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Abstract

The purpose of this study was to better understand factors related to occupational therapy (OT) educators' decisions to fail underperforming students and to clarify why educators sometimes *fail to fail* or pass students despite sub-standard performance. Assessing student competence is an essential part of ensuring the safety of those receiving occupational therapy services and ensuring the integrity of the OT profession. Educators in academic and fieldwork settings are responsible for confirming that students who graduate from their programs are able to demonstrate skills required for entry into the profession. A total of 323 OT academic and fieldwork educators responded to a researcher developed survey. Results were analyzed using descriptive statistics and linear regressions. 82% of OT academic educators and 34% of OT fieldwork educators reported failing a student at one time and results revealed common reasons for both groups. In addition, 60% of OT academic educators and 26% of OT fieldwork educators thought there had been a time when they should have failed an underperforming student but did not. Common reasons for *failure to fail* included lack of proof, vague procedures, giving students the benefit of the doubt, and decreased confidence in handling a failing situation. Recommendations to minimize *failure to fail* are discussed.

Keywords

Failure to fail, underperforming students, fieldwork, occupational therapy, educators

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Underperforming Students: Factors and Decision-Making in Occupational Therapy Programs

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ABSTRACT

The purpose of this study was to better understand factors related to occupational therapy (OT) educators' decisions to fail underperforming students and to clarify why educators sometimes *fail to fail* or pass students despite sub-standard performance. Assessing student competence is an essential part of ensuring the safety of those receiving occupational therapy services and ensuring the integrity of the OT profession. Educators in academic and fieldwork settings are responsible for confirming that students who graduate from their programs are able to demonstrate skills required for entry into the profession. A total of 323 OT academic and fieldwork educators responded to a researcher developed survey. Results were analyzed using descriptive statistics and linear regressions. 82% of OT academic educators and 34% of OT fieldwork educators reported failing a student at one time and results revealed common reasons for both groups. In addition, 60% of OT academic educators and 26% of OT fieldwork educators thought there had been a time when they should have failed an underperforming student but did not. Common reasons for *failure to fail* included lack of proof, vague procedures, giving students the benefit of the doubt, and decreased confidence in handling a failing situation. Recommendations to minimize *failure to fail* are discussed.

INTRODUCTION

Failure to fail, allowing underperforming students to enter a professional field despite shortcomings in academics or fieldwork, is a problem noted in the literature among healthcare professions including medical, nursing, and social work (Bogo, Regehr, Power, & Regehr, 2007; Cleland, Knight, Rees, Tracey, & Bond, 2008; Duffy, 2003; Luhanga, Yonge, & Myrick, 2008). However, very little research in the field of occupational therapy (OT) has explored if the factors reported in other allied health professions are also evident in OT. This study aims to explore how prevalent the *failure*

to fail issue is in OT and which factors influence OT educators when determining whether or not they will fail an underperforming student, both in fieldwork and classroom settings. When used in conjunction with pre-existing literature, the outcomes of this study may support educators in decreasing the prevalence of *failure to fail* within the profession of OT.

LITERATURE REVIEW

The expectation is that healthcare students will be knowledgeable and competent when they graduate and enter the professional workforce. The majority of OT students who become entry-level practitioners are competent, and their classroom work and fieldwork performance clearly demonstrate their readiness for practice. However, students in health professions sometimes receive passing grades despite poor academic or fieldwork performance (Cleland et al., 2008; Duffy, 2003; Luhanga et al., 2008; Scholes & Albarran, 2005). A student who demonstrates deficient knowledge, poor interpersonal skills, decreased motivation and/or academic or clinical performance could be considered unsafe, increasing the likelihood that they will become an incompetent practitioner (Luhanga et al., 2008).

Failure to fail is a threat to those entrusted to the care of practitioners (Bogo et al., 2007; Larocque & Luhanga, 2013). Not only is the safety of clients at risk when a poor-performing student passes, but the profession's reputation of being safe, effective, knowledgeable, and trustworthy is compromised as well (Ilott, 1995; Larocque & Luhanga, 2013). Therefore, a clearer understanding of factors that contribute to *failure to fail* in OT may ultimately benefit OT faculty and students, future clients and their families, and the profession as a whole.

