‘Failing to Fail’ in healthcare - the global perspective

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Presented at NET Conference
5th – 6th September 2017, Cambridge
Aim of the presentation

- To present a critical reflection of the findings from a systematic literature review which explored ‘failing to fail’ from an international perspective across healthcare professions (nursing, medicine, dentistry & physiotherapy)
Mentors need more support to fail poorly performing students

The Journal of Practice Teaching & Learning
Social Work • Health • Nursing
Special Issue ‘Failing Students’
Guest Editor: Jo Findlay
Volume 1

Universities accused of ignoring mentors over ‘failing’ students

Failing Students: A Qualitative Study of Factors that Influence the Decisions Regarding the Assessment of Students’ Competence in Practice

Quality Education for a Healthier Scotland
Welcome to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) website!

PRISMA is an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses. PRISMA focuses on the reporting of reviews evaluating randomized trials, but can also be used as a basis for reporting systematic reviews of other types of research, particularly evaluations of interventions.

Who should use PRISMA?

- Authors: PRISMA aims to help authors improve the reporting of systematic reviews and meta-analyses.
- Journal Peer reviewers and editors: PRISMA may also be useful for critical appraisal of published systematic reviews, although it is not a quality assessment instrument to gauge the quality of a systematic review.

News Feed

PRISMA Website re-design

The PRISMA website underwent a much-needed update in October 2015 to update the content of the website. We have updated the look of the site and added the PRISMA
Review Question & Aim

What are the issues around ‘failing to fail’ from an international healthcare perspective since 2006?

The aim of this review is to re-evaluate the issue of ‘failing to fail’ within healthcare from a national (UK) and international perspective.
Databases

ASSIA
EBSCO CINHAL
OVID EMBASE
OVID HMIC
OVID MEDLINE
EBSCO PSYCINFO
OVID MIDRIS

Key Words

- Fail*
- Underperforming
- Unsafe
- Borderline
- Unsatisfactory
- Incompetent
- Struggl*
- Remediation
- Unsuccessful
- Marginal

- Student
- Clinical practice
- Nurs*
- Medic*
- Allied health
- Therapist
- Intern*
- Undergraduate
- Assessment
‘Failing to Fail’ systematic review utilising PRISMA 2009 flow diagram

PRISMA 2009 Flow Diagram

- Records identified through database searching (n = 396)
- Additional records identified through other sources (n = 17)
- Records after duplicates removed (n = 401)
- Records screened (n = 401)
- Records excluded (n = 362)
‘Failing to Fail’ systematic review utilising PRISMA 2009 flow diagram

Eligibility

Full-text articles assessed for eligibility (n = 39)

Studies included in qualitative synthesis (n = 21)

Studies included in quantitative synthesis (meta-analysis) (n = 7)

Full-text articles excluded, due to, not primary research focus, service evaluation, own research (n = 11)


For more information, visit www.prisma-statement.org.
‘Critical Appraisal Skills Programme’ Assessment Tools (CASP)

CASP CHECKLISTS

This set of eight critical appraisal tools are designed to be used when reading research, these include tools for Systematic Reviews, Randomised Controlled Trials, Cohort Studies, Case Control Studies, Economic Evaluations, Diagnostic Studies, Qualitative studies and Clinical Prediction Rule.

These are free to download and can be used by anyone under the Creative Commons License.

CASP Checklists (click to download)

<table>
<thead>
<tr>
<th>CASP Systematic Review Checklist</th>
<th>CASP Qualitative Checklist</th>
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<tr>
<td>CASP Randomised Controlled Trial Checklist</td>
<td>CASP Case Control Checklist</td>
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<td>CASP Diagnostic Checklist</td>
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<tr>
<td>CASP Economic Evaluation Checklist</td>
<td>CASP Clinical Prediction Rule Checklist</td>
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Some Study Designs.....

