SHOULD CLINICAL COURSES GET A LETTER GRADE?

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Some time ago, a Dutch colleague, Nico Oud, asked me a question that has since played in my head many times. He asked, "Have you ever had a student who needs a real situation to think well?"

I remember thinking: What an interesting way to frame the question, *Have you ever had a student who can't take tests but is great in the clinical setting*?

Not long after this discussion, I was talking with 40 year-old student I knew informally. Pat --- as I'll call her to give anonymity --- was a junior nursing student. She was newly widowed, had two children, and worked a part time job. After hearing the many challenges she faced on a daily basis, I asked, "How do you find time for school work?" She responded, "I learned to prioritize. I focus on graded assignments. If something isn't graded, I put it at the bottom of my list. I'm sorry, but grade point averages matter. I need to do what I have to do to succeed. For example, clinical is pass/fail, so I just show up and do the best I can. I focus on the classroom work."

This was the day I began to think, *We need to be grading clinical courses.**

Since the above "Aha!" moment, I've attended many programs and read everything I can on critical thinking, both in nursing and other disciplines. I have continued to develop and refine my thinking about how to promote critical thinking and maximize performance.

There are two important principles that drive my thoughts about whether clinical courses should be given pass/fail or letter grades.

1. Evaluation of critical thinking should be holistic, considering performance from many aspects.
2. To promote critical thinking, reward what you claim is important.

Let's look at the above two points in context of addressing the question, "How does giving pass/fall grades for clinical courses affect student effort and critical thinking? (Through out this article, the abbreviation "LG" refers to giving a letter or number grade that's incorporated into the cumulative grade point average. The abbreviation "P/F" refers to grading systems that give grades that don't affect the grade point average --- usually a Pass/Fail or Satisfactory/Unsatisfactory grading system).

Holistic Evaluation

Most educators today know the importance of using a variety of evaluation techniques with their students. For example, in theory courses, they use objective tests, subjective tests, written papers, oral presentations to determine overall grades. However, many educators balk at the thought of adding a clinical grade to the mix of evaluation strategies. I hear objections like: "It's too subjective", "The evaluation tools aren't very good", "It's too hard to grade" or "It's easier to use pass/fail. None of these objections fly with me for several reasons:

♦ **We delude ourselves if we think methods of evaluation in theory courses aren't also subjective.** The only evaluation techniques that aren't subjective are multiple-choice or matching tests, which we know are of limited use for evaluating critical thinking.

♦ **In the workplace, everyone gets evaluated subjectively.** We're trying to put out students who are ready to practice in the real world. We must nurture them to thrive in future performance evaluations. Clinical evaluation tools should be designed similar to performance evaluation tools in the practice setting. Clinical evaluation then becomes a learning

experience for getting ready for the practice world, as well as a tool for evaluation and improvement.

♦ **We can design better, user-friendly, criterion-based, clinical evaluation tools that can be tied to a grading system that accurately reflects clinical performance.** It doesn't have to be that hard. For example, now that we know more about how to be explicit about what's required to demonstrate critical thinking in the clinical setting, we have more tools that can help us better evaluate student performance. For example, the *2004 Evidence-Based Critical Thinking Indicators* document at http://alfaroteach-smart.com/cti.htm can help students and faculty be on the same page about observable competencies that demonstrate critical thinking. (I don't mean to be self-serving, but I continue to hear from nurses in both practice and education how helpful this tool is for this purpose).

Rewarding What's Important

It's human nature to thrive on rewards. We chase the proverbial "carrot on a stick.' We love hearing "Great job!", and excel when we know that our talents, efforts, and contributions are recognized. Rewards boost self esteem, build confidence, and motivate us to do more. If you go to a school that has a P/F system for clinical courses, you can work as hard as you might in the clinical setting, but your reward will be the same as the student who does little, just barely getting by. If my friend Pat were in your school, she may well put all thinking and assignments related to clinical courses low on her priority scale. How's THAT as a built-in barrier to putting out nurses who can succeed in the clinical setting?

Clinical "stars" should be rewarded the same as classroom stars. Use a P/F system, and it just doesn't happen, as these grades have no effect on overall grade point average. Give LGs, and a more holistic view of the student is evident. A clinical star with an *A* in the clinical course and a *C* in theory has a respectable overall *B*. Conversely, a classroom star who is a

clinical dud will also have a more realistic picture of overall performance.

