

Perception of Undergraduate Nursing Students towards Objective Structured Clinical Examination (OSCE)

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Abstract: An objective structured clinical examination (OSCE) is one of the most important methods in nurse education to assess clinical skills proficiency at undergraduate and postgraduate level. Good preparation for an OSCE is vital for both those running the assessment and for the convenience of students. If used effectively, OSCE can help students for gaining the confidence to express their clinical skills in the examination which they gained during their clinical training.

Aim: To investigate the students' response related to objective structured clinical examination as a method of assessment for their clinical skills. A study method of cross sectional descriptive design was conducted among the Faculty of Nursing, at Minia University, Egypt. This study group was selected by using a systematic random sample of 132 students in the third year, second semester, who are all enrolled in pediatric nursing course in the academic year 2015-2016 (the students are listed together and every odd number in the list was chosen systematically). The study was carried out using a structured self-administered questionnaire, which consists of the following parts: Socio-demographic data of the students and a modified version of Likert scale were used to assess the students' response to OSCE as a method of assessment and students' satisfaction level towards the examination.

Results: Reliability and validity analysis was initiated to test the suitability of research instrument as the Cronbach Alpha for overall was 0.962. Analysis of the respondents towards their perception shows the majority of students (95.4%) agree that the examination was well organized, well-structured and appropriately sequenced. According to the majority of students, the main results also shows that the nursing students agree that OSCE was fair in testing knowledge and skills and minimized their chance of failure in the exam as compared to other test formats.

Conclusion: Objective Structured Clinical Examination is an acceptable structure of evaluation and clinical analysis of learning outcome among nursing students. The ease of use, clarity of system, unambiguity and reduced stress makes the examination popular among the students. However, the study brings out contradictory findings on stress reduction, which warrants further studies with a higher sample size incorporating students from various other healthcare programs.

Keywords: Objective structured clinical examination, Assessment tool, Clinical skills, Students response, Students satisfaction and evaluation.

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I. Introduction

In the last two decades, rapid and extensive changes happened in student assessment methods of medical education. Many of the assessment methods have been developed and mainly concentrated on clinical procedural ability, conveying skills and professionalism (1-3). Objective structured clinical examination (OSCE) is an examination (1) which is purposely conducted for health science such as midwifery, occupational therapy, orthopedics, physical therapy, radiography, rehabilitation medicine, pharmacy, dentistry, medicine and nursing (2). It is also designed to test clinical performance and capability of nursing such as communication skills, clinical examination and nursing procedures. It makes the students to involve in active participation rather than theory so that they can tackle the real-world situations. OSCE keeps students engaged, empowers students to realize the important factors which helps to handle the nursing decision-making process and dare the professional to do advanced thinking and unveil their errors in case-handling and provides an open space for improved decision making based on evidence based practice for real world responsibilities (4).

Ronald Harden introduced OSCE for the first time in medical education on 1975, at the Dundee University, Scotland to assess the skills and clinical performance of students. Now, it is used in other branches of health sciences including nursing, dentistry and pharmacy. OSCE becomes a popular tool for assessing

competency in clinical nursing. It has been used in medical schools for both formative and summative assessment to validate clinical skills by using 'standardized patients' (4, 5). OSCE exam is commonly used to test trainees from various disciplines of healthcare (6). Many medical education institutes are paying attention to OSCE due to impartiality, logical reliability, probability of accomplished skills, equality, creating learning motivation and maintain students' satisfaction. Consistently the number of students enrolled was increased at Egyptian nursing faculties and it increases the chances of negligent professional behavior, which may affect the services provide the future nursing professionals to the prospective patients. The ease of use made it popular for the assessment of large cohort of nursing students for the evaluation of critical thinking abilities and problem solving skills, which will become difficult to manage otherwise (7-10). Most of the students followed the usual clinical nursing examinations which are not accepted as systematized tools to determine the clinical proficiency of students and clinical reasoning skills. In this traditional method, educators organize the test, observe their performance and give the overall performance scores. So it is too difficult to handle the assessment tool for students' clinical abilities in a comprehensive manner especially with the increased number of students (11).

