teachers).

Practice-based educators: Educators responsible for assessing or evaluating students other than nursing (e.g., medicine, rehabilitation therapy, and social work).

Professional practice evaluation: The process of assessing a student's course objectives and competencies. The components that make up a professional practice evaluation include diagnostic, formative, integrative, and summative assessments (Crisp, 2012) (Detailed descriptions of these components are offered on pp. 6-8).

Professional practice evaluation form: An assessment tool used by PPIs to evaluate specific learning criteria that must be attained by each student by the end of a professional practice course. In some nursing programs, such as the educational institution wherein this research was undertaken, this form is also used by students to evaluate their learning and overall performance in a course.

Professional practice experience: The experiential or clinical component of a nursing course that takes place in various clinical settings (e.g., hospital in-patient wards, such as medicine, surgery, oncology, rehab, etc.).

Unsatisfactory grade: A failing grade assigned by an educator to a student who does not meet the required learning outcomes of a professional practice course.

Unsatisfactory student performance: The failure of a student to meet expected course learning outcomes and competencies established by a nursing program and the profession at large in terms of knowledge, skills, or judgments (Debrew & Lewallen, 2014; Steinert, 2008; Tanicala et al., 2011).

Chapter Summary

Performing a professional practice evaluation is an important task assigned to PPIs in UNPs. Although the task of teaching can be an exciting and rewarding experience for a PPI, evaluating students in professional practice may present certain challenges when assigned to evaluate a student of unsatisfactory performance. Indeed, the "failure to fail" phenomenon has been identified in the literature as a troubling situation for nurse educators and those within other practice-based professions.

Studies of professional practice education involving the evaluation of nursing students have predominantly focused more on the experiences of preceptors than PPIs. These studies show that students with unsatisfactory performance have nonetheless been recommended to pass their professional practice courses. Nurse educators have a professional obligation to fail students who do not meet the academic requirements and competencies of the profession to ensure the quality and safety of patient care. Studies of the experiences of PPIs in evaluating nursing students within a practice setting are limited in number. Thus, there is a need to increase our understanding of how this group of clinical nurse educators deals with unsatisfactory students, as well as to identify the degree to which they exhibit the "failure to fail" phenomenon.

Any investigation of the "failure to fail" phenomenon among professional instructors requires significant attention, as the passing of an underperforming student not only endangers the lives of patients and impacts the quality of patient care, but can also potentially damage the credibility of nurse educators and their institutions (Fontana, 2009; Stokes, 2007). The findings on this topic may offer insights to relevant stakeholders, such as course and program administrators in nursing schools, as well as stimulate the creation of programs to support faculty development in the area of professional practice teaching.

Dissertation Overview

This dissertation is organized as follows: This first chapter has provided an introduction to the roles and responsibilities of the PPI, as well as presented the dissertation's problem statement, research purpose, research question, and relevance. In Chapter 2, relevant literature on the research topic is reviewed. Chapter 3 provides an overview of the philosophical and methodological research frameworks used in the study. Chapter 4 presents the findings of the research. Chapter 5 discusses the study's findings, and Chapter 6 concludes the dissertation in addressing its strengths and limitations, implications, and recommendations for further study.

Chapter 2: Review of the Literature

Introduction

This chapter provides an overview of the research literature on nurse educators and other practice-based educators' experiences dealing with unsatisfactory student performance in a professional practice course. The chapter ends with a summary of the literature findings and statement of the primary research question and objectives.

Literature Search Strategies

To explore the literature on the aforementioned educators' experiences evaluating students who are not performing satisfactorily in professional practice, an electronic search of the CINAHL-EBSCO, Ovid MEDLINE, ERIC, and PsycINFO databases was conducted using the following keywords: failure to fail; failing to fail; and academic failure combined with unsatisfactory, borderline, marginal, incompetent, unsafe, academic underachievement, nursing education, baccalaureate education, higher education, nursing students, nurse educator, clinical instructor, preceptor, teacher response, and teacher attitudes (see Appendix B for literature search strategies for each database). These initial searches yielded 344 articles (CINAHL: 141; MEDLINE: 171; ERIC: 16; and PsycINFO: 16).

To be eligible for review, articles needed to be published in English-language, peer-reviewed journals within the last decade and feature studies in which nursing and other practice-based educators experienced evaluating unsatisfactory students as identified in the research abstracts or article introductions. The abstracts of the articles were evaluated based on currency, authority, accuracy, relevance, and purpose (Merriam

Library, 2010). After applying the inclusion criteria and removing duplicate articles and editorial and opinion papers, the initial search in 2012 yielded a total of 12 relevant studies. Nine of the 12 articles were related to nursing education (Brown, Douglas, Garrity, & Kim 2012; Duffy, 2003; Diekelmann & McGregor, 2003; Duke 1996; Fontana, 2009; Jervis & Tilki, 2008; Lankshear, 1990; Luhanga et al., 2008a; Stokes, 2007), and three were related to other practice-based professions (Cleland et al., 2008; Dudek et al., 2005; Hawe, 2003). Two articles prior to 2000 (Duke, 1996; Lankshear, 1990) were included due to their relevance to my research topic. A recent literature search from January 2012 to February 2016 yielded five more nursing education articles (Amicucci, 2012; Black, Curzio, & Terry, 2014; DeBrew & Lewallen, 2014; Larocque & Luhanga, 2013; Poorman & Mastorovich, 2014) and two related to other practice disciplines (Danyluk, Luhanga, Gwekwerere, MacEwan, & Laroque, 2015; Finch & Poletti, 2014), yielding a total of 19 articles that were reviewed in this chapter.

Appraisal of Study Rigour

I reviewed all 19 articles in detail using the Critical Appraisal Skills Programme (CASP, 2013). Appendix C contains the critical appraisal of relevant studies reviewed in this chapter. The studies that met the inclusion criteria for the literature review were predominantly qualitative in nature (except for Brown et al., 2012) and originated in the UK (Black et al., 2014; Cleland et al., 2008; Duffy, 2003; Finch & Poletti, 2014; Jervis & Tilki, 2011; Lankshear, 1990), Australia and New Zealand (Duke, 1996; Hawe, 2003; Stokes, 2007), South Eastern Europe (Finch & Poletti, 2014), United States (Amicucci, 2012; DeBrew & Lewallen, 2014; Poorman & Mastorovich, 2014; Fontana, 2009), and

Canada (Danyluk et al., 2015; Diekelman & McGregor, 2003; Dudek, 2005; Larocque & Luhanga, 2013; Luhanga et al., 2008a). The CASP for qualitative studies has 10 questions and I assigned one mark to each question for a total score of 10; questions include: "Was there a clear statement of the aims of the research?" and "Is a qualitative methodology appropriate?" The studies reviewed received a CASP score of 7/10 to 9/10, which indicates that the studies were moderately to highly acceptable. Brown et al.'s (2012) survey study was appraised using the Centre for Evidence-Based Management (CEBMa, n.d.) critical appraisal of a survey checklist and received a score of 8 out of 10. Each study's score is also noted in Appendix C.

Analysis of the literature underscores three main topics of discussion to provide insight into what is known about failing students in professional practice settings: the impact of dealing with unsatisfactory students on the educator, reasons why educators may fail to fail unsatisfactory students, and educators' major criteria for failing a student.

The Impact of Dealing with Unsatisfactory Student Performance

Dealing with unsatisfactory students has been found to be a stressful experience for the educator both physically and emotionally (Duffy, 2003; DeBrew & Lewallen, 2014; Lankshear, 1990). In a study of preceptors ($n = 26$) and faculty instructors ($n = 24$) at three Scottish healthcare institutions, Duffy (2003) found the process of failing a student to be onerous due to an increased workload for both parties, especially for the preceptor who is responsible for the direct teaching-learning of a weak student while also dealing with direct patient care and other work constraints, such as the intensity of patients' status and staffing shortages.

Poorman and Mastorovich (2014), using Heidegger's hermeneutical approach, explored the experiences of 30 nurse educators assigning a failing grade to undergraduate nursing students in the United States. While the findings revealed that some nurse educators personalized the blame for student's failure, some teachers also were blamed by students and parents as described below:

> [The student] did meet with me and actually brought her mother to the meeting. Her mother was literally furious and there was a very heated and difficult confrontation that took place. The mother really felt that predominantly it was my fault, as did the student. (p. 5)

Poorman and Mastorovich (2014) went on to indicate that the nurse educator, in this case, not only felt blamed, but was also bullied by both the student and parent. This incident was emotionally traumatizing for the educator involved, who feared being potentially harmed by the student or family. Another nurse educator in the study recalled that the student she had failed ended up petitioning for an appeal but was denied. She recalled how angry the student's father was with her and the school. Reflecting on the situation, she noted, "It was probably the first time in my career I thought the parent was going to punch me" (p. 6). The nurse educator was greatly affected by this situation to the extent that she actually contemplated not signing her teaching contract for the following school year. This study recognized that the difficulty of failing extends beyond sympathy for the failing student and could directly impact the nurse educator's own safety. As Symanski remarked (1991), the consequences of a nurse educator's assignment of a failing grade to a student, may potentially impact job satisfaction, as well as the retention of talented nursing teachers in the program.

The difficulty dealing with a failing student is not unique to nursing and has been identified by educators in other practice disciplines. In a recent study by Finch and Poletti (2014) regarding British ($n = 20$) and Italian ($n = 6$) social work educators' experiences screening unsuitable social work students, participants expressed anger toward the student; as one preceptor stated: "I got angry with him [the student] sometimes. I would be smouldering, pissed off, felt like I was working harder than him in his practice placement" (p. 143). Alternatively, Italian educators within this study found the process emotionally difficult, although they were found to be more compassionate than British preceptors in such statements as "she was young, I felt sorry for her, but I am sure she would learn from the experience" (p. 142). Despite the differing sentiments expressed by educators in the given study, the negative feelings they experienced were deemed inevitable when faced with a situation involving a student who is struggling in or failing a course.

In a recent hermeneutic study by Black et al. (2014), the authors identified that preceptors ($n = 19$) experienced moral distress when uncertain about the course of action to take, but overcame the stress by having the courage to only pass students who were fit to practice. In spite of their moral duty, the authors revealed that preceptors' "feelings of [moral distress] were magnified...particularly when the consequences for the student were considered. Guilt emerged when [preceptors] reflected on their own practice, and they questioned their own competence, abilities as a preceptor, and quality of [precep]torship they provided" (p. 229). This highlights the heavy burden placed on the educator when dealing with a student at risk of failing the course.

Larocque and Luhanga (2013) explored the failure to fail phenomenon by interviewing 13 nurse educators in Canada: preceptors ($n = 5$), faculty instructors ($n = 5$), and faculty advisors ($n = 3$). A content analysis of the interviews revealed that failure to fail may not only impact the educator personally (i.e., by enduring a difficult situation that cannot be easily remedied such as the student's level of maturity or level of confidence), but also professionally (i.e., passing an unsatisfactory student could have implications for public safety) and structurally (i.e., the educational institution may also bear the impact by professional practice placements no longer willing to take students due to perceptions about the program and students). Such consequences are significant and can provide a basis for understanding the issues and reasons behind the failure to fail phenomenon.

Why Educators May Fail to Fail Students

Although nursing and other practice-based educators are professionally obliged to fail students who are not meeting the required standards of a course, a great portion of the studies have indicated that educators are failing to fail students who should not be passing the course. An overall review of the themes identified in the selected literature revealed that these educators experience personal, professional, and structural challenges that can make them reluctant to fail a student.

Personal challenges. The literature findings revealed that educators may be reluctant to fail students who are not meeting standards due to barriers or challenges related to their personal values, beliefs, and attitudes. Kopala (1994) and Pesut and Meyerhoff (2005) remarked that nurses' general caring qualities can make it potentially

difficult for a nurse educator, who may feel conflicted about his or her role as a nurse and teacher, when it comes to assigning a failing grade to a student. This notion was reported in Lankshear's (1990) UK study involving the attitudes of 34 nurse educators (e.g., preceptors and faculty instructors) with respect to evaluating nursing students. Lankshear found that preceptors experience dissonance between their role as a nurse, and their role as an educator, due to their belief that "being a good nurse is synonymous with being a nice person" (1990, p. 35). In Duke's (1996) phenomenological study exploring part-time PPIs' ($n = 18$) challenges in professional practice, the author found that PPIs, at times, feel pressured to pass students, especially when they are aware of the student's personal problems at home, as one instructor recalled:

> If she fails, her father was going to beat her because he wants her to get through the course quickly because they are Vietnamese refugees and he wants her to pass quickly so she can go out and start earning money. (p. 412)

Diekelmann and McGregor (2003), who described and analysed the narrative accounts of teaching practices of four novice and experienced PPIs in nursing, explained that PPIs felt responsible for the students' failure and, thus, were anxious about communicating failing marks to unsatisfactory students.

Likewise, in a study that explored the determinants of failure to fail among 70 medical educators (i.e., general practitioners, hospital doctors, and non-clinical instructors), Cleland et al. (2008) found that the participants experienced conflict between their roles as supervisors and evaluators, and thus, "found it difficult to report underperformance in a student whom they liked, or who was liked by their colleagues

....and [similarly] were worried about being [labelled as] unfair if they disliked a student" (p. 803).

Aside from the caring qualities of nursing that can make it difficult to fail a student, a nurse educator's attitudes and beliefs can also impact on the educator's decision to assign a failing mark. This resonated with Duffy's (2003) study, which found that almost half of the preceptors assigned to supervise and assess senior nursing students reported making a recommendation to pass students even though they had doubts about the students' professional practice performance (p. 66). For example, some preceptors claimed that students who had a poor attitude but appeared competent in their skills generally ended up passing the course. As noted by one of the preceptors:

> There was one particular one last year where this [student] was telling lies and there were certain things that they [clinical staff] weren't happy about his performance, but in terms of being able to do basic things, he was OK because he had done them before...because he could do the tasks, you know, he was a care assistant. I was back and forth, back and forth but he ended up passing the placement. (pp. 66–67)

Preceptors in Duffy's (2003) study also admitted to "giving the student the benefit of the doubt" by assigning a passing mark and assumed that weak students would become more proficient as they progressed in the nursing program. Moreover, preceptors tended to recommend to pass at risk students, out of sympathy, or out of fear of putting the students' futures on the line.

In Luhanga et al.'s (2008a) grounded theory study of 22 Canadian preceptors, the authors uncovered that preceptors were not recommending a failing mark to incompetent students in professional practice, because of preceptor's reluctance to cause a student to incur additional cost by having them repeat the course. Other affective behaviours

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exhibited by preceptors in Luhanga et al.'s study of passing unsatisfactory students include personal feelings of guilt as well as feeling pressured to graduate students in light of a nursing shortage; these sentiments were also addressed by nursing educators in other studies (Diekelmann & McGregor, 2003; Duffy, 2003; Poorman & Mastorovich, 2014).

It is noteworthy that the experiences of school teacher educators also resonated with nurse educators' experiences when it came to evaluating the unsatisfactory performance of student teachers (Hawe, 2003). Hawe's study, using participant observation methods, noted that lecturers assigned to evaluate the coursework and teaching practices of student teachers also loathed failing a student, who was a relatively nice person, despite the student's failure to adhere to completion of learning outcomes.

Fontana's (2009) qualitative critical methodology, which involved 12 non-clinical faculty members' experience of students' academic dishonesty in the US, revealed this group of nursing educators also had difficulty reporting failing students due to their fear of damaging the relationships that they had established with their students. Although the stories described by the authors in this study occurred in classroom-based courses, this study was included in the review, because the findings related to failing a student mirrored the experiences of educators in practice settings (Diekelmann & McGregor, 2003; Duffy, 2003; Luhanga et al., 2008a).

Professional challenges. Other possible causes of failure to fail may relate to an individual's professional role. Fontana (2009) reported that some non-clinical faculty members were reluctant to fail a student due to a belief that their application for

reappointment and tenure would be affected due to poor student faculty evaluations as a consequence of failing a student.

In addition, a preceptor's lack of knowledge about the process of recommending a failing mark to a student has been reported to contribute to the failure to fail phenomenon. In a non-experimental survey aimed to establish mentorship practice in relation to undergraduate students, Brown et al. (2012) revealed that some preceptors reported that they were "unaware of the correct process and support needed or available when they have these difficulties" (p. 21). Dudek et al. (2005), in a qualitative study involving medical educators assigned to supervise student doctors, found that medical educators feared the possibility of being sued due to a lack of knowledge about the required documentation to fail a student. The authors remarked that knowledge deficiency, or uncertainty about one's professional role, can make educators less inclined to fail students and residents due to fear of litigation.

In her study of part-time PPIs, Duke (1996) found that although they were skilled and confident in providing an objective assessment of a student's psychomotor skills, "they felt less confident evaluating areas they could not easily objectify, such as attitudes, values, and caring" (p. 413). Likewise, in a qualitative focus group study of preceptors ($n = 8$) and in individual interviews ($n = 6$), Jervis and Tilki (2011) found that preceptors were challenged to assess students with unprofessional behaviours (e.g., those who were arrogant, uncaring, or unhelpful). This topic was also addressed by the participants in Duffy's (2003) study.

Jervis and Tilki's study also revealed that preceptors struggled while assessing students who were somewhere in the middle (i.e., borderline), and whose skills were not fully developed, thus adding to the complexity of preceptors' evaluative decision-making. This often led to preceptors' reluctance to report the students' poor progress early in training, believing that the students had a lot of time to improve their performance. The aforementioned findings revealed that educators' lack of knowledge about their obligations may compromise their decisions to assign a failing mark to a student who should, in fact, be failing a course.

Structural challenges. The educators' rationale for failing to fail has been attributed to the course (e.g., the length of professional practice rotation, evaluation criteria), or the academic institution (e.g., lack of support from the educational institution). Some participants in nursing education studies indicated that professional practice was not long enough to be able to make effective judgments about the students' overall competence in a practice setting (Lankshear, 1990; Luhanga et al., 2008a). In terms of the assessment of practice competence, DeBrew and Lewallen (2014) explained that professional practice evaluation criteria tend to be "broad and abstract...and may have little to do with behaviours that they believe would make someone a good nurse" (p. 631). Moreover, Oermann et al. (2009) stated that assessment based on observation can lead to evaluation subjectivity, which could vary from educator to educator.

Preceptors in Luhanga et al.'s (2008a) study also attributed the lack of support from faculty instructors to be challenging when dealing with a student at risk for failing, particularly when they do not see the faculty on a regular basis. Similarly, Lankshear

(1990) underscored the finding that preceptors did not feel supported in their recommendations to fail a student, given the following phrases they used to describe their experiences: "I had so much flack about it," "You can be made to feel like an ogre," "The outcome was hardly worth the hassle," and "I felt like a trouble maker" (p. 37). Such phrases illustrate the notion that student evaluation was a stressful experience, especially when preceptors felt devalued for their efforts and received insufficient support in their decision to fail a student. Finch and Poletti (2014) echoed this finding by reporting that social worker educators also felt unsupported by the university in this process:

> So I went and had a meeting at the university after things had broken down...they were only interested in what he [the student] had to say...and in fact when they sent the report, I wasn't prepared to sign the report that they had sent because it didn't stress or recall any of the concerns I had raised. (British Educator, p. 141)

Both the British and the Italian practice social work educators in this study also believed that some universities withheld important information about students given the privacy and confidentiality legislation as was noted by an Italian preceptor: "Often they don't tell us everything, or perhaps, they cannot disclose information because of confidentiality" (p. 142). Additionally, social work practice educators refused to accept their gatekeeper role because of a comparatively short student placement. They believed strongly that the university should make the ultimate decision to pass or fail students.

Duffy (2003) explained that a lack of support from the school and a lack of preceptor training in the process of recommending a failing grade often contributed to a preceptor's lack of confidence in recommending a failing grade. Brown et al. (2012) found that 25% of 277 preceptors who had recommended failing students reported that they were unsupported in the process. The participants found their perceived fear of being

overturned in their decision to fail a student and lack of confidence in recommending a failing grade resulted in passing unsatisfactory students. This finding was also reported by teacher educators in Hawe's (2003) study, who claimed to have lost their confidence after their decision to recommend a failure was overruled by the school; furthermore, this led to the teacher educators' reluctance to make a recommendation to fail a student in the future for fear that they would be unsupported in their recommendations.

In a case study designed to explore the difficult experiences of nursing preceptors when deciding if they should recommend a passing or failing grade for students who are unsafe, Stokes (2007) found that when a faculty member from a reviewing committee, who does not know the student, reinstated the failing student, the preceptors felt "burnt" by the system. Furthermore, the preceptors believed that their voices were not heard and only justice in favour of the student prevailed:

> The [preceptors] describe situations whereby they experience the weight of responsibility and accountability as professionals in a process over which they perceive they have little, or no, control…Worse, their dilemmas, and the violence contained within them, are frequently ignored and rendered invisible. (p. 503)

Stokes' conclusion illustrates that while the process of dealing with unsafe students was challenging, preceptors often felt disparaged, especially when their decisions were not validated by the educational institution. Luhanga et al. (2008a) explained that "assigning a failing grade to a student is perceived as an act of bravery ... [so] when their decision to recommend a failing grade is not taken into consideration, preceptors may be belittled" (p. 8). A recent phenomenological study by Danyluk et al. (2015), involving 12 practice teacher educators in Ontario, highlighted that teacher educators also felt insulted and betrayed when their recommendations to fail a student teacher were overturned by the

school, as demonstrated in the given quote: "It was very frustrating and ultimately I felt almost betrayed because I did fail that student, and they did go on to become a teacher" (p. 9). Danyluk et al. noted such a consequence makes teacher educators less inclined to take on a student teacher, which results in a loss of field practicum placement for the teaching institution.

Major Criterion for Failing a Student

Participants in nursing studies explained that compromising patient safety was a major criterion for failure (Amicucci, 2012; Duffy, 2003; Stokes, 2007). Preceptors in Lankshear's (1990) study noted: "We look at safety. That's the only thing we look at. If they're unsafe, they fail" (p. 37). Stokes' (2007) qualitative study of the experiences of nursing preceptors discussed the difficult process involved when deciding to either pass or fail an unsafe student:

> [Preceptors] found it hard to make decisions that would impact negatively on the student [with whom they had built relationships to succeed] … They talked about being swayed back and forth between concern for the student and their own duties to the public as professional registered nurses. (p. 501)

Despite the difficulty inherent in the evaluation of unsatisfactory nursing students, some preceptors revealed that, for the most part, public safety prevailed over the student's personal needs "even though this might compromise their relationship with the student" (p. 502). A recent qualitative study by Amicucci (2012) explored the experiences of full-time PPIs with professional practice grading and identified "safety as [the instructor's] benchmark used for clinical grading" (p. 53). Likewise, the preceptors in Black et al.'s (2014) hermeneutic study believed that they have a moral obligation to protect the general public from incompetent and unsafe practitioners by assigning a failing grade to "a

student who is not fit to practice" (p. 230). This illustrates that the violation of patient safety is a clear criterion for failing a student among these preceptors.

DeBrew and Lewallen (2014), in a study consisting of 25 nurse educators, identified a number of student and faculty factors related to the educators' decisions to fail a student. The main student-related factors were described as poor communication skills, unsafe administration of medication, an inability to prioritize, being unprepared, and being generally weak in practice. The authors also found that some of the students' attitudinal behaviours "are not only difficult to measure, but also difficult to teach" (p. 635). This was also echoed by Duke (1996), in a study of part-time PPIs, suggesting that although professional practice teachers may have a clear idea of what constituted a failing student, they may still struggle in assessing various student behaviours in the practice setting.

Overall Critique of the Literature

Nursing education studies related to failure to fail have focused primarily on the experiences of preceptors who were employed by health care agencies in the UK, Australia, New Zealand (Brown et al., 2012; Duffy, 2003; Duke, 1996; Jervis & Tilki, 2011; Lankshear, 1990; Stokes, 2007), and the United States (Black et al., 2014; DeBrew & Lewallen, 2014; Poorman & Mastorovich, 2014; Fontana, 2009). Only three nursing education studies were Canadian (Diekelmann & McGregor, 2003; Larocque & Luhanga, 2013; Luhanga et al., 2008a). Studies conducted in other countries are important when comparing and contrasting aspects of the educators' experiences dealing with failing students in professional practice. Research findings related to the experience of non-

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nursing practice-based educators also validate the extent of the failure to fail issue in diverse professional and geographical contexts (Cleland et al., 2008; Dudek et al., 2005; Finch & Poletti, 2014; Hawe, 2003).

Studies more than 10 years old were considered in this review because they are considered seminal studies on failure to fail (Duffy, 2003; Lankshear, 1990). Duke's (1996) study provided relevant insight into the PPIs' experiences when working with unsatisfactory students. All but one study (Duffy, 2003) critiqued were published in credible peer-reviewed journals. Duffy's (2003) study was published by the School of Nursing and Midwifery in a university in Scotland. Although the majority of sample sizes of the studies reviewed were small, they were appropriate for the nature of the types of qualitative methods used.

Moreover, although PPIs' experiences in dealing with difficult students have been explored in a small number of studies (Amicucci, 2012; Diekelmann & McGregor, 2003; Duke, 1996), only two of these studies (Amicucci, 2012; Duke, 1996) discussed the failure to fail experience of PPIs. Most nursing education studies explored the experiences of nurse educators and faculty members who do not always teach in professional practice settings (Fontana, 2009; Larocque & Luhanga, 2013; Debrew & Lewallen, 2014; Poorman & Mastorovich, 2014).

While the given findings may be applicable to PPIs, there is a need to better understand their specific experiences, especially considering the large number of PPIs who teach professional practice in UNPs. Such investigations may shed light on the similarities and differences of PPIs' experiences in comparison to other types of educators

working with students in professional practice courses. Understanding how PPIs have managed failing students will help inform the UNPs and administrative staff about the PPIs' challenges, and hence, develop programs for orientation and faculty development sessions focusing on the evaluation of unsatisfactory student performance.

Research Question and Objectives

To gain a deeper understanding of a PPI's experience of failing or failing to fail students in a professional practice course, this research explored the question: What is the experience of a PPI when assigning a grade to a nursing student who is not performing satisfactorily in a professional practice course? Considering the existing knowledge and learning gaps identified in this literature review, this study was designed to explore the following research objectives:

- To understand what PPIs deem as unsatisfactory student performance.

- To understand the barriers and facilitators involved in assigning a failing grade in a professional practice course.

- To understand how the experience of evaluating, failing, or failing to fail students affects PPIs both personally and professionally.

- To explore the strategies that PPIs use to manage students deemed unsatisfactory in a professional practice course.

Chapter Summary

This chapter provided an overview and critique of various publications involving educators' experiences evaluating students who are not performing satisfactorily in the course. The literature findings underscored the personal, professional, and structural

challenges educators encountered when assigning a grade to a student who is not

performing well in the course. The subsequent chapter presents the philosophical and

methodological approach used in the analysis of this research study.

Chapter Three: Research Methods

Introduction

Denzin and Lincoln (1994) broadly defined qualitative research as an approach that aims to interpret or bring meaning to certain phenomena as experienced by individuals. Qualitative research employs multiple methods of understanding the phenomenon in question through an interactive process shaped by the personal, biographical, historical, political, and socio-cultural contexts of the researcher and the participant in the study setting (Denzin & Lincoln). One of the qualitative approaches focusing on understanding the meaning of human experience through an interactive process between the researcher and the participant is known as phenomenology (Dowling, 2004; Rolfe, 2015). Cohen, Kahn, and Steeves (2000) suggested using phenomenology when undertaking "a new topic, or a topic that has been studied but for which a fresh perspective is needed" (p.3). Due to limited research and knowledge on the experiences of professional practice instructors (PPIs) evaluating students at risk of failing a professional practice course, phenomenology is a suitable approach to gaining an in-depth understanding of the instructors' experiences. Employing a quantitative approach through the use of a self-administered questionnaire would have been counterproductive, as it would have restricted the participants from elaborating on their answers and thereby limited both the breadth and depth of their viewpoints (Whitehead, 2004).

Researchers who have studied the failure to fail phenomena in nursing education found hermeneutic phenomenology to be a particularly valuable method for understanding the way people interpret the world (Diekelmann & McGregor, 2003; Black

et al., 2014). Thus, this study utilized a hermeneutic approach derived from Gadamer's philosophy, which Gadamer referred to as philosophical hermeneutics (Gadamer, 2011). The hermeneutic methods adapted from Fleming, Gaidys, and Robb (2003), which are based on Gadamer's philosophical hermeneutics, facilitated the analysis and interpretation of the study findings. It is important to note that phenomenology can refer to a research method or philosophy. Critics of nursing research utilizing a phenomenological approach have stressed that the researcher undertaking this qualitative method needs to clearly articulate the philosophical underpinnings and methodology used in phenomenological studies (Dowling & Cooney, 2012; Koch, 1995), given that not all phenomenological approaches are alike.

