How to maintain equity and objectivity in assessing the communication skills in a large group of student nurses during a long examination session, using the Objective Structured Clinical Examination (OSCE)

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SUMMARY

Background: While development, testing, and innovation of the Objective Structured Clinical Examination (OSCE) are common in the international literature, studies from the United States of America (USA), Australia, and the United Kingdom (UK) predominate. There is little known about OSCE use in European countries, such as Italy, where other than cost analysis, there is little reporting of OSCE use or validation.

Objectives: This paper reports on one Italian initiative, which evaluated the equity and objectivity of the OSCE method of assessing communication skills.

Design: An OSCE method was used to assess the communication skills of first-year students of the Degree Course in Nursing. A method of simulation was implemented through role-playing with standardized patients. An observational method was used to collect data.

Participants and settings: Four hundred and twenty-one first-year undergraduate nursing students at one university site in Italy took part.

Methods: Ten examination sessions were carried out. The students’ performances were assessed by two examiners who used a structured observation grid and conducted their assessment separately. A situation simulated by four nurses with experience as actors was used as the topic for the students’ examination.

Results: Calculation of the daily rate of students who passed the examination revealed a random distribution over time. The nonparametric correlation indexes referring to the assessments and to the scores assigned by the two examiners proved statistically significant (P ≤ 0.001).

Conclusions: The study confirmed the validity of the OSCE method in ensuring equity and objectivity of communication skills assessment in a large population of nursing students for the purpose of certification throughout the duration of the examination. This has important implications for nurse education and practice as the extent to which OSCE approaches, while deemed objective, are culturally sensitive or valid and reliable across cultures is not clear. This is something that requires further research and examination in this field.

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Introduction

Assessment of clinical skills using the Objective Structured Clinical Examination (OSCE) or the Objective Structured Clinical Assessment (OSCA) (Stunden et al., 2015) is an accepted method of assessment for nursing students that is both valid and reliable (Selim et al., 2012). Internationally, while there has been debate within the literature on the best method of approaching the assessment of nursing students’ clinical skills competence in advance of and in preparation for their time of practice in the clinical area (Pangaro and Ten Cate, 2013), there is widespread agreement that the choice of assessment needs to closely match the learning objectives for the program (Guilbert, 1990). However, there is often incongruence between learning objectives, teaching methods (James and Pollard, 2011), and the way that learning is assessed (Johnston-Hanson, 2012; Allen, 2006). At the same time, it has been emphasized that careful choice and adequate matching of assessment methods is a fundamental ingredient of successful nurse...
education processes (Ličen and Plazar, 2015; Hurtubise and Roman, 2014; Byrne and Smyth, 2008).

The need to prepare nursing students for real-life situations without exposing them to patients during the novice phase has become increasingly important over the past 20 years. This is in response to the increasing theoretical hours of many nurse education programs internationally and increasing alignment with or complete movement into the university sector. The learning “on the job,” a feature of traditional programs, where students had a short training period and then learned many of the required skills on the clinical area, often “working in the dark” (Stakelum, 2006: 116) has lessened significantly with the advent of graduate education for nurses in many counties internationally. This gradual development represents an incredible historical shift in nurse education and practice. It is not surprising therefore that OSCE, an approach used commonly in medicine, was adopted by the nursing profession (Selim et al., 2012) to address both the clinical skills requirements and the “gap” that nursing students had long experienced between what they learned in the classroom and that experienced on practice (Monahan, 2015; Stakelum, 2006). While deemed costly (Palese et al., 2012) and anxiety provoking (Stunden et al., 2015), the OSCE is a principal method of assessment of nursing students’ clinical skills internationally.

At the same time, the OSCE’s predominant use is for the assessment and measurement of nursing students’ clinical skill performance, with much less focus on the measurement of the affective domains of practice, such as communication skills (Selim et al., 2012).

