



Processes Related to Students who Demonstrate Unsafe Practice

Purpose:

The purpose of this policy is to outline the processes to be used by instructors and students when students demonstrate unsafe or potentially unsafe performance in the clinical or lab setting.

Underlying principle:

The student and the program have a joint responsibility for facilitating student success in providing safe and competent nursing care.

These processes are predicated by the following standards of evaluation:

Clear direction of performance expectations, course intents, policies and evaluation processes, which have been provided to the student during orientation; provision of the opportunity for growth; timely feedback (verbal and/or written).

In a situation where a student's performance places the client, instructor/preceptor, or staff at a foreseeable risk, the student **may** be dismissed immediately from the clinical site. Dismissal from the clinical site is not indicative of clinical failure.

Definition of Unsafe Practice

From the literature: "Unsafe clinical practice is behaviour that places the client or staff in either physical or emotional jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional jeopardy means that the student creates an environment of anxiety or distress which puts the client or family at risk for emotional or psychological harm. Unsafe clinical practice is an occurrence or pattern of behaviour involving unacceptable risk" (Scanlan, Care & Gessler, 2001). Dealing with the unsafe student in clinical practice. Nurse Educator, 26[1], 23-27). According to Killam, Luhanga, & Bakker (2011) unsafe practice includes any action, attitude or behaviour related to:

- ineffective interpersonal interactions, including communication and relational difficulties
- knowledge and skill incompetence, including deficits or failures of appropriate application
- projections or reflections of an unprofessional nursing image.

From University of Saskatchewan College of Nursing faculty and student focus groups: Unsafe practice is any practice that poses an actual or potential threat to the health of a client, including physical, psychosocial, or cultural safety. Unsafe practice includes harm not only to client, but also to colleagues or oneself.

The recent literature on patient safety identifies that a number of factors can come together to create an error. Therefore, an individual may be involved, but may not be solely responsible. When examining a situation(s) deemed as involving unsafe practice, it may be useful to

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examine it in terms of "what happened?", "why did it happen?" and "what could be done to prevent it from happening again?".

A strong emphasis on patient safety is essential in nursing education to inform future nurses and increase patient safety (CASN & CPSI, 2018). As a profession, nursing faces significant challenges in terms of creating and maintaining a safe practice environment. The Canadian Nursing Association in their Nurses and Patient Safety discussion paper (CNA, 2004) identified that additional challenges to safe nursing care include: Nursing practice environment and workforce issues, teamwork and communication, nursing perspective on patient safety, and the patient perspective on patient safety, technology and culture of blame. Students who are learning to be nurses are learning to adapt to working within the present health care system, and therefore may also be affected by some of the additional systemic factors that impact patient safety. In the interest of creating and maintaining safe practice environments for patients and nurses, students must meet the standards of safe practice.

Behaviors that may be indicators of unsafe practice:

The following themes and behaviours were synthesized from the focus group feedback.

It should be noted that students and faculty identified the importance of context and patterns in relation to unsafe clinical performance. *These behaviours are examples and are not meant to be inclusive of all behaviours.*

1. Lack of accountability, unprofessional practice:

- does not accept responsibility for own actions, does not admit mistakes, covers up errors is dishonest
- does not recognize potential for doing harm, lack of insight is reluctant to assume a professional role
- does not make the effort to learn, is not interested breaks confidentiality
- does not ask for help when unsure
- demonstrates inappropriate boundaries.

2. Patterns of behaviour:

- demonstrates a pattern of problems in clinical areas disregards policy
- does not know policies
- is frequently late or absent
- does not change behaviour in response to feedback, repeats mistakes even after feedback.

3. Unmet competencies:

- has a poor knowledge base
- is unable to apply concepts and theory in practice
- poor and/or inconsistent skills in assessment and client care

- unable to set priorities; unable to care for clients at level of complexity expected for the course.
4. Inconsistent communication and lack of respect:
 - lack of respect for clients, aggressive with clients
 - ineffective communications with client and staff.
 5. Lack of judgment:
 - poor clinical judgment
 - goes beyond own scope of practice
 - evidence of impaired judgment due to drugs, alcohol, or lack of sleep demonstrates extreme anxiety that is disproportionate to the situation.

