



Measuring grade inflation: A clinical grade discrepancy score



Anna L. Paskausky^{a,b,*}, M. Colleen Simonelli^{a,1}

^a William F. Connell School of Nursing, Boston College, 140 Commonwealth Ave., Chestnut Hill, MA, USA

^b Pioneer Valley Family Medicine, Baystate Health, USA

ARTICLE INFO

Article history:

Accepted 16 January 2014

Keywords:

Nursing education
Grade inflation
Grading
Clinical competence

ABSTRACT

Grade inflation presents pedagogical and safety concerns for nursing educators and is defined as a “greater percentage of excellent scores than student performances warrant” (Speer et al., 2000, p. 112). This descriptive correlational study evaluated the relationship of licensure exam-style final written exams and faculty assigned clinical grades from undergraduate students ($N = 281$) for evidence of grade inflation at a private undergraduate nursing program in the Northeast of the United States and developed a new measurement of grade inflation, the clinical grade discrepancy score. This measurement can be used in programs where clinical competency is graded on a numeric scale. Evidence suggested grade inflation was present and the clinical grade discrepancy score was an indicator of the severity of grade inflation. The correlation between licensure-style final written exams and faculty assigned clinical grades was moderate to low at 0.357. The clinical grade discrepancy scores were 98% positive indicating likely grade inflation. Some 70% of clinical grade discrepancy scores indicated a difference of student licensure-style final written exams and faculty assigned clinical grades of at least one full letter grade (10 points out of 100). Use of this new measure as a tool in exploring the prevalence of grade inflation and implications for patient safety are discussed.

© 2014 Elsevier Ltd. All rights reserved.

Introduction

Fulfilling what has been called the social mandate of the profession of nursing requires that its practitioners be able to meet the needs of society (Roy, 2011). The essential connection between meeting this societal need and fulfilling this mandate is the process of educating new nurses to provide safe and effective care. Determining, through the educational process, which students are competent to provide safe and effective care presents unique challenges to nurse educators, indeed, “measuring the gap between education and practice continues to challenge researchers, educators, and practice administrators,” (Scott Tiley, 2008). While methods have been developed to determine gross competence in order to protect the public, it is unknown whether more subtle weaknesses in students translate into increased risk for safety incidents. This paper explores the topic of grade inflation within nursing programs in the United States and a possible method to measure it within programs that utilize numerical grading systems for assessment clinical competency. Further research using such a

tool to explore whether there exists a correlation between grade inflation and patient safety is discussed.

Background

Grade inflation has been defined as a “greater percentage of excellent scores than student performances warrant” (Speer et al., 2000, p. 112). Grade inflation in clinical courses has long been noted as a problem in nursing and medical education (Cacamese et al., 2007; Donaldson and Gray, 2012; Shoemaker and DeVos 1999), although it remains unclear what impact this may have on patient safety. Some have found up to 90% of the grades given in clinical courses as B+ or above (Scanlan and Care, 2004). Inadequate emphasis has been placed on ascertaining the effectiveness of assessment measures used in evaluating clinical competency, since the quality of assessment data is integral to the quality of decisions about student trajectories by educators (Oermann et al., 2009). Grade inflation of clinical competency is problematic from a pedagogic perspective, yet the implications for patient safety are of much greater concern to nurses and nurse educators alike (Seright, 2007). To date no published studies explore the possible relationship between grade inflation in nursing education and patient safety outcomes. Assessing relationships between inflated

* Corresponding author. Tel.: +1 413 923 5543.

E-mail addresses: paskausa@bc.edu (A.L. Paskausky), colleen.simonelli@bc.edu (M.C. Simonelli).

¹ Tel.: +1 617 552 4926.

clinical grades and patient safety requires tools for measuring grade inflation. Therefore, developing ways to detect grade inflation and examine methods currently used to evaluate clinical competency are essential before determining the relationship of grades and patient safety.

Clinical assessments in nursing education vary substantially, even within the United States. Nursing programs assess clinical competence both through awarding pass/fail status and grades on an alphabetical or numerical scale. Gray and Donaldson (2009) present a review of the literature showing that the use of grading, as opposed to awarding pass/fail status, as a method for evaluation in nursing education has both arguments for and against. It must be noted that in the United States, the entry to practice licensing exam, or the National Council Licensure Examination for Registered Nurses (NCLEX-RN), is pass/fail (National Council for State Boards of Nursing, 2013); this may bias nursing education towards competency-based evaluation of student nurses rather than graded evaluation. Rubrics have become more widely utilized in U.S. nursing programs in recent years as methods to increase the accuracy of student evaluations (Oermann et al., 2009). Using rubrics has been suggested to counter grade inflation and improve the quality of assessment (Gray and Donaldson, 2009; Shipman et al., 2012).

