**Objective Structured Clinical Exam: A successful approach to pre-registration mental health nurse assessment**

**Pre-registration mental health nursing courses are a mixture of clinical practice and university based education completed over 3 years, culminating in a successful student entering the professional nursing register. During a student’s time at university they will encounter many different types of assessment, whether formative or summative. These are typically academic written assignments, academic exams, presentations, viva, assessed clinical practice by an approved mentor, and objective structured clinical exam. An OSCE to assess second year mental health nursing students was determined to be a highly appropriate method of allowing students to demonstrate the skills associated with the nursing process, NMC standards and learning outcomes for the module. It was recognised that preparation was essential in supporting the reduction of the student’s anxieties over the process, careful design and planning was needed to ensure reliability and validity of a logistically challenging assessment method.**

**Keywords: OSCE; Mental Health Nursing; Assessment; Undergraduate; Students**

**Introduction**

The Nursing Midwifery Council sets the standards for pre-registration mental health nurses and the competencies that are required for registration (NMC, 2010). In 2010 standards were set by the NMC; across the domains of communication, interpersonal skills, nursing practice, decision making and leadership, management and team working. It is important to note that following the Shape of Caring Review (Willis, 2015) these standards and domains may well be replaced following further review. However, public and patient involvement has been prominent within the Shape of Caring Review and as such the OSCE process discussed here is not only currently relevant as will be demonstrated but will maintain its currency for future standards.

During validation of an entirely new degree programme developed to meet the NMC standards set in 2010, the question arose as to how, as a higher education institute, we are to suitably assess these areas of learning for undergraduate mental health students and ensure they are meet the standards of clinical competence. The decision taken by the programme team for the summative assessment for the module ‘Mental Health Nursing Practice Three (MHNP3)’ was to utilise an Objective Structured Clinical Exam (OSCE).

This paper will explore the underpinning design rationale and the subjective experience of staff and students regarding the MHNP3 OSCE. The OSCE was undertaken by students during their second year of undergraduate training on the new 3 year degree programme. This particular cohort were the first to participate in the new programme, and engage with new modules and assessment strategies

**The OSCE as an assessment tool**

OSCE have been used to assess students working in health care settings since their introduction by Harden *et al.* in the 1970s (1975). Traditionally the process is to rotate students across 15 to 20 different stations, assessing a variety of skills. Each station lasts between 3-10 minutes (Alinier, 2003). Over the past decade, the use of OSCEs within nursing has become a staple part of the process for assessing students (Rushforth, 2007). Along with this has been the strengthening of the evidence base for their use, now regarded as having high validity and reliability (Schuwirth and van der Vleuton, 2003; Bartfay *et al.*, 2004). OSCE have become a major contributor towards the assessment of student nurses and are regarded by some as the gold standard for assessment, allowing the student to demonstrate the knowledge and understanding underpinning the activity as well as the clinical application (Bartfay *et al.*, 2004).

**Mental Health Nursing Practice Three OSCE**

From the OSCE’s inception as an assessment for medical students, criticism has been levelled at its process due to perceived limitations. Nicol and Freeth (1998) suggest a reductionist quality of performing skills as a set of tasks i.e. there are difficulties testing communication skills and setting time limits, which means that a skill may be missed. These potential limitations then pose a challenge to the design of a mental health OSCE. The role of the mental health nurse is to engage, understand and support a potentially vulnerable person utilising interpersonal skills, skills which are hard to demonstrate when short time constrictions are imposed. Alongside these potential issues is a distinct lack of evidence in the literature as to the use of OSCE as a mental health nurse assessment, primarily it would appear from a review of the literature that OSCE as a mode of assessment has not been widely utilised within mental health nursing. With the notable exception of research by Anderson and Stickley (2002) and Selim *et al.* (2012), there seems to be skant evidence base or commentary as to its use. This has also been observed to a lesser degree in the use of OSCE in psychiatry. As opposed to general medicine where its use is well established, use in psychiatry has emerged at a much slower pace (Hodges *et al.*, 2002; Walter *et al.*, 2005). Similar to that of medicine, psychiatric OSCE also tend to follow the traditional Harden *et al.* (1975) approach with many unconnected stations for a short amount of time (Newble and Swanson, 1988; Walter *et al.*, 2005).

Specific requirements set by the NMC for mental health nursing practice and decision making, (refer to box 1, NMC, 2010) were used as a framework within which the OSCE was designed.

The module in question concerned developing the student’s understanding of a person’s subjective experience of mental health problems, focusing heavily on the student understanding a variety of therapeutic approaches; these included the person centred approach as a communication tool, psychotherapies, social perspectives of mental health problems and the biomedical model. Highly relevant in supporting our future nurses to hear and understand ‘the voice of the patient’ (Willis, 2016: 34) so that the student is able to collaborate effectively, ensuring service user involvement in caring.

