



Addressing Unsafe Student Behavior

How to recognize and guide nursing students who pose a danger to patients, instructors, and themselves.

This article is one in a series on the roles of adjunct clinical faculty and preceptors, who teach nursing students and new graduates to apply knowledge in clinical settings. Even students nearing the end of their educational program may struggle in the clinical setting and lack the knowledge and skills necessary to provide safe care. The preceptor serves as a role model and helps ensure that only students who are adequately prepared transition to professional practice. This article discusses the role of the nurse preceptor, identifies examples of unsafe student behavior, and shares strategies for preventing and managing such situations in the clinical setting.

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Nurses are frequently solicited to serve as preceptors for nursing students. A student's one-on-one relationship with a staff nurse who provides guidance and socialization to nursing practice is essential and can be accomplished through the use of a preceptorship or practicum experience. Preceptors are experienced nurses who serve as clinical experts and are willing to teach and evaluate student learning in the clinical setting.¹ Nurse preceptors may be used at various points in an undergraduate nursing program, but they are traditionally partnered with senior-level nursing students who are nearing the completion of their program.^{1,2} In this capacity, the preceptor is instrumental in assisting the nursing student in successfully applying theoretical concepts in the practice setting,^{3,4} preparing for the transition to the graduate nurse role,⁵ and becoming socialized to the profession.⁶

Unfortunately, some students struggle to provide organized care to patients or to apply theory to clinical practice. Students may lack the necessary knowledge and skills, leading to unsafe behavior in the clinical setting. This poses a particular challenge to preceptors, who have a professional responsibility to ensure the student demonstrates safe practice before progressing in the nursing profession.^{5,7} Thus, the preceptor needs to recognize unsafe behavior and know how to address it.

THE PRECEPTOR'S ROLE

Nurses serving as preceptors are typically experienced and skillful, possess excellent nursing judgment, are enthusiastic about the profession, and have a desire to teach.⁸ Preceptors should serve as role models for



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the design, organization, and implementation of patient care and must be academically and experientially qualified for their role in helping students achieve expected outcomes.⁹

The preceptor is a protector, teacher, and socializer to the nursing profession; as such, she or he should have a positive attitude and professional demeanor; assess and evaluate students' abilities; and protect students, patients, and the profession.⁶ Most nurse preceptors haven't been formally trained to be preceptors. To be effective, these nurses need to fully understand the scope of the preceptor role, including what is expected of them and how they can effectively give constructive feedback to students.^{4,6}



ENSURING SAFE STUDENT PRACTICE

Preceptors can take several actions to ensure safe student practice and create a positive learning experience. First, they should be aware of the student's course expectations and objectives. Preceptors new to this role can ask for an orientation from the faculty member overseeing the student's work or from the hospital's staff educator. Many facilities offer staff nurses a preceptor course that includes a review of clinical teaching guidelines and strategies for evaluating students. These courses typically do not occur during a nurse's scheduled working hours. Some facilities offer continuing education credits for completion of a preceptor course, whereas others may require staff members to attend such a course to serve as preceptors for students and newly hired nurses. Staff nurses are encouraged to consult their facility's nursing education resources when considering becoming a preceptor. The faculty member should inform the preceptor what is expected of the nursing student (for example, how many hours the student must complete in the preceptor rotation and what the student's responsibilities should be while on the unit) and provide details about the student's previous coursework and clinical experiences. The preceptor should review the student's course syllabus and objectives to better understand how the student is being evaluated. The preceptor typically provides the faculty member with an evaluation of the student's performance on the unit. To do this effectively, the preceptor should become familiar with the school's preferred evaluation method and how it measures student performance. Some evaluation tools use a pass or fail grading system, for instance, whereas others use a numerical scale.

Second, the preceptor and faculty member should develop a collaborative relationship. This begins with an exchange of contact information and continues with frequent communication about the student's progress. Potential problems should be promptly reported to the faculty member, ensuring that any concerns are identified early in the preceptor experience and that the student is provided with learning opportunities designed to correct any deficits. On the rare occasion when the preceptor and student are not well suited to work together, frequent communication between the preceptor and faculty member can help identify the need to reassign the student to another preceptor.

Finally, the preceptor and student should discuss the goals of the preceptor rotation, ensuring that expectations are clear from the outset. The student should also conduct a self-assessment that identifies for the preceptor the student's strengths as a nurse, as well as areas that need improvement. This helps to ensure the student has realistic goals for the preceptor

rotation and is an appropriate fit for a given clinical unit. Even though preceptors are typically paired with senior nursing students nearing the completion of their programs, they should have realistic expectations of student performance and be cognizant that the student is still learning. Medication administration, organization, and time management, for instance, are areas in which students commonly struggle during their clinical experiences, especially when trying to manage a larger patient load. Preceptors should consider that learning experiences are best developed in the clinical setting, and that some students may bring limited clinical experience to the preceptor rotation.

