Strategies Associated with OSCE Simulation, Anxiety, and Clinical Competency in a Family Nurse Practitioner Program

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Introduction

Objective Structured Clinical Examinations (OSCEs) are widely used in Advanced Practice Registered Nursing Graduate Programs.

Recognized as a reliable and valuable method in student evaluation (Aronowitz, et. al., 2017)

Tends to be poorly accepted by students, especially with reported high levels of anxiety.
Research questions for this project……

• Does the self-reported student anxiety level go down from before, during, immediately after, and after debriefing during the OSCE experience?

• Does the self-reported student anxiety overall OSCE scores go down from Primary Care I, and Primary Care II as compared to their Practicum?

• Do student self-reported anxiety scores go down with increased student perceived clinical competency scores?
Use of OSCEs

Involves patient scenarios which requires:

- complex clinical reasoning skills
- advanced practice knowledge and skills
- interpersonal/communication skills
The OSCE Scene
Use of OSCEs

Successful completion requires:

- thorough health assessment
- advanced physical assessment skills
- advanced pharmacology knowledge
- effective patient teaching
- interpretation of diagnostic tests and diagnostic reasoning
- establishing an evidence-based treatment plan
- ability to document the assessment and plan
Problem

- OSCEs widely used in APRN Graduate Programs as a reliable and valid performance based assessment
- OSCEs reported more in undergraduate studies as opposed to graduate programs
- Little focus on self-reported student anxiety and clinical decision making from their perceptions of the experience
Faculty View
Aim

To examine the differences in student self-reported anxiety levels and clinical competency mastery over the last three semesters (Primary Care I, Primary Care II, and the Practicum) in a family nurse practitioner program in a West Texas University simulation setting.

Examine three retrospective clinical reflection student assignments to determine students’ self-perceived anxiety levels and clinical decision making levels.
The quantitative methodology used was a retrospective, descriptive design.

Project was IRB exempt and QIRB approved.

Student assignments were de-identified for protection of confidentiality.

Sample size of 76 based on student completion of 3 consecutive clinical courses.

Quantitative data was analyzed using SPSS.

With the criterion of $p < 0.05$ to determine statistical significance.
Results

Did the self-reported student anxiety overall OSCE scores go down from Primary Care I to Primary Care II and the Practicum?
Results

While self-reported anxiety scores did go down, was there increased student perceived clinical decision making scores?
Significance

Some student anxiety facilitates learning, however if marked, anxiety becomes a deterrent to learning resulting in poor learning outcomes.

Faculty awareness and preparing students ahead of time about the OSCE experience is likely to result in lower student anxiety levels.

Self-reported student anxiety levels did decrease in all three consecutive semesters and included 30 minutes before, during, immediately after, and after debriefing during each semester with statistical significance.

Self-reported clinical decision making did become stronger, but not statistically significant.
Recommendations

Faculty to use “lessons learned” during this cohort of students that may be useful for future students facing the OSCE experience.

Sharing the results of the project to faculty to increase awareness of complications from student anxiety with OSCE testing.

Consider a longitudinal project following students reflection assignments for 2-3 years.
Questions..........