Health Care Disciplines and Failure to Fail

A study from Cleland et al. (2008) used focus groups to explore the factors that influence evaluators of medical students to assign passing grades, even when these students should not pass. One factor identified was evaluator attitudes toward individual students. Positive or negative factors about students such as demographic information, time and money spent on education, and personality types influenced evaluators' attitudes towards passing or failing a student. Factors that could sway judgment when it came to assessing a student's performance were identified as normative pressure from schools and other colleagues and passing students for the sake of the school's finances or the professional's reputation. These factors, along with self-efficacy in the skills needed to evaluate, document, and address the outcome with a student who was performing poorly, were found to impact educators in their decision to pass an underperforming student. Evaluators felt they lacked confidence in their ability to properly document students' behavior, evaluate the student's skills versus knowledge, and understand the standards expected at each point in the process. A major contributing factor in passing underperforming students was time constraints: time to assess students properly, time to fill out the required documentation, and time to provide feedback and remediation.

Literature related to this topic in the fields of nursing (Duffy, 2003; Jervis & Tilki, 2011; Larocque & Luhanga, 2013; Rutkowski, 2007; Scholes & Albarran, 2005; Vinales, 2015), medical schools (Guerrasio et al., 2014; McConnell, Harms, & Saperson, 2016) and social work (Bogo et al., 2007) discuss consistent factors that influence educators to pass underperforming students. The process of failing students is emotionally and procedurally taxing as well as time consuming. Educators often feel personally responsible for the student's poor performance, attributing it to their skills as an educator (Basnett & Sheffield, 2010; Black, Curzio, & Terry, 2014; Poorman & Mastorovich, 2014). Giving negative feedback can deteriorate the educator-student relationship, in turn impeding the student's progression (Bogo et al., 2007). There is fear among mentors that the decision to fail a student will be questioned and ultimately overturned by the larger academic institution governing their department (Dudek, Marks, & Regehr, 2005; Guerrasio et al., 2014).

Additional influences include challenges with documentation. Academic and clinical educators in nursing reported interpretation of assessment documents was difficult and found it challenging to know what to document as warning signs of a struggling student (Scholes & Albarran, 2005). Vague terminology made it difficult for the educator to link student performance to assessment outcomes (Scholes & Albarran, 2005) and for students to identify specific weaknesses so they could directly address the issue (Bogo et al., 2007; Duffy, 2003). Instead of dealing with these challenges and negative consequences educators are more inclined to give the students the benefit of the doubt; passing them with the assumption their skills will improve with time or experience (Duffy, 2003; Luhanga, Larocque, MacEwan, Gwekwerere, & Danyluk, 2014).

The Failure to Fail Problem

Although the profession of OT has little research in this area, the problems that stem from passing underperforming students in other professions are worth acknowledging and directly translating to our profession. The *failure to fail* phenomenon can negatively affect OT students, clients, practitioners, and educators. Students who pass classes early in the education series due to *failure to fail* often lose the opportunity to gain a strong foundation of knowledge and skills, making it more difficult to comprehend and master advanced topics taught later on in the program (Hawe, 2003). When a student's grades do not accurately reflect their performance, the student may lose the opportunity to receive appropriate academic support from the program and faculty mentors (Hawe, 2003; Woodcock, 2009). Students who have passed without sufficient proof of knowledge of academic and clinical skills risk becoming overconfident, ineffective, or even dangerous practitioners, putting their clients at risk (Duffy, 2003).

The damage that results from *failing to fail* a student compromises client and community understanding, as well as support and confidence in the profession (Duffy, 2003; Hawe, 2003; Larocque & Luhanga, 2013; Scholes & Albarran, 2005). Quality of care and the integrity of the field of OT hinge on strong, competent practitioners who provide safe and effective occupation-based care to individual clients and specific populations. If our discipline is to move forward as a profession known for their expertise and client-centeredness, we must base our standard of student competence on stringent grading

policies and faith in educators' grading practices. In order to address the problem of *failure to fail* the profession needs to identify how often it happens and why. Additional information on what factors are present when an educator does fail a student may also assist in developing solutions. The research questions for this study were: 1) How often do OT educators fail a student and what factors contribute to this decision? 2) How often do OT educators *fail to fail* underperforming students and what specific factors contribute to this decision?

METHODOLOGY

An exploratory study using two versions of a descriptive electronic survey collected information on the prevalence of *failure to fail* and the factors that influence OT educators when deciding to pass or not pass underperforming students. The questions in each version were similar, but worded slightly different to fit either the classroom or fieldwork setting. This study format was time and cost effective, and allowed access to a large number of educators while exploring a variety of variables.

