## Transcription

| Themes | Categories | Codes |
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| Identification of unsatisfactory behaviors during clinical performance | Students' attributes that lead to unsatisfactory practices | The signs were alarming for me. Something is lacking in that student in terms of communication, in terms of professional attributes, in terms of decision making, time management (ID#007). |
| | | Students are unable to perform clinical skills in the clinical environment. Those clinical skills they usually perform in skill lab but on live patients they become anxious which is problematic (ID#004). |
| | | "The other view is students is that the unable to meet the competency that is required, they lack critical thinking and integration of knowledge and practice" (ID#009). |
| | Unsatisfactory practices | I caught him on data forge. He documented wrong information, and I told him that whatever you are saying is not congruent to whatever the patient condition is. He said that he had written it from the file, and you know that the information was not in the file. (ID#004) |
| | | During the regular clinical, I found him unsatisfactory, his objectives were incomplete. During unit rounds I found him to be dishonest, as he was doing wrong time in and time out and was telling lies. We asked the head nurse and team leaders |

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| | | also. So, during time in and time out, he mentioned something else and he was coming late so I checked through the security cameras that are fixed in the unit and from those cameras I got the real time that he was coming in because he was denying and saying that he was coming on time. So we got the correct timings. (ID#008) |
| | | The student had a different attitude towards the faculty, and was not performing according expectations in the clinical, coming late, not performing what was expected of him. Professionalism was missing, delay in everything like submission of clinical assignments. He lied as well and was absent in clinical. (ID#014) |
| System based challenges faced by faculty members and clinical preceptors which hinder their decision | Evaluation tool is unclear | We have got evaluation forms which we fill for our students, based on their performance. But, again, that is a very subjective thing and you have this thing in your hand and you are marking on the sheet whether the particular step they are performing or not. So you know it's up to you, so if you have already decided that you are not going to fail student so you are going to tick mark everyone as such. (ID#005) |
| | | "First of all it is very difficult to fail the student in the clinical area because it is highly subjective" (ID#015). |

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| | | There is a system issue, it's my subjectivity, there is subjectivity, biasness, so your system criteria should be, that must be so strong, and there should be a strong clinical evaluation form (explaining through hand movement and maintaining eye contact). If clinical evaluation forms do not quantify, there are more subjective findings, either I can pass or fail but I have no scale, that its average or below average. (ID#004) |
| | | We interpret from our angle. Similarly evaluation forms, documents, when you read it, you interpret it, when I read it I interpret it. Probably the way we write it we interpret it (shoulder shrugs). Instead of we having our own interpretation, and you know exactly what those rubrics mean. This needs to be like reinforced. I mean same interpretation for all, A means A, A does not mean B. (ID#006) |
| | | The clinical evaluation criteria has only four components; the Likert, as pass, fail, not applicable, and incomplete. So the proper rubric that what we think is pass and what we think is fail, incomplete, and not applicable is not being defined. Currently, there is no rubric, it's a faculty's decision, that's the limitation that why we are not failing. There is no black and white thing written, there is no rubric to it. (ID#011) |

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| | | So the message is at the grass root level, at the undergraduate level. They could have the detailed rubric, may be that this rubric would help the person starting from day one, till whichever year they will or he or she is teaching. So they have explicit detailed information about the student's progress and academic performance. (ID# 013) |
| | | You see you cannot fail a student if they do not perform well one time (maintaining eye contact). And because they are students most probably they will try, they will not harm the patient. If they harm the patient, they must fail, they must fail. (ID # 015) |
| | | So when you have justified policies that if you are unable to pass that clinical skill then you will be given time to practice and then you say that after these many checks if the student is not able to do it then you fail the student. So your processes and policies should be very clear to give somebody comfort (explaining through hand movement). If you leave everything on the teacher then the teacher will feel a discomfort that "I" have failed the student. But as I said that if you say every check of system has been done and still student is not able to do, so it is a problem. (ID#012) |