The OSCE is designed by forming a multi-station arrangement in which a student perform an assigned skill or conduct assessment using a standardized patient, while being watched by an assessor. The student is assessed in different clinical competencies through moving from one station to the next who has been allotted equal amount of time such as simulation, abdominal examination, nursing diagnoses, interpretation of clinical data, and so on. The validity of the examination improves as the number of stations increased. A ring of a bell and stopwatch were used to control the students who enter and leaves the station. At the end of the allotted time, the student leaves the station and moves on to the next one. Similarly, each student performs the same tasks and was marked and assessed according to the same assessment criteria on the examiner's mark sheet. The assessor use the checklist or rating scale to rate each student's performance through direct observation. The final mark sheet can be made based on a performance checklist- or a combination of a checklist and a global score (1, 4, 12, and 13).

OSCE can neutrally determines the other important features of clinical experience which includes problem-solving abilities, physical examination competence, technical talents, relationship qualities, decision-making cleverness and patient treatment abilities. OSCE method is followed as globally to provide formative and summative assessments in numerous trainings, which include ongoing and final assessment (1, 4, 12 and 13). The possibility of conducting case studies, simulations and standardized patient (SP) observations are considered as an advantage of OSCE, as it integrates theory and practice, and it provides a safe environment for the students to improve their own learning abilities. Also, it overcomes the need for large number of clinical instructors required to deal with a high number of students (13-18), moreover, it provides consistent and equitable marking of OSCE stations.

However, it does not recognize the examiner's potential subjective opinion about the student while rating the scores. This can be overcome through recruiting clinical instructors from different departments in the college and the instructors from the same department to ensure that the objectivity is sustained. Followed by, orientation of examiners with the instructions to be followed, and rating the students using the checklist (mark sheets) (19). Jones et al. (2010) has a suggestion that although consistency of marking is enabled by a structured mark sheet, the examiner has a crucial role in ensuring reliability and hence thorough training and preparation of all examiners is essential, the main role of the examiner is to observe and record the students' performance (20). The touchstone of OSCE is feedback of students' about OSCE process which helps for successful execution and motivation of the process (5). The Faculty of Nursing, Minia University introduced OSCE in pediatric nursing course for the assessment of clinical competencies at the undergraduate level during the academic year 2015-2016. Evaluation of OSCE experience by students helps to enhance its acceptance as a relatively new assessment tool and based on the feedback, the college refined the instrument by fixing some of the deficiencies observed in the preparation and conduct of the process. Hence this new assessment method is the most suitable method for complete exploration of clinical nursing examination as per students' exploit and feedback. So the study was designed to probe the exploit of nursing students about the use of OSCE.

Research Questions:

Is Objective Structure Clinical Examination can be examined as a gainful and sustainable tool for estimating the performance of clinical abilities of undergraduate nursing students?

Aim of the study:

To investigate the feedback obtained from undergraduate nursing students' on Objective Structured Clinical Examination as a mode of assessment for their clinical skills at the Faculty of Nursing Minia University.

II. Material and Methods

Research Design :

A cross-sectional descriptive design was used to carrying out this study.

Setting:

The study was conducted at the Faculty of Nursing, Minia University, Egypt.

Study Sample :

A random sampling method was followed with 132 students who enrolled in the third year pediatric nursing course during the academic year 2015-2016. The students were agreed to participate in the study that had undergone their OSCE in the second semester.

Tools of Data Collection:

The tool was developed by the researchers after a thorough review of literature. As part of the study, a well structured self-administered questionnaire was designed by researchers to gather the required data. The questionnaire consists of the following components:

Part I: Socio-demographic data of the students (e.g. sex, age, academic year, and study semester).

Part II: A modified version of Likert scale (12) was used to assess the quality of OSCE as a computation method of clinical abilities of the students. The researchers modified the five point likert scale into a three point response scale (agree = 3, neutral = 2, and disagree =1).

Student's perception toward the OSCE exam was calculated from the modified Likert scale as swollof :

The questionnaire consists of 27 items, which are classified into five categories as the following:

Category I:

Student's response related to instructions & organization of an OSC examination. This part includes **six questions** such as: the organization & sequencing of examination clear and adequate instructions given to the students related to the exam, students' realization about complexion of the exam and the adequacy of time at each station, followed by the exam supervision .

