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Addressing Grade Inflation in Advanced Practice Provider Jesuit Education

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Abstract

Grade inflation is defined as a high percentage of high grades in contrast to students’ academic achievements and/or an upward trend in the average grades awarded students. Globally, the A grade is the most common grade issued. Grade inflation is the norm and a topic largely understudied and inadequately addressed. Jesuit faculty can change this trajectory. For some, the matter is more urgent. In advanced practice provider (APP) education, patient safety could be at risk. This paper explores academic grading in the context of Ignatian pedagogy and identifies strategies to reduce grade inflation. It includes a study at a midwestern Jesuit university that supports the existence of grade inflation and the process used by faculty to address it. The call for all Jesuit faculty to address grade inflation is needed to best support the academic and personal growth in our students and address a problem that continues to plague contemporary higher education. Overall, we must strive to provide valid information to students and prospective employers.

Introduction

With a fifty-year rise in the A grade, it is the most common grade issued in higher education—43% of all grades.¹ Some employers are questioning the validity of an academic transcript, some no longer use it for employment decisions, and some, as well as graduate schools, are using applicants’ GPAs less often in their evaluation process.² Over many decades, the meaning of grades, an internal mechanism of informing and instructing students, has shifted to an external piece of communication for the enterprise that surrounds higher education.³ For example, in nursing education, faculty are known to be more lenient in grading simply because students still need to pass an external standard to practice as a nurse, the National Council Licensure Examination.⁴ The return on investment in college degrees might be at risk, freshman enrollment is on the decline, and students are less academically motivated.⁵ Overall, we must strive to provide valid information to students and prospective employers.

In some academic programs like health professions’ education, the matter is of urgency. Grade inflation for some, like advanced practice provider (APP) students, who care for vulnerable patient populations, could result in overly confident graduates making patient care errors.⁶ Thus, faculty in APP education must consider how grade inflation could potentially do harm to others (patients). For this reason, this paper explores the causes, consequences, and mitigation strategies related to grade inflation with a focus on APP education. Additionally, a study using data from APP students’ transcripts at a midwestern Jesuit university prompted faculty to intervene to better support student success. This exemplar will be discussed as it might show faculty in Jesuit higher education how to proceed in lieu of widespread grade inflation.

Grades and Ignatian Pedagogy

Grades symbolize decisions made by faculty on how well students meet course objectives. Grades identify mastery, mediocrity, and gaps in learning and determine competency and ability for students to progress to a new level. More importantly, grades are used to support teaching strategies that promote student success.⁷ For example, samples of work from former students at the A, B, or C grade level assist current students to understand expectations; early assessments in a course using grades help students adjust and have a better chance of success on assessments later on in the course; and, finally, allowing revisions on
assignments or papers that received lower grades motivates students to do better on re-writes.\(^8\) These are all appropriate examples of effective use of grades. Overall, grades should best match with students’ level of learning/achievement—the purpose of grades.\(^9\)

Evaluating students is an integral part of Ignatian pedagogy. This includes both academic performance (grades) and student growth in body, mind, and spirit (\textit{cura personalis}).\(^10\) For these reasons, faculty create personalized learning experiences and use a variety of evaluation measures and techniques to assess levels of mastery in areas of study. Grades are part of this process and assist faculty to know who needs more support and guidance in their learning experience. Importantly, faculty need to discern and reflect upon their own perceptions of students’ academic and personal growth on a routine basis.\(^11\) Such reflection is needed at a time when grade inflation has gone rampant. Thus, faculty must “insist that the process of education takes place in a moral as well as intellectual framework.”\(^12\) Additionally, faculty should share and receive feedback from their peers on fair and appropriate evaluation practices.\(^13\) This ongoing formation of faculty is a necessary aspect in delivering Ignatian pedagogy effectively.\(^14\)

