

Nurses are often unenthusiastic about mandatory training, but an objective structured clinical examination approach can improve staff engagement

Using OSCE for mandatory training

In this article...

- › The importance of mandatory training
- › How the OSCE approach can be adapted for it
- › Benefits of this approach

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Mandatory training for nursing staff is vital to ensure the safety of patients, staff and visitors. This article discusses using objective structured clinical examination to structure this training.

Mandatory training can be defined as that deemed essential by an organisation for it to run safely and efficiently, to reduce organisational risks and to comply with policies and government guidelines (Royal College of Nursing, 2009). Most trusts include statutory training, such as fire safety, on mandatory training days. This can be defined as training that organisations are legally required to provide or training that they have been instructed by a statutory body to provide (RCN, 2009).

Trusts must demonstrate that they meet certain statutory/mandatory training obligations set out by, for example, the:

- » Health and Safety Executive;
- » NHS Litigation Authority;
- » Standards for Better Health;
- » Knowledge and Skills Framework;
- » Information Governance Toolkit.

No government guidelines specify what

mandatory training for nurses should comprise; it is for employers to decide (Taylor, 2008). Typically, it incorporates key themes including cardiopulmonary resuscitation, infection control, risk management, medicines management, safeguarding adults/children, and moving and handling.

A survey has shown that almost a third (32%) of UK nurses cannot access mandatory training (RCN, 2010). The main reasons given were staff shortages and lack of cover on wards; even when study leave was approved it was often cancelled at short notice to cover wards (RCN, 2010). The challenge for trusts is to provide high-quality mandatory training that all relevant staff can attend and are enthusiastic about. It must be appropriate to their level and workplace responsibilities.

The trust's former approach

Since 1993, Walsall Healthcare Trust's mandatory training had been delivered over one day. All sessions took a lecture format except the CPR component. Roughly 50 training days (40 places on each) were held each year; annual attendance was mandatory. Participants were formally assessed on the day using a written evaluation form.

This approach, conducted mainly using PowerPoint, was poorly evaluated by participants and speakers. Feedback from participants included: "same old boring day" and "just a ticking-the-boxes exercise". Speakers found it hard to target content to meet the needs of multidisciplinary

5 key points

1 Mandatory training is provided on subjects that are essential for safety and efficiency

2 Trusts need to provide high-quality mandatory training that all staff can attend

3 The objective structured clinical examination approach promotes interprofessional learning

4 Positive feedback, encouragement and guidance are key when learning practical skills

5 OSCE can increase staff engagement in mandatory training



Practising skills and sharing knowledge is the most effective way for adults to learn



“Health workers’ voices should be heard and inform the way forward for the health service”

Tara Bartley > 28

audiences and to participants’ competency, knowledge and understanding.

Theories of adult learning

Adults learn best when they are treated as adults and their skills, experience and knowledge are used (Jevon, 2009). Trainers can facilitate adult learning by:

- » Acting as a resource person and helper;
- » Explaining points that have not been understood;
- » Demonstrating principles, concepts and skills;
- » Challenging learners’ values when appropriate;
- » Being a taskmaster and evaluator;
- » Encouraging learner self-evaluation;
- » Managing groups of learners effectively and facilitating the pursuit of intellectual questions (Fuszard, 1995).

Any new approach would need to incorporate the principles of how to motivate adults to learn. The objective structured clinical examination (OSCE) approach seemed a perfect solution.

The OSCE approach

First described in 1979, the OSCE approach comprises a series of stations around which learners rotate and perform set tasks within a set time (Harden and Gleeson, 1979). It has gained wide popularity in the assessment of clinical competency, particularly for medical and nursing undergraduates. We adapted the terminology slightly for mandatory training, calling it objective structured competency examination.

The stations include:

- » **Infection control:** practical skills including handwashing, and waste and sharps disposal;
- » **Health and safety:** one scenario involving a needlestick injury and another involving a slips/trips/falls incident – after reading each one, participants discuss with the trainer the trust’s procedures for managing them;
- » **Resuscitation:** CPR/defibrillation practical scenarios are run, with participants assuming relevant roles;
- » **Fire safety:** skills including activating the “break glass” alarm, calling 2222, using fire extinguishers, and evacuation procedures are discussed and demonstrated, and the fire officer outlines various fire-related scenarios;
- » **Medicines management:** participants read a scenario about a patient who has been admitted to hospital, then discuss some issues with the pharmacist, including discharge;
- » **Learning disability:** learners read a scenario about a patient with severe

learning disabilities admitted for routine surgery, then discuss nursing care and preparation for discharge with the learning disability nurse specialist;

- » **Safeguarding adults and children:** the leads for safeguarding take trainees through two safeguarding scenarios;
- » **Nasogastric tube placement:** correct placement is shown and practised;
- » **Medical devices training:** participants demonstrate the correct use of three commonly used medical devices;
- » **Blood transfusion:** the transfusion practitioner leads a scenario from prescription to administration of a transfusion, including correct collection from the blood bank;
- » **EWS/SBAR:** participants are given an early warning score (EWS) chart of a deteriorating patient; after discussing the significance of vital signs and score, they have to contact “scenario help” following situation, background, assessment, recommendation (SBAR) principles.

Other key topics, including moving and handling, are covered in separate sessions. The Resuscitation Council (UK)’s (2001) set/dialogue/closure approach to teaching resuscitation has also been incorporated:

- » **Set:** the environment (lighting, heating, seating, audiovisual aids) should be adequate for training. Instructions about the OSCE station are displayed on the door – these set the mood, raise motivation, state session objectives and clarify the roles of the trainer and participants. Participants read the instructions then enter the station and perform the task;
- » **Dialogue:** this is when participants perform the task (main teaching part);
- » **Closure:** this includes time for questions, after which the trainer provides a concise summary and ends the session (RCUK), 2001.

Two stations with five 20-minute OSCEs are in separate rooms, while clinical and fire safety stations are run in the clinical skills laboratory. Participants (usually four per group) rotate through the OSCE stations. Strict timekeeping is important so a bell is rung at the start and end of each station, and a whistle blown at “five minutes to go” to prompt speakers to finish.

Benefits of the OSCE approach

The OSCE approach promotes interprofessional learning, improves teamworking and enhances a collaborative approach (Mohanna et al, 2011); shared aspects of teaching, learning and experience promote positive regard and mutual respect. It also

enables trainers to consider and build on participants’ experience and knowledge.

OSCE stations can promote group discussions; this is how adults learn best, as it is an active means of acquiring information (Bullock et al, 2008). Group learning promotes practice in thinking and explaining; it exposes learners to multiprofessional viewpoints, often leading them to teach each other and share goals; this can give a greater sense of responsibility and self-efficacy (Jaques and Salmon, 2007).

Constructive feedback is provided at each station, incorporating participants’ strengths and weaknesses and any deficiencies that need to be addressed.

Evaluation

A successful pilot was run in August 2011. The day was restricted to 20 participants, comprising a combination of nurses, healthcare assistants and allied health professionals. It was evaluated extremely positively by participants and speakers via:

- » Oral and written participant feedback;
- » Feedback from trainers;
- » Trust staff attendance rates;
- » Reviews by the NHSLA;
- » Standards for Better Health monitoring;
- » External assessment;
- » Reduction in near misses, never events and indefensible claims.

The OSCE approach to mandatory training has been fully implemented and continues to receive positive evaluations.

Conclusion

Nurses should attend regular mandatory training. This novel approach has been well received by nursing staff and AHPs and is being adopted for other groups including consultants. **NT**

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