Cheating in assessments:

Doing, detecting and deterring

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A STORY……

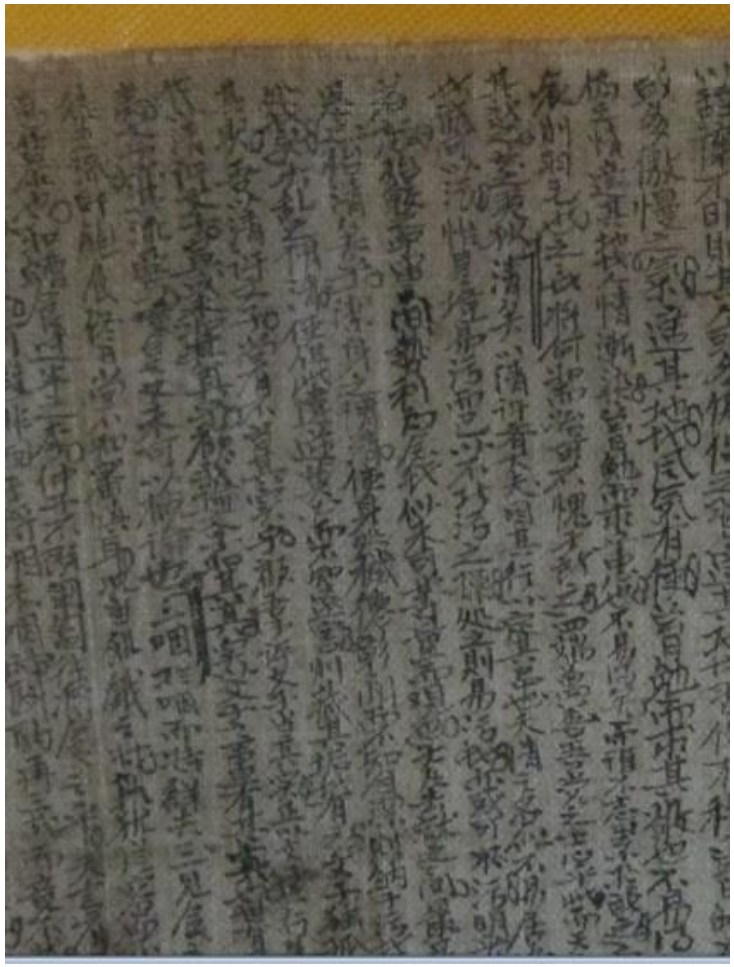
Content

- What is cheating?
- Prevalence?
- Who cheats?
- Is cheating important?
- What motivates students to cheat?
- Bad apples or bad barrels?
- What's to be done?
- Reframing cheating differently

Definition of cheating

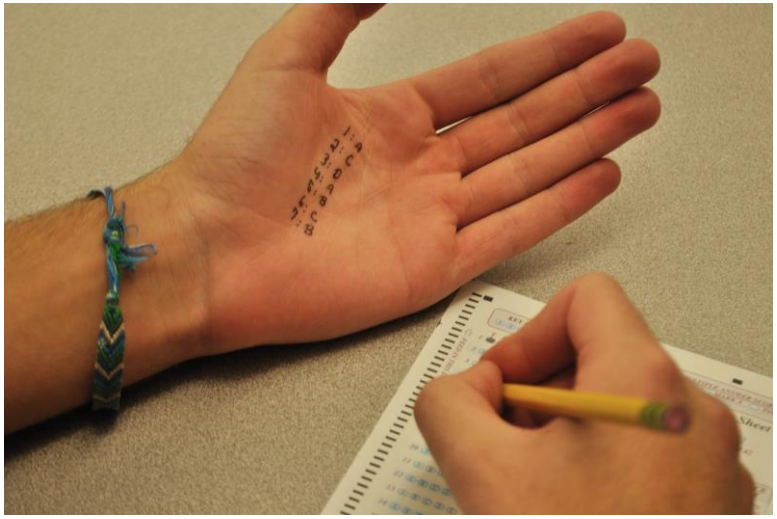
- Breaking the rules to get ahead

Harper 2006



Prevalence

- Difficult to measure
- Research studies
  - Self reports from students and Faculty
  - Participants from more than one institution
  - Different sample sizes and response rates
  - Different types of cheating behaviour



