Nurse educators often see students who fail as significant challenges to their moral, ethical, and academic imperative to maintain high professional standards for exemplary nursing practice. Although the dominant discourse in nursing indicates that “faculty members’ duty [is] to recognize incompetent nursing care...and [to] issue a failing grade if one is warranted” (Boley & Whitney, 2003, p. 196), there is little research to guide clinical instructors or preceptors in highly complex situations when nursing students are failing or do fail (Hrobsky & Kerssengers, 2002). In an attempt to provide objective evaluative methods for clinical performance, instructors rely on many mechanistic, competence-based evaluation tools. However, no tool resolves the objective-subjective debate or accounts for the many ways to interpret and understand human behavior, particularly in clinical situations (McGregor, in press). In addition, as legal issues involving students who fail compel instructors to build cases for failures, (Boley & Whitney, 2003; McGregor, 1996; Smith, McCoy, & Richardson, 2001) and as patient acuity levels soar, narrowing the margin of error, students who are failing can become mere cases or the objectified “other,” from whom faculty often withdraw or distance themselves (McGregor, 1996). Graduate nurses who successfully complete nursing school but fail the licensure examination sense similar distancing and abandonment (Poorman & Webb, 2000).

Rethinking Outcomes Education

Torn between ensuring patient safety and fostering student success, Marena, an experienced teacher, talked about her experiences with “trying to be objective,” while struggling “to find a reason or explanation” for a student who is failing:

Even after 15 years of teaching clinical, I still feel like a failure when a student fails! I have learned to do certain things with students right away...you know, see them and talk with them and get their thinking and watch for these “uh-uh” sort of at-risk behaviors, like getting defensive if they make an error or coming unprepared or late or just lates of stuff...You do this so that you can pick up the student who might be having trouble early. Or frankly that is why we used to do this but now with our patients all so very, very sick, I do it almost more importantly to protect the patients...both, you know.

If a student is having trouble, you work on it right away, and the hardest part is trying to find out “what is wrong...”Why is this student not succeeding? Now that sounds like the thing you should do, but since I have been using some of the new pedagogies in my teaching, I have begun to wonder what might be bad about spending so much time on finding out “an explanation” or reasons for the problems...so that you can set up a contract or plan to fix them so the student can succeed. I now 100% realize that maybe I was spending too much energy focusing on the problems and how to fix them, so much so sometimes that students start giving up on themselves and also they get defensive, thinking I am “always looking for something wrong” and “have it personally out for them!” And, you know, when you start looking at life through their experiences, it really was an eye opener!

In attempting to understand the meaning and significance of the students’ experience, Marena is using Narrative Pedagogy, a phenomenological approach (Diekelmann, 2001, 2003). In enacting Narrative Pedagogy, Marena, who was accustomed to using conventional pedagogies (e.g., outcomes education), which make student success central, revealed the ways instructors’ usual practices of “fixing” the problems can inadvertently discourage students, so much so that students may “give up on themselves.” Enacting Narrative Pedagogy also reveals that well-inten-
tioned help can leave struggling students feeling they have no future of new possibilities. Marena began to explore how conventional pedagogy favors clinical learning objectives, not unlike the medical model, which relies on problem identification (i.e., diagnosis) and contracting with learners (i.e., prescribed treatment). By thinking instead about how students experience her teaching through her students' eyes, Marena shifted clinical evaluation away from meeting objectives to understanding how students may experience clinical evaluation as a personal vendetta or dislike.

For some instructors, letting go of conventional pedagogy (e.g., outcomes-based or competence-based nursing education) becomes problematic when confronted by systemic school pressure to retain students. Meredith, another teacher, captured elements of this tension when she recognized that "[the institutions] are not going to get their money" when students fail. Meredith stated:

You know, in our school there is also the view of failure clinically as needing extensive documentation to validate the failure, and then we process it almost to death. We refuse to accept failure almost, and that is both good and bad. We process a student failing through a committee [student review and promotion] and [decide]...is this a failure in something that we can give them remedial on? Can they take a few more weeks to upgrade? So, there's a strong sense, I think, of [an] extensive wanting all students to succeed and, when there is failure, what can we do to remedy it? What can we do to turn failure around and not accept it for just "they failed."

The tension created by trying to prevent student failure varies among schools and instructors. Helping students succeed is a shared ethic in nursing education and a laudable goal, but the valorization of success at all costs can be dangerous. While simultaneously keeping open a future of possibilities, where are the limits and boundaries of remission that enable failing students to succeed? When significant doubts about students' abilities to care for or protect vulnerable patients arise and continue, how does stretching the boundaries of remission enable students to pass clinically? Finally, how do the structures of conventional pedagogy insist on a uniformity that makes understanding the meaning and significance of failing to individual teachers and students difficult?