This chapter begins with a brief overview of phenomenology as a preface to Gadamer's philosophical concepts of understanding and followed by Fleming et al.'s (2003) methodology used to analyse and interpret the study findings. Moreover, the trustworthiness and ethical considerations addressed in this study are discussed in this chapter.

Foundations of Phenomenology

Phenomenology can be classified into three phenomenological schools of thought based on the work of Husserl, Heidegger and Gadamer, and van Manen (Cohen & Omery, 1994): Husserl's phenomenology is referred to as "eidetic," which is a descriptive school of phenomenology; Heidegger and Gadamer's school is commonly referred to as "hermeneutics", "interpretive", or "existential" phenomenology; The *Utrecht* (Dutch) school of phenomenology, which combines "descriptive" and "interpretive"

phenomenology, arose from the work of van Manen. The principles of Husserl's and Heidegger's phenomenology, as the foundation of Gadamer's philosophy, are briefly discussed, followed by a discussion on Gadamer's work. Van Manen's work will not be discussed as it was not the approach selected for the research question.

Husserl's eidetic phenomenology. Husserl (1859–1938) is known as the father of phenomenology. Husserl's phenomenological thoughts were first influenced by his philosophy professors, Brentano and Stumpf, who held that the phenomena must first be described before any claims about the phenomena can be known (Crane, 2004; Jones, 2001). Husserl, like his professors, was largely influenced by the positivist tradition, or the scientific paradigm that aims to seek the ultimate truth or reality (Crabtree & Miller, 1999; Crane, 2004; Dowling & Cooney, 2012). He believed that a thorough description of a phenomenon can capture the common elements or essence of one's existence by allowing the consciousness to declare itself (Jones, 2001).

Husserl's positivist stance led to his belief that researchers need to be aware of their preconceptions or prejudices and must suspend these beliefs by bracketing their existence. He referred to this concept as transcendental "*epoche*" (Converse, 2012; McConnell-Henry, Chapman, & Francis, 2009). The stripping away of one's preconceived beliefs will preclude the researcher from being biased about the subject matter, and thus, enable the researcher to capture the essence of the phenomenon as if for the first time, without any preconceptions (McConnell-Henry et al., 2009; Rolfe, 2015). Post-modernists rejected Husserl's approach, because they believed that the truth is constructed by individuals and others involved in the process of understanding a

phenomenon (MacDonald & Shreiber, 2001). This epistemological view of understanding was also rejected by his mentee, Heidegger.

Heidegger's hermeneutic phenomenology. Martin Heidegger (1889–1962) studied philosophy under Husserl's supervision at the University of Freiburg in Germany. Heiddeger's (1962) seminal work, *Sein und Zeit* (Being in Time), was grounded in ontology, the nature of being. He believed that describing others' experience was not enough, and thus, advocated for the importance of interpretation of the lived experience (McConnell-Henry et al., 2009). Heidegger was known for linking phenomenology to existentialism, a philosophy focused on the understanding of human experience, which he called philosophical hermeneutics (Gadamer, 2011; McConnell Henry et al., 2009). Hermeneutics was derived from the Greek word *Hermes*, "the winged messenger." It was a method of understanding used in the interpretation of classical and religious texts (Gadamer, 2011; Rolfe, 2015). Dilthey, who also impacted Heidegger's work, believed that hermeneutics allows a deeper and more personal level of *Verstehen* (understanding) a phenomenon (Rolfe, 2015).

Contrary to his mentor's beliefs, Heidegger believed that every human being is equipped with a personal historical background or "forestructures" that a person cannot simply put aside (MacConnell-Henry et al., 2009). Heidegger (1962) believed that *Dasein*, translated as "being-in-the world", is very much a part of one's consciousness, and enables a person to understand a phenomenon based on its forestructures. Heidegger believed that dismissing prior knowledge can lead to a lack of understanding of the phenomenon. Thus, given Heidegger's (1962) ontological view of human understanding

as shaped by the past, the idea of a phenomenological *epoche* was not possible. This belief was also held by one of his students, Hans Georg Gadamer.

Gadamer's philosophical hermeneutics. In his magnum opus, *Warheit und Methode* (Truth and Method), Gadamer (1900–2002) expounded on Heidegger's philosophical hermeneutics as a means to understand the meaning and significance of human existence (Gadamer, 2011). Gadamer maintained that the task of hermeneutics is philosophical rather than methodological. Hence, to avoid confusion and provide clarity to the philosophy that guided this dissertation, I will refer to philosophical hermeneutics when referring solely to Gadamer's philosophical perspectives.

In the introduction to Truth and Method, Gadamer (2011) explained that he was not opposed to methodology, but was instead concerned with the epistemological understanding of the truth. Gadamer shared Heidegger's viewpoints on forestructures as an essential link to the understanding or knowledge of the present and the future. For this reason, Gadamer also rejected Husserl's reductionist vantage point, because he believed that we always bring with us a set of "preunderstandings" when constructing the truth— this includes not only our personal biases and experiences but also our past history, cultural values, language, and traditions. Gadamer, like his mentor Heidegger, maintained that the knower's awareness of his or her "preunderstandings" provides a starting point from which to begin the process of coming to an understanding of the truth.

Gadamer developed Heidegger's nature of being through the intersubjective view of understanding (Binding & Tapp, 2008). He believed that to understand what the person is saying, one must understand the *Sache* (subject matter) being researched (Binding &

Tapp, 2008). Additionally, Gadamer maintained that understanding arises from dialogue and conversation among the parties involved, and believed the dialectic aspect of conversation to be an inherently human mode of understanding (Binding & Tapp, 2008). Gadamer (2011) maintained that a topic or a subject matter may come to be more fully understood through genuinely open conversation. In view of these conversations, Gadamer highlighted the importance of language as the medium through which meaning is made, and hence, through which understanding occurs (Rolfe, 2015).

Although preunderstanding is a vital component of the subject matter, Gadamer (2011) maintained that the aim of philosophical hermeneutics is not to duplicate what the other said, but rather, to have a shared or common understanding of the new meaning derived from the dialogue or textual interpretation of the subject matter. Gadamer interpreted the shared understanding of the subject matter through the openness to another's position, which he called *Horizontverschmelzung* (fusion of horizons). He defines horizon as "a range of vision that includes everything that can be seen from a vantage point [and has the potential to expand] and open up new horizons" (Gadamer, 2011, p. 301).

Laverty (2003) explained that multiple changes in understanding from Gadamer's perspective can result in multiple constructions of truths. Gadamer (2011) believed that the fusion of horizons is an essential component of the hermeneutic circle of understanding. He viewed this hermeneutic circle as a mirror that reflects meaning, with each truth offering a potential metaphor for understanding (Jones, 2001). The concept of the hermeneutic circle was built upon Heidegger's circle of understanding that moves

continually from the whole to the part and back to the whole as a means to fully

comprehend the subject matter (Jones, 2001). As Gadamer (2011) stated:

> Fundamentally, understanding is always a movement in this kind of circle, which is why the repeated return from the whole to the parts, and vice versa, is essential. Moreover, this circle is constantly expanding, since the concept of the whole is relative, and being integrated in ever larger contexts always affects the understanding of the individual part. (p. 189)

Use of Gadamer's Hermeneutic Inquiry in This Research

Gadamer's philosophical tenets used in this study include the researcher's

preunderstandings, openness to new horizons to achieve a fusion of horizons, and the

hermeneutic circle of understanding. My affinity to the subject matter as a PPI made

Gadamer's phenomenological approach the most obvious choice for my research inquiry.

My knowledge of the instructor role and the program of study, wherein this research took

place as part of my preunderstandings, were deemed helpful as I interpreted the

participants' experiences.

While Gadamer reinforced the importance of "preunderstandings" as a means to

inform our understanding, he also suggested being open to changes in our horizons in

order to achieve an understanding of the subject matter (Gadamer, 2011). Gadamer's

fusion of horizons was a valuable concept in an inquiry that aimed to interpret the

multiple perspectives of PPIs as they shared their experiences related to evaluating a

student in jeopardy of failing in a professional practice course. Additionally, this was

particularly helpful to me when I interpreted what it meant for PPIs to pass or fail failing

students, as I moved forward and backward within the hermeneutic circle, to gain an in-

depth understanding of the subject matter.

Although Gadamer did not provide a prescriptive research methodology, Fleming et al. (2003) provided a methodological framework that is consistent with Gadamer's German publications of his original work, which will be discussed subsequent to the research design below.

Research Design

Setting. Professional practice instructors in the Bachelor of Science in Nursing (BScN) program at all three sites of a collaborative program in Southern Ontario were invited to participate in this study. According to Laverty (2003), participants selected for hermeneutical inquiry should be "diverse enough from one another to enhance possibilities for rich and unique stories of the particular experience" (p. 18). Thus, the inclusion of three collaborative academic institutions (one university and two colleges) with PPIs who teach students in various professional practice placement settings provided a wealth of information for this inquiry.

Participants' inclusion and exclusion criteria. Full-time or part-time PPIs in the collaborative UNP who have taught either Level 2 or Level 3 professional practice courses were invited to participate in the study. These instructors were specifically targeted because they supervise the work of students in professional practice settings. The other established criterion for inclusion was that the instructor had to have assessed a student in difficulty at least once in her or his role as a PPI.

Faculty members who do not directly supervise students in a practice setting; for example, non-clinical faculty members in academic nursing courses, community PPIs, Level 1 professional practice instructors, and Level 4 professional practice faculty

instructors were excluded from the study. Level 1 PPIs were excluded because they teach in simulation labs rather than in a real-life professional practice placement setting. Similarly, faculty instructors assigned to Level 4 students in professional practice do not directly supervise students in professional practice, and so they, too, were not invited to participate in this study.

Because I, the primary researcher, was affiliated with two of the institutions, there were faculty members that I knew well personally outside the collegial relationship. In my proposed research design, I noted that to protect the confidentiality and manage the risk of coercion, candidates whom I knew well on a personal basis would not be included in the study. As an aside, the two persons I knew personally did not contact me to express their interest to participate in the study.

Sample size. The purposeful maximum variation sampling technique was used to seek the participants' broadest range of information and perspectives (Loiselle, Profetto-McGrath, Polit, & Beck, 2007). According to Guba and Lincoln (1989), this is the preferred technique for constructivist inquiry aiming to gain multiple perspectives or realities. Patton (2002) stated that purposeful sampling leads to selecting information-rich cases "from which one can learn a great deal about issues of central importance to the purpose of the inquiry" (p. 230). Furthermore, access to information-rich participants would enhance the transferability of the research findings (Miles, Huberman, & Saldana, 2014). Determining the number of participants should be based on whether the researcher has provided enough data to understand the experience being studied (Laverty, 2003; Ploeg, 1999).

Although there is no established sample size recommended when undertaking a

Gadamerian hermeneutic study, Polkinghorne (1989) stated that for a phenomenological

study, a minimum of 5 participants should be sought. Creswell (2007) noted that about six

to 10 participants is an ideal sample size for phenomenology. Given these

recommendations, and in keeping with the suggestion that participants should have

experienced the research topic, eight participants were sought. Four professional practice

instructors who have failed a student, and four who have failed to fail students who were

deemed unsatisfactory in professional practice, were purposely sampled to gain a deeper

understanding of the research phenomenon. This sampling approach helped to obtain rich

and unique stories about the particular experience in question, as Laverty (2003) has

proposed.

Recruitment strategy. The recruitment of participants occurred in the fall of

2012. A research recruitment email (see Appendix D) was sent to a blind distribution list

of PPIs through the office of the Dean of the UNP to recruit potential participants for this

study. The week after midterm in October was specifically chosen to announce the study

to provide potential participants with opportunities to have adequately evaluated their

students halfway through the term. In addition, a research recruitment flyer (see Appendix

E) was posted at all three collaborative BScN Program sites, mainly in the nursing faculty

lounges. Although I had proposed to recruit participants over the course of the academic

year, I recruited all of my participants within days of the study announcement. I received

a total of 22 responses from nursing faculty members across the collaborative program

within three days. The immediate responses from interested participants somewhat

echoed Wooley's (1977) remark: "Any institution wanting an overflow audience for a symposium need only to plan a program called 'Evaluation of Nursing Students in Clinical Area'" (p. 308).

Of the 22 faculty who responded, seven respondents did not meet the inclusion criteria. After I had already recruited the eight study participants, there were seven additional potential participants who had met the criteria; they had expressed their interest to participate in the study, and were willing to be contacted, in case I needed more research participants. The respondents who met the study criteria were sent a research consent form (see Appendix F) and a Demographic Questionnaire (see Appendix G) via email. The participants who were unable to meet with me in person prior to the interview submitted both forms electronically; some participants sent the forms via mail, and others signed them at the beginning of the interview.

Prior to the start of the interview, I provided a brief overview of the study and allowed the participant to ask any questions or ask for clarifications they may have about the study. To acknowledge their time and effort for participating in this study, a $30 coffee gift card was provided for participating for the two interviews. Each participant selected a pseudonym that will be used throughout this thesis.

Data collection. A semi-structured, open-ended, audio-taped interview was used to collect data and facilitate the entrance into another person's experience of the subject matter (Streubert & Carpenter, 2011). The semi-structured questions were created to reflect the research objectives.

Interviews were conducted between November 2012 to April 2014. Loiselle et al. (2007) noted that the use of a semi-structured type of interview allows the researcher to use a list of broad questions, ensuring flexibility in gathering information from the participants. An interview based on a conversation between a researcher and a participant is a suitable method for achieving an understanding of the subject matter using Gadamer's philosophical hermeneutics (Fleming et al., 2003).

The individual interview, which took about 45 to 60 minutes, was conducted with each participant either in person, through Skype, or by telephone (see telephone script in Appendix H). To determine the length of the interview, a pilot interview was conducted a few months prior to the start of the study with a nursing PPI, who was not employed by the aforementioned educational institutions, but who had experience with the topic of interest. In addition, this interview provided me with an opportunity to practice asking probing questions related to the subject matter. The members of my supervisory committee provided minor revisions to the wording of the semi-structured questions addressed during the pilot interview.

The research interview (Appendix I) began with the question: "Tell me what you did prior to becoming a [professional practice] instructor?" This opening question allowed me to become acquainted with the instructor's context, which was consistent with Gadamer's belief that the interaction between the researcher and the subject should take place within the context of a relationship (Laverty, 2003). Participants were then asked to define their perspectives on unsatisfactory student performance and share specific experiences related to managing students at risk of failing the professional

practice course. As a caveat, Fleming et al. (2003) suggested that the questions must be congruent with the subject matter under investigation. In order to ensure this was accomplished, I reviewed the objectives of the study with the participants at the start of the interview.

Moreover, research using Gadamerian tradition aims to achieve a deep understanding of the phenomenon (Fleming et al., 2003). Taking into consideration the time and work involved in the analysis and interpretation of the research findings, as Whitehead (2004) suggested, I, along with members of my thesis committee, determined that a second follow-up interview would be conducted with each participant. This follow-up interview would provide an opportunity to clarify any of the participants' thoughts from the first interview and to respond to the impressions and interpretations I gained from the first interview.

Prior to starting the follow-up interview, I provided a brief synopsis of the key points discussed during the first interview to help refresh the participant's memory and to allow the subject to be re-immersed in the subject matter. The fact that the follow-up interview occurred 6 to 12 months after the initial interview made this process helpful, not only for the participant, but also for myself as a researcher involved in the dialogue. To be mindful of the research inquiry, I always kept a copy of the interview questions with me during the interviews, as shown in Appendix I, to ensure all questions were covered (Loiselle et al., 2007) and to ensure internal consistency of the topic of inquiry (Fleming & Maloney, 1996). Participants were offered a copy of the interview text to

review the content prior to the second interview. This was requested by only one participant in the study.

The other data utilized in the co-construction of realities, or understanding the subject matter, is my research reflective journal—a Microsoft Word file created in my personal computer (PC). Laverty (2003) recommended the use of a reflective journal in the interpretation of the research findings. Reflective journaling was helpful in documenting my comprehension of the subject matter, as I engaged in the hermeneutic circle of understanding, through the textual interpretations of the whole and the parts of the interviews.

Data Management and Security of Research Documentation

All of the taped interviews were transcribed by a project transcriptionist. I then entered the transcribed interview texts into NVivo version 9—a software program used to store, manage, shape, and analyse the qualitative data (Creswell, 2007). In this study, the software was mainly used to initially analyse and compile emerging themes by choosing a code (a word or phrase) that best reflects the overall meaning of the participants' statements.

All interview data files were stored on my PC and were backed up onto an external hard drive, which was encrypted and password protected. Recurrent themes with exemplary quotations were exported from NVivo to a Microsoft Word file and placed in a table format. Each document was named, dated, and saved on my encrypted PC and portable hardware, and printed immediately each time a revision was made.

I was the only investigator with access to the participants' consent forms and any other information that could link specific data to a particular participant. For example, upon receipt of the transcribed material from the transcriptionist, I reviewed the transcribed data and cleaned out all identifiable information prior to sharing it with my thesis committee members to protect the confidentiality of information of the participants they may know. In addition, all confidential files, such as recruitment information, names, phone numbers, e-mail addresses, audio-taped interviews, and other printed files such as my journal entries, were locked in a cabinet in my home office.

Data Analysis and Interpretation

The analysis and interpretation of the study findings were guided by Fleming et al.'s (2003) methodological framework based on Gadamer's (1976 & 1994, as cited in the authors' work) original German versions of Truth and Method. The authors used Gadamer's non-translated books to remain true to the philosopher's viewpoints and to prevent "method slurring" (Fleming et al., 2003; Whitehead, 2004). The sequential steps described by the authors were adapted to this inquiry in the following manner to analyse and interpret the dialogue with participants and the transcribed texts: (1) Understanding of the whole context through dialogue with the participant and the interview text; (2) Understanding of the parts of the whole context through dialogue with the participant and the interview text; (3) Gaining understanding through my preunderstandings; and (4) Gaining understanding of the whole through use of selected passages. Fleming et al. (2003) remarked that the steps may occur simultaneously and do not need to occur in the

order that they described. Regardless, the authors believed that every phase is meant to enrich the hermeneutic understanding of the subject matter.

1. **Understanding of the whole context through dialogue with the participant and the interview text**

Understanding the whole, as the starting point of the analysis, entails reflecting on the fundamental meaning of the text as a whole (Fleming et al., 2003). Gadamer (2011) explained that "the person who is trying to understand the text is always projecting... a meaning for the text as a whole as soon as some initial meaning emerges in the text" (p. 269).

During the analysis of this research, listening to the audio while reading the transcribed interview text helped me to gain an initial understanding of the meaning of the participant's experience. I did this a couple of times to become immersed in the participant's narratives and to ensure the precision of the transcribed data. Although I began correcting some of the transcription errors (e.g., misspelled acronyms, words, or phrases specific to the nursing program that the transcriptionist was unclear about) at this stage, I did not entirely clean the transcript, fearing that I may lose relevant data that were pertinent to the subject matter. The vital role that language plays in Gadamer's hermeneutics also influenced this decision.

Listening to the recorded dialogue also helped me to recall the participant's emotional responses and body language when discussing their poignant experiences. For example, I noted that Sophie (one of the participants) had her hand on her chest as she stated how "awful" she felt when she had to fail an ESL student who did not make

enough progress with her communication skills. Although observing the participant's verbal behaviour was not possible during a telephone interview, I noted the participant's voice inflection when using words to describe the experience. For example, I sensed Diane's frustration through her heightened voice when she discussed her current experience working with a student who was not meeting course expectations. During her Skype interview Linda shook her head in disappointment when recalling the student who failed to progress after midterm evaluation.

A summary of the key points and initial impressions from the dialogue with each participant and the transcribed text were entered into my reflective journal, to which I would subsequently add after gaining an understanding of parts of the interview. This is discussed in the following step of the analysis.

2. **Understanding of the parts of the whole context through dialogue with the participant and the interview text**

While the conversation that takes place between the researcher and the participant in a hermeneutic study is essential, Fleming et al. (2003) stated that "the dialogue can also occur between the reader and the text" (p. 117). To understand every single sentence or section (i.e., the parts), I analysed the transcript line-by-line by noting the salient events, meanings, and patterns related to the experience of the participants (Tapp, 2004).

The line-by-line analysis was written in the right margin of the transcribed text. Passages that clearly reflected the meaning of the experience were highlighted immediately and coded in NVivo to store the most relevant passages. Impressions of

relevant passages were also added to my reflective journal. Table 1 below represents a

sample of a line-by-line analysis of Sophie's first interview text.

Table 1

Sample of a Line-by-Line Analysis

Excerpts from Sophie's follow-up interview: Interpretation of the parts

Maria: Can you tell me what you did prior to becoming a professional practice instructor?	Getting to know the participant.
Sophie: I worked in the ICU for about 15 years before I became an instructor. So, I'd been in the nursing profession for around 27 to 28 years, and I've been a clinical instructor for about 14 years. I also taught at the [xxxx] institution in the evenings, but did not do clinical nursing.	Good clinical nursing foundation prior to becoming an instructor. *Sounds like an experienced instructor based on years of experience in the clinical practice and education.*
Maria: So, what do you enjoy about being a [professional practice] instructor in the undergraduate program? And, what do you find challenging about this role?	
Sophie: I really enjoy interacting with the students and being able to be there with them when the lights go on; I also feel privileged to get a chance to show them my passion for nursing and make them aware of the potentials of nursing, because sometimes they don't see that; they just see how difficult this profession could be. But, I just want to ensure that they know that there is so much opportunity for nursing. So, I enjoy working with the students and interacting with them and the patients, as well as showing them how beneficial it is for the patients to have them there as a student and as a nurse. With regard to the challenges, I found it challenging to work with groups of eight or more students in a ward at one time; sometimes, I also have a hard time letting go, because I want to ensure that the students are competent enough to provide safe care to the patients.	Sophie enjoys working with students. She is passionate about the nursing profession and ensuring that her students understand the benefits of being a nursing student in the profession. She finds the instructor-student ratio challenging, and is afraid to leave students on their own. *Concerned about student's level of competence.*

3. **Gaining understanding through my preunderstandings.**

Gadamer (2011) describes a researcher's preunderstandings as prejudices, preconceptions, and background knowledge of the subject matter. Geanellos (1998) stated that the need to address the researcher's preunderstandings is especially important when using hermeneutic phenomenology, because "interpretation involves a background of presupposition from which the interpreter can never be free" (p. 155). As previously noted, I have used a reflective journal to document my preunderstandings throughout this research to engage in the hermeneutic circle. This journal contains my initial feelings and thoughts, for instance, regarding how I came to choose this topic, as noted in Appendix A.

Denzin and Lincoln (1994) stated that qualitative methodologies have been viewed as a bricolage or as "a close-knit set of practices that helps to provide solutions to a problem in a concrete situation" (p. 2). Nelson, Treicher, and Grossberg (1992) explained that the bricolage can be "pragmatic, strategic, and self-reflexive" in qualitative research. The attached collage (Figure 1) summarises the bricolage of my overall preunderstandings; these elements have contributed to shaping my interpretations of the study findings. Although Fleming et al. (2003) does not specifically suggest a visual representation of one's preunderstandings, Gadamer (2011) emphasises the notion of "aesthetic experience," in which symbols or pictures are used as a means of representing the essence of one's experience and clarifying understanding.

Figure 1. Bricolage of My Overall Preunderstandings

This bricolage is a representation of the landscape of my experience within the context of this investigation; each picture represents an element of my past. The background image of the road refers to my journey of understanding the subject matter throughout my doctoral studies. Gadamer (2011) refers to "preunderstandings" as one's personal history, personal experience, culture, and tradition. My overall preunderstandings are represented by the foliage on the trees. The map on the lower left represents my home country (the Philippines) and the culture in which I was raised, which I believe to be influential in my thinking even though I have lived in Canada for the majority of my life. In Appendix A, I described how fearful I was about possibly failing clinical when I was in nursing school. This is represented by the image of the letter "F". The woman with her head on her hand further depicts my deep concerns about the possibility of failing the course at the time. In my tradition, failing something brings forth

the notion of "*Hiya*" (translated as shame), which was an influential factor in my decision to drop the course. Feeling shameful, I assume, is a common sentiment associated with failure in any culture or tradition. However, I believe that my near-failure experience motivated me to succeed in my professional nursing journey. In 2001, I graduated with a nursing diploma and became a registered nurse. I then worked as a staff nurse for over 13 years, which provided me with extensive knowledge and skills in medical-surgical and critical care; this professional experience is depicted by the RN logo and stethoscope at the center of this bricolage. Furthermore, my affiliation with two of the collaborative schools as a PPI was also essential to my understanding of the professional practice course expectations and the program of study; this affiliation is shown in a picture of myself with my students. And finally, I cannot ignore my knowledge of the literature (represented by the open book and the picture of my research team), given that I have published a paper on the impact of moral distress on the evaluation of unsatisfactory performance of students (Pratt et al., 2013) with my thesis committee members.

Aside from the identification of the researcher's preunderstandings, Fleming et al. (2003) suggested that the impact of "the researcher's personal feelings and experiences [on] the research must be integrated into the study" (p. 117). Table 2 provides a sample of a journal entry indicating my experience related to one of the participants, "Diane", in this study.

Table 2

A Journal Entry Sample of my Experience

November 12, 2013

At the beginning of this term, an instructor had pointed out that one of the students in my group was in "Diane's" class last year. After learning this, it was, honestly, difficult for me to not think about what "Diane" had told me about this student during her interview. Nonetheless, I treated this student in the same manner as I treated the other students.

During my initial meeting with this student (which was something that I have always done at the beginning of the term to get to know my students better), I was pleased when the student revealed to me that she had failed this course last year. The student explained to me that her mind was not in the right place at that time because she had a lot going on in her life. However, she claimed that she is now determined to complete the course objectives and to become the best nursing student she can be.

With only two weeks remaining in the course, this student has met a majority of the learning outcomes and will likely pass the course. While there are some minor areas where the student needs to continue to work on, she has been following through with the feedback she has received from me and from her co-assigned nurses. Despite the anger she felt toward the instructor for failing her in the course at that time, she told me that she appreciated the outcome of the failure. It is unfortunate that not all instructors get to follow up on the success of the students that they have previously failed in their course and may, therefore, continue to regard the experience of failing a student as a difficult one.

Another sample of a journal entry (See Table 3) illustrates the content of my reflective journal after an initial interview, which I always shared with my supervisory team after completing the analysis of the individual interviews. The research journal entry includes my overall impressions, reflection on relevant passages, and questions I plan to ask the participant during the subsequent interview.

Table 3

Sample of a Reflection after an Initial Interview

Journal Entry for Diane's Initial Interview:

Diane is a part-time faculty member. She had served as a staff nurse for 14 years prior to commencing clinical teaching over 10 years ago. Diane decided to transition from shift nursing to teaching, which would give her more regular hours while working on her Master's and also enable her to take care of her young family. Diane, like Georgia and Sophie, finds [professional practice] teaching rewarding. She enjoys helping students to develop and to become self-reflective. Moreover, she claimed that she likes helping students to demonstrate best practices and encourages them to become passionate about nursing. What she finds challenging about her role as an instructor is dealing with students with "attitude," especially those who appear overconfident, unprepared, non-therapeutic, and irresponsible, as well as those who are not punctual.

Diane described a student who was having difficulty in her course as follows: "The student appears to nod off during post-conference and does not share information. The student generally appears tired and unprepared and does not follow directions on the online discussion board." Diane has warned the student by stating that "all this needs to turn around. I need consistency from you. You have to hand things in on time."

Although Diane explained that the student will likely fail the course, given the aforementioned unprofessional behaviour and for failing to submit a learning plan, Diane fears that the student might submit a "brilliant learning plan" and would wind up passing the course. *I'd like to follow up on this point by asking Diane how she gauges the level of student's unsatisfactory performance. In other words, if the student has consistently demonstrated caring behaviour, but has failed to provide a good learning plan, would she consider the latter as a sufficient evidence for failure?*
As I analysed Diane's interview transcript, I sensed that Diane was hesitant to assign a borderline pass when she stated that she does not seem to feel good about having this student just "squeak by" or by giving her an "iffy pass." In any case, Diane felt supported by her course coordinator. Diane explained that the course coordinator provided her with positive feedback and also shared her view by stating how she "does not see how this student could turn around."