Prevalence

- Bowers 1963 - 5000 students from 99 campuses -63% reported cheating
- McCabe and Trevino 1996 - 70% students reported cheating
- McCabe 2005 - 80,000 students from 83 campuses 25-50% admit some form of cheating
- Centre for Academic Integrity - 70% college students admit some form of cheating

General findings

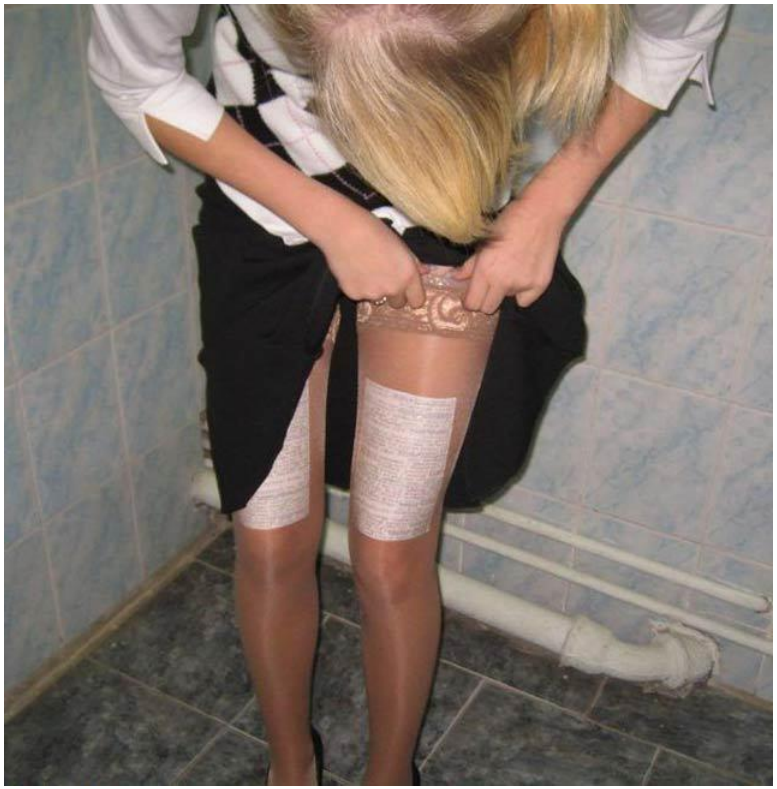
- Smith et al 1972 93% US college students felt cheating was a way of life

Who cheats?

"It's not the dumb kids who cheat…..its the kids with the 4.6 grade point average who are under so much pressure to keep their grades up and get into the best colleges. They're the ones who are smart enough to figure out how to cheat without getting caught"

Who cheats?

- Gender changes
  - 1963 -1993
- Educational level
  - 69% - 45%
- Humanities vs science
- Discipline with the highest rate of cheating?
- Cultural effects



Prevalence in healthcare students

- **Nursing**
  - McCabe 2008 – 58% undergraduate and 47% graduate nurses reported cheating
  - Arhin and Jones 2009 – 30% nurses though making up laboratory result was not dishonest

Prevalence in healthcare students

- **Pharmacy**
  - Rabi et al 2006 -16% admit cheating in the course
  - Henning et al 2013 – 34% admitted cheating 91% admitted some form of copying

