

Grade Inflation In Clinical Stage

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ABSTRACT

Grade inflation is a condition when there is an increase of grade point average without the same increase in students' ability. Grade inflation also occurs in nursing education that needs to be solved since its existence is threatening nursing professionalism. The case shows that the average grade for subjects in clinical stage is close to the maximum point, while the average grade in academic stage is in normal distribution. In this qualitative research, six clinical facilitators from six different nursing programs were included. The participants were asked regarding the presence of grade inflation in their institutions. Further, the gap between grade in academic and clinical stages were questioned the factor(s) that make the different, how real the given grade reflect students' ability, the impact of it to the students and all related elements, and the action to solve this problem. The factors which cause grade inflation in universities especially in nursing are related to the whole aspect of learning and teaching. They are including the institution or nursing program, the faculty, the students and the grading system. The implication of grade inflation among nursing students can be both short and long term such as student's dissatisfaction and their career once they graduated. The process of measuring students' clinical performance can be made such as evaluation method, number of clinical facilitator, the ability to use evaluation instrument, and the grading system.

Keywords: grade inflation; nursing student; clinical stage

INTRODUCTION

Grade inflation is a condition when there is an increase of grade point average without the same increase in students' ability (Scanlan & Care, 2004). The history of grade inflation began in the 70's since post-sputnik era for the purpose of avoiding students to be sent to Vietnam because of low grade (Shoemaker & DeVos, 1999). In their persuasive article, Shoemaker and DeVos (1999) described the problem of grade inflation in universities since the middle of seventies until the late of nineties. It is shown that the number of A's and B's grades are increasing while the number of C's is decreasing (Walsh & Seldomridge, 2005; Eiszler, 2002). When most students get A's or B's, the meaning of this grade will get blurred since it could not reflect the real students' ability.

BACKGROUND AND PROBLEM STATEMENT

The researchers noticed that there is an increasing of GPA in universities since then with a significant point. In a study by Walsh & Seldomridge (2005), the significant increase of grade inflation in their faculty during 1997-2002 is presented by comparing students' achievement in academic stage and clinical stage for certain subjects. The research shows the average grade for these subjects in clinical stage is close to the maximum point, while the average grade in academic stage is in normal distribution. From this finding, the gap between both stages can be questioned in many ways such as the factor(s) that make the different, how real the given grade reflect students' ability, the impact of it to the students and all related elements, and the action to solve this problem. Although grade inflation occurs widely in higher education, few researchers still questioning about the 'real' grade inflation whether it is pure students' achievement (Wikstrom, 2005) or the true grade inflation (French, 2005). Many research being conducted to find out the phenomenon of grade inflation in some courses, however very few studies of grade inflation specifically in nursing field have been done. This study will therefore seek to answer the following question:

- How do clinical facilitators experience in the case of grade inflation for students' performance in clinical practice

PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of this study was to explore how clinical facilitators experience grade inflation in students evaluation in clinical practice.

The objectives of the research were to:

- Explore the experience of clinical facilitators related with grade inflation
- Explore ways to overcome this issue in nursing education

RESEARCH DESIGN

A qualitative, exploratory, descriptive design was followed using the phenomenological method to explore the experiences of clinical facilitators related with grade inflation in clinical practice. The richness and depth of the description gained from a qualitative approach provides a unique appreciation of the reality of the experience.

SETTING

The study focused on the clinical facilitators experiences related to grade inflation on six higher education nursing institutions. The study was restricted to clinical facilitators in medical surgical, pediatric and maternity nursing.

POPULATION

Education staff who supervise students in clinical stage in medical surgical, pediatric and maternity wards in East Java, formed the target population. This criteria was selected to enable them reflect on their various experiences in grading student's clinical performances.

SAMPLE

This research used a purposive sampling method. The participants were selected based on their knowledge of the phenomenon of grade inflation in order to share their experience with the researcher. The purpose of the study and privacy over the identity were explained to the clinical facilitators. The inclusion criteria were: being a clinical facilitator in medical surgical, pediatric and maternity wards; and willingness to participate in the study. A total of six participants were interviewed and the data saturated in that stage with the appearance of repeated themes (Burns & Grove, 2005).