This was Diane's most poignant experience of dealing with a student at a risk of failing the course. Personally, this experience has made her question her ability to support the failing student. Diane also wondered whether she had provided the student with enough opportunities to develop his or her nursing skills. She also questioned whether she made the student feel defensive. Furthermore, she was concerned about how she would be perceived by this student, as well as by the other students in general, if she eventually failed the student *[concerned about the negative evaluations she will receive*

for failing a student]. Professionally, Diane believes that she was accountable to only pass students who would provide the best nursing practice.

Diane's experience of failing a student differs from that of other instructors in that Diane fears that her student might improve later in the term, and she would have to eventually pass the student. On reading the transcript and listening to Diane's tone during the interview, I got the impression that Diane felt that the behaviour demonstrated by this student was not sufficiently satisfactory to warrant passing the course. Regardless, I need to explore the meaning of the fear she expressed about this student.

For Diane, having an "iffy" result or "just squeaking by" does not seem to be sufficient to pass the course. What was even more significant was Diane's concern about the negative repercussions of failing a student as a professional practice instructor.

Follow-Up Questions for Diane:

1. *I am interested in knowing whether the student you had in the last term, who was at risk of failing, eventually progressed to pass or fail in the course.*

2. *On p. 4 (of your interview transcript), you mentioned that you feared that this student would submit a brilliant learning plan. Could you elaborate and clarify the fear you had concerning this issue?*

3. *You mentioned that you do not feel good assigning an "iffy pass" or passing someone who was just "squeaking by." I would like to know more about your thoughts and feelings about this matter.*

4. *On pp. 6–7, you discussed an issue around potentially receiving negative feedback from students as an outcome of failing a student. I would like to hear more about what you were thinking and whether you were referring to an experience you have had in the past.*

While the identification of the researcher's preunderstandings is an important component of Gadamer's philosophical hermeneutics, Fleming et al. (2003) also noted that the researcher needs to be cognizant of changes in understandings from the preunderstandings as the project develops through conversations with colleagues. Members of my thesis supervisory committee provided me with feedback on my

reflective journals, and at times, challenged some of my interpretations, which helped to expand my perspectives.

Gadamer (2011) claimed that understanding will appear through the fusion of horizons of the participant and the researcher and may only be accessible when the researchers are being open to the opinion of the participant. Gadamer (1990) referred to the field of vision that comprises everything that can be seen from one perspective. Fleming et al (2003) noted that "the researcher and participants must work together to reach a shared understanding" (p. 117). Table 4 illustrates my openness to gaining an understanding of the participant's perspective and eventually reaching a shared understanding about an aspect that I did not completely comprehend.

Table 4

Illustration of Openness to Gaining Understanding

Excerpt from reflective journal on Georgia's initial interview:

When conversing about a difficult student that Georgia encountered, I found her to be extremely supportive of the student. Georgia tried hard to accommodate her student's needs within reason, even though the student had repeatedly exhibited unprofessional behaviour toward her. Thus, from Georgia's perspective, I got the impression that good patient care superseded other components of professional practice evaluation (e.g., professional behaviour) for assigning a passing grade to the given student. I should clarify this with Georgia next time.

Excerpt from Georgia's follow-up interview:

Maria: On reading what you considered as unsatisfactory student behaviour on pp. 1–2, I got the impression that the student you recently "passed with conditions" continued to demonstrate unsatisfactory behaviour, as you mentioned. Could you elaborate on how you made the decision to pass this student?

Georgia: Sure. I made the decision to pass that student in close consultation with the course coordinator. And that's how we arrived at our decision to pass the student.

Maria: You mentioned that she was late in submitting some of her assignments and that she continued to demonstrate unprofessional behaviour up until the end of the term. Could you further comment on how you assessed her performance and decided to eventually pass her?

Georgia: Well, given how good she was with the patients and how well prepared she was, etc., it seemed, perhaps, a bit harsh to fail her. So, the decision to pass her in the course was a bit of a compromise to acknowledge the fact that the direct care she was providing was actually excellent, and she was doing a really good job with that, but she still had some significant work to be done as far as her professional behaviour was concerned.

Maria: So what was crucial to you in determining whether this student should pass or fail the course?

Georgia: I mean, when it came down to making a decision, I think that her excellent patient care was the most crucial quality. You know, it was not that she behaved in any way that was unethical or dishonest or that she was abusive or anything like that. There seemed to be a lack of understanding of being able to accept and apply feedback around her behaviour such as her professional behaviour towards me and with respect to other professionals.

Excerpt from my reflection on the follow-up interview: A sample of fusion of horizon.

Georgia's decision to pass the student was based on the student's "excellent patient care," which appeared to be more crucial than the behavioural issues Georgia encountered while dealing with this student. The fact that Georgia also had her course coordinator's support definitely impacted her decision to pass the student. Georgia also stated that the student improved midway through the term, which certainly influenced Georgia's decision to pass the student.

Georgia also clarified the notion of "letting slide" or "letting go," with respect to allowing a certain student behaviour, which she discussed during her first interview. For Georgia, letting a student slide or letting a student off the hook was about being somewhat lenient on what she considered "a range of acceptable [unsatisfactory] behaviour." For example, Georgia stated that committing a medication error without disclosing it was more unsatisfactory than using Wikipedia to complete a clinical written assignment. Georgia stated that letting something go requires "being flexible at times." She stated that sometimes the student deserves "the benefit of doubt," especially in stressful situations; so, it is important for the instructors to also understand the context in which the behaviour occurred. This explanation helped clarify things for me. It helped me understand that an instructor may weigh the consequences when deciding to assign a grade to a student in professional practice.

The metaphor of the fusion of horizons is exemplified above by demonstrating how my viewpoint had shifted to a new horizon with new understanding when Georgia clarified her perspective.

4. Gaining understanding of the whole context through use of selected passages

After the initial interviews were analysed, I reviewed all of my written journal entries and interpretations. First, I looked at the bigger picture by conceptualising how my primary question, "What does it mean for a PPI to evaluate an unsatisfactory student in professional practice?", was interpreted across all interviews by reading the journal entries written about each participant. Second, I reviewed the file I called "data interpretation," containing all the codes, sub-codes and interpretations of quotes that reflect the themes of all relevant passages gathered from each participant. The hermeneutic rule of movement from the whole to part and back to the whole guided this process (Fleming et al., 2003). The preliminary interpretations were supported by the related quotes. The following theme and subtheme were identified: Failing a student was a stressful experience among instructors (e.g., earlier interpretation of a major theme) for many reasons (a subtheme). There were multiple barriers related to assigning a failing grade (e.g., being a novice instructor, dealing with course interruptions, students flying under the radar and uncertainties among instructors) in a professional practice course.

Linda was the novice instructor I interviewed halfway through the first set of the participant interviews. Her interview yielded a number of "aha" moments, or *Versetehen* in hermeneutical terms, as her stories echoed those of most participants when they recalled being novice instructors. Thus, ongoing self-reflection (e.g., earlier interpretation

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of another major theme) became an apparent theme as I went from the whole to the part

and from the part to the whole of the interview texts.

Fleming et al. (2003) explained that when every sentence or section is related to

the whole, the meaning of the whole is expanded. For example, Georgia's interview

revealed that failing a student involves some tough decision-making from the instructor,

who will have to assign either a pass or failing grade to a student in jeopardy of failing the

course. Georgia's experience revealed that the support and feedback she received from

the course coordinator and unit staff members were helpful in confirming her evaluative

decision-making concerning the student at risk of failing. The support received by most

participants from their respective course coordinators was a major theme that emerged

from most participant interviews earlier in the study. The identification of passages across

all interviews that seemed to represent the identified themes was revisited and compiled

in Table 5 below:

Table 5

Sample of Passages Related to a Study Theme

Theme	Direct Quotes	Interpretations
Collegial Support and Feedback (N.B. Earlier version of this table had "tutor supports" as the theme code)	Georgia: I did have some informal support through another instructor in the program that had more recent experience in professional practice. I just wanted to make sure that the things that I was perceiving were really there. So, I really appreciated her advice. I had already been receiving feedback from the unit staff because I do go around and ask the nurses who have been working with students and even the ones who haven't; you know, any concerns, praise, or even just things that they think the students could later develop.	-Received peer support from another instructor. -Helped to validate her perception. -Seeking feedback from other unit staff may help to validate the instructor's

		assessments of student behaviour.
	Sophie: The course coordinator was an excellent resource. She directed me to the ESL student resources at the University. I also referred the student to the clinical learning centre, which was helpful. But, the course coordinator was my major source of support.	-Course coordinator was a "major source of support"; knowledgeable about student resources
	Diane: The course coordinator was absolutely lovely and was very supportive. She confirmed that I had given the student a lot of chances and feedback. She recognized that I have been as available as I can be for the student, which has been really helpful. She was very supportive, and she herself does not see how this student at this point can turn around.	-The course coordinator was supportive and recognized the instructor's work with the student. -Also validated her concerns.
	Jessie: If you have support, then you feel that what you have done in your assessment has been validated. If you feel that that support is not there, then you try to second guess yourself, and you also wonder whether it is worth taking the risk to be in this situation where you really feel that a student who should not move forward is yet moving forward. And, where does that put you in your own ethical dilemma? Eventually, it becomes a lesson of ethics. It's one of the reasons I, as a course coordinator, actually encourage [PPIs] to seek my assistance. If they have a student who is facing some sort of difficulty, I encourage them to send me what they have written, and then we talk about it; I've had [PPI] say "that's very helpful." I had that done to me when I was a beginning professional practice faculty member. So, I always remember how supportive that was when I dealt with my first student failure—that I really wanted to have that support there.	-The course coordinator's support through validation of the instructor's student assessment is valuable. Jessie found this extremely helpful when she was a novice instructor: Illustrates Jessie's shared understanding (fusion of horizons).

Because I am a visual learner, physically drawing how the themes and subthemes relate to one another helped me piece together the hermeneutic understanding gained from this inquiry. The completed hermeneutic diagram is presented in the next chapter. Again, this was shared with my thesis committee members for feedback. While it is essential that feedback and further discussion take place to experience the full circle of understanding, Fleming et al. (2003) remarked that the researcher "must accept full responsibility for the final interpretation" (p. 118). Keeping the study objectives in mind helped to ensure that the meaning of the final interpretation of the study findings is related to the research inquiry, or the subject matter. It is important to note that the thematic classifications and interpretations went through several iterations and became increasingly refined as I engaged in the hermeneutic circle of understanding while being mindful of the horizons of all involved. Having the perspective and guidance of my committee members also helped to generate multiple interpretations, and thus, provided an opportunity to triangulate the findings (Patton, 2002).

Trustworthiness of the Study

According to Fleming et al. (2003), establishing trustworthiness or the truthfulness of one's research process is an essential component of Gadamer's hermeneutic approach. Thus, the decision trail established by Koch (1994) based on credibility, transferability, and dependability helped to establish the "trustworthiness" and "rigour" of this hermeneutic inquiry that is consistent with Fleming et al.

Credibility. According to Guba and Lincoln (1989), the reader's ability to recognise other people's experiences as his or her own indicates credibility of the study

findings. In the subsequent chapter, direct quotations from the participants are presented to help the reader confirm or make a judgment as to how well the participants' perspectives are represented in the study (Fleming et al., 2003). In other words, "A passage is immediately understood when one is familiar with the subject matter it deals with, whether one is reminded of it by the passage or one comes to know it only through the passage" (Gadamer, 2011, p. 183).

Providing participants with the opportunity to review the researcher's interpretation of the data through member checks also ensures that the analysis represents a shared understanding of the identified themes, enhancing the credibility and authenticity of the data (Guba & Lincoln, 1989). The follow-up interview undertaken with each participant helped clarify the preliminary impressions, facilitating an in-depth understanding and interpretation of the themes. I also had an opportunity to share the study findings with a couple of the participants, who concurred that they shared the interpretations of the study findings. My committee members, as faculty members, were also essential in developing the credibility of the findings, especially when the interpretations resonated with their past teaching experiences.

Transferability. Transferability refers to the applicability of the findings to other situations. Seale (1999) indicated that readers of a research report make their own judgments about the relevance of the findings to their own situations. To enhance transferability, demographic information was collected from each participant (see Appendix G). The demographic data (e.g., full-time and part-time PPIs and their experiences on the subject matter) gathered from this sample of PPIs can allow adequate

comparisons with other samples of PPIs who teach in the UNPs. The findings in this

study also provided a sufficient description of the participants' accounts to allow the

readers to assess the potential transferability and appropriateness of the results in relation

to their own settings. Such findings have been recently presented to other practice

educators (e.g., physicians, social workers, nurses, dieticians) in a large multi-site hospital

setting. The audience concurred with the identified major themes, particularly with

regard to the emotionally-draining experience of PPIs in the process of failing students in

professional practice.

Dependability. Lincoln and Guba (1985) stated that dependability or

confirmability can be achieved by conversing a second time with participants to enhance

the trustworthiness of the data findings. This was accomplished in this study.

Furthermore, the input of another investigator who provided an independent opinion on

the data analysis helped to enhance the dependability of the study findings (Cohen et al.,

2000). The input of my three supervisory thesis committee members, who are

experienced nurse researchers and nursing faculty, helped strengthen the rigour of the

analysis. In addition, their contributions to my research analysis provided an opportunity

to develop many interpretations of the data, which according to Laverty (2003) was the

intended outcome of the fusion of horizons using the hermeneutic inquiry method.

Fleming et al. (2003) explained that "the responsibility of the Gadamerian researcher is

thus to provide sufficient detail of the processes rather than simply the conclusions of the

research" (p. 119). In this study, the decision trail was used to document the rationales,

outcomes, and evaluations of all actions during the data analysis to enhance the

dependability of the findings (Laverty, 2003). A sample of the decision trail is provided in

Table 6 below.

Table 6.

Sample of a Research Decision Trail

Topic	Decisions/Actions	Comments
Feedback on:		
-Presentation of preliminary analyses of the first three interviews	-Follow-up questions for participants needed to be more open-ended rather than closed-ended.	-For example, could you tell me more about what you meant when you stated...? When you stated this point, these are my impressions…
-Summary of interview and reflections	-Need to incorporate some of my preunderstandings	-Summary of findings in my reflective journal was too descriptive.
- Interpretation Table	-Themes (codes) can be identified as a question for now rather than actual themes.	-Marg stated not to worry about the theme codes at this point, although it might be helpful to put the specific research questions that relates to each theme (Lynn agreed). -It would be helpful to organize the tables by participant's pseudonym. This will make it easier for me to pull together common themes later on. "It's important to stay close to the text as you discover the "aha" moments." Hopefully, the second interviews will also help discern the meaning of the participant's experience as per Margaret.

Gadamerian research needs to provide detailed documentation of both the research processes and outcomes to increase the truthfulness of the inquiry (Fleming et al., 2003). This was accomplished by providing samples of the research processes and documentations, as noted in this chapter.

Ethical Considerations

Prior to the recruitment of PPIs from the collaborative sites to participate in this research, ethical approval was obtained from the Research Ethics Board (REB) from the given nursing education institutions.

Potential Risks. As the primary researcher, and also as a professional practice instructor within two of the institutions from which the participants were chosen, I had some ethical concerns in that I may have personal knowledge of the participants' admission to failure to fail phenomenon—a situation that may raise some concern on the part of the participants. This potential sense of discomfort was eased by conducting the interview in a comfortable and relaxing environment and by ensuring a safe feeling about sharing thoughts and impressions. For example, one participant, at the end of her follow-up interview, was concerned that she was going to be identified by her peers given the context of information she had provided about her role within the nursing school. To alleviate the participant's concern, I informed her that I was the first person to read each transcribed transcript and that I remove any potential identifiers that could identify the participant in the study.

Morse and Field (1996) maintained that phenomenological enquiry is often personal and intimate, and so, the maintenance of privacy is paramount. Participants were

informed, both orally and in writing, that the information they provide in this study would be maintained securely. To protect their identity, the participants were asked to select a pseudonym (of their choice) that would be used instead of their real name throughout the research process. Participants were also informed in the participation letter that they could terminate their participation at any point in time. Furthermore, the participants were encouraged to ask for explanations about the research process at any time. For example, I always made sure to check whether the participant had any questions at the beginning and at the end of each interview.

This study explored the challenges PPIs experience when evaluating unsatisfactory students. Although I believe that there was minimal risk associated with this study, possible risks to participants such as distress, privacy breach and professional implication were addressed. Asking the study participants to reflect on their experience of failing a student could cause distress, because of fear over how their responses might be portrayed, and because they may relive the difficult experience they endured. To minimize this distress, I made the interview questions available to the intended participants prior to the interview to allow them to review and reflect upon them. The main question was also indicated in the research recruitment email (Appendix D). Copies of the interview transcripts were also offered to participants for their review prior to their follow-up interview.

The risks involved regarding breach of privacy is also worthy of discussion due to the fact that the sample of PPIs work within the university or the two colleges sites where the BScN Program is also delivered. Measures were employed to ensure maintenance of

confidentiality and anonymity. All audio-taped and transcribed materials were encrypted and were kept in a secured location in my home office. The issue of informed consent was addressed by informing each participant about the nature of the research both orally and in writing.

Because it was likely that the researcher and some participants would know each other, there was the risk of professional implication. When sampling from a small population, there is a high likelihood that the use of quotations and narratives to discuss the findings of the study could include "identifiers". In order to protect the confidentiality of the participants and minimize the risk of professional implication, I was careful not to personally identify any participant's name. Within this dissertation and in future publications and presentations pertaining to this work, the names of the institution in which the participants work will not be identified, but rather will be referred to as collaborative undergraduate nursing institutions in Southern Ontario. All hard copies and audio data records will be kept for 10 years in accordance with REB.

Chapter Summary

This chapter provided an overview of Gadamer's (2011) hermeneutics as the chosen philosophical foundation that guided the understanding of the research inquiry pertaining to PPIs' experiences evaluating unsatisfactory students in professional practice courses. Fleming et al.'s (2003) established methodology, which is consistent with Gadamer's philosophy of understanding, facilitated the data analysis and hermeneutic interpretation to gain a deeper understanding of the subject matter. The measures

implemented to ensure rigor and trustworthiness were discussed along with the strategies

used to manage and minimize potential risks within this study.

Chapter 4: Study Findings

Introduction

The study participants described what it means to evaluate a student who is not performing satisfactorily in a professional practice course. All participants were interviewed twice to gain an in-depth understanding of their experience by allowing them to verify, clarify, and expand on what they had discussed during the first interview (Streubert & Carpenter, 2011). This chapter opens with a brief overview of the participants' demographic information and their overall impressions of unsatisfactory student performance in professional practice. The major themes (emotionally-draining experience, critical reflection, collegial support and feedback) and subthemes (overwhelming workload when dealing with a student at risk of failing, multiple and complex challenges when assigning a failing grade, negative and personal consequences as a result of failing and/or failing to fail a student, reflection-in-action, and reflection-on-action) are then presented, followed by the hermeneutic conceptualization of the study's findings.

Participants

This hermeneutic study involved the use of semi-structured and open-ended interviews with eight participants: Georgia, Sophie, Diane, Linda, Jessie, Katrina, Bernice, and Faith. The names are pseudonyms chosen by the participants to protect their identity. All participants are Caucasian female PPIs between the ages of 28 and 65. Half of the participants work full-time in the UNP and have 15 to 35 years of experience in nursing education. Four participants are part-time instructors. Three of the four part-time

instructors had about 5 to 15 years of professional practice teaching experience. One of

the four part-time participants had only completed one semester at the time of her first

interview. Seven of the eight instructors have a master's degree, and one participant has a

PhD degree; all have experienced failing a student in a professional practice course.

Seven of the eight participants admitted to having failed to fail students at one point in

their teaching career as a PPI. Table 7 provides the demographic characteristics of the

eight participants.

Table 7

Demographic Characteristics of Participants (n = 8)

Characteristic	Specific Characteristic	Number
Ethnicity	Caucasian	8
Gender	Females	8
Age Range	20-30	1
	31-40	1
	41-50	1
	51-60	3
	> 60	2
Level of Education	Master's	7
	Doctoral	1
Years in Nursing	5-10	1
	11-15	1
	16-20	1
	21-30	1
	> 30	4
Years in Nursing Education	< 5	1
	5-10	2
	11-15	3
	21-30	1
	> 30	1
Employment Status as PPI	Full-Time	4
	Part-Time	4

Participants' Perceptions of Unsatisfactory Students

The PPIs' experience in evaluating unsatisfactory student performance in professional practice was explored first by asking each participant to define or describe what they perceived as unsatisfactory student behaviours. Although Gadamer's hermeneutics is not meant to be descriptive, this initial question was essential to opening a dialogue that would assist participants to become immersed in the research topic.

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Linda had just completed her first semester of professional practice teaching when she was first interviewed. She recalled how excited she was to be in the teaching role and to share her knowledge with her students, since she had graduated from the same nursing program. Having worked in a hospital setting for almost six years has broadened her professional practice experience, and she was enthusiastic to share her skills with the students. Unfortunately, her first professional practice teaching experience was not what she had expected and left her discouraged. When asked how her first term went, Linda noted, "It was very stressful. I really struggled with it … You know, I was really conflicted… I felt like failing a student was so black and white." Linda, in her first term of teaching, had identified two failing students in her group and found this experience overwhelming, because she felt she lacked the knowledge and skills as a new instructor to face these two situations.

What was noteworthy about Linda's statement was her assumption that failing a student was black and white. In other words, failing a student should be clear-cut, and thus, a student who is not at par with the course expectations should fail the course. Analysis of the text and audio recordings revealed that the participants have definitive perceptions of what constitutes a failing grade, as shown in their perceptions of unsatisfactory performances (e.g., unsafe, unprofessional).

The participants noted that a student who frequently compromises patient safety by coming in unprepared for professional practice or by not applying the required patient safety provisions in professional practice is a definite contender for failure:

> A student who is unsafe is someone who has not prepared for that patient for that day. Their lack of knowledge is beyond even basic, and so I will remove the student from the setting. (Jessie)

> A student being unsafe—that's my number one ... Unsafe to me is someone who, for example, can't give medications safely, or someone who does not check the patient's ID before giving medications. Unsafe to me also is someone who can't perform a skill satisfactorily. (Katrina)

Bernice also explained how a student who performs a nursing action without thinking through the outcomes is at risk of delivering unsafe patient care:

> We have had a few medication errors where a Nurse Practitioner will leave an order to increase the dose of the medication, but the patient has already received some of that dose. So, the student will look at the new order and give the full dose, not having done some thinking in that the patient is supposed to get say 100 mg per day now, but I already gave them 75 mg this morning. Therefore, I should only give another 25 mg. So, I have had a number of students who would actually want to give the whole 100 mg. So this to me would be unsafe.

Another situation of unsafe performance exemplified by Bernice that resulted in a failure occurred when one of her students decided to leave professional practice and abandon her assigned patient without advising her or the nurses that she was leaving. Bernice considered the student's behaviour unquestionably unsatisfactory because it constituted abandonment of the patient. Thus, the student received a failing grade for the course for potentially risking the patient's safety and failing to comply with the standards of care of the school, the agency, and the nursing profession.

Bernice's student failed to adhere to the professional standard because she was not accountable to the team or responsible for her client care. Ineffective communication skills, unprofessional behaviour, tardiness, lack of clinical preparation, and not being receptive to feedback were also deemed unsatisfactory by the participants:

Unsatisfactory for me would be someone who is unable to communicate effectively with the patient, with myself, and with other health care professionals. (Georgia)

Another definite unsuccessful student would be one who is violating code of conduct on an ongoing basis. So, a deal breaker for me is if I catch them lying. (Faith)

Another type of a student at risk for failing is one who just really comes completely unprepared and thinks that that is okay and also shows up late: "Oh, the alarm didn't go off", and says it very casually and calm instead of actually being really upset about it and caring about it. That concerns me as well…Another one would be someone who is not responding to [instructor] feedback. The students look at you as the issue, instead of himself or herself! And it's very frustrating when they are not accepting any responsibility for their own actions. (Diane)

The student [that] I failed at midterm…she was late quite a bit, and I did explain to her that as a nurse, you can't be late; you're impacting other people. There are nurses coming off a night shift who are waiting to go home. (Linda)

"Safety" and "professionalism" are performance criteria used by the nursing program in which the participants are taught. Most of the participants also regarded students who do not meet other course requirements as unsatisfactory. Indicators for failing to meet the course requirements include missing several days of professional practice, inability to demonstrate consistent satisfactory performance, and not submitting the required written work:

A failing student for me is someone who has missed professional practice opportunities for one reason or another. Sometimes the student will miss [professional practice] due to injury or personal issues. If the student is not there, he or she cannot demonstrate course objectives. Another thing I look for is consistency. So, if a student is not doing well, failing at the midterm and then in just the last couple of weeks is starting to pick it up, the student has missed the consistent part, so the student would still be unsuccessful because it should be a pretty consistent growth throughout the whole term. And I guess students who fail to submit work that is required are also unsatisfactory. (Bernice)

Additionally, Sophie strongly felt that students with poor verbal communication and English comprehension issues should fail the course, given that they could unknowingly jeopardize patient safety:

> I find students with English as a second language (ESL) very difficult, especially on the floor. Communication is a big component of the nursing program and the nursing profession. One of the students I had in Level three had very poor English. I don't know how she got to this level! In fact, patients were refusing her as a student nurse. Families were refusing her as well, because they didn't feel that she was safe to care for their loved one.

Sophie's student, in the given case, was unable to connect with the patient and the patient's family members therapeutically due to the language barrier.

A student's inability to develop a therapeutic relationship with a client, in the absence of a language barrier for example, by failing to interpret the changes in a patient's status because the student was too task oriented, also meant an unsatisfactory performance for Jessie:

> Unsatisfactory would be the student who is unable to listen while she's doing a task to what the patient is actually saying. So, she gets stuck in the task area; [for example, a student would say:] "Oh, I know you're telling me about your pain, but I'm not going to deal with that right now. I'm looking after your catheter. I have to get it done first." So, in this case, the task overtakes the patient's needs.

Finally, another unsatisfactory behaviour addressed in this study is the students' inability to apply prior knowledge to practice and lack of awareness about their learning needs:

> Some students think that if they know the classification of the drug that's all they need to know. And yet in [the] Pharmacology [course], they are taught about the onset and the duration of the medication. And so, I would say to the student, "Based on what you know about this drug, what are you going to intentionally assess at the peak time of action of the drug?" And the student isn't able to answer. To me that would be unsatisfactory, because the student is unable to make

the connection between the drug's action and what they need to assess that is intentional. (Jessie)

After gaining a better understanding of the participants' perceptions of a failing student, they were asked to share their specific experiences related to evaluating unsatisfactory students in professional practice. The following section outlines the major themes and subthemes obtained from the analysis and interpretation of the data collected in this study.

Theme 1: Emotionally-Draining Experience

Although most of the study participants appeared to have clear-cut descriptions of students who demonstrated unsatisfactory behaviours in professional practice, their overall narratives illustrated that dealing with a student in difficulty was an emotionally-draining experience. In this study, the participants' stress is defined within the context of work-related stress or role stress, which refers to the tension and strain that can negatively impact individuals on the job (Johnson, Cooper, Cartwright, Donald, Taylor, & Millet, 2005). The World Health Organization (WHO) (2007) defines work-related stress as "the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities, which [can] challenge their ability to cope" (para 3).

The participants' emotionally-draining experience, as an overall depiction of their work-related stress, is illustrated within three subthemes: (1a) Overwhelming workload when dealing with a student at risk of failing. (1b) Multiple and complex challenges when assigning a failing grade. (1c) Negative personal consequences of failing and/or failing to fail a student.

Subtheme 1a: Overwhelming workload when dealing with a student at risk of failing. The instructor's task of completing student evaluations can be an onerous one. As Sophie explained when describing her overall experience with difficult students, "failing a student was a lot of work, a lot of goal setting between me and the student, trying to figure out some strategies." While providing prompt and specific feedback is critical to students' learning process and an important attribute of excellent professional practice teaching (Oermann, 2015), this task could easily consume the instructor's time when overseeing the work of a student in jeopardy of failing the course. For example, Georgia recalled her first experience as a novice instructor and how dealing with a certain student occupied much of her time and affected others on the floor:

> I ended up spending less time with other students. And that kind of bothered me, because I have seven to eight other students. I was spending more time with this one student, and then of course, I was worried that my other students have less access to me, which, you know, also has this trickle-down effect on the unit staff when I wasn't readily available to assist my other students [with their learning]. In some ways, I resented the time that I had spent with this student.

