FAILURE TO FAIL IN DIETETICS EDUCATION

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Objectives

• Describe the issue of failure to fail, including contributing factors and implications for dietetics practice
• Examine personal, programmatic, and institutional policies and practices that may influence failure to fail
Personal Background

- Director role
- Preceptor role
- Personal experience with a struggling student
- Question and concerns = opportunity for research
- Dissertation research study completed, October 2017
Definitions

• Failure to fail occurs when an educator knowingly passes a student who may not be suitable for professional practice

• Director vs preceptor
• Institution vs practice setting
• Pass vs Fail
Significance of the Research

• Professional training programs are tasked with preparing competent future professionals for practice
• Risk accreditation status, professional respect, institutional integrity, public safety
• Competitive entry to supervised practice programs
• Prior research suggests the issue exists in many professions
  – No prior research focused on dietetics

(Academy of Nutrition and Dietetics [AND], 2018; Accreditation Council on Education in Nutrition and Dietetics [ACEND], n.d.; Guerrasio, et al., 2015; Luhanga et al., 2014; White & Beto, 2013)
Purpose of the Study & Research Question

The purpose of this descriptive study was to investigate the manifestation of failure to fail within accredited dietetic internship programs.

Research Question & Sub questions:
1. How does failure to fail manifest in dietetics education?
   a. What is the prevalence of encountering students of questionable professional suitability in dietetic internship programs?
   b. What are the most important factors that alert dietetic educators and preceptors of students’ unsuitability for professional practice?
   c. How likely are educators and preceptors to report passing dietetic interns of questionable professional suitability, and what factors contribute to their decision?
REVIEW OF THE LITERATURE
Prevalence

• Counseling:
  – 3/25 students are questionably suitable for the profession and approximately half of these students graduate
    (Brear & Dorian, 2010)

• Medical School:
  – 15/19 deans believed unsuitable students had been allowed to graduate from their institutions
    (Guerrasio et al., 2015)

• Nursing:
  – 17.7 percent of educators had given an undeserved passing exam grade
  – 72.2 percent had given a student “the benefit of the doubt” in rating their competence
    (Docherty & Dieckanmn, 2015)
  – Participants were aware of, or had personally passed questionable students
    (Jervis & Tilki, 2011; Laroque & Luhanga, 2013)
Reasons for Failure to Fail

- **Subjectivity**
  - Definition of “competent” may depend on who is evaluating
  - No one definitive set of unsuitable characteristics
    - (Jervis & Tilki, 2011; Palermo et al., 2014; Sowbel, 2011; Trede & Smith, 2014)

- **Lack of institutional support**
  - Inadequate policies for remediation/dismissal
  - Reliance on preceptor evaluation > lack of training
  - Pressure to pass students
    - (Bearman et al., 2013; Bogo et al., 2007; Finch & Poletti, 2014; Larocque & Luhanga, 2013)

- **Legal concerns**
  - (Russell & Peterson, 2003; Smith et al., 2001; Westrick, 2007)

- **Cognitive and emotional aspects**
  - Working with difficult students is time consuming and emotionally draining
  - Guilt, anxiety, anger, internalization of failure
    - (Basnett & Sheffield, 2010; Bogo et al., 2007; Finch, Schuab, & Dalrymple, 2014; Finch & Taylor, 2013; Jervis & Tilki, 2011; Larocque & Luhanga, 2013)
Grounded Theory of Moral Reckoning in Nursing

- **Stage of Ease**
  - Accustomed to role
  - Satisfied with work

- **Stage of Resolution**
  - Make a choice: Give up or Take a stand

- **Stage of Reflection**
  - Living with the choice: Retained feelings
    - Regret
    - Avoid a repeat

**Figure 1. Nathaniel's grounded theory of moral reckoning in nursing. Adapted from “Moral Reckoning in Nursing,” by A.K. Nathaniel, 2006, Western Journal of Nursing Research, 28 (4), 419-438.**

The theory was applied to failure to fail by Pratt et al. (2013)
Methodology

- Nonexperimental quantitative methodology
- Participants: dietetic internship directors and preceptors directly involved in dietetic interns’ education
- Setting: various education and work settings, located in Midwest United States
- Recruitment: purposive and snowball
- Method: 18-item online, anonymous questionnaire
  - Adapted with permission from Docherty and Dieckmann (2015)
- Reliability and validity: developed from existing tools; pilot tested with subjects similar to target audience
- Participants given the option not to respond to potentially sensitive questions
- Analysis completed using SPSS Statistics (version 24) and Microsoft Excel 2016 (Microsoft Office 365, version 16.0.8229.2093)
- Thematic analysis of open-ended question
RESULTS
Participant Demographics