The preliminary work undertaken with students prior to the OSCE involved the teaching and learning of concepts and ideas of mental illness and patient perspectives of this, through the pedagogical mode of simulation and group discussion. Via the simulation and practicing of ‘being with a person’, talking about mental health concepts and discussing care with the students, a focus was provided for the OSCE. The module team recognised the need to develop an OSCE that would replicate the clinical environment that would allow students to demonstrate the NMC competencies and the learning outcomes of the module. It was envisioned that the OSCE would represent for the student elements of the nursing process; assessment, identifying problems, care planning, implementation and evaluation (Ellis, 2003). The module team wanted to be able to assess the students interpersonal skills from a person centred perspective, skills of engagement at different levels from communicating with a service user to professionals, ability to understand the needs from a service user perspective, and to be able to recommend appropriate interventions whilst demonstrating knowledge and ability to critique the evidence base.

The OSCE as an assessment mode meant that we could consider real, relevant clinical situations as potential scenarios. Basing the OSCE in clinical situations is axiomatic, but the creativity of the design process allowed for the development of linked OSCE stations. Stations were based on a scenario that brought holism to the representation of the clinical setting and the nursing process from both the perspective of the nurse and service user, rather than each OSCE station assessing separate clinical skills of short unrelated clinical tasks.

It was determined that the potential reductionist criticism of assessing a singular nursing skill could reduce the assessment to a list of simple checks, that the student was able to perform a particular set of practical tasks, such as history taking. To reduce the risk of this, using a singular service user scenario as the focus for the entire OSCE would allow the student to then demonstrate;

* The ability to ‘be with a person’
* To understand the unique perspective of that person
* To represent and advocate for that person to other professionals
* To recommend appropriate interventions and demonstrate knowledge of the evidence base for interventions
* To facilitate service user understanding of interventions and engagement in personal care planning

This approach would then meet many of the NMC requirements of a pre-registration mental health nurse (see box 1). In particular the OSCE would focus on the application of knowledge of psychosocial interventions and their critical underpinning (3.1); the application of these appropriately in partnership with a person (4.1); being able to discuss a variety of treatment options (6.1); and to discuss these with other health professionals (5.1). In light of the Shape of Caring Review (Willis, 2016), the strategic process of the OSCE development and its delivery, replicating the clinical setting assures a high-quality learning environment for the students.

**The OSCE Process**

The OSCE was undertaken by 42 students and each assessment lasted for 30 minutes, divided into three stations.

At Station 1 the student is asked to spend 10 minutes with a ‘service user’ who’s story is based on one of two scenarios, either in the outpatient or inpatient setting. It is important to recognise at this point the service user is a role played by an actor. This is for several reasons; due to the high number of students and the academic regulatory requirement for consistency and replication it was determined that a trained actor would manage the rigorous demands of the OSCE environment, and one actor would provide the consistency required. Using a service user as the actor raises potential ethical concerns regarding the support needed for such a demanding role and the resource implication for this within the university setting. Actors used are experienced in medical simulation and are specialists in this area.

The student is asked to use their interpersonal skills to be with and gain an understanding of the service users unique perspective relating to the circumstances of the service user’s situation based on the particular scenario card (see Box 2). The second station gives the student 15 minutes to feedback the information they have gathered, representing the service user accurately to a professional team and then discuss, give rationale and advocate for suitable interventions. These interventions cover aspects of mental health law, medication and the student is also required to devise an intervention of their choosing that is based in the psychosocial paradigm. The third station requires the student in a 5 minute period to return to the same service user and sensitively feedback the discussions raised within station 2, facilitating service user choice and understanding.

**Validity**

To develop the scenarios a rigorous process of review by the faculty staff and the module external examiner was undertaken. The panel of at least 5 academic staff reviewed and scrutinised the scenarios, questions and marking criteria. All scenarios and questions were amended and agreed by consensus before their use. This allowed for a consensus agreement that the OSCE had face validity.

Content validity was assessed by comparing the OSCE content to the module and curriculum content. Content validity was ensured by checking against the module learning outcomes. Mapping the content to the NMC standards also enhanced validity and further validated by the Shape of Caring Review regarding high quality education for undergraduate nurses (Willis, 2016).

**Reliability**

The marking criteria used was a faculty approved marking criteria. To ensure reliability two examiners independently marked each student at each station. The examiners would discuss the overall mark after the student had completed the OSCE. The discussions would also take into consideration the comments from the actor playing the service user and staff as members of the team who took part at Station2. Each individual OSCE was also videoed. The purpose was to allow the external examiner to review the process and provide material for in-depth feedback and review to students. An external examiner was invited to attend and review the entire process.