Georgia was burdened by the amount of time spent on monitoring the student at risk of failing that she felt guilty about not being readily available to the rest of her students, and, perhaps, about inconveniencing the nursing staff members by having them attend to the other students more frequently in her absence.

The participants stated that when they begin to identify some "red flags" in a student's behaviour or performance, the assessment process intensifies as it involves additional time and effort on their part. The participants explained that they need to meet with the student frequently in order to closely monitor the student's progress and provide guidance, where necessary, which will enable the student to meet course objectives.

While developing a remedial plan with a student is a positive professional practice

teaching strategy, working with a student at risk of failing the course can consume the

instructor's time. For instance, Sophie, who is an experienced instructor with over 10

years of professional practice teaching experience, recalled how hard she worked with a

Level 3 ESL student who had a severe language barrier and major verbal communication

issues:

> When I first met her at the beginning of the term, I knew she was going to be
> challenging, because I could barely understand her. I thought, how is she going to
> communicate with her patients? So, I did sit down with her and I said
> communication is really an important part of nursing. How can we deal with this?
> So, I directed her to the campus resources. A student mentor was also assigned
> for her to meet at the school's resource centre to do some standardized patient
> kind of communication. We met at the beginning of each professional practice
> day, and at the end, to debrief as to how things were going. But again, she did not
> satisfactorily meet the course objectives. There was no progression in her
> communication. And again we were very specific in our goals, in our plan. And
> she agreed to those. The thing is she really wanted to pass. She really loved
> nursing. She really wanted to try. But I had to fail her at midterm because she
> wasn't progressing. However, as the term went on even though I was seeing some
> good changes, and she was really putting an effort in the course, that
> communication was still not there at the end of the term.

Sophie claimed that the experience was extremely draining, but she felt it was her role to

provide the support required by the students. Katrina, another seasoned instructor,

explained the rationale for the strenuous documentation process as follows:

> You have to document everything and you have to write it up and get them to sign
> it and meet with them and figure out a plan so that they can be successful, and you
> know, it just takes forever. And I understand that it has to. You have to give due
> process. Not just because if you're going to fail them; you have to have the due
> process in play so that they don't win an appeal.

> Linda, a novice instructor who had identified two failing students in her first

semester of professional teaching practice, found the experience extremely difficult and

demanding because she needed to follow up on the failing students' progress, while

overseeing the work of her other students on the floor. Linda shared Katrina's

perspective; she explained that checking on each student's progress, albeit challenging, is

a PPI expectation:

> I recognize that my role is definitely to provide that support to students, especially those in difficulty. So, I worked hard at being there for the students by being able to go in with them if they are having a hard time engaging with their patients or support them through their assessments. It is important that I touch base with them to see how they are progressing and to provide them both positive and constructive feedback.

Subtheme 1b: Multiple and complex challenges when assigning a failing

grade. The study participants asserted that deciding to assign a failing grade is not always

easy and is often fraught with numerous challenges or "grey areas" that are inherent in the

instructor role, the course, and the UNP. Such challenges were often stressful and had led

most of the participants to fail to fail a student in a professional practice course at one

point in their professional practice teaching experience.

Subjectivity of evaluation. The subjectivity of the evaluation has been identified

in previous nursing education and other practice education studies as one of the main

reasons for failure to fail (Dudek et al., 2005; Duffy, 2003; Luhanga et al., 2008a). The

participants in this study also identified it as a concern in their assessment of a student's

performance. As Bernice explained, "My biggest challenge sometimes is the course

objectives are not written in clear language. I find it's somewhat subject to interpretation

by the specific instructor."

 In a similar vein, the participants described situations where they forgave

or "let go" of certain unsatisfactory behaviours based on what Georgia referred to as the instructor's perceived range of unsatisfactory performances. For example, Georgia explained how a student who commits a medication error without disclosing it is far more unsatisfactory than a student who uses Wikipedia to complete a written assignment. Georgia argued that a student who used inadequate resources is more acceptable than someone who was dishonest while performing nursing tasks in an unsafe manner. Georgia's perception of students who were unethical and unsafe was somewhat echoed by Jessie, who failed a student with serious unprofessional behaviour issues. According to Jessie, this student had failed in her professional practice but had successfully grieved the failing mark. Jessie expressed her dismay with the UNP administrators by not attending the convocation:

> In the case where I strongly believed that that student should not have gone forward, my ethics would not allow me to be a participant in the convocation where that student graduated, because I really felt that this student was very much a manipulator and had some really ethical issues that were going to be played out. I said to the Dean, "There's a graduate here that I feel uncomfortable about graduating, so I will not be at convocation this year." And I said "That's my line in the sand and you can reprimand me, but I feel very uncomfortable with this student graduating.

Jessie believed that her subjective assessments of the student's unsatisfactory behaviour, in this case, were not enough to fail the student.

Meanwhile, Georgia believed that letting something go requires "being flexible at times." She stated that sometimes the student deserves "the benefit of the doubt," especially in stressful situations. She explained how she decided to pass a student who demonstrated unprofessional behaviours (i.e., rolling her eyes, not accepting feedback)

toward her and another staff member on a number of occasions. She maintained that she

had made the right decision based on the student's excellent patient care:

> I don't think I should have failed her, because the issues around her
> professionalism never once touched her patients. In fact, her patient care was
> outstanding. She always came prepared. She was utilizing evidence-based
> practice. She had an excellent way of being with the person and coming to know
> their whole story, and streamline their care according to what their values and
> beliefs were. So, I mean those things were very good. And so no, I don't think
> she should have failed. I think that she has perhaps things related to maturity and
> self-awareness that need to develop, but when it came down to her patient care,
> she was great.

Although the instructors identified "being unprofessional" as a clear-cut indicator

of failure, this might not always be the case, as in Georgia's experience of passing the

student with attitudinal issues. Georgia believed that the student's "excellent patient care"

was more important than the behavioural issues that she encountered.

Similarly, in this study, "giving the student the benefit of the doubt" was

identified as a common reason for deciding to fail a student; this was also reported in

various nursing and other practice education literature (Finch & Poletti, 2014; Laroque &

Luhanga, 2013). "Giving the student the benefit of the doubt" relates to the subtheme of

"subjectivity of evaluation" because it rests on the instructor's subjective interpretation

that the student is capable of succeeding in the course. Faith explained that having

inadequate objective evidence to demonstrate that the student may not be successful in

the course generally allows the instructor to give the student the benefit of the doubt by

assigning a passing grade in the course:

> I've had a student who I felt was kind of like borderline and I wanted to give him
> the benefit of the doubt. Those are the times when I've kind of said I felt I've
> been very clear with the student. "I feel that if this gets added, you may not be
> able to do this and would be at risk for failing next semester if this were to

happen... I want to give you the benefit of the doubt but please know that these are more hunches than actual fact, and just keep them in mind as you go forward."

Role conflict. The PPI's background as a nurse and educator responsible for evaluating students has been identified as a potential source of conflict in the educator's role (Cleland et al., 2008; Duffy, 2003; Kopala, 1994). The PPIs in this study stated that they were uncertain at times about the boundaries of their roles when dealing with students who were having difficulty in the course.

> What exactly are the boundaries of my role? And you know, it wasn't for me to try to counsel her. My role is an educator; it is not as a therapist. I found it difficult to kind of ride that line. (Georgia)

Georgia questioned her role as an educator when a student, who had already missed two professional practice days and was at risk of failing the course, approached her about missing another day to attend a family member's funeral. Georgia realized that this was a sensitive issue for the student, but felt compelled to be firm by reminding the student that missing another day would jeopardize her standing in the course. The student did not take Georgia's response well. Georgia felt that it was not her role to be the student's therapist at the time:

> I [recognized] that the student was having a difficult time… the way she responded to me, again, was unprofessional with respect to her attitude. And so I let that go, actually in consideration of her loss and struggling to maintain her family and professional practice commitments. I had learned that the funeral was actually on the Friday and the viewing was on the Thursday and I actually released her earlier [from professional practice]. So, she didn't miss the day; she just went home a couple hours early. So, I think I did a good job in trying to support her through that.

Georgia explained that, although she was sorry about the situation, she felt it was her primary role to be an educator rather than as a supporter of the student's emotional well-

being. Nevertheless, Georgia believed that she succeeded as an educator in supporting the student's family and academic obligations.

On the other hand, Katrina believed that PPIs have a responsibility to be cognizant of the students' mental health by ensuring that the act of failing a student "is not going to tip the student over the edge psychologically." For example, Katrina explained why she felt obliged to report the issue about a student who was not doing well in the course to the course coordinator:

> Well, I did have a student who was absolutely depressed and was not passing, and I was worried about her. And worried about whether she would do some harm to herself. So, I did ask the student directly and she told me that she was seeking help for her mental health status and that she was on antidepressants and did have that connection already. But I made sure to let the course coordinator know that this was going on.

Although Katrina did not report that she was conflicted about her role, her reported action was akin to a nurse verbalizing her concerns about a patient's well-being to a doctor. This suggests that the caring aspect inherent in the patients' nursing care is also apparent in nursing education with respect to the way an instructor may care for the students' well-being. In other words, Katrina, unlike Georgia, believed that it is the instructor's role to be concerned about a student's well-being. While both interpretations were meaningful to each participant, their actions could challenge their decision-making, especially when they were unclear about their PPI role.

Borderline student performance. Being presented with borderline student performance or behaviours may elicit varying levels of uncertainty in the instructor's evaluative decision-making. In the definition noted below, a borderline student is

someone whose performance as unsatisfactory and would require consistent improvement

to achieve an unsatisfactory rating:

> A student who has shown some evidence of awareness knowledge and/or ability associated with the characteristic being rated, but performance is inconsistent or there may be examples of poor motivation or minor irresponsibility. [The student] requires frequent tutor guidance. It is anticipated that the rating will improve with some further learning, supervision, and student effort (McMaster University, 2014).

Diane was nearing the completion of her professional practice teaching term and

was in the midst of writing one of her student's summative evaluations when I first

interviewed her. The student, she claimed, was barely passing the course and required

frequent guidance and supervision. Although Diane felt she had enough evidence to fail

the student, she still was not a hundred percent sure, because the student still had one

written assignment to submit. Diane was unsure whether "a student who is just barely

squeaking by is good enough to pass." She was deeply concerned that the student was just

going to fall back into old patterns if she decided to pass the student:

> My fear around passing this student is that she could end up submitting a brilliant learning plan and try to squeak by a little, and then I will have to pass her. But there has to be a point where it's not enough.

Sophie, who noted that students with poor communication skills should not pass

the course, was extremely shocked to discover that an ESL student with poor

communication skills could "squeak by" in the program. Katrina experienced the same

struggle. She described a situation where an ESL student in Level 3 was asked by a

patient's family member to hold off on giving medications because the patient was

sleeping:

> The husband said [to the student], "you know, she [the patient] has just fallen asleep. Do you think we could just hold off on that treatment for half an hour until she is awake?" And I said [to the student] "Well, you know, we need to think about what's best for this patient. And do you think we can delay for half an hour?" And the student said yes and then went ahead and woke the patient up [to give the medication].

Katrina wondered whether this student was just acquiescing to what she felt the PPI would want or simply did not comprehend the family member's request due to a language barrier; Katrina thought it was the latter case. Sophie, like Katrina, expressed frustration whenever she identified an ESL student who appeared to have progressed in the nursing program despite borderline communication skills. She strongly felt that this issue should have been addressed by the previous instructor by assigning a failing grade when the instructor identified that there was no improvement despite the student's effort.

Missed opportunities to assess other students. Most participants claimed that they have missed opportunities to assess other students while being preoccupied with one particular struggling student:

> Often, what I find is that, there's one struggling student who's just taking up all of my time. There have been a few semesters where I have been so exhausted from following one particular student around and documenting and implementing strategies that I have completely missed that there's a second student struggling... And I feel terrible because I know now that that person is going to go on possibly to Level 4 where there's even less supervision. (Bernice)

Bernice explained that this is concerning, because students are expected to be more autonomous in their final professional practice year; thus, it can be problematic when a student's risky behaviours are not diagnosed until further along in the program. Faith referred to these students as "stealth[y] students" or students who were "flying under the radar":

You might have a student who has been able to fly under the radar, because they've not been given a clinical situation that has really exposed them to difficult situations. And I call those the stealth[y] students...They get all the way to the end until there is no pretending anymore. You know, they just happen to be assigned a patient that wasn't that complicated, such as the ever popular COPD patient so they knew everything about them, because they discussed that in second year problem-based learning (PBL). That was their learning plan last year, so they really know that one.

Most participants believed that it is generally too late to fail a student when the student's area of difficulty is not caught earlier on, because students deserve due process. Due process "is a set of practices that are linked to the student's right to appeal a teacher's grade allocation" (Rankin, Malinsky, Tate, & Elena, 2010, p. 339). As Bernice explained:

If the student is not [identified] until Week 8 [out of a 12-week course], in fairness to the student, the instructor will need to provide the student the right amount of feedback with enough time left to turn things around. This compels the instructor to do whatever can be done in the remaining weeks to let them get through.

Fear related to personal consequences of failing a student. Linda was reluctant to fail a failing student out of fear that the student would again lash out at her and blame her for not being a good instructor. Linda's candid statements demonstrated how distressing the experience was for her, which led her to fail to fail the student in the course.

To be completely honest, I was too afraid to fail her. It was my first time teaching. I just was really unsure of what the failing process would be like. I was concerned because both of these students (I failed) at midterm became quite aggressive when I shared with them that they were both failing, even in front of the course coordinator; they sort of turned it back on me and said, you know, "You didn't do this and you didn't do that and you didn't teach us enough and you didn't provide enough guidance." And I found that quite intimidating.

Sharing ideas and opinions with other PPIs could also instill fear, and thus affect

the novice instructor's courage to fail a student. Linda, due to the lack of mentorship and

guidance from a seasoned PPI, feared that she would not be supported for her decision to

fail a student:

> I had been in contact with other [PPIs] asking them how they do certain things. Off and on; not consistently at all, but when we had labs at the beginning of the term, I would talk with the other instructors and I was told emphatically by all of them: "It is very difficult to fail a student in this program." So, sort of reading between the lines I think that the message conveyed to me quite clearly was, if you want to remain hassle-free, pass your students regardless of whether they should pass or not, because it's so difficult to fail. I was almost told it's not really worth it to fail your students.

Despite Linda's belief that unsatisfactory students should be failed to protect the safety of

the general public, the fear and pressure she encountered as a novice instructor has led her

to relinquish her professional obligation.

Some instructors' apprehension about failing a student could stem from their fear

of receiving a negative performance evaluation as an instructor. As Diane stated, "student

evaluations are held in high regard as a way of evaluating instructors." Diane was not

only concerned about getting a poor evaluation from the failing student, but also about

how the student group would perceive her as an instructor:

> In the past, students that I have failed have said negative things about me, true or false to other students, and they tried to [portray me in the negative light]. I don't know if this student is going to do that; I might be just be more apprehensive than I need to be.

Constraints related to part-time teaching status. Since part-time instructors are

typically contracted to work on a term by term basis, it is often difficult for them to attend

orientation and workshop sessions at the school, as Linda explained:

> [The nursing school offered] one day of orientation to new instructors ...but they only offered it on the one day, and I was scheduled to work at the hospital, so I wasn't able to go. I was really disappointed that the [school] wasn't flexible just because I know it was such an important day for me to go to, and I wasn't able to make it. We did receive one day of orientation to the course, like just sort of, "This is the course," and it was a very quick run through of the course. I was hoping that I would receive a proper orientation as a new clinical instructor.

It is important to note that it was Linda's decision not to attend the orientation. In her defense, she explained that she was hired a week prior to the start of the term, so she was unable to attend the orientation because she could not find anybody to cover her shift at the hospital.

Some full-time professional practice faculty in this study also believed that PPIs who worked part-time might not deliver consistent content of the professional practice curriculum due to lack of a proper orientation:

> We don't know who the instructors are that the students have had. A lot of instructors work part-time. Many of them are gone. They come and they go. So, you can't really check back. I've had students tell me "Well, this instructor told me that we're supposed to do it like this." And I'm thinking "that's a problem, but that instructor's gone, so we can't deal with it. It's done." And so, I don't know if the student's just feeding me a line, because it's easier to blame somebody else that they are doing something wrong. We do have a lot of brand new instructors taking groups of students in professional practice. I don't think they get orientation on how we all do things.

Bernice's concern had to do with being unable to connect with the previous PPI for feedback about the teaching of a particular skill.

Insufficient instructor orientation. While the majority of challenges that shaped the instructors' emotionally-draining experience in this study involved issues related to the instructor's personal and professional issues, insufficient instructor orientation, as a structural issue, also presented challenges to the instructor evaluating the student in

difficulty. Furthermore, it is important to note that the personal and professional

challenges, combined with an insufficient orientation, can present difficulty for novice

instructors who lack knowledge and experience in student evaluation. Sophie admitted

that she had failed to fail a student when she was a new instructor due to lack of

orientation, as with some of the study participants:

> It was my first time teaching, and I didn't really get any orientation. I had this
> student who was missing a lot of clinical time and she was very assertive and with
> a very strong personality, but she was just borderline. Meeting kind of borderline
> objectives and handing things in really late and... I think she just got away with a
> lot because it was my first time. And I wasn't really watching as closely. I was
> focusing on other things. And because of that, I don't think I should have passed
> her.

Sophie's point regarding not receiving any orientation was an area of concern

because she did not know her specific roles and responsibilities, especially with regard to

working with a student struggling in the course. Likewise, Linda also felt inadequately

prepared for her role as a PPI and expressed her dismay at not receiving adequate

orientation and mentorship as a new instructor in the program:

> I certainly found the general lack of orientation and the lack of preparation when
> teaching these students very challenging. I really felt sort of thrown into it
> without much guidance at all. So, there were things that came up that I felt
> unprepared for, and I felt sort of inadequately prepared for my role as a
> professional practice instructor.

Faith explained that unsatisfactory students were like a fake wedding cake: "It

looks good on the outside but once you cut into it, there [is] no substance. So, novice

instructors often do not have the ability to get into the cake." Faith stated that students

may write a good reflection and may be able to assess a patient because they have already

been told what to do, but a novice instructor might not be able to assess the superficial

learning exhibited by a student at risk of failing the course. Therefore, a mentorship led

by an experienced PPI is an essential part of the novice instructor orientation, as Jessie

recalled:

> I was blessed by having two teachers who were phenomenal mentors, who came with me in the practice environment, who walked me through what it's like to have a difficult student, how to work with that student, what it's like to have outstanding students and how to promote that and challenge their learning. So, I really benefitted from their mentorship.

Learning sequence of the course. The learning sequence of the professional

practice course, as a curriculum issue, also presented challenges to some of the PPIs.

Most participants alluded to the notion that it is often difficult to fail a student, especially

when the issues are identified later on in the term. Bernice noted that the weekly

sequencing of a professional practice course was problematic for her. Although the

structured learning activities of the course (e.g., medication labs and simulations) were

meant to enhance students' experience, Bernice considered the order of some professional

practice learning activities as a major barrier to the instructor's evaluative decision to fail

the student. She claimed that these activities may interrupt the student's ability to meet

the learning objectives of the professional practice course:

> One of the biggest barriers is, after having met with the student and making a plan for meeting course objectives, we will meet together, fill out a [learning contract], and then have a course of action written out. Then it might be one or two weeks before that student has an opportunity to actually try to show that they can meet those course objectives, because we'll be interrupted with a lab.

Table 8 (next page) provides a typical schedule of professional practice to further clarify

Bernice's concern about the sequencing of the course.

Table 8.

Typical Weekly Schedule of Professional Practice in Level 2

Week 1: Course Orientation/Lab (e.g., medication or skills lab - Part 1) *

Week 2: Practice Lab (e.g., medication or skills lab - Part 2) *

Week 3: Unit Orientation (each student is generally "buddied" with a staff nurse)

Week 4: Professional Practice

Week 5: Professional Practice

Week 6: Professional Practice /Midterm Evaluation

Week 7: Fall/Spring Break*

Week 8: Professional Practice or Simulation Lab*

Week 9: Professional Practice

Week 10: Professional Practice

Week 11: Professional Practice

Week 12: Professional Practice

Week 13: Professional Practice/Final Evaluation

*Students do not attend professional practice settings.

Bernice stated that she understood the usefulness of the labs in reinforcing the

students' learning, but felt that it may not be a positive learning experience for a student

who was weak in the professional practice setting. This could also complicate the

student's learning for the instructor if a student at risk of failing continuously misses

opportunities to demonstrate meeting the objectives in the professional practice setting:

> In the fall term, we missed professional practice because we had a midterm break. So, we missed a professional practice day there…In second semester we had three scheduled labs and we always know that there's usually a snow day in there, as well. So, it's frustrating. If everybody's doing really well and I've got stellar students, the semester goes fine and we can manage with [these labs outside of the practice setting], but for students who are struggling; it's difficult, because I find that there is lack of consistency and opportunities for students to meet the course objectives. And it's not their fault. We're pulling them out of professional practice.

Thus, the PPI in a given situation may be pressured to pass students who perhaps should not pass, especially when there is not enough time to demonstrate improvement in their performance when they are not in an actual professional practice setting.

Unsupported decision to fail. Previous health education literature identified the lack of support from the educational institution as a major reason why instructors in professional practice may be reluctant to fail a student (Finch & Poletti, 2014; Lankshear 1990; Yonge et al., 2002). Six participants in this study revealed that they felt supported and validated in their evaluative decision making (which will be discussed as the final major theme of this study). Two participants recalled being unsupported during their experience in dealing with a failing student. For example, when Linda was asked to clarify in her subsequent interview if she was supported by the course coordinator in her struggles as a new instructor, her perception of the course coordinator was mixed. Linda appreciated that the course coordinator took the time to review her evaluations prior to meeting with her and her students, and she was grateful that the coordinator agreed with what she had written. Although Linda was pleased with the course coordinator's presence at the midterm evaluations, she was disappointed that the course coordinator was not firm in communicating the issues at hand with the students. Instead, Linda felt that the course coordinator made it seem as though there was a miscommunication between her and the students:

> Rather than being a little bit more firm [with the students], she [the coordinator] viewed the situation or that or at least she made it sound more like, you know, "your instructor is communicating here and you are sort of communicating there, and we need to kind of get you both on the same page." And to me it was very clear what the issues were with the students. So, I felt like she was sort of skirting around the fundamental issue at hand.

Linda understood that the course coordinator was trying to be diplomatic so that the students would also feel supported. However, Linda felt that the issues she had addressed in her evaluations were somewhat brushed off by the course coordinator. Furthermore, she was disappointed that the course coordinator did not check on her after that meeting; thus, she felt alone and unsupported in the end.

Jessie, a seasoned PPI, expressed her disappointment with the UNP reviewing committee's decision to pass the student, whom she had failed. When I asked her if she had failed to fail a student, she immediately shared the incident below. Jessie strongly believed that the UNP had failed to fail the student by negating her summative evaluation, thereby allowing the student to graduate from the program:

> And so I, at the time of the convocation, would not go to that convocation because I really believed that this student had some ethical issues that were not addressed, and I felt that the reviewing committee was not there for the 12 weeks in which I observed the student interacting on a weekly basis. I had actually written a formal letter to the program chair stating that, as far as I am concerned, there is no record of me passing this student because I do not agree with the decision they had made... And they said, "Well, you know, we've passed the student". I said "Yes, and your name should be on that [professional practice] evaluation form, not mine."

At present, in the educational institutions where this research was conducted, there is a reviewing committee, which is generally comprised of a chair and voting members (e.g., Assistant Dean, Faculty members) appointed to enact the UNP's academic policies pertaining to student progress at the end of each semester (Anonymous, personal communication, April 27, 2016). It is important to note that the situation cited by the participant occurred a number of years ago, and the UNP's reviewing committee was

likely operating under a different mandate and with a different committee membership at that time. However, to this day, Jessie still has the evaluation form that documented the student's course failure because, from her perspective, the student never met the requirements of the course.

Although the failure to fail issue from the perspective of the student, or in this case, the administrative process of failing a student within the program, is beyond the scope of this study, it is important to highlight the lasting negative impact that it had on the PPI's evaluative decision-making and her perception that the administration of the program undermined her decision-making. Furthermore, Jessie's experience somewhat supported the tacit knowledge discussed by Linda when she stated that, "it is very difficult to fail a student in this program."

Subtheme 1c: Negative personal consequences of failing and/or failing to fail a student. The study participants explained how their experience of failing a student has had a lasting negative impact on their experience as instructors. After failing a student, Sophie shared how her concern for the student affected her psychologically: "I felt horrible. I had so many sleepless nights and knots in my stomach about this, 'because I thought if I had picked up on [the student's difficulty], then maybe I could have directed her to accommodation earlier." Similarly, Bernice explained that she agonized over her evaluative decision and how the decision might affect the student financially and academically:

> When I lay awake at night, I agonize "Have I done everything I can?" I feel really badly because I know that a lot of students struggle financially, and this is going to be even worse for them because now they are going to graduate late and they

are going to have to pay for an extra semester. Some of them lose a scholarship, and those are all things that go through my mind.

An instructor may also express concerns about how the failure could have a devastating effect on the student's mental health. Katrina, upon failing an ESL student who had faced several adversities in life, explained why she was deeply concerned about her student's mental state:

> It was heart-wrenching, because this student is having such difficulties altogether. She said to me, "I have to succeed here; I've had so many failures. This is my last chance. I have to succeed." So, you know, then my heart goes out to her. And it wasn't that she was threatening me or anything like that; she was just speaking from her heart.

The emotional toll of this experience may also cause the instructor to resent the failing students and previous instructors. Katrina candidly stated that she "sometimes feel[s] anger towards the student who was just not applying herself" to meet the course objectives. Katrina also felt anger at previous instructors, who might not have picked up on the student's unsatisfactory performance and had allowed the student to progress further into the program; this was a common sentiment shared by most of the instructors in this study.

Nonetheless, the PPIs also expressed sadness over losing their connection with the failing students. They claimed to understand why a failing student might despise them. Katrina explained,

> Some students never quite lose the anger. And I can't blame them; I would be upset too, but it just leaves you feeling sad because you lose the connection with them, and one of the nice things about the job is making connections with students.

Linda, after being faced with two failing students in her first term of teaching, found the process extremely stressful. Due to her inexperience in dealing with this situation, she admitted failing to fail one of the students who did not improve. The experience affected her self-confidence:

> I have to say that this experience with this one student really shattered my confidence in myself, in the sense that I do [believe] I have the skills to be able to deal with a difficult student or with a situation where the student is failing…but I just felt like I really lacked the experience and the support after that situation.

As I mentioned in the previous chapter, Linda's experience as a novice PPI was an important component of this study's fusion of horizons because her experience not only expanded my horizon as a researcher and as a PPI, but was echoed by other participants when they were new to the teaching profession. Thus, the participants' ongoing reflection on their experience gave rise to the next major theme of the study.

Theme 2: Critical Reflection

Critical reflection played a significant role in the participants' understanding of the issues they encountered in evaluating students at risk of failing the course. Given the challenging and unpleasant situations PPIs experienced, the theme "critical reflection" emerged as they interpreted their most poignant experiences on the subject. Schön (1983) defines critical reflection as the process of analyzing a difficult occurrence or situation through "reflection-in-action" (i.e., responding to a situation as it happens) and "reflection-on-action" (i.e., thinking about past experience for personal and professional growth). As such, the findings related to this theme are structured based on two subthemes: reflection-in-action and reflection-on-action.

Subtheme 2a: Reflection-in-action. According to Schön (1983), a practitioner may draw upon "tacit" knowledge when dealing with a situation or problem as it happens. Jessie, a PPI with over 30 years of teaching experience in the nursing program, recounted how she reflected on whether or not to fail a student upon discovering later in the term that this student was unable to respond during an acute patient situation due to a panic attack: "Does that one situation with that patient mean that she failed the semester? What can I do between now and next semester to guide her around how to manage her panic attacks?" Although Jessie recognized the student's response as a sign of the student's potential risk of failing the course, she made an exception due to the student's mental health, for which the student had not sought accommodations from the school. Thus, Jessie felt that the correct course of action would be to pass the student because she had the responsibility to accommodate the student. Moreover, she explained that she does not normally fail a student unless there is a consistent pattern of error—a practice alluded to by most of the PPIs of this study.