Participants

Participants were recruited using non-probability sampling as well as snowball sampling. Participants included professors and lecturers teaching in entry-level OT programs at accredited institutions, and fieldwork educators who have supervised Level II students. Program chairs at approximately 150 accredited OT academic institutions in the United States received the academic version of the survey, with requests to send the survey to their OT faculty. The researchers sent a second version, focused on fieldwork education, to regional fieldwork consortia email addresses, along with a request to forward the survey to fieldwork educators in their region.

Over a six-week period, researchers received 323 responses, 125 from academic educators and 198 from fieldwork educators. It is not possible to calculate an exact response rate because of the request to forward the survey. To meet the inclusion criteria for this study, participants had to be an educator currently teaching in a master's or doctorate entry-level OT program, or an OT who had supervised Level II fieldwork students. Excluded participants were educators teaching at non-accredited universities, those teaching at occupational therapy assistant programs, and those who have only supervised Level I fieldwork students.

Instruments

The survey was constructed to meet the needs of the specific research questions using the format from Brown, Douglas, Garrity, and Shepherd (2012) and modifications based on recent related literature (see Appendix A). An online format enabled electronic distribution and administration, eliminated printing and postage costs, and facilitated organization of the results for further analysis. The anonymous survey used Research Electronic Data Capture (REDCap), a secure, web-based application designed to support data capture for research studies (Harris et al., 2009). Feedback on a pilot version from two OT academicians and two OT clinicians contributed to revisions. The survey design included a combination of fixed choice "mark all that apply," and open-ended responses, allowing participants the ability to elaborate on or clarify specific

responses. The open-ended questions asked participants to comment on what they thought could support educators when making decisions about poor performing students, elaborate or clarify specific responses, and identify additional factors not included in the survey.

Procedures

The study received ethical approval from the Institutional Review Board (IRB) at the researchers' university. The recruitment email included a cover letter containing the purpose and rationale for the study, an explanation of how the study will benefit educators in the field of OT, and a link to access the electronic survey. Filling out and returning the survey served as consent to participate in the study.

Data Analysis

Data were analyzed through the use of descriptive statistics, including item-response frequency distributions and central tendencies, to better understand what student and procedural factors most influenced the decisions of educators. Academic and fieldwork educator datasets were analyzed separately. Binomial logistic regressions, using statistical analysis software (SAS version 9.4), were used to examine predictors of whether or not educators (a) reported ever failing a student and (b) reported feeling that they should have failed a student but did not (*failure to fail*). Examined predictors included gender and years of experience in both datasets, as well as number of students supervised and completion of fieldwork educator's certification in the fieldwork dataset. In addition, corresponding open-ended questions provided clarification, confirmed accuracy, and identified additional factors not presented in the survey.

RESULTS

Descriptive Statistics

Divided demographic data represented the two areas of education: academic (n=125) and fieldwork (n=198). Academic educators (88% female) had an average age of 50.67 years, averaged 25.14 years of practice, and 13.74 years of experience as an academic educator. Fieldwork educators (90% female) had an average age of 42.66 years, averaged 17.03 years of practice, 11.86 years of experience as a fieldwork educator, and supervised an average of 11.24 students so far in their career. Of the fieldwork respondents, 44% held the Fieldwork Educator Certificate. Tables 1 and 2 offer detailed demographic information on the participants, further categorized by whether the participant had felt as though they had ever *failed to fail* a student in the past.

Table 1

Demographics of Participants Who Have Failed a Student

	Ever Failed						
	No			Yes			
Setting=Classroom	N=22			N=103			
	Mean ± SD	Median	IQR	Mean ± SD	Median	IQR	p value
Age	46.9 ± 10.8	49.5	39 - 55	51.5 ± 9.2	53	45 - 58	0.069
Years of practice	19.2 ± 10.3	18.5	9 - 27	25.5 ± 10.8	26	18 - 35	0.019
Years of experience	8 ± 7.8	4	2 - 15	14.9 ± 8.6	15	8 - 20	<.001
Setting=Fieldwork	N=127			N=67			
Age	41.4 ± 10.6	39	33 - 49	45.5 ± 11.2	45	36 - 56	0.014
Years of practice	15.4 ± 10.4	13	7 - 23	20.8 ± 10.7	20	12 - 30	<.001
Years of experience	10 ± 8.1	7	4 - 15	16.4 ± 9.5	15	8 - 25	<.001
Students supervised	7.7 ± 7.3	6	3 - 10	18.2 ± 19	10	5 - 26	<.001

