

Incorporating best practice strategies for managing students with unsafe behaviors: A toolkit for clinical faculty

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Introduction

Managing students in clinical practice can be challenging for nursing faculty.

This becomes more difficult when dealing with students with unsafe behaviors.

The Quality and Safety Education for Nurses (QSEN) initiative has identified safety as a competency for pre-licensure nurses.

The Essentials of Baccalaureate Education for Professional Nursing Practice curriculum guidelines emphasize the need for graduates to create a safe care environment and provide evidence-based care that leads to safe and quality patient outcomes.

The American Nurses Association (ANA) Code of Ethics for Nurses newest edition also addresses the nurses' role in promoting safety.

Yet, some students struggle with demonstrating safe care in the clinical setting and faculty may be unsure how to effectively address these behaviors.

Definition of Unsafe Practice

Unsafe clinical practice
"Behavior that places the client or staff in either physical or emotional jeopardy"
(Scanlan, Care, & Gressler, 2001; pg. 25)

"An occurrence or pattern of behavior involving unacceptable risk" (Scanlan, Care, & Gressler, 2001; pg. 25)

Any act by the student that is harmful or potentially harmful to the patient, the student, or other health care personnel (Luhanga, Yonge, & Myrick, 2008)

Unsafe student

Students who practice in the clinical setting with marginal safety, knowledge, psychomotor skills, interpersonal skills, or motivation (Luhanga, Yonge, & Myrick, 2008)

Review of Literature

University of New Brunswick/Humber Collaborative Bachelor of Nursing Program – Unsafe Practice Policy (2013)
Unsafe Practice – includes number of components

- Student actions, behaviors, attitudes
- Knowledge and skill incompetence
- Unprofessional nursing image

Continuum of Unsafe Practice

Unsafe practice can occur across various levels of risk

- Level 3 (minimal risk)
- Level 2 (unacceptable risk)
- Level 1 (high risk or actual harm)

Integrative literature review noted 3 themes:

- Ineffective interpersonal interactions
- Knowledge and skill incompetence
- Unprofessional image (Killam et al., 2011)

Preceptors' descriptions of unsafe practice

- Inability to demonstrate knowledge and skills
- Attitude problems
- Unprofessional behavior
- Poor communication (Luhanga et al., 2008)

Brown et al. (2007) identified behaviors from discussions with faculty and students

- Not accepting responsibility for one's actions
- Ineffective communication
- Lack of preparation and respect

Scanlan & Chernomas (2016) provided new perspectives on the unsafe student

- How students are in practice
 - Lack of self-awareness
 - Lack of insight and acceptance of responsibility
 - Unable to reflect on practice
 - Inability to use feedback
 - Blaming others and avoidance behaviors
 - Anxiety
 - Lack of self-confidence

- Aspects of practice that posed challenges
 - Communication
 - Organization and time management
 - Linking theory to practice
 - Lack of initiative for learning

- Clinical teachers' responses
 - Increased support and direction

Case study examples

1. A faculty member examines a syringe that a nursing student prepared to administer SQ insulin coverage. The patient was ordered 2 units of insulin coverage. When the faculty examined the syringe the student had prepared 2ml of insulin in a regular syringe. This would be approximately 200 times the amount of insulin that was ordered.

Faculty response

- Discuss the severity of the incident with the student as soon as possible.
- Meet with the student after the clinical day has ended.
- Review clinical objectives related to the incident.
- Develop a remediation plan for the student to complete.
- Involve necessary faculty/administration
- Provide student additional learning opportunities to administer insulin after remediation has been completed.

2. A student arrived to clinical 10 minutes late. The student did not call ahead or notify the faculty member. This was the student's second occurrence with being late.

Faculty response

- Discuss the incident with the student.
- Faculty may choose to send the student home with an alternate assignment.
- Meet with the student and review clinical objectives related to the incident.
- Develop a remediation plan.
- Have the student write a short paper on professionalism.

3. A student arrives on the clinical unit smelling of alcohol. When approached by the faculty member the student admitted to being out "late" last evening.

Faculty response

- Student should be sent off the clinical unit.
- Follow policy guidelines for potentially impaired student which may include assessment of blood alcohol level.
- Faculty should meet with administration and determine plan of action; student could potentially fail the course.
- As per facility guidelines student may not be permitted back to the clinical unit.

Addressing Unsafe Behaviors and Future Research

Research has identified consistent themes related to unsafe student behaviors.

Students need opportunities for remediation and to correct unsafe behaviors.

At-risk students should be identified early to provide additional learning experiences in the skills lab or with simulation.

Faculty need to dialogue and develop clear guidelines to address unsafe behaviors.

Future research needs to explore students' perceptions of unsafe practice.

Anxiety and low self-confidence have been identified as common behaviors. Research needs to better understand how to help students decrease anxiety and improve self-confidence.

References

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