Regardless, students should have the knowledge, skills, and competencies necessary to work on the unit to which they are assigned. Having a student placed in a critical care setting who has not yet learned critical care in the classroom, for instance, is inappropriate for the student, preceptor, and facility. Students may have limited clinical experience in specialty areas or even limited clinical experience with certain nursing skills or medication administration prior to the preceptor experience. Establishing clear expectations before the preceptor rotation begins can help prevent unsafe behavior.

IDENTIFYING UNSAFE BEHAVIORS

It's essential for preceptors to know how to recognize unsafe behavior and respond appropriately. Unsafe clinical practice has been defined as "an occurrence or pattern of behavior involving unacceptable risk."¹⁰ Therefore, it can involve any act by the student that is harmful or potentially harmful to the patient, the student, or health care personnel.

Unsafe student behavior can result from knowledge and skill deficits, unprofessional actions, and ineffective interpersonal interactions.^{7,11} The authors of a study exploring the hallmarks of unsafe practice reported similar findings and noted that the preceptors they had interviewed also linked "attitude problems" with unsafe student behavior.⁵ Preceptors have noted that students struggling with organization, who are overconfident or unmotivated to learn, who don't accept constructive feedback, and who demonstrate inappropriate verbal and nonverbal communication are likely to behave in an unsafe manner (see *Types of Unsafe Student Behavior*^{5,7,11}). Although unsafe behavior can occur at any time during the practicum experience, preceptors have reported that it is typically evident near the beginning of the rotation. The preceptor should determine if the unsafe incident is a single occurrence or part of a pattern of behaviors. Early identification of unsafe behavior is the first step in managing students in the clinical setting.

MANAGING UNSAFE SITUATIONS

If a student demonstrates unsafe behavior, the preceptor should discuss this with the student as soon as possible, providing honest feedback in a constructive manner. This ensures that the student is aware of her or his deficiencies and can focus on improving this behavior during the remainder of the clinical rotation. When appraising an unsafe behavior, it may be helpful for the preceptor to gain additional feedback (from a coworker who observes the student's work on the unit, for instance) and to ask the faculty member to visit the unit and observe the student.

The preceptor should also collect detailed documentation and collaborate with the nursing faculty member. Both share responsibility for addressing unsafe student behavior and providing early interventions.⁷ The faculty member should develop a remediation plan with input from the preceptor, who can help develop a plan that specifically addresses the student's deficits. This may include remediation opportunities at the skills laboratory on campus as well as patient assignments that focus on the student's learning needs. For example, a student struggling with medication administration could complete remediation on campus, perhaps focusing on specific psychomotor skills and reviewing information about medication administration and the prioritization of care. At the same time, the student could continue to administer medications under the close supervision of the preceptor. If a student has difficulty with interpersonal interactions, the student could be given assignments—such as those that involve interacting with patients, families, or the health care team—that require the student to practice navigating such interactions. Similarly, a student who has displayed an unprofessional behavior or attitude could be required to complete a paper about professionalism while the student's behavior on the clinical unit is being continuously assessed.¹²

Regardless of the particular safety concern, any unsafe behavior must be identified early, thus giving students the opportunity to correct the behavior.¹³ The preceptor plays a key role in this process, sharing information with the student and working collaboratively with the nursing faculty member. Ensuring that students have access to appropriate remediation and continued learning opportunities can help both students and preceptors to have a positive learning experience.

UNSAFE STUDENT BEHAVIOR SCENARIOS

Below are two scenarios that highlight unsafe student behavior and actions preceptors can take. (Both cases are composites based on our experience.)

Jennie Miller is a senior nursing student completing her preceptorship on the progressive care unit of a large medical center. She has been progressing

well in the preceptor rotation. Today, she has been charged by her preceptor, Marie Spencer, with the primary care of two patients who have had percutaneous coronary intervention. Both patients have recently returned from the cardiac catheterization lab and require vital signs, telemetry monitoring, catheterization site checks, and peripheral pulse checks every 15 minutes for the next hour. Approximately 50 minutes after arriving on the unit, one patient rings the call light. Ms. Spencer happens to be walking by and, as the primary nurse, responds to the call. The patient tells her, "I feel something wet on my leg." Her assessment reveals bleeding from the femoral catheterization site. Ms. Miller had completed the first two catheterization site checks but not the third. After Ms. Spencer addresses the bleeding, she confronts Ms. Miller, noting that she was five minutes late to the last site check. The nursing student replies with concern, explaining that "the previous site checks were fine, so I started to look up unfamiliar medications that I have to give to another patient. I was sidetracked and lost track of time. I am so sorry."

