Using OSCE as an Assessment Tool for Clinical Skills: Nursing Students' Feedback

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Abstract

Background: Objective structured clinical examination (OSCE) has been widely used in the assessment of students' clinical performance. Research revealed that it is an effective evaluation tool for nursing students' clinical skills. The OSCE was first introduced into Faculty of Nursing, Mansoura University by the Maternity and Gynecology Department which used it as an assessment tool for third year nursing students' clinical performance following their completion of Maternity and Gynecology Course during the 2007-2008 academic year. The successful outcome of this application encouraged Critical Care Nursing Department to use the OSCE in evaluating first year students' clinical skills following their completion of First Aid Course.

Objective: The main aim of this study was to investigate nursing students' feedback about the OSCE as an assessment tool for their clinical skills.

Design, Material Methods: This study has a cross sectional descriptive design. A convenient sample of 724 of undergraduate nursing students was involved in this study (310 of third year nursing students and 414 of first year nursing students). The questionnaire developed by Pierre et al. (2004) was adapted in this study. The questionnaire assesses nursing students' evaluation of the OSCE attributes, the quality of OSCE performance, and OSCE scoring and objectivity.

Results: The results of this study indicate that OSCE has been accepted by the majority of nursing students as an evaluation tool for their clinical skills. For most students OSCE was fair, covered a wide range of knowledge, minimized the chance of failing and highlighted areas of weaknesses. Going through the OSCE was a useful practical experience for most students. However, several students felt that OSCE was very stressful.

Conclusion: The feedback received regarding this evaluation tool provides evidence that OSCE is an acceptable, useful assessment tool for nursing students' clinical performance. Such feedback is considered valuable for further development and enhancement of OSCE.

Key Words: OSCE – Nursing education – Assessment Tool.

Introduction

THE undergraduate nursing education in Egypt has recently undergone tremendous changes in response to the requirements of the National Quality Assurance and Accreditation Agency. In 2003, the Ministry of Higher Education placed a great emphasis on improving the quality of academic programs and the quality of graduates. In response to the new requirements for improving the quality of nursing education, Faculty of Nursing, Mansoura University initiated a quality assurance project in 2004. One of the main objectives of the project was to develop an internal quality assurance system that aimed to improve teaching and learning strategies, and evaluation methods for undergraduates. Another important objective was to ensure that nursing students have basic mastery of clinical skills upon graduation. In order to achieve that there was a need for an effective assessment system for students' performance.

For long time, Faculties of Nursing in Egypt adopted the traditional practical exams for evaluating students' clinical performance. Within this approach, a student would be assigned to an examiner who would observe her performance for the entire examination when providing nursing care to a patient in clinical area, or performing one procedure in the skill lab. This approach has many limitations, such as low standardization, subjectivity in evaluation, time consuming, and testing a limited number of intended learning outcomes. Dealing with such limitations posed a challenge for faculty staff who started to search for standardized, more effective and objective assessment tools for students' clinical performance.

The review of literature revealed that OSCE was recommended as a powerful and effective tool for evaluating nursing students' clinical performance [1]. OSCE was first introduced in medical education by Harden in Scotland in 1975 [2]. It is now emerged in other disciplines including nursing, pharmacy, and dentistry to test clinical skill performance.
During an OSCE, students rotate around a circuit of stations on a timed basis. At the ring of a bell, each student enters the station and performs the predefined timed task. Each station assesses a different clinical competency such as history taking, interpretation of clinical data, performing one or more clinical tasks or solving a problem [3]. OSCE stations may be interactive or non interactive [4]. Interactive stations usually use "a standardized patient" who is a lay trained person to play the role of a patient with a specific complaint [5]. The use of "a standardized patient" can reduce students' stress, and promote a more comfortable environment for learning and evaluation [6]. A student in an interactive station is observed and evaluated by a trained examiner using prepared checklist. Non interactive stations involve written answered to specific tasks or problems that do not require a direct observation, and are usually marked after the exam [4]. The number of OSCE stations is normally from 15 to 20. The number of students in each OSCE session is determined by the number of stations. Increased number of the stations increases the reliability of the assessment [7]. By the end of the OSCE, all the students will have gone through each station and been marked according to a standardized marking system.