Table 2

Demographics of Participants Who Should Have Failed a Student

	Should have Failed						
	No			Yes			
Setting=Classroom	N=50			N=75			
	Mean ± SD	Median	IQR	Mean ± SD	Median	IQR	p value
Age	49.8 ± 9.8	50.5	43 - 57	51.2 ± 9.5	53	44 - 58	0.490
Years of practice	23.9 ± 11.5	24.5	15-34.5	24.7 ± 10.6	26	18 - 33	0.607
Years of experience	12.9 ± 10.7	10	4 - 19	14.2 ± 7.3	15	9 - 20	0.111
Setting=Fieldwork	N=145			N=49			
Age	42.3 ± 11.2	40	33 - 51	44.4 ± 10.4	43	35 - 55	0.196
Years of practice	16.4 ± 11	14	7 - 25	19.5 ± 10	17	11 - 29	0.041
Years of experience	11.1 ± 8.9	8	4 - 16	15.1 ± 9.1	15	7 - 22	0.003
Students supervised	9.6 ± 11.8	6	3 - 10	16.2 ± 16.6	10	6 - 20	<.001

The data collected revealed that 82% (n=103) of OT academic (A) educators and 35% (n=67) of OT fieldwork (FW) educators have failed a student. Results indicated the common reasons why both groups of participants failed a student were the student: clearly met the criteria (A 77%, FW 54%), lacked knowledge of required content (A 76%, FW 49%), demonstrated poor clinical skills (A 60%, FW 87%), exhibited behavior

resulting in patient safety concerns (A 50%, FW 76%), and had poor communication skills (A 37%, FW 49%). In addition, FW educators also failed students for poor time management (48%).

When asked about *failure to fail*, 60% (n=75) of OT academic educators and 26% (n=49) of OT fieldwork educators thought, at some time in their career, they should have failed an underperforming student but did not. Results indicated the common reasons why both groups of participants *failed to fail* underperforming students included: educators could not prove their concerns were valid (A 68%, FW 40%), they gave the student the benefit of the doubt (A 37%, FW 34%), and vague procedural guidelines (A 33%, FW 19%). FW educators also identified decreased confidence in the ability to handle a failing student (30%). A list of all factors from the surveys are below in Table 3.

Table 3

Reasons for Decisions by Setting

Reasons from those who have ever failed a student	Classroom N (%)	Fieldwork N (%)
Fail Reason11: Clearly met the criteria for failing	79 (76.7%)	36 (53.7%)
Fail Reason8: Knowledge of content	78 (75.7%)	33 (49.3%)
Fail Reason1: Clinical skills	62 (60.2%)	58 (86.6%)
Fail Reason4: Patient safety concerns	52 (50.5%)	51 (76.1%)
Fail Reason2: Communication skills	38 (36.9%)	33 (49.3%)
Fail Reason5: Attitude	20 (19.4%)	26 (38.8%)
Fail Reason7: Time-management	16 (15.5%)	32 (47.8%)
Fail Reason6: Work ethic	12 (11.7%)	19 (28.4%)
Fail Reason3: Compassion and caring	5 (4.9%)	4 (6.0%)
Fail Reason9: Personality difference: student and educator	1 (1.0%)	1 (1.0%)
Fail Reason10: Did not like the student	0	0
Reasons from those who felt they should have failed a student but did not	Classroom N (%)	Fieldwork N (%)
Influence2: Lacked proof my concerns were valid	51 (68.0%)	21 (39.6%)
Influence3: Gave student benefit of the doubt	28 (37.3%)	18 (34.0%)
Influence11: Procedural guidelines for failing were vague/unclear	25 (33.3%)	10 (18.9%)
Influence9: Worried the university would overturn a fail	18 (24.0%)	8 (15.1%)
Influence7: Concerned that no one would support my decision	14 (18.7%)	6 (11.3%)
Influence8: Worried about conflict with the student	5 (6.7%)	7 (13.2%)
Influence12: Worried about the financial repercussions for the student	5 (6.7%)	9 (17.0%)

Influence1: Did not want to hurt his/her feelings	3 (5.7%)	3 (5.7%)
Influence10: Did not know how to complete the paperwork/documentation	2 (3.8%)	2 (3.8%)
Influence6: Worried what my colleagues would think of me	1 (1.9%)	1 (1.9%)
Influence4: Not confident or prepared to handle the situation	1 (1.3%)	16 (30.2%)
Influence5: Would be perceived as a bad professor/mentor	1 (1.3%)	5 (9.4%)
Influence13: Did not want to teach this student again	1 (1.3%)	N/A

In response to the follow-up questions asking for comments or ideas on the topic of *failure to fail* in OT, respondents offered detailed replies on areas that were not represented in the survey. The following sections summarize common concerns using descriptive participant quotes as headings.