A search of published literature was undertaken between May and August 2015 using databases that are recognized as containing extensive health, nursing, and education references including CINAHL, ProQuest Central, Scopus, PubMed, and Health Collection. The search included the following terms: “OSCE,” “objective structured clinical evaluation,” “communication skills,” “health professional,” “reliability,” “equity,” “objectivity,” “culture,” using Boolean operators “OR,” and “AND.”

From this search of the literature, it emerged that the use of the OSCE method is common in the international literature (Stunden et al., 2015; Jeffrey et al., 2014) and studies from the United States of America (USA), Australia, and the United Kingdom (UK) predominate (Stunden et al., 2015). As such, little is known about the use of OSCE in European countries such as Italy, where other than Palese et al.’s (2012) important analysis of its cost, there is little reporting of OSCE use or validation. This has important implications for nurse education and practice as the extent to which OSCE approaches are culturally sensitive or valid and reliable across cultures is not clear. There was almost no reference to the cultural sensitivity of OSCE assessment in other recent letters and commentaries in the journal Medical Education (Stegers-Jager and Themmen, 2015; Mohammad and Mohammed, 2013) highlighting anecdotal student-related cultural issues with medical assessments. Students who are culturally diverse often do not perform as well as those from the dominant culture, which poses the question as to whether or not there is inherent bias in culturally determined assessment however objective they may be (Stegers-Jager and Themmen, 2015; Mohammad and Mohammed, 2013).

This paper reports on one Italian initiative that evaluated the equity and objectivity of the OSCE method of assessing clinical learning at one university site. Importantly, this assessment concerned specific examination of nursing students’ communication skills, an approach reported infrequently in the medical literature (Collins et al., 2011), which receives little attention in the nurse education literature. Furthermore, the importance of communication skills for nursing students and the need for increased practical assessment in this area are gaining impetus in the international literature (Kajander-Unkuri et al., 2013) since better communication skills have been found to improve patient safety (Barnsteiner et al., 2007). Overall, there is little exploration or validation of OSCE tools to measure this aspect of nursing competence.

**Background**

A recent review of the literature on the competence requirements of nursing students in Europe highlighted eight fundamental categories of skills, one of which concerns “communicative and interpersonal skills” (Kajander-Unkuri et al., 2013:625). Effective communication between the nurse and the patient is essential in order to provide quality care for the patient–family unit (Zavertnik et al., 2010). Studies conducted in Canada (Canadian Patient Safety Institute, 2011) and Australia (Cooper et al., 2010) demonstrated that communication problems impact negatively on both working procedures and patient safety (Bagnasco et al., 2013). Several reports have pointed to the organizational culture and communication barriers within the work team (Mujumdar and Santos, 2014) as the cause of events that are harmful to the patient (Zwarenstein et al., 2009). Indeed, several studies have shown that a significant percentage of adverse events in healthcare settings are caused by problems related to the use of communication skills (Rider et al., 2006). In fact, communication skills combine with cognitive and social skills to complete technical competence, and as such they are indispensable to the provision of safe and efficient care (Hoggood et al., 2010). In the international literature, numerous studies have reported that the application of the Objective Structured Clinical Evaluation (OSCE) methodology in the assessment of training and the certification of clinical and communication skills is a guarantee of objectivity (Laidlaw et al., 2014; Barry et al., 2013; Smith et al., 2012; McClelland and Botwinski, 2012; Kirton and Kravitz, 2011) and equity (Nazeri et al., 2014; Byrne and Smyth, 2008). Some studies have described the use of the OSCE methodology in the certification of large numbers of students belonging to healthcare professions (Newbey, 2004).

The OSCE method of evaluation has proved to be particularly effective when basic performance is tested within a framework of three domains—cognitive, affective, and psychomotor (Rushforth, 2007; Newbey, 2004). During OSCE, equity is guaranteed through the assessment of student performance on the same skills and at the same level of difficulty (Byrne and Smyth, 2008).