How Jessie once again drew upon her knowledge using reflection-in-action was demonstrated in her meeting with a student who had previously failed the course and was due to repeat it in the upcoming term:

> And I said to the student who was going to be repeating a course in January, "You're going to a neurology unit. What do you know about that? Would you be able to do the Glasgow coma scale in an assessment? What would you test in a Glasgow coma scale? Can you recall that?" "Uh well we didn't do very much of that this term so I'm not sure I know that." "So, what's your plan of care?" "Well, I think I might read about it." I said "Well, do you think maybe you need to go the lab, so that the [resource person] there can walk you through the assessment before you go to the unit? Because your new instructor will expect you to know what to assess. And in Level 2 you actually did some of that neurological assessment either on medicine or surgery. So, if you don't know those things you

need to know them before you go." "Oh." So, this is an example of an unsatisfactory student... [You wonder] can they help themselves? Do they have enough insight into planning a change in their behaviour? And some will and some won't. And the ones who don't remain unsatisfactory, which I think for this particular student she has a lot of catching up to do.

Jessie, who is an experienced course coordinator with a clear understanding of the unit and the course expectations, used her knowledge to assess the student's learning needs and insights. Through her interaction with the student, Jessie surmised that the student had a number of deficiencies, and hence, had "a lot of catching up to do."

Novice PPIs may also draw upon their practice experience to make sense of the situation. Linda explained how she attempted to make one of her failing students understand the nursing culture, the student's responsibility to the organization and patient care, and how the student's behaviour could affect their relationship with the nurses:

> I want them to know what it's going to be like for them when they graduate and become new staff members. I explained to her in a gentle way, you're starting as a new grad and you are consistently late. This is going to hinder your ability to establish rapport with your colleagues.

Lastly, using theoretical knowledge was also effective for participants when addressing a problem at hand. For example, Faith learned to interpret a student's unprofessional behaviour by considering the student's developmental age. She explained that some of the students were still adolescents when they entered the program, so she tries to give them the benefit of the doubt when she detects signs of poor attitude:

> When dealing with a student's [unprofessional behavior], I often think about, how old are they right now? Also, I often I perceive the student's behavior in terms of their developmental age; so if the student is acting like an adolescent and having a little temper tantrum, I pull in my knowledge of emotional development and sort of look at, where did they get stuck? When did they learn to be a victim? When did they learn that they weren't accountable? When did they learn that this worked

for them? And when did they learn that crying and complaining and blaming got them what they needed?

Faith believes in looking at the students' developmental ages to help them work toward success. She stated that it is "the same sort of loving firmness that is similar to parenting where I don't need to be their friend." She explained the similarities between parenting and teaching as follows:

> Knowing when to let go and knowing when to hover [is an essential teaching strategy], and I do that individually with my students in a group because I'll say to them, I know some of your performance will suffer if I'm standing too close to you, so I will purposely stand back.

In other words, Faith believed that teachers, like parents, would eventually need to treat their students as independent adults as they progress in the course by allowing them to work autonomously and gain confidence while making decisions on their own.

More importantly, the participants constantly thought about their ethical, moral, and legal responsibilities when working with a student who is in jeopardy of failing the course. Bernice explained that she considers the stakes involved when evaluating unsatisfactory students:

> I know that if I've passed a student and three years down the road if the student actually makes a tragic mistake, do I need to worry about legal recourse? Why did I pass that student? What were her/his behaviours? Did she/he meet course objectives? And can I prove it? That's always something that hangs over my head. It's no different to me than patient care. [As a staff nurse], just because I'm not going to see that patient after next week, it doesn't mean that I might not hear about them a few years down the road and then have to be accountable to someone for a decision that I made. So, I feel that students are just like patients that way. So, it's the ethical issues, the legal issues, the moral issues. And sometimes I feel like I have a lot of power. I can pass a student. I can fail a student. Their fate really is in my hands because it's not like a multiple choice test where mathematics is determining whether or not they pass; it's somewhat subjective. And that's a huge responsibility. So, it doesn't feel good to know that

that's always on my shoulders. Being an instructor comes with a huge responsibility.

The aforementioned examples illustrate how participants used their experiential, theoretical, and ethical ways of knowing in the process of assessing and working with a student in difficulty. The subsequent narratives of the participants will describe how reflecting on past experiences enabled them to transform their experience into new knowledge to enhance their future practice.

Subtheme 2b: Reflection-on-action. Reflection-on-action involves gaining insights into how to improve future practice after experiencing a difficult situation by reviewing, analyzing, and evaluating one's past thoughts and actions (Schön, 1983).

Sophie, upon reflecting on her other role as a clinical educator at a hospital, emphasized that she had worked hard to identify students in difficulty because she had seen some nursing graduates who struggled as nurses and wondered if they might have been a case of failure to fail. Sophie thought that "new nursing grads who are struggling maybe haven't had the best practice experience." Thus, in her professional practice role, Sophie tries to give her students the best experience by ensuring they have good clinical reasoning, critical thinking, and reflective components by fostering self-directedness and the ability to identify their individual learning issues.

Additionally, Sophie's viewpoint that "We aren't doing students any favour[s] if we pass them when we shouldn't be passing them" was shared by most of the participants in this study. Sophie, as did most of the participants, admitted to passing a student early on in her teaching career whom she described as having "gotten away with a lot," because she lacked training on what to expect and was not watching the student closely. Passing

this student left her with "a gut feeling that she cannot let this happen again." Hence, she

reflected on this critical experience and learned about her professional practice teaching

role by talking to other instructors, attending faculty meetings, and taking faculty

development sessions related to professional practice teaching. She realized that these

actions would assist her in becoming "more confident in her judgment" and more

effective in her teaching role, especially with respect to working with ESL students with

poor communication skills:

> In the past, I didn't know how to handle ESL students [with substantial difficulty in English], and to be honest, I didn't fail them; and I probably should have. Now, I addressed their communication issues right at the beginning, and make sure that the student has a plan in place to help them to succeed. And if I feel that their written and verbal communication is a real issue, then I will notify the course coordinator right at the beginning for advice and guidance, because I don't want even to leave the issue to midterm.

Sophie also learned that to provide the support her students required, she needed to be

accountable by addressing her learning needs as an instructor.

Georgia's critical reflection on her experience as a novice instructor related to her

failure to ask for help. She explained that she did not seek support from the course

coordinator when dealing with a difficult student, whom she ended up passing, out of fear

that she would not be supported. She thought she would be perceived as an incompetent

instructor if she asked for help.

> I didn't seek the course coordinator's support and I really should have. And that's one thing that in my reflection on the situation that I should have done for myself, for the student, and I guess for the program… At that time, I was still pretty new and I didn't really utilize the resources that were available to me. I guess, in some ways, I was a little bit afraid that I might be viewed as incompetent or inadequate in my skill, but I don't feel that way anymore.

With regard to documentation of the student's performance, Georgia discussed

how she has become more conscientious about including all pertinent information about

the student's unsatisfactory performance in her documentation:

> One of the things I've changed is that I'm much quicker to make a formal
> learning contract...I'm much more careful now to ensure I have a paper trail. So, if
> I do give verbal feedback to a student about something, I do follow it up with an
> email summarizing our interaction and asking the student to "please let me know
> if you disagree or if you have an issue with what I have written".

Georgia's collaboration with the student, as a strategy, somewhat counteracted the

"subjectivity" of her assessment because it allowed the student to respond to her

comments if the student disagreed with her assessments. Updating the student's

performance evaluation more consistently, and in a timely manner, may also alleviate the

stress from the overwhelming workload associated with documentation and providing

feedback to the student in jeopardy of failing. Jessie stressed that it is essential to

thoroughly document all difficulties encountered by a student in the course. She recalled

that she did not have to go to an appeal because of her thorough anecdotal documentation

regarding the student's unsatisfactory performance in the course: "I was the only faculty

member not called because all of my documentation was very clear. It was clear enough

for even a general public person to understand why this student failed."

Additionally, Sophie pointed out the importance of articulating the student's

failing mark by using the "F[ail] word" when providing feedback. This clearly indicates

that the student is failing to meet the requirements of the course, so there will be no

surprises during the evaluation. Katrina also explained that "it is always a wake-up call

when the students are told they are failing at midterm" because they generally try harder to pass the course.

After failing two students who were both surprised to learn they were failing at midterm, Linda realized the importance of providing clear and timely feedback: "If I were to go back and do something differently, I definitely would have to indicate to the student that she or he is failing and to do it as soon as I notice the red flags."

To this day, Jessie still believes that the UNP reviewing committee's decision to pass the student she had failed was unfair. Reflecting on the situation, Jessie believed that the lack of concrete documentation, including the student's perspective, did not allow her a chance to respond to the student's concerns. Thus, Jessie felt that the program administrators only took the student's explanation of the incident into account, which led to their decision to pass the student. Jessie explained that, since she began documenting concrete behavioral descriptions to support her claims of struggling students' performances, the undergraduate program in nursing had rarely overturned her decision to fail a student. This form of documentation, as Jessie noted, provides better record keeping of a student's unsatisfactory performance from the instructor's perspective while allowing the student to respond to claims assessed by the instructor within the given documentation.

Lastly, most of the study participants said it would be helpful for the previous instructor to flag the next instructor on who might have struggled in the previous professional practice course, to enable them to follow through with the student's progress earlier in the term:

> Something else that I wish we did more of is make sure that there are flags out for the next [PPI]. I know that we have this ongoing discussion about forward feeding, but if you have a student, let's say, at the end of first term of Level 3, and you think "I missed this one; this one really isn't that strong and I have some concerns" - if you could just say to the next teacher, "Keep your eyes open." You don't need to give details; you just need to say I identified an issue, but it was too late. And at least you know that you should be aware. (Katrina)

Although the suggested practice change seemed reasonable in avoiding the issue, it may be difficult to implement. Within the academic institution, checking with instructors about a student's previous performance was deemed an ethical violation of confidentiality. Bernice initially believed that course coordinators could provide seamless communication among instructors in different levels. However, she realized that this may not be feasible given that "a lot of the instructors are part-time, and many simply come and go." She noted that many brand new instructors are taking groups of students in professional practice placements without getting a proper orientation, so there is a lot of variation in how things are done in professional practice courses. However, Bernice strongly believes that it is important for instructors of different levels to communicate so that they all know what to expect. She noted that after teaching Level 2 professional practice over the past two terms, she now understands why some students may have some difficulty in Level 3. She found out that some instructors do not permit students to practise skills such as medication administration in professional practice until much later in the term. She related a story about supervising students who administered medications on their very first day on the unit (Week 4) and how she got into trouble for this from the course coordinator. Bernice was informed that each student would have at least two opportunities per term to give medications:

Well, to me that seems like the instructor is being almost overly cautious so that the students are denied opportunities to give medications, because the instructor is not comfortable watching all seven or eight students give medications. I mean, I can understand if there are a lot of medications and it takes a very long time. You don't want them to be given late, but in the setting that I'm in right now, there may be two or three medications per patient. And so I was very comfortable doing that. I got such flak from my peers that I thought "Okay, fine I'm not going to rock the boat" but now I [understand] why students come to Level 3 and they are not entirely prepared the way Level 3 teachers think that the students should be. So, that's just one example where I think that expectations of instructors vary between instructors and they vary between levels. So, Level 3 instructors might have a certain expectation of what kind of student is arriving in September, but what they get is very different because the Level 2 teachers had a different idea. So, I think if there was some way to make the transition more seamless by improving communication so that Level 3 instructors knows what Level 2 instructors are doing and [vice-versa]. I think this would make it a little easier to help students move along without too many bumps in the road.

Reflecting on the issue, Bernice thought that the program should consider having the students carry a portfolio or checklist (like they do in a practical nursing program) indicating the date they mastered a particular skill; this way, the next instructor would be aware of what the students know and the areas they still need to work on before starting the next level. Moreover, Bernice believed that the course coordinators could play a role in communicating the issues identified by instructors at each level to help the students advance. Bernice's reflection illustrated how the instructors' perspectives on a critical issue not only focused on their individual learning needs, but also considered how the school could enhance the curriculum to benefit all relevant stakeholders involved. Jessie, remarked that, "It would be beneficial for the [UNP] reviewing committee to [feed] forward the information to course coordinators and put a remedial plan in place before the student retakes the course."

Finally, although most of the reported experiences of the instructors in this

study were negative and challenging, the participants believed that some of their experiences could be viewed in a positive light, especially since they have a vested interest in helping the students succeed. For example, Faith found that assisting students in developing a remedial plan for action was rewarding: "I pride myself in working very hard at getting to the bottom of the students' learning styles so that I can help the student create learning strategies to help them address their learning gaps and succeed in the course."

Despite the emotional difficulty experienced by PPIs in dealing with unsatisfactory student performance, instructors expressed their altruistic desire to help students, suggesting that their experiences were not entirely negative. Furthermore, such desire to assist students is an inherent part of any nursing curriculum. Therefore, most of the participants found it extremely satisfying when they were able to help turn things around for the student, as Linda remarked about her student who had improved immensely by following her constructive feedback:

> I had two students that I failed at mid-term. The one student really listened to my feedback at mid-term. She really took it to heart, and so she improved quite a bit from midterm to finals, and I was happy to pass her.

Likewise, Sophie expressed her desire to help students in difficulty and recognized this as her responsibility:

> I want them to succeed. I want them to be good nurses because I just think nursing is a great profession to be in. And if they want to succeed, I will do everything I can to help them, but it takes a lot of work, and I do take my job quite personally.

Finally, it is important to note that the participants exhibited varying degrees of critical reflection in this study. The more seasoned and experienced professional practice

instructors such as Jessie, Katrina, Bernice, and Faith used their multiple perspectives as they 'reflected-in-action' when they shared their specific experiences related to evaluating a student in difficulty, likely due to their many years of experience and to working full-time in the UNP. Nonetheless, the reflections provided by all participants were meaningful to them and have helped them cope with this difficult teaching aspect.

Theme 3: Collegial Support and Feedback

The support received by the majority of PPIs from their course coordinators and colleagues when dealing with unsatisfactory students is a theme that emerged earlier in the study. The participants asserted that the support they received helped mitigate the challenging aspect of dealing with and having to fail unsatisfactory students in professional practice.

Sophie described how she was supported by the course coordinator when dealing with an ESL student in difficulty. She found the course coordinator very knowledgeable about various resources for students in difficulty and therefore considered her a major source of support in this case: "The course coordinator was an excellent resource … She directed me to send the student to resources at the university."

Similarly, Diane felt that her decision to fail a student was supported by the course coordinator. She recalled how the course coordinator provided her with positive feedback and validated her evaluation:

> The course coordinator was very supportive, and she reinforced that I have given this person a lot of chances and feedback. You know, when I emailed this student, I emailed her as well... So the experience has been helpful. The course coordinator also does not see how this student can turn around at this point, because [we] think that there just isn't enough time.

Jessie, as a seasoned course coordinator, explained that she tries to be supportive by going over the instructor's written evaluation and meeting with the instructor and the failing student at the same time:

> If you have support, then you feel that what you've done in your assessment has been validated. If you feel that, that support is not there, then you try to second guess yourself...And it's one of the reasons I, as a course coordinator, actually encourage faculty to just send me what they have written, if they have a student who is in difficulty. I had that done to me when I was a beginning faculty member. So, I always remember how supportive that was in my first failure, and that I really wanted to have that support there.

Having Jessie's perspective as a course coordinator and participant was extremely helpful in this research, as she provided insight into how she would support PPIs. She realised that failing a student is a difficult task for faculty members, which is why she tries to be supportive of their decisions.

In addition to the support received by instructors from their course coordinators, the participants also found it helpful to have their assessments and evaluations validated by other faculty members. Diane explained how the nurse who runs the professional practice resource lab at the school also supported her assessment of the student, who was consistently unprepared and demonstrated unprofessional behaviour:

> I was highly supported in my decision to fail the student. I got feedback from the nurse that runs the lab. She had difficulties with the student coming in unprepared. The student felt that she had entitlements as far as the [lab] nurse was just going to show her everything but the nurse said "no, you need to read and then maybe we can do it a bit." And then after that experience the lab nurse informed me that she saw real anger in the student...And she even expressed to me "I can't believe you dealt with [the student] all term." Those were her words.

Aside from the support and validation from other faculty members and course

coordinators, Georgia also sought feedback from the staff members to help reinforce her

perceptions of the students' performance, especially those in difficulty:

> I do go around and ask the nurses who had been directly working with students to get their feedback. You know...any concerns, praise or even just things that they think could maybe help the students to develop. [Their suggestions] were often really very helpful and helped validate my concerns.

Hermeneutic Diagram

To summarize the study findings, the overall picture of PPIs' experience is

represented in a hermeneutic conceptualization of the study findings (See Figure 2 on p.

114). This diagram illustrates the three main themes and five subthemes that helped shape

the meanings attributed to the participants' experiences in evaluating students at risk of

failing the course and in assigning a failing grade in professional practice.

- Theme 1 (Emotionally-Draining Experience), the inner core of the diagram, is

  depicted as the study participants' perceived overall experience as a whole. The

  participants' emotionally-draining experience was understood holistically through

  the following three subthemes: Overwhelming workload when dealing with a

  student at risk of failing; multiple and complex challenges when assigning a

  failing grade; negative personal consequences of failing and/or failing to fail a

  student. The large space occupied by subtheme 2 within the core, as illustrated in

  Figure 2, revealed that these challenges weighed considerably on the participants'

  evaluative decision-making.

- Theme 2 (Critical Reflection) is illustrated in the diagram as the middle circle

  surrounding the emotionally-draining experience. It represents the two subthemes

of the participants' ongoing process of critical reflection: Reflection-in-action and reflection-on-action (Schön, 1983). Looking back on their experiences provided a means by which instructors in this study coped with this difficult aspect of teaching practice, as they reflected in varying degrees about how they dealt with the situation in the moment and in the past. This new knowledge proved to be valuable in their personal and professional development as PPIs, particularly when dealing with a student who was in jeopardy of failing the course.

- Lastly, Theme 3 (Collegial Support and Feedback), depicted as the outer circle, illustrates the support and feedback PPIs received from course coordinators, colleagues, and nursing staff members. These actions helped alleviate the emotional stress related to failing a student and helped validate the participants who made the decision to fail the student in difficulty.

Figure 2. Hermeneutic Conceptualization of a PPIs' Experiences Evaluating Unsatisfactory Student Performance

EMOTIONALLY-DRAINING EXPERIENCE

Overwhelming workload when dealing with a student at risk of failing

Multiple and complex challenges when assigning a failing grade

Subjectivity of evaluation   Role conflict   Borderline student performance

Missed opportunities to assess other students

Fear related to personal consequences of failing a student

Constraints related to part-time teaching status

Insufficient instructor orientation   Learning sequence of the course

Unsupported decision to fail

Negative personal consequences as a result of failing and/or failing to fail a student

CRITICAL REFLECTION
Reflection-in-action & Reflection-on-action

COLLEGIAL SUPPORT AND FEEDBACK

Chapter Summary

The findings of this hermeneutic study provided a holistic overview of the PPIs'

emotionally-draining experience when evaluating students at risk of failing the course.

This study revealed that the participants' workload increased when they had a student

who was not performing well in the course. While the decision to assign a failing grade

should be uncomplicated, if the student is not passing the requirements of the course, the

participants' decision-making process is fraught with multiple and complex challenges.

This situation can make it difficult to assign a failing grade, especially for novice

instructors. Nonetheless, assigning a failing grade to a student appears to have had an

enduring impact on all the participants, both personally and professionally. Critical

reflection enabled the participants to cope with the challenging situation of dealing with

students at risk of failing the course. This critical reflection allowed them to think of ways

to better manage their future encounters with students in difficulty. Furthermore, having

collegial support and feedback was effective in validating the participants' evaluative

decision-making, which proved to be beneficial to the instructor assigning a failing grade,

as well as alleviating some of the challenges within this professional teaching aspect. The

next chapter will discuss the findings of this research in greater depth in regards to the

extant literature.

Chapter 5: Discussion of Findings

Introduction

The findings from this hermeneutic research underscore an important issue in nursing education centering on professional practice instructors. Given the limited research involving PPIs, this study provides important new knowledge about their experiences in evaluating unsatisfactory student performance in professional nursing practice. The main study finding revealed that PPIs' overall experiences were emotionally-draining due to a plethora of challenges, uncertainties, and negative feelings that those situations involved. In spite of those issues, a hermeneutic analysis of their experiences revealed that ongoing reflection and collegial support were instrumental in ameliorating the difficult process involved in dealing with the fail scenario. This chapter will discuss in detail the main contributions of the study findings and highlight how the knowledge gained about the *Sache* (subject matter) supports or contradicts the relevant nursing and practice education literature.

Perceptions of Unsatisfactory Student Performance

This study underscored that PPIs have clear-cut perceptions of unsatisfactory student performance and behaviours. Examples identified by the study participants that warrant a failing grade are unsafe practices, poor communication, inability to apply knowledge, poor adherence to codes of conduct, tardiness, and lack of clinical preparation. Such descriptive accounts of unsatisfactory performance concur with a substantial amount of nursing education literature (Amicucci, 2012; Debrew & Lewallen, 2014; Duffy, 2003; Jervis & Tilki, 2011).

Likewise, the PPIs in this study firmly believed that students who put patient safety at risk should fail the course, recognizing their gatekeeper role and believing that they had a professional obligation to protect the general safety of patients by passing only those students who met all required course objectives. Failing a student who compromises patient safety was a commonly held belief among the PPIs in this study, which echoes other nursing educators involved in evaluating students in professional practice (e.g., Amicucci, 2012; Black et al., 2014; Debrew & Lewallen, 2014; Duffy, 2003; Luhanga et al., 2008a; Scanlan, 2001; Stokes, 2007).

While most PPIs in this study had straightforward perceptions of what they considered unsatisfactory performance, they recognized that assigning a failing grade to a student was not always black and white. To illustrate this point, this study revealed that even though unprofessional student behaviours such as poor code of conduct, being unprepared, and not responding to instructor feedback were perceived to be highly unsatisfactory, the participants believed that these behaviours were also difficult to judge and manage, and did not always lead to a failing grade. This finding agrees with earlier studies that most educators struggle to evaluate students with attitudinal issues and passed students despite having identified such unsatisfactory behaviours in professional practice (Cleland et al., 2008; Dudek et al., 2005; Duffy, 2003; Duke, 1996; Luhanga et al, 2008a). Moreover, the process of evaluating unsatisfactory student performance can cause the educator considerable emotional distress and anxiety, as described in the first major theme.

Emotionally-Draining Experience

This study illustrates that evaluating a student in professional practice was emotionally taxing and caused negative feelings for educators who had to assign grades. This finding also emerged in numerous qualitative nursing education studies (Amicucci, 2012; Duffy, 2003; Goldenberg & Waddell, 1990; Luhanga et al., 2008a) and in research involving other practice disciplines (Dudek et al., 2005; Finch &Poletti, 2014; Hawe, 2003; Illott & Murphy, 1997).

A descriptive correlational study in the United States by Whalen (2009) found an inverse relationship between work-related stressors and job satisfaction ($r = -.29$, $p < .001$) among part-time PPIs ($n = 91$). Whalen also reported that participants identified "being physically and emotionally drained, dealing with too many expectations, and inadequate monetary compensation" (p. 7) as their three leading work-related stressors. The issue of inadequate monetary compensation as a source of stress did not come up in the present study.

More recently, Couper's (2015) doctoral dissertation exploring the stressors faced by undergraduate and graduate PPIs ($n = 390$), found a positive relationship between perceived role strain and perceived faculty stress ($r = .822$, $p = .000$) when faced with the decision to assign a failing grade.

Whalen's (2009) and Couper's (2015) studies provide empirical support for the effect of work-related stress experienced by the participants in the present study. However, what sets this study's hermeneutic approach apart from those of other empirical

studies is the rich illumination in the previous chapter of the PPIs' emotionally-draining experiences in relation to the following subthemes.

Overwhelming workload when dealing with a student at risk of failing.
The majority of the PPIs in the present study revealed that supervising a student at risk of failing can intensify their sense of responsibility and hence their workload in a typical professional practice day. As a result, properly overseeing the work of the remaining students in the group can become difficult for the PPIs. Previous studies involving the experiences of nursing preceptors and other practice educators revealed that overseeing the work of one struggling student is stressful and time-consuming (Cleland et al., 2008; Danyluk et al., 2015; Finch & Poletti, 2014; Jervis & Tilki, 2011). Therefore, this finding is not surprising given that time constraints can leave educators feeling guilty and even resentful toward the failing student for preventing them from fulfilling their obligations to oversee the work of other group members.

The majority of PPIs in the present study cited frequent written documentation involved in addressing a failing student's formative feedback and strategies for growth as the most time-consuming aspect of dealing with a student who is not doing well in the course. This concern was also raised by medical educators who reported that the task of professional practice grading can be time-consuming, especially when dealing with more than one student in the practice setting (Cleland et al., 2008; Dudek et al., 2005).

Multiple and complex challenges when assigning a grade. The PPIs in this study revealed that their decision to assign a grade to a student with unsatisfactory performance was filled with numerous grey areas or complex challenges. These

challenges sometimes dissuaded them from failing a student for reasons related either to their personal and professional educator role or other factors that may not easily be resolved, like organizational flaws. The personal and professional challenges, identified by PPIs in this study, are inextricably linked, given that professional stresses can spill over and affect personal lives. The challenges addressed by PPIs in this study that were also highlighted in previous studies include the subjectivity of evaluation (Amicucci, 2012; Boley & Whitney, 2003; Duffy, 2003), role conflict (Cleland et al., 2008; Stokes, 2007), assessment of borderline performances (Jervis & Tilki, 2011; Luhanga et al., 2008a), fear related to personal consequences of failing a student, (Brown et al., 2012; Fontana, 2009; Poorman & Mastorovich, 2014), and constraints related to working part-time (Duke, 1996). The hermeneutic interpretation of participants' experiences in this study helped reinforce why these challenges were so meaningful to them.

For example, the PPIs acknowledged that professional practice evaluation is subjective and can vary from person to person (McGregor, 2005; Oermann et al., 2009). As one participant stated, giving "the benefit of the doubt" is inevitable because "there is a range of unsatisfactory performance or behaviour" that an instructor may consider when deciding whether to fail a borderline student. For example, this study highlighted that using a non-credible resource to complete a written assignment is far less serious than lying about a medication error, while another participant explained that a student who had attitudinal issues, but excelled in delivery of patient care ended up passing the course, despite the student's unprofessional behaviour toward staff. This notion resonated with the PPI participants in Amicucci's (2012) study, who were reluctant to fail a student

because they believed that there were times when it was beneficial to give someone another chance by offering the student an opportunity for change.

Some participants in the study also experienced role conflict as nurses and educators. Although most acknowledged their role as educators first and foremost, the PPIs in this study struggled to be objective when they were aware of the personal consequences of failure for the student. They also struggled with the assessment of borderline student performance, fearing that such students might not improve in their subsequent professional practice. According to Verma and Patterson (1998), assessment of borderline students is difficult "because although [the students] do not clearly fall within the majority for a passing grade, they also cannot be clearly defined as students who should definitely fail" (p. 162). PPIs in this study reported encountering some cases of failure to fail when they dealt with ESL students with marginal to substandard communication skills in their senior years of the UNP. Interestingly, while most instructors in the present study also regarded students' poor communication as another critical ground for assignment of a failing grade in professional practice, this research revealed that students with poor communication skills, such as these ESL students with substantial difficulty in English, were in fact being passed. This may be explained partially by the research of Amicucci (2012) and Duke (1996), who discovered that the instructors' knowledge of the students' family and financial responsibilities at home, including how failure may be socially constructed in different cultures, might at times influence the decision to pass a student who could certainly be classified as failing.

The complexities of professional practice also created fear and anxiety for PPIs, who expressed apprehension related to student reprisal and receiving negative instructor evaluations, to the extent that these concerns impacted some participants' decision to fail a student. Although the participants were aware that a student who failed could appeal the grade, they did not express the fear of litigation that Dudek's study identified (2005).

When PPIs were preoccupied with a student who was struggling in the course, they reported that there were times when they had missed the opportunity to assess the performance of other students' learning needs. The participants believed that failing to assess other students could be problematic when a student's unsatisfactory practice (e.g., failure to adhere to safety measures) was not diagnosed until later in the program. Furthermore, most participants believed that it was generally unfair to fail a student whose area of difficulty had not been identified earlier in the course.