Cheating in medical schools

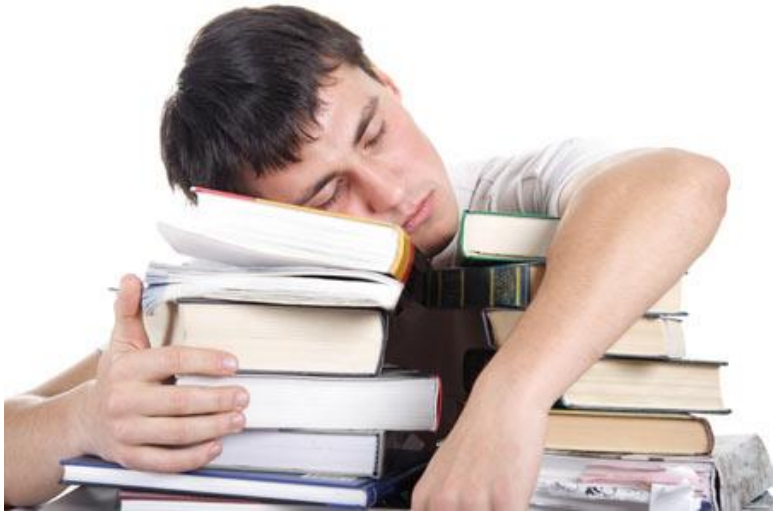
- Sierles et al 1980 – 58% medical students report cheating at least once
- Baldwin et al 1996 – 5% cheating in medical school (80% before entry)
- Rennie and Crosbie 2001 - Dundee study 2% admitted to copying, 58% admitted to plagarism
- Dyrbye et al 2010 – 1.5% students admit cheating in exams but 43% falsify clinical findings

Why is cheating important?

- Concerns
  - cheating on exams and failing to report error
  - ‘no-one wants a cheating nurse to look after them’
  - Cheaters in Medical School more likely to fabricate clinical data
  - Are cheating students competent?
  - Past behaviour predicts future actions

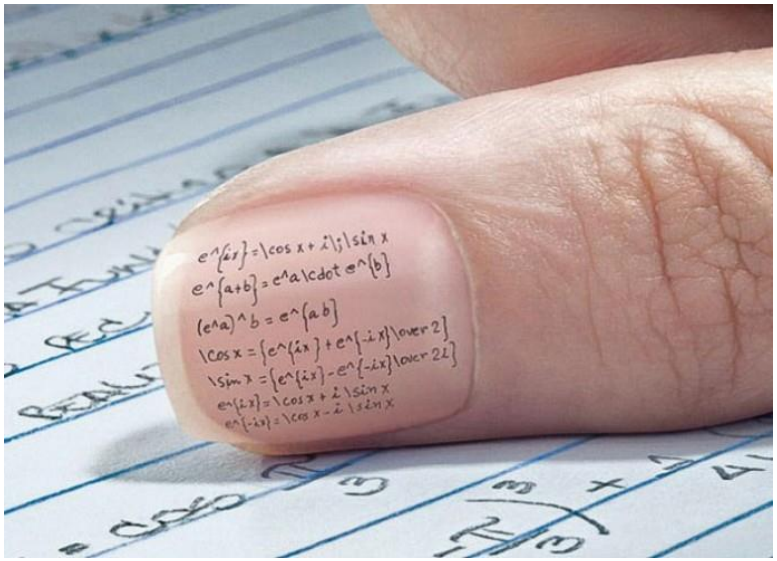
Bad apples or bad barrels?