“I don’t feel OT (educators) in general have much training in how to teach. It is just assumed.”

Participants had concerns about how well OT educators are prepared to be educators, in either academics or fieldwork positions. It was noted by some that the skills needed to be a good teacher are not fundamental in OT education programs nor readily available as post professional continuing education.

“Ensure that [sic] learning activities and assessments are set up in such a way as to not inflate grades”

Comments from academic participants mentioned group work, extra credit, and lack of rubrics may contribute to passing grades even when students performed poorly on exams or major assignments. One participant stated that because many grading opportunities happen after mid-term, students might not have knowledge about their performance until it is too late to make changes. In addition, some felt that proof of content knowledge should not be the only criteria to pass; that behavioral expectations should also be included in course and clinical competencies.

“Postponing failure is like kicking a can down the road.”

Early identification, or lack thereof, was identified by some respondents as key to addressing failure to fail; e.g. upholding a clear process to identify problem students early in the education process would serve the students and the profession best. One participant suggested that identifying and addressing concerns early gives students the opportunity to modify behavior and be more successful in future courses or possibly identify a mismatch between skills and career choice.

“. . . understand we must be gatekeepers for our profession. You will be old someday - do you want that student treating you or your family?”

Many participants admitted that a caring nature could influence the decision to allow a failing student to pass. They called upon educators to consider how this negatively affects attitudes towards OT, undermines progress we have made to establish OT as an

evidence-based profession, and leads to unsatisfactory or even dangerous practitioners entering the workforce.

"When lawyers get involved at our university, students get their way. It is a problem." Some participants felt that failing a student could have negative ramifications for them and/or the institution. Citing current appeals procedures as lengthy and cumbersome to complete, these participants stated some educators might avoid failing a student so they do not have to experience scrutiny or commit the time and labor it takes to go through this process.

Regression Analysis

Logistic regression results related to academic educators are presented in Table 4. The model predicting whether academic educators ever failed a classroom student revealed that those with the least experience (<5 years) were significantly less likely to fail a student in the classroom than those with five or more years of experience. In fact, the odds of those with more than five years of experience failing a student were approximately eight to ten times higher than those with less than 5 years of experience. Academic educators with the least experience (<5 years) also had lower odds for reporting *failure to fail* of a classroom student than those with five or more years of experience. Those with more than five years of experience had odds that were approximately three to six times higher for identifying that they should have failed a student than those with less than 5 years of experience. Gender was not a significant predictor in either model.

Table 4

Logistic Regression Results for Academic Educators in the Classroom Setting

Regression Model: Ever Failed a Student				
Predictor		Odds Ratio (95% CI)	p-value	% who ever failed a student
Gender	Female	0.8 (0.2- 4.5)	0.82	81.8%
	Male	Reference	.	86.7%
Years of Experience	≥ 15 years	9.2 (2.7- 31.1)	<.001	90.2%
	10-14.9 years	8.3 (2.0- 35.1)	0.004	89.3%
	5-9.9 years	9.8 (1.9-51.9)	0.007	90.9%
	< 5 years	Reference	.	50%
Regression Model: <i>Failure to Fail</i> a Student				
Predictor		Odds Ratio (95% CI)	p-value	% who reported <i>failure to fail</i> a student
Gender	Female	1 (0.3- 3.4)	0.89	60%
	Male	Reference	.	60%

Years of Experience	≥ 15 years	3.4 (1.2- 9.4)	0.02	62.7%
	10 - 14.9 years	6.0 (1.8- 20.1)	0.004	75%
	5 - 9.9 years	3.5 (1.0-12.0)	0.04	63.6%
	< 5 years	Reference	.	33.3%

Note. *Failure to fail* refers to an educator who reported having had a student who they felt they should have failed but did not fail.

Logistic regression results related to fieldwork educators are presented in Table 5. The model predicting whether or not fieldwork educators reported having ever failed a fieldwork student revealed three significant predictors of failing a student: greater number of students supervised, if the educator had fieldwork educator certification, and female gender. Years of experience did not significantly predict whether or not a fieldwork educator ever failed a student. Years of experience did significantly predict whether fieldwork educators admitted *failure to fail*; specifically those with the least experience (<5 years) were less likely to report *failure to fail* than those with 10-15 years of experience. Gender, number of students supervised, and fieldwork educator certification did not significantly predict *failure to fail* among fieldwork educators.

