Promoting Academic and Clinical Success through Learning Contracts

Essentially, contract learning is a method whereby students become active participants in structuring their own educational plan by providing input into a written agreement that specifies what is to be learned, how it is to be learned, and how that learning is then assessed or verified. Through this process, learning becomes an active rather than a passive process for students and allows them to become more independent and responsible for their own learning. Such an approach is often used in independent study projects or in tutorial interactions with faculty. Rather than being motivated by the possibility of achieving a high grade, students have the option of selecting their own learning strategies to achieve their specific objectives based on their own individual interests and goals, while also progressing within the context of the plan of study for the course or clinical experience.

Implementing a contract learning approach is consistent with a self-directed learning model for students, rather than a teacher-centered Socratic style of learning. By helping to develop a written learning agreement, students have a voice and a choice as to what knowledge or skills they wish to attain, and how these objectives will be accomplished and validated.

In education, contract learning approaches have been implemented for undergraduate and health professional students. Frank and Scharff (2013) observed that learning contracts led to an increase in student commitment and faculty. Rather than being motivated by the possibility of achieving a high grade, students have the option of selecting their own learning strategies to achieve their specific objectives based on their own individual interests and goals, while also progressing within the context of the plan of study for the course or clinical experience.

Implementing a contract learning approach is consistent with a self-directed learning model for students, rather than a teacher-centered Socratic style of learning. By helping to develop a written learning agreement, students have a voice and a choice as to what knowledge or skills they wish to attain, and how these objectives will be accomplished and validated.

In education, contract learning approaches have been implemented for undergraduate and health professional students. Frank and Scharff (2013) observed that learning contracts led to an increase in student commitment and faculty. Rather than being motivated by the possibility of achieving a high grade, students have the option of selecting their own learning strategies to achieve their specific objectives based on their own individual interests and goals, while also progressing within the context of the plan of study for the course or clinical experience.

Traditionally, students’ grades for this course were based on their performance on two multiple choice examinations; they received grades of either honors (92% to 100%), high pass (83% to 91%), pass (74% to 82%), or fail (< 74%). At the beginning of the course, students were given the opportunity to contract for a grade and were instructed to submit a copy of their learning contract within the first 2 weeks of the course. (Students also had the opportunity to amend their contract at the mid-term of the course.) To achieve a passing grade, students were expected to pass the midterm and final examinations on the course content. Additionally, to achieve a high pass, students were also expected to submit a substantial case study (with criteria given), based on a mother and infant dyad whom they cared for in a parallel clinical rotation. To attain an honors grade, students needed to meet the criteria for a high pass, and complete and pass (according to criteria given) the following: an evidenced-based narrative review or annotated bibliography on a relevant clinical topic, a critique of professional and lay websites related to a clinical area, a patient education handout, or a learning activity of the student’s choice that had received prior approval from the instructor. Although presentations were not required, student projects were then posted to the online course management website so that students were able to share their work with each other. Examples of student honors projects included an annotated bibliography on challenges in breastfeeding, a narrative review on newborn metabolic screening, and a parent educational handout on bronchopulmonary dysplasia, which was reviewed and accepted for use by the nursing staff in a newborn special care unit.

Thus, through the contractual approach, students were given the chance to structure their own learning activities according to their needs and interests. With approximately 70% of students opting for an honors grade, they responded favorably to this method, noting the opportunity to be more independent and responsible for their own learning. Students were evaluated based on their demonstrated competency, as well as the breadth and quality of their work. Although contractual learning may be more time intensive for faculty teaching large courses, this approach mitigates the challenges of dealing with broad differences among a group of learners and moves the focus away from transmitting knowledge in a classroom to generating knowledge through a collaborative and learner-centered approach.

References

Martha K. Swartz, PhD, CPNP-PC, FAAN
martha.swartz@yale.edu
Yale University School of Nursing
The author has disclosed no potential conflicts of interest, financial or otherwise. doi:10.3928/01484834-20190521-11