Thinking Anew About Students Who Are Failing

The new pedagogies, such as Narrative Pedagogy (Dickelmann, 2001), bring fresh ways of thinking to common situations in teaching and learning. Exploring the ways new interpretations, using a variety of perspectives offered by critical, feminist, phenomenological, and postmodern pedagogies, create new understandings and strategies is one way instructors are enacting new pedagogies. Another experienced teacher, Tessa, described a "hallway" conversation she was having with a first-year student whom she was almost certain could not pass clinically, when an acquaintance came down the hallway and interrupted them:

This acquaintance, who I had not seen for a long time, said, "Oh, I am so glad to see you...I had the same surgery you did...they took my breast too. Seeing people like you helps me believe I will be all right, too." Almost surreally, with a smile and a quick wave, she disappeared down the hall. I am a fairly private person, and while generally warm and open in my interactions, I had chosen to deal with my cancer and subsequent mastectomy, more than 10 years earlier, with the support of close friends and family privately. So here I was standing in the hallway with a student, who in my mind "just couldn't cut it" [was failing], and feeling exquisitely exposed and horrified that my personal world had been cracked open with these few careless words. Stunned into momentarily silence, I looked up at this student who was no longer only a student, but also a witness. Without a moment's hesitation, with gentleness and with no hint that anything was amiss, I was brought back to the present by the student who calmly said, "Tessa, you were suggesting ways [for me] to plan my care for tomorrow." This student hadn't missed the meaning of the brief but personally devastating exchange. Instead, the student had gotten it and responded not only as a person and as a student, but even more significantly, as a nurse.

Prior to this experience with the student, Tessa had perhaps closed down on this student's succeeding. She was overtaken by the deficits and problems of a student who was unable to achieve all the clinical objectives. Yet in a unique encounter, Tessa understood that this student was able to respond as a nurse in a complex situation, in a way that preserved personhood. Tessa described what this experience meant to her and the student, as well as to her life as a clinical instructor:

Had I not been attuned to the moment, I might have missed that critical insight. [of the student]. Patients are often exposed and made vulnerable in a variety of ways. Intuitively, the student managed to nurse me back to a place where I felt safe once again. And from that place of safety, from that caring moment, I was able to look at the student with eyes that allowed for a greater depth of experience. With the memory of my own vulnerability giving me the gift of context, I was able to reach across the distance between myself as "teacher" and the student as "student." In crossing that chasm, I was able to see the student not just differently but with more clarity. I was able to see because I had been able to experience, in that brief moment, that the student was a nurse, rather than a failing nursing student. Consciously and deliberately, I "let the student be" for the remaining clinical days to nurse patients in the student's own way. From that moment in the hallway, the student managed just fine without my oppressive scrutiny and guiding "rules" and earned a passing clinical grade.
This experience can be interpreted in many ways. There is always danger involved in closing down on the future of new possibilities for students when instructors focus on problems and deficits in students’ learning and their inability to meet clinical objectives. But there is danger, as well, in personal encounters that set up affiliations that lead to favoritism and cloud the fairness of clinical instructors. The complexities of how students may not be able to demonstrate their talents and sensibilities in structured clinical learning experiences are also revealed in Tessa’s narrative. How does fear of failure prohibit students from using their best talents? Perhaps if clinical teachers increased their attention on more than the appropriateness of their interventions but also how they directly help struggling students, they would enable more students to be successful. How can instructors be aware of the ways in which particular teaching and learning practices, although well intended, may be oppressive to students who are failing?

Personalizing Student Failure

The following story further shows how Narrative Pedagogy shifts from focusing solely on the outcomes of teaching to including exploration of the common practices of teaching and learning. Lualla, a new teacher, described her experiences in learning how difficult it is to “give the student the final news,” an all-too-common experience for many clinical instructors:

I took a lot of courses in nursing education in graduate school but all they really emphasized was collect a lot of data on students who fail! And you know you have student teaching experiences, but we were all lucky and never had a student who failed the clinical objectives. Or at least I thought I was lucky...now I wished I had had this experience back then or at least talked more about how you “give the student the final news.”...Fortunately, I knew enough to get my office colleague who has taught for a long time to help me. In fact, she said, “Oh, oh, are you sure you don’t want me to ‘sit in’ with you?” She coached me and talked to me about what to say and not say and got me thinking. Actually, as she talked with me, I realized I had really “hovered” over this student, and...I guess I was thinking I was a personal failure, so I never brought up the student in our course team meeting until mid-term, and then I heard from other faculty [that the student was a “weak student,” and then I thought it wasn’t me. But as my office mate talked, I realized that I did not give this student enough room to grow and did not work with her enough [for her] to show us what the student could do, as I was too scared the student would make more mistakes. The student was only failing because of three objectives, though they were important ones. I talked with the student and said, “I’m new, and maybe I was hovering over you too much. Would you like to do a clinical with [my office mate] and see if you are able to be successful?” Of course, the student was prepared and did a great job and was so happy and thankful to both of us. And I sure owe this woman [my office mate] who helped me get over my worry about not being a good teacher and [helped] me see how this is not a personal thing between me and the student, and I saw how maybe we need to involve more other instructors or even ask students, “You are struggling with learning this clinical objective. Can you think of anyone else who could help you or any other faculty who might help you better learn this?” And I know now, to give students room to breathe and not just hover and tell them all the things they are doing wrong but focus more on what they are doing right and helping them to use all their talents... I learned the most I have so far with this student who almost failed!!

