

NURSE PRACTITIONERS

Objective Structured Clinical Examination (OSCE)

Candidate Guidebook

(Family, Adult, Pediatric)



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To help us provide the best resources possible to applicants, we would like to hear from you. Tell us if this document was useful to you in preparing to take the OSCE. Do you have suggestions for improvement?

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Introduction

The clinical examination component of the registration process for nurse practitioners in British Columbia is an objective structured clinical examination (OSCE). The purpose of the OSCE ("os-key") is to assess the capacity of the nurse practitioner candidate to provide health care services to the patient from a holistic nursing perspective. This involves integrating advanced nursing practice competencies with those unique to the role of the nurse practitioner (e.g., diagnosis and management of acute and chronic illnesses, prescribing medications, advanced therapeutic interventions).

This examination uses 16 stations (15 stations for adult and pediatric exam) to assess the knowledge, skills and abilities that are essential for the comprehensive and safe enactment of the nurse practitioner role at the entry-to-practice level. There are two types of stations:

- **Couplet Stations.** A five-minute encounter with a standardized patient (interactive station) followed by five minutes of written follow-up relating to the encounter (Post Encounter Probe or PEP).
- **Ten Minute Stations.** A 10-minute encounter with a standardized patient (interactive station). There is no written component to these stations.

The examination covers the following clinical practice areas:

NP OSCE (Family): growth and development; respiratory; cardiovascular; neurology; gastrointestinal; genito-urinary renal; gynecology, reproduction and pregnancy; ear, nose and throat; musculoskeletal; dermatology; endocrine; immunology; mental health; ophthalmology; and community health. Patient populations range from newborn to advanced years. The context of practice covered in the examination is community-based practice. Note that community-based practice is not limited to office settings and may include urgent care centers / emergency rooms.

NP OSCE (Adult): growth and development; respiratory; cardiovascular; neurology; gastrointestinal; genito-urinary renal; gynecology and reproduction; ear, nose and throat; musculoskeletal; dermatology; endocrine; immunology; mental health; ophthalmology; and community health. Patient populations range from older adolescent to advanced years. The context of practice covered in the examination includes both community-based practice and institutionalized care (acute care and residential care).

NP OSCE (Pediatric): growth and development; respiratory; cardiovascular; neurology; gastrointestinal; genito-urinary renal; gynecology and reproduction; ear, nose and throat; musculoskeletal; dermatology; endocrine; immunology; mental health; ophthalmology; and community health. Patient populations range from newborn to older adolescent/young adulthood. The context of practice covered in the examination includes both community-based practice and institutionalized care (acute care and residential care).

The examination is based on the following BCCNM documents:

- *Competencies Required for Nurse Practitioners in British Columbia* (pub. 416)
- *Scope of Practice for Nurse Practitioners (Family, Adult, or Pediatric): Standards, Limits and Conditions* (pub. 688)

The clinical skills assessed in this examination include:

- history taking
- patient education and counseling
- clinical problem solving
- developing management plans (plan of care)
- documenting
- physical examination
- ordering and interpreting diagnostic tests
- diagnosing
- prescribing
- consulting and referral

The assessment criteria used in the OSCE is guided by the assessment framework described in the BCCNM document *Applying the Competencies Required for Nurse Practitioners in British Columbia* (pub. 440). The primary areas of competence and associated activities described in this document are used as the examination assessment criteria.

OSCE process and procedures

BCCNM assigns all candidates to a specific starting station and then they rotate through the series of stations in order. Outside each station, a brief written statement – Instructions for Candidate – introduces the patient problem and directs you to what is required at that station. The Instructions for Candidate also gives any background information necessary for the situation.

At each station, you interact with a standardized patient. A standardized patient is a person who has been trained to present a real patient's signs and/or symptoms in a reliable and consistent manner. Interacting with the standardized patient includes questioning the patient and responding to the patient's problems. During these interactions with standardized patients, you must demonstrate clinical skills, not just explain what you would do for a patient. Each interactive station has a nurse practitioner examiner who assesses how you interact with the standardized patient.

At stations that involve an infant, toddler, pre-school or school-aged patient less than 10 years old, you **may** be interacting with the parent or caregiver for the patient. If the patient is 10 years old or older, you are expected to interact directly with the child standardized patient.

EXAMINERS

The nurse practitioner examiner observes and assesses you at each station using a predetermined standardized checklist. The examiner gives you credit for the questions asked and skills and interventions performed that are on the checklist. It is possible that you may be familiar with an examiner. If so and if you feel you will not receive a fair, objective and unbiased assessment, you must immediately leave the station and advise the hall staff of the situation. The Chief Examiner will arrange for you to complete the station with a different examiner at the end of the rotation.