What is a Systematic Review?
<table>
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<th>Author &amp; Date</th>
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<th>Purpose</th>
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Giving the benefit of the doubt

United Kingdom

• 13% (n=12) of 94 mentors answered yes to the statement ‘I would not fail a student that I had doubts about because I would give the benefit of the doubt’ (Mead et al 2011)

• 10% (n=182) of 1790 mentors surveyed indicated they gave the benefit of the doubt because they could not prove their concerns were valid (Brown et al 2012)

• Failure rates for theory outstripped practice by a ratio of 5:1 (Hunt et al 2012)

USA

• 72.2 % (n=57) of 79 respondents had given students the benefit of the doubt when determining clinical competence (Docherty & Dieckmann 2015)
Barriers to failing

“I’ve given this girl an okay because honestly I know if I fail her she will fall apart completely…”

(Cleland et al 2008)

“Shielding the student”

(Bush et al 2013)

“Organisational, professional and personal factors impact on confidence when referring poorly performing students”

(Jervis and Tilki 2011)

“And despite the fact that we set her up on a contract, and she just barely met…the points of the contract…, I really felt like I really did not want her to pass…but felt that those who were above me, would have said, well look she didn’t do anything unsafe, so why not pass her, you know”

(DeBrew & Lewallen 2014)

“Maybe its just not in the culture and you need to educate us that it’s okay to do it (fail students)”

(Monrouxe et al 2011)
“Preceptors reported a variety of feelings...relief, fear, anxiety, self doubt, anger and frustration...”  
(Luhanga et al 2007)

“Exhausting...Isolated”  
(Bearman et al 2013)

“I just felt ill all the time and I wasn’t sleeping at night and I woke up feeling ill and I didn’t want to come into work, not because of the student but all because of the situation...Even just thinking about it now I remember always feeling ill”  
(Black et al 2013)

“...miserable...I felt anxious...unsure about anything...making mental errors...My goal was to simply tolerate the rest of the practicum and survive until I was done”  
(Scanlon & Chernomas 2016)

“I felt paralysed. Numb. Alone”  
(Willigens & Sharf 2015)
Failing behaviours

“Key themes to emerge where **consistency** (repeatedly making the same mistake), **safety** (near misses, inability to predict outcomes of their care), **communication** (quality of written communication, inappropriate interactions with patients), **thinking** (inability to look at the bigger picture, blending theory and practice) **unethical behaviour** (lying, not seeking assistance)”

*(Tanicala et al 2012)*

“...residents requiring remediation often have deficiencies in multiple competencies...remediation is most successful for medical knowledge (85.8%) and least successful for professionalism (41.2%)

*(Dupras et al 2012)*

“Our population of failing students demonstrated critical deficiencies in all eight PCRS competency domains...”

*(Nixon et al 2016)*
Enablers of failing

- “…dependability, integrity, audacity, tenacity and professional solidarity which comprised a ‘core of steel’”
  - (Hunt et al 2016a)

- “bravery”
  - (Luhanga et al 2008a)

- “…recognition of the locus of the fail”
  - (Hunt et al 2016b)

- “You need to look at yourself…see whether or not you are not imposing some sort of philosophy…”
  - (Luhanga et al 2008b)
Supportive strategies

“Sharing information” (Freilsson et al 2008)

“Recognize unsuccessful behaviour early in placement” (Lewallen & DeBrew 2012)

“Strategies to promote confidence” (Poorman & Mastrovich 2014)

“Clear policies and processes” (Killam et al 2010)

“Honest and constructive feedback” (Luhanga et al 2010)

“Academic and emotional support” (Larocque & Luhanga 2013)
Limitations

• No consistency in data collection in quantitative studies
• No possibility of meta-analysis
• Varying response rates
• Qualitative studies number ranged from 6-70 in sample number
Still a relevant issue?

“Difficult to determine if progress is being made in addressing assessors’ reluctance to fail underperforming students in practice”

(Hunt et al 2012, p.354)

“The evidence from this project clearly supports the work of Duffy (2004) in that we are failing to fail”

(Fitzgerald et al 2014, p.162)
References


• Cleland J, Knight LV, Rees C, Tracey S, Bond CM. (2008) Is it me or is it them? Factors that influence the passing of underperforming students. *Medical Education*, 42, 800-809.


References


References

References


• Poorman SG, Mastorovich ML. (2014) Teacher stories of blame when assigning a failing grade. *International Journal of Nursing Education Scholarship*. 11, 1, 1-10