Personalizing students who fail as an indication of teaching competence only compounds an already difficult situation. However, when teaching and learning is viewed as a skill or a personality variable that instructors need to measure, as it often is in outcomes education, failure shows up as a personal deficit for both instructors and students. Perhaps another way to think of teaching is as a practice. As such, expertise is improved through experience and getting it wrong a lot of times before getting it right. For example, in enacting Narrative Pedagogy, instructors work together to improve their practice skills (Dickelmann, 2001), and students who are failing are viewed as an opportunity to both gather the collective wisdom and expertise of instructors and explore the meaning and significance of the failure to the curriculum. When they are open to the possibility for new interpretations of failure, students and instructors can learn the most about the common practices of schooling, learning, and teaching. What can instructors learn when students fail? Hamilton, an experienced teacher, described his experience:

I remember a while back that I had a student who let me know right away that we were “peers in life” and that I would be consulted in a “timely way,”...and these are the exact words of the student. This was not an honors student, and I knew from what the student had said [that the first clinical course was difficult, and the student just made it through. Usually you got right on top of this student to be sure you know what is going on clinically...or you might worry that this student had an attitude problem.... A few years ago, I started using the new pedagogies that encourage you to step back and try different ways of thinking and understanding what is going on.... So I realized that maybe some of what I do is not very respectful to students and their talents and life experiences. And if I am brutally honest, (laughs) the students who act sort of outside what you expect or usually see are the ones that we hang [over] around, anticipating problems.... I started to think, is it being different that gets our attention, and if it is, so much for encouraging diversity in nursing education!

In our school, most of us use preceptors now so that, with high acuity levels, every student has their own
Listening to Students

Listening to the voices of students who fear failure or threats of failure adds another essential perspective to this conversation. How can instructors listen to and interpret Alana, Shareese, Eric, and Danielle, nursing students who are failing clinical courses?

Alana: I am failing my clinical, and I am so scared I will hurt someone. I can't think, and the teachers are breathing down our necks, and I don't blame them, but they are making it impossible [for me] to get my wits about me.

Shareese: My family is doing so much for me to get my nursing degree, but they don't understand how much prep time I need, and with four kids under [age] 8, I start every clinical worrying what the instructor is going to ask [that] I don't know... and she always does, she keeps going until you don't know something, and then I can't tell if that was her just "challenging us" as she is always saying, or if I was really bad and missed something very important! I am borderline right now and worry I will fail.

Eric: We have this huge clinical tool the faculty hide behind, but most of us can psych-out the clinical instructors and know if they know what they are teaching. There is no time to learn, only time for evaluation, but this one teacher is failing three of us...or at least all of us are in trouble. You'd think the school would pay attention to who teaches clinical. I would rather learn from the LPN [licensed practical nurse] than from a teacher who is blowing and not a good teacher and sort of burned out too. The stakes are too high.

Danielle: I failed this course once before, but the teacher said to me it is OK to tell your clinical student groups you are returning so they can help [you] too if I ever have questions and stuff... I just knew in my heart from that first day that this time I would make it. My final evaluation was yesterday, and I got an A/B... now go figure!

Conclusion

From the teachers' and students' narratives, the importance of exploring the practices of teachers who facilitate and keep open a future of new possibilities for students who are failing is evident. Would new pedagogies bring new understandings of, as well as fresh approaches to, enhance learning environments for students who are failing? Has the need to gather objective information made it impossible for some students who are failing begin to succeed? Could it be that students who fail provide opportunities for instructors to discuss substantive reform of outcomes education? Through new interpretations of failing experiences, can students and instructors move beyond the painful practice of understanding these events as "personal failures"? Perhaps these students, who struggle so valiantly to succeed, are the harbingers of new pedagogies for practice education in nursing.

Questions for Further Thinking

- Why is the failing student often an individual issue between a student and an instructor and not a community issue of a failing member?
- How can new instructors learn to prepare for assisting the failing student?
- Do we need more research using critical, feminist, postmodern and phenomenological methods to investigate the experiences of students and instructors who fail?

References