\textbf{Causes of Grade Inflation}

Grade inflation is defined as a high percentage of high grades in contrast to students’ academic achievements\(^2\) and/or an upward trend in the average grades awarded students.\(^15\) Grade inflation could be caused by external factors, educational policies, faculty and student factors, or a course that is difficult to evaluate objectively. External factors include consumerism or letting student satisfaction drive the grade as satisfied students drive enrollment. Other influences could be students’ needs to meet scholarship, graduate, or employment requirements.\(^16\) These reasons contribute to the devaluing of higher education. Educational policies might also cause grade inflation. For example, a grading scale can be skewed such that it promotes more A grades simply because of its structure.\(^17\) Table 1 is an example of a grading scale that allows for more A grades because of a wider range than one narrowed upward. Also, policies where the lowest passing grade is a B- for courses will pressure faculty to issue higher grades to avoid students failing courses, also known as grade compression.\(^18\) A “late withdrawal” policy can also contribute to grade inflation as it allows students with lower grades to exit courses before the semester ends. These lower grades do not usually get configured in aggregate grade reports.\(^19\) Thus, educational policies should be assessed for their potential contributions to grade inflation.

\begin{table}[h]
\centering
\begin{tabular}{|c|c|}
\hline
Grading Scale & Grade \\
\hline
Percentage & Grade \\
\hline
>93 & A \\
90-92 & A- \\
87-89 & B+ \\
83-86 & B \\
80-82 & B- \\
77-79 & C+ \\
73-76 & C \\
70-72 & D \\
<69 & F \\
\hline
\end{tabular}
\caption{Skewed Grading Scale}
\end{table}

Faculty and student factors must also be considered in grade inflation. Faculty might issue higher grades to get more positive student evaluations for promotion and tenure portfolios.\(^20\) Faculty might not fail students at the end of academic programs because it would seem inappropriate to do so.\(^21\) Faculty may lack the skills or techniques in evaluation techniques when rigorous grading rubrics and crafting of valid items for multiple-choice examinations are some of the most important mitigation strategies used for grade inflation.\(^22\) Faculty may be uncomfortable giving lower grades when they know a student is struggling or believe that lower grades could negatively affect students’ well-being.\(^23\) For example, nursing students have described difficulty accepting anything less than an A grade at all levels of nursing education and even express physical ailments like chest pain over the stress of not getting an A.\(^24\) Thus, faculty development could be a critical strategy to reducing grade inflation, and particularly so when students are demanding they get an A.\(^25\)

Finally, another area where grade inflation is problematic is in courses where faculty consensus
on grades is difficult to reach. This is common in clinical courses in health professions’ education.\textsuperscript{26} Clinical faculty report difficulty defining the meaning of grades related to clinical performance. The problem is compounded when a course grade is determined by courses that share a theory and clinical component as clinical grades inflate overall course grades.\textsuperscript{27}

In summary, the causes of grade inflation are multifactorial. It is important that faculty consider all possible causes of grade inflation and work to mitigate them to create an honest and fair grading system.

\textbf{Mitigation Strategies in Health Professions’ Education}

There is a paucity of research on grade inflation in general, but health professions’ education is beginning to address the issue and notably so due to the potential impact on patient care and safety. Nurse researchers believe the need to address grade inflation is of urgency considering the growing complex needs in health care today that call for highly competent and compassionate providers.\textsuperscript{28} Further, patient safety may be at stake.\textsuperscript{29} Errors committed by health care providers are a leading cause of death in the United States.\textsuperscript{30} For these reasons, the potential consequences of grade inflation in health professions’ graduates cannot be ignored. Such students could believe they are more competent than they are, and this level of confidence could lead to errors.\textsuperscript{31}

More objective analysis is needed to identify students early for intervention who plan to have professional roles in patient care. For example, faculty in one program for medical students made a few simple changes to the grading scale that resulted in a shift in the grade distribution from one year to the next.\textsuperscript{32} The new scale caused a shift in course grades with fewer students at the mastery level (22.6\% to 9.8\%), more in the middle who received more support, and some students below expected levels of competency who would not have been identified using the prior approach (0\% to 2.8\%). The concern is the 2.8\% of students who might have graduated into professional roles without adequate preparation.

One of the most important mitigation strategies for grade inflation is the use of rigorous grading rubrics and multiple-choice examinations.\textsuperscript{33} However, it is the precision in the design of multiple-choice examinations and grading rubrics that matter.\textsuperscript{34} For ninety-seven nurse practitioner (NP) students in a pre-course revision group, 79\% received an A grade. Following revisions in existing rubrics and test items, the A grade reduced to 32\% in the same course for 258 NP students and the C grade doubled from 7\% pre to 15\% post-course revision. Thus, when faculty review and revise existing evaluation measures, they can impact grade inflation and identify students who need more support.

