B.Sc / M.Sc NURSING PROGRAMME

MEDICAL SURGICAL NURSING

OSCE / OSPE STATION BANK

OSCE /OSPE BANK COMPILATION

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Preface

The learning-assessment relationship is an integral part of educational process, its main purpose is to optimize learner's abilities which can be achieved through the implementation of Objective Structured Clinical Examination (OSCE) as an assessment tool.

This manual describes how to plan, construct and deliver an Objective Structured Clinical Examination (OSCE). An OSCE is an examining process made up of a series of stations of equal length set in a circuit. The OSCE is very resource intensive and should not be undertaken by those without experience. This manual is for examiners with some experience of running OSCEs.

The assessment of knowledge and skills plays an important part in student nurses' progression though pre-registration programmes because they need to demonstrate competency and confidence in the performance of clinical skills. This manual is a complete guide on how to prepare for an OSCE with step-by-step instructions for most common OSCE stations that nursing students can face.

Finally I would like to add my sincere words of thanks to those who have contributed to writing this clear and informative manual.

Prof.Dr.(Mrs).S. Ani Grace Kalaimathi RN,RM,Ph.D.,MBA.,BGL., Registrar, TNNMC, Chennai.

To

The Principal, Omayal Achi College of Nursing, Chennai.

2. SNIPPET ON OBJECTIVE STRUCTURED CLINICAL EVALUATION

Objective Structured clinical evaluation is a modern type of clinical/ performance based examination often used in health sciences. It is executed in a planned & structured way with much attention on maintaining the objectivity of the examination.

INT - 4 of 8

1) FEATURES OF OSCE

- Stations are short
- Highly focused
- Present structured mark scheme
- Reduced examiner discretion
- Emphasizes on clinical competence than knowledge
- Test the application of knowledge than recalling
- 8p features
- Performance Assessment
- Process and product
- Profile of Learner
- Progress of Learner
- Public Assessment
- Participation of staff

2) OSCE THE GOLD STANDARD FOR PERFORMANCE:

- Valid
- Reliable
- Feasible
- Flexible
- Fair
- Acceptable
- Provision of feed back
- Educational impact
- Cost effective

3) SIGNIFICANCE OF OSCE IN NURSING EDUCATION PRIMARY SIGNIFICANCE

- Summative Assessment Certifying compliance
- Formative Assessment Provision of feed back
- Assessment of a Learners progress
- Prediction of a Learners future performance
- Selection of students for admission to health care profession

SECONDARY SIGNIFICANCE

- Evaluating curriculum content
- Evaluating course delivery
- Evaluating approaches to leaching & learning
- Reinforcing specific learning out comes
- Evaluating the teacher

4) WHAT IS ASSESSED IN AN OSCE?

- Learning outcomes and competencies
 - Clinical Skills
 - Practical procedures
 - Patient Management
 - Health promotion
 - Disease prevention
 - Professionalism
 - System based practice
 - Personal development
 - Communication skills
 - Information Handling
 - Understanding of Basic & clinical sciences
 - Attitude & Ethics
 - Decision making
 - Clinical reasoning
 - International relationship skills
 - Team work investigations

5) THE MAJOR COMPONENTS ARE:

- 1. The (examination) coordinating committee
- 2. The examination coordinator
- 3. Lists of skills, behaviors and attitudes to be assessed 4. Criteria for scoring the assessment (marking scheme of
- checklist)
- 5. The examinees
- 6. The examiners
- 7. Examination site
- 8. Examination stations
 - 8.1 Time and time allocation between stations 8.2 Anatomic models for repetitive examinations (Breast.
 - Pelvic/Rectum)
 - 8.3 Couplet Station
 - 8.4 Examination Questions
 - 8.5 Environment of Exam Station 8.6 Examination Station Circuit
- 9. Patients Standardized or Simulated
- 9.1 Instruction to Patients
- 10. Timekeeper, time clock and time signal
- 11. Contingency Plans
- 12. Assessment of Performance of the OSCE

6) FACTORS INFLUENCING OSCE:

- No of examiner
- Purpose of exam
- The breath of focus of the examination
- The learning out comes to be Assessed (Physical Examination/ interpersonal skills)
- The resources available (Examiners, real patients/simulated patients/ simulators.
- The options with regard to the venue
- The stage in training or seniority of the examinee
- No of stations
- Length of time allotted for each station
- Number of circuits
- Use of procedure and question station
- Use of double and linked stations
- Organization of the station in a circuit and

7) SETTING FOR AN OSCE :

Choosing a Location

- 1. Reasonable Proximal
- 2. Linear Arrangements Multi site OSCE
- 1. Selecting multi leaching

hospitals/ colleges simultaneously

9) EXAMINER

No of Examiner

•

Single examiner/station

Who are the Examiners

After the Examination:

Role of examiner

Before the OSCE

1.

2.

3.

4.

During OSCE:

1.

2.

3.

4.

5.

6.

7.

After the OSCE

feedback

2.

3.

4.

2.

3.

4.

5.

6.

No.

Tutor/clinical instructor/Lectures Asst professor/clinical perception

Associate Professor/Professor

3. Providing feedback to examinees individually or in a group.

Briefing candidates, examiners and simulated points

Greeting the examiner / check the examiner register

Provide comments on the scoring sheet regarding the

Ensures that the station keeps to time and examiners

Observe the Examiners, observe and complete the

Confirmation that a SP at the station portrays the

Keeps a record of any problems that arise in the

moves to the next station on the time signal.

Feedback without scoring sheets

5. Meeting with individual examiners

Feedback to the Students in difficulty: Approaches of OSCE

Feedback with individual score sheet

Viewing a personal video recording

Using annotated examiners score sheet

Formative and summative feedback

4. Evaluation the stations and the examination process.

1. Marking written question stations.

2. Deciding the outcome for each examinee.

Prepare OSCE blueprint

Design individual stations

Adapting standard procedures

Check resources at the stations

clinical condition approximately.

1. As a part of group exercise

Personalized feedback

1. Audio feedback

Group feedback

Video feedback

checklist / rating scale.

performance.

examination

9.1 INSTRUCTIONS FOR EXAMINERS:

- 1. Any verbal instructions to be given to the candidate in addition.
- 2. Instruction to the SP
- 3. Directions as to the record to be kept of the candidate's Performance.

9.2) TRAINING OF THE EXAMINER:

Brief the Examiner about the philosophical underpinning the OSCE

- The interpretation and OSCE format
- The timing and arrangements
- Examiner role for conducting & feedback

10) IMPLEMENTING AN OSCE

Includes the

10.1 Advance planning for an OSCE

10.2 Implementing the OSCE

10.1 ADVANCE PLANNING:

- 1. Identify and agree the individuals and committee members responsible for OSCE
- 2. Confirm the purpose of the examination the areas to be assessed.
- 3. Agree a timeline
- 4. Decide the number and duration of stations to be included.
- 5. Arrange a suitable venue / venues
- 6. Prepare on examination grid / blue print.
- 7. Prepare a list of stations
- 8. Develop individual stations
- 9. Proposal for each station.
- 10. Agree the marking scheme
- 11. Appoint examiners.
- 12. Arrange simulated patients.
- 13. Organize resources
 - 1. Equipments / Furniture
 - 2. Patient simulation
 - 3. timing device
- 14. Organize catering
- 15. Prepare packets for each station
- 16. Finalize the master list of stations
- 17. Prepare a map of OSCE circuit
- 18. Prepare direction arrows and station identification cards.
- 19. Prepare a smaller set of cards with station numbers.
- 20. Prepare list of candidates
- 21. Inform candidate in advance
- 22. Set up stations.

10.2. IMPLEMENTING OSCE: On the day of examination.

- 1. The OSCE lead to be present 1 hour before scheduled time.
- 2. Simulated and real points 30 minutes before start time.
- 3. Examiner 30 Minutes before start time.
- 4. Presence of reserve examiner
- 5. Examinee 30 minutes prior to start
- 6. Bell signals the start.
- 7. Time keeper regulates the time
- 8. Candidates to give written response where required.
- 9. Refreshments patients and examiners during 30 minutes break time between circuits.
- 10. Second group of examinee maintain integrity by assembling them before the end of first circuit.
- 11. Thank all concerned and arrange expenses for pts.
- 12 Document pts and problems that had occurred

11) EVALUATION OF OSCE:

Importance of OSCE evaluation

- Validation should be an ongoing responsibility
- Provides guidelines for quality improvement

Questions to be addressed was the OSCE

- Valid
- Reliable
- Cost effective
- Examiner's properly trained
- Instruction to examinees clear
- Appropriate feedback given
- Appropriate standard setting process implemented
- Impact of OSCE on examinees, teachers and curriculum planning

Contributors to Evaluation

- Examiners
- Examinees
- Simulated Patents
- Committee
- External Evaluation
- Administrative and supportive staff
- Clinicians.
- Validity
 - Content validity * Criterion Validity * Predictive Validity

Reliability:

- Stability reliability
- Alternate form Reliability
- Internal Consistency reliability
- Approaches to test Reliability
- Classical test theory _CTT
- Generalizability theory GT
- Item response theory IRT
- Points to be considered
 - If higher failure roles appraise if
 - An in appropriate station standard
 - Technical problem in the station
 - Not a part of expected learning outcome
 - Deficient teaching and learning programme

INT - 5 of 8

12) FEEDBACK TO EXAMINEE:

- 1. Importance of feedback
- OSCE feedback promotes learning
- Used as a formative assessment tool
- Provides strength and weaknesses
- OSCE feedback is focused on the domain wise skills than overall scoring, timing, mode,

13) OSCE FEEDBACK TYPES:

6.

7.

8.

9.

8.

9.

10.

attitude.

experience.

C.

D.

