

26 November 2020

# Introduction to the new Nursing OSCE Skill Stations

Jack Bland  
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**NMC** Nursing &  
Midwifery  
Council

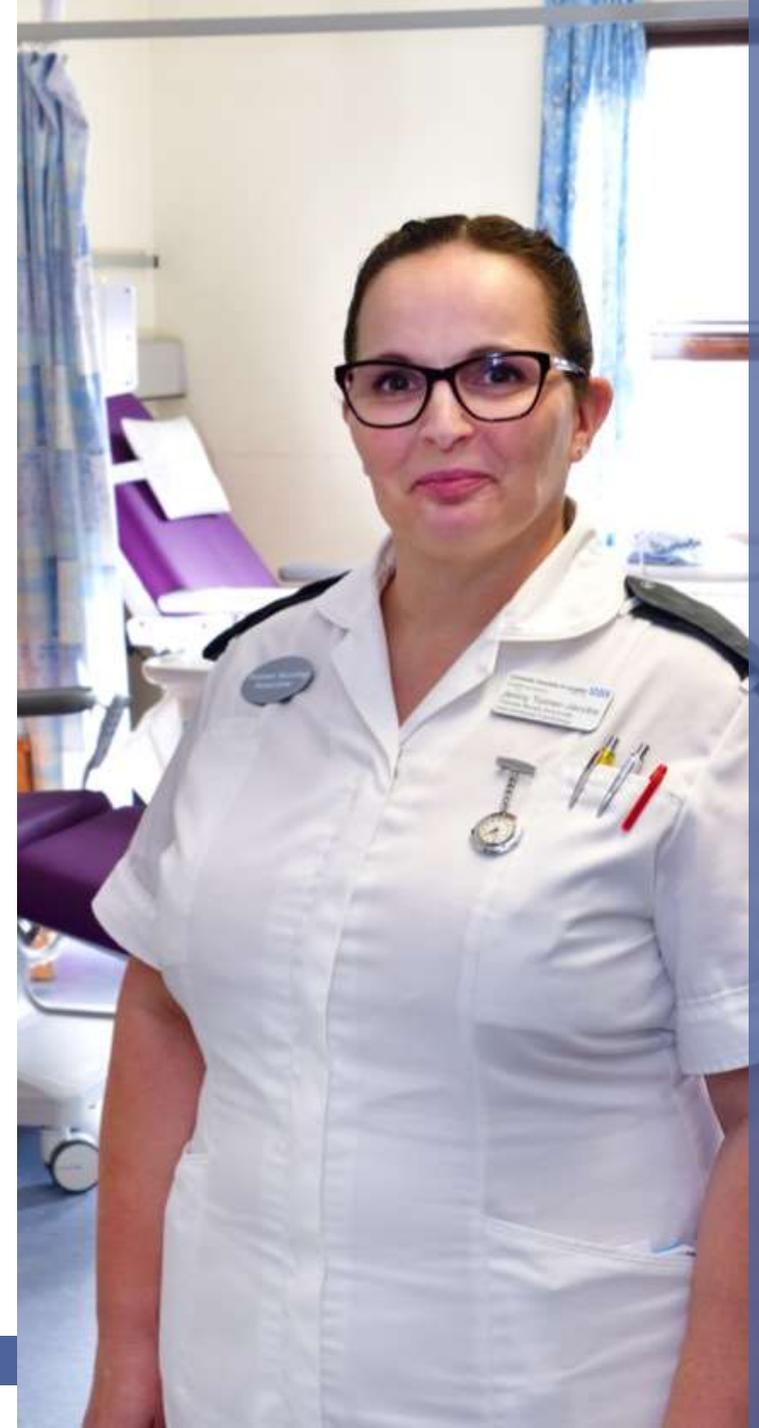


# Today's agenda

9:00 am	<b>Welcome, scene setting and latest NMC updates</b> Jack Bland, Senior International Registration Manager, NMC
9:05 am	<b>Overview of the OSCE design</b> Sarah Maughan, Director, AlphaPlus
9:15 am	<b>Examples of skill stations content</b> Sarah Maughan, Director, AlphaPlus
9:35 am	<b>Support Materials</b> Sarah Maughan, Director, AlphaPlus
9:40 am	<b>Q&amp;A session</b> Jack Bland, Senior International Registration Manager, NMC Linda Everet, Assistant Director, NMC Penny Howard, Assessment Lead for Nursing, School of Health Sciences, The University of Nottingham Sarah Maughan, Director, AlphaPlus
9:55 am	<b>Next steps and closing</b> Linda Everet, Assistant Director, NMC

# Previous webinars

- Over 500 people joined our first three webinars:
  - Overview of the new Test of Competence
  - The new Computer Based Test (CBT)
  - Introduction to the new Nursing OSCE APIE stations
- Thank you to everyone who attended, asked questions and submitted feedback
- If you weren't able to join these webinars, you can watch the recordings and download the presentation slides on our website [www.nmc.org.uk/registration/toc-review](http://www.nmc.org.uk/registration/toc-review)



# NMC Test of Competence: Nursing OSCE Skill Stations

AlphaPlus Consultancy Ltd.

November 2020



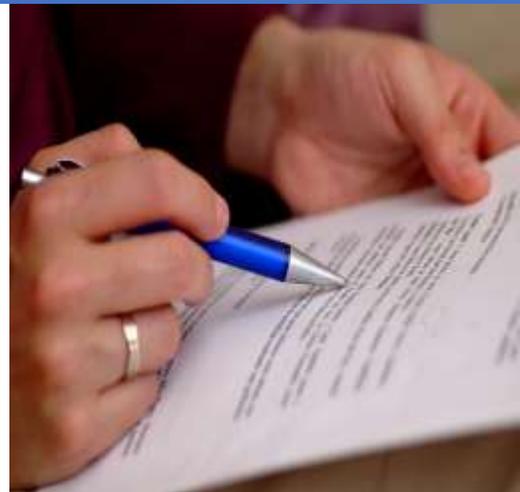
## Partnership

We work in partnership with our clients. This is more than a cliché for us: we care about the services we provide and the impact they have on learners. Experience has shown us that the best impact our work can have is when it is undertaken alongside our clients so we make partnership a key feature of our project approach and management method.



