Developing and Implementing End of Program OSCE (Objective Structured Clinical Examinations) for an Undergraduate BSN Program.

Sigma Theta Tau  41st Biennial Convention
Ceil Flores, RN, MSN
Jennifer Roye, RN, MSN, CPNP
Objectives

- Describe the process used to develop the end of program OSCE (Objective Structured Clinical Examination), an evaluation tool for graduate nursing students' readiness for practice.

- Describe the use of high fidelity simulators and task trainer during the initial OSCE and the evolution of this clinical examination.
Clinical competency taskforce (UEPC)
  - Focused primarily on end of program

Student’s readiness for practice
  - Standardized exit test
  - No clinical component
  - Little hospital experience in SR II
Clinical Competency Taskforce

- Examined national/local standards (criteria)
  - NLN (National League for Nursing, 2010)
  - AACN (American Association of Colleges of Nursing, 2010)
  - QSEN (Quality and Safety Education in Nursing, 2011)
  - IOM (Institute of Medicine, 2003)
  - UT Arlington College of Nursing (2010a)
  - Incorporated the top 10 DRGs in DFW area
OSCE: Objective Structured Clinical Exam

- Individual evaluation
  - Assess readiness for practice
  - For feedback only

- Provided realism
  - Hospital setting (Smart Hospital™)

- Student interaction with “patient”
  - Scripted interaction
Expectations

- Students ready to enter practice:
  - Assume care of patient
  - Initial assessment
  - Skills performance
  - Make clinical decisions independently
First Scenario

- Simple: S/S bowel obstruction
  - Basic skills
    - Assessment
  - Patient safety
    - Hand hygiene
    - Pt. identifiers
  - Communication
    - Beginning of shift report
    - Calling a physician
      - Necessary skill
      - Often not done as student
More complex: Hypovolemic Shock
- Required critical thinking
- Focused assessment
- Prioritizing care
  - Call physician

Demonstrate basic skills
- Take a manual BP
- Check abdominal dressing
- Choose correct IV and hang
Outcomes

- Preparation and communication
- Evaluation consistency
- Skills performance
  - Need for remediation
Evolution

- Additional faculty
- Changes implemented
  - Communication
  - Student preparation
  - Faculty input
- Capstone experience
Additional information

- References provided

- Special thanks
  - Clinical Competency Taskforce
  - Smart Hospital™ faculty