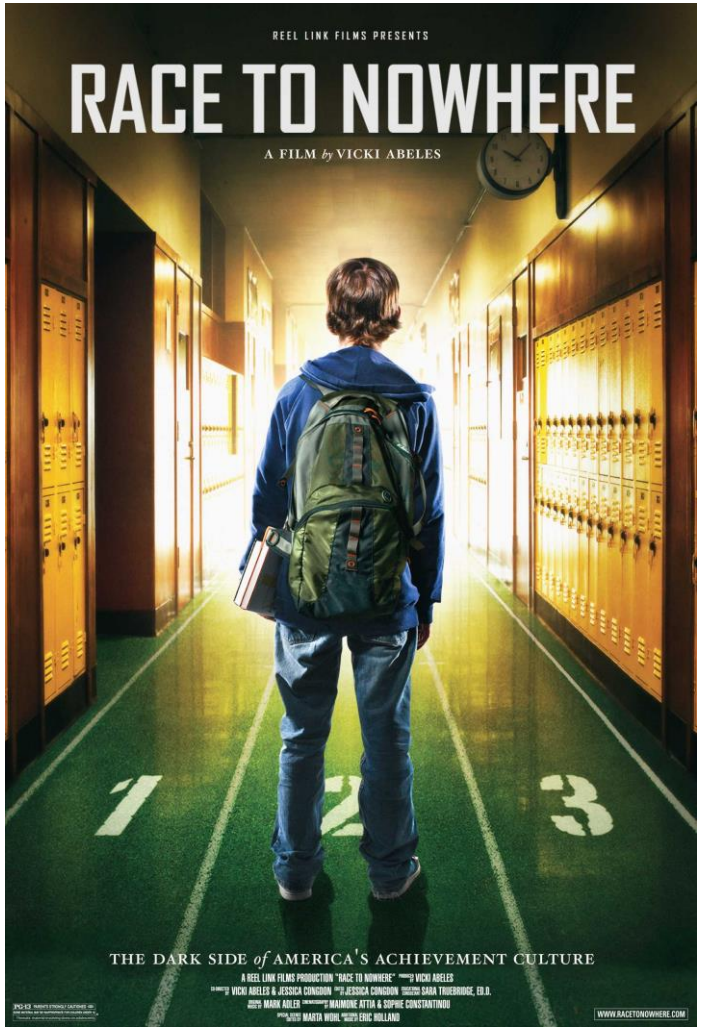
Students or the situation?



Motivation - Why do students cheat?

- Type of assessment
- Pressure to perform
- Burn out
- Likelihood of detection
- Perception of wrong doing





http://www.youtube.com/watch?v=Uem73imvn9Y

The pressure to perform

- The pressure to get into medical school courses
- Ranking in UK medical schools now a way of life
- National ranking for postgraduate F1 posts
- Pressure for residency places

What's to be done

- Prevention
- Increased detection
- Punishment
- Student support
- Education
  - Honour codes
  - Learning contracts
  - Ethics and moral philosophy teaching

University students 'made to wear anti-cheating helmets'

Students in Thailand appear to have been forced to wear helmets to prevent them from cheating during exams.