DATA COLLECTION

After being informed about the purpose of the study, the reason why they were appropriate for the study and the confidentiality, the participants signed consent form. In order to give opportunity for the participants to describe deeply regarding their experiences, a phenomenoogical interview was used. The participants were asked about the question: 'Describe your experience related with grade inflation for students' performance in clinical practice?'

The researcher used rules in interviewing participants as being identified by Berg in Burns and Grove (2005), including creating a warm conversation, stating the purpose, listening actively, interviewing in a comfortable place, being respectful and using communication skills. All interviews were recorded and analyzed for themes, patterns and trends (Burns & Grove, 2005).

DISCUSSIONS

Three main categories concerning the experiences of clinical facilitator related with grade inflation for students' performance in clinical practice were deeply asked to the participants. The findings are discussed with the supporting literature in the same area of study. Table 1 displayed the categories and subcategories of the study.

Causal Factors

The factors which cause grade inflation in universities especially in nursing are related to the whole aspect of learning and teaching. They are including the institution, the faculty, the students and the education system.

In clinical stage, students are required to achieve B grade at the minimum to pass the subject or department. Basically, this grade is needed to ensure that students reach a satisfactory level in clinical performance in the subject. Three participants stated that the university regulation about minimum grade for clinical stage subjects have to be B. A participant made the following explanation:

grade standard.. My university set B as the minimum grade in clinical stage.. it means that it is more than three for GPA. This is different from the academic stage where students are allowed to get C. If students get a mark below B, they have to re-do practical in the related department. ... if they have to re-do that subject, it also means that students should extend their length of study. Accreditation point will also be influenced if students have a longer study time.

Students can get a low grade if their clinical performance is evaluated to be at that grade. However, the nursing program should meet the standard from the National Accreditation Committee for the continuation of the program. This fact is similar with the effort by the program to compete with other nursing education program:

...yes i want to give C, but i cannot. I want they get the real grade for their performance, but it will be very bad for them. No employer will employ them because other nursing programs have students who get A and B.

The nursing program can have a burden as well from the place where students work. Recently, many students get fees from the workplace institution to pay their study. Since their institution set a certain time, the students need to get a good mark to complete their study at the time. According to Germain and Scandura (2005), new nursing programs arise which results in the competition between them to get new students. This explains why nursing programs tend to give higher grade for students even though the grade does not reflect their real competencies.

The lower grade can make students unsatisfied so that they demand a higher grade (Felton & Koper, 2005). Most researchers agree that course and faculty evaluation by the students contributes highly in grade inflation (Shoemaker & DeVos, 1999; Germain & Scandura, 2005; Scanlan & Care, 2004). This is because students' evaluation is often important for the existence of the course. If it is known that students have a negative view of one course and faculty, it is likely that few students will register to this course (Felton & Koper, 2005). For this reason, faculty tends to make students satisfy by giving high grades. The concept of student as a customer is opposed by French (2005) and Eiszler (2002) who remind the faculty member that students are looking for knowledge and skills not a 'blind' transcript.

The grading system that is applied in clinical stage is sometimes not accurately judging the students' ability. Some universities apply pass or fail condition while some apply leveling grading such as A, B, C, D, and E (Scanlan & Care, 2004). Both systems have the same problem since they are less accurate in defining students' specific ability (Walsh & Seldomridge, 2005). This is worsened by the inappropriateness of clinical instructor in using evaluation instrument. Even though the instrument provides a detail evaluation items, the clinical facilitators sometimes only mark it in general. *...sometimes i and the nurses on the clinic give a general mark, because every item has the same point. And usually it has a high mark.* This occurrence is likely to be prevented with an advance explanation about the items in the evaluation instruments. Some of the participants have made a meeting with nurses in the ward regarding how to use the evaluation instrument even though the result still confirm the need of a more-

motivating effort. The lack of teacher’s knowledge about assessment method to evaluate students’ achievement can be a factor for grade inflation (Shoemaker & DeVos, 1999). Moreover, compared to theory assessment, clinical assessment is more difficult since the case difficulties in each patient may different (Walsh & Seldomridge, 2005).