OSCE has advantage over traditional practical examination in evaluating students' interpersonal and communication skills, problem-solving abilities, teaching and assessment skills, and ethical and professional decisions [8-11]. Another advantage of OSCE is the flexibility of the individual components of the stations which can take the form of small scenarios, simulations, case studies, multiple choice questionnaires, short theoretical questions, or even rest stations to help the students relax from time to time [12]. OSCE also provides an innovative learning experience for students [10]. It offers a valid means to evaluate students' clinical performance in a holistic manner [3]. Harden (1988) [13] emphasized that the real power of OSCE lies in its ability to evaluate a wide range of knowledge which improves the reliability of the examination. Within OSCE, reliability is based upon the interaction among students, standardized patients and assessors [3]. These advantages made OSCE to be extensively used in nursing [1,3,10,12,14].

OSCE was first introduced into Faculty of Nursing, Mansoura University in December 2007 by the Department of Maternity and Gynecology. It was used to assess clinical performance of third year students following their completion of Maternity and Gynecology Course. Students and faculty were exposed for the first time to a new assessment tool which assesses a variety of students' knowledge and skills in an objective and structured way. The successful outcome of this application demonstrated the value of OSCE in assessing nursing students' clinical performance. This encouraged other departments to adopt OSCE for students' clinical evaluation. The Department of Critical Care Nursing used OSCE for evaluating first year students' skills after the completion of First Aid Course during the academic year 2008-2009. We believe that successful use of OSCE depends greatly on its acceptability from students and faculty staff. Therefore, students' and staff's feedback about the use of this new assessment method will enhance its future development and its use in evaluating nursing students' clinical performance. Hence, nursing students' feedback about OSCE worth to be investigated.

Aim:
The main aim of this study was to investigate the first and third year nursing students' feedback about OSCE as an assessment tool for their clinical skills.

Material and Methods

Design:
This study has a cross sectional descriptive design.

Setting:
The study was carried out at Faculty of Nursing, Mansoura University.

Sample:
A convenient sample of 724 of undergraduate nursing students was involved in this study. The sample consists of 310 of third year nursing students enrolled in Maternity and Gynecology Nursing Course during the academic year 2007-2008, and 414 of first year nursing students enrolled in the First Aid Course during the academic year 2008-2009.

Tools of data collection:
Pierre et al's (2004) [15] OSCE evaluation questionnaire was adapted in this study. The questionnaire consists of 30 items grouped into 4 sections. For the purpose of this study, only 23 items of Pierre et al's questionnaire were used, and few items were slightly modified to give a clear meaning in Arabic version.

The questionnaire used in the current study consists of three main sections:
Section one assesses nursing students' evaluation of the OSCE attributes, and it includes 12
items such as the fairness of the exam, area of knowledge covered, time of each station, and the organization and administration of OSCE (Table 1). Students were asked to rate their responses on a four point scale ranging: 'no comment', 'disagree', 'neutral' and 'agree'.

Section two looks at nursing students' evaluation of the quality of OSCE performance, and it involves 7 items involving students' awareness of the nature of the exam, tasks of the exam, structure of the exam and the adequacy of the time at each station (Table 2).

Section three investigates nursing students' evaluation of the OSCE scoring and objectivity, and it incorporates 4 items addressing the standardization of the OSCE score, and its usefulness and objectivity (Table 3).

For sections two and three, students were asked to rate their responses on a three point scale ranging: 'not all', 'neutral' and 'to a great extent'.

Alpha Crombach test was used to test the reliability of the questionnaire. Alpha score for the 23 item questionnaire (sections 1, 2 & 3) is 0.82 which indicates that the tool is reliable.