The student clinical experience is the ideal time to identify and correct weaknesses in clinical skills and knowledge, yet without accurate measurements of competency nurse educators are less able to intervene early enough in the academic progression to take corrective action. Clinical preceptors have reported inappropriately passing students in clinical settings for many reasons including: lack of confidence in experience as a preceptor, recognition of high financial and personal costs of failing, guilt, aversion to making more work, poor student assessment tools and the need to pass students to address the perception of a nursing shortage (Luhanga et al., 2008). Other studies have pointed out that vagueness in evaluation leaves assessments open to faculty interpretation (Butler et al., 2001). The need for positive student evaluation for job security in many teaching positions and student nuisance, or “students’ pestering the professors for better grades” (Iris Franz, 2010 p. 412), are forces which encourage grade inflation. Regardless of the reasons for grade inflation, if assessments fail to accurately reflect actual competency, students may be overconfident in comparison to their actual competency and retain unsafe practices into their professional careers. Determining whether patient safety outcomes are related to clinical grade inflation requires a way to measure grade inflation.

Purpose

The purpose of this paper is two-fold: first, secondary data analysis determined whether clinical grade inflation was present in a sample of nursing students and second it was to present a way to measure clinical grade inflation. It was hypothesized that the correlation between licensure-style written final exams and faculty assigned clinical grades will be low, indicating grade inflation. After reviewing the analysis, a novel method for measuring clinical grade inflation was presented.

Methods

Design

The present study utilized a descriptive correlational design in a secondary data analysis. The two measurements collected for the study (licensure-style written exam grades and faculty assigned clinical grades) were the major components in the final grade for a clinical undergraduate Childbearing course. The faculty teaching

the course had previously noted a pattern of skewed distribution in the clinical grades and added the licensure-style written final exam to leverage against that negative skew.

Sample

After IRB approval was obtained, data was collected over six semesters from Spring 2008 through Fall 2010 at a private university in the northeast United States. The sample consisted of 281 (males = 9) undergraduate nursing students enrolled in a Childbearing clinical course.

Measurements

Two measurements were collected on student competency: clinical grades assigned by nursing faculty observing students in clinical placements and licensure-style written final exams testing clinical content administered at the end of the semester. The clinical grades assigned were derived from a rubric developed by the specialty faculty for this clinical course. Students were rated on the development of their professionalism and communication skills as well as the acquisition of clinical judgment skills using nursing process criteria of assessment, analysis, planning, intervention, and evaluation (See Appendix). The licensure-style written, 100-question multiple-choice final exam utilized brief clinical scenarios to assess the students’ critical thinking abilities similar to the entry to nursing licensure exam NCLEX-RN. Below is an example of a question found on the exam used in the study:

The nurse performs an assessment on a 2-hour postpartum woman. The fundus is midline at the umbilicus and soft, her lochia is heavy and red in color. Vital signs are stable. The nurse’s first action should be to:

- A) Increase the IV rate to replace fluids
- B) Massage the fundus and stimulate it to contract
- C) Assist the patient to empty her bladder
- D) Notify the obstetrician of hemorrhage

Such a question assesses knowledge required for clinical competency in accordance the organization that designs and administers the NCLEX-RN licensing exam in the United States which states that competency is the use of knowledge with psychomotor, decision-making and communication skills to fulfill the nursing role in practice (National Council for State Boards of Nursing, 2005).

Data analysis

The data were analyzed using SPSS to display descriptive statistics and provide a Pearson Product–Moment Correlation analysis. To quantify grade inflation a clinical grade discrepancy score was calculated by subtracting the licensure-style written final exam from the faculty assigned clinical grade; the distribution of this measurement was examined.

Results

Analysis of student scores ($N = 281$) showed the correlation between these two measurements was moderate to low at 0.357. The faculty assigned clinical grades were negatively skewed with a reduced range from 76 to 95 (see Fig. 1). The licensure-style written final exam scores were normally distributed with a wide range of scores from 56 to 93 (see Fig. 2). The standard deviation of clinical performance was 3.7 points, whereas for the written exam it was 7 points.

Download English Version:

<https://daneshyari.com/en/article/366718>

Download Persian Version:

<https://daneshyari.com/article/366718>

[Daneshyari.com](https://daneshyari.com)