Perhaps, the most significant structural challenges that can influence a PPI's decision to fail a student relate to insufficient instructor orientation, and the PPI's belief that a decision to fail a student would not be supported. This present study joins others (e.g., Brown et al., 2012; Dudek et al., 2005; Duffy, 2003; Finch & Poletti, 2014; Hawe, 2003) in highlighting both issues as significant barriers to making a decision to fail a student.

Working part-time was shown to exacerbate the situation for many PPIs, especially when those PPIs were hired without teaching experience (Hewitt & Lewallen, 2010). One part-time instructor claimed she was hired just one week prior to the start of course and was disappointed that she was unable to attend the work orientation because it

conflicted with her other part-time position. Creech (2008) noted that most part-time PPIs may hold a variety of roles, which might limit PPIs from attending faculty meetings, workshops, and orientation sessions.

While both full and part-time PPIs in this study were affected by most of the challenges identified in this subtheme, novice and part-time PPIs were more significantly affected by all personal, professional, and structural issues than their full-time counterparts. Such issues can make it very difficult for new part-time PPIs who may lack confidence, especially when they are unaware of all of the processes of failing a student due to insufficient training in their PPI roles (Debrew & Lewallen, 2014; McGregor, 2007). Duke's (1996) study revealed that although instructors may have been skilled at diagnosing a failing student, their low self-esteem interfered with the decision to fail weak students, perhaps due to memories of being unsupported in previous decisions to fail. Black et al. (2014) asserted that failing a student takes significant courage and that educators will often require moral support due to the negative consequences that can arise from that experience.

From Benner's (1984) perspective, the novice instructor's lack of confidence, stress, and anxiety are to be expected, given their inadequate experience and exposure to the situations in which they are expected to perform, such as professional practice grading. According to Scanlan et al. (2001), novice instructors may have difficulty evaluating students, and thus may exercise poor judgment when assigning grades. One of the participants recalled being told by some of her colleagues that it [was] difficult to fail a student in the program and have it supported by administration, which

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contributed to her decision to pass a student, despite unsatisfactory performance. The notion of perceived difficulty in failing a student in the nursing program refers to a phenomenon called the "hidden curriculum". This term refers to implicit expectations, beliefs, and practices about certain aspects of the curriculum (Allan, Smith, & Driscoll, 2011), which in this situation would be that failing students are to be passed on to the next course. It highlights the fact that instructors may exercise poor judgment in decision-making because they lack proper teaching orientation and mentorship concerning the program expectations.

Although experienced PPIs seemed to be proficient in assessing and evaluating unsatisfactory student performance in this study, this study also made clear that seasoned PPIs were not always supported in their decisions to fail a student. In this case, Jessie, an experienced PPI, felt that the UNP reviewing committee failed to fail the student by issuing a passing grade to a student whom she had failed. Jessie's disappointment towards the program was, in part, due to the fact that she had been the one to observe that student's unsatisfactory performance over the 12-week course. Again, although the examination of the failure to fail phenomenon, as carried out by the program reviewing committee as a whole, is beyond the scope of this study, the instructor felt that her evaluative decision making was undermined in this case. Notably, in Jessie's scenario, there might have been other issues at play, which then led the undergraduate program's reviewing committee to overturn her evaluative decision (e.g., students with compelling medical or personal reasons). Such issues were not explored in this study.

One final barrier revealed in existing research was the way interruptions in the practice setting experience (e.g., simulation lab) potentially hinders an instructor's decision to fail a struggling student. One participant explained that a student in jeopardy may fail to provide sufficient evidence of satisfactory completion of remedial activities, because of the interruption in the actual clinical setting. These interruptions reduce a student's opportunities to improve performance and prevent the instructor from monitoring the student's performance as closely as wanted. In other words, the latter may reduce the instructor's opportunities to provide feedback and to reassess the student's performance. This lack of observation of the student's performance in the practice setting, at a crucial stage, might lead the instructor to feel pressured to pass the student in the end.

Negative personal consequences of failing and/or failing to fail a student.
Regardless of a PPI's level of experience, the grading of students with unsatisfactory performance created feelings of fear, anger, guilt, uncertainty, anxiety and perhaps distress. Such emotions, at times, lead PPIs to resort to passing students who were below professional practice standards in order to relieve their own emotional tension, a phenomenon reported in any number of nursing and non-nursing education studies (Amicucci, 2012; DeBrew & Lewallen, 2014; Duffy, 2003; Finch & Poletti, 2014; Hawe, 2003; Luhanga et al., 2008a).

In addition, the participants in this study experienced feelings of sadness and disconnection with the student when they did assign a failing grade. These reactions were also discussed in the following research literature by Diekelmann & McGregor (2003), Finch & Poletti (2014), and McGregor, (2005). The participants in this study felt badly

for failing students and also experienced signs of physiological distress, such as lack of sleep and having knots in their stomach during the process.

Expressions of anger and blame toward previous PPIs for failing to diagnose unsatisfactory performance or allowing a student to pass also were highlighted by the participants. Alternatively, PPIs personalized the student's failure, which Poorman and Mastorovich (2014) also described in their hermeneutic study of teachers' stories of blame. In the present study, some PPIs also second-guessed themselves with thoughts, such as, "if only I had identified the issue earlier," or "if only the semester was a little longer, [then assistance might have been provided and the student might have passed]." Amiccuci (2012) referred to these thoughts as wishful thinking, or the instructors' hope for a positive outcome, due to the negative experience that the instructors endured.

The negative experiences among the PPIs were so impactful that such feelings and thoughts remained years after the event, which was also a major thematic finding in a descriptive analysis of the impact of moral distress among nursing educators reported in the nursing education literature (Pratt et al., 2013). One novice instructor's experience in this current study with failing and failure to fail was so difficult that she indicated her confidence was shattered, so she left the role after only teaching one 12-week course, feeling unsupported during the process of dealing with unsatisfactory student performance. Pryor and Bright (2012) describe why a person may lose self-confidence and feel negatively as a result of having to fail a student: "[A person's] self-esteem plummets, initiative evaporates, confidence wavers and vision falters... Indeed, the experience of failure may make [someone feel] cynical, tentative, reactive, pessimistic,

risk averse, angry and depressed (p.10)." Furthermore, such negative reactions to failing or failing to fail a student can impact workplace satisfaction and even lead to a loss of talented PPIs (Couper, 2015; Symanski, 1991).

Critical Reflection

Reflection was instrumental in helping the participants analyse previous experiences involving students who were at risk of failing the professional practice course. Critical reflection, according to Glaze (1998, p. 151), "is central to transformation of practice." Hermeneutic analysis of the participants' experiences illustrated two subthemes (Schön, 1983): reflection-in-action and reflection-on-action. Numerous reflective practice frameworks have been used in nursing education (e.g., Brookfield, 1995; Mezirow, 2000; Rolfe, Freshwater, & Jasper, 2001). In my clinical and teaching roles as a nurse and educator, I am immersed in reflective practice, first as a practicing nurse and second, as an instructor, facilitating the reflective processes of students. Reflecting on my preunderstandings, Schön's framework was adopted, likely because it is a reflective framework with which I am most familiar. Additionally, it is one of the frameworks used by the study participants in the students' UNP. The participants' reflections were derived from the interview texts and conversations I had with the participants during initial or follow-up interviews.

Reflection-in-action. Schön (1983) describes reflection-in-action as a subconscious process involving the combination of theory and practice. Regardless of their level of experience, PPIs were able to draw upon their tacit knowledge in the process of dealing with a situation. This study revealed that experienced instructors appeared to

have more confidence than novice instructors when making decisions in difficult

situations. When asked to describe how they diagnosed unsatisfactory student behaviour,

seasoned PPIs tended to be systematic in their approach, sometimes using a theoretical

framework or prior knowledge to assess the student's learning gaps in order to develop a

plan for remedial actions. Again, this finding is consistent with Benner's (1984)

framework of novice to expert, whereby an instructor with years of experience in the field

would be expected to have a better understanding of the situation as a whole than a

novice. As Schön stated:

> The practitioner allows himself to experience surprise, puzzlement, or confusion
> in a situation which he finds uncertain or unique. He reflects on the phenomenon
> before him, and on the prior understandings which have been implicit in his
> behavior. He carries out an experiment which serves to generate both a new
> understanding of the phenomenon and a change in the situation. (p. 68)

Although a novice instructor may draw upon experience as a practicing nurse,

prior experience as a proficient nurse may not suffice when trying to resolve an issue for

which no previous personal experience exists (Cangelosi, Crocker, & Sorrell, 2009;

Vinales, 2015). During the process of teaching a professional practice course for the first

time, one of the participants recalled being surprised that her Level 2 students were not

aware of the culture of nursing:

> I think that sharing the culture and values is important in nursing and can help
> students to transition smoothly into the nursing profession... And I can tell just,
> you know, from my conversations with the students that they are not necessarily
> always aware of the culture of nursing. (Linda)

While Linda, as a novice PPI, offered valuable insights and intentions regarding what she

was teaching the students, she was not assessing them based on the student's own level of

experience and knowledge. This may be attributed to the PPI's knowledge deficit

regarding the expected learning outcomes of the professional practice course at each level, which, for some, might be due to not attending the orientation for new PPIs. Linda, in this case, was expecting students to understand a concept that they had not yet been taught. Nonetheless, it was a meaningful topic that she brought to mind while reflecting on her actions. This situation also highlights the fact that a nurse who is proficient in professional practice does not automatically demonstrate proficiency in teaching professional practice (Vinales, 2015).

Reflection-on-action. Schön (1983) defines reflection-on-action as a means to think of ways to enhance one's practice after experiencing a critical situation. This subtheme emerged as the participants provided valuable insights about how they would manage students who showed unsatisfactory performance in future teaching situations. Scanlan (2001) found that one way in which educators come to learn their job roles was through reflection on past experiences. Pryor and Bright (2012) noted that it is important to value failure because "[it] teaches us what does not work" (p. 75).

In this study, specific strategies used to deal with difficult situations that related to the evaluation of students in professional practice emerged as the participants shared their reflections. They recognized the importance of diagnosing the students' issues early in the course; providing ongoing formative feedback; developing a learning contract; and including students in the process of evaluation by helping them to respond to feedback that identified unsatisfactory behaviours. The findings demonstrate the importance of developing remediation strategies that involve the student's feedback using a learning contract. This record offers better record keeping of the student's behaviours from the

PPI's perspective while also promoting student responses to the instructor's comments about performance issues and remediation actions. Cassidy (2009) explains that subjectivity in evaluation is actually beneficial when teachers and students enter into a mutual contract of trust.

Overall, the strategies discussed by the participants in the present study resonate with Teeter's (2005) SUCCESS framework for assisting the educator in identifying the students' learning issues and developing strategies to assist the student at risk of failing a course in professional practice: This acronym stands for: <u>S</u>ee it early; <u>U</u>nderstand the student's perspective; <u>C</u>larify the issue with the student; <u>C</u>ontract with the student; <u>E</u>valuate the student's progress regularly; <u>S</u>ummarize the student's performance; <u>S</u>ign the summary and look to the future. Hence, despite the challenging process of evaluating students, participants in the present study were truly committed to professional practice teaching and helping students succeed, as had been reported earlier in a number of publications (Diekelmann & McGregor, 2003; Rittman & Osburn, 1995; Steinert, 2008).

However, most instructors in this study reported that they would not hesitate to assign a failing grade to a student who continued to demonstrate a consistent pattern of unsatisfactory behaviours in professional practice. Price (2012) pointed out that assessment of students' unsatisfactory performance "is not about whether or not students get it wrong, but whether they replicate the mistake again…and whether they demonstrate awareness of their mistakes and adjust their care accordingly" (p. 52).

Finally, in reflecting on these situations, the majority of participants advocated for two types of communication in the nursing program. First, the participants believed that a

forum for communication among instructors should be in place. Some participants also indicated that they found it extremely helpful to talk about their experiences, particularly with those who had undergone similar episodes. Debriefing sessions have been found to be a valuable coping strategy following student failure (Sharples, Dawn, & Elcock, 2007). Second, the majority of participants in this study suggested that communication amongst course coordinators across the program levels should occur in regards to the performance of a student who has struggled in the course. They believed that this type of communication would help direct subsequent instructors to be mindful of that student's specific learning needs, and thus help a PPI to evaluate the student's performance with more nuance and sensitivity.

Overall, reflection was deemed an important strategy for professional growth among educators (DeBrew & Lewallen, 2012; Murphy & Timmons, 2009). O'Connor (2008) explained that reflection on critical incidents can help to identify one's own deficits and prevent a repetition of previous errors in judgment.

Collegial Support and Feedback

A plethora of studies have reported that educators generally felt devalued in the evaluation process, especially when their previous decision to assign a failing grade was unsupported or even overturned by the program administration (Danyluk et al., 2015; Duffy, 2003; Dudek et al., 2005; Hawe 2003; Luhanga et al., 2008a; Poorman & Mastorovich, 2014). This study adds insights about the support that participants received from course coordinators, other faculty members, and nursing staff about the validation of their assessments of a weak student's performance. The PPIs found that seeking feedback

from their colleagues about those negative assessments often helped strengthen their

decision-making. Additionally, it has helped to mitigate, at least to some degree, the

difficulty they endured, especially when other instructors were able to support their

concerns about the student in question. Nurse educators reported that support from

colleagues was particularly helpful, even if it was informal (Scanlan, 2001). Likewise,

they felt that they learned the most "on the job" when they sought out peer advice and

support (Scanlan). The current finding differed from other studies involving preceptors,

most likely since the participants from the three sites in this study are formally affiliated

with one academic institution. Because of this affiliation, they were presumably more

aware of the support resources available to them than might be expected, in comparison

to preceptors who were employed by the different clinical agencies where the students

had their clinical placements.

Earlier studies (e.g., Brozenec, Marshall, Thomas, & Walsh, 1987; Dorman, 1992)

noted that the decision to fail a student should not rest solely with the individual educator

and suggested including other faculty members to assist in the process of identifying a

student's learning issues and offering some objectivity to the situation. Jervis and Tilki

(2011) stressed the importance of considering the educators' feelings, experiences, and

pressures regarding their role to help them gain confidence in their decisions. As Price

(2012) explained, no practitioner "can witness all activities and achievements of the

student" (p. 50), so it is essential for instructors to seek feedback from other practitioners

to help ascertain the level of performance of students that they have assessed as weak.

Chapter Summary

This chapter discussed the relevance of the main study contributions with respect to nursing and other practice education literature on the evaluation of student performance in professional practice. While the findings were consistent with many earlier publications, this study also provided added knowledge specific to the experiences of PPIs. The next chapter concludes with a discussion of study limitations and strengths, relevant implications, and recommendations.

Chapter 6: Conclusion

Introduction

The findings of this hermeneutic study indicate that PPIs encounter emotionally-draining situations that may lead to their reluctance to fail a student in professional practice. The PPI workload, multiple challenges related to grade assignment, and negative consequences of their decisions were the common subthemes that emerged out of difficult PPI experiences. Furthermore, this study confirmed that evaluation of unsatisfactory student performance was particularly challenging for novice part-time PPIs, who tended to pass failing students due to an actual or self-perceived lack of experience. This study also concluded that amid their struggles, some of the PPIs' negative experiences became more manageable as they became more immersed in dealing with difficult evaluation scenarios and through using the important process of critical reflection, especially when they received peer support and feedback throughout their evaluative decision-making. This final chapter will conclude with the overall strengths and limitations of the study, address the implications, and provide study recommendations.

Study Limitations and Strengths

The transferability of study findings cannot be generalized beyond PPIs in an undergraduate collaborative nursing program in Southern Ontario. All of the study participants were Caucasian women. Future research must include the perspective of male PPIs and instructors with diverse cultural backgrounds to examine how their construction of failure, including outcomes from dealing with unsatisfactory student performance, may

be similar to or different from the findings of this research. Given the small sample size, the readers also need to make their own judgements about the relevance of the findings to other situations (Lincoln & Guba, 1985).

The literature used to support the findings covered not only nursing but also other practice professions, and some relevant studies dated from the 1990s, due to the limited number of more recent studies on the subject matter. Nonetheless, this older research contributed value to the understanding of the subject under study. Another limitation of this study is that only the perspectives of PPIs in Levels 2 and 3 were explored. Input from PPIs in other levels (e.g., Levels 1 and 4 and Community PPIs) and from students in difficulty would enrich future explorations.

Given the limited number of published studies related to PPIs' experiences in dealing with failing students, this study contributed to the expansion of knowledge of both full and part-time PPIs. The fact that this was the first exploration of Canadian PPIs' perspective on failing and failing to fail students in professional nursing practice is one of its major strengths. Furthermore, the fact that the study was able to explore the perspectives of participants who teach the same curriculum at different sites is considered another study strength. The study findings can be used as a foundation for further studies involving PPIs' experiences evaluating unsatisfactory students, both nationally and internationally.

The study findings are also supported by strong methodological rigour. My preunderstandings on the topic served as an asset to my approach as well as my understanding of the subject matter, which Koch (1996) noted were often omitted in

published hermeneutic studies. My vested personal and professional interest in this topic comes first from being a student who nearly failed a professional practice course, then as a new instructor, and eventually as an experienced PPI. Gadamer's philosophical hermeneutics enabled me to become part of the research through the use of my preunderstandings, as I expanded my own horizons and my understanding of the subject matter. Each time that I listened and spoke with a participant in this study, I felt privileged to have learned from a different colleague's professional practice teaching journey. Appendix J outlines my final reflection on my research journey.

Lastly, I have recently presented some of my findings to a group of professional practice educators from a variety of health care professions. Although the context of the findings may well differ from discipline to discipline, the general comments that I received from other practice educators during my presentation revealed that they could relate to and identify with the major themes addressed in this study.

Implications

The PPIs' reluctance or ultimate refusal to assign a failing grade to a student in professional practice has serious implications for the general public who, according to the professional regulatory body (CNO, 2014), has entrusted the nursing discipline to execute nursing roles in an ethical, safe, and competent manner. This hermeneutic study found that novice part-time PPIs had perceived inadequate training, especially around dealing with a student at risk of failing a course. If PPIs are to be ethical gatekeepers within the profession, then they need to have adequate preparation to deal with unsatisfactory student performance before they assume the professional practice teaching role.

Otherwise, having instructors who lack competence and confidence in allocating appropriate grades, no matter how poor, to students who are unsatisfactory has the potential for serious effects on the quality of education, and worse, the quality of future nursing care. In addition, it also can tarnish the reputation of PPIs, the academic institution, and by extension, the profession, if students who are incompetent receive passing marks in a professional practice course (Fontana, 2007; Luhanga et al., 2008a). Furthermore, the multiple stressors that PPIs faced in assigning a failing grade placed them at risk for experiencing negative consequences that may lead to emotional exhaustion (Shirey, 2006), affect their job performance and satisfaction (Couper, 2015; Goldenberg & Wadell, 1990; Whalen, 2009), and potentially cause them to leave the teaching profession (Symanski, 1991). To address these implications, the following recommendations for the UNP, PPIs, and prospective nursing research are offered.

Recommendations for the UNP

1. **Provide novice PPIs with an information session that focuses on dealing with unsatisfactory student performance.** The majority of part-time PPIs in the present study reported that the difficulty in carrying out their duties was largely due to insufficient orientation about their role and especially how to deal with difficult students when they first began teaching professional practice. While the schools identified in this research do provide some introductory orientation sessions for new PPIs, it is important to note that the overarching findings from the participants' experiences highlighted some issues that warrant the inclusion of

the following multi-modal orientation topics to enhance the PPIs' knowledge, skills, and judgment when dealing with unsatisfactory student performance:

- The hermeneutic conceptualization of the present research findings (see Figure 2) can be used as a framework for understanding the challenges they may encounter as a PPI. Moreover, the framework can be used as a problem-based tool to discuss specific resolutions pertaining to student evaluation of failing students. Skingley, Arnott, Greaves, and Nabb (2007) affirm that preparation for professional practice teaching should include the topic of dealing with failing students.

- The PPIs' professional obligations should be reinforced from the start to help alleviate the stress associated with any possible role conflict they may experience. Some of the participants in this study repeatedly questioned their teaching roles and responsibilities and often struggled with their dual, conflicting roles as nurses and educators. Hence, instilling their legal and ethical responsibilities to the profession may help dispel some of the issues that new professional practice faculty may fear or fail to recognize.

- The importance of providing detailed documentation as part of student assessments needs to be reinforced. Although the participants in this study did not express any fear of litigation by students, some participants made frequent reference to the notion that students assigned a failing grade could appeal. Faucher (2000) stressed how important it is to "collect and document objective clinical data and have an understanding of the

academic appeal procedure of the institution" (p. 76). One of the seasoned
instructors in the present study recalled that she did not have to go to an
appeal to present her documentation of a failing student, because her
comments were thorough and clear enough for all to comprehend.

- The fundamentals of professional practice evaluation, such as types of
  assessments, use of evaluation tools, use of learning contracts, and
  methods for providing feedback need to be incorporated into the
  orientation using case-scenario or role-playing activities to enable novice
  PPIs to apply the evaluative concepts in practice.

- A discussion about integrity, moral courage, stress, and decision-making,
  especially involving the evaluation of unsatisfactory students, may help
  PPIs reflect on their responses to conflicts in the process of failing a
  student and, equally importantly, mitigate a tendency of failing to fail
  (Black et al., 2014; Gopee, 2008; Poorman & Mastorovich, 2014). Since
  most of the participants in the study reported feelings of fear, anxiety, and
  lack of confidence related to assigning a failing grade, the use of scenarios
  and role playing could also help new PPIs gain insight into how to deal
  with difficult student situations.

- Delivering the introductory orientation session using other teaching
  modalities, such as handbooks or e-learning modules, will promote greater
  accessibility to orientation resources for all PPIs. One instructor in this
  study reported that she was disappointed that she had missed the

orientation for new instructors because she was unable to attend the only

session offered by her school at the beginning of the year due to a

scheduling conflict with her other employer. Maxwell, Vincent, and Ball

(2011) recommended that resources be provided to faculty to improve their

teaching skills. Thus, this resource will not only benefit novice instructors,

but also serve as refresher material for seasoned instructors seeking to

review the basic tenets of professional practice teaching.

The aforementioned topics are all important subjects that should be discussed

during the novice PPI's orientation session. Bransford, Darling-Hammond, and Lepage

(2005) noted that an effective teacher must have expertise in three broad areas: student

development, pedagogical principles, and courses taught. Therefore, aside from being

exposed to all the above topics, PPIs need to have a clear understanding of their

program's philosophy, curriculum, including the student learning outcomes expected at

each level in the nursing program and policies and procedures (Hewitt & Lewallen,

2010). In addition, the BScN program's structure and functions should also be addressed

in this orientation.

   2. **Provide an opportunity for novice PPIs to have a shadowing experience

with a seasoned PPI in an actual practice setting as part of their orientation.** The

part-time participants in this study reported not having sufficient mentorship and

guidance as novice instructors. Shadowing would provide the novice instructor with an

overview of professional practice teaching by observing a seasoned instructor in action.

For example, the experienced PPI could suggest ways to manage time in assessing the

performance of each student in a group, including how to maintain sufficient documentation when faced with a student at risk of failing. Additionally, the seasoned PPI within this context might act as a future mentor for the new PPI in training. Although a novice might not always observe how to deal with a student at risk of failure during the shadowing experience, having a peer mentor who can speak from experience and serve as a sounding board for early-career challenges with student evaluation would be invaluable.

An education program, according to Brown et al. (2012), is obliged to ensure that its educators can reliably perform their teaching responsibilities. Completion of the first two recommendations (providing an orientation session and a shadowing experience) should be an integral, mandatory part of teaching professional practice courses in UNPs to ensure that PPIs gain some level of understanding of their role obligations, especially in dealing with unsatisfactory students, before taking up their positions. In 1980-90, a UK physiotherapy school offered a course to prepare fieldwork educators, after which Illott (1995) administered a self-administered mail questionnaire to educators at three different times: immediately after the course, four months later, and a year later. The survey revealed that the respondents reported an increase in confidence and in their ability to differentiate between students' levels of competence. Ninety-four percent of the respondents reported that the course helped them to understand their responsibilities better when responding to a student at risk of failing the course. The marked increase in respondents' experiences strongly suggests the effectiveness of offering such a workshop to educators.

3. **When dealing with students at risk of failing, PPIs need ongoing support**

during and after their evaluative decision-making. Although the need for collegial support provided by course coordinators, peers, and staff nurses to PPIs was one of the major findings of this study, the focus on the psychosocial health of instructors must continue to be sustained, as this study also highlighted the unsupported decision to fail as one of the challenges that can influence the PPI's decision to pass a failing student. In spite of the complexities of evaluating unsatisfactory student performance, the majority of participants were relieved that there was someone they could go to for advice who might help validate their assessments. Furthermore, having support from colleagues can help minimize negative feelings associated with dealing with unsatisfactory student performance (Luhanga et al., 2008a; Shirley, 2006). Some participants also found it particularly helpful to discuss some of their difficulties with fellow PPIs, particularly those who had similar experiences, during the end-of-term course meetings. Brozenec et al.'s (1987) suggestion that the need to provide a forum for discussion and exchange of ideas was especially important when identifying difficult assessment issues that educators encounter concurs with this study's finding. Therefore, the network of supports available for PPIs needs to be continuously reinforced so that all PPIs have a way to help address effects of the emotionally-draining experiences that they may encounter during or after difficult evaluative decision-making.

4. **Develop a clear policy related to remediation of unsatisfactory student performance.** This study underscored the troubling fact that novice PPIs are passing students with unsatisfactory student performance. This was exemplified by ESL students with severe language barriers, which were noted by PPIs, but who still passed their

courses. The lack of awareness about a student's previous performance including feedback or remediation strategies could make it difficult to identify what strategies had already been employed for the student's learning needs. For example: Were the student issues identified previously? What were the precise remediation strategies implemented or requiring continuation? Was a learning contract completed? Is the course coordinator fully aware of the student's issues? These questions suggest that without a clear system to review students' previous difficulties, a failure to fail scenario becomes much more likely.

The majority of participants in this study wished that they could have shared the evaluations of weak students in professional practice with the subsequent instructor, in order for the new instructor to maximize the time available to focus on the students' improvement. Additionally, the participants believed that communicating this information would help direct the next instructor to be mindful of each student's specific learning needs, as well as assist the instructor to better assess and evaluate the student's performance on a continuing basis. The literature indicates that those who oppose forwarding the student's previous course performance were concerned about violating the student's confidentiality, and possibly biasing a future educator's impressions of the student (Cleary, 2008; Luhanga et al., 2010; Scanlan, 2001). By contrast, supporters believe that it would facilitate better continuity of support for the student, and that educators should make every effort to learn about the students they teach (Maxwell et al., 2011). Furthermore, as Cleary (2008) noted:

We owe it to the students, to their future patients and to the integrity

of our education system to share information about how students are performing…. [Furthermore,] we have the responsibility to confirm they have the requisite knowledge and skills and are not, simply recipients of the benefit of the doubt. (p. 800)

Recommendations for PPIs

1. **Professional practice instructors need to seek support as early as possible after designating a student in jeopardy of failing the course.** This study revealed that while the participants felt well supported by their course coordinators, they also reported that they did not seek much support when they were new to teaching for fear that they would be judged as not being competent. With the benefit of reflecting on their actions, the PPIs in the study recognized the need to seek support as soon as red flags appear with a given student so that a learning contract may be developed with the student, as Teeter (2005) also suggested. Steinert (2008) developed a diagnostic framework to assist medical supervisors to identify student problems with three questions: What is the problem (e.g., student's knowledge, skills, attitudes)? Whose problem is it (e.g., teacher, student, educational institution)? Is it a problem that needs to be resolved? Such a framework might also help PPI instructors to conceptualize the issues and identify appropriate approaches for dealing with them.

2. **Just as the program has an obligation to provide PPIs an orientation, PPIs also are accountable for complying with their teaching and professional expectations.** One of the participants reported that she was hired literally one week prior to the start of the term but was unable to attend the orientation session, which she repeatedly cited as the chief reason for her lack of preparedness for her role after she had two students failing the course. It is therefore essential to reinforce that when instructors

sign the teaching contract, they are agreeing to all of the terms and responsibilities laid out in that agreement, including any mandatory sessions. Hence, instructors who are unable to commit fully to the teaching requirements refrain from accepting the teaching contract in the first place.