Sources of information when identifying students who may be practicing unsafely:

1. For instructors/faculty:
 - direct observation and supervision
 - information from patients, families, staff members, other students, intuition - unable to trust student
 - student care plans, charting and journals poor performance in previous rotations student avoids instructor
 - critical incidents such as medication errors, client injury.
2. Feedback from students regarding what they think they should do if another student is practicing unsafely:
 - a student who is practicing unsafely is responsible to admit his/her own mistakes
 - it is important, as a peer, to provide feedback when one sees another student practicing unsafely. Ask the student if he/she needs help
 - if reporting the behaviours to the instructor, do so privately and not in front of the rest of the group
 - do not help the student cover up by doing his/her work or always checking to see if he/she has done what needs to be done.

Suggestions for risk management in relation to students who may be practicing unsafely:

1. Clinical instructors or the Faculty Resource Person (FRP), in consultation with preceptors, should keep anecdotal notes on all students and encourage students to keep their own notes about clinical situations.
2. Where possible, equally distribute students requiring additional support among clinical

groups.

3. Where possible, the instructor should adjust assignments, so client safety is not compromised, while still maintaining student ability to meet course intents.
4. During orientation to the course outline the policy and processes for students who demonstrate unsafe practice. Clinical instructors/FRP should discuss during orientation and/or post conference explicit expectations for the clinical area with respect to safe practice (e.g. highlight areas where mistakes are commonly made and discuss strategies for prevention).
5. Have another instructor help with assessment/evaluation of student performance.
6. Associate/Assistant Dean may be asked to review patterns of performance from other clinical courses.

Suggestions for fairness to the student in the process of helping him/her practice safely:

1. Discuss with student in private, try to identify cause of the problem, level of insight and self-awareness. Give the student a chance to explain.
2. Acknowledge level of student and clinical expectations at that level. Don't compare one student with another.
3. Provide timely feedback.
4. Set out an action plan with student and identify specific criteria that must be met. Validate information that comes from another student and/or staff.

Section A: Processes to be used when there is unsafe practice in the clinical/lab setting.

1. Unsafe performance issue identified:

The clinical instructor or FRP, in consultation with the preceptor, will document all aspects of performance (may include anecdotal notes, descriptive narrative, discussions with health personnel, examples of student charting, and/or written plan of care). A summary of the unsafe practice issues will be included in the course clinical evaluation.

Instructor will discuss performance issues with the student and follow up with written documentation of the discussion sent to the student's PAWS email account and cc course coordinator. The student must reply stating they have read and received feedback regarding the performance issues prior to returning to the clinical setting (if eligible).

Performance issues may be resolved at this juncture or may move to Process #2 or directly to Section B.

2. Severity of issues, additional issues, and/or continued pattern of issues previously identified that put the student at risk of failing or student receives minimal pass grade:

The student will be placed on a Student Learning Plan (SLP) prior to continuing in the clinical setting. The SLP will outline performance issues and identify the standards and competencies at risk of not being met. The SLP will clearly outline the skills, behaviours and attitudes to be demonstrated by the student within a specified time frame, including the consequences of not meeting the terms of the SLP.

The SLP will be reviewed with the student in a meeting with the Clinical Instructor/FRP and/or Course Coordinator. An Academic Advisor and student support persons may be present. The student will be encouraged to meet with an Academic Advisor. A copy of the SLP will be sent to the student's PAWS email account (cc clinical instructor/FRP and Course Coordinator; cc advisor if indicated) and the student must reply stating they have read and understood the SLP prior to returning to the clinical setting (if applicable).

The SLP must remain in place until the student has had an opportunity to demonstrate a satisfactory performance in the at-risk competencies. If the clinical rotation does not provide the opportunity to evaluate student's performance relative to the at risk competencies (e.g. management and organization of care for multiple patients cannot be evaluated in settings with a 1:1 RN patient ratio; giving multiple medications by various routes cannot be evaluated in settings with limited medication administration opportunities, lack of time in rotation after initiation of the learning plan) the learning plan must be carried forward to the next clinical rotation.