Other ways faculty can mitigate grade inflation is the use of a Pass/Fail system for grading and some argue that in health professions’ education, a student is either competent (Pass) or not (Fail).\textsuperscript{35} A competency-based framework that aligns with a Pass/Fail system of grading is being implemented nationwide across nursing education at both undergraduate and graduate levels.\textsuperscript{36} This framework is new and there is no data at this time on best practices in student evaluation. Yet, some argue that the complexities in health care and the need for compassionate and competent nurses are not items that fit in a check box.\textsuperscript{37}

Finally, simply having data that shows grade inflation, or the issuance of a high percentage of A grades, is a mitigation strategy.\textsuperscript{38} Awareness alone gets the attention of faculty. When faculty believe too many A grades are being issued, they tend towards more objective evaluation techniques to decrease it.\textsuperscript{39}

\textbf{Study on Grade Inflation in Advanced Practice Provider Education}

The following study describes how one health professions’ education program at a midwestern Jesuit university is addressing grade inflation. The purpose of the study was to assess grading patterns in a specific area of health professions’ education (APP programs), explore the findings with faculty, and implement strategies to mitigate grade inflation to better support student success and address the potential for patient care error. APPs are a subset of health care providers. They are comprised of advanced practice registered
nurses and physician assistants. They are granted the privileges or authority in most states to prescribe advanced interventions (pharmaceuticals and non-pharmaceuticals) for patients. The act of prescribing places these providers at higher risk for making a patient care error.

Methods

Following Internal Review Board approval, forty APP graduates’ names were randomly selected from a list of May 2019 graduates from each of the four APP programs at the study site. The APP programs produce graduates who practice in the roles of nurse anesthetist (NA), family nurse practitioner (FNP), clinical nurse specialist (CNS), and physician assistant (PA). Students’ transcripts were gathered, and all grades achieved in the respective program were transcribed into an excel spreadsheet and triple checked for accuracy. Simple descriptive statistics (frequencies and percentages) and visual displays of the data were used to examine grading patterns.

Results

Overall, 700 grades were analyzed (See Table 1). The PA program issued the most letter grades (230), followed by NA (180), CNS (150), and FNP (140). Grade distributions for each program were based on transcripts of students in each program from their first semester through their last semester. The data is skewed to the left. The majority of grades issued across the APP programs were “A” grades at a rate of 66% of all grades issued. The CNS program issued the most A grades (87%) followed by FNP (62%), PA (57%), and NA (56%). The PA program issued the most A- grades (25%) followed by NA (17%), FNP (16%), and CNS (9%). The lowest grade issued in the CNS program was a B (2%) and the lowest for FNP and NA a B- (0.07% and 4%). For the PA program, the lowest grades issued were C+ and C grades (0.9% and 0.4%).

Figure 1. Grade Distribution by APP Program
Because programs share some of the same courses, grade distributions were examined more closely in those courses. For the five courses that both CNS and FNP programs share, forty-eight A grades were issued in the CNS program and forty-two A grades in the FNP program. These A grades accounted for 37% and 48% of all A grades issued in each program—almost half of all A grades issued in the FNP program.

Because the PA, CNS, and FNP programs share the same Advanced Pathophysiology course, grades were examined in this course as noted below in Table 2. CNS students were issued the most A grades, followed by PA students, then FNP.

In one of the APP programs, the CNS program, action was taken because the rate of A grades was at 87%. Based on the finding that CNS students also had higher rates of A grades than other APP students in other courses might be explained by a cohort of higher achieving students. However, as noted earlier, prescribing is a skill of APPs that if not done precisely, could cause a patient care error. This is a newer skill for the CNS profession compared to the other APP professions. For this reason, a competency tool for CNS prescribing was designed for CNS students to be used in clinical settings and is currently being pilot tested as an additional evaluation measure for prescriber competency and in lieu of existing grade inflation. The background to this tool can be found elsewhere.

Students already admit to feeling more confident and competent the more they use the tool.