**Methods:**

1- An ethical approval was obtained from Faculty of Nursing Ethics Committee.
2- The questionnaire was translated into Arabic version by the authors. To ensure the validity of translation, back translation technique was used by an expert from Faculty of Education, The Department of English. A lecturer from Faculty of Nursing reviewed the two versions and modifications were made accordingly.
3- The questionnaire was then reviewed by two professors from Faculty of Education, Mansoura University.
4- Preparation of OSCE for Maternity and Gynecology Nursing Course (M & GNC):
   - OSCE stations were prepared for M & GNC by the department staff.
   - OSCE involved 20 stations which include the anatomy and physiology of the reproductive system, clinical procedures, clinical management, drug administration, IV infusions, and family planning.
   - Each station was based upon blueprint specifications, and designed to conform to a specific format.
   - Students in each academic semester were divided into two groups.
   - The OSCE was carried out in four clinical skill labs.
   - Each lab involved 20 exam stations.
   - Four rest stations were built into the schedule of the OSCE, each of 5 minutes duration.
5- Preparation of OSCE for first aid course (FAC): The preparation of OSCE for FAC was very challenging for the critical care nursing faculty staff (CCNFS). The number of first year students was huge (414), and there were only three skill labs available for OSCE. There was a need for a large space to run the OSCE. Enough spaces were also required around each station to prevent students' meeting when rotating around the stations. Hence, it was inconvenient to examine all students simultaneously. We were fully aware that OSCE should be standardized for all students, but in the presence of limited resources and huge number of students, we had to consider other options. After several discussions with CCNFS, we decided to prepare three OSCEs.
   - The three OSCEs were prepared to cover the same objectives, and the distribution of marks for similar questions in the three exams was alike.
   - Each OSCE included 10 stations which involved opening airway technique, splint, burn, appropriate position, bandage, cardiopulmonary resuscitation, bleeding, and three different scenarios that required the students to demonstrate her clinical skills in performing first aid for a specific emergency condition.
   - Students were divided into three groups, each group was examined separately on a different day.
   - The three OSCEs were carried out in three consecutive days.
   - Because of the limited number of simulators in the skill labs, standardized patients were used in the OSCE. Four secretaries and four of CCNFS were trained to perform a role playing for a specific emergency, such as fractures, nose bleeding and choking.
   - Two rest stations were built into the schedule of the OSCE, each of 5 minutes duration.
6- Training of faculty staff and students:
   - The examination team involved all the staff in each department who received training on OSCE before the actual exam.
• An OSCE training package was prepared for training students before going through the final OSCE.
• Students received training in the skill labs one week prior to the actual OSCE.
• In the beginning of the training session, students received an orientation about the nature of the OSCE and the process of the examination.

7- Administration of the OSCE:
• The OSCE answer booklet was prepared including a cover sheet, the instruction sheet and a separate answer sheet for each station.
• Observation check lists were prepared for clinical procedures.
• A standardized marking system using a Rubric test was used in marking all OSCE answer booklet.
• Before starting the OSCE, one of the examiners read the instruction to all students.
• The stations were either interactive or non interactive, but students were requested to demonstrate both clinical knowledge and psychomotor skills.
• All students in the three skill labs went through the same stations simultaneously by moving around the stations.
• They moved each 5 minutes when hearing the bell sound.
• There was a time keeper in each skill lab.
• The first year nursing students completed the circuit over one hour period.
• The third year nursing students completed the twenty stations over 100 minutes period.
• Immediately after the OSCE, all students were told about the aim of the study and its significance, and were invited to provide their feedback about this new assessment tool.
• All students were assured that the study would be conducted anonymously to protect their confidentiality.
• All students were informed that their participation was voluntary, and that not taking part in this study would not affect them in anyway.
• Oral consent was obtained from students.
• The questionnaires were distributed to all students and collected before they left the session.

From our experience, the implementation of OSCE is time consuming, and requires huge efforts and extensive resources. This was also reported in other studies which implemented OSCE [9,10,16,17].

Data analysis:
Data were analyzed using the Statistical Package for Social Science (SPSS version 15). The obtained data were coded, analyzed and tabulated. Descriptive analysis was performed in this study including frequencies and percentage. Chi-square and \( p \) value were also calculated for statistical significance.

Results
The results obtained from the 310 third year nursing students representing G1, and 414 first year nursing students representing G2 are, respectively, presented in Tables (1,2,3). The response rate from the two groups was 100%.

