

# contract grading: incentives and rewards\*

**Janice B. Lindberg**, R.N., M.A. Assistant Professor of Nursing, B.S.N. University of Michigan, M.A. Columbia University.

**Lillian M. Simms**, R.N., M.S. Assistant Professor of Nursing, B.S.N. University of Michigan, M.S. University of Michigan.

20

"How the individual learns, the timing involved, and how he is taught affects what he becomes. People are very much a product of their learning experiences."<sup>1</sup>

In the process of reorganizing the sophomore level nursing courses, the opportunity became available to structure a fresh approach to integration of theory and clinical experience as well as evaluation of student learning and performance. Various educators influenced our thinking and planning.<sup>2,3,4,5</sup> This particular paper concerns student evaluation within a section of the basic course, "Nursing and Health".

Plagued by the inequities of a ranking system which guarantees a failing grade for a fixed percentage of any given class,<sup>6</sup> we decided to attempt a completely different grading system; one that would de-emphasize competition and provide the opportunity for success for all. The process of contracting appealed to us because of the potential for intellectual growth and learner satisfaction.<sup>7</sup>

In retrospect, the idea of contract grading seems to have crystallized as the course planning evolved. Prior to development of a contract grading system came the assumption by the faculty group that successful completion of the course was an expectation for **all** students, not a select few. Development of the individual would be encouraged and competition deemphasized. Hopefully, individual potential would be maximized. Unsuccessful performance would speak more to failure of the faculty than failure of students. Faculty further assumed students were on the scene to learn and that faculty would be facilitators in the process.

We did not accept or perceive curving as a viable option within our contract grading structure. Contracts are more reasonably based on the absolute standards system.<sup>8</sup> Initially, personal philosophies regarding mastery versus performance levels varied. This did not prove to be an insurmountable obstacle and we were able to agree on a definition of contract similar to:

*"a businesslike arrangement whereby the instructor defines the performance required for each grade, the student identifies the performance level to which he will work, and signs a contract in which the instructor is committed to awarding this predetermined grade if the student attains the appropriate performance level."*<sup>9</sup>

The "Nursing and Health" course is divided into three theory sections of four weeks each. A contract with specific performance levels is written within each of the three sections. The course grade is derived from the three contracts. A clinical practice is continuous throughout the term and serves as a laboratory for theory sections. Faculty have developed sophomore level behavioral objectives which are designed to relate theory to clinical practice.

Our particular section related to Professionalism and includes key concepts of creativity, problem solving, profession and nursing practice options. Helping the student develop professional judgment from the beginning of Baccalaureate education is no easy task. Students have valuable information about their individual learning styles. Accommodating these styles helps provide educational experiences which en-

\*Prof. Lindberg and Prof. Simms are on the faculty of the School of Nursing at the University of Michigan. The course described in this article enrolls 125 students with 42 in each section. The authors wish to acknowledge the contribution of the rest of the "Nursing and Health" faculty.

courage a development of self and individual accomplishment of behavioral objectives. Contract grading is one technique which encourages the student to be responsible for his own learning and performance.

Although it is generally considered more feasible to contract for the entire semester, we have found that it works satisfactorily to contract by section. Stu-

dents submitted a written contract by the second week of the section. Early efforts to structure contracts were quantity oriented and largely determined by the instructor. (Table 1.) The requirements for grade contracts within this section were clearly outlined but inadvertently listed separately from objectives in the section syllabus.

Students are expected to contract for grades at the beginning of the section. The following guidelines will be utilized in determining the successful completion of specific grades:

C	B	A
Required readings	Required readings	Required readings
Attendance at seminars	Attendance at <b>all</b> seminars	Attendance at <b>all</b> seminars
Written exercises done in class	Satisfactory written exercises done in class	Satisfactory written exercises done in class
Completion of guided study module	Completion of guided study module	Completion of guided study module
2 Data sheets	2 Data sheets	2 Data sheets
	Consistent participation in seminar activities	Consistent participation in seminar activities
	3 page typed reaction paper on problem related to future of nursing; due first class of last week of section.	Scholarly paper on problem related to future of nursing (5 or more pages); due first class of last week of the section.

Failure to meet any of the above requirements nullifies the contract.