At the end of each clinical rotation with a SLP, a formal review of the SLP must be completed and discussed with the student. This includes:

- Reassessing/adding competencies at risk, identifying competencies successfully completed, and those competencies that the student had limited opportunity to demonstrate. (SLP Part B: Competencies at Risk)
- Document a review of the learning plan (SLP Part A: Review of the Learning Plan). Please add *brief* comments on the students' progress and any further actions required in the table. Supporting documentation should be included in the student's final clinical evaluation.
- Meet with the student to discuss the review of the learning plan. A copy of the current SLP will be sent to the student's PAWS email account (cc clinical instructor/FRP, Course Coordinator and Advisor). The student must reply stating they have read and understood the SLP prior to returning to the clinical setting (if applicable). By replying the student acknowledges they have received a copy of the SLP and have had an opportunity to discuss it with their instructor/course coordinator.
- When a student is on a SLP that will be carried forward to the next clinical rotation the Academic Advisor will email the student the SLP and copy the Course Coordinator who will notify the clinical instructor/FRP. The student is ultimately responsible for informing and sharing their SLP with the next Clinical Instructor or FRP. This is necessary to enhance student learning opportunities and success, and to ensure patient safety.

Performance issues may be resolved at this juncture or may move to Process #3 or directly to Section B.

3. Student remains at minimal pass with persistent performance issues while on SLP:

A formal meeting with the student, Course Coordinator and/or Clinical Instructor/FRP will be held to discuss performance issue and the student's ability to meet the course objectives in the remaining clinical time. Academic Advisors, student support persons and the Associate/Assistant Dean may be present at this meeting. Issues and additional success strategies will be reviewed with the student and included in the SLP. A follow up email with written documentation of the discussion will be sent to the student's PAWS email account. The student must reply stating they have read and understood the performance issues prior to returning to the clinical setting (if eligible).

4. Student receives minimal pass on final evaluation:

In the event a student receives a minimal pass on the final evaluation, a SLP **must** be carried forward to the next clinical course. The minimal pass will be tracked by the Academic Advisor as per the College of Nursing Grade Assignment Policy:

*A minimal pass grade of 50 - 59, as per the Literal Descriptors, in clinical is only allowed **once** throughout the program. If a student obtains a minimal pass a second time, the student will receive an N (No credit) grade and will be required to repeat the course and receive a*

minimum of a satisfactory grade of 60 - 69, as per the Literal Descriptors, in that clinical course and in all subsequent clinical courses.

Section B: Processes to be used when there is unsafe or potentially unsafe performance in the clinical/lab setting resulting in failure in, or withdrawal in lieu of failure from a clinical/lab course.

Documentation should include clear rationale for the failure or withdrawal in lieu of failure. Including:

- Description of performance concerns or any untoward incidents during the clinical experience
- Documentation of any meetings that were held with the student that outline the clinical difficulties being experienced, the possible consequences of no improvement in performance, plans for improving and evidence the student has been informed and has identified a plan for improvement
- Student performance should be discussed in relation to the literal descriptors and the clinical evaluation tool.
- Student will receive a clinical evaluation

At the time of the assignment of a failing grade or withdrawal in lieu of failure:

- Associate/Assistant Dean and Academic Advisor will be notified
- Clinical Instructor/FRP and/or Course Coordinator will meet with the student to discuss the failure or withdrawal in lieu of failure. Academic Advisors, student support persons and the Associate/Assistant Dean may be present at this meeting.

The following will be discussed:

- evidence leading to the assignment of a failing grade or decision to withdraw in lieu of failure
- exploration of possible reasons
- strategies the program may initiate in order to support the student if s/he repeats the course
- Document the meeting and provide copies to all parties by email. Inform the student of the right to appeal a failing grade and the appeal process
- If not already in place, a SLP will be initiated, in consultation with the course coordinator, per Process A #3 above
- Student will be advised to meet with an Academic Advisor:
 - a change in program will be created if the student is eligible
 - strategies to assist the student to be successful will be discussed and documented on the change in program.
 - student will sign and receive a copy of the change in program which will be placed

- in the student's file and a copy will be sent to the Clinical Coordinators.
- change in programs will be reviewed by the Associate/Assistant Dean as necessary

[Download Student Learning Plan](#)

References

Canadian Association of Schools of Nursing and Canadian Patient Safety Institute (2018). [Learning Outcomes for Patient Safety in Undergraduate Schools of Nursing Curricula](#). Ottawa, ON: Author.

Canadian Nurses Association (2004). [Nurses and Patient Safety: A discussion paper](#). Ottawa, ON: Author.

Killam, L. A., Luhanga, F., & Bakker, D. (2011). [Characteristics of unsafe undergraduate nursing students in clinical practice: An integrative literature review](#). *Journal of Nursing Education, 50*(8), 437-446.

Scanlan, J., Care, W., & Gessler, S. (2001). Dealing with the unsafe student in clinical practice. *Nurse Educator, 26*(1), 23.