OSCE is a method of assessment that enables communicative skills to be measured on the basis of the performances displayed by the students over a range of clinical behaviors with standardized patients. The prime objective is to assess the student’s ability to implement theoretical knowledge in a simulated practical situation (McWilliam and Botwinski, 2010). As pointed out by Patrick (1992), simulation proves to be a method of training that can represent lifelike clinical scenarios and integrate them into an effective training environment.

The OSCE examination is conducted in settings that are equipped to measure a set of clinical skills in a realistic manner through simulated clinical scenarios involving standardized patients. While the measurement of nontechnical skills has been the subject of much debate (Mortsier et al., 2014; Han et al., 2014; Dwyer et al., 2014; Sola Pola et al., 2011; Yudkowsky et al., 2006), the use of standardized patients and scales of observation (Falcone et al., 2014; Duffy et al., 2004) for the assessment of communication skills (Yudkowsky et al., 2006) has shown to be effective. An OSCE examination that is well planned and implemented can assess students’ clinical and interpersonal skills, their problem-solving skills, their therapeutic training, and their ability to apply basic clinical knowledge (McWilliam and Botwinski, 2010).

The aim of the present study was to evaluate the equity and objectiveness of the OSCE method in assessing clinical learning with regard to communication skills in a large number of students. By communicating skills, we mean effective and efficient interaction not only with patients, but also with their relatives and the multi-professional staff (Grilo et al., 2014).
Methods

Sample

An OSCE methodology was used to assess the communication skills of a cohort of first-year students \( (n = 421) \) attending a nursing bachelor’s program at the University of Genoa in 2014. The students came from the eight nursing education centers of the University of Genoa, located in various towns of the Liguria Region, and distributed as follows: Center A 19%, Center B 12%, Center C 14%, Center D 10%, Center E 14%, Center F 17%, Center G 7%, and Center H 7%. The sample included all those who signed up for the OSCE examination, which involved ten examination sessions conducted in 15 days.

Ethics/Permissions

The research protocol was approved by the Education and Research Commission of the University of Genoa. All the students and examiners were informed about the aims of the research and in what way the collected data would have been handled and processed. Students and examiners took part in this study on a voluntary basis and completed a specific consent form. No researcher was part of the examining team to avoid impact on implicit pressure of students to participate. In the consent form, it was clearly stated that the decision to not participate in this study would not have influenced in any way either the opportunity to take their exams or the examination process or results, ensuring the confidentiality of such information. In the event someone did not wish to participate, their data would not be used for research purposes. All the collected data were coded so that they could not reveal the participants’ identity.

Data Collection

During the students’ examinations, data were collected using an assessment sheet containing a validated observation grid. All the data regarding the marks and the scores given by the two examiners to each student were entered into a specifically designed database and analysed by our researchers.

The Setting

An examination environment was specially designed, which faithfully reproduced the characteristics of a room in a hospital ward. The recently opened Center for Advanced Simulation at the University of Genoa conducts regular multidisciplinary skills workshops and examines nursing students using OSCE approaches. Advanced medical simulation centers provide the ideal setting for the implementation of gestural or communication workshops integrated in the educational program of healthcare professionals (Cristancho et al., 2012). Lifelike simulation offers students the possibility to learn and develop their communicative skills and self-confidence without the fear of compromising the safety of patients (Lewis et al., 2012). Moreover, the opportunity to audio-video record student performance, which is part of this facility, was extremely useful for the purposes of both training and certification (Maloney et al., 2013). The students’ assessments were recorded using the audiovisual recording, and everything happening in the examination room was viewed in real time on a screen, in a separate area partitioned off from the main assessment area.

Role-Play

During the OSCE, the method of simulation was implemented through role-playing with several real-life mock patients. Each mock patient could choose from a series of eight specifically prepared standard scenarios (Oza et al., 2014; Rushforth, 2007). The role of the patient was played out on a voluntary basis by nurses who worked in the hospital, but who also had a good experience as actors (Kurz et al., 2009). Their clinical experience enabled them to stage lifelike scenarios based on their clinical experience. A clinical setting was faithfully reproduced in detail. These mock patients were asked to wear pyjamas, while the students were required to wear the uniform normally worn during clinical activities.