Types of Unsafe Student Behavior^{5,7,11}

Knowledge and skill deficits

- lacking basic medication-related skills
- difficulty with organization
- failure to ask questions
- difficulty following directions

Attitude

- overconfident
- unmotivated to learn
- uninterested in nursing
- unable to accept constructive feedback

Unprofessional behavior

- inappropriate nonverbal and verbal communication
- eye rolling and sighing
- being disrespectful
- arguing
- poor work ethic
- lack of accountability
- dishonest
- intentional unsafe practice

Ineffective interpersonal interactions

- poor communication skills
- inability to appropriately interact with the preceptor, instructor, or patient



In this situation, the preceptor must first provide the necessary care to the patient before discussing the incident with the student, who needs to understand the severity of her mistake. Ms. Miller should be encouraged to discuss the required interventions if bleeding occurs at the catheterization site. Because she completed the first two assessments of the catheterization site, she is not struggling with a knowledge deficit related to the patient's care but rather with a time management problem. She has not had any other issues related to patient safety, so this is a one-time occurrence of unsafe behavior. In addition, Ms. Miller has demonstrated concern about her mistake and a professional attitude. After discussing the incident with her, Ms. Spencer should discuss the situation with the faculty member. They can then collaboratively develop a remediation plan. Remediation in this situation might include providing Ms. Miller with additional patients to monitor after catheterization, under the supervision of her preceptor. In addition, Ms. Spencer should address time management strategies, including providing opportunities for Ms. Miller to care for multiple patients. She should be encouraged to develop a note sheet to better organize the care she provides throughout the day. A note sheet may include sections in which the student records the following information: the patient's diagnosis, information for the end-of-shift report, assessment findings, lab and diagnostic results, medications, other relevant information, and a reminder to frequently check in with her preceptor to make sure she is effectively prioritizing her patients' care needs. A note sheet helps organize all the information the student needs in one place. It also serves as a reminder about the type of information the student needs to collect.

Jason Pittman is working with a preceptor, Valerie Decker, on a busy medical–surgical unit in a community hospital. This is Mr. Pittman's third shift; he has cared for up to five patients during each previous shift. Today he is assigned to administer medication to three patients. He has done this before, but Ms. Decker has observed that this task has taken a long time to complete. In addition, he once prepared an incorrect dose of insulin. When Ms. Decker questioned him about this, he responded by talking a lot, in an effort, she believed, to cover up a lack of knowledge about medication administration. As a result, Ms. Decker has identified medication administration as a concern for Mr. Pittman and has been providing him with related learning opportunities. Just before lunch, Ms. Decker observes the student draw up 20 units of insulin for a patient who requires two units. Mr. Pittman does not realize the error until Ms. Decker confronts him when reviewing the medications. He seems unphased, responding, "Oh, I would have caught that. I was just in a hurry."

Mr. Pittman has repeatedly demonstrated unsafe medication administration practices. He has also had difficulty accepting constructive criticism and completing a self-assessment of his ability to provide safe care. Ms. Decker needs to promptly discuss the incident with him and ask him to explain the consequences of administering a dose of insulin that is 10 times greater than the ordered dose. With this pattern of errors, Mr. Pittman is not progressing in his ability to independently provide safe care and needs a detailed remediation plan before he continues in the preceptor rotation. Ms. Decker talks with the faculty member, and they agree that Mr. Pittman should complete remediation in the skills lab before returning to the clinical unit. The remediation plan focuses on medication administration and the preparation of medication doses, including insulin, for multiple patients. Should Mr. Pittman demonstrate competence in the skills lab and return to the clinical setting, Ms. Decker should continue to provide him with learning opportunities that allow him to demonstrate competence with medication administration and caring for multiple patients. Mr. Pittman should develop a note sheet to improve his time management skills and complete a daily self-assessment of his performance. These tools should be reviewed with his preceptor, ensuring that they both understand his strengths and the opportunities for improvement.

PRECEPTING CHALLENGES

Although most students' clinical practice improves after remediation, preceptors must recognize that at times students may not be able to meet course objectives and thus should not pass the course or clinical rotation. These situations can be challenging for all involved, but the preceptor must identify and evaluate unsafe student practices and be committed to maintaining patient safety. In this capacity, the preceptor helps serve as a gatekeeper to the nursing profession. Allowing students who exhibit unsafe behavior to graduate creates a continuing problem for the new graduate's employers and staff educators.⁷ Preceptors should recognize their responsibility and provide honest communication to students and the nursing faculty—especially when the student is unable to demonstrate safe behavior, even after remediation and continued learning opportunities. These strategies can assist both students and preceptors to have a positive learning experience.

The preceptor serves as a role model to students and contributes to future nursing practice by helping to ensure that only students who are adequately prepared transition to professional practice. Serving as a preceptor and managing students who exhibit unsafe behavior can place added stress on nurses who are

already juggling multiple responsibilities and a busy schedule. Preceptors need to recognize when it's time to step aside and take a break to avoid burnout. Taking time off from precepting can help these nurses to rejuvenate and prepare for future opportunities working with students. ▼

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