Medical student cheating - UK

GMC GUIDANCE

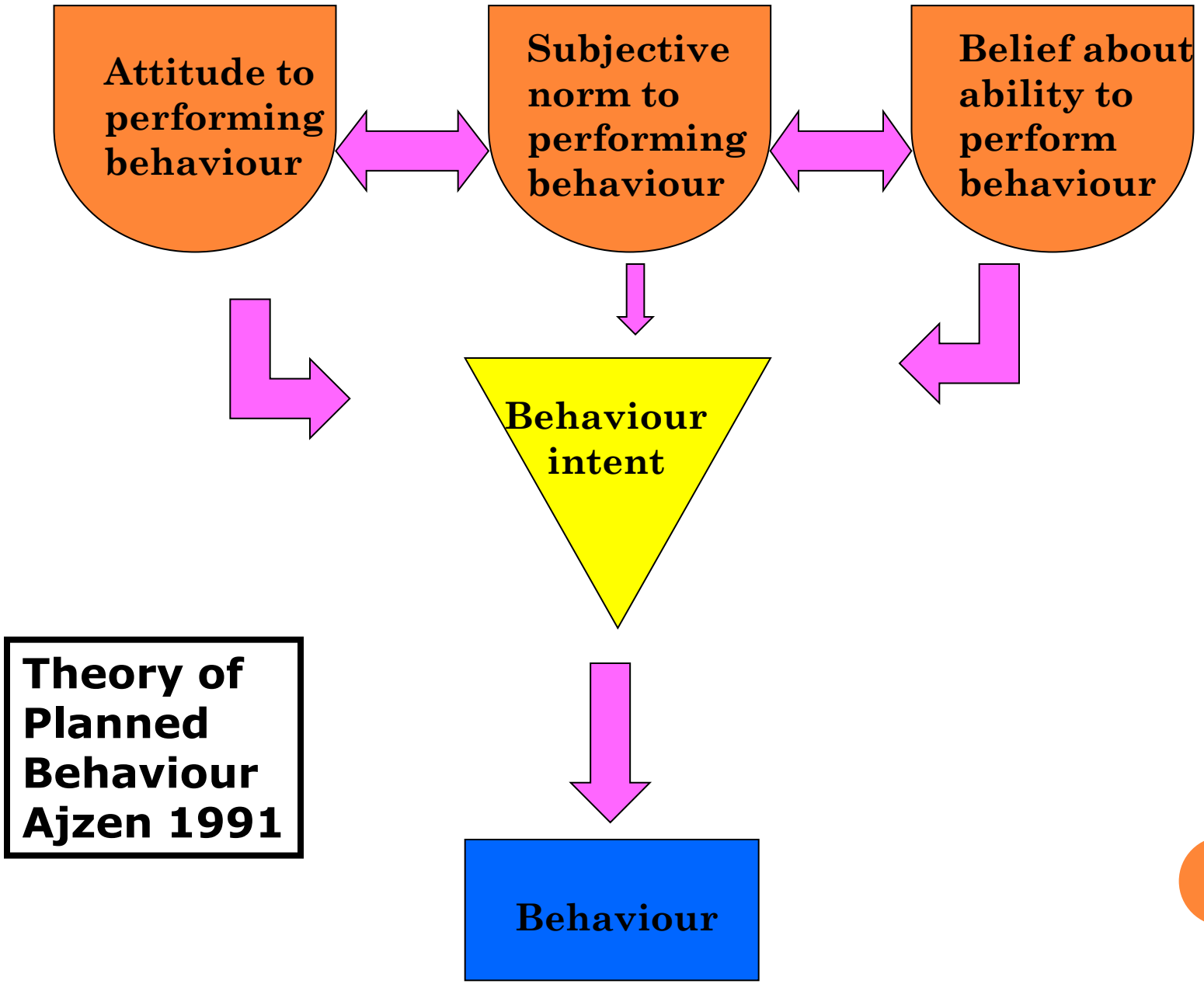
- **Has a student behaved dishonestly or fraudulently ?**
  The medical school should take action if a student's behaviour is such that trust in the medical profession might be undermined. This might include plagiarism, cheating, dishonesty in reports and logbooks, forging the signature of a supervisor

Table 1: Most frequent areas of concern relating to student fitness to practise

Areas of concern	Some examples of concern
Criminal conviction or caution	Child pornography Theft Financial fraud Possession of illegal substances Child abuse or any other abuse Physical violence
Drug or alcohol misuse	Drunk driving Alcohol consumption that affects clinical work or the work environment Dealing, possessing or misusing drugs even if there are no legal proceedings
Aggressive, violent or threatening behaviour	Assault Physical violence Bullying Abuse
Persistent inappropriate attitude or behaviour	Uncommitted to work Neglect of administrative tasks Poor time management Non-attendance Poor communication skills Failure to accept and follow educational advice
Cheating or plagiarising	Cheating in examinations, logbooks or portfolios Passing off others' work as one's own Forging a supervisor's name on assessments
Dishonesty or fraud, including dishonesty outside the professional role	Falsifying research Financial fraud Fraudulent CVs or other documents Misrepresentation of qualifications
	Breach of confidentiality Misleading patients about their care or treatment