The examiner is there to observe you and will not interact with you except in the following circumstances:

- An examiner may redirect you only once if (s)he believes that you have misunderstood the station instructions. The examiner will say, "Please re-read the instructions" (e.g., if you are trying to obtain a history in a physical examination station).
- In a physical examination scenario, the examiner may remind you to, "Please explain what you are doing and describe your findings." The examiner will repeat this as many times as (s)he believes it is assisting you.
- In a physical examination scenario, the examiner may provide pertinent findings once you have initiated specific examination maneuvers if the examiner has been directed to do so.
- The examiner will intervene if there is a concern about the safety of the standardized patient.
- On occasion an examiner may ask you one or more oral questions during a scenario. If this is the case, it will be indicated on the Instructions for Candidate.

Timing system

The process of moving through the 16 stations (15 stations for adult and pediatric exam) is determined by a timing system and indicated by sound signals (buzzers).

There are two parts to the OSCE, one part is a series of eight couplet stations (seven or eight for adult and pediatric exam) and the other is a series of eight 10-minute stations (seven or eight for adult and pediatric exam). There is a break between the two parts of approximately 30 to 45 minutes to allow you time to use the washroom and have a refreshment or snack as required. The entire examination, including the break, will take just over four hours. If the examination day proceeds as scheduled, you can expect to be at the site for approximately 6 hours, including registration, orientation, break and sign out.

Couplet stations (five-minute patient interaction and five minute written/post encounter probe station)

1. Between each station, you have two minutes to move to the next door and read the Instructions for Candidate for the station.
2. A buzzer indicates when you must enter the room. At 4 minutes, a verbal warning "one minute left" is issued, indicating that you have one minute to complete the station. At the end of the five-minute period, a buzzer indicates the end of the station. You must exit the room at this point and will be handed the Post Encounter Probe or PEP (written answer sheet) by the examiner.
3. You have two minutes to proceed to the written portion of the station and read the PEP questions while waiting to enter the room. There *may* also be information posted at the PEP room door for you to read, such as history or physical findings, which will also be provided on the desk inside the room. You **cannot** begin writing on the PEP sheet until you enter the written station. You **can** write in your notebook.
4. A buzzer indicates when you must enter the room. At 4 minutes, a verbal warning "one minute left" is issued, indicating that you have one minute to complete the station. At the end of the five-minute period, a buzzer indicates the end of the station. You must exit the room at this point, leaving the completed PEP sheet on the desk.
5. You have two minutes to move to the next station and read the Instructions for Candidate for the next station.
6. In some 5-minute stations, the examiner asks you oral questions during the scenario. For these stations, it will be stated in the Instructions for Candidate that the examiner will ask one or more questions at a specific time.

Note: In the written stations, the door to the PEP room is left open at all times.

Ten-minute stations (ten-minute patient interaction)

1. Between each station, you have two minutes to move to the next door and read the Instructions for Candidate for the station.
2. A buzzer indicates when you must enter the room. At eight minutes, a verbal warning “2 minutes left” is issued, indicating that you have two minutes to complete the station. At the end of the 10-minute period, a buzzer indicates the end of the station. You must leave the room at this point.
3. You have two minutes to proceed to the next station and read the Instructions for Candidate for the next station.
4. In some 10-minute stations, the examiner asks you oral questions during the scenario. For these stations, it will be stated in the Instructions for Candidate that the examiner will ask one or more questions at a specific time.

You cannot leave a room before the buzzer, even if you have completed the requirements for that station.

Scoring

The OSCE is scored using a number of different methodologies. It is the overall result from three criteria that determines your final pass/fail status.

To pass the OSCE, you must:

- achieve a passing score on a minimum number of stations (Criterion 1), and
- achieve or exceed the minimum overall competency score for the examination (Criterion 2), and
- demonstrate no safety flags that are determined by the BCCNM Nurse Practitioner Examination Committee (NPEC) to be of a serious enough nature to constitute a critical incident and warrant failure on the examination (Criterion 3).

The overall station score (Criterion 1) is comprised of:

- Interactive Stations - the checklist and Global Assessment Scale scores from the couplet and 10-minute stations; and
- Written Stations - the Post Encounter Probe (PEP) portion of the couplet stations.

GLOBAL ASSESSMENT

Each patient interactive station is assessed by a predetermined standardized checklist. In addition to the checklist items, the NP examiner makes a global assessment of your performance at each station.

The global assessment is designed to measure the comprehensive enactment of the nurse practitioner role, specifically addressing the features of advanced nursing practice that encompass the *BCCNM Competencies Required for Nurse Practitioners in British Columbia*.

The global assessment is based on two main components: relationship development, and clinical knowledge and competence. In the global assessment, the examiner evaluates your overall abilities on the following scales:

- Professional conduct
- Client-centred care
- Communication
- Organization and Approach
- Skill
- Decision Making

(If a scale does not apply to a particular station, it will be deleted from that checklist.)

A copy of the global assessment scoring tool will be provided to you with your candidate orientation materials.

WRITTEN STATIONS

The written questions are assessed based on a standardized answer key of possible correct answers.