Table (1) represents nursing students’ evaluation of OSCE attributes. The results of the questionnaire revealed that the majority of students from both groups provided positive feedback about the OSCE attributes. They agreed that the OSCE was fair (G1 87.4%, G2 91.1 %), covered a wide range of knowledge (G1 90%, G2 93.7%), and was well administered (G1 84.5%, G2 91.5%). Most students felt that OSCE stations were well structured and sequenced (G1 83.5%, G2 79%). Concerning the outcome of the exam, most students from the two groups reported that the nature of OSCE minimized the chance of failing (G1 94.8%, G2 88.9%) and highlighted areas of weaknesses (G1 81.3%, G2 83.1%). However, 3.5% of third year students and 11.6% of first year students felt that the time at each station was inadequate.

Although the majority of students from both groups reported that OSCE was less stressful than other exams (G1 87.4%, G2 67.9%), still a considerable percentage of students felt that the exam was very stressful (G1 18.4%, G2 27.5%) and intimidating (G1 7.1%, G2 6.5%). Most students were aware with the level of information needed (G1 80.6%, G2 92%). A considerable percentage of students were ‘neutral’ about many of the attributes of OSCE, such as the fairness of the exam (G1 12.6%, G2 5.1%), the need for more time at stations (G1 8.4%, G2 12.3%), the stressful nature of the exam (G1 16.8%, G2 27.8%), and whether the OSCE highlighting areas of weaknesses (G1 14.2%, G2 11.4%).

The table also showed a statistical significant difference between the third year nursing students and the first year nursing students regarding their evaluation of the knowledge covered by the exam, the time needed at the stations, the administration of the exam, the awareness with the level of the information needed, and the stressful and intimidating nature of the exam \( (p=.000) \).
Table (2) points out to nursing students’ evaluation of the quality of OSCE performance. The majority of students reported that they were fully aware of the nature of the exam (G1 80%, G2 88.2%) and that OSCE provided them with more learning opportunities (G1 83.5%, G2 89.9%). The table also illustrated that the tasks students were asked to perform in the OSCE were fair (G1 83.2%, G2 93.5%) and reflected those which were taught (G1 81.9%, G2 89.6%). Most students (G1 81.6%, G2 87%) reported that the stations were organized in sequence and logical way. Regarding the time of each station, 83.5% of third year students and 81.6% of first year students agreed that the time of each station was adequate. More than 89% of students in both groups agreed that the instructions of the exam were clear.

On the other hand, a considerable percentage of students were 'neutral' about the attributes of OSCE, such as the awareness with the nature of the exam (G1 17.7%, G2 10.4%), the tasks reflected the time of each station (G1 10%, G2 14%), and the logical sequence of the stations (G1 14.8%, G2 11.1%).

There were no significance difference between the two groups regarding the quality of performance of OSCE except for the fairness of the tasks that students were asked to perform ($p=0.00$).

Table (3) illustrates nursing students’ perception of OSCE scoring and objectivity. Most students believed that OSCE scores provided true measures of essential clinical skills (G1 78.7%, G2 83.1%) and were standardized (G1 86.5%, G2 92.3%). They also felt that OSCE was a useful practical experience for them (G1 83.2%, G2 90.3%). For the majority (G1 86.5%, G2 95.2%), OSCE scores were not affected by student's personality and social relations. However, a considerable percentage of students take the 'neutral' position concerning OSCE scoring and objectivity except for the fairness of the tasks that OSCE affected by personality and social relations (G1 11.9%, G2 3.4%).

There were no significance differences between the two groups regarding their perception of the OSCE scoring and objectivity except for the effect of personality and social relations on OSCE scores ($p=0.00$).

Table (1): Number and percent distribution of students according to their evaluation of OSCE attributes.