- 52.2 percent overall response rate ($N=131$)
  - Directors: 57.4 percent ($n=35$)
  - Preceptors (estimated): 50.5 percent ($n=96$)
- 91.54 percent were credentialed RDN’s
- 10.92 percent held an advanced degree and/or certification
- Most participants (45.8%) reported supervising interns in a clinical or healthcare setting, followed by community/public health (22.1%) and higher education (16%)
- Directors reported higher average:
  - years of experience supervising interns
  - number of interns supervised per year
  - level of responsibility in evaluation

See tables 1 - 4
Prevalence of Concerning Interns

Have you ever supervised a dietetic intern that you felt was not well suited as a future dietetics professional? ($N = 130$)
- More than half of participants overall had ($n = 79$; 60.77%)
- Range per year: 1 to 5 (directors); 1 to 3 (preceptors)
- Average per year: 1.07 (directors); 0.87 (preceptors)

Have you ever failed, or recommended failure, for a dietetic intern you felt was unsuitable for practice? ($N = 121$)
- 39.67% of participants overall
  - More than half of director participants ($n = 18$; 58.06%)
  - One-third of preceptor participants ($n = 30$; 33.33%)
- By setting:
  - Higher education (68.42%)
  - Clinical/healthcare (43.86%)
  - Community/public health (25.00%)
  - Food service management (21.43%)
Prevalence of Concerning Interns

Significant differences in experiencing failing, or recommending failure

• Role: Independent samples t-test revealed a difference between directors vs preceptors ($p=0.02$)

• Setting: One-way ANOVA ($p = .01$)
  – Higher education ($M = 1.32, SD = .478$) vs Food service management ($M = 1.79, SD = .426$) and Community/public health ($M = 1.75, SD = .441$)

• Years of experience: One-way ANOVA ($p = .01$)
  – 1 – 3 years of experience ($M = 1.83, SD = .381$) vs 10 – 19 years of experience ($M = 1.36, SD = .490$)
Characteristics of Concerning Interns

What characteristics did the dietetic intern possess that made you feel they were unsuitable? \( N = 96 \)

- Top three reported characteristics of unsuitable interns
  - Lack of organization and preparedness for required tasks \( n=59; 61.46\% \)
  - Lack of responsibility for learning \( n=51; 53.13\% \)
  - Inability to manage time and workload \( n=49; 51.04\% \)

- Next two characteristics varied:
  - Directors: inability to think critically \( n=18; 64.29\% \); lack of professional attitude \( n=17; 60.71\% \)
  - Preceptors: lack of motivation or interest in the rotation \( n=28; 41.18\% \); inability to adapt to the practice environment \( n=27; 39.71\% \)

See Table 5
Existence of Failure to Fail

Have you ever given an intern the “benefit of the doubt” when evaluating their professional competency? \(N = 125\)

- Over half of participants \((n = 78; 62.40\%)\) reported yes
- Higher % of directors \((n = 23; 71.88\%)\) than preceptors \((n = 55; 59.14\%)\)

Have you ever given an intern a competent rating when you did not believe they were competent? \(N = 124\)

- 16.94 percent of participants reported yes
- Higher % of preceptors \((n = 17; 18.28\%)\) than directors \((n = 4; 12.90\%)\)

One way analysis of variance (ANOVA) revealed a significant difference \(p = .04\) between participants’ years of experience supervising interns

- Post hoc test showed difference was between participants with one to three years of experience \((M = 1.96, SD = .200)\) and those with four to six years of experience \((M = 1.64, SD = .490)\)
Existence of Failure to Fail

Participant reported outcome for unsuitable interns ($N = 50$)

- Remediation: additional rotation hours ($n=29; 58.00\%$) or didactic work ($n=27; 54.00\%$)
- Removed from the program ($n=16; 32.00\%$)
- Voluntarily withdrew ($n=4; 8.00\%$)
- Intern continued in the program as planned ($n=10; 20.00\%$)
  - Closely aligned with Docherty & Dieckmann (2015)
Contributing Factors

Have you felt supported by your institution, or the intern's affiliated institution, in your decision to fail or recommend failure for interns? (N = 49)

• 83.67% overall stated Yes
  – 95.00% of directors
  – 75.86% of preceptors
Contributing Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>N</th>
<th>Total %</th>
<th>Preceptor %</th>
<th>Director %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intern is in final stage of education</td>
<td>122</td>
<td>45.08</td>
<td>46.67</td>
<td>40.63%</td>
</tr>
<tr>
<td>Intern must pass credentialing exam before being</td>
<td>122</td>
<td>38.52</td>
<td>37.78</td>
<td>40.63%</td>
</tr>
<tr>
<td>allowed to practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge that the intern could be held back</td>
<td>123</td>
<td>33.33</td>
<td>30.00</td>
<td>42.42%</td>
</tr>
</tbody>
</table>