SAFETY FLAGS AND CRITICAL INCIDENTS

A **Safety Flag** is an action or omission by a candidate which would be expected to have a serious negative or life-threatening consequence for the patient. Some stations have a predetermined safety flag, where the examiner indicates if you fail to identify, perform or act upon a specific aspect of the scenario which could result in serious harm to the patient. Every checklist has a Safety Flag CommentBox for the examiner to document any potentially unsafe behavior during the scenario.

Following each administration of the OSCE, the NPEC reviews all documented safety flags that occurred during the examination. The Committee makes individual determinations whether the safetyflag is a serious enough issue to constitute a **Critical Incident**. If the Committee determines that an examination candidate has committed a critical incident, that candidate will fail the exam.

Prior to the examination

Prior to taking the OSCE, BCCNM will send you:

- **Orientation Information** (approximately 8 weeks prior to examination)
 - Sent by email; includes exam-related documents, links to online resources (such as BCCNM's Nurse Practitioner Orientation video) and a link to sample NP OSCE scenarios. *Please note that these are example stations only and may not be reflective of all categories of practice (family, pediatric, adult).*
- **Entry Package** (two to three weeks prior to examination)
 - entry certificate with your registration time and exact location of the examination
 - instructions of what to bring and what not to bring to the examination

Exam day

WHAT TO BRING TO THE EXAMINATION

- entry certificate for the examination, and
- photo identification (valid driver's license with photo, valid passport or recent photo with authenticity notarized), and
- any medications or other supplies you may need (you will not be able to bring these into the examination area unless arrangements have been made prior to the examination), and
- lab coat, and
- stethoscope

WHAT NOT TO BRING TO THE EXAMINATION

- valuables (BCCNM is not responsible for lost or stolen property),
- calculators, audio or visual players, digital watches (analog watch that shows time by the position of hands on a dial is permitted), electronic or wireless devices including cellular phones, computers or any other devices/technologies with photographic and/or communication capabilities
- books, paper, memoranda or study materials
- Pens or pencils; you will be provided with pencils when you are permitted to write in your candidate notebook

The presence of these items could be considered cheating and may lead to ineligibility for registration in B.C.

If you are traveling to the Lower Mainland for the examination and need to bring a travel bag to the examination site, the bag can be left at the registration desk and picked up at examination sign out.

WHAT TO WEAR

- Wear comfortable clothing that provides a professional appearance (keep in mind that you will be asked to perform physical examinations).
- Dress in layers. Temperatures in examination rooms may vary depending on the location and season of the year. Remember, the lab coat adds an extra layer.
- Use a lab coat that fits you properly. A coat that is too long (in body or sleeves) may get in your way. Be sure the lab coat has pockets for your notebook or equipment. Short (jacket-style) labcoats are acceptable.
- Wear comfortable footwear as you will be standing and walking most of the time.

EXAMINATION DAY SCHEDULE

There are three OSCE start times on the examination day, one early morning, one mid-morning, and one early afternoon. Candidates are randomly assigned to one of the start times and notified of their start time in the Candidate Entry Package, emailed at least two weeks prior to the examination date. Once assigned, start times cannot be changed for any reason.

Candidates can expect to be at the OSCE site for approximately six hours, as the schedule changes slightly from one administration to the next, depending on the number of candidates being examined. The schedule below provides an approximate breakdown of how the time is spent:

- 1 to 1.5 hours: Registration and Orientation (light snacks and refreshments provided)
- 2 hours: Exam Round 1
- 30 to 45 mins: Break (light snacks and refreshments provided)
- 2 hours: Exam Round 2
- 10 mins: Sign Out and Departure

REGISTRATION

When you arrive at the examination you will be required to register and sign in. You will be provided with the following:

- Identification badge
- Candidate Notebook
- Identification stickers

Following registration, there will be an examination day orientation session for candidates.

Candidates are encouraged to use the washroom following the orientation session or at the break, as there is no additional time to use the washroom during the examination session.

The identification badge will include your picture, identification number and starting station for the examination. All candidates are required to wear identification badges for the entire time they are at the examination venue.

CANDIDATE NOTEBOOK

The notebook is for you to write notes during the examination. You may not open or write in the notebook until instructed to do so by staff. On the back cover of the notebook is a list of diagnostic tests that would count as one answer for the purpose of the OSCE. You are not limited to the diagnostic tests listed in the notebook.

During the orientation, you will be provided with pencils to start writing in your notebook. You will have approximately 10 minutes uninterrupted to write in your book. At the end of the orientation, you will be escorted to your starting track to begin the examination. During the break, you may request a second notebook and begin writing in it immediately.

The notebook(s) must be returned intact when the examination is over. The notebook is not a part of the examination and any notes made in the book are not reviewed or assessed in any manner. The notebook is destroyed at the end of the examination.

IDENTIFICATION STICKERS

The station checklists and PEP sheets are identified by identification stickers. When you register for the exam you will be given a sheet of candidate identification stickers. The identification number on the sticker is the same as the identification number on your entry certificate, identification badge, and notebook.