3. **Professional practice instructors need to use a framework for reflection for their professional growth**. One of the participants, after dealing with a difficult student failure, realized her own limitations in carrying out her instructor's evaluation duties and identified ways to improve her competence and self-confidence in her own judgment by talking to other instructors, attending faculty meetings, and taking faculty development sessions to improve her professional practice teaching. Through critical reflection, the participants understood their need to develop and enhance their teaching practices. This illustrates that, as self-regulated practitioners, PPIs are accountable for identifying their areas for growth and proactively seeking out resources that will enhance their competence, in accordance with the professional regulatory body's quality assurance program (CNO, 2014). The Canadian Association of Schools of Nursing (CASN) offers several educational modules focusing on teaching and learning philosophies, curriculum design, and teaching and learning strategies that can help PPIs advance their knowledge and skills (CASN, 2015).

As noted above, there are numerous reflection frameworks of reflection from which to choose when writing such a reflection. Schön's (1983) reflection-in-action and reflection-on-action were the subthemes that emerged from the interpretation of the PPIs' experience; these subthemes can be a valuable framework for use by all PPIs. A write up

of reflection-on-action, for example, can help minimize the personal impacts of failing a student (Carr, Hegarty, Carr, Fulwood, Goodwin, Walker et al., 2010; Gopee, 2008).

Recommendations for Future Nursing Research

1. Replication of this study in other UNPs would be important to investigate to what extent the findings resonate with other PPIs.

2. A prospective, longitudinal study of PPIs' experiences could provide a better understanding of the long-term impact of emotionally-draining experiences as instructors move from novice to expert.

3. The administration process and the perspective of a failing student, or the issue of failure to fail (e.g., among course coordinators and reviewing committee members of the UNP), should be explored.

4. The strategies used by participants to help ameliorate the emotional impact of dealing with students whose performance is deemed unsatisfactory should be explored more fully.

5. While failure was perceived negatively in this study, future research should look into the positive impact of failure in UNPs and other practice-based professions by learning about the experiences of both instructors and students as they continue in the program.

Chapter Summary

This study sought to present an in-depth understanding of PPIs' experiences in evaluating unsatisfactory student performance in professional practice. The results revealed that evaluating students in professional practice is a crucial yet stressful

responsibility that is filled with multiple challenges that place novice and part-time PPIs

at risk for failing to fail incompetent students. However, making an incorrect decision

could have negative consequences for public safety and has the potential to damage the

public's confidence in the quality of nursing education, and, by extension, the nursing

profession (Fontana, 2007; Skingsley et al., 2012). The problems addressed in the

findings of this dissertation may help provide insights into PPIs' experiences and add to a

growing body of literature indicating evidence of failure to fail within nursing education

settings (Docherty & Dieckmann, 2015). While this study confirmed that stressors faced

by PPIs are inevitable, ameliorating such stressors can begin by instituting a robust

orientation and mentorship program for incoming PPIs to help prepare them to cope with

the issues related to dealing with failing students. Furthermore, PPIs also should continue

to enhance their knowledge, skills, and judgment to become competent and maintain the

integrity of their professional practice teaching role. Evaluation of multi-modal

orientation program offered to PPIs should be investigated in the manner of Illott's (1995)

study to identify how instructors' perceptions or experiences might change with enhanced

orientation programs for PPIs.

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Appendix A

Initial Reflection

Following the completion of my Master's degree in Leadership and Health Services in 2007, I was interviewed and offered a sessional clinical teaching job in my undergraduate alma mater, which I was ecstatic about. Although I did not pursue a Master's degree in Education, I have always had an affinity for education after my first experience teaching clinical for one semester at a community college a year after completing my nursing diploma in 2001.

In 2008 my passion for education intensified as I began accompanying groups of students into clinical settings. At this point, I also felt confident about my broad clinical skills and knowledge as I worked in medical, surgical, and critical care areas at a large multi-site hospital institution. With my combined clinical expertise and educational preparation, I knew I had found my professional niche. While accompanying groups of students, staff nurses would (from time to time) question me and sometimes challenge me as to why nurses now require a degree in order to practice, as some felt that the diploma program was far greater than the degree program when it came to producing hospital "hands-on staff nurses." In hindsight, this notion influenced my teaching practice in a positive way by ensuring that I help students to become competent students and future practice nurses. Intuitively, I also wanted to demystify what some of the nurses' thoughts about the new undergraduate nursing students.

In the fall of 2008, I found myself meeting with the Assistant Dean of Graduate Studies in Nursing, Dr. Margaret Black, to inquire about the Nurse Practitioner (NP)

program. While we conversed about the prospect of furthering my nursing practice to become an NP, she asked me whether I would consider pursuing doctoral studies. In my heart I knew that it would be something I would consider in the distant future, but not long after this meeting, I found myself applying for the doctoral program☺

In the process of applying for the program, I met with a few potential advisors. I knew that I wanted to focus my topic on nursing education, but I was unsure whether I wanted to explore the topic from the perspective of the clinical instructor or that of the nursing student or both. I did not have a clear vision of what my topic would entail until I met with Ann Mohide. I sought her expert advice because she was the Chair of the Preceptorship Program, and because I also had an interest in exploring the experiences of preceptors working with BScN and diploma-prepared nurses. During our conversation, Ann recommended a recent paper by Luhanga et al. (2008) about clinical preceptors failing to [recommend] a failing grade to students deemed unsatisfactory in professional practice. After reading the study recommendations, the question that immediately entered my mind was: "Do clinical instructors pass students with unsatisfactory performance in a clinical course?"

Personally, I was drawn to this research based on my firsthand experience as a nursing student at risk of failing a clinical course for missing the first clinical orientation day and for being involved in a medication error—which I believe to this day was not entirely my fault. The nurse that I was shadowing at the time had to attend to another patient in another room and had left me with a patient who ended up taking the incorrect pills, which, actually, the nurse had dispensed herself. Although the nurse felt the

situation wasn't my fault, my instructor felt that it was an unsafe action on my behalf. She also thought that this error was attributed to my absence during the first day of orientation, wherein she discussed not giving medications to patients that we had not dispensed ourselves. This experience made me fearful of this instructor, and I felt that I always froze each time she asked me a question. During the midterm evaluation, the instructor informed me that I would probably end up failing the course. Having considered myself a diligent and responsible student all my life, the potential of failing a course was devastating! As a result, I withdrew from the course immediately.

The implication of my research question also made me question my teaching profession. I have been teaching for three years now, and I have yet to fail a student. This makes me wonder whether I have failed to fail a student without even knowing it. Moreover, I'm also concerned because I know how much failing a course can devastate a student. I'm personally vested in this research because I believe this will help me to become a supportive instructor and help me to learn how to properly fail a student when the time comes. Additionally, the outcome of this research can help guide other instructors when dealing with this difficult aspect of clinical teaching.

Appendix B

Literature Search Strategies

CINAHL Database:

Search ID#	Search Terms (CINAHL DATABASE – EBSCO)	Results
S18	S15 and S17	15
S17	MH education, clinical	5851
S16	(MH academic failure) and (S14 and S15)	78
S15	MH academic failure	281
S14	MH students, nursing	14827
S13	(MH academic failure) and (S11 and S12)	19
S12	MH academic failure	281
S11	MH clinical competence	15236
S10	(((MH "Academic Failure")) and (S6 and S9)) and (S5 and S9)	29
S9	(MH "Academic Failure")	281
S8	(MH competency assessment) and (S6 and S7)	8
S7	MH competency assessment	2298
S6	(TX fail* OR TX unsatisfactory OR TX borderline OR TX marginal OR TX unsafe OR TX incompet*) and (S4 and S5)	105
S5	TX fail* OR TX unsatisfactory OR TX borderline OR TX marginal OR TX unsafe OR TX incompet*	95277
S4	MH student performance appraisal	1814
S3	TX student performance appraisal	1814
S2	TX failure to fail	5
S1	TX failing to fail	3

Ovid MEDLINE Database:

Database: Ovid MEDLINE(R) <1946 to January Week 2 2012>
Search Strategy:

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1   failure to fail.tw. (32)
2   failing to fail.tw. (3)
3   1 or 2 (35)
4   (student$ or mentor$ or nurs$ or educat$ or preceptor$).tw. and 3 (7)
5   "15918422".ui. (1)
6   4 or 5 (8)
7   *Educational Measurement/ (11667)
8   education, nursing/ or education, nursing, baccalaureate/ or education, nursing, diploma programs/ or
nursing education research/ (44130)
9   Students, Medical/ (18160)
10   Students/ (27635)
11   8 or 9 or 10 (89455)
12   7 and 11 (3093)
13   (fail$ or unsatisfactory or borderline or marginal or unsafe or incompet$).tw. (716938)
14   12 and 13 (217)
15   6 or 14 (222)
16   limit 15 to (english language and yr="1990 - 2012") (177)

ERIC Database:

```
Database: ERIC <1965 to January 2012>
Search Strategy:
-----------------------------------------------------------
1    failing to fail.tw. (0)
2    failure to fail.tw. (1)
3    exp Nursing Students/ (586)
4    (fail$ or unsatisfactory or borderline or marginal or unsafe or incompet$).tw. (36669)
5    exp Failure/ or exp Academic Failure/ (4212)
6    4 or 5 (36669)
7    3 and 6 (28)
8    *Failure/ or *Academic Failure/ (1450)
9    from 7 keep 14-15,22 (3)
10    exp Teacher Behavior/ (39481)
11    exp Teacher Response/ (2513)
12    exp Teacher Student Relationship/ (17887)
13    exp Teacher Attitudes/ (44566)
14    10 or 11 or 12 or 13 (90404)
15    8 and 14 (112)
16    limit 15 to yr="1992 - 2012" (38)
17    from 16 keep 1,4,10-11,16-17,25,30 (8)
18    exp Professional Education/ (117080)
19    8 and 18 (78)
20    limit 19 to yr="1992 - 2012" (29)
21    from 20 keep 20,24,26-28 (5)
22    9 or 17 or 21 (16)
```

PsycINFO:

```
Database: PsycINFO <1987 to February Week 1 2012>
Search Strategy:
--------------------------------------------------------------------------------
1    failure to fail.tw. (4)
2    from 1 keep 1 (1)
3    Academic Underachievement/ (1015)
4    fail$.tw. and 3 (132)
5    from 4 keep 20,46,74,85 (4)
6    nursing.mp. or exp Nursing Education/ or exp Nursing/ or exp Nursing Students/ (31002)
7    exp Failure/ or exp Academic Failure/ (2982)
8    exp Academic Underachievement/ or exp College Academic Achievement/ (2894)
9    (7 or 8) and 6 (47)
10   from 9 keep 2,6,9,24 (4)
11   exp College Teachers/ (4002)
12   exp Failure/ or exp Academic Failure/ or exp Academic Underachievement/ (3956)
13   11 and 12 (7)
14   from 13 keep 1,7 (2)
15   (passing or pass).tw. and 12 (39)|
16   from 15 keep 2,6,13,24 (4)
17   5 or 10 or 14 or 16 (12)
```

Appendix C

Critical Appraisal of Relevant Studies

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
Amicucci (2012)	Research Approach: Van Manen's phenomenological approach. Question(s): What is it like for [PPIs] to grade nursing students' professional practice performance? Aim: To explore the experience of clinical grading for [PPI]. Sample: Full-time PPIs ($n = 11$) with at least two years of experience with professional practice teaching and grading. Data Collection: Interviews Data Analysis: Transcribed interviews were reviewed and analysed using Van Manen's phenomenological approach.	Themes identified: 1) Subjectivity and shades of grey related to professional practice grading. 2) Safety as the benchmark -Important criterion for assigning a failing grade in professional practice. 3) Opportunity for change -Most instructors "don't want to fail somebody", suggesting that there are times when it may be beneficial to give someone another chance. 4) Wishful thinking -Defined as "hope for a particular outcome" (e.g.,	Strengths: Homogenous sample of full-time professional practice instructors. Limitations: Needs to explore the experiences of part-time instructors, given that the majority of PPIs work part-time. CASP = 9/10

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
		hope for improvement, hope for administrative support). 5) Discontent and disappointment -All participants expressed some negative feelings about their experience in professional practice grading.	
Black et al. (2014)	Research Approach: Gadamer's hermeneutic phenomenology Question(s): Not identified Aim(s): To explore, interpret, and develop an understanding of the [preceptors'] experiences of failing nursing students in their final placements Sample: $n = 19$ preceptors in the UK Data Collection: Interviews	Three themes identified: 1) Moral distress -Experienced sense of guilt and personal failure as a preceptor when failing a student 2) Moral integrity -Expressed moral obligation to fail a student who is not fit to practice 3) Ensuing moral distress -A consequence of preceptors' difficult experiences with	Strengths: Detailed description of research methods including philosophical framework; Participants were from different organizations in the UK (heterogeneous) – included male and female preceptors from different ethnic backgrounds. Limitations: Authors did not discuss their preunderstandings (an essential component of Gadamer's philosophical hermeneutics). CASP = 9/10

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
	Data Analysis: Used Fleming et al.'s (2003) methodological frameworks consistent with Gadamer's principles (e.g., Interpretation of the written word and texts from the whole to the part and back to the whole, reflection)	underperforming nursing students in their final placement.	
Brown et al. (2012)	Research Approach: Survey questionnaires Question(s): What influences preceptors to pass or fail students? Aim: To establish preceptorship practice in relation to pre-registration nursing students in the UK Sample: Survey sent to 4,341 preceptors (41% response rate = 1,790); 18% of respondents (*n* = 312) noted that they had [recommended] a failing student Data Collection: Used a 29-item questionnaire to elicit data from participants	• One hundred eighty-two (58%) of the 312 preceptors gave the students the benefit of the doubt. • Most common reasons for failing to [recommend] a failing student: Could not prove concerns were valid; gave the student the benefit of the doubt; believed that decision would be overturned by the university; worried that decision might result in conflict between mentor and student; lacked confidence in dealing with the situation of failing student; believed that the nursing program	Strengths: Large sample size; questionnaire piloted and reviewed to enhance its face validity; results illuminated some of the findings addressed in other qualitative studies. Limitations: Limited information due to limited number of questions asked in the survey – may have missed something that is of importance. CEBMa Score = 8/10

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
	Data Analysis: Analysed data based on themes from previous studies comprised of demographic details and preceptors' experiences.	would persuade them to pass failing student • Preceptors were aware to contact the faculty instructor for support; some also sought their manager's support at work. • Only 25% made contact with the university as soon as the problem arose – preceptors felt less confident in dealing with the problem alone. • Likewise, 25% of the preceptors ($n = 277$) who had recommended to fail students said that they had received inadequate support, which highlighted the need to provide better support to preceptors in their decision to recommend to fail a student.	

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
Cleland et al. (2008)	Study Approach: Qualitative Question: "Is 'failure to fail' an issue for medical educators in the UK, and if so, what are its determinants?" Aim: To explore medical educators' perspectives on failure to fail. Sample: Medical educators ($n = 70$, general practitioners, hospital doctors, non-clinical tutors) Data Collection: Used theoretical model of prediction to support data collection and data analysis. Data Analysis: As above.	The authors identified six main themes related to theoretical model of behavioural prediction: 1) Educators' attitudes toward an individual student (e.g., they found it difficult to report students whom they liked; they did not want student to incur additional cost; they found it difficult to pass students who were truly trying their best). 2) Educators' attitudes towards a failing student (e.g., reported a negative experience in reference to extra work; disliked the act of explaining why students have failed) 3) Normative beliefs and motivation to comply (e.g., high failure rates would deter potential students)	Strengths: Use of theoretical perspective; broad range of participants' perspectives. Limitations: Focus groups were not facilitated by the same people; some facilitators drove conversations more toward attitudes about the subject; did not state ethical considerations. CASP Score = 8/10

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
		4) Efficacy beliefs (e.g., lack of skills related to giving negative feedback; self-blame) 5) Skills and knowledge (e.g., unsure about documentation and mechanisms of reporting students' poor performance). 6) Environmental constraints (e.g., too many students, too little time with each student).	
Danyluk et al. (2015)	Research Approach: Qualitative phenomenology Question(s): Interview questions noted on p. 5 Aim: To examine whether the issue of failure to fail exist in the final pre-service experience of teacher students. Sample: $n = 12$ participants (six university supervisors and six associate teachers). All participants had experienced dealing with a	Four themes identified: 1) Failing a student is a difficult process 2) The impact of failing a student influences the decision 3) Failure creates additional work 4) Consequences of failure to fail for the program	Strengths: Provided a fresh perspective on failure to fail among teacher students. Detailed description of data collection and analysis. Limitations: Small sample size; Philosophical underpinning of phenomenological approach used not identified. CASP Score = 8/10

Ph.D. - Maria Pratt: McMaster University - Faculty of Health Sciences (Nursing)

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
	student who failed and who was in danger of failing. Data Collection: In-depth interviews using semi-structured interview guides Data Analysis: Transcripts were read and individually analysed by each of the researchers separately; Researchers met to establish consensus on emerging themes.		
DeBrew & Lewallen (2014)	Research Approach: Used critical incident technique to draw from nurse educators' past experiences Question: Participants were asked to "describe a time when they had to make a decision about whether or not to pass or fail a student" (p. 632). Aim: To identify the factors nurse educators found important in their decision to pass or fail a nursing student	Identified student and nurse educator factors important in the decision whether to pass or fail a student in a clinical setting. Student factors: Most common reason for failing students: poor communicator, unsafe medication administration, unable to prioritize, lack of preparedness (see p. 633 for other factors). Nurse educator factors: faculty emotions, student not meant to be a nurse, perceived cultural	Strengths: Clear research aims, appropriate use of qualitative approach, data were gathered from different nursing schools in the US to gather multiple viewpoints, findings consistent with previous studies. Limitations: Although the authors selected schools that were representative of the nursing programs in the US, study findings may not be generalizable to other

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
	Sample: Secondary analysis of a larger study involving $n = 24$ nurse educators (with 21 or 88% of the participants have worked in professional practice settings) in the undergraduate nursing program in the United States (US). Data Collection: Participants were interviewed by both authors "through semi-structured interviews to describe a time when they had to make a decision about whether or not to pass or fail a student" (p. 632). Data Analysis: Content analysis was used to examine 25 critical incidents described by the participants.	differences, presence or absence of administrative support Nurse educators drew from their past experiences when making a decision as to whether to pass or fail a student. Hence, the authors underscored the utility of critical incident technique as a framework for their reflective practice.	undergraduate programs beyond the US. CASP = 9/10
Diekelmann & McGregor (2003)	Research Approach: Specific qualitative approach not clearly articulated. Through personal communication with one of the authors, A. McGregor, she clarified that the findings in this article were	PPIs expressed difficulty in communicating the news of failure to the students. Both new and seasoned professional practice instructors	Strengths: The findings discussed in this article provided an initial overview of PPIs experiences when dealing with unsatisfactory student performance. The study

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
	based on her (1996) dissertation, for which she used hermeneutic phenomenology. Question: Not clearly identified. Aim: To describe the experiences of professional practice instructors with students who are struggling or failing in professional practice. Sample: ($n = 4$) participants Data Collection: Interviews Data Analysis: Not identified	perceived the failure of the students as a sign of their own professional incompetence and failure. PPIs, however, found it difficult to fail a student when being pressured by the school to retain the failing students. PPIs need to focus on the students' strengths rather than only their limitations. Focusing solely on the students' deficits may be oppressive to the students.	underscored ways to help students at risk of failing the course succeed. Limitations: Although the study context relates to the experiences of PPIs with failing students in professional practice, this study did not entirely discuss the failure to fail issue. CASP Score: 7/10
Dudek, Marks, & Regehr (2005)	Research Approach: Qualitative grounded theory Research Question: Not identified Aim: To explore the factors identified by medical educators that affect their willingness to report poor professional practice	Four factors related to barriers to reporting a student trainee: 1) Lack of documentation 2) Lack of knowledge of what to specifically document 3) Barriers related to appeal process	Strengths: Appropriate research design, data collection, and analysis Limitations: The study was conducted at a single academic institution; not all participants had given a failing evaluation;

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
	performance when completing training evaluations of students. Sample: $n = 21$, Canadian clinical supervisors of medical students Data Collection: Conducted semi-structured interviews that were audiotaped and transcribed verbatim. Data Analysis: Used Strauss & Corbin's Grounded Theory to review the explanations provided by the study participants.	4) Lack of remediation options Also underscored the importance of supporting educators in the process	only six of the participants could recall failing a student. CASP = 8/10
Duffy (2003)	Research Approach: Grounded Theory Question: Why are some student nurses being allowed to pass without having demonstrated competence in professional practice? Aim: To uncover the preceptors and faculty instructors' experiences	Four major themes identified: 1) The current dilemmas – faculty instructors found that preceptors still ended up recommending a satisfactory mark to students even after reporting the students' unsatisfactory performance; students who appeal generally come back; faculty instructors found that students with poor professional behaviours (e.g.,	Strengths: Appropriate use of grounded theory "to develop explanatory theory about common social problems" (p. 11). A fresh perspective on failure to fail among preceptors and faculty instructors since Lankshear's (1990) study.

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
	with failing students in professional practice placement. Sample: $n = 40$, clinical nurse educators (14 faculty instructors and 26 preceptors) recruited from the nursing departments of three Scottish institutions offering a Diploma of Higher Education in Nursing; Also used theoretical sampling Data Collection: Unstructured interviews to semi-structured interviews with ongoing data analysis Data Analysis: Constant comparative technique	lateness, poor attendance) were difficult to fail. 2) Process involved in failing weak students can be identified at any stage of the placement; developing a specific plan of action to help the student achieve a satisfactory outcome can be time-consuming and exhausting for the faculty instructor supporting the weak student and the preceptor; dealing with student anger and frustration is difficult for all involved; preceptors required support with their decision to fail; "process can be horrendous, traumatic, and draining" (p. 38). 3) Failing to fail occurs for a variety of reasons: identifying students' poor performance too late; giving the benefit of the doubt or believing that students will become more proficient as they progress in the course; constraints such as lack of time and staff shortages led preceptors to have	Limitations: Reported experiences of preceptors and faculty instructors. Experienced instructors as faculty members are valuable, but these faculty members did not directly supervise the students in professional practice. CASP Score: 9/10

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
		difficulty in fulfilling the extra commitment required to support a weak student; preceptors did not want to be responsible for jeopardizing the student's future; preceptors did not want to be viewed as uncaring; lack of support from university staff; lack of experience or uncertainty about the legitimacy of their judgments. 4) Some preceptors were willing to give students a satisfactory assessment as long as they are not bad enough or considered unsafe; many had difficulty assigning an unsatisfactory performance when the main concern was attitude.	
Duke (1996)	Research Approach: Interpretive phenomenology Question: Not identified Aim: To explore part-time professional practice instructors'	The findings revealed the following clinical teacher behaviours: 1) Oppressed group behaviour (nursing has been subjected to gender stereotypes making it difficult for some to make decisions as females).	Strengths: Appropriate research approach and methods used; An earlier perspective on PPIs attitudes related to professional practice evaluation.

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
	experiences in evaluating students in professional practice. Sample: $n = 18$ participants. Purposive sampling was used to better understand more about a particular group or phenomena and understand the participants' contextual experience Data Collection: Used professional practice scenario and unstructured interviews to gain a better understanding of the participants' experience; $n = 18$ part-time PPIs completed the scenario; 4 of the 18 participants were chosen for the individual interviews. Data Analysis: Used Bogdan & Bilken's (1982) interpretive approach.	2) Self-esteem (e.g., PPIs not acting upon their negative observations of the students; they gave them the benefit of the doubt by offering alternative explanations such as personality conflict). 3) Role conflict (e.g., experienced conflict of managing multiple dimensions of professional practice teaching; personalized student's failure; at times, felt pressured to pass students especially when they are aware about the student's personal problems). 4) Moral caring (e.g., experienced role conflict related to concept of 'do no harm' [non-maleficence] and 'above all do good' [beneficence]; Thus, caring relationship between the teacher and student may constrain the PPI's decision to fail the student.	Limitations: Philosophical underpinning of qualitative paradigm used not addressed; Only addressed the perspective of part-time PPIs. CASP = 8/10

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
		Part-time PPIs "felt less confident evaluating areas that they could not easily objectify, such as attitudes, values, and caring" (p. 413).	
Finch & Poletti (2014)	Research Approach: Used comparative research approaches to compare and contrast social worker practice educators' experiences. Question: Not identified Aim: To compare and contrast the narratives of British and Italian practice educators when working with failing social work students in professional practice settings. Sample: ($n = 20$ in Britain; $n = 6$ in Italy) Research in two countries was not done at the same time. The Italian educator group was the pilot group. Data Collection: In-depth interviews	Findings common to UK and Italian educators when working with a failing student: - Internalization of student's unsatisfactory performance as their own failure - Difficult relationship with the academic institution - Reluctant to acknowledge the gatekeeper role Difference between the two practice educators: - Emotionality (e.g., British educators were often angry and blaming, whereas Italian educators' emotional response were more 'muted').	Strengths: Pilot study undertaken in one country, provided similarities and different perspectives of social work practice educators when dealing with students who are struggling or failing in the course Limitation: Generalization questionable due to small sample, participation bias, comparisons may be difficult due to differing contexts of the social worker profession in each country CASP = 8/10

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
	Data Analysis: Gilligan's (1982) "voice-centred relational method"	• Descriptions of good and bad students were more pronounced for the British practice educators (e.g., "he was poisonous"; "he was a flipping nightmare"). • The role of the university: British educators believed that they were responsible for making the evaluative decision, whereas Italian educators believed that the University should make the final decision.	

