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Using the Triangulated OSCE to Assess Student Performance in Simulation

Heather Johnson, DNP, FNP-BC, FAANP¹

Catherine G. Ling, PhD, FNP-BC, FAANP²

Andrea Fuller, DNP, FNP-BC³

Laura Taylor, PhD, RN³

(1)Graduate School of Nursing, Uniformed Services University of the Health Sciences, Bethesda, MD, USA

(2)FNP Concentration Director College of Nursing, University of South Florida, Tampa, FL, USA

(3)Daniel K Inouye Graduate School of Nursing, The Uniformed Services University of the Health Sciences, Bethesda, MD, USA

Simulation is widely used in health education to improve interviewing and clinical skills. The Objective Structured Clinical Examination (OSCE) is a method of assessing clinical competence by rotating students through a variety of standardized patient (SP) scenarios or skills stations. There are at present no widely circulated gold standard evaluation methods for OSCE performance. Variability in psychometric properties, vague instructions for participants, inconsistency in SP responses, poorly defined outcomes and a mismatch between intent of the evaluation and type of data collected are long-standing critiques of OSCEs. Directly observed simulation encounters are labor intensive represent a significant strain on faculty time. Challenges associated with inter-rater reliability and outcomes can be minimized by adopting a standardized checklist. The checklist itself must be closely examined as it can steer the faculty observer to an evaluation of skills performance over clinical synthesis or decision making. The purpose of this presentation is to provide a description of how two programs collaborated to develop an evaluation procedure to provide a more complete perspective of APRN student performance in OSCE. Faculty determined that 3 data points were required: faculty observation, student experience and SP feedback. A standardized checklist rubric, tailored to each case and developmental year, was developed for use by faculty. The student experience captured the essential information gathered by the student during the encounter. The final data point was the Essential Elements of Communication rubric completed by SPs following an encounter. The triangulated approach had high inter-rater reliability and internal consistency. The project demonstrated that tailored rubrics, evaluation of student experience and SP feedback are strongly associated with demonstration (or lack of) clinical skills progression and provided a means of developing tailored goals and remediation plans for students who performed below expectations. At a higher level, students who were struggling clinically were identified much earlier in the program, allowing for more intensive instruction and remediation. The observation form has given uniformity to feedback and been a positive training instrument regarding expectations of student performance. The OSCE evaluation method is flexible enough to meet different stages of learning, formative, summative and high stakes assessment.

Title:

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Keywords:

clinical skills performance, objective structured clinical examination and simulation

References:

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Abstract Summary:

This presentation describes a novel approach to triangulating student performance during objective structured clinical examination using structured, tailored faculty rubric, student experience and SP feedback.

Content Outline:

1. The objective structured clinical examination (OSCE) is a widely accepted means of assessing clinical performance using standardized patients (SPs) and clinical stations.
2. There is wide variation in evaluation methods in OSCE. Critiques include
 1. Variability in psychometric properties, SP performance and tools
 2. OSCEs are faculty time-intensive
3. A new procedure for evaluating APRN student performance was warranted. The method incorporated
 1. Tailored rubric for faculty observation
 2. Data from student
 3. SP feedback
4. The novel procedure had high inter-rater reliability and aided faculty development of goals and remediation plans for students.

First Primary Presenting Author

Primary Presenting Author

Heather Johnson, DNP, FNP-BC, FAANP
Uniformed Services University of the Health Sciences
Graduate School of Nursing
Associate Professor

Bethesda MD
USA

Professional Experience: Heather L. Johnson is a Family Nurse Practitioner and retired Air Force officer who has dedicated her professional career to helping families navigate the complex healthcare and education systems for children with special healthcare needs. She partnered with the National Academy of Science, Engineering & Medicine and mentors doctoral students on projects to improve transitions and continuity of care for military children. She partnered with the National Center for Disaster Medicine and Public Health on a number of key projects to create multi-disciplinary education initiatives for vulnerable populations in disasters and maintains an active clinical practice at the Walter Reed National Military Medical Center. She is a consultant to the Department of Defense Office of Family Readiness Policy.

Author Summary: Heather L. Johnson is a Family Nurse Practitioner and retired Air Force officer who has dedicated her professional career to helping families navigate the complex healthcare and education systems for children with special healthcare needs, including military children. She is a consultant, invited speaker and author on topics surrounding access and interdisciplinary care for exceptional children.

Second Secondary Presenting Author
Corresponding Secondary Presenting Author
Catherine G. Ling, PhD, FNP-BC, FAANP
University of South Florida
FNP Concentration Director College of Nursing
Associate Professor
Tampa FL
USA

Professional Experience: Dr. Ling has presented or published over two dozen times in the last 5 years regarding the needs of military spouses, children and veterans. She has served as a consultant to Office of the Secretary of Defense – Under Secretary for Personnel and Readiness Division of Spouse Education and Career Opportunity regarding Military spouse employment and well-being. As the child of a combat veteran, the spouse of an active duty service member for 20 years and the mother of 2 military children, Dr Ling is uniquely qualified to speak to the rigors of military life and the impact on the family.

Author Summary: Dr Catherine Ling is a Fellow of the American Association of Nurse Practitioners. Her research focuses on functional capacity in vulnerable populations and translatable research through symptom phenotyping. One population of emphasis is military families. Her teaching scholarship and clinical practice emphasize increasing functional capacity for communities, students and patients. Dr. Ling continues to maintain active clinical practice as a Family Nurse Practitioner.

Third Secondary Presenting Author
Corresponding Secondary Presenting Author
Andrea Fuller, DNP, FNP-BC
The Uniformed Services University of the Health Sciences
Daniel K Inouye Graduate School of Nursing
Assistant Professor
Bethesda MD
USA

Professional Experience: 2014-Present Assistant Professor, the Uniformed Services University of the Health Sciences, Daniel K Inouye Graduate School of Nursing 2016-2017 National Organization of Nurse Practitioners "Current State of the DNP Project Task Force"

Author Summary: 2017 National Organization of Nurse Practitioners Faculty "Current State of the DNP Project" podium Presentation & Poster 2016 American Association of Nurse Practitioners 2015 American Association of Nurse Practitioners

Fourth Secondary Presenting Author

Corresponding Secondary Presenting Author

Laura Taylor, PhD, RN
The Uniformed Services University of the Health Sciences
Daniel K Inouye Graduate School of Nursing
Professor
Bethesda MD
USA

Professional Experience: 2017 Professor, USUHS Graduate School of Nursing 2014-2017 Associate Professor, USUHS Graduate School of Nursing, Director of Phase II Clinical Education 2007-2014 Assistant Professor, Johns Hopkins University School of Nursing

Author Summary: 2017 National Organization of Nurse Practitioner Faculty 2016 International Transplant Nursing Society 2016 American Association of Nurse Practitioners 2015 Human Factors & Medicine, Paris, France 2015 National League of Nursing Education Summit