At each interactive station door there is a reminder of how many candidate identification stickers are required at the station. You may want to prepare the correct number of stickers when standing at the encounter door to easily hand to the examiner when you enter the station. Do not prepare more than the required number of stickers for each station. When you enter the station, you must give the correct number of identification stickers to the examiner:

- For couplet stations, you need two stickers and should place them on your hand or wrist before entering the station. When you enter a station, you extend your hand to the examiner who will remove the stickers. One sticker is for the station checklist, the other for the PEP sheet. At the end of the five minutes, the examiner will give you the PEP sheet with the identification sticker already attached.
- For ten-minute stations, you provide only one sticker to the examiner in the same manner as for the couplet stations. (There is no PEP sheet used in these stations).

If you drop any stickers on the ground, please do not pick them up, support staff will clean them up for you.

OSCE support staff will escort you to the correct locations and ensure that you proceed through the examination in the correct order. Focus your attention on the examination stations and allow the support staff to direct you as necessary during the examination.

INSTRUCTIONS FOR CANDIDATE

The instructions for each station are posted beside the door to the station room. These instructions always include the patient's name, age, and presenting problem. In some stations, additional information, such as history documentation, clinical information, physical exam findings, laboratory results and other diagnostic test results, may be posted with the Instructions for Candidate. You are not required to memorize any documentation that is provided in this manner. The Instructions for Candidate and any additional information is also available in the encounter room with the patient. If you need to refer to the documentation inside the station and do not see it, the examiner can point it out to you. These pages are laminated to prevent anyone from writing on or marking the documentation. Any notes that you wish to make should be made in your notebook.

It is very important that you follow the instructions given for the station (e.g., obtain a brief, focused and relevant history; complete a focused and relevant physical exam; counsel and provide information; develop a management plan [plan of care] with the patient) as credit is only given for those actions that are specified to be done. Use your notebook to highlight your task and jot down any tips that might assist you in your designated task.

Greet the patient and introduce yourself when you enter the room.

CONSENT

Unless the instructions or the patients state otherwise, you can assume that you have consent for the interaction and intervention with the patient.

CONFIDENTIALITY

If in a real situation, it would be expected that confidentiality or other provisos (as per Standards of Practice, Code of Ethics for Registered Nurses and legislative requirements), would be discussed with the patient, then the same expectation would apply to the examination situation.

HAND WASHING

Hand sanitizer is available in each client interactive station and it is expected that you apply it prior to initiating contact with a standardized patient. You will not be penalized if you forget. For the safety and protection of standardized patients, the examiner may remind you to use the hand sanitizer if you do forget.

PHYSICAL EXAMINATION STATIONS

Physical examination stations require a slightly different approach than history taking, counseling or management stations. You must explain what you are doing and describe all normal and abnormal findings. The examiner will, if required, remind you during the station to explain what you are doing. An examiner cannot give credit for observing a patient for pallor, posture or respiratory rate unless you describe what you are observing for. The examiner is not allowed to speculate that you are looking for pallor, posture, etc. Credit cannot be given for positive or negative findings unless you report what you have found. In some stations, the examiner may be directed to provide you with information or results. For example, the examiner may be directed to give clinical findings. However, the examiner cannot do so until you have initiated the maneuver. In physical examination scenarios, it is acceptable to **explain** what you are doing and **describe** your findings as you complete the physical examination; however, patients' concerns and questions should not be ignored.

In physical examination stations **you are given only the equipment that is needed to perform the maneuvers which are awarded credit on the checklist**. The following list is an example of the type of equipment that may be included in a physical exam station. Note that this is not an exhaustive list, nor will each piece of equipment be in each physical examination station:

- Sensation kit
- Reflex Hammer
- Tongue Depressor
- Penlight
- Ophthalmoscope (on the wall of the clinic room)
- Otoscope (on the wall of the clinic room)
- BP Unit

If you feel that there is a piece of equipment missing, tell the examiner what equipment you want and what you would use it for.

PELVIC/RECTAL/BREAST EXAMINATIONS

Candidates are not to carry out any pelvic, rectal or breast examinations on patients. This is out of respect for the standardized patient and due to the short time allocated for each station. You are expected to inform the examiner if you feel such an examination is appropriate. If there are relevant findings from the proposed examination, the examiner will provide these to you.

COUPLET STATIONS – PEP QUESTIONS AND ANSWERS

The PEP questions relate directly to the encounter that you have just had with the patient. In these questions, you may be expected to determine a diagnosis, identify diagnostic tests, interpret diagnostic results, develop a management plan (plan of care), write an appropriate prescription, describe what you would write in a referral letter, or answer other questions pertinent to the scenario. In all cases, the written questions will give direction as to what is expected.

