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# What factors contribute to practice educators failing to fail pre-registration undergraduate students in the practice setting? A systematic review of the literature

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**ABSTRACT**

Despite practice supervision in paramedicine contributing to 50% of undergraduate programmes, there is currently no national mentorship framework in place. With the issue of failure to fail reported within other disciplines, there is limited research around this phenomenon in the field of paramedicine. To explore the factors that contribute to failure to fail undergraduate students in the practice setting to identify the implications for paramedic mentorship. A systematic review of the literature was conducted to identify primary qualitative research. Articles with a range of study designs were identified and included within the review. A total of 2,368 records were retrieved following the search. Seventy-six full article screens were conducted which resulted in 11 high-quality articles for inclusion within the study. The systematic review identified a variety of multifactorial challenges faced by mentors. These can be broadly categorised into three main themes: emotional impact, external pressures, and inconsistency. Many of the challenges related to the mentors' lack of self-confidence in making accurate assessments of competence. Given the multifactorial challenges faced by mentors, failing to fail, ongoing training and support from HEI's may reduce some of the challenges and standardise mentorship within the profession. Nationally, implementing a framework for mentorship in paramedicine should be considered.

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**KEYWORDS**
Failure to fail; clinical practice; practice educator; undergraduate; pre-registration

## Background

Across healthcare disciplines internationally, the responsibility for supervising, educating, and assessing students in clinical practice is placed upon qualified practitioners who have undergone some form of mentorship training (Shaw and Fulton 2015, 1–13). According to Walsh and Dixon (2021) the term mentor means 'guardian, advisor and teacher', and requires

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several key skills and attributes needed to undertake the role effectively. Additionally, a mentor is responsible for teaching and assessing students in line with legal, academic, and professional requirements (Cant, McKenna, and Cooper 2013, 163–165).

Professional bodies detail expectations around clinical supervision and the term mentor is used interchangeably across disciplines, such as clinical supervisor, preceptor, named mentor, practice educator and practice facilitator. Within nursing, midwifery, and social work there are established models of mentorship in place (Snowden et al. 2018, 527). However, in paramedicine, despite an educational curriculum requiring 50 percent of the students learning to be carried out in practice with a registered paramedic, there are currently no nationally agreed frameworks to inform paramedic mentorship (Peiser et al. 2018, 6).

Mentorship in any discipline can be demanding, with a particular challenge linked to the additional pressure placed upon the mentor when supporting an underachieving student (Augustus, Goodall, and Williams 2023, 694; Nugent et al. 2020, 2; Luck 2010, 273–287). It is widely documented that the failure of a student is a highly emotive and distressing experience for both the mentor and student (Carr et al. 2010, 595; Kinman and Wray 2013; Owen 2002, 19–21; Stephen, O'Connell, and Hall 2008, 452). Duffy's seminal work in 2004 highlighted that despite concerns with clinical competence, student nurses were continuing to pass practice-based assessments, supporting a phenomenon known as 'failure to fail' (Duffy 2003). Scanlan and Chernomas (2016, 112–115) identified that challenges with early identification of struggling students, time pressures and lack of mentor experience may lead to failing to fail an underachieving student. Gainsbury (2010, 1–2) found that 37% of mentors admitted to passing students who were not meeting the required level of competence. Conversely, a survey conducted by Brown et al. (2012, 19–20) found that 80% of nurses said they had never passed an underachieving student. However, this suggests that 20% of the respondents had in fact passed a student despite underlying concerns around proficiency.

## Aim

The aim of this research is to explore the phenomenon of failure to fail students in paramedic practice. In recent years, the paramedic profession has experienced significant cultural changes in the delivery of education, with the rapid ascent into higher education (HE) (Lane, Rouse, and Docking 2016, 6–8). In 2018 the Health and Care Professions Council (HCPC) raised the threshold level of qualification for new registrants to bachelor's degree with honours, to align with other healthcare disciplines and 'deliver the standards of proficiency in the depth required for contemporary paramedic

practice' (Health and Care Professions Council 2019, 2). With no minimum standard required for mentorship education, there are a variety of programmes available to prepare paramedics for the role. This includes 'in-house', undergraduate and post graduate training with some ambulance trusts incorporating training as part of the Newly Qualified Paramedic (NQP) pathway (Sibson and Mursell 2010, 208). In the absence of a prescribed standard for paramedic mentors, it raises the question of whether the mentor is fully prepared for the challenges associated with helping the student get ready for their future role (Armitage 2010, 28–31). Duffy (2003) found a clear link between mentors feeling underprepared for their role and a reluctance to fail a student who is not meeting the required standards, suggesting this could be occurring in the pre-hospital practice environment.