Table 5

Logistic Regression Results for Fieldwork Educators in the Fieldwork Setting

Regression Model: Ever Failed a Student

Variable		Odds Ratio (95% CI)	p-value	% who ever failed a student
Number of Students Supervised		1.05 (1.01- 1.09)	0.012	^a
FW Educator Certification	Certified	2.6 (1.3- 5.1)	0.007	47.7%
	Not certified	Reference	.	24.1%
Gender	Female	4 (1- 15.9)	0.048	36.8%
	Male	Reference	.	15%
Years of Experience	≥ 15 years	2.9 (0.9- 8.9)	0.07	56%
	10-14.9 years	1.6 (0.5- 5.0)	0.41	35%
	5-9.9 years	1.7 (0.6-5.0)	0.33	26.5%
	< 5 years	Reference	.	15.2%

Regression Model: *Failure to Fail* a Student

Variable		Odds Ratio (95% CI)	p-value	% who reported <i>failure to fail</i> a student
Number of Students Supervised		1.02 (0.99- 1.05)	0.16	^b
FW Educator Certification	Certified	1.1 (0.6- 2.3)	0.72	29.1%

Gender	Not certified	Reference	.	22.2%
	Female	3.1 (0.7- 14.5)	0.14	27%
Years of Experience	Male	Reference	.	10%
	≥ 15 years	3.0 (0.9- 10.0)	0.06	35.6%
	10-14.9 years	3.7 (1.2- 12.1)	0.03	35%
	5-9.9 years	1.9 (0.6-6.2)	0.30	18.4%
	< 5 years	Reference	.	10.9%

Notes. Failure to fail refers to an educator who reported having had a student who they felt they should have failed but did not fail. ^a Mean±SD of how many students were supervised across ever failed vs. never failed groups: 18.2 ± 19 vs. 7.8 ± 7.4; ^b Mean±SD of how many students were supervised across *failure to fail* and no *failure to fail* groups: 16.6 ± 16.8 vs. 9.6 ± 11.9.

DISCUSSION

The results of this study delineated several contributing factors to the phenomenon of *failure to fail* in both academic and fieldwork settings of OT. Valid determination of student performance concerns, clear procedural guidelines, objective assessment of professional behavior, and benefit of the doubt were highlighted in the descriptive results as contributors to *failure to fail*. Additionally, years of experience as an educator were found to be a predictor of the likelihood of an educator to have *failed to fail*. Responses to open ended questions clarified concerns about *failure to fail* that the survey failed to capture either by omission or because of generic categories. These included the influences of minimal educator preparation, weak course requirements, the caring nature of health professionals, fear of legal processes, and lack of mechanisms for early detection of weak students.

Failure decisions should be based on objective information that supports the educator's decision. Determining when and how to document concerns about a student is not always straightforward (Cleland et al., 2008; Dudek et al., 2005; Guerrasio et al., 2014). Certain conduct may not seem worth documenting until considered as a whole with information about other behaviors or performance difficulties occurring later in the educational experience. Difficulty with having enough supporting information may also stem from a lack of clear procedural guidelines. Absence of specific criteria for grading assignments and assessing student competency or vague policies defining the steps required to report an educator's concerns about a student's performance can lead to inconsistent enforcement, difficulty justifying actions, and speculation on the motive for the decision (Duffy, 2003). The difficulties noted by educators on documentation contribute to fear of an appeals process (Dudek et al., 2005; Guerrasio et al., 2014; Jervis & Tilki, 2011; Luhanga et al., 2014) or even legal action (Guerrasio et al., 2014; Docherty & Dieckmann, 2015) related to failing a student.

An interesting result of this study was that the longer an OT has been an educator the more likely it was that he/she had both failed and *failed to fail* a poor performing student. One logical explanation for this result could be that the more years an educator teaches, the more students are encountered hence the more likely the educator is to encounter an underperforming student. An alternate explanation could be the more experience an OT educator has, the more skilled he/she becomes in differentiating between good and poor performance and likewise designing courses and assessments more effectively. Academic courses and student expectations must maintain a level of rigor that ensures professional accreditation standards are met and student mastery is measured as objectively as possible (AOTA, 2012). Graczowski (2010) noted OT educators, whether in academic or clinical settings, have little formal training in how to teach. If an early career educator enters academia with little formal training in instructional theory and techniques, it is possible that the educator lacks the ability to design a rigorous course that effectively measures student competence.