Key points to remember for the written stations:

- Read the questions carefully.
- Print or write your responses neatly, as credit can only be given for legible responses.
- Record only one response on each line provided; only the first response on each line is scored.
- Be specific in your responses.
- If the question states a specific number of responses (e.g., three) and you have provided more responses than requested, only the corresponding number of responses will be scored (e.g., first three responses).
- Be brief. Use single word, short phrase or point form answers.
- If you change your mind, erase or cross out the answer completely.
- Common abbreviations and acronyms are accepted and will be marked. If unsure about an abbreviation or acronym, write it out in full so that the marker understands what is meant.
- If the question refers to materials in the station (e.g., X-ray, physical finding, lab results), be sure to locate this information in the PEP station to help you answer the question(s).
- If the question requires you to write an appropriate prescription, turn the PEP sheet over to locate the prescription template on the back. An example of the prescription template will be provided to you in the orientation materials sent prior to the examination. You may be provided with a resource to help you write the prescription. If so, it is expected that you will write out the actual prescription based on the reference provided.

The written PEP sheets are to be left in the PEP room when completed and will be collected by examination staff immediately and brought to a central record keeping area.

END OF EXAMINATION PROCEDURES

At the end of the examination, the following procedures will be followed:

1. Candidates are required to sign out with the registration staff.
2. Identification badge must be returned.

3. Notebook is returned intact. It will be checked for missing pages or portions of pages. The notebook is not read and will be destroyed.
4. Unused stickers must be returned.
5. If you feel that you were affected by an incident that may have prevented a fair, impartial, balanced, objective and/or uninterrupted administration of the OSCE, you must report it to BCCNM staff prior to exiting the examination site.

At the end of the examination, you must remain at the examination site until all examination paperwork has been collected and accounted for. This is to protect both the candidates and the security of the examination materials. Examination papers are collected continually during the examination process to prevent any unnecessary delays in the releasing of candidates after the examination. In some instances, you may be required to remain in a break room for a short period of time prior to exiting the exam building.

CANDIDATE FEEDBACK

You're encouraged to provide feedback on the clinical examination by responding to the *Candidate Feedback Survey*. BCCNM emails the survey to all candidates within three days of completing the examination.

CONFIDENTIALITY AND SECURITY OF EXAMINATION MATERIAL

Receiving or giving information about the clinical stations used in the nurse practitioner clinical examination is a breach of confidentiality. Candidates do a disservice to their colleagues by sharing content that may not appear, or may be subtly different, from one exam to the next. Candidates are subject to the conditions set out in the Candidate's Confidentiality Agreement which must be signed before taking the examination. These rules apply before, during and after the examination. Any candidate found to be breaching these rules is subject to the disciplinary measures of BCCNM and maybe ineligible for registration in British Columbia.

BCCNM has strict security measures in place to protect all examination materials during all phases of development and administration. This includes the development and review of materials, reproduction, transportation, presentation and disposal of examination materials. This is to eliminate unfair advantages among candidates and to avoid the high cost, both human and financial, of replacing examination material should examination security be breached.

The rest of this document contains information to assist candidates in preparing for the examination.

Preparing for the OSCE¹

The OSCE content is structured around the following BCCNM documents, available on the BCCNM website:

- *Applying the Competencies Required for Nurse Practitioners in British Columbia* outlines the knowledge and clinical skills required for initial registration as a nurse practitioner in British Columbia.
- *Scope of Practice for Nurse Practitioners (Family, Adult or Pediatric): Standards, Limits and Conditions* includes the standards, limits and conditions specific to the scope of nurse practitioner practice (family, adult or pediatric) for: diagnosing (including ordering diagnostic services and providing or performing treatments and interventions); prescribing and dispensing medications; and physician consultation and referral.
- *The Nurse Practitioner (Family, Adult, or Pediatric) OSCE Blueprint* outlines the essential elements covered in the nurse practitioner OSCE.

You may also want to consider accessing other OSCE resources that may be based on other models (i.e., medical), but provide a variety of scenarios that can be adapted to fit within the nurse practitioner scope of practice. These resources can help you practice timed assessments, physical examinations, counselling and documentation. The following are **examples** of appropriate clinical skills practice resources, but keep in mind these are provided as examples only and this list is not exhaustive:

- Reteguiz, Jo-Ann. (2005). *Mastering the USMLE Step 2 CS (Clinical Skills Examination)* (3rd.ed.). New York: McGraw-Hill.
- Le, T. (2017). *First Aid for the USMLE step 2 CS: [clinical skills]* (6th.ed.). New York: McGraw- Hill.
- Hurley, Katrina F. (2011). *OSCE and Clinical Skills Handbook* (2nd. ed.). Toronto: Elsevier Canada.

OSCE SCENARIOS

The OSCE is based on common or critical patient presentations you will encounter as a nurse practitioner. To prepare, think about situations you would regularly encounter in practice. Practice scenarios in all the required clinical practice areas: growth and development; respiratory; cardiovascular; neurology; gastrointestinal; genito-urinary renal; gynecology and reproduction (and pregnancy for family exam); ear, nose and throat; musculoskeletal; dermatology; endocrine; immunology; mental health; ophthalmology; and community health.

¹ This section is based on the following two documents:

1. Orientation Resource for the Physiotherapy Competency Examination (2005 edition) – Canadian Alliance of Physiotherapy Regulators.
2. Information Pamphlet on the Medical Council of Canada, Qualifying Examination Part II (MCCQE Part II), 2004 – Medical Council of Canada.