Due to a lack of evidence in the field of paramedic science, literature will be searched in comparator undergraduate courses that contain a practice-based assessment to answer the research question; 'What factors contribute to Practice Educators failing to fail undergraduate pre-registration students in the practice setting?'

## Research design

This study is a systematic review of qualitative and mixed methods primary research papers. Qualitative data were extracted and analysed from the included studies to explore the experiences of mentors failing to fail students in the practice environment. The Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines were utilised to report the number of studies identified, the screening process and the criteria used to determine eligibility for inclusion (Table 3 and Diagram 1). Systematic reviews are pivotal in supporting evidence-based practice and in decision making within healthcare (Methley et al. 2014, 579; Stephens 2001, 530–532). Systematic reviews are typically conducted using an objective, predominantly quantitative approach, involving a detailed search to identify all relevant articles, which are then analysed. This approach helps prevent bias and an accurate reflection of existing research (Cooke, Smith, and Booth 2012, 1440–1442; Dixon-Woods et al. 2006, 5–7; Methley et al. 2014, 579).

A search tool serves as an organisational framework when developing a search strategy, helping to categorise terms based on the key concepts of the search question. The authors chose the search tool 'SPIDER' (sample, phenomenon of interest, design, evaluation, research type), as it is designed to identify relevant qualitative and mixed-method studies, which other tools do not consistently enable (Cooke, Smith, and Booth 2012, 1440–1442).

## Methods

Following several preliminary scoping searches, five databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, ProQuest Nursing, Educational Resources Information Center (ERIC) and ScienceDirect were searched for relevant literature between 2004 and 2022. Relevant articles were retrieved using the key search terms shown in Table 1. The articles were retrieved by using consistent combination of the search terms homogenously which, according to Savoie et al. (2003, 170–175), reduces researcher literature selection bias and achieves maximum results. A further manual search was conducted using citation chaining or 'forward snowballing' by identifying relevant literature from citations of the papers examined.

A 'grey literature' search were undertaken to identify any relevant policies, unpublished literature or strategies which are important to consider for reducing bias in a systematic review (Creswell 2018, 186), but none were found to be relevant to this study.

The SPIDER framework formulates search terms easily and aligns with the nature of qualitative research by defining key elements of non-quantitative methodologies (Cooke, Smith, and Booth 2012, 1437–1438; Methley et al. 2014, 579). Key search terms mapped against the SPIDER framework are shown in Table 1.

After conducting a full article screen, the selected records were appraised independently by the researcher, using the Critical Appraisal Skills Programme tool (CASP) UK (CASP-UK 2018), which was designed for use in qualitative appraisal of health care research (Long, French, and Brooks 2020, 35).

Several articles were found to be outside of the scope of the review, with many reporting upon failure to fail theoretical components, the characteristics of a failing student and the challenges around assessment processes.

International research from countries with a similar system of pre-registration training was included in the search strategy, ensuring findings are transferable into the context of United Kingdom (UK) practice, with the caveat that the studies were available in English. Only peer-reviewed published papers from 2004 onwards were included in the search to ensure quality of the data (Creswell 2018, 24–48).

The literature was screened systematically and assessed against predetermined inclusion and exclusion criteria as shown in Table 2.

Using inclusion and exclusion criteria standardises the selection of papers and enhances the validity and reliability of the results (Bettany-Saltikov 2012, 50–51). Ensuring the fundamental principles of credibility, reliability, confirmability, and transferability throughout the research process is vital in demonstrating trustworthiness of the findings (Polit and Beck 2018, 80–85).