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| | Nursing is not the first choice for the students | You know people are very reluctant to enter in this profession and people find it very difficult to come in this profession due to their old mind set. So faculty members are unable to fail, even if students have no quality in their practices. Because they see this as in people will not enter in this profession. (ID #004) |
| | | "Public sees nursing as low grade. I mean, if someone does not get anything, the final last choice is nursing so that you get something to earn, you know, something like that. This is the concept about nursing" (ID#006). |
| | | I see it is that those people who select nursing as a last choice of profession, where they are not able to get admission in other professions which require higher entry requirements, they are not actually, I mean cream of the society. They are the leftovers of the society which come to this profession (smiling and raising eyebrows). I mean forgive me about this, but I am not trying to be nasty or biased about those people, but those people if we literally push them out of this program by failing to fail, so what are we producing? The same concept which society has, that anybody can do nursing, means those who did not get admission in other profession, they |

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| | | come and we literally push them to pass the program, to graduate from here as a nurse. (ID#006) |
| | Difficulty in communicating with students of different years of study | What we learn in year one of nursing, what basic things we learn, so this I can't tell at year four level, that you should speak in a proper way. You can't do that, you can't tell the student to commit it if throughout that years he has been showing this. So faculty says oh, it's ok if today he has not got good communication skills, he will develop with time (Looking surprised). You cannot do that, some criteria of professionalism is there and it is there, you have to abide by that. So recognizing students' areas of improvement in their initial years is so important. Even in advance years we learn, so there are levels of education, so the student is in year one then in year two, so you have to add on, you know, to build the base stronger. (ID#010) |
| | | When they have just entered in the second year, so, at that time, failing them in the midterm when they have just started with the assignments and are not familiar with the skills, so it's difficult to judge at this level of midterm evaluation. At that time failing them, because in year one they hardly go for three times on clinical, so it is difficult (maintaining eye contact). (ID#011) |

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| | | His convocation was delayed for a year. Otherwise you become blind and go away and sometimes these students progress to the next semester and sometimes these students graduate. It's a dilemma that a student has passed in each year and now in fourth year how can you fail? (ID#008) |
| | | Another hesitation to fail students could be the time, as to it is a first year, final year, so on the level of the students, because if they are in first year first semester you would not be evaluating as stringently as you would be in your final year. Mind you, you will not compromise if there is a harm to patient, for example, infection control or aseptic technique is not maintained, then it is a serious matter, then it is better to give necessary feedback if the student is early in the year. (ID # 015) |
| Emotional challenges faced by faculty members and clinical | Feeling guilt | There are two things that I will face, first is my personal feeling, because if he or she is going to fail at the end of our clinical then for what purpose was I there? Like you know I will feel guilty about it, that, why did not I make that particular student capable to pass at the end of the duration or the clinical rotation? (ID # 009) |

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| preceptors which hinder their decision | | "Faculty might have the feeling that if a student is failing in my course so maybe I am not a good teacher and the institution will say that the student has failed in my course" (ID#010) |
| | | "For me if somebody is failing means I have failed" (ID#007) |
| | | One of the reasons teachers hesitate to fail students is, if the faculty feels that I have not done my best to the students, I have not given timely feedback, I have not given constructive feedback, I have not given support, and sometimes faculty feels that if the student fails it's there failure. (ID # 015) |
| | | "Faculty will question herself that have I made a right judgment? Have I made a right decision? The student really did not perform well? Have I supported the student when I found that she is not performing well?" (ID#009). |
| | Fear of getting bad evaluation from students | "This also done because to win an award, if I am strict and I am not letting a student to pass easily so I am not a good faculty I will be labelled as a very strict faculty and I will receive this in my faculty evaluation form (1 sec. pause). Versus if you are faculty B and you are easy going, so you are a good faculty and in result award |

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| | | winning and good evaluation which is wrong (frowning face). If I have failed the student is because of his benefit. So fear of bad evaluation" (ID#014) |
| | | "If we at all fails and this happens very commonly, very commonly it happens that Oh we are the most dislike faculty. She likes to fail, she doesn't like me that's why, all those kinds of statements we hear from the students. In our evaluations you know we get to know so clearly that we are so bad (making sad face), the worst faculty in the world" (ID#006) |
| | | In that particular situation, yes, of course, I felt that the student is going to discuss me with her colleagues and she will not refer to me in very good words, you know, even though it was her mistake. But, at the end, you know, very less number of people do accept their mistakes. Usually we put it on others, so I was not feeling very good that I had failed someone (Changing sitting position). Yes of course, I have this thing in my mind that this student is not going to mark me as a very good teacher at the end of my semester. (ID#005) |
| | | So I become you know someone highlighted, this teacher is very strict and students avoid that particular teacher. So that's what I personally faced and I was feeling very |