- A. During OSCE
 - 1. At the procedure station
 - 2. Immediately after procedure station

As a part of group exercise

Feedback to the Sts in difficulty

Approaches of OSCE feedback

Personalized feedback

Group feedback

Video feedback

7. Audio feedback

14) EXAMINEES PERSPECTIVE - OSCE:

Feedback without scoring sheets

10. Meeting with individual examiners

Feedback with individual score sheet

Viewing a personal video recording

11. Using annotated examiners score sheet

• Full briefing in advance, will promote positive

• Students are informed that OSCE is powerful learning

planning

• Students should be engaged in

implementation and evaluation of OSCE.

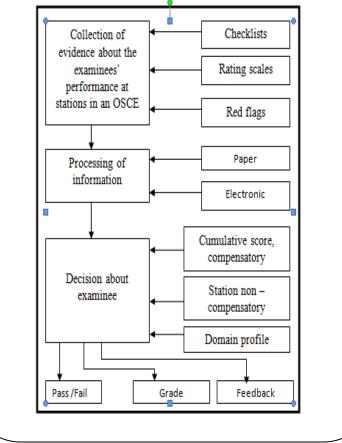
12. Formative and summative feedback

B. After the OSCE

EVALUATING THE EXAMINEES

PERFORMANCE:

- Careful attention is given to
- Collecting of evidences during OSCE
- Use of this evidence for informed decision
- Provision of meaningful feedback to examinee and curriculum developers



16) EVALUATION OF OSCE:

- 1. Importance of OSCE evaluation
- Validation should be an ongoing responsibility
- Provides guidelines for quality improvement
- 2. Questions to be addressed was the OSCE
- Valid
- Reliable
- Cost effective
- Examiner's properly trained
- Instruction to examinees clear
- Appropriate feedback given
- Appropriate standard setting process implemented
- Impact of OSCE on examinees, teachers and curriculum planning
- 3. Contributors to Evaluation
- Examiners
- Examinees
- Simulated Patents
- Committee
- External Evaluation
- Administrative and supportive staff
- Clinicians.
- 4. Validity
- Content validity
- Criterion Validity
- Predictive Validity
- 5. Reliability:
- Stability reliability
- Alternate form Reliability
- Internal Consistency reliability
- Approaches to test Reliability
- Classical test theory _CTT
- Generalizability theory GT
- Item response theory IRT
- 6. Points to be considered
- If higher failure roles appraise if
- An in appropriate station standard
- Technical problem in the station
- Not a part of expected learning outcome
- Deficient teaching and learning programme

REFERENCE:

Harden RM., Lilley P., Patricio M. The definitive guide to the OSCE – The Objective Structured Clinical Examination as a performance assessment, Elsevier Edinburgh, UK, 2016.

17) LIMITATION OF OSCE						
Perceived limitations of an OSCE and possible responses						
Limitations	Response					
The OSCE does not	Use the OSCE alongside other tools,					
assess a holistic	such as portfolios and work – based					
approach to a patient	assessment instruments.					
The OSCE assesses only a	Use a blueprint to sample across the					
limited sample of	outcome domains, the body systems					
competencies.	and the core tasks.					
The OSCE is resource	With organization, the resources					
intensive	required can be contained. The cost –					
	benefit ratio is favorable.					
The role of the examiner	Within the the set framework, the					
is prescribed.	examiner can also use his/her					
	judgment.					
Only minimum	The scoring system can also reflect					
competence is tested in	excellence. More advanced stations					

can be included.

assessments.

prepared.

practice as possible.

Performance in an OSCE can be

Students should be briefed and

triangulated with ratings from other

Design the OSCE to be as close to real

18) VISION FOR THE OSCE:

the OSCE

the OSCE.

context.

Some learning outcomes

are difficult to assess in

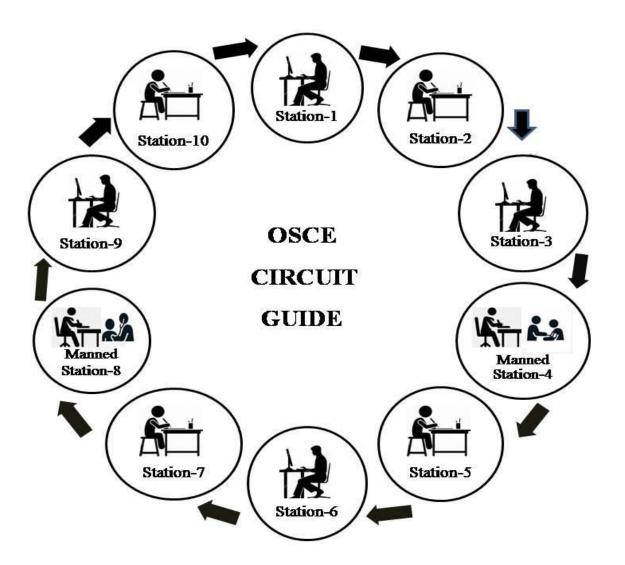
Students' behaviours are

influenced by the

The OSCE is stressful.

A Vision for the OSCE over the next decade The OSCE being an integral part of the curriculum Assessment for learning and assessment as learning Assessment of different competencies The OSCE as a progress test Adaptive and sequential testing with the OSCE Student engagement and the OSCE Appropriate use of technology in the OSCE Greater collaboration

3. OSCE CIRCUIT GUIDE



4. CONTRIBUTORS LIST

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B.Sc. NURSING DEGREE PROGRAM - II YEAR MEDICAL SURGICAL NURSING-I OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) BANK TEST MAP BASED ON BLUE PRINT

								DO	MAINS OF	CLINICA	L EXP	ERIENCE			
STATION	TYPE OF STATION	PROGRAM COMPONENT	ITEM TITLE	COMPETENCY TEST	COMPETENCY PROPOSED TEST TEST FILE		NICATION	EXAM	INATION	PF	ROCEDU	JRE	COG	NITIVE S	KILLS
NUMBER	Similar			11.51			OC	PE	VSI	ТР	DP	IATF	DI	DM	PS
1	Manned	Gastrointestinal	Appenditis- Abdominal Examination	PE	Simulated patient	-	-	1	-	-	-	-	_	_	-
2	Unmanned	Cardiovascular	Dysarrhythmia	VSI	Simulated slides	-	-	_	1	-	-	-	_	_	-
3	Manned	Endocrine	Diabetes mellitus- Sub cutaneous injection	TP	Mannequin	-	_	_	_	1	-	-	_	Ι	-
4	Unmanned	Musculoskeletal	Identification of the types of Traction	DI	Print out	-	-	_	-	-	-	-	1	_	-
5	Unmanned	Respiratory	Identification of the parts of the AMBU Bag	DI	Equipment	-	_	_		-	-	-	1	Ι	-
6	Unmanned	Cardiovascular	Intravenous Fluid Calculation	PS	Print out	-	-	_	-	-	-	-	_	-	1
7	Unmanned	Respiratory	Pulmonary tuberculosis	VSI	Simulated slides	_	_	_	1	_	-	_	_	-	-
8	Unmanned	Perioperative Nursing	Surgical position identification and interpretation	DI	Print out	_	_	_		-	_	_	1	_	-
9	Unmanned	Musculoskeletal	Identification of abnormal X-ray findings (Fracture)	IATF	Print out	-	-	_	-	-	-	1	_	_	-
10	Unmanned	Perioperative Nursing	Identification of Suture materials	DI	Print out	-	_	_		-	-	-	1	_	-

Key Words:

HT: History taking

OC: Other communication

PE: Physical examination

VSI: Virtual sign identification. TP: Therapeutic procedure

. DM: Decision making PS: Problem solving

DI: Data interpretation IATF: Identification of abnormal test finding

DP: Diagnostic procedure

Subject Coordinator

Head of the Department

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 1 – PHYSICAL EXAMINATION – ABDOMINAL PALPATION FOR CLASSICAL SIGNS OF APPENDICITIS

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

- identify the positive classical signs of Appendicitis in an acutely ill-patient
- interpret & document the signs of Appendicitis.

Instructions

- Observe and evaluate the examinee while performing the following steps of physical examination –Abdominal palpation in the correct sequence and technique.
- Place the evaluated response sheet in the Drop box.
- Score the task based on the following.

Score '2' if the task is performed competently

- Score '1' for partially competent
- Score '0' if the task is not performed or performed with mistakes as incompetent
- Calculate the total score

STATION NO: 1 – PHYSICAL EXAMINATION – ABDOMINAL PALPATION FOR CLASSICAL SIGNS OF APPENDICITIS

Steps	Task	Max		Re	gistrati	on nur	nber		
		score —							
1.	Introduces self	2							
2.	Explains the purpose and obtains consent from the patient	2							
3.	Performs hand-rub	2							
4.	Palpates the abdomen for: Localized tenderness	2							
5.	Muscle guarding	2							
6.	Rebound tenderness	2							
7.	Pain at McBurney's point	2							
8.	Rovsing's sign	2							
9.	Acts courteously and respectfully to the patient	2							
10.	Interprets and documents the findings	2							
	Total	20							

Signature of the Examiner:

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 1 – PHYSICAL EXAMINATION – ABDOMINAL PALPATION FOR CLASSICAL SIGNS OF APPENDICITIS

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

For Stimulated Patient	For Examiner	For Examinee				
 Cot with screen Top sheet Writing pad with case scenario Instructions for simulated patient(to be informed prior to the OSCE) 	 Writing pad with instructions to the examiner and scoring sheet Drop box for evaluated response sheet Pen Pencil Eraser Chair Table 	 Writing pad with instructions to examinee Clean tray with hand rub Writing pad with response sheet 				

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 1 – PHYSICAL EXAMINATION – ABDOMINAL PALPATION FOR CLASSICAL SIGNS OF APPENDICITIS

INFORMATION TO THE SIMULATED PATIENT

Your role: Patient, named Mrs. Kavitha, aged 28 years.