**Table 1.** SPIDER framework key search terms.

| | |
|---|---|
| Sample | Practice educator, underperforming students |
| Phenomenon of interest | Failure to fail |
| Design | Published literature of any design |
| Evaluation | Experiences, views, feelings, thoughts, characteristics |
| Research type | Qualitative and mixed-method primary research |
| Sample | Practice Educator OR Clinical Educator OR Mentor* OR clinical supervisor OR Clinical Team Mentor AND Healthcare Students OR Nursing students OR Paramedic Students OR Allied Health Students OR pre-registration OR undergraduate AND Failing OR Fail* to fail OR Underperforming Students OR Clinical Assessment OR 'Clinical Competence' or 'competence assessment' or 'practice assess*' AND clinical practice OR work-based learning |
| Phenomenon of interest | 'Fail* to Fail', OR Fail* OR 'clinical practice fail*' |
| Design | Cohort studies, empirical research, meta-synthesis, grounded theory study |
| Evaluation | Experiences, views, feelings, thoughts, characteristics |
| Research type | Qualitative AND 'mixed-method*' |

**Table 2.** Diagram 1 PRISMA 2020 flow diagram.

diagram 1:

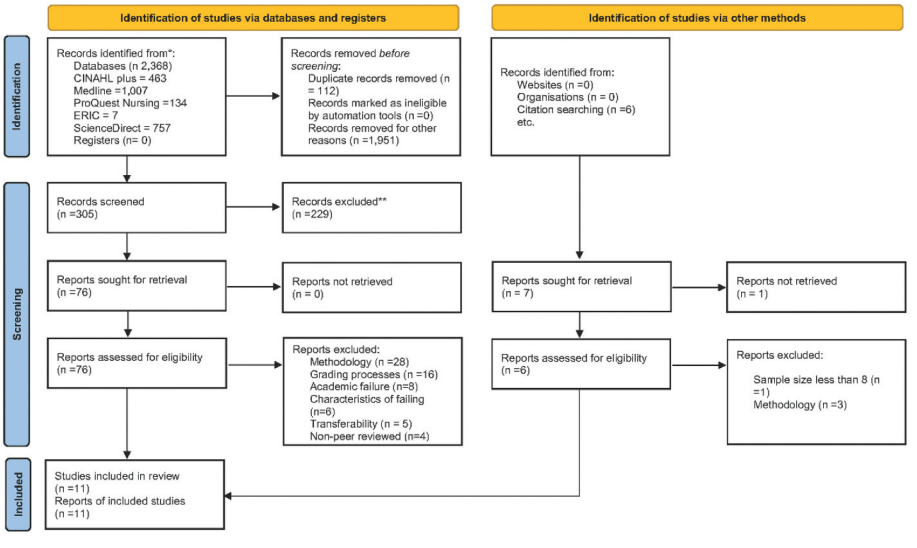


Diagram 1 PRISMA 2020 flow diagram.

To ensure rigour and enhance the richness of the data, data source triangulation was used to select articles for inclusion to incorporate a variety of study designs. Carter et al. (2014, 545) suggest that performing data triangulation to enable analysis of a variety of study designs can help to develop a comprehensive and deeper understanding of the research topic increasing confidence in the evidence for an outcome.

To gain a sense of the data, the papers were reviewed several times to enable data immersion. This allows a researcher to become aware of the

lived experiences of the participants and view the world from their perspective (Bettany-Saltikov 2012, 50–51). Data were extracted independently by the researcher; by highlighting key words and phrases and a data extraction table was created to record relevant information from the results section of each study. The data were organised within the table, using colour coding to organise the material into themes and associated sub-themes. Braun and Clarke's (2006, 78–79) thematic analysis method was utilised to identify and report patterns within the data. This method is widely used for its flexibility and application across a range of theoretical and epistemological approaches providing detailed and nuanced accounts of the findings (Braun and Clarke 2006, 78). However, this approach relies upon the assumption that the data is an accurate and true reflection of the reality that exists (Vaismoradi, Turunen, and Bondas 2013, 400–401). Therefore, the search tool SPIDER and the reporting framework allowed appropriate literature to be extracted, analysed and presented.

It is essential in all areas of research that ethical conduct is maintained throughout the research process, gaining informed consent from participants is a fundamental consideration (Griffiths and Mooney 2012, 45–49). Whilst no ethical approval was required to undertake this research as systematic reviews do not use human participants (Vergnes et al. 2010, 772), papers were quality assessed to ensure ethical considerations were acknowledged and included information on authorship, funding and competing interests for transparency (Wager and Wiffen 2011, 133).