Category II:

The appraisal of students concerning the nature of OSCE performance: This part includes **eight questions**, such as: the exam covered a variety of clinical skills, degree of stress of OSCE exam, understanding the level of information asked in the exam, students having the opportunities to learn highlighted areas of weaknesses during the examination period and the OSCE is consistent with teaching objectives.

Category III:

Students' responses related to OSCE scoring: This part includes **five questions** which addressing equality of testing the knowledge and skills, minimized student chance of failure in the exam as compared to other tests, the exam scores reflect individual performance, it provides real assessment of essential clinical skills, and standardization of the OSCE score.

Category IV:

Students' responses about the standardized patients provided in the examination: This part includes **three questions** that emphasizing on the students' opinion about the applicability & cooperativeness of selected standardized patients to real-life situation, and the allocated time is adequate for this station.

Category V:

Students' commentary on arrangement of the environment of an OSCE examination: It comprises of **five questions** including the adequacy of the exam environment, spacing, & lighting, the structure of the examination and the appropriateness of sequencing of OSCE stations.

Ethical Consideration:

Essential legal acceptance was acquired from the ethical committee of the faculty of Nursing, Minia University to collect the necessary data after explaining the purpose of the study. The legal acceptance must be acquired from the authorized person in the pediatric department at faculty of nursing, after that ethical approval. The students' approval was obtained by explaining the significance of the study to them and the researchers assured them the confidentiality of data collection.

Procedure

As a beginning, the faculty members were taken into confidence by providing them with a well organized orientation program explaining about the OSCE, the sequencing of stations, the importance of the set of rules for the checklist, and the worldwide ranking. On the every first day of the course, an introductory intension about OSCE was specified to each and every student group. OSCE stations were prepared by the faculty and staff of the pediatric nursing department. It consists of **twelve stations**, which composed of **six stations to assess psychomotor skills** such as: open airway in neonatal resuscitation, insertion of nasogastric tube, cord care and chest circumference. Another two **different scenarios** were performing the first aid of a specific pediatric emergency condition. Next **two stations to evaluate students' knowledge and cognitive abilities** with a picture of physical examination techniques performed by the student and the normal and

abnormal students performance was recorded with the picture. The last **two stations assess the communication skills** of case taking of the child as a standardized patient and providing health education.

The OSCE was executed in three different types of clinical skill laboratories, each lab are provided with four stations. Each and every student in OSCE lab must undergo all the stations concurrently, five minutes duration at each station and they moved when the bell rings. Before the examination, one minute was allotted to read the instructions. Each group of students completes their performance in 12 stations over 60 minutes. To reduce student's tiredness, the rest two stations of OSCE were allotted for 3 minutes each. The all essential training should be given to the faculties of OSCE, preceding two weeks of actual examination. Before the final OSCE examination, the students were being prepared by using the OSCE training package and the students must undergo their labs training during the semester and a week before to the actual OSCE. Students are educated about the nature OSCE and the examination process at the very first beginning of the training session.

The instructions prepared and discussed with the students by course coordinator before starting the OSCE, which include a separate instruction sheet for each station. Moreover, for each OSCE station an observation checklist and answer sheet was prepared by the staff in the department to assure the objectivity and reliability of the assessment, especially when several assessors were required to complete the process.

Immediately after the OSCE, all students must rate their overall experience about the exam and they should make sure that individuality and confidentiality will be maintained throughout the exam. The questionnaires were distributed to all students and collected their feedback before they leave the session.

Statistical Analysis:

Data was examined by using the Statistical Package for Social Science (version 20). The gathered data were coded, evaluated and organized. Basic detailed statistical analysis were carried out by calculating frequencies, percentage and regrouping the responses were made into similar categories. Kurushkall Wallis test was used to test the significance among the dimensions of OSCE and statistical significance was considered with P. value <0.05.

III. Results

Part I: Reliability and Validity Analysis [table 1, 2 & 3]:

Reliability and validity analysis was initiated to test the suitability of research instrument. It shows that Cronbach Alpha for overall were 0.962 also it varied from 0.793 to 0.951 for all dimensions of OSCE. KMO and Bartlett's test was performed for suitability of factor analysis, which shows that the sample size was suitable for validity (p<0.001). **Table 3** illustrates that all communalities are more than 0.50 and it indicate that the research tools is valid.

