



Queen Margaret University

EDINBURGH

Physiotherapy

Practice Based Learning

**Supporting Students who give concern in the practice
environment: a guide for educators**

2013-2014

Evidence to support Cause For Concern
 This may cover- conduct/behaviour/clinical performance/attitude

<p>Contact Made by:</p> <p>Name: _____</p> <p>Position: _____</p> <p>Email: _____</p> <p>Phone: _____</p>	<p>Date:</p> <p>Clinical Site :</p>
<p>Practice Educator (if different from above)</p> <p>Name: _____</p> <p>Position: _____</p> <p>Email: _____</p> <p>Phone: _____</p>	<p>Student Details</p> <p>Name: _____</p> <p>Level _____</p> <p>QMU Contact _____</p>

Summary of cause for concern

CONFIDENTIAL

List of Key Contacts	Contacted	Date	Whom/ method (phone /email)
QMU PAT/PBL Team			
QMU Programme Leader			
Clinical Site Lead			
PEF			

Practice Educator :

Student Name :

Location:

Date:

Cause for concern notes-please document your areas of concern

		Yes	No
*Professional Values	<ul style="list-style-type: none"> • Demonstrates poor professional behaviour and is unaware of professional boundaries • Is preoccupied with personal issues • Is unreliable e.g. persistent lateness/absence/sickness • Not motivated and shows a lack of interest • Demonstrates a lack of empathy and caring towards clients/carers and colleagues 		
*Communication and Interprofessional Skills	<ul style="list-style-type: none"> • Has no insight into weakness so unable to change following constructive feedback • Does not respond appropriately to feedback • Practical , Interpersonal and communication skills not appropriate to their level of training • Demonstrates inability to manage controversy 		
*Clinical Practice and decision Making	<ul style="list-style-type: none"> • Does not meet the required level of proficiencies for their level of training • Has inconsistent clinical performance for their level of training • Has demonstrated unsafe clinical practice • Does not have the required knowledge for their level of training or able to apply theory to practice 		
*Leadership, management and team working	<ul style="list-style-type: none"> • Is unable to demonstrate preparation and organisational skills to their level of training • Is unable to work within the team • Does not demonstrate respect for all members of the team • Shows lack of respect and understanding of role of external agencies and stakeholders 		
Any other concerns not mentioned above			

Signed (Practice Educator) _____ Student _____ Date _____

***Please refer to the PBL assessment and attributes criteria**

Supporting Evidence of cause for concern

Background to cause for concern (please provide clear –supporting evidence)	
Assessment of the situation/ action plan required/SMART goals used/additional support and learning offered.	
Action plan agreed with student : Yes/No	Review date set :
Outcome :	

Signed (Practice Educator) _____ Student _____ Date _____

Action Plan to support Cause for Concern

Lead Practice Educator		Student	
Placement level and Number		Date agreed	
Review Dates _____			
Problem/s identified	SMART goal set	Action required (how will goal be achieved)	Date Achieved or C/F

CONFIDENTIAL

Review Meeting Log

Review Meeting Date :
Comments/ Details

Signed (Practice Educator) _____ Student _____ Date _____

Review Meeting Date:
Comments/ Details

Signed (Practice Educator) _____ Student _____ Date _____

Good practice for meetings and using action plans

- Meetings should be held in a quiet area where you will be free from interruptions. *
- If you identify issues with a student early on in the placement do not wait until the midway assessment, early intervention can be the key to turning around a failing student.
- Open by allowing the student the opportunity to self reflect on their progress. e.g. “what do you understand happened here?” Use open ended questions.
- Listen to the student’s feelings, they may be afraid of failure or angry, give honest detailed feedback with clear examples that support your concerns and document these on the cause for concern form, do not use expressions such as “I have heard... I think”. Use the feedback sandwich (this helps build self esteem).
- Develop an action plan with the student and set a review date. A five day review is suggested as appropriate. Students appreciate honest feedback on areas where they can improve their performance (Duffy 2007).
- Use SMART goals to achieve specific objectives, discuss how they might achieve them and inform them of the consequences should improvement not occur.
- Negotiate further learning opportunities if necessary.

*There may be times when you or the student feels there is a need for another student or staff member to be present at the discussion, either for support and or mentoring. Be aware this is often interpreted as being “formal” it can be useful but must be agreed by both sides and cause no undue stress.

Duffy (2003, 2007) Stuart (2007)

Failing the Student

Sometimes despite the best efforts of the practice educator the wider team and QMU Staff it will be necessary to fail a student. In this situation the final assessment should come as no surprise to those involved. Do not take this personally remember you have clear evidence that the student has failed to meet the competencies expected. The documentation completed can help establish if there is a pattern over clinical placements and protects the student against irresponsible decisions. Remember as a Practice Educator you have a responsibility not only to your clients but to your profession and yourself.