## Results

Data were extracted from 11 papers. A total of 2,368 articles were returned from the database searches. Almost 2,256 remained after 112 duplicates were removed. 1,951 records were excluded before screening, as ineligible after title and abstract screening and 229 records were excluded following a full article screen due to not meeting the inclusion criteria as shown in Table 3. The remaining 9 articles were selected, and the reference lists

**Table 3.** Inclusion and exclusion criteria.

| Inclusion criteria | Exclusion criteria |
|---|---|
| Peer reviewed | Publications prior to 2004 |
| Published between 2004–2022 | Post graduate programmes |
| Failure to fail | Theoretical failure |
| Pre-registration students | Non-English language |
| Undergraduate programmes | |
| English language | |
| Practice placement | |
| Qualitative primary and mixed-methods research | |

reviewed to identify further suitable papers. An additional 2 papers which met the inclusion criteria were added to the total number selected for inclusion within this study, totalling 11 (diagram 1). The process used to refine and evaluate the records was recorded for each screening stage according to the PRISMA reporting guidelines as illustrated in Table 1.

Nine of the selected papers were primary qualitative research and two papers were mixed methodology, incorporating a range of data extraction methods such as interviews, questionnaires, and focus groups. Qualitative methodology aligns with the epistemological viewpoint of constructivism, that views all our knowledge as constructs arising through interaction with each other and the social world, in that it is contingent on convention, human perception and social experience (Tavakol and Sandars 2014, 750).

The data from the eleven primary research articles selected for inclusion were analysed to identify common themes and to compare the findings from each study. The presentation of data varied across the studies in the form of structured interview notes, excerpts from transcripts and narratives. The key words and phrases highlighted from the data were colour coded in a data extraction table and organised into categories according to their colour. Headings were used to describe aspects of the content to identify categories and significant themes. This interpretive method generates concepts to develop theories grounded in the research findings, by using an inductive approach to synthesis (Boland 2017, 206, 212). Three of the selected papers identified a possible limitation due to potential sampling bias (Finch and Taylor 2013, 254; Gingerich et al. 2020, 1152; Hughes, Mitchell, and Johnston 2019, 214). In a paper by Jervis and Tilki (2011), 586–587), the authors revealed the underpinning rationale was based on personal negative experiences with mentoring but did not cite this as potential researcher bias. It is important in qualitative research that any prior assumptions around the topic are declared, to establish transparency and rigour (Boland 2017, 195).

Research conducted outside of the UK was included for review due to limited UK-based evidence. Whilst a similar process of mentorship is utilised in countries such as Australia, Canada and the USA, transferability into UK paramedic practice could be a challenge. Two articles acknowledged limitations within the study due to the small sample size or lack of transferability (Bachmann et al. 2019, 971–972; Bradshaw, Pettigrew, and Fitzpatrick 2019, 33), however, small samples recruited with a robust selection method are considered an effective means of participant selection and more reliable than large samples that have been poorly selected (Campbell et al. 2020, 653–655).

## Discussion

Analysis of the studies across the disciplines highlighted recurring themes. It is evident that the failure to fail is complex and there are several confounding factors, which have been categorised into three main themes: emotional impact, external pressures, and inconsistency. Sub-themes were identified, following several iterations of analysis, with dissonant patterns emerging by reviewing and refining throughout the iterative process, which Creswell (2018), 23–48) defines as 'the data analysis spiral'.

