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Research Article

NURSING STUDENTS' PERSPECTIVES AND OUTCOMES ABOUT AN OBJECTIVE STRUCTURED CLINICAL EXAMINATION IN OBSTETRICS AND GYNECOLOGICAL NURSING COURSE

¹Palveesha Talpur, ²Bisharat Ali, ³Muhammed Zakarya

¹BScN, MPH, Nursing Instructor, Isra School of Nursing, Isra university Hospital Hyderabad palveshatalpur@yahoo.com, ²RN, Dip in CHN, Post RN BscN, Nursing Instructor, Isra School of Nursing, Isra University Hospital Hyderabad, bisharatali65@yahoo.com, ³MSN (masters in Nursing), Nursing Instructor, ISRA University Hospital Hyderabad, mzakarya786@gmail.com

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Abstract:

Objective: The aim of this study is to investigate and define the perceptions of sixth-level nursing students regarding the use of the OSCE assessment approach. In particular, he examined students' perceptions in terms of OSCE preparation, quality and organization, format, validity and reliability.

Place and Duration: This Observational study design was held among the Nursing Students and Gynecology and Obstetrics Department of Isra university Hospital Hyderabad, Pakistan for one-year duration from March 2019 to March 2020.

Methods: In this study, observational study design of 50 nursing students was used. OSCE consisted of 10 stations; Students' perceptions about OSCE were evaluated using a structured questionnaire. The data were related to the scoring scale, the Likert scale questionnaires, and the OSCE organization as measured by Pierre, et al., Survey 2004. For the purpose of this study, only 18 items of the questionnaire were used to measure preparation and quality. and OSCE organization, format, validity and reliability.

Results: Most of the students gave positive feedback on the organization and quality characteristics of the OSCE and gave positive feedback on the format, validity and reliability of the OSCE. The results revealed a direct and positive relationship between the use of OSCE sessions in OSCE training and testing.

Conclusion: OSCE is a meaningful, fair, useful and acceptable method for evaluating the clinical performance of nursing students due to some positive characteristics such as impartiality and fairness.

Relevance to clinical practice: There is a wide-ranging understanding of clinical learning as it is central to nursing education. Challenging clinical stations are critical to become a skilled and qualified nursing caregiver. Learning in the clinical field of nursing gives nursing students the current reality to build knowledge, abilities, tendencies and abilities.

Keywords: Objective structured clinical examination (OSCE), Nursing, Maternity, Clinical skills.

Corresponding author:**Palveesha Talpur,**

BScN, MPH, Nursing Instructor, Isra School of Nursing,

Isra university Hospital Hyderabad palveshatalpur@yahoo.com,

QR code



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INTRODUCTION:

Over the past two decades, there have been rapid and sweeping changes in student assessment strategies [1-2]. Numerous assessment strategies have been developed, focusing heavily on clinical procedural skill, skill transfer and professionalism, skills and demonstrable skill. Clinical practice is an essential part of nursing education and can be difficult for students. In unique and complex clinical situations, they may face numerous challenges or dangers, such as how to use state-of-the-art therapeutic equipment, how to build strong partnerships with clinical staff and educators, how to deal with and manage sudden changes in a patient's condition. requests from patients' relatives. Goal Structured Clinical Examination (OSCE), assessment of clinical capacity focused on outcomes through detectable nursing practices [3-4]. The OSCE has been introduced as a method to control a large number of prejudices. Conventional clinical examinations are performed by a single employee who observes a student taking the patient's history and performing a physical examination. The teacher should be willing to talk about the case and response presented by the nursing student. The assessment of the student depends on the whims of both the teacher and the patient. An OSCE typically includes a circuit of short stations where each student is analyzed in a coordinated environment with one or two neutral examiners (standard is 5 to 10 minutes, but up to 15 minutes of use). and real or simulated patients (actors or electronic patient simulators). Rather than the traditional method of clinical examination, where a student will be assigned to the examiner for the entire exam, each station has a different researcher. Students turn between stations by finishing each station in their circuit [5-6]. Therefore, all students take similar positions. It is considered an improvement over the traditional exam; on the basis that the stations can be standardized more equitably by strengthening them by comparison and complex methods that can be evaluated without jeopardizing the patient's well-being. In the 1970s, Dr. Since its development by Ronald Harden, the OSCE has motivated the power of clinical evaluation to evaluate the clinical skills of nursing students. The OSCE is currently one of the most important, reliable and reliable resources for examining relational and psychomotor correspondence, and it is considered a reasonable and comprehensive assessment method [7-8]. There is a strong need for a simulated patient care or nursing clinical environment to distinguish these skills. The OSCE was also protected until

changes were made in the Nursing Department of its educational programs.

MATERIALS AND METHODS:

This Observational study design was held among the Nursing Students and Gynecology and Obstetrics Department of Isra University Hospital Hyderabad, Pakistan for one-year duration from March 2019 to March 2020. A sample of 50 nursing students was included in the study. The sample was entered to share the proposal with the following criteria:

- Complete the third year
- Complete the maternal and neonatal health clinical demonstration course
- Who was supervised using the OSCE This topic is in the sixth grade of training programs. Students were placed in central groups for dating, abdominal examination, instrument station, and others.

OSCE design:

The OSCE consisted of 10 stations: patient simulation for the evaluation of the abdomen and newborn at 4 stations, photos of the station and 2 stations for the evaluation of vaginal examinations were taken. The last 2 stations were instrument stations to detect name and use instruments. We then took the control group to learn the results after the training, the aim of the control group was to compare the scores with the study group on learning efficiency and clinical rotation for the OSCE. Student Preparation The pre-evaluation booklet was given to the students before the study. These brochures contained important information regarding the time set for each skill; Therefore, the information will guide students in preparing for assessments. According to the observations made by the students in this way, sufficient time was allocated to rehearse.

Variables: The student imagines the OSCE in terms of maternal and newborn health, which he evaluates using an organized questionnaire. The questionnaire was divided into 2 parts: a sociodemographic record by age and location, and an area that explores students' perceptions. Information determined by the OSCE Nemoto and Beglar and Pierre et al. It was evaluated using a Likert-scale questionnaire run by. For the purpose of this review, only 18 questionnaire items were used to measure the planning, quality and organization, format, validity and reliability of the OSCE. The questionnaire used in this review consists of three main parts:

- Part 1: Surveys on the preparation of nursing students and assessment of OSCE qualifications of nursing students

- Students were asked to rate their reactions according to the score scale; "Disagree", "Neutral" and "Agree"
- Section 2: Analyzes students' assessment of OSCE regulations.
- Section 3: deals with students' assessment of the OSCE's validity and reliability. Each statement in the first part was graded on a 3-point Likert scale ranging from 1-3 points. Each expression was scored as follows:
 - I accept: 3 points
 - Neutral: 2 points
 - Disagree: 1 point

Procedure:

Formal approval of the Dean of the Faculty of Applied Medical Sciences was obtained prior to the implementation of the plan. The pilot study was terminated before the study was conducted to test the validity and reliability of the questionnaire. After completing the maternal and neonatal health nursing period, each student filled out a questionnaire. The time taken for the survey was between 5 and 10 minutes; students answer for themselves. Students were assured that all their OSCE-related information would be kept confidential for research.

Statistical analysis:

The student's information was analyzed with SPSS version 20. The information received was coded, analyzed and ordered. In this research, a descriptive analysis was performed, including frequencies and ratio, in addition to the use of mean, standard deviation, and t-test.

Ethical considerations:

Ethical authorization of the institutional review board was obtained before conducting this research, there is no risk that could affect the students during the implementation of the study. Informed consent was obtained and students were confident that they had no anonymity and confidentiality. After all students were fully informed, they shared it voluntarily. Since it was not possible to attribute any response to a particular person (teacher or student), no psychological harm was expected; We protect students from potential compulsive and inappropriate influences because the student who collected the data was not the teacher.

RESULTS:

The average age of the students was 21.24 ± 1.001 years. About 65% lived in urban areas, depending on the region. It was deemed important for nursing students to show the extent of their own preparations (Table 1). The responses in Table 1 showed that 82% of the students ($n = 41$) were well prepared for their OSCE.

Table 1 Number and percent distribution of students according to their preparedness of student nurses

Variable	No	%
Well prepared	41	0.82%
Not prepared	3	0.06%
Neutral	6	0.12%

Table 2 presents students' responses on a scale measuring perception of the quality of OSCE qualifications. As stated, all items in the scale received the students' approval with the highest

approval (90%) and item "The OSCE was very stressful" and "The exam provided the opportunity to learn". OSCE is designed fairly" It gets the lowest deal percentage (70%).

Table 2 Distribution of students as regard to their evaluation of the quality of OSCE attributes (n=50)

Variable	Degree of Response							
	Agree		Neutral		Disagree		Total	
	n	%	n	%	n	%	n	%
The OSCE was designed fairly	35	70%	8	16%	7	14%	50	100%
The exam was well structured	40	80%	5	10%	5	10%	50	100%
OSCEC was very stressful	45	90%	3	6%	2	4%	50	100%
The exam was easier than other oral	35	70%	10	20%	5	10%	50	100%
I received adequate information before exam	42	84%	5	10%	3	6%	50	100%
Instruction were clear	40	80%	6	12%	4	8%	50	100%
Sequence of station logical	41	82%	8	16%	1	2%	50	100%
Station reflect those taught	38	76%	8	16%	4	8%	50	100%

Exam provided opportunities to learn	45	90%	3	6%	2	4%	50	100%
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In Table 3, it is stated that the students made positive comments about the ECOE format. They agree that the duration of each station is satisfactory (96%). Most of the students stated that OSCE stations

covered the entire course (90%) and most of the students gave positive feedback on “OSCE provides the measure of basic clinical skill” (94%).

Table 3 Number and percent distribution of students’ perceptions according to OSCE format (n=50)

Variable	Degree of Response							
	Agree		Neutral		Disagree		Total	
	No	%	No	%	No	%	No	%
Time of each station is adequate	48	96%	2	4%	0	0%	50	100%
The number of OSCEC station is sufficient	45	90%	2	4%	3	6%	50	100%
Revision done before the exam about all types of procedure	46	92%	2	4%	2	4%	50	100%
OSCEC exam covers the whole course	45	90%	3	6%	2	4%	50	100%
Are you thinking the OSCEC provides the measure of clinical essential skill	47	94%	1	2%	2	4%	50	100%

According to the results of the survey, Table 4 shows that the majority of the students made positive comments about the validity and reliability of the OSCE; Agreed that OSCE scores were standardized

(92%). Most of the students reported that the OSCE was a clinically good and exciting experiment (90%), and most felt that personality and social relationships had no effect on OSCE scores (96%).

Table 4 Distribution of students ‘according to their OSCE’s validity and reliability (n=50)

Variable	Degree of Response							
	To greet the extent		Neutral		Not at all		Total	
	No	%	No	%	No	%	No	%
OSCE give ideal measure of essential skills	47	94%	1	2%	2	4%	50	100%
OSCE scores are standardized	46	92%	3	6%	1	2%	50	100%
OSCE practical are useful experience	45	90%	3	6%	2	4%	50	100%
Individual and social relations won't influence OSCE scores	48	96%	0	0%	2	4%	50	100%

Table 5, the relation between the total mean scores of the rotation examination of the study and the control student enrolled in the clinical examination in the maternal and neonatal health nursing course. It

indicates that there is a statistically significant difference between the pre-test (using the traditional exam method) and the post-test (using the OSCE exam) in terms of the average exam rotation grade.

Table 5 Relation between total mean scores of rotation exam of pre and post test group

Mean scores of rotation exam		T- test	p-value
Post-test (OSCE exam) (N=50)	Pre-test (chick list exam) (N=50)		
Mean ± SD	Mean ± SD		
15.5540 ± 2.12696	9.7000 ± 3.60272	-8.928	<0.001*

DISCUSSION:

According to the students' opinion on their own level of preparation, 82% (n = 41) of the students think they are well prepared for their OSCE. El-Nemer and Kandeel state that students should receive guidance about the OSCE's structure and testing process about a week before starting the exam. He also received the support of Fidment, who stated that the preparation was made. According to the vision of the students for the assessment of the OSCE's quality qualifications, all the items of the specified scale received the approval of the students, "The OSCE was very stressful" and "The exam provided an opportunity. learning" received the highest approval from students (90%) and the OSCE designed fairly "received the lowest percentage of participation (70%). This was supported by Ghadah and Manal, who talked about the student's perception of OSCE quality [9-10]. Similarly, the correlation of ECOE stations with clinical course OGI coincided with the highest percentage of students (92% and 96%, respectively). Regarding the number of stations studied in the course, 94% agreed. Based on the students' vision for evaluating the ECOE format, he mentioned that the students gave positive feedback to the ECOE format. They agree that the duration of each station is satisfactory (96%). Approximately 90% of students remember that the OSCE also covered most of the course, with most of the students providing positive feedback (94%) on the OSCE that met the aptitude measure. This was supported by Al-Zeftawy et al, who stated that more than one-third (38.4%) of the students had the easiest OSCE score. He viewed the ESG as a more difficult form of evaluation [11-12]. The OSCE and MCQ were the fairest tool (29.8%), and 27.8% rated the trials as their most used learning experiences. Regarding the students' views on the assessment of OSCE validity and reliability, the results of the survey indicated that most of the students had positive comments on the validity and reliability of the OSCE; Agreed that OSCE scores were standardized (92%). While the majority of students reported that the OSCE was a clinically good and exciting experiment (90%), most also felt that personality and social relationships had no effect on OSCE scores (96%). This was a coincidence with Ghona et al., And Brosnan et al. Just over half of the students (56.9%) were confident that the OSCE was ideal, and 55.2% of the students highly agreed that their performance on the exam was a true impression of their clinical abilities. Likewise, 58.6% of the students remembered that the OSCE was a clinically valuable experience for them, and 72.4% of the students responded to the question of bias with identity and social relationships, and were not affected by the scores. Besides ECOE, Lamia, et al. The results of this study showed that there was a

relationship between the rotation exam total score averages of the post-test and pre-test groups of 6-level nursing students who passed the maternal and newborn nursing clinical course [13]. The table shows that there is a statistically significant difference between the total mean scores of the clinical examination rotation between the posttest (using the OSCE test) and the pretest (using the traditional test method). Similarly, Nahid et al. And in a study conducted by Aber A, 88.6% stated that they were fully aware of the exam idea, 84.1% stated that the assignments assigned to perform the test were reasonable. Likewise, more than three-quarters of the students (77.3%) agreed that the station order was logical and sufficient, and the exam offered them the opportunity to learn. Approximately three-quarters (72.7%) of the students agreed that their exam strategies gave sufficient time at each station, while more than two-thirds (70.5%) of the students showed that the instructions were clear and Definitely, 61.4% of the students showed that the environment at each station felt unique [14]. However, 47.7% felt that in a study by Bartfay et al., And Howley L., the assignments reflected what was taught in their lectures. The results of this study are a correlation between the percentage of nursing students' posttest mean scores with respect to OSCE grades as a training and testing tool. The results show that most of the students studied have an excellent average score according to OSCE grades as an educational tool [15-16]. This can be attributed to many factors; the results revealed a significant positive and direct relationship between the use of ECOE sessions in ECOE training and testing. Similarly, in a study by Nahid M et al., And Chesser et al [17].

CONCLUSION (AND RECOMMENDATIONS):

The findings show that the OSCE is an important, reasonable, useful and acceptable method for evaluating student clinical performance due to different positive details such as objectivity and fairness. It is a kind of tool for clinical nursing skills and has had a positive impact on nursing training courses. It could examine a wide variety of materials and cover a wide range of learning. The OSCE app is ideal for most OSCE work with nursing students. In view of the results mentioned above, the attached recommendations can be considered:

- The OSCE is a valid tool and should be kept linked to all clinical nursing exams.
- The necessary OSCE should be improved; This includes insights such as teacher preparation, student preparation, and specialist order.

- The OSCE should be used as a tool to learn and evaluate clinical practice alongside traditional methods.
- Provide clear guidelines and have all competencies defined changes and prepare for the OSCE immediately prior to the review.

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