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A Program-Wide Clinical Performance Grading Rubric: Reliability Assessment

Mary Kopp, PhD, MSN, RN, CHPN, CNE
School of Nursing, Concordia University Wisconsin, Hartford, WI, USA

Background and Significance. Clinical instructors expect to see student performance improve, however attaching a grade to that performance remains subjective.

Purpose of the study/project. To evaluate reliability of an undergraduate universal clinical performance grading rubric.

Literature Review: Clinical instructors expect to see student performance improve; however, attaching a grade to performance remains subjective (Amicucci, 2012; Isaacson & Stacey, 2009; Oerman, Yarbrough, Saewert, Ard & Charasika, 2009). Standardized documented evaluation methods can improve objectivity, define expected competencies, are easier to defend, avoid litigation, and empower the instructor, by shifting the paradigm from highlighting student errors to an educational perspective (Bofinger & Rizk, 2006; DeBrew & Lewallen, 2014; Tanicala, Scheffer & Roberts, 2011). Evaluating performance based on a program-wide grading rubric to measure clinically specific criterion-based learning outcomes appears to be a novel approach in clinical nursing education (Bourbonais, Langford & Giannantonio, 2008; Gantt, 2010; Heaslip & Scammel, 2012; Lasater, 2007).

Sample Description/Population. Convenience sample of 58 first semester clinical undergraduate baccalaureate nursing students.

Setting. Seven clinical instructors in nine clinical sections.

Method/Design & Procedure. A universal grading rubric with nine performance outcomes was tested retrospectively for measures of reliability and consistency. Summative and formative measures were compared. Written assignments were compared to clinical performance. Clinical instructors responded to questions related to the accuracy of the calculated letter grade with the use of the rubric.

Results/Outcomes. Significance was found between midterm (M =.89) and final performance evaluations (M = .94) ($t(57) = -15.896$, $p < .001$ (two tailed) showing an increase in final performance. Using independent samples, no correlation was found between final written work and performance evaluations ($r(56) = .164$, $p => .05$ and a significant difference was noted between written work (M =.973) and performance evaluations (M =.915) $t(114) = 14.536$, $p = <.001$. Cronbach alpha scores for all nine performance outcomes equaled .917, demonstrating excellent internal consistency. All clinical instructors agreed that the results accurately measured student performance.

Conclusions/Implications. Use of the grading rubric was effective in measuring student clinical performance and provided an objective grade calculation. Student's written work consistently scored higher than clinical performance. This grading rubric, when used in an undergraduate clinical experience, has the potential to increase reliability in grading clinical performance.

Title:
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Keywords:
Clinical performance, Evaluation and Grading rubric

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Abstract Summary:
A clinical performance grading rubric that is applicable to any clinical setting was developed and tested for reliability. Results showed that all nine clinical sections and seven clinical instructors demonstrated consistency when using the rubric to evaluate student performance. Assessment revealed a bell curve.

Content Outline:

1. PROBLEM STATEMENT:
    1. Few studies have assessed reliability of criterion referenced clinical performance assessment tools (Helminen, Coco, Johnson, Turunen & Tossavainen, 2016; Shin, Shim, Lee & Quinn, 2014).
    2. Nursing education is challenged with upholding criterion-based behavior evaluation during the clinical experience (Krautscheid, Moceri, Stragnell, Manthey & Neal, 2014) while augmenting an educational perspective (Benner, 2012: Benner, Sutphen, Leonard, & Day, 2010; Gregory, Guse, Dick & Russell, 2007; Nielsen, 2016).
    3. Measuring student performance of patient safety, fairly and objectively, remains a significant challenge for clinical faculty (Bourbonnais et al, 2008; Heaslip & Scammell, 2012; Tanicala et al, 2011).
    4. Clinical instructors often lack academic literacy when interpreting comprehensive course objectives as applied to the clinical setting (Isaacson & Stacy, 2009).
    5. Although it is impossible to remove all subjectivity from clinical evaluation, research has shown that non-specific criteria encourages grade inflation
    6. Subjectivity remains an essential theme with all clinical evaluation. The “shades of grey” (Amicucci, 2012, p. 52) within nursing and the evaluation of clinical students creates challenges and rewards.
    7. The complexity of nursing environments fosters variance in clinical experiences, making standardized clinical evaluation even more perplexing for academic pedagogy.
2. PURPOSE:
    1. Nursing education research supports standardization of clinical evaluation methods across undergraduate baccalaureate curricula (Amicucci, 2012; Bourbonnais, Langford, & Giannantonio, 2008; DeBrew & Lewallwen, 2014; Oermann, Yarbrough, Saewert, Ard & Charasika, 2009; Tanicala, Scheffer, & Roberts, 2011).
    2. Clearly defined safety expectations placed in an objective clinical evaluation tool can empower the instructor and student.
    3. Written student expectations can provide a more transparent method to understand clinical expectations and may help avoid litigation (Amicucci, 2012; Bofinger & Rizk, 2006; Oermann, et al, 2009).
3. PLAN:
    1. Using course objectives to evaluate clinical performance can create inconsistent, subjective, and disputable results (DeBrew & Lewallwen, 2014; Tanicala et al., 2011).
    2. (Amicucci, 2012; Isaacson & Stacy, 2009; Seldomridge & Walsh, 2006).
    3. Academic grading rubrics can offer a consistent means to bridge criterion-based clinical behaviors with evidence-based teaching.
    4. Leveling expected clinical performance outcomes within a nursing curriculum reflects adult learning theory (Candela, 2016; Oermann & Gaberson, 2016) and is encouraged in the literature (Helminen et al, 2016; Roberts, 2011; Tanicala et al., 2011).
    5. Clinical instructors expect to see student performance improve as time and experience progress (DeBrew and Lewallwen, 2014).

6. The majority of nursing programs incorporate written assignments into final grades (Oermann, et al, 2009). However, Helminen et al (2016) found no agreement in what written clinical assignments meant when assessing performance.

4. METHOD:
    1. Seven clinical instructors and nine clinical sections.
    2. All instructors were oriented to the rubric and mentored throughout the semester.
    3. Criterion-referenced critical indicators captured quality and safety expectations with a pass/fail model while other performance was measured with the grading rubric (AACN, 2017).
    4. Midterm and final evaluations were collected and compared from the Online learning management system.
    5. Student written assignments were compared with performance evaluations.
    6. Grading rubric reliability was statistically assessed.
5. CONCLUSION:
    1. One academic grading rubric can be adopted for all clinical experiences when pedagogy is placed before behavior.
    2. Criterion-referenced clinical objectives do not require subjective leveling. Fair grading can equate to consistency and reliability (Bourbonnais et al, 2008; Heaslip & Scammell, 2012) and this performance rubric has the potential to produce fair scores.
    3. Critical indicators help identify safe practitioners, while supporting pass/fail and letter-grade policy.
    4. Students deserve clear direction for their learning needs to ultimately provide safe, effective, professional, patient-centered nursing care.

First Primary Presenting Author
Primary Presenting Author
Mary Kopp, PhD, MSN, RN, CHPN, CNE
Concordia University Wisconsin
School of Nursing
Associate Professor
Hartford WI
USA

Professional Experience: 2013- Disseminated dissertation research in poster and presentation format to the Midwest Geriatric Nursing Alliance and the Concordia University Wisconsin faculty. 2011- Flag Fellow: Facilitated Learning to Advance Geriatrics. Minnesota Hartford Center of Geriatric Nursing Excellence, Minneapolis, MN. 2005-present - Assistant professor of nursing Concordia University Wisconsin 2009- published book, "Hospice volunteer orientation: A coordinator's toolkit for effective training" 2008- Certified Nurse Educator 2003- Certified Hospice & Palliative Nursing 1989-2005- Hospice nurse educator and case manager

Author Summary: Dr. Mary Lou Kopp earned her BSN in 1986, masters in 2005, and PhD in 2013. She became certified as a Hospice and Palliative care Nurse in 2002, and a certified nurse educator in 2007. She has taught Geriatric nursing since 2006, using materials based on GENEC, ELNEC, and FLAG. Dr. Kopp is an associate professor from Concordia University Wisconsin and was the chartering president of Phi Beta chapter in 2009.