From the faculty side, grade inflation could occur because of lack of time the teacher has in supervising or giving bedside teaching. This situation results in the compensation by the teacher if students could not perform satisfactory skills (Walsh & Seldomridge, 2005). A participant strongly stated the main reason of it: *i should be there (at the clinic) at least three times a week, but sometimes, i go there once a week. Sure... my job is not only supervising students in the clinic.* It is a more complex situation because clinical competency is sometimes cannot be observed that makes the faculty give a higher grade to compensate the unwitting task (Walsh & Seldomridge, 2005). When asked how to evaluate students performance as they are not always be able to observe them, the participants explain another way to overcome this: *... skill and knowledge can be learned, but attitude is ver hard. Attitude... I..., i tend to see attitude in marking students. Since it is a soft skill, i make it as priority.* Another participant also explained this situation: *I see students from their work. and as clinical stage is tough, the stressor is also high.. clinical and preclinical is different. It means that students put a bigger effort, optimum. So i give.. i give reward for that.* It is obvious that a hard work does not indicate a similar pattern in the performance. However, this could compensate the lack of knowledge and skills.

The big number of student in one class also a risk factor for grade inflation (Scanlan & Care, 2004) since the teacher has less time to do a thorough evaluation.

Yes sometimes i cannot interact fully with students. I supervise 20 students in a time... in one day i have to move from one ward ward to another. Indeed, i meet the students outside the ward for two days. In average i i spend 15 to 20 minutes per student each week.

However, a small class can also result in grade inflation since the given grade is not only based on the performance during the test but also the individual’s effort to perform the task (Walsh & Seldomridge, 2005; Roman & Trevino, 2006). Giving a low grade is considered as a burden for most teachers because it means that they need to pay more attention to the students with low grade in order to achieve a better grade (Scanlan & Care, 2004).

Table 1. Categories and subcategories

Categories	Subcategories
1. Causal factors	<ul style="list-style-type: none"> • Minimum grade for clinical stage • Attitude compared with clinical performance • Evaluation tools • Unavailability of clinical facilitators
2. Impact	<ul style="list-style-type: none"> • Unfairness for students • Fail in job interview and test • Bad name for education institution
3. Solution	<ul style="list-style-type: none"> • Evaluation tools improvement • Coordination between clinical staff and clinical staff • Number of students

Impact

The impact of grade inflation among nursing students can be both short and long term. A high grade for all students cannot differ level of clinical performance. *The mark range is not wide. Sometimes a good student get 85 while the average student get 80. It means they still get A. It happens also in a group work, they all get the same mark even though i am sure only the active students worked on that task. Ya.. this is unfair for students who did the task.* The short term implication is related to students’ satisfaction and self-esteem (Edwards, 2000; Scanlan & Care, 2004). The first impact of grade inflation is that students often cannot perform basic clinical skills although they achieve a high grade (Eiszler, 2002). In grade inflation there is no significant different between students who have real good achievement with students who have low achievement (Felton & Koper, 2005). Students with good

achievement might feel the bias which makes them dissatisfied. Students with low achievement might think that they can get a good mark without putting much effort. The bias high grade can also make students with low achievement experience low self-esteem. This is because the grade does not really reflect their ability. A further research about the effect of grade inflation on students' self concept was conducted by Edwards (2000) who highlighted the number of depression among students.

The long term implication is related to students' future. Be it before or after they are employed.

...it is likely hard for them to pass the national exam. And even if they pass the test, the problem will be seen in the work place. When we talk about survival, it is another thing. It is hard for their career development.

The first challenge for students after they graduated is when they should take test in the national licensure examination to measure their real ability (Scanlan & Care, 2004). Most students fail in this exam while they did well during the course program. Also, they should take many tests for work because the institution or hospital is unsure about students' ability in comparison to their grade that is not followed by professionalism. Moreover, they need to take an additional training to enable them do their job. Further, this can increase cost for something that the institution do not need to spend on.

The impact is also perceived by the course program (Scanlan & Care, 2004) as they may get a bad name in public for their inability to produce qualified graduated nurses. One participant notified this:

...even though unspoken openly, i think the employer criticizes why the graduates from one nursing program have a high GPA in average when the performance does not prove so. For sure they will think more, if not to say they will not, to hire the graduates from that nursing program.