One of the biggest motivators for success is whether you believe you're good at something. Give *A's* to clinical stars, and who knows where they will go or what new things they'll bring to the group. Give them a "pass" and many will never know how good they really are. Because of the emphasis on giving grades for theory, rather than practice, these practical, creative, interpersonally-gifted minds begin to believe that they're dumb.

In retrospect, the above is what happened to me. I remember getting the most difficult clinical assignments--- always the ICU rotations, when they were included in the options, even for my charge nurse experience. I thought it was the luck of the draw, never guessing the instructors probably knew I could handle it. I was ashamed of my test grades. I was 1 point from failing "Professional Adjustments". I received many "Outstandings" in clinical rotations, but my transcripts didn't reflect that at all --- only that I graduated with a *C* average (sometimes I wonder how I got into graduate school). Sadly, it didn't dawn on me until recently I was a good student.

Survey of Current Practices

Recently, I did a random survey of 79 schools to determine current practices regarding use of P/F versus LG for clinical courses. The results of the study are summarized below.

Box 1

CLINICAL GRADING PRACTICES SURVEY	
Number of respondents	79
Number giving P/F	59 (75%)
Number giving LG	15 (15%)
Number combining grades	5 (6%)

A more detailed summary including many interesting comments is available at www.AlfaroTeachSmart.com (click on *What's New?* then *Clinical Grading Practices Survey*). I encourage you to download the detailed survey and read all

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[1] Percentages rounded off.

the remarks. There are many thoughtful comments that reflect the struggle with this issue. Box 2 on the last page of this article gives some examples.

Remaining Questions

I don't pretend to know it all. There are many questions that remain unanswered. And even questions I haven't thought to ask. My hope is that this article is a beginning --- both for me and for all of you involved in clinical courses. Below are some of the questions that remain after analyzing the Clinical Grading Survey responses.

1. **Is the amount of time the student has to put into preparing, implementing, and reflecting on clinical work reflected in grading methods?** For example, in Box 2, one school gives 70% of the grade for theory and 30% of the grade for clinical work. Does the amount of work involved reflect a 70-30 split?

2. **What are the valid benefits of giving P/F?** Can some of these benefits be incorporated into a system that gives clinical grades?

3. **Are there some clinical courses that really SHOULD be given P/F, rather than an LG?** For example, one school in the survey gives P/F in earlier courses and LGs in later courses. (I found this approach intriguing as I just learned that at Massachusetts Institute of Technology, one of the top engineering schools in the world, all first semester courses are P/F. Doesn't this make sense, in the beginning when students are making many adjustments and learning the ropes?).

4. **What are the objections to giving clinical grades, other than "it's too subjective"?** And what can we do to address these objections?

5. **How can we design criterion-based clinical evaluation tools that mirror tools used in the practice setting, yet still focus on educational needs?** Criterion-based tools can best reflect students' capabilities in a numerical way.

6. **How can we get more student involvement?** Could we give senior students a graded assignment or seminar presentation that asks them to critique and improve assignments or tools? Just *think* what great work might get done. (Right now we ask them for feedback on course evaluations that don't get graded. Imagine how much more specific the information would be if they could complete an assignment with specific criteria that told us assignments could best be done. Imagine what faculty would learn! Imagine what students would learn!

7. **How can we reduce faculty loads and still reward students with points or grades?** For example, can we use an audit system, where only some of the things are graded (if the student doesn't pass the random audit, additional things are examined)? What about strategies like evaluation by exception?[2] Or, if there's a question of student abilities, can the student hand in extra work clarifying his or her thinking about clinical experiences.

8. **Do problems lie in the grading systems or in the evaluation methods?** For example, if we critiqued classroom assignments, might we not find that they have many of the same problems as clinical assignments when it comes to validity or grading (yet we still give LGs for class-related work).

Strategies

Little has been written about student clinical evaluation. But there are some strategies you should be thinking about as you develop or refine clinical evaluation tools, regardless of what type of grading system you use:

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[2] Wishnia, G. (2003). Evaluation by Exception for Nursing Students. *Journal of Nursing Education,* 41(11), 495-497.

1. **Be explicit about what observable behaviors or competencies you want to see in your students.** Give them specific criteria to meet. Start on day one discussing the evaluation tool. Let them know that in practice, they'll need to deal with subjective eval-uations and constructive criticism. Explain that your evaluation process is designed to not only give them a grade, but familiarize them with what happens in the practice setting.

