

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

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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.

Development of End of Program OSCE

- 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

Second Scenario

- 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