Remember, the examination will cover all age groups within nurse practitioner practice (family, adult, or pediatric) and could cover any of the common diseases, disorders or conditions that are within the scope of practice for nurse practitioners in British Columbia. You must also be able to identify if a condition is beyond the nurse practitioner scope of practice. Refer to BCCNM's Examples of Diseases, Disorders and Conditions Commonly Managed by an Entry-Level (Family, Adult or Pediatric) Nurse Practitioner, keeping in mind that the list of examples is not exhaustive. These can be found in the Appendix of the *Applying the Competencies* document.

To prepare, pick a common presenting symptom or clinical situation and practise taking histories, completing physical examinations, developing differential diagnoses, management plans (plan of care) and counseling skills. Time yourself. Be honest in assessing your own knowledge; identify your strong and weak areas. Review and practice those skills you feel you need more help with.

Instructions for candidate

The *Instructions for Candidate* will focus on four tasks:

- Obtain a brief, focused and relevant history.
- Complete a focused and relevant physical examination.
- Develop a management plan (plan of care) with the patient.
- Counsel and provide information.

Interactive stations may have one instruction, or a combination of two or more instructions. The stations are designed to provide you with enough time to complete all instructions.

During the two-minute reading time, **focus** on the task (instructions) you are being asked to do. Read the task first, then read the clinical information provided. Use your notebook to highlight your task and jot down any tips that might assist you in your designated task. Take a deep breath and then go back and re-read the instructions.

Remember, you will only receive marks for doing what the instructions ask for. Doing extra or other things that were not asked for does not give you extra marks on the scenario.

If there is additional information next to the Instructions for Candidate, review this information prior to entering the room. This information is designed to help you focus on the clinical skills you will need to demonstrate.

Remember, the Instructions for Candidate and any additional information are available in the room. You can refresh your memory by re-reading the instructions or additional information at any time during your interaction with the patient.

You may encounter scenarios that involve the examiner asking you oral questions during the scenario. If this is the case, it will be stated in the Instructions for Candidate and include some direction as to what the examiner will ask you.

To prepare, practice with a buddy by reading the instructions for scenarios in a clinical skills practice resource. Time yourself to two minutes.

After two minutes, the buzzer will sound. You will enter the room and give your sticker(s) to the examiner. Greet the patient(s) and give your name.

“OBTAIN A BRIEF, FOCUSED AND RELEVANT HISTORY”

If the task is taking a history, do a focused history. The patient will only provide you with information related to the questions you ask.

Use both open-ended and closed-ended questions. However, if you ask an open-ended question, “Do you have a history of any medical problems?” and the standardized patient responds “Like what,” then you need to probe deeper into specific areas. The case is often written to evaluate whether you know to ask very specific questions regarding the particular presenting complaint. If you ask a series of questions in one statement, the standardized patient may only reply to one part of the question.

Do a complete symptom analysis, including location, character or quality, quantity or severity, timing (onset, duration and frequency), setting, aggravating or relieving factors, associated factors, and the patient’s perception of the presenting symptom.

Do a review of systems related to the presenting complaint.

Explore the patient’s relevant past history, family history, allergies, medication use and social history (occupation, social status, smoking history, alcohol, illicit drug use).

Be respectful and empathetic.

Summarize and repeat back to the patient your understanding of the complaint.

To prepare, work with a buddy, pick a symptom and practice doing a timed focused history. Refer to a clinical skills practice resource and practice cases that emphasize history taking. Use the check lists to evaluate your skills. Review any gaps in your knowledge and skills and continue to time your practice.

“COMPLETE A FOCUSED AND RELEVANT PHYSICAL EXAMINATION”

If the task is a physical examination, do a focused relevant physical examination based on the information provided.

Examine only those systems that are relevant to the clinical concern.

The focus of the physical examination should be determined by the need to make a differential diagnosis.

Base your examination on the clinical information provided to you and whatever findings (or lack of findings) you discover during the examination.

Explain to the examiner and the patient what you are doing and what you are finding. Remember, if you do not verbalize what you are doing and finding, the examiner cannot assume what you are examining, and you will not get credit for what you are doing and finding.

The examiner will provide you with any pertinent findings based only on what you are describing. Always include and verbalize in your examination – inspection, palpation, percussion and auscultation. You will receive credit for correctly performing a clinical skill.

Demonstrate respect for the patient by only exposing the area you are examining. You will not be required to demonstrate breast, vaginal, rectal or genital examinations, but must verbalize that you would perform such an examination if you think it would be appropriate in the scenario.

To prepare, work with a buddy, pick a body system and practice doing a timed focused physical examination. Refer to a clinical skills practice resource and practice cases that emphasize physical examination. Use the check lists to evaluate your skills. Review any gaps in your knowledge and skills and continue to time your practice.