2. **Develop simple, user-friendly clin-ical evaluation tools that, as much as possible, mirror what they'll en-counter in the clinical setting**. Sharpen your skills in giving feed-back. Help students learn how to accept critical feedback (see Alfaro-LeFevre, R. (2004) Critical Thinking and Clinical Judgment: A Practical Approach, pp 204-207)

3. **Use a point system, as is often the case in the "real practice world".** Correlate your points with a grade. For example, 4 points equals an *A*, 1 point equals a *D*.

4. **Remember that all clinical eval-uation---whether you use a P/F system or a clinical grading system --- is subjective**. The aim is to make it as objective as possible by giving very specific criteria and being consistent in application.   P/F systems are likely to be even more subjective than LGs, as all you have to do is make a ball park judgment. If you don't grade students and expect more of them in the clinical setting, they'll be likely to "wing it" and allow themselves to sneak by, going unchallenged.

5. **Reward what you claim is important, and make the link to critical thinking explicit**. For example, give credit for self-corrective and reflective thinking. Tell them you're glad when you hear appropriate statements like: "I've been rethinking this", "Let me think about this and get back to you", "I hadn't thought about this before", "and "I need to look it up." (Of course, hearing these statements too much from one student is inap-propriate.) On the flip side, when you don't see critical thinking behaviors, you can use statements like the following: "You're not showing critical thinking when you come unprepared or fail to fully assess situations because being prepared and thorough assessment is key to critical thinking.

6. **Let students know they will be hearing things like the following from you:** *How did you make this decision? …Based on what? ….How do you know?... Tell me your thinking on this…* and *Have you thought about "why?"* Nurture them through this process. First interactions with these types of questions are difficult due to lack of confidence and under-standing of the process of dialoging about thinking.

7. **Develop empowered partnerships** (see pages 199-203, Alfaro-LeFevre, 2004). Students think better when they clearly know what you're looking for and trust that you have their best interest in mind.

8. **Give grades for work done to prepare for --- or reflect on--- clinical experiences.** For example, have students hand in a card on how they prepared for the clinical day (reading a book, looking up drugs, anticipating what might happen, listing what they will assess early). Have them reflect on a critical incident. For example, have them tell you things that influenced how they set priorities. Or have them tell you something they observed or did…or something they wish they could do and why.

9. **Ask students for constructive, well-thought-out feedback on how keep assignments meaningful, to the point, streamlined, and minus busy work.** Reward good sugges-

tions in evaluations. This shows the important skill of improving processes/

10. Ask for agreement from both students and faculty as to whether the behavior evaluated on clinical evaluation tools do indeed reflect desired performance in each course.

Summary

This article is only a beginning. At the National League for Nursing (NLN) Summit in San Antonio in 2003, there was a call for innovation in curricula to meet the needs of tomorrow's nurses.   Dr. Eileen Zungolo urged us to challenge long-held traditions. In her presidential address, she said, "I do not believe in allocating more time to poor quality learning experiences". The issue of clinical evaluation is an important one. We need to examine our practices and think of new ways to get the results we need---students who, upon graduation, are prepared for all aspects of the practice world---including performance improvement.

This article shows my bias against P/F systems.   I do, however, believe in academic freedom and am open-minded. I want to hear from you on both sides of this issue. Whether you use a P/F or a LG system, please send me your thinking and results on this subject. All comments, pro and con, will be entered into a data base for future consideration. Unique comments and strategies will be posted on my Web Page and may be addressed in future editions of this newsletter with appropriate permission.

I'll be waiting to hear from you! Email: AlfaroTeachSmart@aol.com.

Box 2

EXAMPLES COMMENTS ON CLINICAL GRADING SURVEY
"This is a hot issue we are currently discussing at faculty meetings."
"Some practicums are pass/fail (early in the program) and some are graded (usually later in the program). The faculty continue to explore the advantages and disadvantages of these methods."
"We give pass fail, although the students constantly complain."
"Our theory portion is 70% of the course grade and our clinicals are 30% of the grade."
"We went to graded clinical a few years ago. It was a matter of great debate for a number of years. The policy has settled in well. I don't think it's a matter for debate any more--not here anyway."
"Faculty who teach clinical courses used to be able to make their own decisions about whether or not to give a pass/fail or a letter grade, so some courses did one thing and other courses did another. Two or three years ago the faculty as a whole voted to make all clinical courses pass/fail."
"Undergraduate clinical course vary: some have a graded clinical and some have a Pass/Fail. For example, in the last semester, students have two large clinical courses in which they have 225 clinical hours each. These courses are graded with a numeric grade. However, in some courses where clinical is fewer hours, the grade for clinical is a P/F."
"We grade clinical performance and grade clinical assignments....these grades are averaged."