Table 1: Reliability Analysis

Scales	Cronbach's Alpha
Overall (27 items)	0.962
Sub scales	
1. Students response related to instructions & organization of OSCE (6 items).	0.845
2. Students' evaluation of the quality of OSCE performance (8 items).	0.885
3. Students' perception of the OSCE scoring and objectivity (5 items).	0.928
4. Students' responses about the standardized patients provided in the examination (3 items).	0.793
5. Students' commentary on arrangement of the environment of an OSCE examination (5 items).	0.951

Table 2: KMO and Bartlett's Test

<i>Kaiser-Meyer-Olkin Measure of Sampling Adequacy.(KMO)</i>	0.776
Bartlett's Test of Sphericity	
<i>Approx. Chi-Square</i>	4.717E3
<i>df</i>	351
<i>Sig.</i>	0.000

Table 3: Communalities

Questions	Initial	Extraction
Q 1	1.000	0.835
Q 2	1.000	0.879
Q 3	1.000	0.823
Q 4	1.000	0.633
Q 5	1.000	0.798
Q 6	1.000	0.821
Q 7	1.000	0.788
Q 8	1.000	0.798
Q 9	1.000	0.698

Q 10	1.000	0.816
Q 11	1.000	0.802
Q 12	1.000	0.828
Q 13	1.000	0.732
Q 14	1.000	0.720
Q 15	1.000	0.833
Q 16	1.000	0.846
Q 17	1.000	0.832
Q 18	1.000	0.789
Q 19	1.000	0.798
Q 20	1.000	0.702
Q 21	1.000	0.787
Q 22	1.000	0.485
Q 23	1.000	0.717
Q 24	1.000	0.808
Q 25	1.000	0.935
Q 26	1.000	0.874
Q 27	1.000	0.876

Part II: Analysis of The Respondents towards Their Perception [table 4, 5, 6, 7, 8 & 9]:

Table 4: Distribution of study sample according to their age and sex (n = 132).

Items	No.	%
Students' age (years):		
20 - < 22	96	72.7
22 - < 24	26	19.7
24 - 25	10	7.6
Mean ± SD	21.1 ± 1.24	
Sex of Students:		
Male	32	24.2
Female	100	75.7

Table (4) illustrates distribution of students related to their age and sex. It was observed that, nearly three quarters of nursing students (72.7%) was aged between 20 to less than 22 years, whereas only (7.6%) of them were aged between 24 - 25 years, with a mean age 21.1 ± 1.24 years. This table also notes that more than three quarters (75.7%) of students were females and the rest of the samples were males.

Table 5: Distribution of student's responses related to instructions & organization of OSCE (n = 132).

Students Responses Related to Instructions & Organization of OSCE:	Agree		Neutral		Disagree	
	Score :3		Score :2		Score :1	
	No.	%	No.	%	No.	%
1. Exam well organized?	126	95.4	3	2.3	3	2.3
2. Exam well structured & sequenced?	126	95.4	3	2.3	3	2.3
3. Instructions were adequate, clear and unambiguous?	114	86.4	12	9.1	6	4.5
4. The students fully aware of the nature of the exam?	108	81.8	15	11.4	9	6.8
5. Time allocated at each station was adequate?	102	77.3	21	15.9	9	6.8
6. Exam well controlled ?	120	90.9	9	6.8	3	2.3

Table 5 indicates the distribution of nursing student's response on instructions & organization of OSCE. It demonstrates that the majority of students (95.4%) agree that the examination was well organized, well-structured and appropriately sequenced. About two third (86.4%) of nursing students agree that the instruction were adequate, clear and unambiguous, while 81.8% of the students agree that the students were fully aware of the nature of examination and 77.3% of students has the opinion that the time allocated at each station was adequate and 90.9% of students agree that exam well controlled.

Table 6: Distribution of student's responses on evaluation of the quality of OSCE performance (n = 132).

