



Students' perceptions of practice assessment in the skills laboratory: An evaluation study of OSCAs with immediate feedback



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ABSTRACT

Assessment of clinical skills is fundamental to undergraduate nursing programmes. However, enabling assessment to be a good learning experience as well is a challenge to nurse educators. The study presented here presents the change from using an objective structured clinical examination (OSCE) for summative assessment (with feedback given to students after results had gone to the examination board – 6 weeks after the OSCE) to one with immediate feedback. Because the previous OSCEs were universally disliked by students, for reasons that included absence of immediate feedback, in making this change the university re-branded the OSCE as an objective structured clinical assessment (OSCA) with immediate feedback provided to students. A survey was undertaken to measure student engagement with the OSCA, its value and impact, and its sustainability from the students' perspectives. There is little in the literature about student engagement with OSCEs and sustainability. Findings show that the OSCA with immediate feedback was perceived positively by students, was valued with regard to a number of factors, had a positive impact on student learning and confidence and was felt to be a form of assessment that this university should continue to use.

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Introduction

Clinical skills laboratories are used to enable student nurses to practice and develop competence in clinical skills, to prepare them for practice placements and to assess their skills' development. In the Faculty of Health, Social Care and Education (FHSCE) at Kingston University and St George's University of London (KU/SGUL) a number of assessment initiatives in the skills/simulation laboratory have been implemented and evaluated (Rush et al., 2012; Tolley et al., 2010), including the use of objective structured clinical examinations (OSCEs) for summative assessment.

Problems with regard to OSCEs arose because previously students did not receive feedback on their performance for several weeks, because it was policy for results to be ratified by the examinations board before marks/grades are given to students. As a result, the learning element of the assessment was all but lost to students. This approach to assessment, was re-launched and rebranded as Objective Structured Clinical Assessment (OSCAs) which remained as a summative assessment but

with immediate feedback provided to the students. An evaluation research study was undertaken into the new OSCA that measured student engagement with, value, impact and sustainability of OSCAs.

Literature review

OSCEs/OSCAs are used as assessment methods in medical and other programmes. The terms OSCE and OSCA are used interchangeably in the literature although OSCE appears more frequently and is defined as:

“An approach to the assessment of clinical competence in which the components of competence are assessed in a planned or structured way with attention being paid to the objectivity of the examination”

Harden (1988, p. 19)

OSCEs involve students circulating around a number of stations, each of which tests a particular skill in a simulated environment within a time period (e.g. 5 min per station). Each candidate is assessed on a one-to-one basis with an examiner. Each station has a different examiner. Students complete all the stations on the circuit.

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The use of OSCE's in the summative assessment of health-related students is well-documented. (Harden et al., 1975; Harden, 1988; Hodges et al., 1988; Sloan et al., 1995; Bartfay et al., 2004; Mitchell et al., 2009; Wanstall, 2011). Most of these include a comprehensive literature review of OSCEs and findings demonstrate that OSCEs enhance skills acquisition and confidence (Alinier, 2003) and help students to apply evidence to practice (Bradley and Humphris, 1999; Townsend et al., 2001; Park et al., 2004). Bartfay et al. (2004) concluded that OSCEs are used most effectively to assess safe practice in terms of performance of psychomotor skills, and the theoretical knowledge associated with the skills.

Wanstall's studied OSCEs as a predictor of performance of dietitian students on work-based placements and found that student-dietitians who had low scores on OSCEs had a higher failure rate in their practice placements and those who scored high marks in OSCEs were more likely to pass their practice placements. However, Tolley et al. (2010) found a disparity between students' results in OSCEs undertaken in university-based skills laboratories, and the clinical assessments undertaken in their practice placements. At this university relatively few students failed their clinical assessments in practice, whereas a greater number failed the OSCEs. Similar findings were reported by Scholes et al. (2004) and Duffy (2003).

Less literature is available about the use of OSCE's as formative assessment to provide feedback for healthcare students. Lele (2011) studied the validity, objectivity, feasibility and acceptability of the use of OSCEs for formative assessment for dental students in India. The OSCEs were found to be reliable and valid for formative assessment but required greater planning, preparation and resources than other types of formative assessment. Although the sample of students ($n = 19$) was small, they found the formative OSCEs to be both fair and meaningful for assessing the development of dental skills, a finding supported by Creed (2012). Immediate feedback was found to be particularly welcome by students. Alinier (2003) found that OSCEs for formative assessment enabled nursing students to become familiar with procedures, pieces of equipment, or skills which help to build confidence and competence.