### *Failure to fail significant themes*

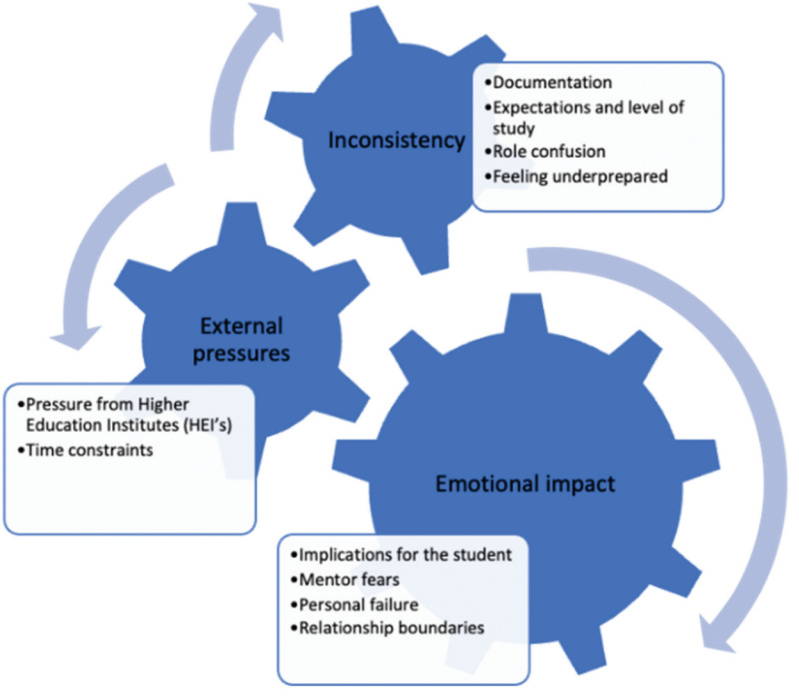


Diagram 2

## Emotional impact

The participants in nine of the papers referred to the emotional turmoil associated with failing a student (Bachmann et al. 2019, 970; Cleland et al. 2008, 804; Dobbs 2017, 13; Elliott 2017, 168–169; Finch and Taylor 2013, 248; Gingerich et al. 2020, 1149; Hughes, Mitchell, and Johnston 2019, 210; Jervis and Tilki 2011, 586; Luhanga et al. 2014, 18). A sense of personal failure, disappointment and feelings of guilt were associated with the

challenges of failing a student, which may lead to obscuring the assessment process and passing students inappropriately (Finch and Taylor 2013, 248).

As the evidence suggests, failing a student is emotionally challenging for the mentor, causing those who professionally care for others to feel conflicted by their role when faced with the difficulty of causing upset and disappointment in their student. Whilst they are professionals capable of dealing with extremes of emotion and difficult situations daily, they may wish to avoid the added stress of dealing with an upset student or face being challenged on their decision (Jervis and Tilki 2011, 586).

The participants in the study by Luhanga et al. (2014, 23) cited that failure of a final year student was more traumatic than at any other point in their studies due to the length of time invested by themselves and others in the student's success. Therefore, the student's failure leads to a sense of a personal lack of ability as a mentor and educator, leading to perceiving the students' failures as their own. This is supported by several other multidisciplinary studies from the fields of education, nursing, and social work (Basnett and Sheffield 2010, 2132; Duffy 2003; Finch and Taylor 2013, 248; Hawe 2003, 375; Hrobsky and Kersbergen 2002, 550; Luhanga et al. 2014, 24). For example, a mentor in Hrobsky and Kersbergen's (2002, 552) study reported, 'I felt like I killed somebody; I killed somebody's career', with others reportedly blaming their style of mentoring for the outcome. However, the emotional distress, financial implications for the student and impact upon their career does not compare to the danger of passing a student who does not meet the required professional standards (Furness and Gilligan 2004, 469; Luhanga et al. 2014, 18, 31)

### *Implications for the student*

The distress caused to the student and the implications on their financial situation, mental wellbeing and future career prospects featured as some of the reasons for passing underachieving students. Not wanting to hurt the students' feelings or deal with an upset student was revealed as a barrier to failing (Bachmann et al. 2019, 970). This correlates with the findings from Jervis and Tilki (2011, 586) which suggests those in the caring professions find causing distress to others a conflict with their underpinning professional ethical principles of 'doing no harm'.

Mentor fears

Two studies captured the heightened emotions felt by mentors when managing a failing student, with participants in both studies using expletives and displaying anger when relaying their experiences, demonstrating the emotional impact upon the mentor (Finch and Taylor 2013, 248; Gingerich et al. 2020, 1149). Mentors reported feeling fearful of the student's negative reaction to failure, which ranged from feeling intimidated or coerced into

passing students, to violent and aggressive outbursts (Hughes, Mitchell, and Johnston 2019, 214; Luhanga et al. 2014, 34).

### *Personal failure*

Mentors often feel a sense of personal failure and internalise feelings of inadequacy as an educator, fearing the reputational damage and stigma associated with being unable to effectively support students (Dobbs 2017, 14; Elliott 2017, 168–169; Hughes, Mitchell, and Johnston 2019, 213). Seeking validation from peers was also highlighted in four studies, suggesting participants felt underconfident in their ability (Bradshaw, Pettigrew, and Fitzpatrick 2019, 32–33; Cleland et al. 2008, 801; Gingerich et al. 2020, 1155; Jervis and Tilki 2011, 582–583).