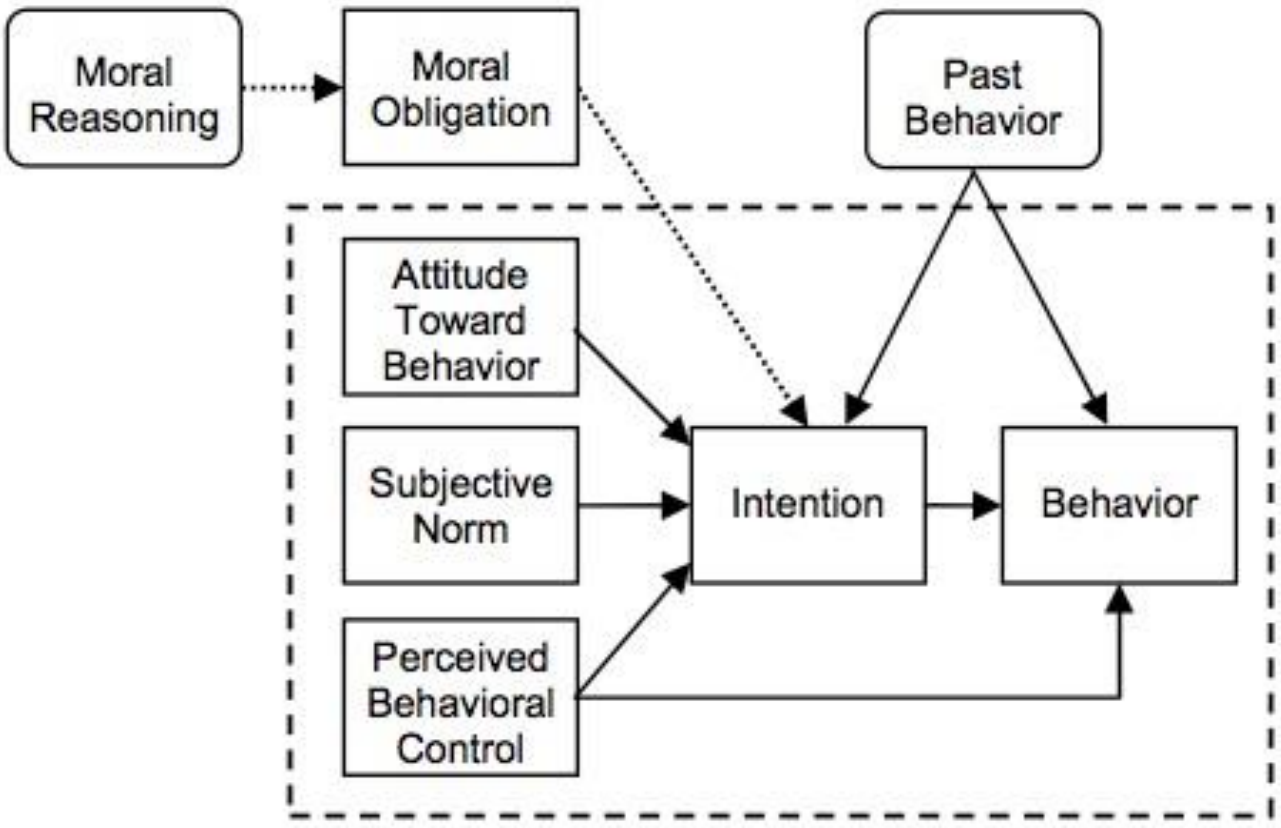
Culture

The way we do things here



Theory of Planned Behaviour Ajzen 1991

Reframing cheating – the theory