



How to maintain equity and objectivity in assessing the communication skills in a large group of student nurses during a long examination session, using the Objective Structured Clinical Examination (OSCE)

Annamaria Bagnasco^{a,1}, Angela Tolotti^{a,2}, Nicola Pagnucci^{b,3}, Giancarlo Torre^{c,4}, Fiona Timmins^{d,*}, Giuseppe Aleo^{a,2}, Loredana Sasso^{a,1}

^a Department of Health Sciences, University of Genoa, Via Pastore 1, I-16132 Genoa, Italy

^b Department of Clinical and Experimental Medicine, University of Pisa, Via Savi 10, I-56100 Pisa, Italy

^c School of Medical and Pharmaceutical Sciences, University of Genoa, Via Pastore 1, I-16132 Genoa, Italy

^d School of Nursing, Trinity College, College Green, Dublin 2, Ireland

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SUMMARY

Background: While development, testing, and innovation of the Objective Structured Clinical Examination (OSCE) are common in the international literature, studies from the United States of America (USA), Australia, and the United Kingdom (UK) predominate. There is little known about OSCE use in European countries, such as Italy, where other than cost analysis, there is little reporting of OSCE use or validation.

Objectives: This paper reports on one Italian initiative, which evaluated the equity and objectivity of the OSCE method of assessing communication skills.

Design: An OSCE method was used to assess the communication skills of first-year students of the Degree Course in Nursing. A method of simulation was implemented through role-playing with standardized patients. An observational method was used to collect data.

Participants and settings: Four hundred and twenty-one first-year undergraduate nursing students at one university site in Italy took part.

Methods: Ten examination sessions were carried out. The students' performances were assessed by two examiners who used a structured observation grid and conducted their assessment separately. A situation simulated by four nurses with experience as actors was used as the topic for the students' examination.

Results: Calculation of the daily rate of students who passed the examination revealed a random distribution over time. The nonparametric correlation indexes referring to the assessments and to the scores assigned by the two examiners proved statistically significant ($P \leq 0.001$).

Conclusions: The study confirmed the validity of the OSCE method in ensuring equity and objectivity of communication skills assessment in a large population of nursing students for the purpose of certification throughout the duration of the examination. This has important implications for nurse education and practice as the extent to which OSCE approaches, while deemed objective, are culturally sensitive or valid and reliable across cultures is not clear. This is something that requires further research and examination in this field.

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Introduction

Assessment of clinical skills using the Objective Structured Clinical Examination (OSCE) or the Objective Structured Clinical Assessment

(OSCA) (Stunden et al., 2015) is an accepted method of assessment for nursing students that is both valid and reliable (Selim et al., 2012). Internationally, while there has been debate within the literature on the best method of approaching the assessment of nursing students' clinical skills competence in advance of and in preparation for their time of practice in the clinical area (Pangaro and Ten Cate, 2013), there is widespread agreement that the choice of assessment needs to closely match the learning objectives for the program (Guilbert, 1990). However, there is often incongruence between learning objectives, teaching methods (James and Pollard, 2011), and the way that learning is assessed (Johnston-Hanson, 2012; Allen, 2006). At the same time, it has been emphasized that careful choice and adequate matching of assessment methods is a fundamental ingredient of successful nurse

* Corresponding author. Tel.: +353 18963699.

E-mail addresses: Annamaria.bagnasco@unige.it (A. Bagnasco), angela.tolotti@unipv.it (A. Tolotti), nicola.pagnucci@for.unipi.it (N. Pagnucci), gctorre@unige.it (G. Torre), Fiona.Timmins@tcd.ie (F. Timmins), giuseppe.aleo@edu.unige.it (G. Aleo), lsasso@unige.it (L. Sasso).

¹ Tel.: +39 010 3,538,513; fax: +39 010 3,538,552.

² Tel.: +39 010 3,538,513.

³ Tel.: +39 347 2,483,475.

⁴ Tel.: +39 010 3,537,287.

education processes (Ličen and Plazar, 2015; Hurtubise and Roman, 2014; Byrne and Smyth, 2008).

The need to prepare nursing students for real-life situations without exposing them to patients during the novice phase has become increasingly important over the past 20 years. This is in response to the increasing theoretical hours of many nurse education programs internationally and increasing alignment with or complete movement into the university sector. The learning “on the job,” a feature of traditional programs, where students had a short training period and then learned many of the required skills on the clinical area, often “working in the dark” (Stakelum, 2006: 116) has lessened significantly with the advent of graduate education for nurses in many countries internationally. This gradual development represents an incredible historical shift in nurse education and practice. It is not surprising therefore that OSCE, an approach used commonly in medicine, was adopted by the nursing profession (Selim et al., 2012) to address both the clinical skills requirements and the “gap” that nursing students had long experienced between what they learned in the classroom and that experienced on practice (Monahan, 2015; Stakelum, 2006). While deemed costly (Palese et al., 2012) and anxiety provoking (Stunden et al., 2015), the OSCE is a principal method of assessment of nursing students’ clinical skills internationally.

At the same time, the OSCE’s predominant use is for the assessment and measurement of nursing students’ clinical skill performance, with much less focus on the measurement of the affective domains of practice, such as communication skills (Selim et al., 2012).

