

# Revised OSCE Top Tips Adult Nursing

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## Important information

This *'Revised OSCE Top Tips Adult Nursing'* document is intended to provide candidates with additional preparation information to help prepare for the test of competence (part 2). This document should be read in conjunction with the Candidate Information Booklet, recommended/core reading, the Mock APIE OSCE and the *'Adult Nursing Marking Criteria'* document.

## All stations: General examination tips

In this section, we outline some Assessment, Planning, Implementation and Evaluation (**APIE**) and skill-specific tips. Test centres will update these tips regularly, as new scenarios and skill stations are introduced. This list reflects the OSCE assessment processes from 10 September 2018 onwards.

- Try not to be scripted – the assessors may ask you questions during the examination. This is to try to assess your knowledge or to ask for clarity.
- An OSCE is a demonstration of practice. However, it is helpful to verbalise what you are doing for aspects of practice that cannot be observed easily, e.g. checking expiry dates. You do not need to verbalise things that are easily observed, e.g. steps of hand hygiene.
- Listen and pay attention carefully when the examiner is introducing the station to you or you may miss some vital information.
- Read the instructions carefully as these will confirm what is required to be completed at the station.
- You have the opportunity to familiarise yourself with equipment in the reception area; please ask a member of the team if you need any help with equipment.
- It is preferable to eat before you attend your OSCE.
- Practice the standard tasks before the OSCE.
- Remember it is important to check the person's identity correctly where appropriate. You need to do this correctly by checking the person's details verbally and/or with the relevant identification band and against the corresponding documentation.
- Remember to complete the appropriate documentation in **all** required stations. Another nurse must be able to follow the plan of care.
- All clinical skills are assessed using the Royal Marsden procedures, except for In-Hospital Resuscitation which follows the UK Resuscitation Council guidelines (see announcement on page 6 regarding catheter specimen of urine (**CSU**) and removal of urinary catheter (**RUC**)).
- The length of all assessment station times is 15 minutes except for Aseptic Non-Touch Technique (17 minutes) and In-Hospital Resuscitation (without defibrillation) (10 minutes). Please practice within these set times in preparing for your OSCE.

## All stations: General examination tips (continued)

- When administering medication, apply the following checks for safe and professional practice:
  - Before administering any prescribed drug, look at the person's prescription chart and check the following are correct:
    - Person
    - Drug
    - Dose
    - Date and time of administration
    - Route and method of administration
    - Diluent (as appropriate)
    - Validity of prescription
    - Signature of prescriber
    - Prescription is legible

If any of these pieces of information are missing, are unclear or illegible then the nurse should not proceed with administration and should consult the prescriber.

- Please wear appropriate attire for professional practice when attending for your OSCE.
- Please ensure you obtain consent, unless the station instructions/examiner informs you that this has already occurred.
- Always remember to maintain a person's dignity during any OSCE stations.
- When documenting, ensure accuracy and legibility. Also ensure you strike-through errors to retain eligibility.
- Try to stay calm as this will allow you to demonstrate your abilities to the examiner.
- Ask your peers or trainer to critique your technique so that you can perfect your skill.

## Announcement regarding catheter specimen of urine (CSU) and removal of urinary catheter (RUC)

We understand that there is some confusion surrounding the CSU and RUC skills as a result of contradictory information in the Royal Marsden versus clinical practice. While we continue to direct you to read the Royal Marsden and confirm we continue to base our marking criteria on the Royal Marsden we would like to clarify the following:

The CSU and the RUC skills are undertaken using clean technique **not** ANTT. You do not need to wear sterile gloves but **you must** continue to wear gloves and an apron prior to manipulating the catheter and when undertaking each of the skills. Candidates not wearing Personal Protective Equipment prior to touching the catheter and during this procedure is the most common error noted in this station.

### CSU

There will **not** be a dressing pack/catheter pack or sterile gloves available in the CSU station. You will have access to aprons, non-sterile gloves, sterile syringes, alcohol wipe, specimen bottle, clinell wipes and a trolley or tray to transport your equipment. Please remember that CSU has an aseptic element i.e. you must maintain the sterility of the syringe tip prior to, during and while transporting the sample into the specimen bottle.

### RUC

There will **not** be a catheter pack or sterile gloves available in the RUC station. You will have access to aprons, non-sterile gloves, syringes, clinell wipes and a trolley or tray to transport your equipment. We will continue to make a dressing pack and saline available at the RUC station should a candidate wish to clean the genitalia of the patient. Please note however this is **not** a requirement for the OSCE. This is a clinical decision a nurse makes based on assessment at the time of the RUC.