If the task requires a combination of a brief, focused history and a relevant physical examination, remember this assessment was designed to be completed in the time allowed. Focus on obtaining information that is specifically relevant to the patient's clinical concern.

“COUNSEL AND PROVIDE INFORMATION”

If the task is to counsel and provide information, you will get credit for encouraging the patient to describe his or her situation, feelings, concerns, attitudes, the meaning of the patient's health/illness experiences, and the impact on his or her daily living. This may include asking additional questions to elicit information, which may help direct your counselling or coaching.

Be empathetic. Express concern and use both open- and closed-ended questions to elicit understanding of the patient's perception of the situation.

Provide information and make recommendations that are relevant, current, evidence-based and in language that the patient understands.

Encourage patient participation in decision-making.

Have the patient repeat back to you his or her understanding of the information provided.

To prepare, consider common counseling issues and education situations you have encountered in practice. Remember to think about issues in all age ranges within the family, adult, or pediatric scope of practice. Practise these scenarios with a buddy. Time yourself and practise, practise, practise.

“DEVELOP A MANAGEMENT PLAN (PLAN OF CARE) WITH THE PATIENT”

If the task is to develop a management plan (plan of care), you will get credit for eliciting key information regarding the patient's problem or concern, the patient's perception of the issue and the impact of the problem or concern on the patient's daily living.

Demonstrate how you establish priorities with the patient based on your interaction with the patient and other information provided to you in the scenario.

Safety is paramount and your management plan should reflect recognition of and response to any identified urgent or emergent health needs.

Your management plan should take into account any acute or chronic disease states, the patient's health risks and the patient's choices or decisions.

Negotiate with the patient and be realistic.

Present the plan of care to the patient and include the benefits and risks of the plan of care and possible alternative approaches.

Your plan may include providing information and making recommendations, ordering investigations, prescribing medications, referring to another care provider, and follow-up. Remember to elicit the patient's understanding of the management plan and their consent to implement the plan.

To prepare, consider common management situations you have encountered in practice. Remember to think about issues in all age ranges within the family, adult, or pediatric scope of practice. Think about common chronic and acute conditions you have managed. Practice these scenarios with a buddy. Time yourself. Identify the emergent health needs or red flags and think about how you would manage these, and practice, practice, practice.

WRITTEN STATIONS

When you are in the couplet stations, you have a five-minute encounter with a standardized patient (interactive station) followed by five minutes of written follow-up (Post-Encounter Probe or PEP).

When you hear the buzzer to end the five-minute interaction, move to the written station. As you exit the encounter room, the examiner will give you the PEP sheet. During the two-minute transit/reading period you may read the PEP questions. You cannot write on the PEP sheet until the two-minute reading period is over and you have entered the written station. You can write in your notebook during the two-minute reading time. Focus on what you are being asked to do.

Any clinical information obtained during the patient encounter that is relevant to the PEP questions will be provided to you both at the door to the encounter room, as well as on the table inside the room. If there is no relevant clinical information, there will be nothing posted at the door or on the table.

Enter the written station at the buzzer, sit down and begin writing. Short, brief, legible answers are the expectation here – one answer per line. If the question states that a particular number of responses are required (e.g., three), then you will be given credit for your first three answers. If you put down more than three answers, the marker will only mark the first three answers unless you draw a line through the answers you don't want marked. Check to make sure that you have crossed out the answers you don't want included.

You may be asked to provide differential diagnoses, develop a management plan, order or interpret diagnostic tests, document your findings, identify what information you would write in a referral letter, write a prescription, or answer pertinent questions about the patient's diagnosis or concern.

The focus is on safe introductory practice, so the tasks you will be asked about are those you commonly perform in practice.

Remember:

- Refer to the back page of your notebook for a list of diagnostic tests, keeping in mind that the list is not exhaustive.
- If asked to write a prescription, there is a template on the back page of the PEP sheet with the patient name, PHN, date, prescriber number and signature. Refer to the NP Scope of Practice for prescription writing expectations. If you are given a resource, you are expected to use it to write prescription in full as you would for a real patient. If you are not provided with a resource, you do not need to write the specific drug name; it is sufficient to indicate the drug classification and appropriate reference guide.
- Refer to the NP Scope of Practice for standards pertaining to referrals and consultation.

To prepare, work with a buddy and refer to a clinical skills practice resource. Use the cases to practice developing differential diagnoses, your management plan development, ordering diagnostic tests, documenting your findings, and writing referral letters and prescriptions. Access resources to help you practice interpreting ECGs, X-rays or other tests you might commonly encounter in practice. Time yourself to five minutes. Use the check lists to evaluate your skills. Review any gaps in your knowledge and skills and continue to time your practice.

Throughout the OSCE, examiners will be evaluating your ability to recognize and respond to any urgent or emergent issues that may affect the provision of safe care for the patient. Be sure to identify and respond to these at any of the stations.

The table below may assist you in identifying the primary areas of competence (from the *Competencies Required for Nurse Practitioners in British Columbia*) and link these to the examination's clinical skills domains.