Students' Responses on Evaluation of the Quality of OSCE Performance:	Agree Score :3		Neutral Score :2		Disagree Score :1	
	No.	%	No.	%	No.	%
	1. The exam covered a variety of clinical skills?	117	88.6	9	6.8	6
2. The assigned tasks reflected what is taught in their courses?	63	47.7	33	25	36	27.3
3. Time at each station was adequate?	96	72.7	27	20.5	9	6.8
4. Setting and context at each station felt authentic?	81	61.4	42	31.8	9	6.8
5. Instructions were clear and unambiguous?	93	70.5	30	22.7	9	6.8
6. Tasks asked to perform were fair?	111	84.1	15	11.4	6	4.5
7. Sequence of stations logical and appropriate?	102	77.3	21	15.9	9	6.8
8. Exam provided opportunities to learn?	102	77.3	24	18.2	6	4.5

Table 6 illustrates that majority of students (88.6%) were fully aware of the nature of examination, 84.1% of them reported that the assigned tasks to perform in the exam were fair. The table also revealed that more than three quarter (77.3%) of students agree that sequencing of stations were logical, appropriate and the examination provided them with opportunities to learn. Nearly three quarter (72.7%) of students agree that the examination procedures provided sufficient time at each station more than two third (70.5%) of students agreed that the instructions were clear and unambiguous, 61.4% of students indicated that setting and context at each station felt authentic. However, less than half of students (47.7%) had the opinion that the assigned tasks reflected what is taught in their courses.

Table 7: Distribution of students' responses related to OSCE scoring and Objectivity (n = 132).

<i>Students' Responses Related to OSCE Scoring and Objectivity</i>	<i>Agree Score :3</i>		<i>Neutral Score :2</i>		<i>Disagree Score :1</i>	
	No.	%	No.	%	No.	%
1. OSCE was fair in testing knowledge and skills?	108	81.8	15	11.4	9	6.8
2. OSCE is minimizing the chance of failure in the exam as compared to other test formats?	102	77.3	21	15.9	9	6.8
3. OSCE exam scores reflect individual performance at the exam?	96	72.8	18	13.6	18	13.6
4. OSCE scores provide true measure of essential clinical skills?	99	75	21	15.9	12	9.1
5. Personality and social relations of students do not affect OSCE scores?	102	77.3	18	13.6	12	9.1

Table (7) clarifies the distribution of nursing student's perception on scoring and objectivity of OSCE. It is evident from the table that the nursing students agree that OSCE was fair in testing knowledge and skills, According to the majority of students, OSCE minimized their chance of failure in the exam as compared to other test formats, OSCE exam scores also reflects individual performance at the examination and according to them OSCE scores provide true measure of essential clinical skills. Moreover, they have the opinion that personality and social relations of students does not affect the OSCE scores, the percentages were 81.8%, 77.3%, 72.8%, 75%, and 77.3% respectively.

Table 8: Distribution of nursing student's responses on their perception about standardized patients (n = 132).

<i>Students' Responses About The Standardized Patients Provided In The Examination:</i>	<i>Agree Score :3</i>		<i>Neutral Score :2</i>		<i>Disagree Score :1</i>	
	No.	%	No.	%	No.	%
1. Selected patients are relevant to real-life situation?	111	84.1	12	9.1	9	6.8
2. Patients' cooperativeness affects performance?	108	81.8	15	11.4	9	6.8
3. Allocated time is adequate for this station?	102	77.3	24	18.2	6	4.5

The **table 8** illustrates distribution of nursing student's responses on their perception about standardized patient. It was clear that majority of students has an opinion that selected patients are relevant to real-life situation and they has the perception that the patients' cooperativeness affects their performance, and they also agree that the allocated time is adequate for this station. The percentages were 84.1%, 81.8%, and 77.3%; respectively.

Table 9: Distribution of student's commentary on arrangement of the environment of OSCE (n = 132).

