

We aren't all winners: A discussion piece on 'failure to fail' from a service user and carer perspective

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Abstract: The paper will discuss from a service user/carer perspective the possible implications and ramifications that 'failing to fail' students has on service users and carers. We will start by briefly contextualising the issue drawing on the work of Rutkowski (2007), Dudek et al. (2005), Duffy (2003) and Cleland et al. (2008) and other authors who have contributed to the topic. We expand the debate from the service user and carer perspective examining likely causes and determinants and then move on to discussing the possible impact of this practice on those who are cared for.

This paper will provide debate and discussion from a unique perspective being written by those who have lived experience of care delivered by students and qualified practitioners from the nursing and social work professions.

Keywords: Failure to fail, service users and carers, students, mentors

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Introduction

This discussion piece has been written by people who have, during their lives, been users of social care and/or health services or are carers of people who have been or are currently recipients of health and social care services. It is not a piece of research in an academic sense, but has been written utilising our own experiences of being users and carers. As such we feel that our views are unique and although not written from a professional viewpoint, still have importance and credence as we have had authentic personal experiences of using services which can give an exclusive insight into nursing and social care practice.

Contribution to theory building from people associated with service use must be accorded the same validity as others. Assumptions about objective, neutral and value free social science cannot be sustained. Recognition should be given to the validity of the subjective knowledges, analyses and perspectives of people included in social care categories. (Beresford, 2000, p.501)

We are not however representing the whole range of views that might be given by service users and carers, but nonetheless we feel that our views are valid. In the paper comments by individual service users and carers are brought in to add depth, richness and authenticity to the arguments being presented.

The authors

The writers are part of a service user and carer group based at a North West Higher Education Institute. The group are heavily involved in teaching, assessment and learning activities and have experience of contributing to health and social care education. In particular, the group contributes to widely to a full range of programmes including the BA Social Work and BSc Nursing. The group class themselves as 'experts by experience' and as such can offer an authentic voice that contributes to the learning and professional development of social work and nursing students. It is from this perspective that we are offering our important and unique standpoint on the topic of 'failure to fail'.

Failing to fail?

We have felt for some time that ‘failing to fail students’ is an issue, that in our experience of using health and social care services, we should have some input into, as the majority of existing research and journal articles rarely discuss the problem from our perspective. Within the literature we have reviewed there does seem to be little or no mention made of the possible effects on service users and carers of allowing students who should have failed their courses into the community to practice. We feel ultimately it is service users and carers who bear the ramifications of ‘failing to fail students’.

When I was receiving treatment for a leg complaint, the nurse who came to visit was not familiar with the procedure of four layer bandaging. Had I not been able to convey the right procedure, it could have had detrimental impact on my health. Although the nurse read my notes it turned out she was not adequately trained to do the job in hand. After being spoken to in an abrupt manner by the nurse it left me feeling demoralised and quite upset, feeling the nursing service had failed me in delivering the correct service for my legs. I then had to ring the nurses again for them to send a nurse that is able to deliver the correct procedure which left me wasting my time and the time of other members of their team. (Jane)

It is because of episodes such as this that as a writing group we believe there is a underlying culture of ‘failing to fail’ students. Existing research does seem to focus on a plethora of reasons as to why students who are not meeting practice requirements are still being passed as competent despite manifestly failing to reach the prescribed standard, and a comprehensive series of explanations as to why academics and sometimes mentors find it extremely difficult to fail students. For example, Cleland et al. (2008) carried out a qualitative focus group study examining the views of medical educators. They identified many different factors that impact on failure to fail. These included:

- Tutor attitudes towards an individual student - whether they liked the student or not
- Attitudes and beliefs towards failing a student
- Normative beliefs and motivation to comply, this includes the pressure to avoid failing a student
- Efficacy beliefs – the belief or confidence that one can report

underperformance even under difficult circumstances including the dislike of giving negative feedback

- Skills and knowledge
- Environmental constraints – barriers to reporting underperformance. This predominantly included issues of time or the lack of it.

They concluded that 'these many factors conflict with tutors desires to be fair and to report competence accurately and in an unbiased fashion in order to protect the public' (2008, p.807). We recognise the fact that 'failure to fail' is not a common occurrence and that there are many really good caring students who are a credit to their professions. We also recognise that some students are failed in entirely appropriate cases, however we do feel that the practice of failing to fail students, may still be happening in spite of professionals' clear responsibilities to protect the people they care for.

It is from our own experiences of health and social care that we believe that there is a 'failure to fail' students who because of a lack of competence, a lack of character or a lack of insight are not cut out for the caring professions. When we come into contact with both students who are clearly struggling in practice learning settings or qualified practitioners who give us great cause for concern this can have a negative impact on people's perceptions of care and professionals.

Rutkowski (2007, p.39) cites a number of reasons relating to the reluctance of registered nurses or mentors to fail students within practice, these include staff shortages, inadequate mentorship programmes and a lack of support. These themes are not only present in the education of medical and nursing professionals but are also prevalent in social work. Shapton in Parker (2010) speaks of 'failure to fail' within social work;

The failure to fail derives from increased demands for placement days and shortage of experienced and qualified practice teachers, complex differences between academic assessment and assessment in practice, a lack of understanding and awareness of higher education regulations and procedures and the nature of the student-practice teacher relationship.' (Shapton (2006/07) quoted in Parker, 2010, p.985)

A recent survey of nearly 2000 nurse mentors carried out by the Nursing Times authored by Gainsbury (2010) found that 37 per cent say they have passed students whose competencies or attitude concerned them, or who

they felt should fail. Gainsbury (2010) also found that 17 per cent have had their decisions to fail poorly performing students overturned by a university.

This figure of 37 per cent quoted by Gainsbury (2010) is significant and prompted the following response by a member of our group.

I feel that if the mentors had correctly trained the student to be fully competent in their nursing role this incident would not have happened. As a service user you would hope that the service you receive would be appropriate and efficient, and for the nurse to have a certain level of competence and be able to conduct themselves in their nursing capacity. (Jane T)

Duffy's research (2003) highlighted some of the practical issues mentors and academics face; these include problems with the assessment procedure, problems with paperwork, timing of assessments, mentors decisions being overturned, lack of communication, mentors not wanting to be responsible for ending a student's career, the role going against the 'caring role', increased work pressures, staff shortages etc. These many reasons seem to point to a view that it is easier not to take action, than to take action and doing the right thing may be far more problematic than going along with the culture to pass students.

Similarly, Finch's (2010) research highlighted a range of reasons why there was a reluctance by some practice educators to fail social work students in placements, including the emotional pain and distress experienced by practice educators when they worked with a struggling or failing student. These were identified as being so powerful and unpleasant that the assessment process was obscured to the point that some practice educators passed students when the evidence suggested otherwise. Other social work research has highlighted practice educators difficulties using the competency model of assessment (Walker et al., 1995; Owens, 1995) and associated with this, procedures not being followed appropriately (Burgess et al., 1998a, 1998b). Lack of support given by universities to practice educators was also raised as an issue within the literature (Finch, 2010).

As a group of service users and carers, we are concerned that practice educators, mentors and academics face these myriad of issues. We are also concerned about the number of high profile cases in nursing, social care and social work, in which many mistakes have been made, leading to some service users and carers being subjected to many disturbing situations

and even death, namely Beverly Allit, Baby Peter and so forth. We ask academics, mentors and practice colleagues both at a strategic and at an operational level whether some of these cases could have been avoided. The gaps in the system do not seem to be caused by a lack of occupational standards or competencies as the Nursing and Midwifery Council (NMC 2004a, 2006), the General Social Care Council (2002), and now the Health Care Professions Council (2012) all have robust guidelines. However, it can feel that there is a culture that supports the passing of students in placements rather than a culture of assessing competence and failing students if required.

It can feel that when training nurses and social workers unless a student is a catastrophic failure during the course of their studies, they will not fail, and no matter what the reasons put forward by academics and mentors it is the service users and carers, who inevitably bear the brunt of this 'failure to fail', often with disastrous consequences

The following statements were made by service users and carers and reflect some of the feelings put forward by our group when asked to comment on these issues.

As a service user/carer, I have in the past felt let down by a social worker who I did not think should be doing this as a job! And it made me think about how did the social worker not get the advice needed to do this job in the first place? (Russell H)

A bad experience can not only taint the service user/carer view of the specific social worker, but might also reflect a similar view of social workers and services in general.' (David C)

We should have more influence in the selection process before the students start the course, and also be made aware of how students on an individual basis are dealing with their first year placements. This would enable us to try and help the students in their placements and also although controversial, fail them if we believe they are not up to our perceived standards of a social worker. (Ernie M)

Trust in the service as a whole is destroyed if you don't get a good student. The mentor is in an awkward situation as their job is to help people. If you pass someone who you have to work with who is not up to the job, it makes your work harder. (Phyllis 2011)

We believe that the system needs a major review. It is of paramount importance that the mentor should demonstrate an in-depth understanding

of his/her accountability to the professional body and academic institution for any decisions made. If the mentor is really to be accountable, proper training guidelines need to be given and these must be adhered to. Only when this is carried out can 'failure to fail' be reversed and social care and health care systems begin to improve the care of service user and carers. By failing those found not to have sufficient skills and or values to carry out their role we are able to safeguard service users and carers satisfactorily. After all, it is like an end product, which has to be at its most efficient, as people's way of life, quality of life and in some cases even life, can be affected.

We have been concerned that only a few of the sources we have read touch on the moral and professional responsibility which is held by academics and mentors (Rutkowski, 2007; Parker 2010), but there is scant reference to the morality of allowing failures to exercise their profession on members of the public, yet from a user point of view, this is the most, and indeed, the only consideration. Reasons, are offered about how difficult it is for mentors to fail someone through the university route, how much it can affect or even end the future career of the student concerned (Cleland et al., 2008).

Much is made of the difficulty of processing a failure through the university system and the real possibility that an appeal against the failure decision will be successful, and that the process is too time and resource weighted in favour of the student and against the mentor or academic (Dudek et al., 2005, p.84). Little consideration appears in the research on the detrimental effect on professional values of allowing inadequate students into professions, the sliding diminution of those values over time and its effect on their work, the community in which they work and the colleagues with whom they work.

It might appear to the reader that the group writing this discussion piece are so doing from a perspective of negativity and without knowledge or appreciation of the difficult role of mentor and tutor. This is not so.

Get away from the failure to fail mentality, move away from seeing someone as not right for a caring profession as a failure but as someone who may do well in some other profession or field of work. (Graham H)

As users of social and health care services we look upon ourselves as the 'end user', much of what we hear within our spheres of experience is positive with regard to the conduct of the professionals with which we come into contact. There is a level of bad experience, however, to warrant further investigation of

the frequency of bad practice and its adverse effect upon us and our families. Within the changing framework of student life, where there is now funding related pressure felt by the universities we can only see the situation worsening in the future. As students are required to fund their learning the pressure to succeed, to gain as high a degree status as possible, we feel, will place more obstacles in the way of student failure. We also believe that the threat of potential failure of a student will make the student 'work the system' even harder if they realise late in their courses that they are possibly going to be failed. In turn, this places more and more pressure on academics and mentors and we also see that this pressure will be increasingly successful as academics and mentors buckle under the pressure from students and the university.

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