### *Relationship boundaries*

The personal relationships that develop between a mentor and mentee also had an emotional impact, with many participants opting to 'give the benefit of the doubt' due to having insight into their personal lives (Cleland et al. 2008, 804; Gingerich et al. 2020, 1149; Guerrasio et al. 2014; Hughes, Mitchell, and Johnston 2019, 213–214; Jervis and Tilki 2011, 285; Luhanga et al. 2014, 23). Interestingly, the more experienced mentors reported an intentional detachment from involvement in students' personal lives and highlighted the importance of maintaining professional boundaries to avoid emotional attachments (Dobbs 2017, 14). In paramedicine, with the evolving Paramedic Apprentice role, challenges in maintaining professional boundaries can occur where pre-existing working relationships have become established. Defining roles and responsibilities can clarify boundaries and influence the successful outcomes for student and mentor as part of the Paramedic Apprentice role (Zur and Anderson 2006, 250–255).

## External pressures

Several external factors were identified as playing an influential role in the decision to not fail an underachieving student.

### *Pressure from Higher Education Institutes (HEI's)*

The most common finding was the pressure mentors described being placed under by HEIs to pass students. The lengthy university practice appeals process and mentors previous experience of HEI's overturning fail decisions left them feeling undermined. They perceived this as prioritising student satisfaction and the financial impact of losing students over patient safety

and this influenced the decision-making process with subsequent students (Bradshaw, Pettigrew, and Fitzpatrick 2019, 32–33; Cleland et al. 2008, 804; Dobbs 2017, 14; Elliott 2017, 168–169; Finch and Taylor 2013, 247; Guerrasio et al. 2014, 800–802; Hughes, Mitchell, and Johnston 2019, 210–212; Jervis and Tilki 2011, 586; Luhanga et al. 2014, 18). Mentors conceded that it was not worth going through the emotional trauma and lengthy process of failing a student only to result in their decision being overturned (Jervis and Tilki 2011, 586). The findings suggest the lack of confidence stems from previous referral decisions that were challenged or overruled by the university partner, who prioritise student retention over failure, highlighting a lack of confidence about being supported with their decision (586).

### *Time constraints*

The demands of the clinical environment meant there was often not enough time afforded to allow completion of documentation or opportunities to reflect upon the students' performance (Bradshaw, Pettigrew, and Fitzpatrick 2019, 32; Cleland et al. 2008, 801; Guerrasio et al. 2014, 799–801). Participants reported feeling rushed into making a quick decision. From the student's perspective the lack of time and thus an inability to develop a supportive relationship, results in reluctance to voice difficulties or concerns and leads to efforts to hide under-performance from their mentor (Elliott 2017, 167–168).

## Inconsistency

Several subthemes emerged from the data relating to a lack of consistency with current mentoring approaches and was identified across each of the disciplines.

### *Feeling underprepared*

A lack of understanding of the requirements of the mentor role, differences in training and inconsistency with ongoing training and support and was identified in seven papers (Bachmann et al. 2019, 970; Bradshaw, Pettigrew, and Fitzpatrick 2019, 32; Dobbs 2017, 14; Elliott 2017, 168; Hughes, Mitchell, and Johnston 2019, 207; Jervis and Tilki 2011, 586; Luhanga et al. 2014, 35). Some participants reported their training did not prepare them for the challenges of the assessment process or equip them with the skills required to identify when a student was failing (Elliott 2017; Gingerich et al. 2020, 1153–1154). However, those who had undergone additional training for the assessor role felt confident in the assessment process and understood when it was necessary to fail a weak student (Gingerich et al.

2020, 1151). Similar to the role of the personal academic tutor within the HEI sector, despite available training and guidance there may be a reliance on tacit knowledge gained from previous roles or through dialogue with colleagues (Augustus, Goodall, and Williams 2023, 694). Whilst this can create a sense of preparedness, it could also lead to boundaries being challenged and role confusion (Bond and Flaxman 2006, 115–120; Luck 2010, 273–287; Owen 2002, 10–15; Race 2010).

### *Role confusion*

Mentors described experiencing role confusion, struggling with the conflict between the facilitator 'enabling and nurturing' aspect of the role and then becoming their assessor (Finch and Taylor 2013, 247). While prior experience may increase a mentor's confidence; it does not always provide necessary competencies to fulfil both supportive and assesment responsibilities (Augustus, Goodall, and Williams 2023, 698–699; Luck 2010, 273–287). Therefore, there is a risk of role confusion, and the unintended consequences could be negative experiences for both the mentor and student. Such negative experiences could negatively affect wellbeing and resilience (Kinman and Wray 2013; Owen 2002, 19; Stephen, O'Connell, and Hall 2008, 449).