Eight scenarios were used to examine the students. The scenarios were randomly assigned to each student who did not know about the scenario in advance. All the nurse actors were prepared to play out any of the eight scenarios. The scenarios focused on the phases of information and communication with patients undergoing diuresis monitoring and subjects with problems of mobility, hygiene, alimentation, hydration, and arterial hypertension. The scripts contained a section devoted to the learning objectives and, in particular, to the behaviors expected from the student during interaction with the patient. The scripts related closely with the core competence requirements for each skill, such as the ability to collect data, identify the patient’s needs and the main problems of nursing care and provide appropriate health care responses. However, there was a special focus on communication skills, as this was the principal competence requirement for the purposes of this OSCE.

The central section of the script contained the patient’s history and his/her main health problems; it also contained information volunteered spontaneously by the mock patient and/or provided on request by the student. Moreover, this section left room for the mock patient to ask any questions or bring up any issues that might arise during communication with the student nurse. The final part of the script described the student’s mandate; this specified the objectives to be achieved, the principal information regarding his/her role (first-year students), the context (service unit in which the situation was set), and the clinical aspects reported in the nursing file. The mock patients changed from one examination session to the next, as suggested by the literature, to ensure a sufficient period of rest between simulations (Mc William and Botwinski, 2010) and an adequate performance across all the tests.

The Learning Objectives

The objectives the student was expected to achieve concerned five observable behaviors regarding the communication of relevant information, the use of language appropriate to the patient, checking that the information had been understood, active listening, and reassurance of the individual through advice pertinent to the clinical situation. Student performance was evaluated by means of a validated assessment grid (Guilbert, 1990), which consisted of four variables (i.e., terminology, listening, attention, and clarity), broken down into five levels of expected, observable communicative behaviors. To evaluate communication performance, an assessment grid indicating values between –2 and +2 was used, and a score was attributed to each communicative behavior with respect to the variables in question (Table 1). The variables were described in terms of observable behaviors to render the examiners’ assessments homogeneous.

Assessing Student Performance

The acceptable level of performance (ALP) was set at 2 points, corresponding to a pass mark of 18/30. The maximum possible score was 8 points, corresponding to the top mark of 30/30. The entire examining committee was made up of seven clinical tutors. Examinations were carried out with the presence of two of the seven examiners. For each examination session, there were two examiners who took turns with the other examiners. One examiner was a substitute, in case one of the other examiners could not come. To ensure assessment validity and reliability, all the elements making up the assessment process
During the communication phase, two examiners were present to obtain a double assessment of each student’s performance (Durning et al., 2012; Barthfay, 2004). Each student’s final mark was the arithmetic mean of the assessments expressed by the two examiners. These conditions were maintained throughout all the examination sessions. In line with evidence reported in the literature (Kirton and Kravitz, 2011), each student was examined for 5 min starting from the moment the students had finished receiving instructions about what to do. Many studies report that the duration of each OSCE phase may vary from 5 to 10 min, and also the number of phases may vary. Most of the studies we examined involved a 5-min test for the communication phase (Mitchell et al., 2009). Audio-video recording enabled further monitoring of test times and procedures to ensure that all students were examined for the same amount of time and under the same conditions. Monitoring took place by means of a large screen situated in a room near the examination room.

To ensure that all students were examined in the same way, one of the eight available scripts (i.e., one for each scenario) was randomly used by the actors for the examination of each student. Each student was examined for the same amount of time (i.e., five minutes), and rotating the nurse actors, who played the part of the patients, after each session ensured assessment equity, as claimed by Byrne and Smyth (2008), so that the outcome of the examination would not be negatively affected. In this way, the actors were always fresh and played their role in the best possible way.