## Quality

We manage projects effectively and to the highest quality, freeing up experts to concentrate on their specialism, but ensuring that activities are managed to meet expectations. This means only making promises that we know we can keep, and remembering the promises we have made to make sure we deliver.



## Expertise

We ensure our teams consist of genuine sector experts with understanding in breadth and depth of both the theory and the practical complex everyday challenges faced by education providers.



## Development

We are committed to the improvement of our staff, both to promote the long-term development of our business and as an end in itself: we believe in the value of education for all.



## Educationalists

We are educationalists with a strong commitment to improving teaching, learning and assessment, based on intellectual integrity, sound evidence and innovative approaches.

# Overview of OSCE design



# Format of the new test of competence: Nursing

	Current	Future		
Test		Format	Marks	Timing
CBT	Single test of 120 questions lasting 3 hours	Part A: Numeracy	15	30 minutes
		Part B: Clinical	100	2 hours and 30 minutes
OSCE	6 stations  4 station 'APIE' <ul style="list-style-type: none"><li>• Assessment</li><li>• Planning</li><li>• Implementation</li><li>• Evaluation</li></ul> 2 skill stations	10 stations  4 station 'APIE' <ul style="list-style-type: none"><li>• Assessment</li><li>• Planning</li><li>• Implementation</li><li>• Evaluation</li></ul> 6 skill stations <ul style="list-style-type: none"><li>• 2 pairs of 2 skills</li><li>• 1 professional values</li><li>• 1 critical appraisal</li></ul>	Variable by station according to task-specific criteria	Up to 2 hours and 45 minutes APIE stations: <ul style="list-style-type: none"><li>• Assessment station: 20</li><li>• Planning station: 14</li><li>• Implementation station: 16</li><li>• Evaluation station: 14</li></ul> Skills stations, critical appraisal and professional values stations: <ul style="list-style-type: none"><li>• 16 minutes for each pairing</li></ul>