Demographic Data:

- Name: Mrs. Kavitha
- Age: 28 years
- Educational qualification: M.com
- Marital Status: Married
- Occupation: Auditor
- Religion: Hindu
- Family income: Rs.50,000/month

Past medical and surgical history

• You have occasional episodes of constipation relieved by taking home remedies. There is no other significant past medical & surgical history.

Medication record

• You have no significant medication records

Relevant previous medications

• You have no significant past medication history.

Information to be volunteered at the start of the physical examination.

- You have the complaints of sudden onset of low-grade fever, nausea and vomiting and right-sided abdominal pain with previous history of occasional constipation.
- Ultrasound abdomen reveals inflammation of the vermiform appendix indicating Acute appendicitis.

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 1 – PHYSICAL EXAMINATION – ABDOMINAL PALPATION FOR CLASSICAL SIGNS OF APPENDICITIS

INSTRUCTIONS TO THE EXAMINEE

Mrs. Kavitha, aged 28 years, is admitted with complaints of sudden onset of lowgrade fever, nausea and vomiting and right side abdominal pain with previous history of occasional constipation. Palpate the abdomen for clinical features of lower GI tract abnormalities and interpret the findings.

- When the bell sounds, enter the room. You have 1 minute to discuss with the patient and 4 minutes to examine the abdomen of the patient. You may make notes if you wish.
- The observation you make must be documented on the response sheet.
- The filled response sheet must be handed over to the examiner at the end of the station.

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 1 – PHYSICAL EXAMINATION – ABDOMINAL PALPATION FOR CLASSICAL SIGNS OF APPENDICITIS

EXAMINEE RESPONSE SHEET

Registration number:

Documentation:

Signature of the Examinee:

Signature of the Examiner:

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 2 - VIRTUAL SIGN IDENTIFICATION-ECG RHYTHM IDENTIFICATION AND INTERPRETATION

INSTRUCTION TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

- identify the ECG rhythm pattern
- interpret & document the ECG rhythm pattern using the virtual sign on the slide.

Instructions

- Check and evaluate the accuracy of the EGC rhythm pattern, documented by the examinee.
- Score the task based on the following.
 - Score '1' for each rhythm identified accurately
 - Score '0' for inaccurate, as suggested in the answer key
- Calculate the total score

STATION NO: 2 – VIRTUAL SIGN IDENTIFICATION-ECG RHYTHM IDENTIFICATION AND INTERPRETATION

SCORING SHEET

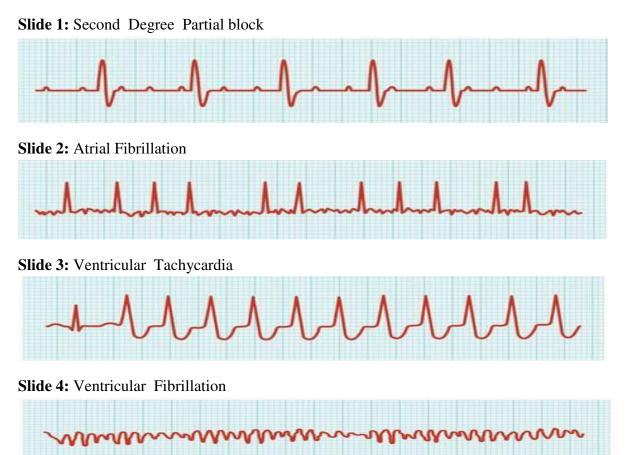
	Max		Max		Registration number								
Slide	Rhythm Pattern	score											
1	Second Degree Partial block	1											
2	Atrial Fibrillation	1											
3	Ventricular Tachycardia	1											
4	Ventricular Fibrillation	1											
5	Third Degree AV Block	1											
	Total												

Name & Signature of the Examiner

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 2 – VIRTUAL SIGN IDENTIFICATION-ECG RHYTHM IDENTIFICATION AND INTERPRETATION

ANSWER KEY FOR THE EXAMINER



Slide 5: Third Degree Atrioventricular Block



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OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 2 – VIRTUAL SIGN IDENTIFICATION-ECG RHYTHM IDENTIFICATION AND INTERPRETATION

For Examiner	For Examinee
 Writing pad with instructions to the examiner and answer key Pen Chair Table 	 Writing pad with instructions to examinee Laptop with power source PPT slides containing images of ECG rhythms Writing pad with response sheet Drop box for filled response sheet Chair Table

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 2 – VIRTUAL SIGN IDENTIFICATION-ECG RHYTHM IDENTIFICATION AND INTERPRETATION

INSTRUCTION TO THE EXAMINEE

- Watch the (virtual sign) power point slide carefully, identify the ECG rhythm pattern and document its interpretation.
- When the bell sounds, enter the room. You have 5 minutes to identify and interpret the ECG rhythm pattern.
- Document your responses on the response sheet provided.
- Place the filled response sheet in the drop box at the end of the allotted time.

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 2 – VIRTUAL SIGN IDENTIFICATION-ECG RHYTHM IDENTIFICATION AND INTERPRETATION

EXAMINEE RESPONSE SHEET

Registration number:

Slide	Rhythm Pattern	Maximum Score	Score Awarded
1		1	
2		1	
3		1	
4		1	
5		1	
	Total	5	

Signature of the Examinee:

Signature of the Examiner:

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 3 – THERAPEUTIC PROCEDURE - ADMINISTRATION OF SUBCUTANEOUS INJECTION

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

- demonstrate the administration of subcutaneous injection for Diabetic patient
- follow the principles of administration of medication via injection.

Instructions

- Observe and evaluate the examinee for correct sequence and technique while she performs the following steps of administration of Subcutaneous Injection.
- Place the evaluated response sheet in the drop box.
- Score the task based on the following:
 - Score '2' if the task is performed competently
 - Score '1' for partially competent
 - Score '0' if the task is not performed or performed with mistakes
- Calculate the total score

Steps	Task	Max	Registration number				
	1 43K	score					
1.	Checks the doctor's order and the current blood glucose level	2					
2.	Checks the name, dose, route and frequency of the medication against the doctor's order and the medication card	2					
3.	Explains the procedure to the patient and ensures privacy, if needed	2					
4.	Washes hands/performs hand rub with antiseptic solution.	2					
5.	Loads the medication accurately using the appropriate insulin syringe, expels any air and places it in the knife dish kept in the clean tray	2					
6.	Positions patient appropriately and exposes the site for injection	2					
7.	Inspects the skin over the area and ensures the correct site	2					
8.	Cleans the skin in rotatory motion using antiseptic swab and discards it	2					
9.	Places the swab between the fingers of the non-dominant hand	2					
10.	Holds the syringe like a pen in the dominant hand and pinches/ stretches the site using thumb and index finger of non-dominant hand	2					
11.	Inserts the needle into the skin at 90° and gently injects the medication completely.	2					
12.	Places the clean swab over the injected site and slowly withdraws the syringe and gently wipes the site	2					
13.	Instructs the patient not to rub the site and makes patient comfortable	2					
14.	Discards the soiled items and performs hand rub	2					
15.	Documents the procedure accurately	2					
	Total	30					

STATION NO: 3 – THERAPEUTIC PROCEDURE - ADMINISTRATION OF SUBCUTANEOUS INJECTION

Signature of the Examiner:

B.Sc. NURSING DEGREE PROGRAMME – II YEAR

MEDICAL SURGICAL NURSING - I

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 3 – THERAPEUTIC PROCEDURE - ADMINISTRATION OF SUBCUTANEOUS INJECTION

For Examiner	For Examinee
• Writing pad with instructions to	• Cot with screen
the examiner and scoring sheet	• Mannequin
• Drop box for evaluated response	• Writing pad with case scenario
sheet	drug chart
• Pen	• Bed side locker
• Pencil	• Clean tray
• Eraser	• Hand rub
• Chair	• Knife dish lined with gauze pad
• Table	• Insulin vial
	• Insulin syringe
	• Small bowl with 4-5 cotton balls
	• Spirit
	• Pre filled medication card
	• K basin
	• Writing pad with response sheet

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 3 – THERAPEUTIC PROCEDURE - ADMINISTRATION OF SUBCUTANEOUS INJECTION

DRUG CHART

Patient Information

Name:	Mrs.Rathinam,
-------	---------------

Age: 56 years

Gender: Female

IP No: 1605

Bed No: 3

Ward: Female Medical Ward

Diagnosis: Fever for evaluation / Diabetes mellitus

Date:

Medications:

1. Tab.Dolo 650 mg - BD

2. Inj.Human Actrapid based on GMBS - TDS

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 3 – THERAPEUTIC PROCEDURE - ADMINISTRATION OF SUBCUTANEOUS INJECTION

INSTRUCTIONS TO THE EXAMINEE

Mrs. Rathinam, aged 56 years was admitted with complaints of increased appetite, thirst and urination and excessive fatigue. Her present GMBS level is 210 mg/dl.

- Read the Doctor's order
- Demonstrate the administration of Inj. Insulin 4 units for Mrs. Rathinam.
- When the bell sounds, enter the room. You have 4 minutes to perform the medication administration and 1 minute for any discussion with the patient.
- Document the findings in the response sheet provided.
- The filled response sheet must be handed over to the examiner at the end of the station.

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 3 – THERAPEUTIC PROCEDURE - ADMINISTRATION OF SUBCUTANEOUS INJECTION

EXAMINEE RESPONSE SHEET

Registration number:

Documentation:	
Name:	Diagnosis:
Age : years	Ward:
Gender:	IP No:
Bed No:	

Date/ Time	Name of the Drug	Dose	Route	Freq	Action	Nurses Responsibility

Signature of the Examinee:

Signature of the Examiner:

B.Sc. NURSING DEGREE PROGRAMME – II YEAR

MEDICAL SURGICAL NURSING - I

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 4 – DATA INTERPRETATION- IDENTIFICATION OF THE TYPES OF TRACTION

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

- identify the different types of traction
- interpret & document the types of traction using the virtual sign on the slide.

