

OREGON CONSORTIUM FOR NURSING EDUCATION

Evaluation and Grading Principles

Approved January 24, 2007

Assumptions

The OCNE Evaluation & Grading Principles are based on the following assumptions around the paradigm change to a learner-centered competency based curriculum.

1. The consortium curriculum requires attention to best evidence related to a learner-centered, competency based approach to teaching nursing. Best evidence includes the importance of integration of ethical, cognitive and technical experiences into each learning activity.
2. Therefore, the consortium curriculum requires close correlation between theoretical and clinical learning experiences.
3. A pass/fail grading system should be logically and philosophically consistent with measurement of competent performance, and clinical performance labeled “pass” will reflect competent performance as measured by an authentic performance measure,

General Principles

Evaluation of student performance and the assignment of a grade rest on the following principles:

1. Evaluation should be structured to facilitate the students becoming a self-directed learner, i.e., capable of reflecting on their practice, identifying strengths and areas for improvement, and seeking out resources for learning. Acquisition of these skills is developmental, with greater guidance needed earlier in the program.
2. Evaluation using criteria is an integral component of all learning activities; it is an ongoing process, and coupled with feedback to students is essential for learning. As such, not all evaluation contributes to the assignment of a *grade*. There will be *ungraded* learning activities which will be evaluated in order to provide feedback to the student, but which will not contribute to the course grade.
3. A grade is a summative evaluation of the students' performance for a component of a course (e.g. exam testing knowledge in one unit; a paper demonstrating competence in use of evidence to plan care; clinical performance) and for a course. Grades may include letter designations, point assignments, or pass/no pass designations.
4. We want to help students learn to value evaluation and feedback, as well as self-reflection and evaluation, and de-emphasize the importance/value of grades as such. Our evaluation/grading practices should reflect this intent.

Guidelines for grading/evaluation in the OCNE Curriculum

1. Progression in the OCNE Curriculum requires successful achievement of each level benchmark. Because the benchmarks are reflected in the course outcomes, student progress will be based on successful completion of each course. Therefore students must be evaluated on the attainment of all course outcomes in the determination of a course grade. If a campus separates the course into theory and clinical components, passing all components is essential to passing the course. Repeating a course continues to require integration of both theory and clinical components.
2. In courses that include both theory and clinical, the course grade will be comprised of clinical performance evaluation and evaluation of the students understanding of the theory/principles/evidence guiding the practice.
 - a. Each partner school will determine whether clinical is graded by letter designation or by pass/no pass. In order to pass a course, the student **MUST** pass clinical.
 - b. Each program develops its own clinical evaluation tools, reflecting the dimensions and performance levels expressed in the rubrics and benchmarks.
 - c. During the first year of implementation, the rubrics will be pilot tested. Faculty will be asked to provide systematic data regarding their use and usefulness in evaluation and guiding learning.
 - d. Clinical performance grades are the responsibility of the faculty and must be based on at least two components:
 - i. Direct observation of students in clinical practice by faculty using an evaluation tool that reflects the dimensions and performance levels expressed in the rubrics.
 - ii. Evaluation of the student's portfolio, which includes exemplars from the student's practice and the student's self-evaluation/reflection on practice.
 - e. Evaluation of the student's portfolio, which includes broad exemplars of the student's work beyond clinical practice.
 - f. Performance in simulation may be considered in the determination of the unit or course grade.
 - g. Preceptors, patients and others associated with the student's learning may provide feedback to students and faculty but are not responsible for awarding student's grades.
 - h. A variety of tools will be used to evaluate the student's understanding of theory/principles/evidence guiding practice. It is expected that for at least one course/term students will produce a paper synthesizing their understanding. In addition, traditional examinations will be used.

These recommendations are based on an integrative review of literature: McMullan, M. et al. (2003). Portfolios and assessment of competence: A review of the literature. *Journal of Advanced Nursing*, 41(3), 283-294.