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| | | bad. Because I am very strict with my students, with the passage of time I got that feedback that I should be a bit lenient and that leniency was at the end meant that I should not be very strict in assessing. (ID # 007) |
| | Family reaction on failing their children | "There are a few things, that students become anxious, they cry a lot, they come to us, they say please miss forgive us, we have done it by mistake, we will not do it next time, so all sorts of sentences we hear" (ID#009). |
| | | Students probably, you know, will get punishments when they go home. If they say I failed the exam, how will the mother react, how will the father react? How will the in-laws react? How will the friends react? So that is emotionally challenging and, after all, obviously, the longer the time the student is there in the institution the more finance is required. (ID#006) |
| | Students' own Reaction on failure | "The hatred I can see in his eyes. He wishes every faculty but he does not wish me (2 sec. pause). He is right in his way that I have delayed his convocation for a year otherwise u become blind and go away" (ID#008) |
| | | A student was not performing well, and I gave him feedback, but he was not changing, so I put him on a learning plan (pointing towards herself). The student |

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| | | it is like, you know, in response I received nonverbal clues, I was very fearful and very anxious. (ID# 014) |
| Creating possibilities of hand holding of students | Self-reflection on the process of evaluation | We should have reflections of students and we should learn from our previous experiences that, for example, if a semester finishes, I should have at least five to ten random reflections from those students that how they felt about their experience in their particular clinical. (ID#005) |
| | | "When I saw his unsatisfactory behavior I give him time to write some reflections on the issue so that he can first internalize was he good or bad, you know, the entire. Some reflections are important" (ID#011) |
| | | So, if I sit one to one with my student, being an educator, how much opportunity I am giving in my own course within the capacity or to develop the insight of a student, where he can display safe practice, or having that reflection. So, you know, reflection is very important, we should give an opportunity to students to take time to reflect back and I use this in my practice. (ID#007) |
| | | A student was in a position to fail and I was her remedial faculty. We sat together and reflected on the situation that happened. So one to one interaction changed her |

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| | | personality. Now she is in a very good position and now she can be a very good reflective practitioner. She says that none of the faculty members did this before with her (smiles). She was in her final year of the program. Can we expect that a graduating student fail while they have passed in all initial years of the program? (ID#007) |
| | Timely Feedback provision to students | It is very important that a faculty should give feedback to the students on an ongoing bases. It is not that at the midterm you are telling the student that I am not satisfied with the way you have performed. The student can question that miss when I was doing it why did not you told me at that time? (ID#010) |
| | | "And I think the faculty needs to understand that nobody is perfect, so, it is that students need some time. You guide them, you teach them, and formative and summative feedback is very important" (ID#013). |
| | | If I see a student is not performing well in the fourth or the fifth semester, I would like to call the student, giving constructive critical feedback, saying that there are issues. Give students time to digest your feedback. Get their feedback on your feedback and say how I can help you. So, with that attitude I see that students |

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| | | improve. There are only few student who budge, they will, if you give them timely and constructive feedback. (ID # 015) |
| | Working with students on their action plan for performance improvement | We are very clear about the policies that if the student is not meeting the requirements of the xyz course the student cannot pass, and we put them on learning contract. There is a learning contract between the student and the faculty, which is shared with the academic leads and the teaching learning office, so there is a channel. (ID # 010) |
| | | "I have put students on a learning plan and learning contract and I have seen that when students are on a learning plan or learning contract they work so hard to achieve their clinical objectives" (ID#004) |
| Way forward for overcoming critical challenges faced by the faculty members and clinical preceptors | Seeking support from teachers' community of practice | Ongoing workshops for junior faculty members for senior faculty members. Another could be the mentorship program we are working at the school level. Where a junior faculty may buddy with a senior faculty, and they can learn from the senior faculty that how they are taking students to the clinical area and what strategies they are implementing (all fingers crossed of both hands). So this trio model or mentorship model is really helpful to facilitate further. (ID#013) |