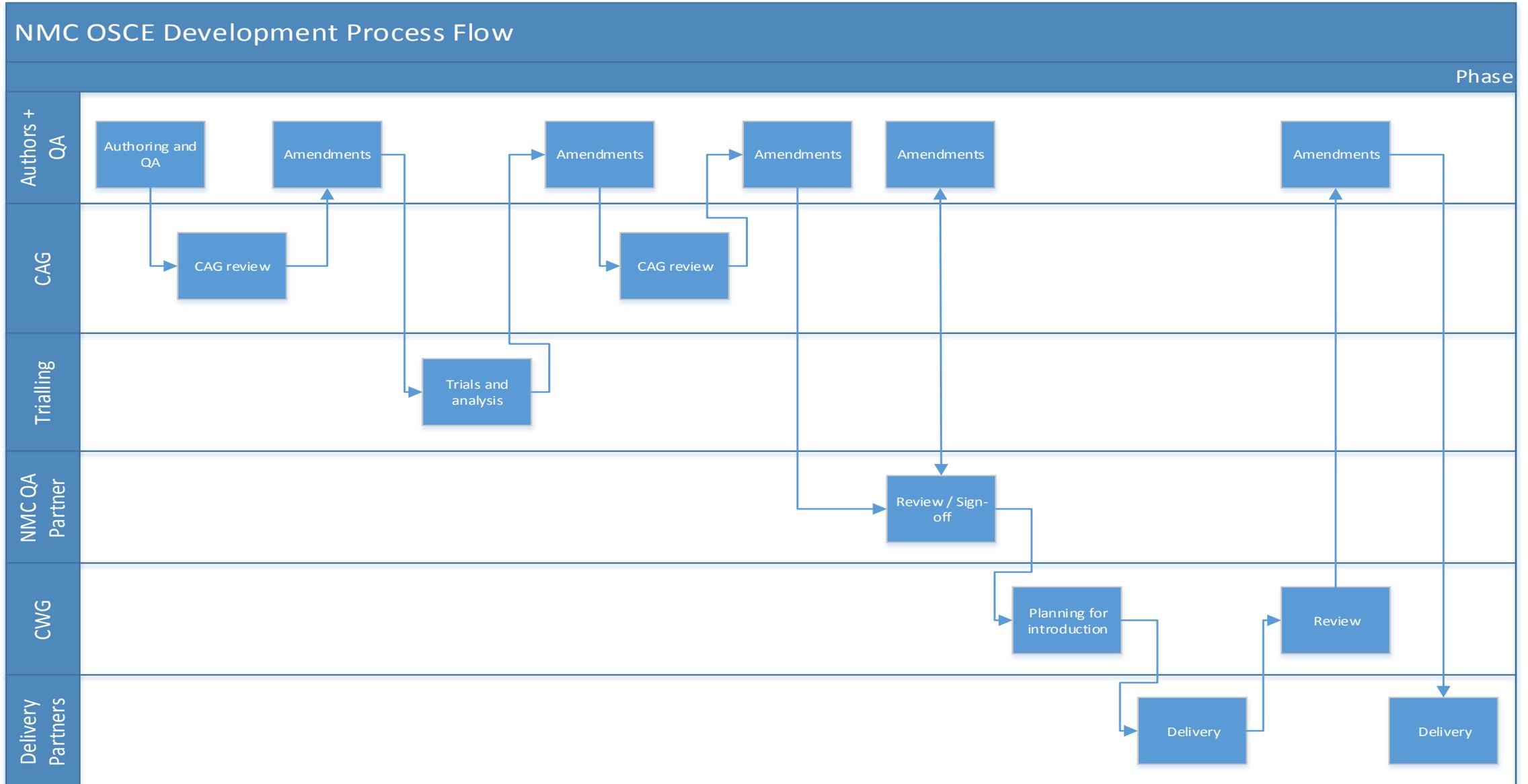


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# The development process



# Test Design

- Multiple OSCE forms:
  - Fixed station grouping to ensure broadest possible coverage of standards and comparability between different OSCEs
  - Some overlapping skills stations between different OSCEs
  - Candidates will resit the same station(s) if they fail
  - New OSCE forms being added over time and new groupings of stations
- Assessors mark against a list of criteria:
  - Demonstrated/ not demonstrated
  - Demonstrated/ partially demonstrated/ not demonstrated
- Assessors also make a holistic judgement (to be used for standards setting and monitoring)
- A set of red flags is also used for each station



# OSCE overview: adult nursing

RN1	A	P	I	E	Skill 1	Skill 2	Skill 3	Skill 4	Skill 5	Skill 6
					Clinical	Clinical	Clinical	Clinical	Professional values/behaviour	Appraising evidence based practice
<b>Pneumonia</b>	Re-purposed: least changes	Re-purposed: significant changes	Re-purposed: significant changes	Re-purposed: least changes	Re-purposed: least changes	Re-purposed: least changes	New	Re-purposed: least changes	New	New
<b>Subdural</b>	New	Re-purposed: significant changes	Re-purposed: significant changes	New	New	Re-purposed: least changes	New	Re-purposed: least changes	New	New
<b>Anxiety/</b>	New	Re-purposed: significant changes	Re-purposed: significant changes	New	New	Re-purposed: least changes	Re-purposed: least changes	Re-purposed: least changes	New	New
<b>UTI</b>	New	Re-purposed: significant changes	Re-purposed: significant changes	New	New	Re-purposed: least changes	Re-purposed: least changes	Re-purposed: least changes	New	New