of planned behaviour in the professions



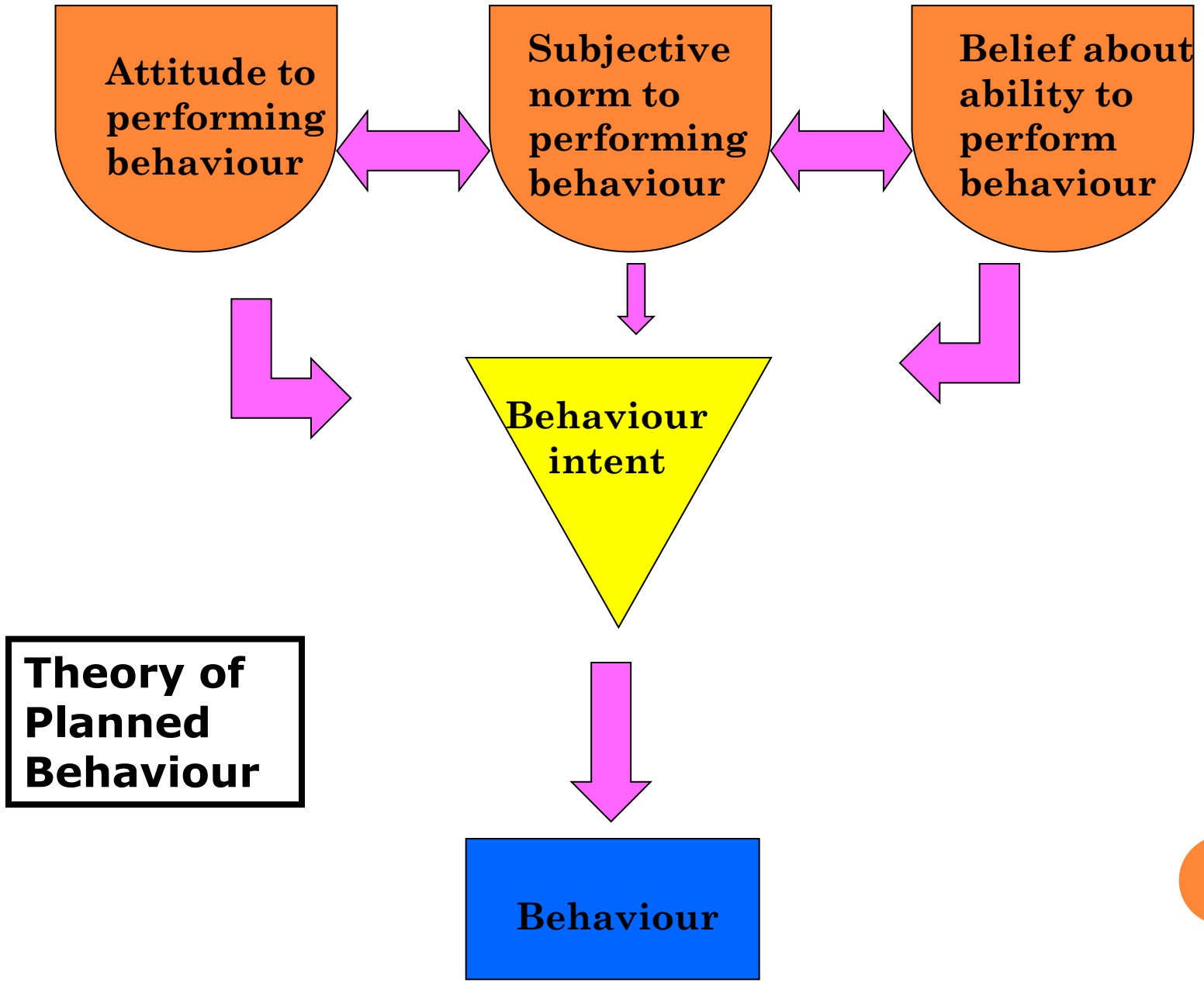
Harding et al 2006

Is cheating a worse crime for medical students?