# APIE: Assessment

## Top Tips

- Take time to familiarise yourself and make sure you know how to complete, plot, calculate and chart the National Early Warning Score 2 (NEWS2), neurological observations including the Glasgow Coma Scale (GCS), Patient Health Questionnaire 9 (PHQ9), and vital signs on their relevant charts. Don't forget to follow the appropriate recommendations where applicable.
- Listen to what the person in your care is telling you and respond appropriately. It is important to demonstrate care and compassion.
- Do not turn off the vital signs monitor (e.g. Dinamap) until you have recorded your observations.
- When measuring heart rate and respiratory rate, make sure to take these for one full minute manually (e.g. radial pulse for heart rate).

## Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not accurately record observations.
- Candidates did not check the person's identity properly (name, date of birth, hospital number).
- Candidates did not seek consent from the person to carry out procedure.
- Candidates did not check radial pulse and respiration rate safely and correctly for a full two minutes (one full minute for each).
- Candidates did not record accurately that the person was receiving oxygen therapy.
- Candidates did not accurately assess and/or score neurological observations or vital signs (e.g. NEWS2).
- Inaccurate recording of PHQ9 and/or did not identify potential diagnosis and recommendations.

# APIE: Planning

## Top Tips

- Think about what problems the person in your care has presented with – what are the most important problems from their perspective (for example, pain, anxiety, immobility, or shortness of breath). Is the person post-operative? If so what problems would you expect them to present with post-operatively?
- Remember it's important to complete all sections in the planning documentation. Think about what the person can do for themselves in relation to the problems you identified; this is what you record in self-care section.
- When will you review the problems? It is important you review the problem in an appropriate time frame. For example, if someone is in pain you would not leave it 24 hours before you review them.

## Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not document self-care opportunities.
- Candidates did not provide sufficient detailed nursing interventions which would relate to evidence-based practice for the problems identified.
- Candidates did not identify appropriate **relevant** problems.
- Candidates did not identify appropriate review dates.

# APIE: Implementation

## Top Tips

- Practice reading medication administration records (MAR) aloud and saying what you are thinking about for each section (for example, is this medication due today? Does the person have an allergy?)
- Try to develop a strategy to ensure you identify drugs that the patient is allergic to. If the patient has an allergy, remember what the allergy is and check if the patient is prescribed a medication containing that allergen. If so, you can code that medication prior to administering your medications.
- Check the time the patient last had analgesia. How long ago was it? What does that mean for this patient at this time? If it is too soon for them to have their analgesia what else would you do in practice?
- Provide a correct explanation of what each drug being administered is for.
- Do not sign the medication administration record until the examiner tells you the person has swallowed their medication.
- Practice completing the documentation appropriately and get feedback from your peers and trainers.
- Remember, you **will** have medications to administer in this station and so you need to make sure you can do this within the time given.

## Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates administered medication which should not have been given at that time.
- Candidates did not accurately document administration/non-administration of medication.
- Candidates did not demonstrate appropriate knowledge of medication.
- Candidates did not use a systematic approach when checking and verbalising all drugs recorded on the medication administration record.
- Candidates did not follow all the appropriate checks required before administering the medicine.
- Candidates did not verbalise the checking of the validity of the prescription including the prescriber's signature, dose, route and time.
- Candidates recorded and signed the medication administration record before the person took the medications.
- Candidates administered the incorrect dose of medication.
- Candidates ran out of time and, did not complete the medication administration record.
- Candidates did not check the person's identification (name, date of birth and hospital number).
- Candidates did not administer any medication during their time in this station.

## APIE: Evaluation

### Top Tips

- Read the statements a few times before answering.
- It is important to complete all sections in the transfer of care/referral letter so it provides an accurate history of the person's care and their care needs.
- Do not forget allergies – what allergies does the person have and what are the associated reactions?

### Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not record allergies explicitly.
- Candidates did not document name, signature, date, and date and time of transfer in the time allocated.
- Candidates did not deal with errors correctly and clearly.
- Candidates did not record date or reason for admission.

## Clinical Skill: Aseptic Non-Touch Technique (ANTT)

### Top Tips

- If you make a mistake or contaminate the sterile field verbalise what you did wrong and how you would address this in practice.
- Think before you touch anything – do you need to decontaminate your hands before proceeding? You need to understand the principles of ANTT so that if you make a mistake you can pick up from where you left off.
- Please remember that you are undertaking this skill as a **lone practitioner**.

### Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not check the integrity/sterility of all the equipment used in the procedure.
- Candidates ran out of time during this station, so they could not demonstrate using an ANTT approach to change the person's dressing, or dispose of clinical waste.
- Candidates did not decontaminate their hands at appropriate points during the procedure.
- Candidates did not apply Personal Protective Equipment (PPE).
- Candidates contaminated the sterile field.
- Candidates used an inappropriate technique (for example, they cleaned a wound with the same swab more than once, or had poor glove technique).

## Clinical Skill: Catheter Specimen of Urine (CSU)

### Top Tips

- Do not forget to remove the clamp (if used).
- This skill should be conducted using a non-touch technique.
- Wear appropriate Personal Protective Equipment prior to manipulating the catheter and throughout the procedure.

### Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates ran out of time during this assessment.
- Candidates did not wear gloves to clean the sampling port or handle/manipulate the catheter. **This is the most common error noted for this skill.**
- Candidates did not remove the clamp after taking the sample.
- Candidates did not use the sample port to take their sample i.e. they took a sample from balloon inflation/deflation port rather than sampling port (removed the water from the balloon).
- Candidates did not decontaminate the sampling port prior to taking the sample.

## Clinical Skill: In-Hospital Resuscitation (without defibrillation)

### Top Tips

- Practice your compressions rate, position and depth.
- Remember you cannot resuscitate a person if you are on your own. You need help so shout for a colleague if you find a person collapsed. Summon the emergency team if a cardiac arrest is confirmed.
- Ensure you practice performing the head-tilt chin-lift manoeuvre.
- Respond to examiner feedback regarding rate and depth.
- You will have up to **two minutes** to demonstrate competence. Your examiner may ask you to perform up to **six cycles** of compressions. This is to give you every opportunity to demonstrate your competence.

### Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not shout for help and/or summon emergency team.
- Candidates did not compress the chest to the recommended depth or at recommended rate as outlined in the UK Resuscitation Council guidelines.
- Candidates did not deliver two effective breaths at the appropriate speed and force therefore did not provide effective ventilation.
- Candidates did not demonstrate or maintain an effective head-tilt/chin-lift.

## Clinical Skill: Intramuscular Injection (IM)

### Top Tips

- Practice this skill and understand the difference in technique between subcutaneous and intramuscular injections.
- Read the prescription carefully.
- Take a sharps bin with you to the patient, if you forget, put the sharps in the tray provided to transport to the patient.

### Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not check the integrity/sterility of all the equipment used in the procedure.
- Candidates did not record the administration correctly (sign, date).
- Candidates used an inappropriate needle to draw up the medication.
- Candidates did not demonstrate effective hand hygiene technique.
- Candidates did not use safety precautions such as using an administration tray or a sharps bin to carry equipment.
- Candidates used an inappropriate injection technique.
- Candidates failed to dispose of the sharps and other equipment safely and correctly during the assessment timeframe.

## Clinical Skill: Peak Expiratory Flow Rate (PEFR)

### Top Tips

- Practice giving clear and concise instructions so that a person can understand what is being asked of them.
- Ensure you document correctly and accurately your three PEFR readings, including the **highest** of the three acceptable readings onto the nursing documentation – the documentation indicates what needs to be recorded.

### Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not provide full instructions to the person in their care to permit full understanding of the procedure to perform a peak expiratory flow reading.
- Candidates did not document correctly and accurately the highest of the three acceptable readings onto the nursing documentation.

# Clinical Skill: Removal of Urinary Catheter (RUC)

## Top Tips

- Wear appropriate Personal Protective Equipment prior to manipulating the catheter and throughout the procedure.

## Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not wear gloves to clean the sampling port or handle/manipulate the catheter. **This is the most common error noted for this skill.**
- Candidates did not withdraw the correct amount of water from the balloon prior to RUC.

## Clinical Skill: Subcutaneous Injection

### Top Tips

- Practice this skill and understand the difference in technique between subcutaneous and intramuscular injections.
- Read the prescription carefully.
- Take a sharps bin with you to the patient, if you forget, put the sharps in the tray provided to transport to the patient.

### Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates administered insulin at a 45-degree angle.
- Candidates did not check the person's identification appropriately.
- Candidates did not demonstrate appropriate knowledge of the difference between intramuscular and subcutaneous injection.
- Candidate failed to administer the medication using the correct subcutaneous injection technique.
- Candidates administered an incorrect dose of medication.
- Candidates did not demonstrate safe use of sharps.