### Data Analysis

Descriptive statistics were produced for all variables. Mean and standard deviation (SD) are presented for normally distributed variables, and median and interquartile ranges (IQR) for nonnormally distributed variables, numbers, and percentages for categorical variables. Groups were compared with parametric or nonparametric tests, according to data distribution, for continuous variables, and with Pearson’s \( r^2 \) test (or Fisher’s exact test where appropriate) for categorical variables. Correlation between continuous variables was assessed through Pearson’s or Spearman’s coefficient, according to data distribution. Cohen’s kappa coefficient was used to assess agreement between examiners. The graphical methods of Bland and Altman (1986) were used to assess the level of agreement between the scores assigned by two different examiners and to calculate the limits of agreement (LOA). Cohen’s \( \kappa \) index between the pass marks assigned by the two examiners proved to be 0.989 (95% CI: 0.991–0.996, \( p < 0.001 \)).

For the concordance in the outcome of the examination, Lin’s concordance coefficient (CC) was calculated. The CC of the scores proved to be 0.993 (95% CI: 0.992–0.995, \( p < 0.001 \)).

### Results

All the first-year students of the bachelor’s degree course in nursing undergoing examination for clinical training certification (n = 421) took part in this study. Most of the nursing students were aged between 19 and 33 years, and majority were female. The characteristics of the nursing students are reported in Table 2. Ten examination sessions were conducted. On average, 42 students were examined each day. With regard to the equity of the examinations, calculation of the daily pass rate indicated a random distribution over time. In fact, no rising trend was observed in the exam-passing rate at the end of each examination session.

For the concordance of the scores and of the evaluations assigned by the examiners during the examination, Lin’s concordance coefficient (CC) was calculated. The CC of the scores proved to be 0.993 (95% CI: 0.991–0.996, \( p < 0.001 \)).

### Discussion

The data from this study revealed a high concordance between the OSCE scores assigned by two examiners with regard to communicative skills. The same result also emerged with regard to the assessment (expressed in thirtieths) of the individual performances of the students. These data confirm the assertion of Cant et al. (2013) that the principal

### Table 1

The OSCE evaluation grid.

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Listening</th>
<th>Attention</th>
<th>Clarity</th>
</tr>
</thead>
<tbody>
<tr>
<td>−2</td>
<td>Too detailed—not appropriate</td>
<td>Hears but does not listen</td>
<td>Communication is not clear and information is not precise</td>
</tr>
<tr>
<td>−1</td>
<td>Too detailed--appropriate</td>
<td>Listens but does not re-state</td>
<td>Communication is not clear and information is not precise</td>
</tr>
<tr>
<td>0</td>
<td>Appropriate--Not very precise</td>
<td>Listens and re-states but not always correctly</td>
<td>Communication is not clear and information is not precise</td>
</tr>
<tr>
<td>+1</td>
<td>Appropriate but does not answer questions</td>
<td>Listens and re-states correctly</td>
<td>Information is precise but communication is not always clear</td>
</tr>
<tr>
<td>+2</td>
<td>Answers questions Immediately</td>
<td>Checks whether SP has understood</td>
<td>Information is correctly understood</td>
</tr>
</tbody>
</table>

### Table 2

Sample characteristics.

| Age range         | Males, n (%) | Females, n (%) |
|-------------------|--------------|               |
| 19–23 years       | 72 (45%)     | 111 (43%)     |
| 24–28 years       | 43 (27%)     | 70 (27%)      |
| 29–33 years       | 26 (16%)     | 49 (19%)      |
| ≥34 years         | 19 (12%)     | 31 (12%)      |
| Total             | 160 (40%)    | 261 (60%)     |

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measurement of objectivity and reliability with regard to student performance is based on the agreement between two or more expert examiners. In the present study, the double assessment, made by an internal examiner (from the same training center as the examinees) and an external examiner, favored the objectivity of the assessment. Thus, the presence of several examiners reduced the risk of a biased assessment (Barthfay, 2004).