### *Documentation*

The subjective nature of practice documentation, the differences in documentation across the HEI's and the difficulty defining minimum standards was reported as a challenge, highlighting significant inconsistencies (Bachmann et al. 2019, 970; Elliott 2017, 168–169; Finch and Taylor 2013; Gingerich et al. 2020, 1155; Guerrasio et al. 2014; Hughes, Mitchell, and Johnston 2019, 212, 214; Jervis and Tilki 2011, 585; Luhanga et al. 2014, 18, 23). Mentor's apparent lack of understanding concerning assessment criteria was noted by students who often felt they had been unfairly assessed by mentors' who subjectively interpreted the assessment criteria (Elliott 2017, 168).

### *Expectations and level of study*

The student's level of study also appeared to be a contributing factor in failing to fail, with some inconsistency around mentors' expectations of students. Some mentors believe students in the first year are expected to have knowledge gaps as they have more time to learn and improve, often resulting in giving them the 'benefit of the doubt' (Cleland et al. 2008; Jervis and Tilki 2011, 586; Luhanga et al. 2014, 18–19). Others described knowing

immediately when a first-year student was unlikely to progress as they 'couldn't grasp the basics' and argue it is better to make the decision to fail earlier on (Gingerich et al. 2020, 1152–1153). However, the consequences of failing a student in their final year of placement when they are so close to completion and shattering their career aspirations, made some even more reluctant to fail (Cleland et al. 2008, 804; Dobbs 2017, 14). Although showing leniency in the assessment of first year students was also identified by Hughes, Mitchell, and Johnston (2019, 207), participants in their study expressed a low tolerance for underperformance of a final year student.

## Implications for practice

This systematic review of the literature explored the research question 'What factors contribute to Practice Educators failing to fail undergraduate pre-registration students in the practice setting?' Mentors' experiences of failure to fail and the challenges associated with identifying and assessing an underachieving student in the practice setting were described in eleven studies, which revealed that failing to fail is a multi-faceted, highly complex issue with significant implications regardless of professional discipline. The inclusion of students' experiences of managing underperformance in practice in the study by Elliott (2017, 167–168), provided a unique insight into the perspective of the mentee. However, the relatively small sample size of ten participants questions the validity and reliability of the findings (Roberts, Priest, and Traynor 2006, 41–42) and suggests further research from the student's perspective of failure to fail would be beneficial.

All eleven studies were appraised as high quality using a critical appraisal tool. The studies referred to the underpinning philosophical research paradigms, with two articles acknowledging limitations within the study due to the small sample size or lack of transferability (Bachmann et al. 2019, 971–972; Bradshaw, Pettigrew, and Fitzpatrick 2019, 33); three citing possible sampling bias (Finch and Taylor 2013, 254; Gingerich et al. 2020, 1152; Hughes, Mitchell, and Johnston 2019, 214) and one acknowledging inconsistent facilitation of focus groups (Cleland et al. 2008, 808). Four papers did not acknowledge any limitations (Dobbs 2017; Elliott 2017; Guerrasio et al. 2014; Luhanga et al. 2014) and one study revealed the authors rationale was based on personal negative experiences with mentoring but did not acknowledge this as potential researcher bias (Jervis and Tilki 2011, 587). It is important in qualitative research that any prior assumptions around the topic are declared, to establish transparency and rigour (Boland 2017, 195).

The emotional impact when failing a student was evident from the data, with some participants reporting physical symptoms of anxiety. These findings are consistent with previous research around failure to fail (Duffy

2003; Scanlan and Chernomas 2016) and is thought to contribute to mentors withdrawing from the role (Luhanga et al. 2014, 33–34). Whilst emotional support for mentors may help to reduce failure to fail, Bachmann et al. (2019, 970) found no correlation between the emotional aspects and the final assessment decision, concluding that ultimately, the nurse mentors aim is to ensure patient safety. Whilst the data implies that mentors experience negative emotions when failing a student, there is evidence which contradicts this. Black, Curzio, and Terry (2014, 224–38), explored the experiences of nurse mentors who had failed students in the practice setting. The participants described negative emotions but associated them with feeling anger, upset and disappointment at previous mentors for not recognising or effectively managing an underachieving student. This ultimately led them ito make the right decision, believing it would prevent unnecessary long-term distress for both parties. This is in keeping with the sense of regret and anguish described by participants in four studies who had passed an underperforming student and had gone on to experience long-lasting anxiety relating to their decision (Finch and Taylor 2013, 253; Guerrasio et al. 2014, 799–803; Jervis and Tilki 2011, 583; Luhanga et al. 2014, 19).