Sometimes a student's classroom or clinical performance is not the main concern but instead the educator notices insufficient professional behaviors such as poor time management or ineffective communication skills. These concerns are often difficult to objectively document and therefore difficult to use as the sole basis for failing a student (Guerrasio et al. 2015; Jervis & Tilki, 2011). In addition, educators often lack confidence in the skills needed to provide effective, constructive feedback about negative behaviors (Brown, et al., 2012; Cleland et al., 2008; Jervis & Tilki, 2011). Without addressing these concerns early, the educator allows the student to progress unaware of insufficiencies (Hawe, 2003) and at risk of possible failure later in the program after the expenditure of additional time and money.

Often healthcare educators take the responsibility of failing a student seriously and find the decision very stressful (Black et al., 2014; Luhanga et al., 2014; McConnell, Harms, & Saperson, 2016). Many educators admitted to passing an underperformer because they gave the student the "benefit of the doubt". The literature states educators might use this justification if they perceive that the influence of external factors such as timing of the assessment, the type of clinical setting, and overwhelming caseload reflect negatively on student performance (Cleland et al., 2008; Duffy, 2003; Luhanga et al., 2014; Rittman & Osburn, 1995). Benefit of the doubt might also influence the final decision if an instructor assumes that the student will gain a competent level of skill once the student has more experience (Duffy, 2003; Larocque & Luhanga, 2013; Luhanga et al., 2014). The assumptions that lead to offering the benefit of the doubt may be a result of the inherent traits of healthcare professionals who are often drawn to their vocation based on the desire to offer some level of caring, nurturing, and support; characteristics that seem counter to those skills needed to make the judgement that a student should fail. Perhaps instead of interpreting the decision to fail a student as negative and unsupportive, educators should reframe this as an act of caring (Symanski, 1991). The confidence to fail an underperforming student reflects the educator has strong teaching skills and a clear understanding of their responsibilities to the profession (Ilott, 1995) and future patients.

Limitations

As with most survey methods, there are limitations to this study. While analyzing the data, it was apparent that not all participants interpreted the fixed answers the same and possibly different than the authors had intended. The results may not represent the experiences and opinions of all educators. Since the researchers requested participants forward the survey to other educators, it is not clear which academic institutions or parts of the country are represented. The participants were asked to report experiences that happened at some time in their career, and it is not certain how long ago the events happened, if this would still be the action the educator would take today, or how situations and attitudes have changed since this time. Educators of occupational therapy assistants were not included in the survey so the results are not generalizable to this group.

Implications and Recommendations

Failure to fail is well documented in the professions of medicine (Cleland et al., 2008), nursing (Docherty & Dieckmann, 2015; Duffy, 2003), social work (Bogo et al., 2007), and education (Hawe, 2003). The results from this study reveal a concerning prevalence in OT as well, with 60% of academic and 26% of fieldwork educators reporting *failure to fail* at some time in their teaching career. Occupational therapy educators are the initial gatekeepers to a safe and effective professional workforce. It is a matter of professional duty that OT educators recognize factors that influence *failure to fail* and develop solutions to minimize this phenomenon.

Additional studies on this topic will help the OT profession to fully understand the problem and develop viable resolutions. Studies done in nursing (Duffy, 2014; Hrobsky & Kersbergen, 2002), education, and social work (Luhanga et al., 2008) have identified those behaviors that might alert an educator to possible problems. This would be an important next step in OT, as it would contribute to the development of clear guidelines for documentation of concerns with examples of how and when to document on student performance, leading to more definitive processes for early identification of struggling students. Incorporating transparent policies and guidelines for documentation and assessment increases educators' confidence in their decisions related to failing students, reflects an equitable process to the student, and is likely to decrease the possibilities of appeal or disagreement (Carr, Walker, Carr, & Fulwood, 2012). Sharpe (2000) recommended that professions consider involving clinical educators more heavily in the development of assessments so that terms and descriptions can be translated easily to clinical observations. Clinical counsel groups, designed to increase academic and fieldwork educator collaboration, might also offer an avenue to facilitate this process.

Initial interactions between educator and student should identify and define clear criteria for passing/failing a student along with the expectations, for both parties (Larocque & Luhanga, 2013). For the student, these guidelines should include not only knowledge and skill competency but also behavioral standards. The goal of the academic and clinical educators should be to provide students with early, focused feedback on assignments and competencies that includes both strengths and weaknesses of critical

clinical and behavioral skills (McConnell et al., 2016). This process will provide the student with an opportunity to adjust behavior and may increase the likelihood of the student being successful in the program (Carr et al., 2012; Vinales, 2015).