In Italy, university students’ marks are expressed in thirtieths. In order to pass the exams, they must obtain a mark between a minimum of 18/30, to a maximum of 30/30. Therefore, the OSCE scores considered to be sufficient to pass the exam were transformed into thirtieths, as shown in Fig. 1. Scores considered sufficient to pass the exam were as follows:

- 2 was transformed into 18/30
- 3 was transformed into 20/30
- 4 was transformed into 22/30
- 5 was transformed into 24/30
- 6 was transformed into 26/30
- 7 was transformed into 28/30
- 8 was transformed into 30/30

Fig. 1. Level of agreement between the OSCE scores given by the two examiners to the students’ communication skills using the evaluation grid shown in Table 1. The OSCE Score range was between −8 and +8. In this figure, only the scores higher that 2 were taken into consideration because a score of two was the minimum required to pass the exam. 1st score = the OSCE score given by the first examiner. 2nd score = the OSCE score given by the second examiner.

Fig. 2. Level of agreement between the university marks (transformed from OSCE scores into thirtieths) given by the two examiners to the students’ communication skills. In Italy, university students’ marks are expressed in thirtieths. In order to pass their exams, they must obtain a mark between a minimum of 18/30, to a maximum of 30/30. Therefore, the OSCE scores considered to be sufficient to pass the exam were transformed into thirtieths, as shown in Fig. 1.

Scores considered sufficient to pass the exam were as follows:

<table>
<thead>
<tr>
<th>Score</th>
<th>Transformation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10/30</td>
</tr>
<tr>
<td>2</td>
<td>18/30</td>
</tr>
<tr>
<td>3</td>
<td>20/30</td>
</tr>
<tr>
<td>4</td>
<td>22/30</td>
</tr>
<tr>
<td>5</td>
<td>24/30</td>
</tr>
<tr>
<td>6</td>
<td>26/30</td>
</tr>
<tr>
<td>7</td>
<td>28/30</td>
</tr>
<tr>
<td>8</td>
<td>30/30</td>
</tr>
</tbody>
</table>

1st Mark = university mark in thirtieths given by the first examiner. 2nd Mark = university mark in thirtieths given by the second examiner.

The examiners, to evaluate the communication skills, employed an assessment grid that they used as a guide to observe the students’ behaviors. Each observed behavior was ticked off on the spot in the table and not at the end of the test or in the interval between one student and the next. The immediate recording of what is observed has been underlined as an important means of guaranteeing the objectivity of assessment (Jones et al., 2010). A score was assigned to each behavior observed. The highly significant agreement demonstrated by the two examiners shows that the careful preparation of the examiners, their thorough knowledge of the examination and the assessment tool, and therefore of the behaviors to be observed ensured that the assessment of all students was objective.

The objectiveness of the results obtained can be ascribed to the preparation of the examiners. As pointed out by Jones et al. (2010), the role of the examiners in ensuring the validity of the assessment is fundamental. Furthermore, to guarantee objectivity, it is essential that the examination, the assessment tools, and the conduct to be adopted during the examination be agreed upon. In this regard, much attention was devoted to the issue of communication with the examinee, which needed to be limited to explaining the necessary instructions. Indeed, during this study and examination, the examiners were not allowed to communicate with the student. This becomes particularly important when students conclude their performance before the allotted time. During the test of the communication skills, examiners held a neutral position, behind the student, to avoid any contact or interference with the examinee. The possibility of placing the examiners in another room from where they could observe the student’s performance directly (through a one-way mirror) might also be helpful in future research and practice.