<table>
<thead>
<tr>
<th>Statements</th>
<th>Third year students (G1)</th>
<th>First year students (G2)</th>
<th>X²</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>total no. 310 (100%)</td>
<td>total no. 414 (100%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam was fair</td>
<td>39 (12.6%)</td>
<td>271 (87.4%)</td>
<td>24.302</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wide knowledge area covered</td>
<td>29 (9.5%)</td>
<td>279 (89%)</td>
<td>388</td>
<td>.102</td>
</tr>
<tr>
<td></td>
<td>7%</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needed more time at stations</td>
<td>26 (10.8%)</td>
<td>11 (3.5%)</td>
<td>33.122</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>2%</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams well administered</td>
<td>40 (12.9%)</td>
<td>262 (84.5%)</td>
<td>23.524</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>4%</td>
<td>5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams very stressful</td>
<td>52 (16.8%)</td>
<td>57 (18.4%)</td>
<td>9.954</td>
<td>.019</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams well structured &amp; sequenced</td>
<td>258 (81.9%)</td>
<td>31 (7.5%)</td>
<td>91.5</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>12%</td>
<td>49%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam minimized chance of falling</td>
<td>14 (4.5%)</td>
<td>4 (1%)</td>
<td>368</td>
<td>.005</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>24%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSCE less stressful than other exams</td>
<td>271 (87.4%)</td>
<td>8 (1.9%)</td>
<td>59.444</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>14%</td>
<td>74%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allowed student to compensate in some areas</td>
<td>285 (91.9%)</td>
<td>2 (0.5%)</td>
<td>3.044</td>
<td>.385</td>
</tr>
<tr>
<td></td>
<td>18%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highlighted areas of weaknesses</td>
<td>252 (80.6%)</td>
<td>12 (3.9%)</td>
<td>23.524</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>4%</td>
<td>64%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam intimidating</td>
<td>22 (7.1%)</td>
<td>16 (5.2%)</td>
<td>27</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>15.5%</td>
<td>64%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student aware of level of information needed</td>
<td>250 (80.6%)</td>
<td>2 (0.5%)</td>
<td>11.968</td>
<td>.007</td>
</tr>
<tr>
<td></td>
<td>20%</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table (2): Number and percent distribution of students according to their perception of the quality of OSCE performance.

<table>
<thead>
<tr>
<th>Statements</th>
<th>Third year students (G1) total no. 310 (100%)</th>
<th>First year students (G2) total no. 414 (100%)</th>
<th>X²</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully aware of the nature of the exam</td>
<td>Not all 7</td>
<td>Neutral 55</td>
<td>To a great extent 248</td>
<td>Not all 6</td>
</tr>
<tr>
<td>Tasks reflected those taught</td>
<td>2.3% 13</td>
<td>17.7% 31</td>
<td>80% 254</td>
<td>4.2% 10</td>
</tr>
<tr>
<td>Time at each station was adequate</td>
<td>6.5% 20</td>
<td>10% 31</td>
<td>83.5% 259</td>
<td>8.8% 17</td>
</tr>
<tr>
<td>Instructions were clear and unambiguous</td>
<td>3.2% 10</td>
<td>7.4% 23</td>
<td>89.4% 277</td>
<td>4.1% 7</td>
</tr>
<tr>
<td>Tasks asked to perform were fair</td>
<td>5.2% 16</td>
<td>11.6% 36</td>
<td>83.2% 258</td>
<td>4.8% 6</td>
</tr>
<tr>
<td>Sequence of stations logical and appropriate</td>
<td>3.5% 11</td>
<td>14.8% 46</td>
<td>81.6% 253</td>
<td>1.9% 8</td>
</tr>
<tr>
<td>Exam provided opportunities to learn</td>
<td>3.9% 12</td>
<td>12.6% 39</td>
<td>83.5% 259</td>
<td>1.4% 6</td>
</tr>
</tbody>
</table>

Table (3): Number and percent distribution of students according to their perception of the OSCE scoring and objectivity.

<table>
<thead>
<tr>
<th>Statements</th>
<th>Third year students (G1) total no. 310 (100%)</th>
<th>First year students (G2) total no. 414 (100%)</th>
<th>X²</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSCE scores provide true measure of essential clinical skills</td>
<td>16</td>
<td>50</td>
<td>244</td>
<td>15</td>
</tr>
<tr>
<td>OSCE scores are standardized</td>
<td>5.2% 15</td>
<td>16.1% 27</td>
<td>78.7% 268</td>
<td>3.6% 3</td>
</tr>
<tr>
<td>OSCE practical and useful experience</td>
<td>4.8% 5</td>
<td>8.7% 47</td>
<td>86.5% 258</td>
<td>3.1% 6</td>
</tr>
<tr>
<td>Personality and social relations will not affect OSCE scores</td>
<td>1.6% 5</td>
<td>11.9% 37</td>
<td>86.5% 268</td>
<td>1.2% 5</td>
</tr>
</tbody>
</table>