Do not avoid the issues of failing students, failing a student can pave the way for greater achievement in future clinical placements. (Duffy 2007) Do however be prepared for the students reaction which may include:

- Shock and disbelief- There may be a genuine lack of insight into their own abilities, or previous mentors passing the buck or giving them the benefit of the doubt. This is neither in the interest of the student or the profession (Duffy 2003)

- Shock their “friend” has failed them; students can mistake the warm, nurturing environment on placement as friendship. Practice educators need to become skilled at maintaining a professional and supportive role.
- Students may become emotional, crying, angry, aggressive, be in denial, become verbally abusive, they may cite a personality clash or victimisation. If there is a hint of this a 3rd person may be useful from either the team or QMU.
- They may blame previous practice educators or QMU.
- Some may be relieved and willing to fail the placement. It can be a positive outcome. It is a common assumption that students will always take it badly. Zuzelo (2000) observed that students often recognise their clinical weakness and shortcomings and are relieved when
- Mentors give advice on how that can be improved. (Duffy 2007)

Support for mentors

- Mentors should have the opportunity to discuss issues with a supervising practice educator (PEF’S, HEI?)
- Note not all situations with students can be resolved; you must sometimes seek advice from colleagues or your PEF.
- Follow local policy.
- Liaise with the QMU’s practice based learning co-ordinators, the students PAT or the programme leader.
- Acknowledge your own feelings.
- Don’t give benefit of the doubt.
- Don’t ignore alarm bells.
- Seek support early from QMU.
- Avoid bias and making assumptions.
- Use supervision for anonymous discussion/utilise a second observer , this can help bring objectivity and prove to the student there is fairness in assessment .

References

Policies numbers 1-10 corresponds with table one

Marsh, S. et al (2004) Assessment of students in Health and Social care: Managing failing students in practice. (1)

Birmingham University : Policy for Securing, Monitoring, Allocating, Evaluating and Terminating Practice Learning Opportunities for Professionals regulated by the Health and Care Professionals Council. Oct 2012 (2)

NHS East of England Fitness to Practice: Guidelines for Mentors*In practice, East of England Health Strategic Authority (3)

Assessment of Students in Health and Social Care: Managing Failing Students in Practice. (A resource) (4)

www.practicebasedlearning.org

Robert Gordon University, Student Learning in Practice: Cause for concern Process (School of Nursing and Midwifery) Nov 12 (5)

St Georges University of London, (2012/13) BSc (Hons) Physiotherapy, Clinical Education Programme Physiotherapy Handbook (6)

Glasgow Caledonian University, Practice Learning Support Protocol (2012) (7)

City of London, School of Health Sciences: Cause for Concern Form (8)

Anglia Ruskin University, Faculty of Health, Social care and education: Supporting the under achieving Learner: A guide for Mentors (2013) (9).

Queen Margaret University. Practice Educators Handbook. 2012/13 (10)

References

Bedford, H. Phillips, T. Robinson, J and Schostak, J. (1993) *Assessment of Competencies in nursing and Midwifery Education and Training*, London

Duffy, K. (2003) *Failing Students: A qualitative study of factors that influence the decisions regarding assessment of students competence in practice*. Glasgow Caledonian University. www.nmc.org

Duffy, K. et al (2007) *Supporting Failing students in Practice 2: Management*. Nursing times; 103:48 , 28-29

Duffy, K. et al (2007) *Supporting Failing students in Practice 1: Assessment*. Nursing times; 103:47, 28-29

Fish, D and Twinn, S (1997) *Quality Clinical Supervision in the Health Care Professions Principled Approaches to Practice*, Oxford: Butterworth Heinemann.

Hunt, K.A McGee, P. Gutteridge. R. Hughes, M. (2011) Assessment of student nurses in practice: A comparison of theoretical and practical assessment results in England, *Nursing Education today* (2011), doi;10.1016/j.nedt.2011.05.101

Ilott, I and Murphy, R (1999) *Success and Failure in Professional Education: Assessing the evidence*, London: Whurr Publishers

Mattheos, NMC, Nattestad, A. Falk-Nilsson, E and Attstrom, R (2004) *The interactive examination assessing students' self assessment ability*. *Medical education*, 378-389

NHS Midlands and East, Practice Guidance Toolkit for Mentors and Practice Teachers of Specialist Community Public Health Nursing Students.

www.practisebasedlearning.org

Price, B. (2005) *Assessing a learners progress*. *Nursing Standard*:19:48, 73-74

Smith. M et al (2001) *Legal Issues related to dismissing students for clinical deficiencies*. *Nurse Education*; 26:1, 33-38

Stuart, C.C (2007) *Assessment, Supervision and Support in Clinical Practice*, Churchill Livingstone

Bibliography

<http://www.csp.org.uk/publications/code-members-professional-values-behaviour>

<http://www.csp.org.uk/professional-union/professionalism/csps-approach-professionalism>

<http://www.csp.org.uk/professional-union/professionalism/regulation/regulatory-requirements>

<http://www.hpc-uk.org/publications/brochures/index.asp?id=219>