<i>Students' Commentary On Arrangement of the Environment of OSCE:</i>	<i>Agree Score:3</i>		<i>Neutral Score:2</i>		<i>Disagree Score:1</i>	
	No.	%	No.	%	No.	%
1. The adequacy of the exam environment was well?	111	84.1	15	11.4	6	4.5
2. Environment is noise free?	108	81.8	12	9.1	12	9.1
3. Enough lighting was well?	108	81.8	12	9.1	12	9.1
4. Exam was well-structured?	114	86.4	12	9.1	6	4.5
5. The sequence of OSCE stations was logical and appropriate?	108	81.8	15	11.4	9	6.8

Table 9 indicates the distribution of nursing student's commentary on arrangement of the environment of OSCE. It indicates that majority of the students agree with the OSCE examination set-up that the environment is noise free, with enough lighting, well-structured examination, and they agree with the sequencing of stations, which was logical and appropriate. The percentages on their opinion were 84.1%, 81.8%, 81.8%, 86.4%, and 81.8% respectively.

Part III: Students Perception of OSCE [table 10].

Table 10: Mathematical Presentation of Students Overall Perception Regarding OSCE Examination.

<i>Students Overall Perception of OSCE</i>	<i>% of score</i>	<i>eulav P</i>
	<i>Median (IQR)</i>	
<i>Students' perception related to instructions & organization of OSCE.</i>	93.3% (13.3)	<0.001
<i>Students' perception of the quality of OSCE performance.</i>	80.0% (17.5)	
<i>Students' Perception of the OSCE Scoring and Objectivity.</i>	88.0% (27.0)	
<i>Students' perception about the standardized patients provided in the examination.</i>	80.0% (26.6)	
<i>Students' Perception on arrangement of the environment of OSCE examination.</i>	92.0% (20.0)	
Total	87.4% (15.2)	

The **table 10** illustrates students overall perception about OSCE and it was observed that the median in IQR shows 93.3 % score was obtained for the organization of OSCE, followed by 92% score on arrangement of the environment of OSCE examination, OSCE scoring and objectivity (88%), OSCE performance (80%) and standardized patient stations (80%) with a total percentage of 87.4% score. All the above variables were highly significant with a p value of 0.001.

IV. Discussion

The study explored students' feedback related to objective structured clinical examination as a method of assessment for their clinical skills. Clinical nursing education develops skilled nursing practices and professional nurses competent enough to deal with the challenges of nursing practice. Hence, the nursing skills and clinical competencies acquired by the student is critical to their education. In order to develop and actively respond to the rapidly changing healthcare settings, the nurses should be trained in the current standards and must possess excellent nursing clinical skills (21). The analysis of clinical abilities are the key component of health professions' clinical study, requiring educators to informed decisions that measure students' clinical knowledge and performance accurately (22). Objective structured clinical examination (OSCE) addresses various learning objectives and assesses their achievement, at the same time, the interaction with pediatric patients during nursing activities gives a realistic experience to nursing students, and memories of successful practices can be stored in students' knowledge systems (23). The study findings are more relevant in this context that, the majority of students (72.7%) male and females were aged 20 and 21 years respectively and their gender indicates that the majority of them were females (75.7%). Our study is in line with Hatamleh (24), who reported that in their study also the majority of the respondents were females (85.5%).

The study also revealed that, the majority of students (95.4%) has the opinion that the examination was well organized and well-structured and properly sequenced, two third of nursing students expressed their perception that the given instructions were adequate, clear and unambiguous, the majority of the students agree that exam fully aware of the nature. Similar to the study conducted by Fidment (25), our findings also observed the same findings, where the students agreed that examinations were well administered. The majority students (85.5%) have the awareness about OSCE due to the information gathered from faculties and enlighten about OSCE prior to the exam. The information provided by faculties before the exam is quite important. Alinier (26) stated that, OSCE is very important while the students must be thoroughly prepared and informed about the goals and objectives of the OSCE sessions. The sessions will cover an area of content that they already know and students should be allowed to ask questions if they are not confident about the task they are compulsory to perform the clinical skills (27).