Discussion

Generally, nursing students' feedback about OSCE was positive. This is supported by other research findings [1,10,12,15]. The results suggest that OSCE is a useful and an acceptable tool for evaluating students' performance of clinical skills. Most students viewed OSCE as a fair assessment tool which covered a broad area of knowledge, allowed them to compensate in some areas and minimized their chances of failing. The fairness of OSCE was also reported by many studies [15,18].

Most students provided positive feedback about the quality of OSCE performance in terms of the clarity of the instructions of the exam, the sequence of OSCE stations, the reflection of the tasks taught and the time at each station. These results are supported by Pierre et al's (2004) [15] findings. OSCE was seen as a positive and a useful practical experience by most students. We find that consistent with Alinier's (2003) [12] study in which nursing students reported that OSCE was a favorable experience, and should be repeated regularly.

However, OSCE was perceived as a stressful experience and intimidating by a considerable percentage of students, particularly first year nursing students. This perception could be due to the fact that this was the first time that the OSCE has been implemented at Faculty of Nursing, Mansoura University. Hence, it was a new experience for all nursing students which made them feel anxious about it. In future it would be preferable to use the OSCE in midterm exam as a preparation stage for students before the final OSCE. Nursing students'
Stressful experience with OSCE was also reported in other studies [1,14,15]. Similarly, other studies related students’ stress and anxiety to the new experience of going through the OSCE [19].

Feedback from nursing students suggests that OSCE is an objective tool for evaluating clinical skills. Students perceived OSCE scores as a true measure for essential clinical skills being evaluated, standardized, and not affected by student’s personality or social relations. The objectivity of OSCE was highlighted by many authors [13,20,21]. The evaluation of OSCE by nursing students highlighted some areas that need to be enhanced in future, such as the inadequate time of some of the stations, and the limited period for orientation about OSCE. The insufficient time at OSCE stations was one of students’ complaints in some of the studies which investigated students’ opinion about OSCE [15,17,22].

OSCE generated a considerable uncertainty among students regarding aspects of OSCE attributes, performance, scoring and objectivity. Students’ uncertainty about OSCE was also reported in other studies [15,19]. Such uncertainty may reflect inadequate knowledge about the nature of OSCE and insufficient training on OSCE procedure. It appeared that the training session that students received on OSCE before the final exam was inadequate for providing them with a comprehensive view of OSCE. Uncertainty may also be due to the fact that the OSCE was a new experience for all students. This is congruent with other research findings [15,19].

Implementation of OSCE in Faculty of Nursing, Mansoura University with such a large number of students has been very challenging for faculty staff members. However, the high response rate from students, and their positive feedback about OSCE as an evaluation tool for their clinical performance have been very promising.

Conclusion:

The OSCE appears to be a useful and acceptable method for evaluating nursing students’ clinical performance. The implementation of OSCE at Faculty of Nursing, Mansoura University was a useful experience for students, and was considered a valuable and worthy for further development and enhancement.

Recommendations:

1- Attention must be given to the time of OSCE stations.
2- Students’ orientation period about OSCE should be planned in a form of a written description of what would be expected of them and what they could expect, and training sessions on OSCE procedure. This is very important for familiarizing students with OSCE, reducing their stress and anxiety, and improving their experience.
3- While this study investigated nursing students’ feedback about OSCE, future research could consider faculty staff members’ experience with the implementation of OSCE.
4- Preparing standardized and approved OSCE stations for each department.
5- Developing OSCE committee for Faculty of Nursing, Mansoura University.

Acknowledgements:

We would like to acknowledge the help of all staff members of the department of Maternity and Gynecology, and the department of Critical Care Nursing who contributed to the implementation of OSCE. We also want to thank our students for their invaluable feedback.

References

8- HODGES B., TURNBULL J., COHEN R., BIENENSTOCK A., et al.: Evaluating communication skills in the objective structured clinical examination format:


