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Evaluating Objective Structured Clinical Assessment (OSCA) in undergraduate nursing

Leah East

Deakin University, leeast@deakin.edu.au

Kathleen Peters

University of Western Sydney

Elizabeth J. Halcomb

University of Wollongong, ehalcomb@uow.edu.au

Debra Raymond

University of Western Sydney

Yenna Salamonson

University of Western Sydney

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Abstract

The aims of this mixed methods study were to gain insight into how individual assessors determine an Objective Structured Clinical Assessment (OSCA) result for undergraduate nursing students and identify whether individual assessor perceptions and professional characteristics have an impact on students' results. Results from 25 participants showed that although less than half (44%) of the participants were teaching in the course that they were assessing, the participants were highly experienced clinicians and nearly three-quarters (72%) had completed formal teaching qualifications. There were wide variations in pass rates (16.7-90%) between assessors. The widest disparity was observed between assessors with and those without critical care experience (66% versus 39%), as well as assessors who were teaching the course and those who were not (68% versus 49%). Qualitative analysis revealed three dominant themes within participants' transcripts. The themes focused on determining student safety, and the use of personal perceptions and clinical experience to determine competency. Findings indicate that assessors' individual perceptions and clinical experience have the potential to influence and determine undergraduate nursing students OSCA results. Development of criteria standards and objective assessment may be enhanced by greater involvement of assessors and thorough education and training within the context of student assessments.

Keywords

Objective structured clinical assessment, undergraduate nursing, nursing practice, assessment, competence

Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

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Authors

Leah East RN BN (Hons) PhD, Senior Lecturer
School of Nursing and Midwifery
Deakin University, Locked Bag 200001
Geelong, Victoria 3220
Australia
Email: l.east@deakin.edu.au

Kathleen Peters RN BN (Hons) PhD, Senior Lecturer
School of Nursing & Midwifery,
University of Western Sydney, Locked Bag 1797
PENRITH SOUTH DC NSW 1797
Australia
Email: k.peters@uws.edu.au

Elizabeth Halcomb RN, BN(Hons) PhD, Professor
University of Wollongong
School of Nursing, Midwifery & Indigenous Health
Faculty of Health & Behavioural Sciences
Northfields Ave Wollongong NSW 2522
Australia
Email: ehalcomb@uow.edu.au

Debra Raymond RN BN MCP
School of Nursing & Midwifery,
University of Western Sydney
Locked Bag 1797
Penrith, NSW 2751
Australia
Email: d.raymond@uws.edu.au

Yenna Salamonson RN, PhD, Associate Professor
University of Western Sydney
School of Nursing & Midwifery
Locked Bag 1797
Penrith, NSW 2751
Australia
Email: y.salamonson@uws.edu.au

Abstract

The aims of this mixed methods study were to gain insight into how individual assessors determine an Objective Structured Clinical Assessment (OSCA) result for undergraduate nursing students and identify whether individual assessor perceptions and professional characteristics have an impact on students' results. Results from 25 participants showed that although less than half (44%) of the participants were teaching in the course that they were assessing, the participants were highly experienced clinicians and nearly three-quarters (72%) had completed formal teaching qualifications. There were wide variations in pass rates (16.7-90%) between assessors. The widest disparity was observed between assessors with and those without critical care experience (66% versus 39%), as well as assessors who were teaching the course and those who were not (68% versus 49%). Qualitative analysis revealed three dominant themes within participants' transcripts. The themes focused on determining student safety, and the use of personal perceptions and clinical experience to determine competency. Findings indicate that assessors' individual perceptions and clinical experience have the potential to influence and determine undergraduate nursing students OSCA results. Development of criteria standards and objective assessment may be enhanced by greater involvement of assessors and thorough education and training within the context of student assessments.

Keywords: Objective Structured Clinical Assessment; Undergraduate Nursing, Nursing Practice; Assessment; Competence

BACKGROUND

Undergraduate nursing students, to successfully meet the requirements of pre-registration academic programs are required to demonstrate adequate knowledge and practical nursing skills that are deemed both safe and professional in nature (Bourbonnais et al 2008). Often undergraduate programs use Objective Structured Clinical Assessments (OSCAs) to assess this knowledge and determine student competency (McWilliam & Botwinski 2012).

OSCAs have been used to assess medical students since the mid 1970's and have become a popular tool for assessing clinical competency among nurses in the past two decades

(Rushford 2007). Historically the OSCA has been conducted to test clinical competency throughout a number of specific skill stations described as a circuit (Harden & Gleeson 1979, Mitchell et al 2009). OSCAs have also been used for both formative and summative assessment, as a learning resource, and a tool to identify gaps and weaknesses in communication and clinical skills (Aliner 2003, Khattab & Rawlings 2001).

Current literature reports that the use of OSCAs to assess nursing competencies can be effective and that these types of assessments are often perceived favourably among students and/or educators (Byrne & Smyth 2008, Furlong et al 2005, McWilliam & Botwinski 2012, Paul 2010, Selim et al 2012). However, the evaluation of student skills and clinical practice is reliant on both the grading criteria as well as the professional judgment of the assessor (Parker 2009). The challenge in administering OSCAs is ensuring that the marking criteria and examination protocols are robust and transparent (Jones et al 2010). Moreover, individual assessors may grade students based on subjectiveness rather than the assessment criteria, and reliance on individuals to assess competence can lead to observer bias which can create inconsistency among assessors (Bourbonnais et al 2008; Norman et al 2002; Parker 2009). The subjective nature of this type of assessment is demonstrated in the study by Cazzell and Howe (2012) where inter-rater reliability between OSCA assessors was poor when observing affective criteria such as communication. In particular, if the assessor is also the 'standardized patient' their experience and perception of the care delivered may influence the assessment outcome (Hodges & McNaughton 2009).

Further, throughout universities there is an increasing trend in the recruitment of sessional (casual) academics to teach students (academics employed on a short-term semester basis), particularly in practice based disciplines such as nursing (Coombe & Clancy 2002, Halcomb et al 2010, Joiner & Bakalis 2006, Percy & Beaumont 2008). However, assessing and evaluating undergraduate nursing students' clinical skills and performance can be challenging for experienced academics and whilst sessional staff may have currency in clinical expertise, many may have limited formal qualifications or training in assessment within the university setting, which may ultimately affect the reliability of assessment practices (Bourbonnais et al 2008). Therefore, this study aims to identify the impact of assessor demographic and employment characteristics on results of first year undergraduate nursing students during a 25 minute OSCA.

METHODS

Setting

This study was undertaken in a multi-campus Australian university during Spring semester 2011. At the time of this study there were 802 first year undergraduate nursing students in enrolled in a unit requiring them to complete an OSCA. This OSCA required the student to demonstrate completion of a preoperative checklist including a full set of vital signs and administration of an oral medication. The students were assessed by one assessor who used a criteria sheet mandated by the nursing curriculum which determined a satisfactory or unsatisfactory result. Being Registered Nurses, all assessors were proficient at these skills. Further, prior to conducting the assessments, assessors attended a 30 minute briefing session with either the Unit Coordinator or the designated Campus Coordinator or supervisor which provided information (including the grading criteria sheet used by the school) on the assessment task and the student and assessor expectations. The supervisor's at each campus were full-time academics who taught in the unit and provided the same information sheet and briefing to all assessors for consistency.

Research Design

This study employed a mixed method approach to collect data from both the academics involved in the OSCA assessment and the results of those first year students in the OSCA assessment task. Quantitative data were collected via a self-administered survey of OSCA assessors to gather their demographic and employment details and student OSCA results mined from existing course results data. Additionally, interviews were conducted with a sub-group of OSCA assessors to explore their experiences and decision making processes when undertaking the OSCA assessments. A mixed methods approach was utilized to gain a deeper exploration of the issues than would have been possible by the use of either qualitative or quantitative data collection alone (Andrew & Halcomb 2009).

Recruitment and Data Collection

42 academics who were undertaking OSCA assessments of first year nursing students were invited to participate in the study. Both sessional (employed on a short-term semester basis) and tenured (staff who hold continuing positions) were invited to participate in this study. If, after reading the information sheet, academics were willing to participate, they completed a short survey to collect demographic data including their clinical and academic experience. At

the end of the survey participants were asked to indicate whether they were willing to participate in an interview and if so to provide their contact details.

From the contact details provided potential participants were contacted and given information about the proposed interview. Participants were selected based on their mutual availability to meet with the interviewer at the campus of the institution. Face-to-face, semi-structured interviews were conducted with 16 participants and ranged in duration from 9 to 25 minutes. Participants were asked a series of open-ended questions that focused on their OSCA experiences and their thought processes involved when determining student competence in the skills that were being assessed. Two broad questions were asked in all interviews including 'what are or have been your experiences in being involved in OSCA assessments for first year undergraduate nurses?' and 'what were the thought processes involved when you were assessing students?' These questions were followed by probing questions dependent on participants' responses. Interviews were audio-recorded and transcribed by an external transcription company. Data saturation was thought to have been achieved after the tenth interview. A further 6 interviews were conducted to confirm that data saturation had been achieved.

Two weeks prior to the OSCAs, eligible students were informed of the study and provided with an information sheet at the end of class time and via email. 256 students provided written consent to have their result used for analysis as part of this study. These students results were matched with the assessor initials who also consented to participate in this study and extracted from the overall results excel database for the unit by the Unit Coordinator. Once extraction was complete data was coded and transferred to Statistical Package for the Social Sciences (SPSS) Version 20.0.

Data analysis

Quantitative survey data were entered into the Statistical Package for the Social Sciences (SPSS) Version 20.0. Assessment results and assessor grades were matched to assessor demographic data. Univariate descriptive statistics were used to explore the assessors' characteristics, with nominal data summarized using frequencies and continuous data presented in terms of mean scores and standard deviations. Each group was summarized using percentages to make comparisons between student assessment outcomes and assessor characteristics. In view of the small sample size, group difference between two groups was examined using the Mann Whitney *U* test.

Interview transcripts were read and re-read and thematically analysed by two of the researchers using the principles outlined by Grbich (2007). Prior to final themes being decided, the remaining members of the research team were consulted. Themes were

discussed until agreement was reached among all team members that the data had been accurately represented.

Rigour

Rigour was established through the research teams' application of the principles of credibility and confirmability. The strategy of two team members individually reading the data and developing preliminary themes facilitated credibility (Shenton 2004). The use of verbatim quotes within the results presented below provides confirmability of how the themes emerged from the voices of participants.

Ethical Considerations

Prior to recruitment, ethical approval was sought and gained from the University's Human Research Ethics Committee. Students and assessors were provided with an information sheet providing details of the purpose of the study. The information sheet also provided detail on how either the student result will be matched to the participant assessor or how the assessors' details would be matched with the results of the students assessed to determine the number of satisfactory or unsatisfactory for each assessor. Both assessors and students were ensured that confidentiality would be maintained at all times and once data was obtained student results and assessors initials were coded to ensure no identifiable data. Additionally, any potentially identifying data were removed from the participants (assessors) interview transcripts and participants were allocated pseudonyms to ensure confidentiality.

RESULTS

Of the 42 academics who were involved in the OSCA assessments, 25 (60%) academics completed the survey form. Of these 25 participants sixteen (64%) consented to participate in qualitative face-to-face interviews. A total of 256 students provided written consent to provide the research team with access to their OSCA result.

Assessor Characteristics

As can be seen from Table 1, most academics participants were female (n=23; 92%) and employed as sessional staff (n=18; 72%). Nearly half of the participants were aged between 41-50 years (n=11; 44%), and had between five and thirty years of clinical nursing experience (Mean 17.76). Of participants, over half (54%) had a Bachelor's degree or higher in their educational attainment. A majority of participants were also currently working as a clinical nurse (n=18; 72%). Interestingly, most participants (n=18; 72%) had clinical experience in critical care. Despite being employed as sessional staff, participants reported a

mean of 5.86 years teaching experience (Range: 1 – 10 years), however, only seven (28%) of the participants had also completed a formal teaching/education course. Due to the large cohort requiring assessment and the time constraints for the examination period, less than half of the participants were actually involved in teaching the unit for which the clinical skill was being assessed (n=11; 44%).

INSERT TABLE 1 HERE

Relationships between Assessor Characteristics and OSCA Result

There was significant variation in pass rates between assessors, ranging from 16.7-90% pass rates (mean 58.2). The overall pass rate for the OSCA assessment was 57.7% of the 802 students. Staff teaching in the unit that was assessing the clinical skill had a pass rate significantly higher than those who were not teaching in the unit (68% versus 49%, $p=0.026$). Interestingly, staff who had clinical experience as a critical care nurse had a significantly higher pass rate than those without a critical care background (66% versus 39%, $p=0.004$).

As can be seen in Figure 1, there was a small difference in the pass rates between sessional (60%) and tenured (53%) staff and those who currently worked as a clinical facilitator (facilitating undergraduate students whilst on placement) (50% versus 65%) or a clinical nurse (56% versus 62%). The pass rate was identical for those with and without teaching / education qualification.

INSERT FIGURE 1 HERE

Qualitative data

Three dominant themes emerged from the transcripts that revealed how assessors determined students' competence or non-competence. Findings revealed that rather than assessing students using the grading assessment criteria used by the school (and mandated by curriculum), overwhelmingly assessors determined students' competence subjectively, including their perceptions of students' safety in terms of their practice, their perceptions of individual students' confidence, and their own personal clinical knowledge and experiences. Each of these themes is discussed individually below.

Is the student safe?

An overarching theme that was apparent in the participants' transcripts was a concern for patient safety. Participants elucidated that although they were provided with objective

assessment criteria sheets to facilitate decision making about the competency of the student, participants perceptions of what constituted 'safe practice' influenced how they assessed the student and therefore influenced student outcomes. As stated by Penny *"Well obviously you've got a set of criteria to follow which in some respects I find a little restricting. ... my major concern is the student safe?"* Safety was primarily defined within the context of the accurate dispensing/administration of medication and patient identification checks. Other aspects associated with safety such as infection control and environmental safety were discussed by some participants, although there were differing perceptions regarding the relative importance of these aspects. This is evident in the following statement which reveals that safe practice within the context of medication administration took precedence over other safety aspects and may not be reflective of the criteria provided to the assessor:

... so what I'm looking for is safe practice, which isn't necessarily 10,000 (sic) per cent by the criteria sheets. Packing up your equipment at the end, well that's got nothing to do - well, it does have a little bit to do with safety in terms of environmental safety, but it doesn't necessarily make you a safe nurse ... if they're giving out drugs they must know what the drug's for and some of the side effects - the big side effects not the little ones that rarely occur. They must do the five rights and they must do their three checks ... So it's the big safety stuff for me - yeah, that's the important stuff. The washing of your hands and ensuring privacy, well that's all nice and well, but it doesn't make you safe. (Rose)

Ivy highlighted the perception that it may not be practical to expect students to successfully complete all components set out as criteria for a particular skill. Ivy articulates that, as long as all aspects of medication checks were accurately completed, the student is deemed to be competent:

Actually when I looked at the OSCA form, I was feeling like some things are very, very important but some things are very, very critical ... no one can do everything perfectly but I would think that things like checking the right dose could be critical. If someone does everything correctly except check the correct dose they've failed.

Reflecting on an experience whilst assessing a student, Sharni illuminated the critical component of accurately completing medication checks inclusive of calculations. The comment also reflects that Sharni's perception of patient safety takes precedence over other criteria which were seemingly not as critical to safe nursing practice:

So probably to the dosing of the medication, especially if it's like syrup. I'm just trying to think of one example, because I had one (student) that gave too much of a medication, of a syrup and it was just she couldn't get the calculations right, so I think the numeracy test is very important. So giving out a wrong drug, of course, that's a fail. Not complying with the five rights that would be a fail. ... I wouldn't fail them just on a privacy matter ...

In contrast to the previous participants' comments, the following comment reveals how safety was perceived in differing ways. The comment highlights how safety can be perceived within the context of holistic patient care which is reflected in the OSCA criteria used to determine a student's result. This highlights the impact of the assessor on student outcomes:

Well, the hand washing, the - making sure the environment is safe, ensuring privacy, and making sure potentially that they're safe, that the patient is the right height for their backs and stuff. Most of the OSCA requirements really I think it's the basics, it's the foundations of the procedures. So I think it's pretty much covers it all, you've just got to have that little bit of leeway of - that it's - I don't think it's all black and white. There's a lot of grey in there as well. (Grace)

Likewise, the perception of competence and safety of a student were perceived in terms of basic nursing skills within the context of safe holistic patient care among another participant, which is in contrast to previous comments referring to safety in only the terms of medication:

Infection control is to do with washing hands, wearing gloves, when it is appropriate to wear gloves. Even OSCA(s) are difficult for the students, because the students are not in the real scenario, but it is being safe ... I'm very strong and strict with that, so wearing gloves, washing hands; those are the basic essential things and from then on performing competently at the skills that they need to do. (Fran)

How the student approaches you

In addition to perceived safety, the interviews also revealed that further subjectiveness played a part in determining student results with perceptions of student confidence, appearance, and communication being influential factors. Some assessors conveyed that effective communication was essential in the provision of optimal nursing care. Therefore, these assessors considered that effective communication was essential in demonstrating clinical competency. One participant commented “Unfortunately, I wouldn't deem someone that couldn't speak clearly competent. I don't know if people would oppose that, maybe, although

they may be very competent but I can't understand that or I won't be able to assess their competency.” (Deidre)

Communication skills were perceived to be inherently linked with student confidence. If an assessor perceived a student to be confident within the context of communication and demeanour this was held in positive regard and looked upon favourably:

... I guess the first thing I think about is immediately, when I see my student come in, the first few seconds of their approaching me, I always look at how well they're going to present themselves, first of all. How they appear, and most importantly the communication. The communication is something that will always say to me whether this student is capable or not, it's as simple as that. (Deidre)

Corine recognized that although the students' presentation and demeanor has the ability to cast bias over the assessment, these biases need to be put aside to ensure equitable assessment of students:

I guess I'm making an assumption when the student first presents, on the student's presentation - whether that's right or wrong. You know, I have a - oh yes, this student probably will know what she's doing. Yes, I try not to be negative with that if someone doesn't present well because you are looking at their skill. So I try to block that out; you know, like you could have negative sort of things if someone doesn't look well-groomed, to think, well, I don't want that person anywhere near me. So you have to try to remove that and think, right, what's their performance on this skill? (Corine)

Although any type of assessment task has the ability to evoke feelings of anxiety and nerves, participants' expressed that if students were confident in their skills (albeit nervous) with appropriate guidance they would successfully complete the OSCA:

Mostly the stand out things are how they approach you and then how they start off, because you can see straight away how confident they are in how they're going to get through that skill. Also how they correct themselves along the way. The ones that can correct themselves along the way are the ones that you know have got the ability to perform the skill but maybe have just got the nerves there. They're the ones that, with very, very basic prompting, they can pull it together. (Courtney)

Students who convinced the assessor that their less than competent performance was due to nerves were more likely to receive prompting from the assessor, despite guidelines for assessors not to prompt students. As Penny described:

Prompting is not something that you do. Or you shouldn't do because that then is giving a student an unfair advantage. But where you can – obviously that a student is frustrated by nerves but you know – you just have this sixth sense that they know what they are doing but their nerves are getting in front of them. ... you do have a little bit of a gut instinct as the students walk in. ... you can tell whether they are confident or anxious in demeanour and ... that tells you whether they are confident in what they are doing and that you can tell quite a lot.

Similarly, one assessor alluded that it was the general approach and performance (despite the criteria sheet) which determined a student's outcome:

I look at the whole - overall performance of the person. I don't think as I go, I just wait for the person to finish and then I look at whether the person is okay in general, ... to actually give the final grade and give my comments, or write comments in the assessment sheet. I wait for the end. (Fran)

I look back on my own experience

Some participants revealed that their own clinical practice and experiences had the ability to influence their decision making during OSCA assessments. Moreover, participants alluded that the OSCA assessments may not reflect actual nursing practice in the clinical environment (in terms of both graduate and undergraduate practice), nor align with their own practice which had the potential to influence satisfactory or non-satisfactory results. This was acknowledged by Corine:

Although people probably ... had a certain clinical background or have certain clinical experiences, that's where that subjective data comes in there, where they have their own agenda. It's based on their experience. So it can cloud it... That's why the briefing session and everything has to be really clear, to try and remove that layer of subjectivity.

Piper also acknowledged that as long as there are clear criteria standards, personal experience can be reflected on during assessment without being influential on student outcomes:

The thought process for myself, I basically followed the criteria but I looked back on my own experience and how I would do things. For me, I looked for the flow of the student's work in how they were doing it. It didn't disadvantage them by how I saw it, because everyone works differently, but I was looking at it from using my own experiences in assessing them. Yeah, but like I said, the criteria was very clear in how to - and what to look for from the students ... there was no difficulties in that. (Piper).

Acknowledging the skill level that is acceptable for the students' experience and education level was highlighted by Courtney as integral to the fair assessment of students:

I think sometimes it's hard; you have to take a little bit of a back step. I've got a lot of broad and critical care experience, so you really have to take that backwards step and realise that these guys, especially in first year, are right at the beginning. So even though they might be performing the task okay, still their standard is quite significantly lower than what it's going to be hopefully by the time they graduate.

Other participants relied heavily on their clinical experience to inform them of the expectations placed on students in the clinical setting:

I probably refer more to the clinical experience [rather than criteria], because I see what actually happens out in the real world, in the wards and in the hospital setting. So I know what their expectations are. (Sharni)

Likewise, Grace implied that as long as students demonstrated overall safety of patients (with or without accuracy of the skill), that students could be awarded a satisfactory result as they believed that the actual OSCA assessment was not reflective of contemporary practice in the clinical setting:

I think the framework is good but there's a lot open to personal interpretation. I do think some people are very, very, very strict - this is the way it has to be and there is no leeway. Whereas again I think if you've got a bit more of a clinical background realistically nurses cut corners, but I think that's fine to do provided it's safe, that policy and procedure is still adhered to and that definitely no harm is done to anyone. But if you can cut a corner somewhere that gives you more time to do something else which is just - potentially just as important or it's going to be left out if you don't cut that corner. I find yeah, sometimes I think some people have perhaps [been] too strict in their assessment process. (Grace)

However, not all participants relied on clinical experience to assess and determine student OSCA results. This appeared to be influenced by the type of clinical experience they had been exposed to and their perception of the relevance of the OSCA assessment to the current clinical setting. As stated by Taylor in discussing the influence of clinical practice and background on student OSCA assessments:

Probably not for this part of OSCAs because (clinical practice does not influence this particular OSCA) my clinical experience has always been in mental health. But I have done OSCAs before, like for third years that involved mental health status assessment and then definitely I could say yes. But not so much for this particular one.

DISCUSSION

Despite the provision of objective marking criteria, qualitative findings show that the assessors in this study were openly subjective in their assessment of students undertaking this task thereby negatively affecting inter-rater reliability. They indicated that they largely relied on their experience, and not the assessment criteria, to determine whether students exhibited 'safe' practice according to their level of education, that is as a first year student. However, as highlighted by McCarthy and Murphy (2008) assessors' interpretation of competence may differ based on their experiences which can influence students' results. This became apparent in the findings of this study where participants' perceptions of safety differed substantially according to their subjective experiences. Although previous literature acknowledges difficulties in totally eliminating subjectivity from clinical evaluation (see Isaacson & Stacy 2009; Mehrdad et al 2012), tertiary institutions strive for objective assessment methods as subjective assessment is neither consistent nor equitable for students. Further, objectivity is integral to skills assessment, as demonstrating competence in nursing skills is fundamental to the standard of care delivered and patient outcomes (Bujack et al 1991; Mitchell et al 2009). Throughout the findings of this current study, assessors articulated that they found the assessment criteria restricting and/or open to personal interpretation. This resonates with previous research that highlights when assessing behaviour related criteria, there is greater subjectivity and therefore poor inter-rater reliability (Cazzell & Howe 2012). Another explanation for the difficulties faced throughout the OSCA is that, as many of these

experienced clinicians lacked formal teaching qualifications, they may have failed to understand the importance of objective criteria based assessment. In order to enhance assessors' understanding, involvement and commitment to the OSCA, it may be helpful to include them in creating and piloting the assessment criteria used for examination (Schoonheim-Klein et al 2005). Further, in order to ensure objective interpretation of the assessment criteria it may be helpful to ensure the assessor is prepared with the use of practice guidelines and briefing the day of the examination thus promoting reliability (Jones et al 2010, Major, 2005). Rushford (2007) and Major (2005) also advocate practice sessions, using assessment tools in order to uncover and work through any discrepancies or questions in relation to the assessment criteria.

Assessors in this study also expressed difficulty with the assessment criteria in terms of relevance and practical application to the clinical setting. In order to provide quality in assessment processes it is integral that assessors see the value in set criteria as this enhances compliance to objective and equitable assessment of students (Bouchoucha, Wikander & Wilkin, 2013; Bourbonnais et al 2008). Previous research has found that clinicians involved in the assessment of skills for undergraduate nursing students perceived they were poorly prepared and excluded from not only teaching the skill, but also from the process of developing the assessment tool (Byrne & Smyth 2008). To enhance clinician assessors' compliance to criteria, involvement of all stakeholders in the development of the assessment tool is essential as the input of experts is necessary to enhance validity and reliability of the tool (Rushford 2007).

Interestingly, in this current study, assessors that actually taught the practical component being assessed had higher pass rates than those who did not teach the skill. Although this may indicate bias in the way students are assessed, it is also likely that these assessors have a greater understanding of the skill and the requirements for the assessment. The latter is supported by Byrne and Smyth (2008) who strongly advocate for assessors of skills assessments to teach the skill required in order to enhance the quality of the assessment. Moreover, results from the quantitative data show that critical care nurses were substantially more lenient in their assessment of students, with a pass rate that was approximately 25% higher than assessors who did not work in critical care areas. Although a cultural gap between critical care and ward nurses has been reported (Häggström et al 2009), a difference in clinical skill assessment has not been identified. It could be that nurses who work in the general ward settings tend to be more cautious, and hence more stringent. In contrast, critical

care nurses may tend to adopt a global approach in clinical skill assessment, focusing primarily on patient safety.

Limitations

Whilst the findings of this study are limited by the small sample size, this represented a significant proportion of assessors undertaking the OSCA assessment. However, given this small sample the quantitative data should be interpreted with caution. Further, all data were collected around a single OSCA assessment at a single institution. Therefore, care should be taken in generalising the findings.

RECOMMENDATIONS AND NURSING IMPLICATIONS

Discussions with industry to engage all stakeholders in curriculum and assessment design may enhance inter-rater reliability in OSCA's. With greater collaborations between clinicians and academics, the OSCA can be developed to ensure greater objectivity in assessing student nurses' competence and better reflect relevance to contemporary practice (Bartfay, Rombough, Howse & LeBlanc, 2004; Houghton, Casey, Shaw & Murphy, 2012). This type of collaboration, whilst valuable for the purpose of assessment, also holds positive implications for the preparation and work-readiness of new graduate nurses (Houghton, et al., 2012).

To further enhance equity in nursing students' results, all staff teaching the skill should be encouraged to participate in the assessment process (Byrne & Smyth, 2008). Apart from enhancing consistency in results, staff who teach these skills are well placed to provide guidance and support to novice assessors. Preparation of all assessors should include an information session where guidelines for OSCA are provided. Additionally, time for clarification of criteria that may be perceived by staff as ambiguous, is necessary to ensure objectivity and consistency in grading. Also, it may be beneficial to encourage assessors to familiarise themselves with and trial the assessment tool.

CONCLUSION

This study aimed to identify the impact of individual assessors' perceptions and professional characteristics on nursing students OSCAs results. Findings have revealed that OSCA assessments are affected not only by assessor demographics and work experience, but also by

a range of subjective factors. To enhance objectivity, input from assessors and other stakeholders in developing the criteria for the assessment tool is important. Furthermore, inter-rater reliability may be improved by providing clear guidelines on acceptable limits and practice sessions for assessors prior to the day of the OSCA.

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