Table 1. Requirements for the Professionalism Section

SECTION OBJECTIVES: At the end of the section, the student should be able to:	Grade Performance Levels		
	C	B	A
1. Define terms related to Professionalism section.	Pass simple definition of terms test	Use terms correctly in written exercises	Use terms meaningfully in written and verbal communication
2. Comprehend concepts.	State concepts	State concepts related to nursing	State concepts and explain relationship to nursing
3. Apply selected concepts to specific situation.	Collect and organize data according to concepts	Collect and organize data according to concepts  state some problems in concept form  state standard interventions to problems	Collect and organize data according to concepts  state some problems in concept form  given selected data, state most problems in concept form  state alternate approaches to problems
4. Create own interpretation of theory content.	State steps of the nursing process	Demonstrate that nursing process applies to their own clinical situation; illustrate from own experience	Demonstrate that nursing process applies to own clinical situation; illustrate from own experience  relate nursing process to professional behavior
5. Communicate with classmates.	Use at least one mode of communication: listening, speaking, writing	Use written, verbal & listening skills in seminar; recognize own problems with communication & seek guidance	Use written, verbal and listening skills effectively in seminar
6. Develop a perspective on professional behavior in nursing.	State several practice options	Can identify problems re practice options and react informally	Discuss in a scholarly way problem(s) re practice options and suggest creative resolutions; independently develop a suitable activity

Table 2. Requirements for Professionalism Section

Realizing that these inadequacies did not encourage the kind of independent thinking and flexible pacing to fit individual needs and interests, we have made alterations. (Table 2.) We now find that students can suggest alternate activities to meet performance levels. Readings can be selected rather than required. Students see this as an incentive to explore literature and a means to generate readings which have student relevance. The incentive exists for self evaluation and a concrete mechanism is provided for students to assume a self directed involvement in planning learning experiences. This allows the student to utilize previous learning and variable life experiences in maximizing learning opportunities.

The contract system seemed to offer an incentive to budget time and set priorities as students knew the expected behavior for each performance level at the beginning of the section. Theory requirements drew upon the clinical practice, requiring student initiative in selecting suitable activities. Rather than pressuring faculty and students to determine penalties if contracts were not met, faculty assigned a grade for the performance level which they thought was demonstrated. On an individual basis, there was flexibility for renegotiating contracts and/or accepting alternative activities in lieu of original intentions.

The results of our efforts have been most rewarding. The response from students who do not learn in fixed patterns has been extremely encouraging. Student evaluations support that this grading system provides an incentive for students to compete with their own potential. The majority of students viewed themselves as capable of achieving either a B or an A level. Most students achieved their contract. A few were unable to meet contract requirements. No students received a failing grade, although the few who did not meet contract requirements did receive a lower grade. Our students' positive responses support the findings of other nurse educators<sup>10,11</sup> who were willing to experiment with this alternative to the teacher dominated grading system.

In addition to student identified incentives and rewards, there are incentives

and rewards for faculty. These by far outweigh the demands on the faculty who must be willing to react to a large volume of student input. Contract grading requires a willingness to relinquish full power over grading and to be in a situation where all answers are not known. Students and faculty must be free to discover the utilization of resources together.

It is difficult to measure fully the positive response of students to innovation and openness and to describe the quality of student faculty interaction. Seminar participation has increased since contract grading and the diversity of clinical experiences in which students are involved has created an excited seminar atmosphere.

Contracting for performance levels has increased student satisfaction with the integration of theory and clinical practice. It has also reinforced the concept of professional accountability. Each student is individually responsible for demonstrating that the nursing process applies to his own clinical situation. This has promoted student involvement in planning clinical as well as academic activities. Programming for success stimulated creative efforts which we could not possibly have anticipated.

#### REFERENCES

- 1 Sutterley, Doris Cook and Gloria F. Donnelly. *Perspectives in Human Development*. Philadelphia, J. B. Lippincott. 1973, p. 177.
- 2 Morris, Charles G. *Psychology: An Introduction*. N.Y. Appleton-Century-Crofts. 1973.
- 3 Toffler, Alvin (ed.) *Learning for Tomorrow*. N.Y. Vintage Books, 1974.
- 4 Postman, Nell and Charles Weingartner. *Teaching As a Subversive Activity*. N.Y. Dell Publishing Co. 1969.
- 5 Johnson, Rita B. and Stuart R. Johnson. *Assuring Learning with Self-Instructional Packages or Up the Up Staircase*. Philippines, Self Instructional Packages Inc. 1973.
- 6 Harvey, Ann. "Student Contracts: A Break in the Grading Game." *Education Canada*. Vol. 12, No. 3. Sept. 1972, p. 42.
- 7 Bockman, John F. and Valerie M. Bockman. "Contracting for Learning Outcomes: Potentialities and Limitations." *NASSP Bulletin*. Vol. 57, No. 370. Feb. 1973, p. 22.
- 8 Harvey. *Op. cit.*, p. 42.
- 9 *Ibid.*
- 10 Layton, Janice. "Students Select Their Own Grades." *Nursing Outlook*. Vol. 20, No. 5. May 1972, pp. 327-329.
- 11 Rauen, Karen and Betty Waring. "The Contract." *Nursing Outlook*. Vol. 20, No. 9. Sept. 1972, pp. 594-596.