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
Fontana (2009)	Research Approach: Qualitative critical methodology (grounded in the tradition of Habermas and Freire's emancipatory theory) Questions: 1) What is the meaning of the experience of confronting students about academic dishonesty? 2) How does the experience affect nurse educators' relationships with other students? 3) What social and political factors influence nurse educators' decisions to confront students suspected of academic misconduct? Aim: To explore [nurse educators'] experiences of students' academic dishonesty.	Study findings suggested that "[nurse educators] are faced with conflicting interest when addressing academic dishonesty…that is created socially, politically, and economically by the power of students as consumers, the power of universities as employers, and [nurse educators] as gatekeepers of professional nursing" (p. 184) The process of confronting and reporting students' academic misconduct involved personal and professionally significant risks (e.g., reporting might affect applications for reappointment and tenure, loss of student revenue, personally painful experience, potential for physical retaliation from the student, lawsuits, damaged relationships with students and colleagues). These reasons were identified in studies involving educators who were reluctant to fail students in professional practice.	Strengths: Appropriate use of critical methodology design to evaluate the social and political forces that influence nurse educators' responses to academic misconduct. Although academic misconduct is only one possible reason for unsatisfactory student performance, the nurse educators' responses in this study echoed the difficulty experienced by other educators when it comes to evaluating students with unprofessional behaviours. Limitations: Small sample size, sampling and recruitment not clearly identified, did not address the nurse educators' reluctance to fail the unethical student behaviour. CASP = 8/10

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
	Sample: Convenience sample of nurse educators ($n = 12$) in undergraduate nursing program working in five colleges in Eastern US Data Collection: Semi-structured/telephone interviews. Interviews were taped recorded and transcribed. Field notes immediately written after the interview. Follow-up interview undertaken to facilitate critique, dialectic analysis, and reflexivity. Data Analysis: Began after the first interview. Data were critiqued, compared, and contrasted as other interviews were completed. All participants were asked to comment on emerging data to assist with analysis and interpretation consistent with critical approach.	Participants realized that they were accountable for the safety of the general public and are willing to endure the personal and professional risks involved by reporting unethical student behaviours	

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
Hawe (2003)	Research Approach: Qualitative/Interpretive Research Question: Not identified Aim: To investigate how assessment was experienced, interpreted, and understood by student teachers, lecturers and others involved in pre-service teaching in New Zealand. Researcher assumed different roles: Participant-Observer as a lecturer, a student, and as a researcher Sample Size: Not identified Data Collection: Included listening and use of interviews. Data analysis: Analytical induction and constant comparative methods	Teacher educators were reluctant to assign a failing grade for a number of reasons: • Do not want to be despised by their colleagues • Viewed students "as good students" and ended up passing them • Feel pressured to pass students • Lacks confidence in their judgment especially when their previous recommendations had been overturned. • Concerned about personal cost to the student. • Failure is construed "as judgement of [one's] personal worth.	Strengths: Study resonated with previous findings involving nursing and other practice educators. Appropriate rationales identified for use of data collection and analysis; prolonged engagement in the field (4 years); means to ensure study credibility were identified. Limitation: Sampling and recruitment not clearly described; ethical considerations not discussed. CASP = 8/10

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
Jervis & Tilki (2011)	Research Approach: Qualitative exploratory study. Study undertaken by the author as part of her master's degree in health and social care Question: Why are nurse preceptors failing to fail student nurses who do not meet clinical performance standards? Aim: To gain insight into experiences, perceptions and meanings of nurse preceptors who are not failing students whose performance was less than satisfactory. Sample: From a focus group ($n = 8$) and individual semi-structured interviews of ($n = 6$) preceptors in the UK. Data Collection: Focus group and individual semi-structured interviews	Findings addressed three recurring themes: 1) Complexity of assessing unsatisfactory students (e.g., students who are borderline or unable to transfer knowledge to practice) • Decisions on whether recommend to pass or fail unsatisfactory student "made for considerable soul searching and stress" (p. 584). • There was a reluctance to assign an unsatisfactory performance to students early in their training, in the belief that they had time to improve. Equally, preceptors were reluctant to recommend a failing grade to students in their final year of the program.	Strengths: Rigour of study enhanced by two methods of data collection – focus group and individual semi-structured interviews. Reinforced stressful process of evaluation of unsatisfactory student performance and other reasons for the preceptors' reluctance to recommend to fail these students. Highlighted the importance of supporting preceptors when they fail students Limitation: Philosophical framework related to qualitative study chosen was not identified. CASP = 9/10

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
	Data Analysis: Began during data collection with recurrent themes emerging as the research progressed. Transcripts were read and re-read by the researchers to get a sense of the whole. Transcripts were loosely coded according to study aims and described using relevant passages from the narratives. Passages were re-read to explore themes across all the data.	• Other reasons for reluctance include student pressure or 'emotional blackmail', student appeals, pressure from the university to pass 2) Difficulty with assessing student attitudes 3) Lack of confidence about assessment decisions (e.g., preceptors relied mainly on the faculty instructors to validate their evaluative judgments; they lacked confidence due to previous experiences of not being supported in the past). • Preceptors need to "recognize and value their professional knowledge and be confident about the expertise they hold" (p. 587) • Preceptorship programs need to consider the	

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
		feelings, experiences, and pressures on the preceptors and provide them with support where necessary.	
Lankshear (1990)	Research Approach: Qualitative Questions: Authors identified six trigger questions. Article based on preceptors and faculty instructors' responses to two trigger questions: 'Do the right people pass and fail examinations and assessments?' and 'Are you confident of support in making difficult decisions? Aim: Not identified. Sample: ($n = 34$) preceptors and faculty instructors in the United Kingdom. Data Collection: Author used 'structured eavesdropping' in an attempt to gather information about the preceptors and faculty	• Preceptors "failed to [recommend] to assign a failing grade to many students whose performance in [professional practice] setting [as] unsatisfactory" (p. 35) • Common failure to fail dilemmas identified: 1) Difficult to assess satisfactory standard (e.g., when dealing with a student who is well-liked; not enough time to make effective judgment). 2) Individual decisions to assess unsatisfactory student performance is not always consistent among clinical	Strengths: Provided initial insight into the failure to fail phenomenon. Limitation: Brief identification of research methods; ethical considerations not discussed. CASP Score = 7/10

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
	instructors' assessment of student nurses. Data Analysis: Not identified.	nurse educators (e.g., in this study between preceptor and faculty instructor). 3) Safety of patient is paramount, and finds it easier to fail students who are unsafe. Students with attitudinal issues are difficult to assess. Preceptors were not confident on failing a student based on attitudinal issue alone.	

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
Larocque & Luhanga (2013)	Research Approach: Qualitative descriptive design by Sandelowski (2000) Questions: What are the perceptions of nursing preceptors and faculty regarding failure to fail nursing students who display unsafe or poor performance during preceptorship experiences? Aim: To explore the issue of failure to fail in a nursing program. Sample: ($n = 13$) nurse educators (e.g., faculty instructors, faculty advisors, and preceptors). Data Collection: Semi-structured interviews Data Analysis: Content analysis. The analysis focuses on the subjective interpretation of the text.	• Failing a student is a difficult process (e.g., things that cannot be easily remedied such as one's maturity and level of confidence) • Both academic and emotional supports are required for students and preceptors and faculty advisors. • There are consequences for programs, faculty, and students when a student has failed a placement. (e.g., a significant loss for the student; may feel responsible as the educator) • At times, personal, professional, and structural reasons exist for failing to fail a student • The reputation of the program can be impacted as a result of failing to fail a student.	Strengths: Appropriate rationale for using qualitative study, sampling and recruitment, ethical considerations, data collection and data analysis were identified; Discussed how rigor of the study was achieved; Used a wide range of informants from different settings; Findings resonated with existing literature on failure to fail. Limitations: Small sample; Participants recruited did not necessarily have to have experience with a student who had failed or was at risk of failing. Nurse educators were from different health care settings (e.g., community, acute care). CASP Score = 8/10

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
Luhanga et al. (2008a)	Research Approach: Qualitative Grounded Theory Question(s): In your experience, do students sometimes pass clinical placements without having gained sufficient competence? Aim(s): To determine how preceptors teach and manage unsafe students Sample: ($n = 22$) nurse preceptors in Canada Data Collection: Interviews Data Analysis: Began simultaneously with data collection; Constant comparative analysis	Identified issues with assessing the unsafe student: • Reasons for presenting as an unsafe student (e.g., faculty instructors, according to preceptors, were passing students even when preceptors had raised concerns about the students' poor performance) • Reasons for failing to fail borderline or unsafe students: 1) lack of experience, 2) reluctance to cause student to incur cost of having to repeat a course, 3) feelings of guilt and shame, 4) reluctance to assume more work, 5) lack of appropriate evaluation tools, and 6) pressure to create graduates in light of the nursing shortage.	Strengths: Clear description of use of grounded theory; Appropriate sampling strategy, data collection and analysis. Limitation: Relationship of the researcher with the participants not identified. CASP Score = 9/10

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
		• Despite the difficult process of student evaluation, the preceptors recognize and accept their role as 'gatekeepers to the profession'.	
Poorman & Mastorovich (2014)	Type of Research: Heideggerian hermeneutic (interpretive) phenomenology Questions: 1) What are the experiences of nurse educators evaluating nursing students? 2) What do these evaluative experiences mean to the nurse educator? Aim (s): • To explore the lived experience of undergraduate nurse educators evaluating nursing students in both classroom and	The dominant theme identified in the study is "blaming": • Some nurse educators blamed self and others struggled not to feel like a failure • Some experienced being blamed and bullied by the student and the student's parent for the student's failure. • Some situations were traumatic to forget (e.g., felt pressured to change a student's grade; felt bullied by student by claiming that	Strengths: Provided rationale for use of philosophical methodology; appropriate details provided regarding data recruitment, data collection, and data analysis; Used reflexive journal to ensure trustworthiness of the data. Limitation: Did not declare sample of nurse educators who teach in either classroom, clinical, or in both settings. CASP Score = 9/10

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
	[professional] practice settings. • To illuminate ways in which nurse educators could improve student-faculty relationships. Sample: *n* = 30, nurse educators from 19 undergraduate programs were interviewed. Data Collection: Unstructured interviews Data Analysis: Transcribed interviews were interpreted by the research team, interpretations re-read and re-examined until reoccurring themes were identified, literature reviewed to allow for diversity of thinking, used a reflexive diary to ensure trustworthiness of the data	they are being discriminated upon) • Feeling frightened and believing that they would be physically harmed (i.e., by the student or the student's family member).	
Stokes (2007)	Research Approach: Case study - part of author's doctoral study undertaken in 2003-2005	• Preceptors "found it hard to make decisions that would impact negatively on the	Strengths: Provided support for the theoretical claims about the preceptors' moral decision-

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
	Question: Not identified. Aim: To describes how unsafe students create the preceptors' moral dilemma in upholding the standards of their profession Sample: The author interviewed preceptors from a tertiary institution in New Zealand with an undergraduate program (number not identified) who were involved in the management of failing students. Data Collection: Interviews Data Analysis: Used moral theories (e.g., Gilligan's moral voices of justice and care and Friedman's care reasoning arising from personal relationship) to analyse context of case study	student. They talked about being swayed back and forth between concern for the student and duties to the public as professional, registered nurses" (p. 501). • Public safety prevailed over a student's personal needs as preceptors assessed unsafe student performance "even though this might compromise their relationship with the student" (p. 502). • Stokes found that when the reviewing committee unrelated to the student reinstated the failing student, the preceptors felt "burnt" by the system and believed that "their voices were not heard" and that only justice for the student prevailed.	making process regarding whether or not to fail an unsafe student. Limitation: Research design and ethical considerations were not discussed (though likely were addressed in the author's dissertation). CASP Score = 7/10

Author(s)	Research Methods	Main Study Findings	Strengths and Limitations of Research Study
		• The caring voice (derived from Gilligan's caring perspective) is reflected in the preceptors' difficulty to deliver the failure verdict to the student. • The voice of justice "dominated within the educational organization. Academic committees, and appeal panels, operating within the educational statutory framework, used democratic processes to reach decisions.... The major focus seems to be the individual rights of students, natural justice, and due process. Decision are arrived at using rules, regulations and minimum of emotion" (p. 502)	

Appendix D

Research Recruitment Email

Study Title: Clinical Instructors' Experiences Evaluating the Unsatisfactory Performance of Nursing Students

Investigators:

Student Principal Investigator:
Maria Pratt
E-mail: prattm@mcmaster.ca

Local Principal Investigator:
Dr. Margaret Black
E-mail: blackm@mcmaster.ca

Thesis Supervisory Committee: Dr. Lynn Martin and Professor E. Ann Mohide

What is the purpose of the study?

This study aims to explore the experiences of clinical instructors evaluating the unsatisfactory performance of students in professional practice courses.

A clinical instructor refers to a nursing faculty member, who may be employed by either a university or college institution or may hold a clinical appointment with the post-secondary institution, whose main responsibilities are to supervise, facilitate, and evaluate the clinical learning experiences of undergraduate nursing students in professional practice courses.

Unsatisfactory student is a student who is failing to meet the clinical practice course requirements, or presenting unsafe clinical practice behaviours, and whose overall performance is deemed substandard, borderline, or marginal.

As a clinical instructor who has supervised unsatisfactory student performance in professional practice courses, you are invited to take part in this research, which I am conducting as part of my PhD thesis under the supervision of Dr. Margaret Black.

While the nursing education literature has addressed the emotionally-draining experience involved in the process of dealing with and assigning a failure grade to students, little is known about the clinical instructors' decision to pass or fail unsatisfactory students in professional practice courses. The majority of nursing education literature to date has focused on the experiences of preceptors in the clinical settings rather than clinical instructors from the educational settings. Studies based on the preceptors' experiences found that there is a tendency to pass students whose performance is less than satisfactory in clinical practice. Therefore, your participation in this study will be vital in enhancing

our understanding of the barriers and facilitators to assigning a passing or failing grade to unsatisfactory students from your perspective as clinical instructors, identify the degree to which clinical instructors may fail-to-fail these students, and identify recommendations to assist clinical instructors in dealing with this difficult aspect of teaching.

Who is invited to participate?

Full-time or part-time clinical instructors in the collaborative Bachelor of Science in Nursing (BScN) program who teach professional practice courses, who have taught at least one professional practice course for one term in any undergraduate nursing program streams, and who have experienced teaching students they assessed as performing unsatisfactorily in a clinical practice setting at any point in their teaching careers will be invited to participate.

Ideally, for a phenomenological study a minimum of 6 to 10 participants should be sought. For this study, a total of 8 participants (4 clinical instructors who passed unsatisfactory students and another 4 who failed unsatisfactory students) will be purposely sought to gain rich and unique stories of the particular experience.

What is involved in the research?

As the student primary investigator, I will be asking you to provide some general background information, such as your age and education, and then you will be asked questions such as: *Can you describe a student that you would consider to be unsatisfactory in a professional practice course? Can you share a story about your experience dealing with a student whose performance you considered to be unsatisfactory?*

The interview (either by person or by phone) will last approximately 45 minutes to an hour. With your permission, the interview will be tape-recorded, transcribed word for word, and analysed for common themes. I may also take handwritten notes during the interview.

I may contact you for a follow-up interview to clarify some content of the previous interview, to verify our analysis, and to provide you with a copy of the findings at the end of the study, if you would like them.

How do I participate in this research?

You can participate in this study by emailing me at prattm@mcmaster.ca or by calling me at (xxx) xxx-xxxx. The consent form is attached at the end of this letter for you to complete and sign if you are interested in participating in this study. I will collect your

signed consent prior to starting your first interview. If it is not possible to meet with me in person and you would prefer to be interviewed by phone, you can simply email me your consent form or drop it off in a sealed envelope in my mailbox in HSC 2J36.

What are the potential risks in doing the study?

The risks involved in participating in this study are minimal. You may feel uneasy with discussing this topic. You may experience some inconvenience due to the time involved in being interviewed. You may worry about how others will react to what you say, and how your participation will impact your position as a clinical instructor.

To minimize these potential risks, you will not be required to share information that you would prefer not to discuss, and you can refuse to answer any questions asked. The interview will take place at a mutually agreed upon date, time, and place. Participation in this study will not affect your position as a clinical instructor in any way, given the steps I will take to protect your privacy as described below.

What are the benefits to doing this study?

As a clinical instructor participating in this research, you will benefit directly by reflecting on your personal experiences as well as sharing your opinions with a doctoral student, who is also a clinical instructor with a strong interest in this topic. Your input in this research will help to fill the current gap in knowledge about clinical instructors' experiences by helping us to better understand how you have dealt with failing students, the reasons why you may pass these students, and identify strategies that may improve this challenging task for other clinical instructors.

What measures will be taken to ensure my confidentiality?

I will not use your name or any information that would allow you to be identified in the analysis and written reports. The School of Nursing will not be informed of your participation in this study. No one but I will know whether you participated unless you choose to tell others. Although I will make every effort to ensure confidentiality by replacing your name and the names of others you mention with pseudonyms, please keep in mind that others may be able to identify you on the basis of references you make.

The tapes and interview data will be stored in a locked cabinet where only I will have access to it. Information kept on a computer will be encrypted and password protected. The interview data and tapes will be destroyed after 10 years in accordance with REB protocol. No information that identifies you will be included in the written copy of your

interview. The findings from this study including direct quotations may be described in oral and written presentations and may be published in academic journals.

How do I find out what was learned in this study?

An executive summary of the study findings will be prepared upon completion of this study in the summer of 2014. If you would like a brief summary of the results, please let me know how you would like it to be sent to you by indicating it in your consent form.

How will I be compensated for my participation?

A $15 coffee shop gift card will be provided to you at the end of the first interview and at the end of each follow-up interview to acknowledge any inconvenience and in recognition of your time and effort in participating in this study.

What if I change my mind about being in the study?

Your participation in this study is voluntary. Your decision about whether or not to participate will not interfere with your position in your educational institution. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time, even after signing the consent form. There will be no consequences for withdrawal. You can simply state your wish to decline further participation at any time. In addition, you have the option of either removing your data from the study or allowing the researchers to keep the information you provided up to the point of your withdrawal.

This study has been reviewed by the Hamilton Health Sciences/McMaster Faculty of Health Sciences Research Ethics Board (HHS/FHS REB). The REB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide whether participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, HHS/F/HS REB at 905.521.2100 x42013.

If you would like any further information, please contact:
Maria Pratt, prattm@mcmaster.ca
Dr. Margaret Black, blackm@mcmaster.ca
Dr. Lynn Martin, martl@mcmaster.ca
Prof. E. Ann Mohide, eamoh@mcmaster.ca

Appendix E

Research Recruitment Flyer

CLINICAL INSTRUCTORS!

Have you experienced dealing with students whose performance is unsatisfactory in professional practice courses? If so, please consider participating in a **research study** *focusing on Clinical Instructors' Experiences Evaluating the Unsatisfactory Performance of Nursing Students*

Purpose of Study

This study aims to explore the experiences of clinical instructors with unsatisfactory students in professional practice courses. While some nursing education studies have addressed the emotionally-draining experience involved in the process of dealing with and assigning a failure grade to students, little is known about the clinical instructors' decision to pass or fail unsatisfactory students in professional practice courses.

What is involved?

A semi-structured interview (either in person or by phone) about your experiences will be conducted at a mutually agreed upon date, time, and location. The interview, which will last approximately 45 minutes to an hour, will be tape-recorded, transcribed word for word, and analysed for common themes. You may be contacted for a follow-up interview to clarify some of the content of the previous interview, to verify our analysis, and to provide you with a copy of the findings at the end of the study.

A $15 coffee shop gift card will be provided to you at the end of the first interview and at the end of each follow-up interview to acknowledge any inconvenience and in recognition of your time and effort in participating in this study.

Who is in charge of the study?

Maria Pratt is conducting the study as part of her PhD thesis under the supervision of Dr. Margaret Black.

If you would like more information and/or are interested in participating, please contact Maria Pratt by email prattm@mcmaster.ca or phone (xxx) xxx-xxxx. or Dr. Margaret Black by email blackm@mcmaster.ca

ALL QUERIES ARE STRICTLY CONFIDENTIAL

Appendix F

Research Consent Form

Clinical Instructors' Experiences Evaluating the Unsatisfactory Performance of

Nursing Students

I have read the information presented in the information letter about a study being conducted by Maria Pratt under the supervision of Dr. Margaret Black of McMaster University.

I have had the opportunity to ask questions about my involvement in this study and to receive additional details I have requested.

I understand that if I agree to participate in this study, confidentiality will be ensured by removal of all identifiers in the collected data for analysis and written reports. I understand that I may withdraw from the study at any time by simply stating my intention to do so.

I freely consent to participate in the study. Signing this consent form will indicate my continued participation in the study. I have been given a copy of this form.

Thank you for your interest in participating in this study! Please <u>underline</u> your choice for each item.

1. I agree to be interviewed in person or by telephone.   *Yes   No*

2. I agree that the interview can be audio-recorded.   *Yes   No*

3. I agree that direct quotations from the interview can be used in oral   *Yes   No*
    presentations and written reports and publications.

4. I would like to receive a summary of the study's results at the completion   *Yes   No*
    of the study.

If yes, where would you like the results sent:
Email:
Mailing address:

_____   _____   _____
Name of Participant (Printed)   Signature   Date

_____   _____   _____
Name and Role of Witness (Printed)   Signature   Date

Appendix G

Demographic Questionnaire

1. What is your gender? M___   F___   No Response ___

2. What is your age range?   20-30___   31-40___   41-50 ___   51-60 ___   > 60___

3. What is the highest level of education you have attained?

   Diploma/Certificate____   Bachelor's Degree ____   Master's Degree____

   PhD____ Other_____

4. How long have you worked as a Registered Nurse (Years)?

   Under 5____ 5-10____   11-15____   16-20____   21-30 ____ >30yrs ____

5. How long have you worked in nursing education (Years)?

   Under 5____ 5-10____   11-15____   16-20____   21-30 ____>30yrs ____

6. What is your current employment status as a clinical instructor?

   Full-Time____   Part-Time/Sessional____ Other (please specify) ____

Appendix H

Telephone Script

Hello there – This is Maria Pratt and I'm calling you because you have agreed to be

contacted for a telephone interview in a study that I'm conducting for my PhD thesis. If

this is a good time to talk, I will ask you some questions now about your experiences with

unsatisfactory students and assigning a grade to them.

Are you okay for us to talk on the phone for about 45 minutes to an hour? If not, we can

reschedule a time that is more convenient for you?

I will go over the study information with you, so you can remember what is involved. Is

that alright?

What is this study about?

The purpose of this study is to learn about your experience with the unsatisfactory
performance of nursing students including your decision to evaluating them in clinical
practice. This study is being conducted under the supervision of Dr. Margaret Black and
my supervisory thesis committee members, Dr. Lynn Martin and Professor E. Ann
Mohide.

What is involved in this study?

I will ask you some questions about your experience in dealing with the unsatisfactory
performance of students including strategies that might help other instructors deal with
this situation. With your permission, this telephone interview will be tape-recorded,
transcribed word for word, and analysed for common themes. I may contact you for a
follow-up interview to clarify some content of the previous interview, to verify our
analysis, and to provide you with a copy of the findings at the end of the study, if you
would like it.

What are the potential risks/benefits to participation?

You may feel uneasy with discussing this topic. However, you will not be required to
share information that you would prefer not to discuss, and you can refuse to answer any
questions asked. Participation in this study will not affect your position as a clinical
instructor in any way, given the steps I will take to protect your privacy.

Your input in this research is vital as it will help to fill the current gap in knowledge about clinical instructors' experience by helping us to better understand how you have dealt with unsatisfactory student(s), the reasons why you passed or failed these student(s), and identify strategies that will help improve this challenging task for other clinical instructors.

What measures will be taken to ensure my confidentiality?

I will not use your name or any information that would allow you to be identified. The school will not be informed of your participation in this study. Although I will make every effort to ensure confidentiality by replacing your name and the names of others you mention with pseudonyms, please keep in mind that others may be able to identify you on the basis of references you make.

To ensure confidentiality, all personal identifiers in the collected data will be removed for analysis and final reports. The tapes and interview data will be stored in a locked cabinet. No information that identifies you will be included in the hard copies of your interview. Information kept on a computer will be encrypted and password protected. The data will be destroyed after 10 years as recommended by REB.

How will I be compensated for my participation?

A $15 coffee shop gift card will be provided to you at the end of the first interview and at the end of each follow-up interview to acknowledge any inconvenience and in recognition of your time and effort in participating in this study.

What if I change my mind about being in the study?

Your participation in this study is voluntary. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time by simply stating your intent to do so, even after signing the consent form. There will be no consequences for withdrawal.

Do you have any questions?

Appendix I

Interview Questions

1. What did you do prior to becoming a clinical instructor?
2. What do you like about being a clinical instructor in the undergraduate nursing program?
3. What do you find challenging about the clinical instructor role?
4. Can you describe a student that you would consider unsatisfactory in a professional practice course?
5. Can you share a story about your experience dealing with a student whose performance you considered unsatisfactory?
6. Have you ever given a failing grade to an unsatisfactory student? If so, what were the issues that led you to fail this student?
7. What was it like for you to deal with this situation? What support measures, if any, did you receive in the process of failing the student?
8. Thinking back, has there ever been a situation where you passed a student, but feel that perhaps the student should have been failed? What were the issues that led you to pass the student?
9. Overall, how has the experience of either failing or passing an unsatisfactory student affected you both personally and professionally?
10. What advice would you give to other clinical instructors that have to give a student a failing grade?
11. What advice would you give to other clinical instructors that may pass a student who should be assigned a failing grade?

Appendix J

Final Reflection on My Research Journey

This research journey has transformed me both personally and professionally. When I started teaching eight years ago, I had such excitement and passion for nursing education. However, my situation was probably different from that of other participants in that, as a nursing student, I had been at risk of failing a professional practice course. This led me to anticipate the stress of evaluating student performance when I became an instructor, and it motivated me to examine this research topic.

It wasn't until my sixth year of teaching that I failed a student, when I was already immersed in the analysis of this study. Although I felt confident with my decision because of the knowledge that I had acquired through my research and experience as a PPI, I experienced the same negative feelings (i.e., anxiety, sadness, fearfulness of the consequences for the student) described by the research participants as I informed the student a week before the end of term that she had not met expectations.

When I initially identified the student issues and unsatisfactory performance, I made sure to inform the course coordinator. The coordinator's support, my thorough documentation, and feedback from staff nurses about the student's unsatisfactory and unsafe behaviours all helped solidify my decision. More importantly, I ensured that the student was provided with informative verbal and written feedback throughout the term. This process began five weeks into the course when the student and I completed a learning contract, which enabled the student to respond to my assessments and suggested strategies for improvement. When I sat down with the student and I communicated my

decision, the student was upset and tearful upon receipt of the failing grade. Although this failing grade would interrupt the student's intended progress through the program, the student did not challenge my decision. While the student and I have moved on with our lives, I still think about the consequences of the failure for the student. I think about how the failure might have impacted the student personally, academically, and financially, the way that Bernice, for example, felt about the impact of failure on students she has failed when she stated,

> I feel really badly because I know that a lot of students struggle financially, and this is going to be even worse for them because now they are going to graduate late and they are going to have to pay for an extra semester.

Exploring the topic of grading unsatisfactory student performance from a PPI's perspective allowed me to experience the complete spectrum of teaching and learning through the hermeneutic circle of understanding. Gadamer's (2011) philosophical hermeneutics and Fleming et al.'s (2003) methodology provided me with the tools to interpret my participants' experiences, while also enabling me to embrace my ways of knowing during the process of interpreting my research findings through my preunderstandings.

On my initial reflection (Appendix A), I expressed resentment towards an instructor who almost failed me when I was a nursing student, but completing this thesis was such an eye-opener for me. I developed empathy for the instructor, who, at the time, I thought was being demeaning by telling me that my nursing practice was unsatisfactory. While conducting this study, I came to realize that she was simply fulfilling her role, just as I was when I failed the student described above. I now understand that the instructor

was trying to help me to be the best that I could be. I think back on Diane's comments, "as an instructor, I am accountable to passing students who are going to be giving best practice and safe care, and if I don't feel that they can, then I can't let them through."

I am truly grateful to the participants for sharing their experiences with me. I have the utmost respect for my profession, and I realize that the multiple challenges faced by PPIs are very complex. My hope is that other PPIs may benefit from the research as I disseminate the findings and implications of this study in future journal publications and nursing conferences. The results and implications of this investigation have certainly expanded my horizons through the discovery of what it means to fail or pass a failing student in professional practice. Although this journey has come to an end, I look forward to many new beginnings and enriching experiences on the horizon (see my depiction of my final reflection in Figure 3).
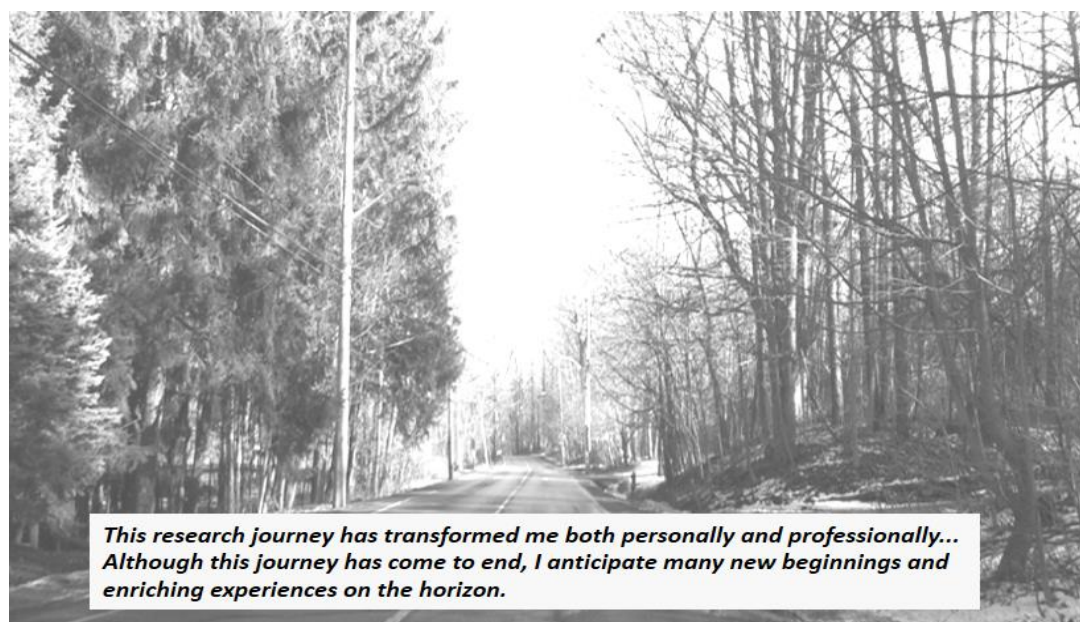

This research journey has transformed me both personally and professionally... Although this journey has come to end, I anticipate many new beginnings and enriching experiences on the horizon.

Figure 3: Image of my Final Reflection

I took this picture while on a walk with my husband and children in early March. The road, to me, will always signify my life path or journey. The foliage on the evergreen trees represents my prior understandings and my growth during my doctoral research journey. The new beginnings and future academic and research endeavours on the horizon are depicted by the trees preparing to sprout new leaves in early spring.