**Student experience**

Students had previously experienced an OSCE assessment in the first year of the course. This was a more typical adult nursing OSCE in that it assessed the student’s skills in performing clinical tasks on a simulated patient, such as blood pressure reading. They consisted of short tasks over a number of stations. Although students had therefore experienced an OSCE beforehand, the mental health OSCE would be quite a different prospect. We were aware that of the various assessment tools used in education, the OSCE is a very anxiety provoking and stressful experience for students (McKnight *et al.*, 1987; Bujack *et al.*, 1991; Stroud *et al.*, 1999; Bartfay *et al.*, 2004). To initially reduce and help student understanding of the OSCE, transparency was critical, so that students were highly aware of what would be expected of them and why, to reduce the fear of the unknown. As such the inclusion of preparation time and practice in the module was absolutely critical. Being able to relate the topics discussed in lectures and small groups to clinical practice was also going to be a component alongside the student ‘being’ with a person and being able to use interpersonal skills.

During the first year, students have already spent time in simulated situations involving staff and service users where the student has to be with a person in distress. At an early stage this allowed focus on communication skills, person centred approaches, reflection and critical analysis of the situations. As such we wanted to build upon these skills and also to keep with the view of Miller (1990) that exam design should test conditions related to the student’s professional practice. In light of this a video was put together by the module team of the entire OSCE process, in order to demystify the unknown. Classroom time was set aside to allow the students in small groups to practice simulating the entire OSCE process, questions could be answered by the module team and formative feedback offered to students via their peers and module teaching team. Throughout the module simulation of the scenarios was encouraged and a whole day was set aside for this.

The student experience of the OSCE was collected via written feedback through the module evaluation form, from a secondary questionnaire from those students who wanted to feedback their views and from individual tutorials. From 25 questionnaire responses, 96 percent agreed or strongly agreed that the OSCE was an appropriate assessment method for this particular module. And all but three agreed or strongly agreed that they felt they had received enough preparation for the OSCE during the module. There was a mixed response when looking more in depth at preparation. Some felt that there was good preparation through tutorials and the use of simulation was beneficial. On the other hand, it was felt by some that there was not enough simulation to help with preparation. With regards to anxieties, one student noted that ‘although extremely nervous, I found the whole process really useful and surprisingly enjoyable’. This comment does seem to coincide with the literature that although seen as a stressful experience, students value the process (Bujack *et al.*, 1991; Stroud *et al.*,1999; Selim *et al.*, 2012).

Students at the time of being shown the OSCE process by video also reported that this helped to demystify the process and encouraged greater understanding of the expectations of the OSCE. Students who failed the OSCE have reported value and benefit from viewing and reflecting on their OSCE with a member of the module team.

**Discussion**

It was acknowledged at the outset and following the OSCE that as a new experience for students and staff, it was a very anxiety provoking undertaking. By including preparatory work throughout the module, and building on the work of the first year, we felt that we reduced this. Although it has been acknowledged that anxiety is not predictive of OSCE performance (Brand & Schoonheim-Klein, 2008), preparation was also about student experience, the module team wanted the OSCE to be a positive learning experience for student.

The OSCE experience is certainly unique but there needed to be a balance struck between the assessment requirements for validity i.e. with two examiners assessing, video recording occurring and how potentially anxiety provoking this could be for a student. Being mindful of this with station 2 and how potentially intimidating a team meeting can be, station 2 was designed as an inclusive discussion to emulate clinical practice, as opposed to a question and answer format. However it did at times revert to viva style questioning of the student and as a result this station and its design will be reviewed for the subsequent run of the module. Enhanced preparation of participating teaching staff will also occur to prevent this from happening.

It was determined that the face and content validity was acceptable through the multiple reviews within the academic team, from student feedback and from external examiner review.

**Conclusion**

Alinier (2003) believes that the greatest advantage of the OSCE is in its flexibility and allows for innovation and creativity. The aim was to develop an OSCE that would allow the flexibility to assess students’ knowledge and ability to apply that knowledge in a mock clinical setting. The particular learning outcomes for the module allowed mapping to the NMC standards for learning and future credence for this has been inferred by the Shape of Caring Review for nurse education. Taking into consideration of the potential limitations, a more holistic approach and less of a disjointed skill based assessment was gained by using a singular scenario involving one actor that flowed across three stations.

The students were enthusiastic and engaged incredibly well throughout the module in preparation for the OSCE. Anecdotally, students did express many anxieties and worries about the OSCE, and as such utmost transparency in the process to reduce these worries was aimed for, without eroding the value of the assessment; a balance that was achieved. The standards demonstrated by the students were exceptional and really showed that students were able to blend caring, compassionate interpersonal skills with the clinical knowledge and judgements required of an academic degree course.

As an infrequently used assessment method for mental health students, whether this is related to the difficulties in the logistics involved, considerable staff time was required and the process needed at the minimum 6 academic members of staff, it appears to be an effective and thorough process. The exam enables the students to impart their knowledge and understanding and directly relate this to clinical situations and also demonstrate the more humanistic qualities of the mental health nurse. It is recognised that the OSCE process is organic and will develop in light of student feedback and evaluation by module team and the actors involved. Further development of undergraduate nurse education standards will also shape the future of this OSCE.

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