YES

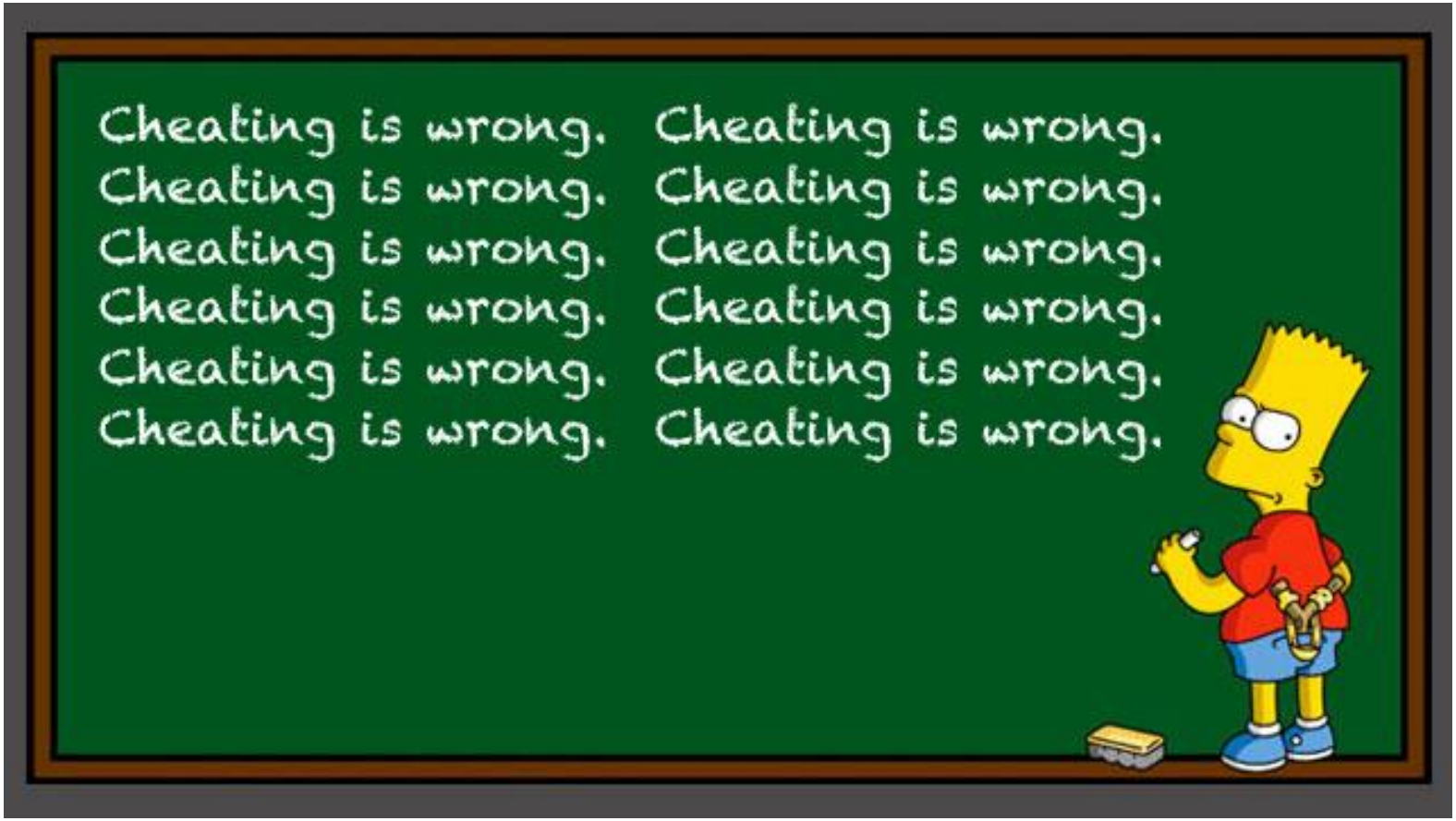
Trust

The story continues…..



Theory of Planned Behaviour

In summary……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Thank you