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OSCEs — seven years on the bandwagon: The progress of an objective structured clinical evaluation programme

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Summary The original purpose of Objective Structured Clinical Examination (OSCE), as first described in the medical literature [Harden, R.M., Stevenson, M., Downie, W.W., Wilson, G.M., 1975. Assessment of clinical competence using objective structured examination. British Medical Journal, 1, 447—451], provided a means of examining the skills acquisition of medical students. A review of the literature, since that time, provides the background to the development of OSCEs into pre-registration nursing curricula, with the OSCE programme at the University of Salford presented here as a case study. The original student sample was a mixture of 150—250 adult, child and mental health students in each of seven cohorts over a period of four years. Each student undertook a 30-min formative, simulated patient, holistic care OSCE in their second year of the programme. Later developments included one remote workstation connected to and as part of the holistic patient care encounter. In subsequent curricula, the larger cohorts of around 250—300 students were accommodated in a formative rotational three-workstation OSCE, based on clinical skills to be acquired prior to their first clinical placement. A summative patient-centred OSCE was undertaken in practice at a later date. The educational and practice value of OSCEs regarding their clinical content and context in nursing curricula now and in the future are explored, along with the practicalities of implementation.

Background to the development of nursing OSCE's

The lack of clinical skills competence in newly qualified Project 2000 nurses in the United Kingdom was

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reported by Macleod Clark (1996) as being due to the low profile of skills teaching within nursing curricula at that time. This had been influenced by the new model of student nurse teaching within the Project 2000 programme where learning was perceived to be best achieved in the reality of the ward environment. At the inception of the Project 2000 programme, students could be adequately supervised and coached by qualified nurses. Research by Gomez and Gomez (1987) endorsed the value of student nurses learning through observation of good role models and performance of practical nursing skills in the real situation. A change in the health needs of the hospitalised population due to changes in illness patterns (Bujack et al., 1991a) led to shorter stays and increased clinical sophistication with more critical care. These, along with the movement of care into the community setting and students spending more time in the school environment, meant that by the mid 1990's students had fewer opportunities to gain the essential fundamental skills to enable them to progress to being independent, competent practitioners (Studdy et al., 1994). The strengthening of the theory-practice link through the re-establishment of clinical skills centres in which to learn, and emergence of the OSCE framework to examine the skills, was seen as a new step towards achieving this competence (Studdy et al., 1994; O'Neill and McCall, 1996).

Review of the literature

Objective Structured Clinical Examination (OSCE) has its base in medical education in the United Kingdom, North America and Australia, being first developed by Harden et al. (1975) as a series of workstations with model patients, through which students rotated in order to test a broad spectrum of skills and knowledge. Harden's (1988, p. 19) work describes OSCE as,

''*... an approach to the assessment of clinical competence in which the components of competence are assessed in a well planned or structured way with attention being paid to the objectivity*.''

OSCE can be seen in North American medical literature since 1981 (Newble et al., 1981; Kirby and Curry, 1982) and in Nigeria since 1984 (Adeyemi et al., 1984). There is evidence to support OSCE being utilised in occupational therapy, physiotherapy and radiation therapy in the late 1980's and early 1990's (Edwards and Martin, 1989; Lindsey and Stritter, 1990; Nayer, 1993) whilst the earliest documented work in nursing OSCE had emanated from MacMaster University in 1984 (Ross et al., 1988). The latter was adapted for use in Canada (Rideout, 1985), still retaining the original workstation structure of the medical OSCE. In Australia, Bujack and Little (1988, p. 2), documented the usefulness of OSCE in the nursing curriculum as enabling students to,

''*Integrate a range of knowledge and skills and to demonstrate the use of these in planning, implementing and evaluating care given in response to a single patient encounter*.''

Bujack et al. (1991a) recognised the need for integrated assessment approaches which closely resemble the reality of the health care setting. Their evaluation (Bujack et al., 1991b) of the Objective Structured Clinical Assessment (OSCA) devised at the University of Western Sydney, Macarthur, confirmed the validity and reliability of the assessment tool as a measurement of student nurse ability to plan and deliver safe and effective, comprehensive nursing care. Bujack et al. (1991b) support the use of practice based OSCA in its applicability to all branches of nursing by relating to the changes in comprehensive nursing practice which have taken place through higher education. This required identification of roles and functions that are generic across all health care contexts, rather than the skills acquisition model which existed pre-Project 2000 (UKCC, 1986). O'Neill and McCall (1996) described the Glasgow Caledonian University undergraduate nursing OSCE where students rotated through workstations, and concluded that there was value in linking the workstations into progressive care for the same patient, in contrast to the earlier medical examples of several workstations each paired to a different patient (Harden and Gleeson, 1979).

Preparation of an OSCE programme within the pre-registration nursing curriculum

It was the delivery and assessment of comprehensive nursing care (Bujack et al., 1991a,b; O'Neill and McCall, 1996) which was of importance to the Salford clinical skills teaching team when beginning to develop an OSCE programme in 1996. This reflected the philosophy of holistic patient care which the curriculum delivered through its clinical teaching sessions and led to development of a holistic patient-centred OSCE rather than adopting the workstation approaches mentioned in much of the OSCE literature. A small group of teachers from the clinical skills team took forward the OSCE development. It was to centre around one model patient, providing an opportunity for students to demon-