A common theme identified is the perceived lack of support and external pressure from HEI's. The previous negative experiences with universities overturning fail grades, not responding to concerns raised and intimidating mentors to pass students has resulted in some mentors' reluctance to fail (Finch and Taylor 2013, 254; Jervis and Tilki 2011, 585). However, this could suggest there is a lack of understanding amongst mentors of the institutional and quality assurance processes that exist within HEI's. Brown et al. (2012, 16–21) conducted a large-scale study on mentors' experiences with passing and failing students in practice and found that only 144 out of 1790 participants reported an issue with the university relationship and 68% felt supported by university tutors. A previous positive experience with the university, which is fair to both the mentor and student, increases confidence in mentors failing subsequent students (Hunt 2019). Whilst there is some conflicting evidence within the research, it demonstrates that HEI's play a vital role in supporting mentors (Elliott 2017, 169). The findings from Jervis and Tilki (2011, 582–583) highlight this must be acknowledged to retain mentors and improve the overall experience.

Mentors lack of knowledge and skills reduces their confidence in the assessment process and ability to recognise underperformance as identified by Cleland et al. (2008, 801). Participants reported that their mentor training did not include how to have difficult conversations with failing students, resulting in passing students to avoid confrontation. However, the focus groups were led by different facilitators which may suggest some inconsistency in the data. According to Holloway and Wheeler (2010), 157–158) the social skills and language used by the facilitator often affects the

outcome of the discussions. Mentor education was also highlighted as a concern by Dobbs (2017, 12–13), which revealed clinical staff in New Zealand must complete a programme in adult teaching and learning which is not nurse education specific, but a generic course offered to all programmes with field placements. Whilst this highlights inconsistency in mentor training across disciplines, a limitation of this study was the small sample size of 14 participants which may not be a valid representation of the wider profession (Vasileiou et al. 2018, 148).

As inconsistency in training is a factor in failure to fail, it is surprising that the Nursing and Midwifery Council (NMC) no longer advocates a national training level or mentor register, stating that any registered clinician can mentor (NMC 2018). However, the supervisor and assessor role have been separated, meaning that assessment is the responsibility of a nominated practice assessor who has undergone relevant training. This may help to overcome some of the emotional impacts associated with failure to fail, particularly when personal relationships have been formed.

In paramedicine, the HCPC (2017a) state that 'practice educators should undertake regular training which is appropriate to their role, learners' needs and the delivery of the learning outcomes of the programme' but do not advocate a threshold standard of education. Practice educators are responsible for supervising, educating, and assessing students and many are doing so without any formal training (Clarke 2020, 125–128). The findings from this review suggest this approach may lead to role confusion and a lack of understanding of the role of the paramedic practice educator.

## Limitations

It is a recommendation that for any credible systematic review, at least two researchers should independently appraise the literature to enhance accuracy (Majid and Vanstone 2018, 2115–2131). This review was conducted by one researcher and one reviewer, this is acknowledged as a possible limitation of the study, due to potential article selection bias. The search terms intentionally focused on undergraduate or healthcare students in comparator professions, which may have resulted in excluding other relevant studies. There is also a lack of studies which allow for the entry requirements.

## Conclusion

The experiences described by participants within the studies support what is already known about failure to fail and suggests a variety of factors contribute to failing to fail underachieving students in practice. However, future research in the pre-hospital field would be beneficial to identify if the phenomenon exists. Mentorship is challenging in any context and is a role

that is vital to the continuing education of students (Pratt 2020). Despite some mentors feeling isolated and unsupported in their role, relationships with HEI's are essential to achieve the shared goal of supporting students and enhancing the workforce of the future (Hadland 2015). The emotions of guilt, fear and lack of confidence associated with the reluctance to fail a student, may be addressed by enhancing partner relationships, developing training that meets the needs of the mentor and defining the roles and responsibilities of the supervisor and assessor. By learning from colleagues within the nursing, midwifery, education, and social work disciplines a mentorship framework could be developed which sets the standards for future paramedic practice education.

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