Instructions

- Check and evaluate the accuracy of the different types of Traction, documented by the examinee.
- Score the task based on the following.
 - Score '1' for each type identified accurately
 - Score '0' for inaccurate, as suggested in the answer key
- Calculate the total score

STATION NO: 4 – DATA INTERPRETATION- IDENTIFICATION OF THE TYPES OF TRACTION

Slide	Types of Traction	Max score	Registration number									
Silde												
1	Manual Traction	1										
2	Head Halter Traction	1										
3	Skeletal Traction	1										
4	Skin Traction	1										
5	5 Fixed Traction											
	Total											

Signature of the Examiner

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 4 – DATA INTERPRETATION- IDENTIFICATION OF THE TYPES OF TRACTION

ANSWER KEY FOR THE EXAMINER



Slide 1: Manual Traction



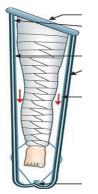
Slide 2: Head Halter Traction



Slide 3: Skeletal traction



Slide 4: Skin traction



Slide 5: Fixed traction

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 4 – DATA INTERPRETATION- IDENTIFICATION OF THE TYPES OF TRACTION

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

For Examiner	For Examinee							
 Writing pad with instructions to the examiner and answer key Pen Chair Table 	 Writing pad with instructions to examinee Laptop with power source PPT slides containing images of Traction Writing pad with response sheet Drop box for filled response sheet Chair Table 							

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 4 – DATA INTERPRETATION -IDENTIFICATION OF THE TYPES OF TRACTION

INSTRUCTIONS TO THE EXAMINEE

- Watch the (virtual sign) power point slide carefully, identify the types of traction and document its interpretation.
- When the bell sounds, enter the room. You have 5 minutes to identify and interpret the types of traction
- Document the answers in the response sheet provided.
- Place the filled response sheet in the drop box.

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 4 – IDENTIFICATION OF THE TYPES OF TRACTION

EXAMINEE RESPONSE SHEET

Registration number:

Slide	Types of Traction	Maximum Score	Score Awarded
1		1	
2		1	
3		1	
4		1	
5		1	
	Total	5	

Signature of the Examinee:

Signature of the Examiner:

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 5 – DATA INTERPRETATION -IDENTIFICATION OF THE PARTS OF THE AMBU BAG

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

- identify the parts of the AMBU bag
- document the parts of the AMBU Bag displayed.

Instructions

- Check and evaluate the accuracy of the parts of the AMBU bag, documented by the examinee.
- Score the task based on the following.
 - Score '1' for each part identified accurately
 - Score '0' for inaccurate response, as suggested in the answer key
- Calculate the total score

STATION NO: 5 – DATA INTERPRETATION- IDENTIFICATION OF THE PARTS OF THE AMBU BAG

SCORING SHEET

Label	Parts of the AMBU bag	Max score	Registration number									
Laber												
1	Pressure Release Valve	1										
2	Self Inflating Bag	1										
3	Oxygen Inlet	1										
4	Air-Inlet & Pressure Release Valves	1										
5	Swivel	1										
	Total											

Name & Signature of the Examiner

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 5 – DATA INTERPRETATION- IDENTIFICATION OF THE PARTS OF THE AMBU BAG

ANSWER KEY FOR THE EXAMINER



- 1. Pressure Release Valve
- 2. Self Inflating Bag
- 3. Oxygen Inlet
- 4. Air-Inlet & Pressure Release Valves
- 5. Swivel

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 5 – DATA INTERPRETATION -IDENTIFICATION OF THE PARTS OF THE AMBU BAG

For Examiner	For Examinee
 Writing pad with instructions to the examiner and answer key Pen Chair Table 	 Writing pad with instructions to examinee Clean tray containing Ambu bag with parts labelled Writing pad with response sheet Drop box for filled response sheet Chair Table

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 5 – DATA INTERPRETATION-IDENTIFICATION OF THE PARTS OF THE AMBU BAG

INSTRUCTION TO THE EXAMINEE

- Carefully observe and identify the labelled parts of the AMBU bag and document the responses with accuracy.
- When the bell sounds, enter the room. You have 5 minutes to identify and interpret the parts of the AMBU bag.
- Document the response in the response sheet provided.
- Place the filled response sheet in the drop box at the end of the allotted time

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) STATION NO: 5 – DATA INTERPRETATION -IDENTIFICATION OF THE PARTS OF THE AMBU BAG

QUESTION SHEET

• Identify and document the name of the parts of the AMBU bag, numbered in the picture shown below



OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 5 – DATA INTERPRETATION- IDENTIFICATION OF THE PARTS OF THE AMBU BAG

EXAMINEE RESPONSE SHEET

Registration number:

Part No.	Parts of the AMBU bag	Max Score	Score Awarded
1		1	
2		1	
3		1	
4		1	
5		1	
	Total	5	

Signature of the Examinee:

Signature of the Examiner:

B.Sc. NURSING DEGREE PROGRAMME – II YEAR

MEDICAL SURGICAL NURSING - I

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 6 – PROBLEM SOLVING - INTRAVENOUS FLUID CALCULATION

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

• calculate the rate of infusion for intravenous fluid administration.

Instructions

- Observe and evaluate the accuracy of the examinee's written responses for calculating the rate of intravenous fluid administration, for the case scenario given in Station 6.
- Score the task based on the following.
 - Score '2' for fully accurate response
 - Score '1' for partially accurate response
 - Score '0' for inaccurate, as suggested in the answer key
- Calculate the total score

STATION NO: 6 – PROBLEM SOLVING - INTRAVENOUS FLUID CALCULATION

SCORING SHEET

Registration No	Total Volume of Fluid (2)	IV Fluid Flow Rate(ml/hr) Formula (2)	IV Fluid Flow Rate(ml/hr) (2)	Drops/Min Formula (2)	Drops/Min (2)	Total (10)

Name & Signature of the Examiner

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 6 – PROBLEM SOLVING - INTRAVENOUS FLUID CALCULATION

S. No	Steps	Answer
1	Total Volume of Fluid	2000 ml
2	IV Fluid Flow Rate(ml/hr)	Total volume/ 24 hrs
3	IV Fluid Flow Rate(ml/hr)	83 ml/hr
		Volume (ml) × Drop Factor
4	Drops/min Formula	No. of. hours × 60
5	Drops/min	28 drops/minute.

ANSWER KEY

IVF RL 1pint followed by

IVF NS 0.9 % 3 pints over 24 hrs.

Total Volume = No. of. Pints × 500 ml

 $= 4 \times 500$ = 2000 ml

Note: 2000 ml IV fluid is administrated over 24 hours by a drop factor of 20 drops / ml.

Flow rate (ml/hr) = 2000ml/24 hrs

= 83 ml/hr

IV Fluid Drip Rate (gtts/min)or (drops/min) = Volume (ml) × Drop Factor

No. of. Hours × 60 = (2000 ml ×20) / (24 hours ×60) = **28 drops/minute.**

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 6 - PROBLEM SOLVING - INTRAVENOUS FLUID CALCULATION

For Examiner	For Examinee
 Writing pad with instructions to the examiner and scoring sheet Pen Pencil Eraser Chair Table 	 Writing pad with instructions to examinee Clean tray with hand rub Writing pad Case Scenario Drug Chart Writing pad with response sheet Drop box for filled response sheet Chair Table

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 6 - PROBLEM SOLVING - INTRAVENOUS FLUID CALCULATION

INSTRUCTIONS TO THE EXAMINEE

- When the bell sounds, enter the room. You have 1 minute to read the case scenario and 4 minutes to calculate the rate of administration of IV fluid based on physician's advice.
- Document your calculation in the response sheet.
- Place the filled response sheet in the drop box.

Case Scenario

Mr. Ranjan 45yrs, admitted in Male Medical Ward with complaints of fever, vomiting 2 episodes and loose stools 3 episodes since yesterday. On examination he looks tired, on and had reduced appetite with following vital parameters:

Temp: 99.4 F Pulse: 86 Resp: 20 breaths/ min BP: 100/60 mmHg

Physicians order:

Tab. Dolo 650 mg SOS Tab. Ofloxacin(200mg) + Ornidazole (500 mg) BD Tab. Pan 40 mg OD Administer Intravenous Fluid: * IVF RL 1 pint followed by * IVF NS 0.9 % 3 pints over 24 hrs.

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 6 - PROBLEM SOLVING - INTRAVENOUS FLUID CALCULATION

EXAMINEE RESPONSE SHEET

Registration Number:

Calculate the rate of IV fluid to be administered:

Signature of the Examinee

Signature of the Examiner

B.Sc. NURSING DEGREE PROGRAMME – II YEAR

MEDICAL SURGICAL NURSING - I

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 7 -VIRTUAL SIGN IDENTIFICATION- PULMONARY TUBERCULOSIS

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

- identify the images related to pulmonary tuberculosis
- document the responses accurately

Instructions

- Check and evaluate the accuracy of the response related to pulmonary TB, documented by the examinee.
- Score the task based on the following.
 - Score '1' for each image identified accurately
 - Score '0' for inaccurate responses based on the answer key
- Calculate the total score

STATION NO: 7 –VIRTUAL SIGN IDENTIFICATION- PULMONARY TUBERCULOSIS

SCORING SHEET

Image	Dulmonony Tuboroulogic	Max			Reg	istratio	on num	ıber		
No	Pulmonary Tuberculosis	score								
1	Persistent cough	1								
2	Hemoptysis	1								
3	Weight loss	1								
4	Mantoux test/Tuberculin skin test	1								
5 DOTS therapy		1								
	Total									

Signature of the Examiner:

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 7 - VIRTUAL SIGN IDENTIFICATION- PULMONARY TUBERCULOSIS

Slide No.	Image	Answer
1		Persistent cough
2		Hemoptysis
3		Weight loss
4		Mantoux test/ Tuberculin skin test
5		DOTS therapy

ANSWER KEY FOR THE EXAMINER

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 7 -VIRTUAL SIGN IDENTIFICATION- PULMONARY TUBERCULOSIS

For Examiner	For Examinee
 Writing pad with instructions to the examiner and scoring sheet Pen Chair Table 	 Writing pad with instructions to examinee Writing pad with response sheet Drop box for filled response sheet Laptop with power source PPT slides containing images Chair Table

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 7 -VIRTUAL SIGN IDENTIFICATION- PULMONARY TUBERCULOSIS

INSTRUCTIONS TO THE EXAMINEE

- Watch the (virtual sign) power point slide carefully, identify and document its interpretation.
- You have 5 minutes to identify and interpret the images.
- Document your responses on the response sheet provided
- Place the filled response sheet in the drop box.

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 7 -VIRTUAL SIGN IDENTIFICATION- PULMONARY TUBERCULOSIS

EXAMINEE RESPONSE SHEET

Registration Number:

Slide No	Image	Maximum Score	Score Awarded
1		1	
2		1	
3		1	
4		1	
5		1	
	Total	5	

Signature of the Examiner

Signature of the Examinee

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 8 – DATA INTERPRETATION -- SURGICAL POSITIONS

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

- identify the images related to surgical position
- document one indication for each position using print out accurately.

Instructions

- Check and evaluate the accuracy of the responses related to the surgical position and its indication, documented by the examinee.
- Score the task based on the following.
 - Score '2' for each fully accurate response (both position and its indication) identified
 - Score '1' for partially accurate response (either position or indication) identified
 - Score '0' for inaccurate responses based on the answer key
- Calculate the total score

STATION NO: 8 – DATA INTERPRETATION - SURGICAL POSITIONS

Image	Suprised Desitions	Indication Max			Re	gistrati	on nur	nber		
No	Surgical Positions		score							
1	Jack knife position / Kraske	Colorectal surgery	2							
2	Lloyd Davies position / Trendelenburg position with legs apart or head down Lithotomy	Pelvic surgery	2							
3	Wilson frame position	Spinal surgery	2							
4	Beach chair position	Shoulder surgery	2							
5	Flexed lateral decubitus position	Renal surgery	2							
	Total		10							

SURGICAL POSITIONS IDENTIFICATION SCORING SHEET

Signature of the Examiner

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 8 – DATA INTERPRETATION - SURGICAL POSITIONS

Image Indication Maximum Name of position No **Surgical position** (1) (1) Score 1 Jack knife position/ Colorectal 2 Kraske surgery 2 Lloyd Davies position/ Trendelenburg position Pelvic 2 with legs apart or head surgery down Lithotomy 3 Spinal Wilson frame position 2 surgery 4 Shoulder Beach chair position 2 surgery 5 Flexed lateral decubitus Renal 2 position surgery

ANSWER KEY FOR THE EXAMINER

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 8 – DATA INTERPRETATION - SURGICAL POSITIONS

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

For Examiner	For Examinee
 Writing pad with instructions to the examiner and answer key Pen Chair Table 	 Writing pad with instructions to examinee Clean tray with hand rub Images of surgical positions print out Writing pad with response sheet Drop box for filled response sheet Chair Table

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 8 – DATA INTERPRETATION - SURGICAL POSITIONS

INSTRUCTIONS TO THE EXAMINEE

- Carefully observe the (virtual sign) print out images and identify the surgical positions and document one indication for each surgical position.
- When the bell sounds, enter the room. You have 5 minutes to identify and document the indication of each surgical position.
- Document your responses in the response sheet.
- Place the filled response sheet in the drop box.

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 8 – DATA INTERPRETATION - SURGICAL POSITIONS

Image	Images
No.	ininges
1	
2	
3	
4	
5	

QUESTION SHEET

B.Sc. NURSING DEGREE PROGRAMME – II YEAR MEDICAL SURGICAL NURSING - I OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) STATION NO: 8 – DATA INTERPRETATION - SURGICAL POSITIONS

EXAMINEE RESPONSE SHEET

Registration number:

Image	Surgical position	Indication	Max Score	Score Awarded
1			2	
2			2	
3			2	
4			2	
5			2	
	Tot	al	10	

Signature of the Examiner

Signature of the Examinee

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 9 – IDENTIFICATION OF ABNORMAL X-RAY FINDING - FRACTURE

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

- identify and interpret each type of fracture from the X-ray images displayed.
- document the findings of each image accurately.

Instructions

- Check and evaluate the accuracy of the responses related to type of fracture, documented by the examinee.
- Score the task based on the following.
 - Score '1' for each image identified accurately
 - Score '0' for inaccurate responses based on the answer key
- Calculate the total score.

STATION NO: 9 – IDENTIFICATION OF ABNORMAL X-RAY FINDING - FRACTURE

SCORING SHEET

Image	Image Fracture Max score	Max	Registration number								
Image											
1	Simple /complete/transverse fracture	1									
2	Oblique/spiral fracture	1									
3	Compression/pathological fracture	1									
4	Greenstick fracture	1									
5	Comminuted fracture	1									
	Total	5									

Name & Signature of the Examiner

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 9 – IDENTIFICATION OF ABNORMAL X-RAY FINDING – FRACTURE

Image No.	Image	Answer
1		Simple /complete/transverse fracture
2		Oblique/spiral fracture
3		Compression/pathological fracture
4		Greenstick fracture
5		Comminuted fracture

ANSWER KEY FOR THE EXAMINER

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) STATION NO: 9 – IDENTIFICATION OF ABNORMAL X-RAY FINDING – FRACTURE

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

For Examiner	For Examinee
 Writing pad with instructions to the examiner and scoring sheet Pen Pencil Eraser Chair Table 	 Writing pad with instructions to examinee Clean tray with hand rub Images of X-ray (Fracture) print out Writing pad with response sheet Drop box for filled response sheet Chair Table

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 9 – IDENTIFICATION OF ABNORMAL X-RAY FINDING - FRACTURE

INSRTUCTIONS TO THE EXAMINEE

- Carefully observe the images of abnormal X-ray findings and identify the type of fracture.
- You have 5 minutes to identify and interpret the images.
- Document each answer in the response sheet provided.
- Place the response sheet in the drop box at the end of the allotted time.

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) STATION NO: 9 – IDENTIFICATION OF ABNORMAL X-RAY FINDING – FRACTURE

Image No.	Image
1	
2	
3	
4	
5	

QUESTION SHEET FOR EXAMINEE

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 9 – IDENTIFICATION OF ABNORMAL X-RAY FINDING - FRACTURE

EXAMINEE RESPONSE SHEET

Registration Number:

Image No	Type of fracture	Max Score	Score Awarded
1		1	
2		1	
3		1	
4		1	
5		1	
	Total	5	

Signature of the Examiner

Signature of the Examinee

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 10 – DATA INTERPRETATION -IDENTIFICATION OF SUTURE MATERIALS

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

- identify the suture material from the print out images displayed.
- document the findings of each image accurately.

Instructions

- Check and evaluate the accuracy of the responses related to suture material, documented by the examinee.
- Score the task based on the following.
 - Score '1' for each image identified accurately
 - Score '0' for inaccurate responses based on the answer key
- Calculate the total score.

STATION NO: 10 – DATA INTERPRETATION - IDENTIFICATION OF SUTURE MATERIALS

SCORING SHEET

Image	Suture Material	Max	Registration number								
Image		score									
1	Absorbable/ Synthetic	1									
2	Non-absorbable/ Synthetic	1									
3	Non-absorbable/ Natural	1									
4	Absorbable/ Natural	1									
5	Non-absorbable/ Natural	1									
	Total	5									

Signature of the Examiner

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 10 – DATA INTERPRETATION -IDENTIFICATION OF SUTURE MATERIALS

ANSWER KEY FOR THE EXAMINER

Image No.	Image	Answer
1	2-0 (3 Pr. Eur.) SH plus 26 mm 1/20 Round Boded TO cm 200 200 200 200 200 200 200 20	Absorbable/ Synthetic
2	Polypropylene USP metric 2/0 3.3 75 cm blue UST : 20180218 : 2018-02 2 : 2023-02 ETERMEE ©	Non-absorbable/ Synthetic
3	REF SK2014080 Silk USP 40 mm 1/2 To cm black F00000 LET: 120180218 STERILE # 2014	Non-absorbable/ Natural
4	SURGICAL SUTURES SHANDPIN MED T SHANDONG YUNCHENG SHANGPIN MED.CO.,LTD. With www.shanggrowed com E-riset agevalue e disharggrowed com SO 0001 ISO 13485	Absorbable/ Natural
5	2-0 (3.0 metric) 18" (45 cm) B&S 28 17 Strands Per Packet 17 Strands Per Packet 10 Dem Stelle 10 Dem Stel	Non-absorbable/ Natural

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

${\bf STATION} \ {\bf NO:} \ {\bf 10-DATA} \ {\bf INTERPRETATION} \ {\bf -IDENTIFICATION} \ {\bf OF} \ {\bf SUTURE} \ {\bf MATERIALS}$

For Examiner	For Examinee				
 Writing pad with instructions to the examiner and scoring sheet Pen Pencil Eraser Chair Table 	 Writing pad with instructions to examinee Clean tray with hand rub Suture material print out Writing pad with response sheet Drop box for filled response sheet Chair Table 				

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 10 – DATA INTERPRETATION -IDENTIFICATION OF SUTURE MATERIALS

INSRTUCTIONS TO THE EXAMINEE

- Carefully visualize the images of sutures and identify the type of suture material.
- You have 5 minutes to identify and interpret the images.
- Document each answer appropriately in the response sheet provided.
- Place the filled response sheet in the drop box at the end of the allotted time

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 10 – DATA INTERPRETATION -IDENTIFICATION OF SUTURE MATERIALS

QUESTION SHEET

Identify the type of suture material and document your responses in the response sheet provided

Image No.	Image
1	2-0 II Prin Eur.) SH plus 26 mm 1/20 Round Boded 70 orn 70 orn 2-0 CT HICON · VCP317 Content Plus AntiBactorial / Jose Popplactin B10 CC0080 CC08
2	Polypropylene USP metric 35 mm 1/2 2/0 3.5 75 cm talue IST : 20180218 2 : 2023-02 STERNET (C)
3	Braded, Connect Silk RCF SK20140B0 Silk USP metric 1 40 mm 1/2 75 cm black round bodied CE 1282 1: 2018-02 1: 2018-02 1: 2018-02 1: 2018-02 1: 2018-02
4	SURGICAL SUTURES
5	2-0 (3.0 metric) 18" (45 cm) B&S 28 17 Strands Per Packet 11 Corn Berlin, Burgice Snare. USAN Development 11 Corn Berlin, Burgice Snare. USAN Development USAN Develop

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) STATION NO: 10 – DATA INTERPRETATION - IDENTIFICATION OF SUTURE MATERIALS

EXAMINEE RESPONSE SHEET

Registration Number:

Image No	Suture Material	Max Score	Score Awarded
1		1	
2		1	
3		1	
4		1	
5		1	
	Total	5	

Signature of the Examiner

Signature of the Examine

B.Sc. NURSING DEGREE PROGRAMME – II YEAR MEDICAL SURGICAL NURSING – I OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

SCORE COMPILATION SHEET

Date:	Name of the examination:
2	

 Register number of students allotted: From ______ To_____

Total number of students: Allotted: _____ Attended: _____ Absent: _____

					Station-N	Aax Score	S				Total		Final OSCE/OSPE
Registration number	1 PE	2 VSI	3 TP	4 DI	5 DI	6 PS	7 VSI	8 DI	9 IATF	10 DI	score (Max	%	Score (University prescribed)
	20	5	30	5	5	10	5	10	5	5	100)		presentited)

Name and signature with date:

Internal Examiner:

External Examiner:

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B.Sc. NURSING DEGREE PROGRAM MEDICAL SURGICAL NURSING - II OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) BANK TEST MAP BASED ON BLUE PRINT

								DO	MAINS OF	CLINICA	L EXPI	ERIENCE			
STATIONS NUMBER	TYPE OF STATION	PROGRAM COMPONENT	ITEM TITLE	COMPETENCY TEST PROPOSED TEST FILE		COMMUN	NICATION	EXAM	NATION	PR	OCEDU	JRE	COG	NITIVE S	KILLS
							OC	PE	VSI	ТР	DP	IATF	DI	DM	PS
1	Manned	Neurological System	Assessment of Deep Tendon Reflexes	PE	Simulated patient	-	-	1	-	_	_	-	_	_	-
2	Unmanned	Burns	Burns-Fluid Replacement Calculation	PS	Print out	-	_	_	-	-	-	_	I	_	1
3	Manned	Eye	Instillation of eye drops	TP	Mannequin	-	-	-	-	1	-	-	_	_	-
4	Unmanned	Emergency	Triage colour coding	VSI	Simulated slides	-	_	_	1	_	_	-	-	_	-
5	Unmanned	Critical Care	Cardiac parameters	DI	Print out	-	-	-	-	_	_	-	1	_	-
6	Unmanned	Oncology	Symptoms of Breast Cancer	VSI	Simulated slides	-	_	_	1	-	_	-	_	-	-
7	Unmanned	ENT	Identification of ENT instruments	DI	Instruments	-	-	_	-	_	_	-	1	-	-
8	Unmanned	Critical Care	Identification of the types of Tracheostomy tubes	DI	Print out	-	-	_	-	-	_	-	1	_	-
9	Unmanned	Emergency	Identification of resuscitation equipments	DI	Print out	-	_	_	-	_	_	-	1	_	-
10	Unmanned	Critical Care	Drug Calculation	PS	Print out	-	-	_	-	_	_	-	-	_	1

Key Words:

HT: History taking OC: Other communication PE: Physical examination VSI: Virtual sign identification. TP: Therapeutic procedure DI: Data interpretation IATF: Identification of abnormal test finding DP: Diagnostic procedure DM: Decision making PS: Problem solving

Subject Coordinator

Head of the Department

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 1 – PHYSICAL EXAMINATION – ASSESSMENT OF DEEP TENDON REFLEXES

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

- demonstrate the deep tendon reflexes
- interpret & document the findings.

Instructions

- Observe and evaluate the examinee while performing the following steps of assessment of deep tendon reflexes in the correct sequence and technique.
- Place the evaluated response sheet in the drop box.
- Score the task based on the following.
 - Score '2' if the task is performed competently
 - Score '1' for partially competent
 - Score '0' if the task is not performed or performed with mistakes as incompetent
- Calculate the total score

STATION NO: 1 – PHYSICAL EXAMINATION – ASSESSMENT OF DEEP TENDON REFLEXES

SCORING SHEET

		Max		Regi	strati	on nu	mber		
Steps	Task	score							
1.	Introduces self and greets the patients	2							
2.	Explains the purpose and obtains consent from the patient	2							
3.	Performs hand-rub and positions the patient	2							
4.	Biceps reflex: Gives a firm blow over the examiner's thumb placed over the biceps tendon using a knee hammer.	2							
5.	Brachioradialis reflex (Supinator): Taps the styloid process of the radius while the forearm is in semiflexion and semi-pronation	2							
6.	Triceps reflex: Strikes on the triceps tendon just above the olecranon process	2							
7.	Patellar reflex (Knee jerk): Taps on the patellar tendon	2							
8.	Achilles reflex (Ankle jerk): Taps on Achilles tendon	2							
9.	Thanks the patient. Acts courteously and respectfully to the patient	2							
10.	Document the findings of each component of assessment, highlighting the abnormalities detected and any significant changes noted since the last assessment.	2							
	Total	20							

Signature of the Examiner

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 1 – PHYSICAL EXAMINATION – ASSESSMENT OF DEEP TENDON REFLEXES

For Stimulated Patient	For Examiner	For Examinee
 Cot with screen Top sheet Writing pad with case scenario Instructions for simulated patient(to be informed prior to the OSCE) 	 Writing pad with instructions to the examiner and scoring sheet Drop box for evaluated response sheet Pen Pencil Eraser Chair Table 	 Writing pad with instructions to examinee Clean tray with hand rub Knee hammer Writing pad with response sheet

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 1 – PHYSICAL EXAMINATION – ASSESSMENT OF DEEP TENDON REFLEXES

INFORMATION TO THE SIMULATED PATIENT

Your role: Patient, named Mrs. Ramani, aged 68 years.

Demographic Data:

- Name: Mrs. Ramani
- Age: 68 years
- Education qualification: HSC
- Marital status: Married
- Occupation: Pension
- Religion: Hindu
- Family income: Rs. 18,000/ month

Past medical and surgical history

• There is no other significant past medical and surgical history.

Medical record

• You have no significant medication records

Relevant previous medications

• You have no significant past medication history

Information to be volunteered at the start of the physical examination.

- You have the complaints of weakness of right upper and lower extremities. When the examinee taps using the Knee hammer elicit an increased response.
- CT brain reveals acute haemorrhage in the left ganglio-capsular region.

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 1 – PHYSICAL EXAMINATION – ASSESSMENT OF DEEP TENDON REFLEXES

INSTRUCTIONS TO THE EXAMINEE

Mrs. Ramani, aged 68 years, has complaints of weakness of right upper and lower extremities. Assess the deep tendon reflexes for both right and left side and interpret the findings.

- When the bell sounds, enter the room. You have 1 minute to discuss with the patient and 4 minutes to demonstrate the neurological reflexes for the patient. You may make notes if you wish.
- The observation you make must be documented in the response sheet provided.
- The filled response sheet must be handed over to the examiner at the end of the station.

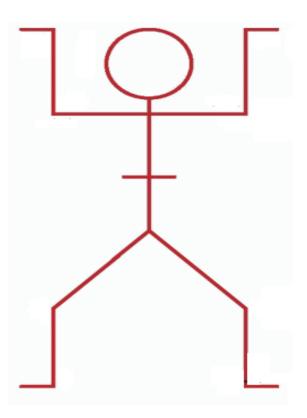
OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 1 – PHYSICAL EXAMINATION – ASSESSMENT OF DEEP TENDON REFLEXES

EXAMINEE RESPONSE SHEET

Registration number:

Documentation:



Signature of the Examinee:

Signature of the Examiner:

B.Sc. NURSING DEGREE PROGRAMME – III YEAR MEDICAL SURGICAL NURSING - II OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 2 - PROBLEM SOLVING - BURNS FLUID REPLACEMENT CALCULATION

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

 calculate the amount of fluid (Crystalloids) to be replaced for the 1st 24 hours by using Evan's formula for the percentage of burns in the given scenario.

Instructions

- Check and evaluate the accuracy of the fluid calculation done using Evan's formula
- Score the task based on the following:
 - Score '3' each fully accurate formula and calculation and score '2' for accurate total fluid volume in first 8 and next 16 hours, as suggested in the answer key.
 - Score '0' for inaccurate responses.
 - Calculate the total score

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STATION NO: 2 – PROBLEM SOLVING - BURNS FLUID REPLACEMENT CALCULATION

Registration No	Evan's Formula (3)	Evan's Fluid Replacement Calculation (3)	1 st 8 Hours (2)	Remaining 16 Hours (2)	Total (10)

BURNS FLUID REPLACEMENT SCORING SHEET

Signature of the Examiner

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OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 2 - PROBLEM SOLVING - BURNS FLUID REPLACEMENT CALCULATION

S. No	Steps	Answer
1	Evan's Formula	1ml x bodyweight (kg) x TBSA (%)
2	Evan's Fluid Replacement Calculation-Total fluid volume	2,226 ml
3	1 st 8 Hours	1,113ml
4	Remaining 16 Hours	1,113ml

ANSWER KEY FOR THE EXAMINER

Note: Fluid for replacement: Crystalloids,

Patient's body weight is 53 kg,

Patient's TBSA is 42%

Evan's Formula for Fluid Replacement =1ml x bodyweight (kg) x TBSA (%)

$$= 1 \ge 53 \ge 42$$

 1^{st} 8 hours (half of the fluid) = 2,226 ÷ 2

= 1,113ml

Remaining 16 hours = 1,113 ml

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OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) STATION NO: 2 – PROBLEM SOLVING - BURNS FLUID REPLACEMENT CALCULATION

For Examiner	For Examinee
 Writing pad with instructions to the examiner and answer key Pen Chair Table 	 Writing pad with instructions to examinee Print out containing case scenario drug chart Writing pad with response sheet Drop box for filled response sheet Chair Table

ARTIFACT/ EQUIPMENTS / PRELIMINARY REQUIREMENTS

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 2 - PROBLEM SOLVING - BURNS FLUID REPLACEMENT CALCULATION

INSTRUCTIONS TO THE EXAMINEE

- Calculate the amount of fluid (Crystalloids) to be replaced for the 1st 24 hours by using Evan's formula for the percentage of burns in the given scenario.
- When the bell sounds, enter the room. You have 1 minute to read the case scenario and 4 minutes to do the calculation.
- Document your calculation in the response sheet.
- Place the filled response sheet in the drop box at the end of the allotted time.

Case scenario:

Mr. Balu, 45 years, admitted in the Burns unit with 42% TBSA burns yesterday. On examination, the vital parameters are as follows,

Temp: 99° F Pulse: 80 beats/min Resp: 20 breaths/ min BP: 110/70 mmHg Weight: 53 kg

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) STATION NO: 2 – PROBLEM SOLVING - BURNS FLUID REPLACEMENT CALCULATION

EXAMINEE RESPONSE SHEET

Registration Number:

Calculate the fluid volume to be replaced for the Burn patient:

Signature of the Examinee

Signature of the Examiner

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B.Sc. NURSING DEGREE PROGRAMME – III YEAR

MEDICAL SURGICAL NURSING - II

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 3 - THERAPEUTIC PROCEDURE - INSTILLATION OF EYE DROPS

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

- demonstrate the instillation of eye drops for patient who has undergone cataract surgery
- document the findings accurately

Instructions

- Observe and evaluate the examinee while performing the following steps of instillation of eye drops in the correct sequence and technique.
- Place the evaluated response sheet in the drop box.
- Score the task based on the following.
 - Score '2' for each task performed fully competently
 - Score '1' for partially competent and
 - Score '0' if the task is not performed or performed with mistakes as incompetent
- Calculate the total score

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STATION NO: 3 – THERAPEUTIC PROCEDURE – INSTILLATION OF EYE DROPS

SCORING SHEET

Steps	Task	Max			Regis	tratio	on nur	nber		
steps	Lask	score								
1.	Introduces self and greets the patient	2								
2.	Explains the purpose and obtains consent from the patient	2								
3.	Positions the patient by placing the patient's head over a pillow and turns head slightly to the affected side	2								
4.	Ensures availability of all articles and performs hand-rub	2	2							
5.	Puts on gloves and offers tissue to patient	2							-	
6.	Cleanses the eyelids with normal saline using a cotton ball moving from inner canthus to outer canthus	2								
7.	Removes cap from medication bottle without touching the inner aspect of the medication container	2								
8.	Instructs the patient to look up and focus on something on the ceiling.	2								
9.	Exposes the conjunctiva by pulling the lower eyelid and ensures that the dropper does not touch the eyelids or lashes.	2							-	
10.	Squeezes container and allows prescribed number of drops to fall into the lower conjunctival sac.	2								
11.	Releases the lower eyelid after instilling the eye drops and instructs the patient to gently close the eyes.	2								
12.	Applies gentle pressure over inner canthus and instructs the patient not to rub the eye.	2								
13.	Doffs the gloves and assists patient to a comfortable position	2								
14.	Thanks the patient courteously and performs hand rub	2								
15.	Documents the procedure highlighting any significant findings noted	2								
	Total	30								

Signature of the Examiner

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B.Sc. NURSING DEGREE PROGRAMME – III YEAR

MEDICAL SURGICAL NURSING - II

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 3 – THERAPEUTIC PROCEDURE – INSTILLATION OF EYE DROPS

For Examiner For Examinee • Writing pad with instructions to the • Cot with screen examiner and scoring sheet • Mannequin Drop box for evaluated response sheet Writing pad with case scenario drug • • • Pen chart • Pencil Bed side locker • • Eraser • Clean tray with hand rub Chair Clean gloves • • Table Prescribed eye drops with dispensing • nozzle • Normal saline • Knife dish lined with gauze pad Small bowl with 4-5 cotton balls and • gauze square $(2 \times 2 \text{ cm})$ Pre filled medication card • K basin Drop box for filled response sheet •

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 3 – THERAPEUTIC PROCEDURE – INSTILLATION OF EYE DROPS

DRUG CHART

Patient Information

Name: Mrs. Malar

Age: 61 years

Gender: Female

Bed No: 5

Ward: Eye ward

Medical Diagnosis: Left Eye Cataract

Surgical Diagnosis: Left Eye Cataract Surgery Intra-occular lens replacement

POD: 2

Physicians order

Medications:

1. Chloramphenicol eye drops – one drop- QID× 2 weeks

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 3 – THERAPEUTIC PROCEDURE – INSTILLATION OF EYE DROPS

INSTRUCTIONS TO THE EXAMINEE

Case Scenario:

Mrs. Malar, aged 61 years, was admitted with complaints of blurred vision and poor night vision. She was diagnosed to have left eye Cataract and has undergone Left Eye Cataract Surgery with Intraoccular lens replacement. Today is the 1st post op day.

Instructions:

- Read the Doctor's order
- Demonstrate the instillation of eye drops prescribed by the surgeon
- When the bell sounds, enter the room. You have 1 minute to read the case scenario and drug chart, and 4 minutes to perform the eye drops administration procedure.
- Document the findings.
- The filled response sheet must be handed over to the examiner at the end of the station.

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 3 – THERAPEUTIC PROCEDURE – INSTILLATION OF EYE DROPS

EXAMINEE RESPONSE SHEET

Registration number:

Documentation:

Name: Age: Gender: Ward: Medical Diagnosis: Surgical Diagnosis: POD: Bed No:

IP No:

Date/ Time	Name of the Drug	Dose	Route	Freq	Action	Nurses Responsibility

Signature of the Examinee

Signature of the Examiner

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OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 4 - VIRTUAL SIGN IDENTIFICATION-TRIAGE COLOUR CODING

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

- identify the triage colour coding.
- interpret & document the triage colour coding using the virtual sign on the slide

Instructions

- Check and evaluate the accuracy of the triage colour coding, documented by the examinee
- Score the task based on the following.
 - Score '1' for each fully accurate response
 - Score '0' for inaccurate response, as suggested in the answer key
- Calculate the total score

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STATION NO: 4 – VIRTUAL SIGN IDENTIFICATION-TRIAGE COLOUR CODING

SCORING SHEET

Slide	Triage Colour Coding	Max score	Registration number									
Silue												
1	Red	1										
2	Green	1										
3	Black	1										
4	Red	1										
5	Yellow	1										
	Total											

Name & Signature of the Examiner

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B.Sc. NURSING DEGREE PROGRAMME – III YEAR MEDICAL SURGICAL NURSING - II OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) STATION NO: 4 – VIRTUAL SIGN IDENTIFICATION-TRIAGE COLOUR CODING

Slide Number	Triage Image	Triage Colour Code
1		Red
2	Pain Assist.com Skin Abrason	Green
3	drecumröfme.com	Black
4	Fracture Swelling Bischarge CONSCIOUSNESS Nasal Discharge CP2inAssist.com	Red
5		Yellow

ANSWER KEY FOR THE EXAMINER

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 4 – VIRTUAL SIGN IDENTIFICATION-TRIAGE COLOUR CODING

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

For Examiner	For Examinee
 Writing pad with instructions to the examiner and scoring sheet Pen Chair Table 	 Writing pad with instructions to examinee Writing pad with response sheet Laptop with power source PPT slides containing images Chair Table Drop box for filled response sheet

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 4 – VIRTUAL SIGN IDENTIFICATION-TRIAGE COLOUR CODING

INSTRUCTION TO THE EXAMINEE

- Watch the (virtual sign) power point slide carefully, identify the triage colour coding and document its interpretation.
- When the bell sounds, enter the room. You have 5 minutes to identify and interpret the triage colour coding.
- Document your response in the response sheet provided.
- Place the filled response sheet in the drop box at the end of the allotted time.

B.Sc. NURSING DEGREE PROGRAMME – II YEAR MEDICAL SURGICAL NURSING I OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 4 – VIRTUAL SIGN IDENTIFICATION-TRIAGE COLOUR CODING

EXAMINEE RESPONSE SHEET

Registration number:

Slide	Triage Colour Coding	Max Score	Score Awarded
1		1	
2		1	
3		1	
4		1	
5		1	
	Total	5	

Signature of the Examinee:

Signature of the Examiner:

B.Sc. NURSING DEGREE PROGRAMME – III YEAR MEDICAL SURGICAL NURSING - II OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 5 – DATA INTERPRETATION-CARDIAC PARAMETERS

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

- identify the normal and abnormal cardiac parameters
- interpret & document the normal and abnormal cardiac parameters using the virtual image.