In this study, the OSCE emerged as an acceptable and reliable method of assessment of nursing students’ communication skills. While OSCE is purported to be costly and labour intensive in Italy (Palese et al., 2012), this is the first report of its reliability or validity. This has important implications for nurse education, as the OSCE approaches appears to be culturally sensitive, but also lessons learned from the procedures for inter-rater reliability developed in this study might be useful to international educators. One key area that requires further exploration is the notion of the cultural sensitivity of OSCE assessments. Although little research has been conducted in this field, it is clear from recent anecdotal discussions in the literature that assessments in medicine are inherently culturally determined that cultural disparity between student and assessment and vice versa can occur (Stegers-Jager and Themmen, 2015; Mohammad and Mohammed, 2013; Al-Eraky, 2013; Frambach et al., 2012). These discussions largely focus on the need to avoid examiner bias and for diverse cultures to fit with the dominant culture of assessment as medical skills (for example communication) are deemed to be relatively homogenous. At the same time, there appears to some sensitivity to variations in acceptable communication and responses within hierarchical situations across cultures but a limited understanding on how this might affect the outcome of assessment except that students’ performance varies in assessment accordingly to cultural differences. Additionally, it is clear from recent research that despite modern technological approaches, nursing students still feel unprepared for practice at the end of their educational program, particularly in relation to their clinical skills (Monahan, 2015). More attention is needed therefore on rigorous methods of assessment and preparation.

**Limitations**

Due to the large number of students under examination, the evaluation was time consuming. This duration could have jeopardized the maintenance of a fair and objective standard of evaluation. The reason being that, throughout all the sessions, the same examinations were maintained and the same four scripts were used for each session; using the same scenarios in all the examination sessions could have
influenced the outcomes of the examinations over time. In other words, the students who had already taken the examination could have passed on information to their peers who are waiting to be examined in the subsequent sessions. This could have favored the latter examiners. While the study examines and confirms the validity and reliability of the approach, this is from the examiners perspective rather than the students. Future studies may need to concentrate on student satisfaction and experience with examination of communication skills by OSCE methods.

Conclusions

The numbers of chronically ill patients affected by increasingly complex clinical conditions are rapidly growing. Moreover, the rapid progress of research in the field of healthcare and technology requires health professionals to be constantly updated and prepared to use new materials, equipment, and innovative medical aids and devices, as well as to communicate, both with patients and among professionals. In particular, the accurate assessment of communication skills during clinical practice in students is important because it can significantly contribute to protecting patients by making sure that they are cared for by adequately prepared and highly skilled health professionals.

The philosophy at the basis of the OSCE examination method is that all candidates are presented with similar clinical tasks, to be completed in the same timeframe and are scored using structured scoring schemes. The advantage of using OSCE, especially where a large number of students need to be assessed in the same way, is that it reduces bias related to the type of clinical scenario selected. Although one of eight different clinical scenarios could be randomly selected for the examination of each student in this study, all of the scenarios were based on competences that the first-year undergraduate nursing students were required to prove and master. In addition, with OSCE also the examiners are prepared to perform the assessment always in the same way, therefore the only varying factor in an OSCE assessment was the student’s performance.

In our study, we found that the OSCE methodology ensured assessment equity and objectivity for the certification of clinical learning in an Italian setting. The OSCE also proved a useful method to assess students’ communicative skills. The features that proved fundamental to ensuring reliable results were detailed planning of the examination, in terms of organization; the use of scripts that were consistent with the core curriculum of first-year nursing students; the adoption of validated assessment tools; the use of mock patients; and the fact that the entire assessment process had been agreed upon with the examining commission.

The positive and promising results that emerged from this study should encourage further research in this field to improve the way communication skills during clinical practice are assessed, to reduce the gap between learning objectives and actual learning outcomes, and ultimately to improve patient safety. Objective measurement of communication skills within undergraduate nursing curricula needs equal emphasis along with the objective measures of clinical skills, as communication skills are a fundamental competence requirement, and if not adequately prepared, nurses and nursing students may inadvertently affect patient experience and outcome.

It is hoped that the rigorous approach used in this study may be replicated by international educators and that European educators will become more accustomed to contributing to research and debate in this field. Future research is required to explore cultural sensitivity of OSCE assessment and to determine whether or not cultural diversity affects student performance.

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