Secondly, grading rubrics used in the CNS courses were evaluated for improvement by CNS faculty. Faculty changed the Likert scales from 0-2 points to 0-4 or 0-5 points to avoid grade compression and revised items on rubrics. CNS faculty are already seeing the positive effects of these two actions. For example, the new rubrics have helped faculty identify students’ weaknesses in developing posters for scholarly presentations. Lower grades with faculty feedback on the first round of poster development motivated students to revise and resubmit posters for higher grades—the final grade is an average of the two grades.
Overall, awareness of the high rate of A grades in the CNS program prompted faculty driven improvements to better support student success and help assure the academic rigor in the CNS program. This type of faculty action in response to grade inflation patterns represents the development, advancement, and critique required in Jesuit higher education. The positive changes made to the CNS program might not have happened if the grade inflation data had not been revealed.

Finally, administrators at the study site have started gathering course report data from all faculty which includes aggregate data on grades for each course. This data is being shared with faculty. These reports bring a level of transparency about grading patterns across health professions’ education that was not in place prior to this study.

Future Directions and Considerations

Importantly, the student, our top priority in Jesuit higher education, must be considered in tandem with all strategies to address grade inflation. Discerning the effects of strategies to mitigate grade inflation on student morale is very important. Today’s student has emerged from a grade inflationary system, and they expect an A. Thus, faculty need to explore student perceptions about the meaning of grades and consequences of grade inflation on students beyond their tenancy as students. Faculty have a responsibility to foster an environment of rigorous academic learning and develop the whole person (cura personalis) for the many challenges that await in both professional and personal life. Helping our students focus on knowledge attainment and meeting competencies that actually matter to employers should be our goals, rather than students’ dismay over non-A grades. Moreover, graduate students in general, commonly juggle work, family, and school and should learn that one cannot be expected to be “outstanding,” “excellent,” “superior,” or “exemplary” (the A grade) in every course. What are we fostering in our students if getting an A is all that matters to them?

Secondly, after graduation of our students, how are grades relevant to employment and success in one’s career? This is a missing component in our understanding of the meaning of grades. Google is already abandoning the college transcript for “demonstratable skills.” Active dialogue on the meaning of grades between faculty and advisory boards/employers of our students is encouraged, and particularly so of our APP graduates in health care systems. In Ignatian pedagogy, this is very important as we strive for more than academic achievement but the improvement of the person (our students) in body, mind, and spirit. Yes, we need our graduates to be clinically competent and safe. But, we also want to hear that they are accepting of constructive criticism, willing to change and grow, works collaboratively with others, and delivers care to patients and families in a compassionate manner.

Finally, from a Jesuit perspective, what would St. Ignatius say? Is it time for faculty of Jesuit higher education to actively address the contemporary issue of grade inflation? I believe St. Ignatius would insist upon it—the Magis, the more, to do more for the betterment of our students and society at large. If patient safety is at risk, we have a duty. Addressing grade inflation is not the popular choice in a market driven business that universities have become, but it is the right choice for Jesuit higher education. More dialogue, more action, and more research are urgently needed so all can come together to comfortably address this problem.

Conclusion

Grade inflation should be addressed in Jesuit higher education as the value of the college degree is under scrutiny. This paper revealed causes, mitigation strategies, and an exemplar of how faculty for APP programs at a midwestern Jesuit university is addressing the issue. Specifically, grade inflation data prompted faculty to revise grading rubrics which resulted in better student achievements in coursework and added an additional evaluation measure to better assure prescriber competency. For students in health professions’ education, the worst possible consequence of grade inflation (patient care error) cannot be ignored. The call for all Jesuit faculty to assess for grade inflation and mitigate it is needed to best support academic and personal growth in our students.
Endnotes


5 Belkin, “Is This the End of College as We Know It?”; Chowdhury, Grade Inflation, 86.


8 American Council on Education, Effective Teaching Practices.

9 Schneider and Hutt, “Making the Grade,” 201-224.


13 Ream et al, Scholarship Reconsidered.


19 Finefter-Rosenbluh and Levinson, 3-21.


21 Del Prato and Bankert, “Academic Grade Inflation,” 11-16.


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27 White and Heitzler, 73-77.

28 Del Prato and Bankert, “Academic Grade Inflation,” 11-16.

29 Del Prato and Bankert, 11-16.


33 White and Heitzler, “Effect of Increased Evaluation,” 73-77.


35 Zoberi Schiel and Everard, “Grade Inflation,” 806-810.


38 Zoberi Schiel and Everard, “Grade Inflation,” 806-810.

39 Zoberi Schiel and Everard, 806-810.