Domain	Primary Areas of Competence <i>(may be included in a scenario if applicable)</i>
Obtains a brief, focused and relevant history	IB
Counsel and provide information	IC, ID, IF, IV
Develop management plan	ID, IE, IF
Complete a focused and relevant physical examination	IB
Diagnose and Manage	IB, IC, ID, IE, IF

Strategies for taking the clinical examination

Being evaluated by a nurse practitioner examiner represents a very different type of examination. Considering the following points when preparing for the Clinical Examination may help you to improve your performance.

HAVE AN EXAMINATION DAY PLAN

Spend some time making a plan for the day of the clinical examination; things may go more smoothly if you do this. This is the approach used by high-level performers in event-based endeavors. Use the OSCE orientation materials to develop a mental picture of the exam. Then visualize a step-by-step plan in your mind. By the time the day arrives, the plan helps direct the day, allowing you to perform at your best. Consider downhill skiers going over the slalom course in their minds and then racing down the hill, letting their mental preparation and skill get them to the end of the run. You too can use this strategy to your benefit.

CONSIDER ALL INSTRUCTIONS CAREFULLY

- Pay attention to verbal instructions during the orientation and the examination.
- Read the Instructions for Candidate slowly – then re-read them. If you need to refresh your memory, there is a copy provided inside the room. The two copies of the instructions and any additional information provided are identical.
- Use the notebook provided as much as you need. Make note of what you want to do or know in the station. Focus your clinical notes around that task. The contents of your notebook will not be read and will not in any way be used to score your exam. Notebooks are destroyed after the examination.

FOCUS ON THE PATIENT AND THE TASK(S) AT HAND

- Do only what is asked for in the Instructions for Candidate.
- Upon entering a station, take note of the environment – the patient's position, the patient's appearance, and the available tools – before beginning the interaction.
- In history taking, counseling and management stations, attend to the patient, not the examiner.
- Patients will not volunteer information about specific symptoms unless specifically asked.
- Not listening carefully to patients or assuming what their answers will be means that you will miss critical information. If the patient's answer is not clear and the issue is important, then re-phrase the question or explore the point a bit further.

- Be efficient in getting to the required task(s), but do not exclude your professional courtesies of introducing yourself or explaining briefly why you need to ask a difficult question or conduct an examination maneuver.
- If the instructions say "describe to the examiner . . ." you must tell the examiner what you are doing, observing or assessing in order to receive credit. Remember, the examiner does not know what you are thinking.
- If you need to refresh your memory, or feel you are getting lost or confused in a station, stop, re-read the question, and then carry on. This is not only acceptable, but expected professional behaviour and time well spent.
- Remember, safety of the patient (and of yourself) is of prime concern. Ask yourself if your actions are safe.
- Do not leave a patient in an unsafe position.
- Reflect not only on the precautions and contraindications to given interventions, but also on common sense considerations (e.g., ask how the patient is feeling; check to ensure you are examining the correct body parts and on the correct side).
- The examiner may ask you to re-read the Instructions for Candidate if he or she believes you have misunderstood the question. This is to ensure that you do not spend time doing the wrong thing in a station (e.g., taking a history in a physical examination station). If the examiner asks you to re-read the question, stop what you are doing, re-read the Instructions for Candidate and consider what you are doing before resuming the task. The examiner can only do this once.
- In physical examination scenarios, the examiner may ask you to explain what you are doing and describe your findings. This is done to assist you to receive credit for parts of your physical exam that you may not normally verbalize in a real patient situation. The examiner cannot speculate what you are doing. The examiner may ask you this more than once in the scenario if he or she feels that you may have forgotten to verbalize what you are doing and your findings.
- Due to the inability of the standardized patient to portray all types of physical findings, (e.g., abnormal chest sounds on auscultation), the examiner may have physical exam findings that will be given to you following your completion of certain examination procedures. These findings, if the examiner provides them, should be used to guide your approach to further clinical examination of the patient. If these verbalized findings are relevant for the written questions relating to this patient, then these findings will be provided in written form in the written question station.
- The stations are designed to be completed in the time allotted, so ensure your practice is always timed in order to train yourself to sense how your time in the station is going.

Remember, all candidates face the same challenge. If you keep running short of time in practice sessions, your physical exam may be too generic and thorough for the patient problem or you may be asking more questions than are necessary. Remember, your approach should be based on the clinical problem and its possible causes. Are you asking too many questions of the wrong type? Are you making the patient move around too much? Are you explaining too much?

STAY RELAXED

- Work methodically and systematically.
- Take your time.
- If you feel you have not performed well in one station, put it behind you and focus on the next station. All candidates can experience trouble in one or more stations.
- Consciously relax! Before or upon entering each station, take a deep breath and lower your shoulders as you exhale.
- Interact with all standardized patients as if they were real patients.
- Ignore what the examiner is doing. You have no way of knowing how you are doing from how much the examiner is marking or not marking the checklist. Some checklists have many rating scale items that cannot be marked until after you leave the room.

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