<b>Hernia</b>	New	Re-purposed: significant changes	Re-purposed: significant changes	New	Re-purposed: least changes	New	New	Re-purposed: least changes	New	New
<b>Asthma</b>	New	Re-purposed: significant changes	Re-purposed: significant changes	New	Re-purposed: least changes	Re-purposed: least changes	New	Re-purposed: least changes	New	New
<b>Chronic cardiac failure</b>	New	Re-purposed: significant changes	Re-purposed: significant changes	New	New	Re-purposed: least changes	New	Re-purposed: least changes	New	New
<b>Ectopic</b>	New	Re-purposed: significant changes	Re-purposed: significant changes	New	New	Re-purposed: least changes	Re-purposed: least changes	Re-purposed: least changes	New	New
<b>Dementia/ confusion</b>	New	New	New	New	Re-purposed: least changes	Re-purposed: least changes	Re-purposed: least changes	New	New	New
<b>Leg ulcer</b>	New	New	New	New	Re-purposed: least changes	New	New	Re-purposed: least changes	New	New
<b>Diabetes</b>	New	Re-purposed: significant changes	Re-purposed: significant changes	New	New	Re-purposed: least changes	New	Re-purposed: least changes	New	New

**Key:**

- Re-purposed: least changes
- Re-purposed: significant changes
- New

# OSCE overview: other fields

		A	P	I	E	Skill 1	Skill 2	Skill 3	Skill 4	Skill 5	Skill 6
						Clinical	Clinical	Clinical	Clinical	Professional values/ behaviours	Appraising evidence-based practice
<b>RN3: mental health</b>	<b>Depression and suicide ideation</b>										
<b>RN5: learning disabilities</b>	<b>Behaviours that challenge</b>										
<b>RN8: children's</b>	<b>Asthma</b>										