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| | | "Mentorship to clinical faculty, reporting by a clinical faculty, would be the prime way to overcome this issue. No one is closely monitoring, we all are working in a team, so mentorship will support faculty members" (ID#011). |
| | | There should be a monitoring system, a stronger one. If there is a clinical coordinator or some clinical director, she should have a very close check on faculty members that how they are visiting the students, how the students are performing in front of her, how much time she spends with the students. (ID#005) |
| | | "I seek assistance and always talk to the team whenever I sit with them in the team meetings" (ID#007). |
| | | "One thing that I find very well in our system, if you fail with one teacher you are given another chance with another teacher." (ID#015) |
| | Revamping evaluation process for clear application | "I should have strong evidences, in black and white, that how the student was performing, the strong justification on hand, if I say that he or she cannot progress" (ID#009) |
| | | Also, may be, a standard rubric may help because, this is my personal experience that, it helps you to maintain authentic legal record of what actually, what you have |

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| | | assessed, and how you guided, and what evaluations you are giving. So may be a standard rubric could be developed at each level, consistently, starting from the clinical preceptors, instructors till the AP level, and this clinical guideline should be used in an evaluation, and should be used by all, at all levels. (ID#013) |
| | | Our clinical evaluation forms need strong revision, because it has a pass, I think incomplete and not applicable, somewhat like this, so we do not have a separate explicit forum where we can maintain, either I will say pass incomplete or not applicable, so maybe this guide line or rubric needs to be reviewed it so that it could be more practical. (ID#013) |
| | | "There must be a mechanism that I can share previous performance of my students with other faculty in writing, so that she gets an idea about the past performances of student" (ID#004) |
| | | This clinical evaluations are hard copy versions, may be, it could be online evaluation. So, may be, on a timely basis, like VLE, so that we can give online monthly, weekly, twice in a week feedback, and this feedback will go to the student's inbox only so that they can review their feedback, rather than at the end of the |

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| | | midterm (using both hands to explain). They just listen for 10 minutes to the feedback and it is just flushed out. This will also help the faculty to whom the students are going for their next clinical rotation. (ID#013) |
| | Strengthening system for supporting teachers | Now a days very big clinical groups. We would like to see what activities a student has planned for patients, so we do not get time for each student, and it is very unsafe in the clinical area also. When there are so many students you cannot keep an eye on everybody. Ideally, the ratio should be 10 to one, to see whether the student is understanding and integrating theory into practice. (ID#008) |
| | | A number of students are assigned to a single faculty. If I have 14 students in clinical then after a week they have their theory courses and then directly I am assigned to another 14 students so how much time I was given to reflect on those students to evaluate. So, if I fail means, if I put any student on a learning plan or learning contract, means, I have to make him to do clinical after the semester, and I will also do clinical with him, So I think that work load and time lines also matter. (ID#004) |

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| | | "If I put students on a learning plan or learning contract, I know I have to do extra documentation, give extra time to students for those skills, its time taking. That's the reason faculty members are reluctant"(ID#011) |
| | | There is a lot of hassle, because I also face that I have to monitor and give separate time as he was on the learning plan. When the wrong time in and out was identified, I had to go to the security and monitor the time, and I have to report each and every thing. (ID#008) |
| | Recognizing clinical educator own vision of self and Professional responsibilities | "There are two ways: either you become blind or you correct the mistakes of individuals. In our profession we have to be honest, for me it does not matter that the student is in the third year or fourth year, if the student has failed means he has is failed. After all, it is our professional responsibility. (ID#009) |
| | | "Every time it is not being reported and they graduate from the institute and in clinical area when they practice and somebody else in the hospital area identifies their practices, so they will say, what type of nurses we are preparing (1 sec. pause). The quality will be compromised, the reputation of the university will be compromised" (ID#007). |

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| | | As I discussed, that nurse was not competent enough to care for the patient. In this way, the trust of the patient breaks, when you don't have a competent nurse. When you don't have quality connection between the nurse and the patient and you don't have critical thinking, because you as a clinical faculty member are accountable and responsible for a nursing student. (ID#010) |
| | | Even after giving feedback, if students do not change, then I will not hesitate to fail the student, because at the end of the day, you must remember, the role of the faculty is to be ethically equitable and fair; I will not be fair to patients I will not be fair to the school, I will not be fair to the student. (ID#015) |

**Themes and categories**