The OSCA and its implementation at Kingston University at St George's University of London

The OSCE was seen as a method which could apply a level of consistency and reliability to student nurse competence and was implemented as a summative assessment method in the School of Nursing at KU/SGUL following the publication of the report by Duffy (2003) regarding failure to fail students in clinical assessment. At KU/SGUL, because of our close links with the Medical School where OSCEs are used routinely, the school of nursing decided to implement OSCEs for nursing students using the same model and approach as in the Medical School (as identified by Harden et al., 1975). In order to get all the students through the various examination stations during the OSCE, each station allowed 5 min for students complete the examination task at that station. Immediate feedback to students at the time of the OSCE was not only limited by time but also because of the policy at the time of not giving students their examination results until they went to the examination board. Lecturers were not allowed, at the time, to give provisional results. Therefore, by the time students received feedback (written and verbal) on their performance in the OSCE (up to six weeks later) they could not recall enough of the activity for the feedback to have any meaning to them in terms of learning.

Previous evaluation studies of the OSCEs in this school of nursing showed that they were universally disliked by students (Rush et al., 2012; Tolley et al., 2011), largely for the feedback issue

identified above. Findings from these studies also showed that in the OSCE, students demonstrated surface rather than deep learning, focussing on getting through the examination rather than on their learning and development (Tolley et al., 2011). Ramsden (1988) described deep learning as learning that related prior knowledge to new knowledge, learning that relates theoretical ideas to everyday experience (theory to practice) and learning that distinguishes evidence and argument. This is different from surface learning which Ramsden (1988) described as information for assessment that simply memorised, where the student focusses on unrelated parts of the task, where the student does not distinguish between principles from examples and where the task is treated only as an external imposition.

A decision was taken to change the OSCEs so that students received immediate feedback on their performance at this summative assessment. This also involved changing the name from OSCE to OSCA. This change of terminology was seen to encourage a process of development rather than solely on results. It was hoped that the introduction of immediate feedback would encourage learning and development of competence and increase students' confidence alongside the assessment process, or in other words to better ensure that the assessment process was also a learning process.

A briefing event about OSCAs is offered to all lecturers involved and includes guidance about the nature of feedback to be given to students and the criteria against which they make their judgements. All OSCA assessors have worked previously with students in the skills/simulation laboratory. In addition, role players play the part of patients in the OSCAs and also have a briefing session as they are invited to give feedback to students. An evaluation research study was commissioned into the OSCA to be carried out by two researchers who played no part in the development and implementation of the OSCAs.

In addition, students attend a 30 min briefing session immediately prior to the OSCA which focuses on the assessment process, evidence collection and expected behaviours in corridors while waiting to move to a station. Lecturing staff are on hand to provide support to students during the process.

OSCA's take place at the end of each progression point during the undergraduate nursing programme, i.e., after the foundation first year and at the end of each year of the two-year field-specific component of the programme. Students studying all fields of nursing (Adult, children, mental health and learning disability nursing) undertake OSCAs. During the OSCA 60–80 students have 3 h to complete 7 stations and each can choose their own route through the stations. At each station, they collect evidence of their performance and after completing all 7 stations, they hand in their evidence at the end of the session. There is no time limit at any station. Concern was expressed by lecturers/clinical staff at the stations that students would take too long if there were no time limits imposed; however, this did not occur in practice.

The evidence collected by each student at each station is in the form of written feedback by the assessor at that station and this allows students to identify how they could further refine or define the particular skill assessed at that station. Students can keep this feedback sheet for their own portfolio. Student who are judged as not competent at a particular skill/station, are offered another chance to be assessed at that skill following a period of opportunity to practice the skill further. The feedback sheet guides these students about what they need to practice for the re-take of the OSCA. Students are clear at the time of the OSCA as to whether they have passed or failed.

Finally, Moderators walk around the stations to check that the process is being carried out fairly and validly. A validity/reliability report is written by Moderators for the Examination Board.

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