According to the present study findings, (77.3%) of students agree that time allocated at each station was adequate, which is similar to the study conducted by Hatamleh (24) who stated that time of OSCE exam was sufficient (43.3%). However, Hasan et al., (28) pointed out that, although time does seem to be a problem with the exam, it should not become an exercise of how fast students can perform the technique, but rather focus on how well they can perform it. Each station has to be completed by the student within the same time period, and it runs simultaneously. Students starting each station at the same time and being required to stop at the same time and then moves on to the next station. Though, it is important that the stations have to be concentrated on time keeping so that there is chance for possibility to complete the specific tasks within a planned time frame (29). The finding of this study indicates that the majority of participants has the opinion that OSCE covers a powerful clinical skills. Almost half of them agreed that the exam is less stressful than other types of tests. However our findings does not match with the findings of study conducted in Egypt by Mahmoud & Mostafa, (5), who stated that 78 .1% of the students had experienced stress and also clarified that 52.7% of the respondents had the opinion that OSCE examination to be more difficult than a written examination, even though, the respondents had been prepared concurrently for the examination in a qualitative study conducted in the U.K., Fidment (25). This study also points out that the majority of participants has the opinion that examination was organized in such a way allowing the students to compensate in some areas. About more than half of students has the opinion that OSCE also highlighted areas of weaknesses and but one third of them

concur that the students were well aware of level of information asked, whereas about two third of them agree that the assigned tasks had clinical relevance. About one third of students agree that the exam provided them with opportunities to learn and two third of them has the opinion that the tasks assigned to perform were consistent with teaching objectives. It was evident from the study that the nursing students have the opinion that OSCE was fair in testing knowledge and skills, moreover it minimized their chance of failure in the exam as compared to other test formats and the exam scores also reflects individual performance at the exam, OSCE scores also provide true measure of essential clinical skills. Furthermore, the study clarifies through the students' opinion that personality and social relations of students does not affect the OSCE scores. This study is in agreement with Pierre (18), who observed that OSCE was rated as a fairest method of assessments (43.6%). More than, half of the participants also accept the fact that OSCE is the easiest method compared to the other assessment techniques (50.9%).

These results are also included in the agreement with the findings of Pierre et al (18) and Bartfay et al (20). The OSCE has the highest ranking of clinical accomplishment when comparing to subjective teacher-ratings of student performance or to the multiple-choice question test. The rating of OSCE depends on different types of skills, accomplishment and approach viewed as a set of ideas required for skilled clinical practice (30 & 31). It was clear from the study that the participants agree with the selected pediatric patients are relevant to real-life situation and the patient cooperativeness affects performance of students. It agrees with other studies, which results that OSCE were experienced with the systematized patient, a person who had been practiced to replicate the regular clinical pattern in the accurate way whose decision is evaluated. The studies resulted that systematized pediatric patients were students themselves, inspectors, health personnel or specially trained persons (32-34). We also observed that major chunk of students agree with the comments on OSCE examination set-up and they also express their view that the examination environment is noise free, with sufficient lighting. According to them the exam was well-structured and the sequencing of stations was logical and appropriate. Although, we do admit with the inadequacy of reproduce the documentation include, the students' stress level during the test, prolonged preparation, expensive and requirement for huge faculties. However it is created very clearly from the study that OSCE is structured in a thorough manner and the objective test of clinical ability of nursing was competently taken care of. The declaration is favored by the study results and accomplishes of its execution in the last ten years, collected during this study.

Even though the OSCE documentation is costly, the results showed that the success of educational target exceed the costs (35-37). Also the study concluded that most of the participants were extremely pleased with OSCE exam. Some of the major advantages include greater objectivity and less assessor biases, less effort for evaluating large number of students and managing the assessors. Other advantages are beneficial involvements of examiners and students; possibility to test different skill levels, there is no chance for lottery luck, students are stimulates for learning and a high level of reliability and validity. The checklist is the important component that contributed to the reliability and validity of the OSCE. It is a tool for assessing in which the observed task is divided into a number of individual actions. Options for assessing each item were different; for example, a two-column "did or did not do" to multiple columns "excellent, satisfactory, needs more practice" or points on the Likert scale measured from 0 to 5 (11). The issue, which could also affect the reliability and validity of the OSCE, with all above, was the exam passing grade (38).

V. Conclusion

Objective Structured Clinical Examination is an acceptable form of clinical assessment of learning outcome among nursing students. The ease of use, clarity of system, unambiguity and reduced stress makes the examination popular among the students. However, the study brings out contradictory findings on stress reduction, which warrants further studies with a higher sample size incorporating students from various other healthcare programs.

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