Setting up a rigorous course or explicit fieldwork manual is not an easy task and novice educators should not be expected to do this without guidance or training. Developing clear objectives, with effective and explicit assessment tools, is a complex process that involves advanced skills (Bain, 2004). Educators can acquire this knowledge through mentorship from experienced educators, institutional teaching and learning support, and/or continuing education courses. Ilott (1995) developed a course aimed at preparing OT fieldwork supervisors for the responsibilities associated with assessing student performance, including how to handle the process of failing a student. Results of Ilott's (1995) work and the development of the Fieldwork Educator's Certificate Program (FWECP) by the American Occupational Therapy Association (AOTA) support continuing education as an effective strategy. One purpose of the FWECP is to increase fieldwork educators' confidence in supervisory skills and reinforce a sense of professional obligation to identify struggling students. Similar courses have been successful in preparing nursing clinical educators (Larocque & Luhanga, 2013). Additional avenues for continuing education could include online courses, self-study (Costa, 2015), and face-to-face courses offered by academic programs. Future studies should explore the efficacy of AOTA's fieldwork education certificate course to determine if the training that is available develops the skills required to successfully supervise students. Similar to the nursing profession which has a Certified Nurse Educator (CNE) designation (National League for Nursing, n.d.), AOTA might consider the development of a certification course for academic educators.

The ideal, as discussed above, is that with early detection and focused feedback a student will be able to learn the skills they need to become a competent practitioner. However, there are some students who will fail a course despite the best efforts of an educator. Once a student fails a course or program, the educator may be involved in an appeal. Orientation for new educators should include institution specific training on how an appeals process evolves and the available institutional support for the educators. This may decrease the fear associated with this process (Larocque & Luhanga, 2013) and lessen the influence on grading decisions.

For several years and across multiple disciplines, the recommendations to minimize failure to fail have been similar. Future research should explore the barriers to implementing these recommendations. If changes have been made in recent years, the efficacy of these modifications should be tested. In addition, Docherty and Dieckmann, (2015) suggest that implementing a study similar to this for health professionals trained at community colleges, e.g. occupational therapy assistants, may highlight different concerns or assist in uncovering solutions specific to the needs of these students.

In summary, failure to fail in the academic and clinical education of OT students may be minimized through adjustments at the personal, institutional and professional level. Managers and professional organizations should support both academic and clinical OT educators to further their own pedagogical training in order to develop clear guidelines,

which include objective knowledge and behavioral assessments. In addition, educators should implement assessment and student feedback early and frequently enough for students to make change(s), uphold policies consistently, and familiarize themselves with legal procedures.

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Appendix A

Failure to Fail Fieldwork Survey

Demographic Questions

1. Please select your gender (M/F)
2. Your age (in years):
3. How many years have you been a fieldwork educator?
4. How many Level II students have you supervised?
5. How many years have you practiced occupational therapy?
6. Have you taken the Fieldwork Educator's Certificate Program?

Failure to Fail Questions

7. Have you ever failed a fieldwork student(s)? (Y/N)
 - a. IF YES, check ALL reasons that influenced your decision(s)
 - Student's clinical skills
 - Student's communication skills
 - Student's compassion and caring
 - Patient safety concerns
 - Student's attitude
 - Student's work ethic
 - Student's time-management
 - Student's knowledge of content
 - Personality differences between student and educator
 - Did not like the student
 - Clearly met the criteria for failing
 - Other
 - b. If No, proceed to question 8.

8. Have you ever felt like you should have failed a student but didn't? (Y/N)

a. IF YES, check ALL reasons that influenced your decision

- I didn't want to hurt his/her feelings
- I couldn't prove my concerns were valid
- I gave the student the benefit of the doubt
- I didn't feel confident or prepared to handle the situation
- I was concerned I would be perceived as a "bad" mentor
- I was worried what my colleagues would think of me
- I was concerned that no one would support my decision
- I was worried about conflict with the student
- I was worried the university would overturn a fail
- I didn't know how to complete the paperwork/documentation
- Procedural guidelines for failing were vague/unclear
- I was worried about the financial repercussions for the student
- Other

b. If No, proceed to question 9.

9. When you have a student who is underachieving, whom would you normally approach for support?

10. In your opinion, what do you think could be done to help/support FW supervisors when making decisions about poor performing students?