Re-purposed, least change
Re-purposed, significant change
New

# Examples of Skill Station content



# Nursing Skill Stations for the new ToC

Field	Skill
RN1	Administration of Inhaled Medication (AIM)
	Blood glucose monitoring
	Catheter Specimen of Urine (CSU)
	Fine Bore NG
	Fluid Balance (4 different patient variants)
	In Hospital Resuscitation (no defib) (IHR)
	Intramuscular Injection (IM)
	IV flush & VIP score
	Pain Assessment
	Peak Expiratory Flow Rate (PEFR)
	Pressure area assessment
	Removal of Urinary Catheter (ROC or RUC)
	Subcutaneous Injection S/C
Urinalysis / MSU	
Wound assessment and Aseptic Non-Touch Technique (ANTT)	
RN3 and RN5	De-escalation
	Reminiscence
	Talking therapies
	Physiological Observation (OBS)
RN8	Administration of Inhaled Medication (AIM)
	Blood Glucose monitoring
	BLS
	Fine Bore NG
	Peak Expiratory Flow Rate (PEFR)
	Removal of Urinary Catheter (ROC or RUC)
Subcutaneous Injection (SUBCUT or S/C)	

# Skill Example: Stoma bag change

## Scenario

You are working on a post-operative surgical ward.

You are caring for Kendi Abara who has undergone a Right Hemicolectomy and colostomy formation. They are three days post-surgery, the one-piece stoma bag needs to be replaced and Kendi is currently not well enough to do this themselves.

**Please change the patient's stoma bag according to current evidence based practice.**

All identification checks have been completed and the patient has no known allergies.

The trolley has already been cleaned prior to the procedure.

You are not required to document anything during this skills station.

# Resource List

1. Dougherty, L., Lister, S. E. and West-Oram, A. (2015) *The Royal Marsden Manual of Clinical Nursing Procedures (Student Edition)*. 9th edition. Chichester: Wiley Blackwell
2. McGrath, A. (2017) Stoma-associated problems: the important role of the specialist nurse. *British Journal of Nursing*, vol. 26, 5, pp. 30-31
3. Free website: <https://www.coloplast.co.uk/Stoma/people-with-a-stoma/after-stoma-surgery> (Accessed 9th October)

# Stoma bag change: marking criteria

Id	Assessment Criteria
1	Introduces self. Explains procedure to the person and gains consent
2	Ensures that the patient is in a comfortable and suitable position where they are able to watch the procedure
3	Checks all equipment required for the procedure including expiry dates: new colostomy bag, a disposable bag, gauze, scissors and a receptacle are needed
4	Cleans hands with alcohol rub or wash with soap and water and dry with paper towels according to the WHO guidelines.
5	Dons a disposable plastic apron and non-sterile gloves
6	Places a small protective disposable pad below the stoma area to protect patient's clothes from accidental spillage
7	Removes the stoma bag slowly using adhesive remover. Peels the adhesive off the skin whilst using the opposite hand to apply pressure on the surrounding skin.
8	Folds the removed stoma bag to prevent spillage before placing into a disposable bag
9	Removes any visible faeces or mucus from the stoma with a piece of gauze soaked in warm tap water
10	Examines the stoma site and peristomal skin for soreness, ulceration, signs of infection and other unusual signs site such as unusual colour (black or pale), foul odour or discharge
11	Washes the skin around the stoma (peristomal area) with gauze soaked in warm tap water
12	Gently dries the peristomal skin with dry gauze, ensuring the area is thoroughly dry
13	Measures the stoma site, cuts a hole in the adhesive flange of the new bag aiming for 3mm larger than the site.
14	Applies the clean appliance, using the flat of hand to gently press to ensure it adheres in all areas.
15	Disposes of equipment including apron and gloves appropriately - verbalisation accepted
16	Cleans hands with alcohol rub or wash with soap and water and dry with paper towels according to the WHO guidelines.
17	States would document the change of stoma bag in nursing notes and would report any abnormalities to the stoma nurse and/or surgical team
18	Acts professionally throughout procedure in accordance with the NMC (2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates

# Female Urinary Catheter

## Scenario

You are working on the Surgical Admissions Unit

You are caring for Catherine Higgins who has been diagnosed with obstruction of the bowel and the doctor has requested the insertion of a urinary catheter for fluid monitoring.

