



Using the Objective Structured Clinical Examination (OSCE) to assess orthopaedic clinical skills for the registered nurse

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KEYWORDS

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Summary This paper explores one assessment strategy used by a Higher Education Institute (HEI) to assess the skills of Registered Nurses (RN) caring for children, young people, adults and older people with either an orthopaedic condition or fracture. The Objective Structured Clinical Examination (OSCE), a recognised strategy for assessing clinical skills within nurse education, was chosen as it pre-existed as a method of assessment which was not 'standard set'. The paper offers a synopsis of the OSCE as a means of assessment and its advantages and disadvantages along with a literary impression of student participation. It then recounts application of the orthopaedic/fracture trauma OSCE for the RN within a HEI in Northern Ireland (NI) before reiterating the development of stations, piloting and standard setting of orthopaedic related OSCE's. The paper concludes with the results of the 'standard set' OSCE's undertaken by 27 students in May 2010, arising issues, proposed changes, guidance and future plans. The term 'orthopaedic related' will be used throughout this paper when depicting orthopaedic and fracture trauma nursing.

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The expression 'children's' will be adopted when relating to children and young people.
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Editor Comments:

Education is an important part of the process of ensuring the competence of those who provide care to the orthopaedic and trauma patient. The OSCE is becoming a more common way to assess the skills of those who have received such education and to ensure that practitioners meet a high standard for specialist practice. This process often complements academic assessment of theory. This paper explores the value of the OSCE approach in the development of practice for orthopaedic and trauma nurses along with some the issues it raises from an educational and practical perspective.

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Introduction

According to [Mitchell et al. \(2009\)](#) the assessment of clinical competence is an essential requirement of health professional education with standardised procedures ensuring objectivity and maximising the reliability of the assessment. A reliable assessment is one that is consistent ([Polit and Hungler, 2007](#)) which Wilkinson previously noted in 1999 as two independent assessors coming to the same conclusions about the abilities of a student's performance in clinical practice. A valid assessment evaluates appropriately the issue under scrutiny. To ensure validity, it is essential to focus on the aspects of the student's performance that relate to the objectives of the educational programme ([Rushforth, 2007](#)).

Most practice assessments within nurse education have been based on a continuous assessment format. [Quinn \(2007\)](#) defines this method as being an assessment of the nursing student's practice on a recurring basis, so that no one particular nursing skill is passed on a singular assessment. The problem with this type of assessment is that different people are assessing the students and may use different criteria. Hence the assessment is not standardised. A further problem is it can be very subjective. [Gilmore \(1998\)](#) and [Norman et al. \(2000\)](#) conclude that to ensure reliability and validity no one method of assessment is appropriate for assessing clinical skills. As professional practice is multidimensional it requires a combination of approaches to identify and validate competence ([Mitchell et al., 2009](#)).

Synopsis of the OSCE

The majority of the literature advocates the use of the clinical environment as a forum for assessing clinical skills ([Bujack et al., 1991a,b](#); [Giort, 1993](#); [Mahara, 1998](#); [Nicol and Freeth, 1998](#)). [Benner \(1982\)](#) historically advocated competence in performing clinical skills as the ability to perform

the tasks with desirable outcomes under the varied circumstances of the 'ward' environment. A decade further [Giort \(1993\)](#) and [Mahara \(1998\)](#) supported this, believing that when a basic skill is performed in the real world of practice, the characteristics of the situation have as much influence on successful performance as does the knowledge of the procedural steps for performing the task.

Yet claims about the subjectivity, incomparability and inconsistency of clinical skills assessments in the clinical environment have led educators to search for a more objective, reliable and valid assessment processes. From the educationalists view a dual approach to assessment of clinical skills was required to ensure reliability and validity. [Nicol and Freeth \(1998\)](#), [Norman et al. \(2000\)](#) and [Watkins \(2000\)](#) believe that clinical skills assessment should be achieved by continuous assessment in practice and the use of Objective Structured Clinical Examination (OSCE).

Objective Structured Clinical Examination (OSCE)

The OSCE was pioneered by Harden in 1975 for the assessment of medical students in simulated clinical situations due to concerns regarding clinical skills assessment in relation to validity and reliability. The OSCE has sought to rectify this over the decades by assessing, objectively clinical practices in a structured, standardised manner whilst reducing the variability of examiners' assessments ([Harden et al., 1975](#); [McKnight et al., 1987](#); [Nicol and Freeth, 1998](#); [Watson et al., 2002](#)). Higher education nurse curricula currently use the OSCE as a summative means to assess clinical skills using a process transferable to other countries and health care professions.

Advantages of the OSCE

The OSCE is an extensively researched form of assessment in medical education which is widely

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