Solutions

The process of measuring students' clinical performance can be made such as evaluation method, number of clinical facilitator, the ability to use evaluation instrument, and the grading system.

Roman and Trevino (2006) proposed new method to address grade inflation based on their research in psychiatry clerkship students. In their research, additional assessments such as interviewing skills, oral exam and written exam of a comprehensive patient's history result in a wider range of grade. That is, reduce the possibility of false grade or might avoid both student and teacher to manipulate the grade. Although this evaluation method is undeniably demand faculty's time and reward, the result of this method is likely much worthy. The new method proposed by Roman and Trevino (2006) should be followed by training of evaluation method for the teacher to enable them make an accurate evaluation of student (Scanlan & Care, 2004). A regular meeting especially prior to the beginning of the clinical stage is also being proposed as it will reduce differences between clinical facilitators and the nurses in the wards regarding their perception on evaluation form and the condition when the students deserve certain grade. In order to anticipate students' demand of high grade, the education institution should also give mentoring to junior teacher so they will be able to address the problem appropriately (Scanlan & Care, 2004).

Related with grading system, Walsh and Seldomridge (2005) proposed the using of evaluation system which measures the students' ability from the beginning of the course. For this evaluation, many components are involved such as the sustainability of evaluation, the series of evaluation form, the variation of evaluation criteria, the evaluation for the three domains, and the availability of teacher and clinical instructor during the evaluation. The existing evaluation method actually measures the domains for clinical performance. However it does not work like it suppose to. So a participant proposed that the method should vary and easy to use by the clinical facilitators. This is to minimize the tendency to give mark largely based on student's attitude. A standardized grade is also required to make an accurate judgment of students' ability (Scanlan & Care, 2004). Many researchers agree that lettering grade is considered as better to measure students' ability than the classification of pass/fail (Scanlan & Care, 2004; Walsh & Seldomridge, 2005). It is because lettering grade provides a more variety in classification, while in pass/fail classification the different among students is only determined by statement pass or fail. The latter classification provides no clear specific ability of students that makes a harder judgment for the grading. Regarding GPA, Felton

and Koper (2005) formulate a real GPA besides the original GPA that is called nominal GPA. Real GPA can be objectively measure students' ability since it compares student's GPA to class's GPA average. That is, although student's GPA is high, its real GPA can be lower if the class's GPA average is also high.

An evaluation from peers should be done in certain range of time including in the end of every subject. This is proposed by one participant: *evaluation from peer group is necessary, but they have to fill it based on the real fact.* This is known that the students tend to give good point for all the group members for the sake of solidarity.

In his critical proposal, French (2005) proposed the ranking system as a way to erase grade inflation. He argued that this system will make students compete each other and increase their motivation to learn. However, considering the learning method which being used is adult learning, this system seems hard to be applied in higher education. It is because in adult learning the individual achievement is the focus and not focuses on the competition between the learners. Another method is portfolio that can be used to record students' ability (Edwards, 2000). While the grade system is probably not descriptive enough in judging students' skills, portfolio provides clearer students' achievement even with specific competencies.

CONCLUSION

Grade inflation widely occurs in higher education that needs to be solved since its existence is threatening nursing professionalism. All components related to this issue should be evaluated in order to find the main source of the problem so the right action can be taken to solve this problem. The findings showed that the evaluation in the clinical stage is more complicated than that in the academic. It is because components in the evaluation involved a wider aspect and more detailed observation. Lack of facilitators presence in the clinic makes a thorough and objective evaluation cannot be performed. Therefore, facilitator's subjectivity gives a bigger contribution in evaluating students' clinical performance. This qualitative research explored the need of improvement in many aspects related with the causes. The solutions that have been proposed would be able to overcome this issue when there is a good willingness from the nursing program, clinical facilitators and facilitators in the wards regarding students' right at the clinic and the right evaluation method.

BIOGRAPHY

Dian Susmarini is a lecturer in Nursing School, University of Brawijaya Indonesia. She took her master degree in University of Technology, Sydney in 2007 and has been working in University of Brawijaya since then. Her interest is in Nursing education and pediatric nursing.

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NOTES