**Please insert the urinary catheter according to current evidence based practice.**

All identification checks have been completed and the patient has no known allergies.

The trolley has been cleaned.

The patient is lying in bed, with their lower clothing removed, covered with a towel and has an absorbent pad underneath them.

# Resource List

- Dougherty L, Lister S (2020) The Royal Marsden Manual of Clinical Nursing Procedures. Oxford: Wiley-Blackwell.
- Yates A (2017) Urinary catheters part 2: inserting a catheter into a female patient. Nursing Times [online]; 113: 2: 50-52.



Id	Assessment Criteria
1	Explains the procedure to the patient and gains consent
2	Assembles equipment required and checks equipment is sterile. Takes the equipment to the person's bedside on trolley
3	Ensures that the patient is in a supine position with knees bent, hips flexed and feet apart
4	Cleans hands with alcohol hand rub, or wash with soap and water and dry with paper towels following WHO guidelines - verbalisation accepted
5	Dons a disposable plastic apron
6	Using an aseptic non touch technique opens the sterile pack and places the rest of sterile equipment onto the sterile field
7	Dons sterile gloves. Places a sterile towel under the patient's buttocks
8	Uses non dominant hand to separate labia and uses gauze swabs soaked in sodium chloride 0.9% to clean the urethral orifice using downward strokes, being careful not to touch surrounding skin.
9	Applies anaesthetic lubrication to the meatus and gently inserts nozzle of anaesthetic syringe into urethra and then instils gel into the urethra
10	Places the catheter, in the sterile receiver, between the patient's legs and attach the drainage bag.
11	Uses dominant hand to introduce the tip of the catheter into the urethral orifice in an upward and backward direction. Advances the catheter until urine is draining and up to the bifurcation point (junction of the catheter/balloon inflation tubing)
12	Cautiously inflates the catheter balloon with prefilled syringe containing water for injection, noting any pain or discomfort.
13	Gently withdraws the catheter slightly, until resistance is felt
14	Assists in cleaning the patient and disposing of equipment
15	Supports the catheter using a specially designed support (such as Simpla G-Strap), ensuring that the catheter lumen is not occluded by the fixation device. Ensures drainage bag is supported and secure, with the drainage port away from the floor
16	Cleans hands with alcohol hand rub, or wash with soap and water and dry with paper towels following WHO guidelines - verbalisation accepted
17	States would document the reasons for catheterisation, time & date of catheterisation, catheter type, length & size, batch number & manufacturer
18	States would measure and record urine output
19	Acts professionally throughout procedure in accordance with the NMC (2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates

# Professional Values Example

## Scenario

You are just about to commence the lunchtime drug round, you enter the clinical room and one of your nursing colleagues is in the room already.

You witness the nurse take a 30 milligram Codeine Phosphate tablet from the drug cupboard. She puts it into her mouth and swallows it in front of you.

You ask if she is ok and she tells you she needs the tablet for a headache.

As far as you are aware this is an isolated incident.

- Using your knowledge of NMC (2018) The Code: “Professional standards of practice and behaviour for nurses, midwives and nursing associates”, consider the professional, ethical and legal implications of this situation.
- Please summarise the actions you would take in a number of bullet points.
- This is a silent written station. Please write clearly and legibly.