A search of published literature was undertaken between May and August 2015 using databases that are recognized as containing extensive health, nursing, and education references including CINAHL, ProQuest Central, Scopus, PubMed, and Health Collection. The search included the following terms: “OSCE,” “objective structured clinical evaluation,” “communication skills,” “health professional,” “reliability,” “equity,” “objectivity,” “culture,” using Boolean operators “OR,” and “AND.”

From this search of the literature, it emerged that the use of the OSCE method is common in the international literature (Stunden et al., 2015; Jeffrey et al., 2014) and studies from the United States of America (USA), Australia, and the United Kingdom (UK) predominate (Stunden et al., 2015). As such, little is known about the use of OSCE in European countries such as Italy, where other than Palese et al.’s (2012) important analysis of its cost, there is little reporting of OSCE use or validation. This has important implications for nurse education and practice as the extent to which OSCE approaches are culturally sensitive or valid and reliable across cultures is not clear. There was almost no reference to the cultural sensitivity of OSCE assessment in other recent letters and commentaries in the journal *Medical Education* (Stegers-Jager and Themmen, 2015; Mohammad and Mohammed, 2013) highlighting anecdotal student-related cultural issues with medical assessments. Students who are culturally diverse often do not perform as well as those from the dominant culture, which poses the question as to whether or not there is inherent bias in culturally determined assessment however objective they may be (Stegers-Jager and Themmen, 2015; Mohammad and Mohammed, 2013).

This paper reports on one Italian initiative that evaluated the equity and objectivity of the OSCE method of assessing clinical learning at one university site. Importantly, this assessment concerned specific examination of nursing students’ communication skills, an approach reported infrequently in the medical literature (Collins et al., 2011), which receives little attention in the nurse education literature. Furthermore, the importance of communication skills for nursing students and the need for increased practical assessment in this area are gaining impetus in the international literature (Kajander-Unkuri et al., 2013) since better communication skills have been found to improve patient safety (Barnsteiner et al.,

2007). Overall, there is little exploration or validation of OSCE tools to measure this aspect of nursing competence.

Background

A recent review of the literature on the competence requirements of nursing students in Europe highlighted eight fundamental categories of skills, one of which concerns “communicative and interpersonal skills” (Kajander-Unkuri et al., 2013:625). Effective communication between the nurse and the patient is essential in order to provide quality care for the patient-family unit (Zavertnik et al., 2010). Studies conducted in Canada (Canadian Patient Safety Institute, 2011) and Australia (Cooper et al., 2010) demonstrated that communication problems impact negatively on both working procedures and patient safety (Bagnasco et al., 2013). Several reports have pointed to the organizational culture and communication barriers within the work team (Mujumdar and Santos, 2014) as the cause of events that are harmful to the patient (Zwarenstein et al., 2009). Indeed, several studies have shown that a significant percentage of adverse events in healthcare settings are caused by problems related to the use of communication skills (Rider et al., 2006). In fact, communication skills combine with cognitive and social skills to complete technical competence, and as such they are indispensable to the provision of safe and efficient care (Hobgood et al., 2010). In the international literature, numerous studies have reported that the application of the Objective Structured Clinical Evaluation (OSCE) methodology in the assessment of training and the certification of clinical and communication skills is a guarantee of objectivity (Laidlaw et al., 2014; Barry et al., 2013; Smith et al., 2012; Mc William and Botwinski, 2012; Kirton and Kravitz, 2011) and equity (Nazeri et al., 2014; Byrne and Smyth, 2008). Some studies have described the use of the OSCE methodology in the certification of large numbers of students belonging to healthcare professions (Newbel, 2004).

The OSCE method of evaluation has proved to be particularly effective when basic performance is tested within a framework of three domains—cognitive, affective, and psychomotor (Rushforth, 2007; Newbel, 2004). During OSCE, equity is guaranteed through the assessment of student performance on the same skills and at the same level of difficulty (Byrne and Smyth, 2008).

OSCE is a method of assessment that enables communicative skills to be measured on the basis of the performances displayed by the students over a range of clinical behaviors with standardized patients. The prime objective is to assess the student’s ability to implement theoretical knowledge in a simulated practical situation (Mc William and Botwinski, 2010). As pointed out by Patrick (1992), simulation proves to be a method of training that can represent lifelike clinical scenarios and integrate them into an effective training environment.

The OSCE examination is conducted in settings that are equipped to measure a set of clinical skills in a realistic manner through simulated clinical scenarios involving standardized patients. While the measurement of nontechnical skills has been the subject of much debate (Mortsiefer et al., 2014; Han et al., 2014; Dwyer et al., 2014; Sola Pola et al., 2011; Yudkowsky et al., 2006), the use of standardized patients and scales of observation (Falcone et al., 2014; Duffy et al., 2004) for the assessment of communication skills (Yudkowsky et al., 2006) has shown to be effective. An OSCE examination that is well planned and implemented can assess students’ clinical and interpersonal skills, their problem-solving skills, their therapeutic training, and their ability to apply basic clinical knowledge (Mc William and Botwinski, 2010).

The aim of the present study was to evaluate the equity and objectiveness of the OSCE method in assessing clinical learning with regard to communication skills in a large number of students. By communication skills, we mean effective and efficient interaction not only with patients, but also with their relatives and the multi-professional staff (Grilo et al., 2014).

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