No significant differences were seen between contributing factors and participants’ role, work setting, credentials, or years of experience supervising interns.
Please provide any further comments you have regarding dietetic interns' suitability for professional practice and the issues surrounding your decisions to pass or fail them ($n = 56$)

Four major themes:
- Participant Beliefs and Attitudes
- Strategies used to Alleviate Issues
- Intern Attributes
- Concerns about Program Integrity
Participant Beliefs and Attitudes (n=16)

• Setting, timing, and interns’ interest effects evaluation

“[S]ome […] interns state they are not interested in being a clinical RD so I do keep that in mind when evaluating them […].” (preceptor participant)

“Some students come to me early in their didactic experience. In this situation I tend to give them the "benefit of the doubt" as I am hopeful they will continue to advance their skills over time.” (preceptor participant)
Strategies to Alleviate Issues (n=14)

• Open and timely communication with intern and their program (preceptors)

• Detailed policies and procedures for remediation (directors)

“Occasionally a preceptor will give a low grade and the intern (legitimately) disagrees and is backed up by staff RDs. [The situation is] Not always black and white.” (director participant)
Intern Attributes that Contribute to or Inhibit Success (n=10)

• Need to better prepare students for the internship
  “[… ] students need to understand that the preceptors are doing them a favor. They […] expect to be hand fed and their attitude that they are doing us a favor is a joke. They seem to be very self-serving and expect the preceptors to guide them like they are still in school.” (preceptor participant)

• Screen students at the university level (directors)
  “[… ] science grades below 2.5 [GPA], extreme shyness, reading/comprehension difficulties, immaturity, poor communication skills, disorganized, poor time management skills, and lack in initiative or desire to learn. Students with these issues will simply not do well in an internship or the profession itself.” (director participant)
Concerns about Program Integrity (n=6)

• Preceptors felt programs did not take their concerns seriously
  “[…] the DI decided to disregard [my fail evaluation] and give the intern ‘another chance’ in a future rotation which made me look like ‘the bad guy.’ Therefore, moving forward, I did not always ‘fail’ unsuitable interns because the DI always decides what to do anyway.” (preceptor participant)

• Directors noted lack of support from their institution, especially when the case involved non-academic issues
  “[…] in cases where interns showed limited critical thinking or […] ability to apply knowledge, I was always encouraged to keep giving the interns more chances, due to the fact that they were so late in their educational career and frankly at that point probably had paid all of their tuition for the DI.” (director participant)
DISCUSSION
Results aligned with prior research

• Concerning intern attributes
  – Social skills and professionalism (Brear & Dorrian, 2010; Bogo et al., 2007; Guerrasio et al., 2015; Jervis & Tilki, 2011; Lordly, 2007)
  – Ability to think critically and apply theory to practice may be profession-specific

• Indicators of failure to fail
  – 16.94 percent (current study) vs 17.7 percent had given an undeserved competent rating (Docherty & Dieckmann, 2015)
  – 62.40 percent (current study) vs 72.2 percent had given benefit of the doubt in evaluation (Docherty & Dieckmann, 2015)

• Contributing Factors
  – Preceptors’ perceived lack of support (Bearman et al., 2013; Bogo et al., 2007; Larocque & Luhanga, 2013)
  – Greatest influencing factor was intern’s final stage of education: 45.08 percent (current study) vs 40.3 percent (Docherty & Dieckmann, 2015)
Connections to Theoretical Frame

Grounded Theory of Moral Reckoning in Nursing

Stage of Ease
Directors > preceptors

Stage of Resolution
Most participants “take a stand”
As much as 20 percent may “give up”

Stage of Reflection
Not directly measured
Concern for preceptors’ future desire to accept interns

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Strengths and Limitations

**Strengths**
- First known research on failure to fail in dietetics education
- Higher than expected response rate
- Answers to research question and sub-questions
- Results indicate issue exists to a similar degree as other areas

**Limitations**
- Descriptive nature of the study
- Limited geographic area and programs included
- Some areas of practice were under/over represented

*Future studies should include a more in-depth review of dietetics educators’ experiences, cover a wider reach of programs, and further investigate differences in role, setting, and years of experience.*
Implications for Practice/
Conclusion

- Begin a conversation among dietetics educators
  - Develop proactive approach to assess student readiness for supervised practice
  - Review, develop, and adhere to policies and procedures for remediation and dismissal
  - Increased support for preceptors (training, communication)
- Improved experience for students, educators, and preceptors
- Growth of the profession, more competent practitioners, preserved future
References


References

ROUND TABLE
DISCUSSION