# Professional Values Mark Scheme

Id	Assessment Criteria
1	Recognises that taking NHS/hospital property for personal use or gain including medication is prohibited
2	Recognises professional duty to report any concerns that may result in compromising the safety of patients in their care or the public and failure to report concerns may bring their own fitness to practise into question and places own registration at risk
3	Raises concern with manager at the earliest opportunity verbally or in writing. Recognises the need to be clear, honest and objective about the reasons for concern, reflecting duty of candour
4	Recognises that the manager may wish an incident report to be completed: recording the events, steps taken to deal with the matter including the date, who the concern was raised with
5	Takes into consideration own responsibility for the safety of the colleague: considers the effects of codeine on their ability to work and drive home
6	Considers that the colleague may need a medical review for their headache or may need support in dealing with a substance misuse problem
7	Acknowledges the need to keep to and uphold the standards and values set out in the code: prioritise people, practise effectively, preserve safety and promote professionalism and trust
8	Handwriting is clear and legible



# Evidence based Practice Example

- Read the scenario and the summary of the research below.
- Please identify the main points from the summary and apply the findings to the scenario below.
- This is a silent written station. Please write clearly and legibly.

## Scenario

You are working on a surgical ward. Your patient Mr. Long, a 75 year old gentleman has been admitted for an elective inguinal hernia repair tomorrow. The surgeon has explained the procedure and consented Mr. Long for his operation. The surgeon mentioned that Mr. Long would be kept warm during his operation. Mr. Long asks you why keeping him warm is necessary and what the best way of doing this is.

## Article Summary

A systematic review in a well-regarded peer reviewed journal appraised the findings of the available independent studies comparing methods of peri-operative warming. The review found that:

- Unintentional peri-operative hypothermia occurs in up to 70% of patients undergoing surgery and is more common in patients older than 70 years who have a preoperative systolic blood pressure < 140 mmHg, low basic mass index, diabetes, or immune deficiency, and whose surgeries require a long operation time.
- Peri-operative hypothermia was associated with an increased risk of: infection, delayed wound healing, prolonged and greater bleeding, slow recovery from anesthetic, myocardial ischaemia and prolonged shivering and discomfort.
- 'Forced-air warming' (a device that blows warm air through a disposable blanket with holes) was more effective than passive insulation and circulating-water mattresses.
- Patients who received forced-air warming reported higher levels of thermal comfort following surgery.

The review concluded that peri-operative forced air warming significantly reduced surgical complications and improved patient comfort post operatively



## **Documentation**

**Candidate Name:** \_\_\_\_\_

**What is the relevance of the findings from this research for Mr. Long and what advice would you give him?**

**Give your responses here as bullet points:**

.....

.....

# Evidence based Practice Mark Scheme

Id	Assessment Criteria
1	Summarise the main findings from the article summary and draw conclusion, making recommendations for practice.
1a	Write clearly and legibly.
1b	Informs Mr. Long that without intervention it is common for patients to lower their temperature during an operation.
1c	Advises Mr. Long as he is over 70 years old he is at increased risk of peri-operative hypothermia.
1d	Advises Mr. Long that warming him during surgery helps reduce the risk of infection, prolonged and greater bleeding, and heart damage. Warming promotes his recovery from anesthetic and wound healing.
1e	Advises Mr. Long that the best method to warm him during his procedure is a devise that blows warm air through a blanket.
1f	Informs Mr. Long that received warming during surgery should improve his post-operative comfort levels.

# Support Materials



# Candidate Support

- The examples used in this presentation are taken from the candidate support materials
- These support materials will be available in advance from the learning platforms held by each of the Test Centres in the new year
- There is more information about the support materials in the Overview presentation which was recorded and can be found [www.nmc.org.uk/registration/toc-review](http://www.nmc.org.uk/registration/toc-review) |

Q&A session

# Next steps



# Coming up

- The new Test of Competence (midwifery) – CBT and OSCE, **Monday 30 November**, 12:30 to 13:30
- The new Test of Competence (nursing associates) – CBT and OSCE, **Thursday 3 December**, 14:30 to 15:30
- Register on our website - [www.nmc.org.uk/registration/toc-review](http://www.nmc.org.uk/registration/toc-review)
- Sign up for monthly updates - <https://r1.dotmailer-surveys.com/b2129ae8-114gax68>

**Thank you**

**NMC** Nursing &  
Midwifery  
Council