Instructions

- Check and evaluate the accuracy of the cardiac parameters, documented by the examinee
- Score the task based on the following.
 - Score '3' for each fully accurate response
 - Score '0' for inaccurate, as suggested in the answer key
- Calculate the total score

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STATION NO: 5 – DATA INTERPRETATION -CARDIAC PARAMETERS

Registration No	Respiration (3)	Mean pressure (3)	ECG (3)	Pulmonary Artery Pressure (PAP) (3)	Arterial BP (3)	Total (15)

SCORING SHEET

Signature of the Examiner

MSN - 93 of 131

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 5 – DATA INTERPRETATION - CARDIAC PARAMETERS

ANSWER KEY FOR THE EXAMINER

S. No	Cardiac Parameters	Patient Value	Normal Value	Interpretation
1	Respiration	40	12-20	Tachypnea
2	Mean pressure	79	70-100 mmHg	Normal
3	ECG	Sinus rhythm	Sinus rhythm	Normal
4	Pulmonary Artery Pressure (PAP)	29/14	20-30/6-10 mm Hg	Normal
5	Arterial BP	119/79	Systolic BP:90-120 mmHg Diastolic BP:50-80 mmHg	Normal

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 5 – DATA INTERPRETATION -CARDIAC PARAMETERS

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

For Examiner	For Examinee
 Writing pad with instructions to the examiner and scoring sheet Pen Chair Table 	 Writing pad with instructions to examinee Writing pad with response sheet Images of cardiac parameter print out Chair Table Drop box for filled response sheet

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 5 – DATA INTERPRETATION -CARDIAC PARAMETERS

INSTRUCTIONS TO THE EXAMINEE

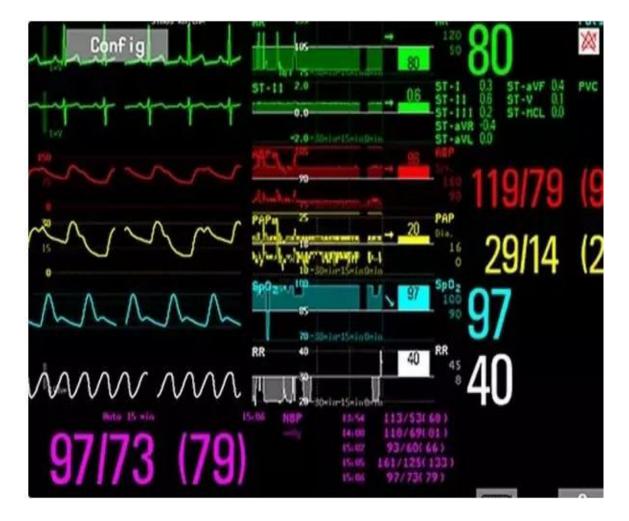
- Carefully read the content on the print out and note the respiration, mean pressure, ECG, Pulmonary Artery Pressure (PAP) and Arterial BP readings from the cardiac monitor image.
- Document the findings as patient value, normal value and its interpretation.
- When the bell sounds, enter the room. You have 5 minutes to identify and interpret the cardiac monitor readings mentioned in the question sheet.
- Document your answers in the response sheet provided.
- Place the filled response sheet in the drop box.

B.Sc. NURSING DEGREE PROGRAMME – III YEAR MEDICAL SURGICAL NURSING - II OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 5 – DATA INTERPRETATION -CARDIAC PARAMETERS

QUESTION SHEET

• Note and record the respiration, mean pressure, ECG, Pulmonary Artery Pressure (PAP) and Arterial BP readings from the cardiac monitor image given below



CARDIAC MONITOR IMAGE

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B.Sc. NURSING DEGREE PROGRAMME – III YEAR MEDICAL SURGICAL NURSING - II OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) STATION NO: 5 – DATA INTERPRETATION -CARDIAC PARAMETERS

EXAMINEE RESPONSE SHEET

Registration number:

S. No	Cardiac Parameters	Patient Value	Normal Value	Interpretation	Max Score	Score Awarded
1	Respiration				3	
2	Mean pressure				3	
3	ECG				3	
4	Pulmonary Artery Pressure (PAP)				3	
5	Arterial BP				3	
				Total	15	

Signature of the Examinee:

Signature of the Examiner:

B.Sc. NURSING DEGREE PROGRAMME – III YEAR

MEDICAL SURGICAL NURSING - II

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 6 - VIRTUAL SIGN IDENTIFICATION- SYMPTOMS OF BREAST CANCER

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

- identify the images related to breast cancer
- document the responses accurately

Instructions

- Check and evaluate the accuracy of the response related to Breast Cancer, documented by the examinee.
- Score the task based on the following.
 - Score '1' for each image identified accurately
 - Score '0' for inaccurate responses based on the answer key
- Calculate the total score

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STATION NO: 6 -VIRTUAL SIGN IDENTIFICATION- BREAST CANCER

SCORING SHEET

Image	Breast Cancer	Max	Registration number									
No		score										
1	Erythema	1										
2	Bloody Discharge	1										
3	Inverted Nipple	1										
4	Lump	1										
5	5 Peau d'orange											
	Total											

Signature of the Examiner

MSN - 100 of 131

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 6 -VIRTUAL SIGN IDENTIFICATION- SYMPTOMS OF BREAST CANCER

Slide No.	Image	Answer
1	2	Erythema
2	()	Bloody Discharge
3	2-/	Inverted Nipple
4	<u>.</u>	Lump
5		Peau d'orange

ANSWER KEY FOR THE EXAMINER

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OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 6 -VIRTUAL SIGN IDENTIFICATION- SYMPTOMS OF BREAST CANCER

For Examiner	For Examinee
 Writing pad with instructions to the examiner and scoring sheet Pen Chair Table 	 Writing pad with instructions to examinee Writing pad with response sheet Drop box for filled response sheet Laptop with power source PPT slides containing images Chair Table

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

B.Sc. NURSING DEGREE PROGRAMME – III YEAR MEDICAL SURGICAL NURSING - II OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 6 - VIRTUAL SIGN IDENTIFICATION- BREAST CANCER

INSTRUCTIONS TO THE EXAMINEE

- Watch the (virtual sign) power point slide carefully, identify and document the interpretation of the images related to breast cancer.
- You have 5 minutes to identify and interpret the images.
- Document your responses in the response sheet provided.
- Place the filled response sheet in the drop box.

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 6 -VIRTUAL SIGN IDENTIFICATION- BREAST CANCER

EXAMINEE RESPONSE SHEET

Registration Number:

Slide No	Image	Maximum Score	Score Awarded
1		1	
2		1	
3		1	
4		1	
5		1	
	Total	5	

Signature of the Examiner

Signature of the Examinee

B.Sc. NURSING DEGREE PROGRAMME – III YEAR MEDICAL SURGICAL NURSING - II OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 7 – DATA INTERPRETATION - IDENTIFICATION OF ENT INSTRUMENTS

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

• identify and document the displayed ENT instruments

Instructions

- Check and evaluate the accuracy of the name of the ENT instrument, documented by the examinee.
- Score the task based on the following.
 - Score '1' for each instrument identified accurately
 - Score '0' for inaccurate response, as suggested in the answer key
- Calculate the total score

MSN - 105 of 131

STATION NO: 7 – DATA INTERPRETATION- IDENTIFICATION OF ENT INSTRUMENTS

SCORING SHEET

Labelled	Name of the ENT Instrument Max	Registration number								
No	Iname of the ENT Instrument	score								
1	Otoscope	1								
2	Post Nasal Mirror	1								
3	Simpson's Aural syringe	1								
4	Nasal Speculum	1								
5	Hartmann Alligator Forceps	1								
	Total									

Signature of the Examiner

MSN - 106 of 131

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 7 – DATA INTERPRETATION -IDENTIFICATION OF ENT INSTRUMENTS ANSWER KEY FOR THE EXAMINER

Labelled No	Name of the ENT Instrument	Answer
1	e and a second sec	Otoscope
2		Post Nasal Mirror
3		Simpson's Aural syringe
4		Nasal Speculum
5	6	Hartmann Alligator Forceps

MSN - 107 of 131

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 7 – DATA INTERPRETATION -IDENTIFICATION OF ENT INSTRUMENTS

For Examiner	For Examinee
 Writing pad with instructions to the examiner and answer key Pen Chair Table 	 Writing pad with instructions to examinee Clean tray containing labelled ENT instruments Writing pad with response sheet Drop box for filled response sheet Chair Table

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 7 – IDENTIFICATION OF ENT INSTRUMENTS

INSTRUCTIONS TO THE EXAMINEE

- Carefully observe and identify the labelled ENT instruments displayed and document the name of each instrument with accuracy, in the same order.
- When the bell sounds, enter the room. You have 5 minutes to identify and name the displayed ENT instruments.
- Document your answer in the response sheet provided.
- Place the filled response sheet in the drop box

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 7 – DATA INTERPRETATION -IDENTIFICATION OF ENT INSTRUMENTS

Registration number:

Label No	Name of the ENT Instrument	Max Score	Score Awarded
1		1	
2		1	
3		1	
4		1	
5		1	
	Total	5	

Signature of the Examinee:

Signature of the Examiner

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 8 – DATA INTERPRETATION - TYPES OF TRACHEOSTOMY TUBES

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

- identify the tracheostomy tube
- interpret & document the name of the tracheostomy tube using the image on the print out.

Instructions

- Check and evaluate the accuracy of the types of tracheostomy tubes, documented by the examinee
- Score the task based on the following.
 - Score '1' for each fully accurate response
 - Score '0' for inaccurate, as suggested in the answer key
- Calculate the total score

MSN - 111 of 131

STATION NO: 8 – DATA INTERPRETATION - TYPES OF TRACHEOSTOMY TUBES

SCORING SHEET

Image	Max		Re	gistratio	on numl	ber			
No	Type of Tracheostomy Tube	score							
1		1							
2		1							
3		1							
4		1							
5		1							
Total		5							

Signature of the Examiner

MSN - 112 of 131

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) STATION NO: 8 – DATA INTERPRETATION - TYPES OF TRACHEOSTOMY TUBES

Image	Tracheostomy Tube	Name	Maximum Score				
1		Cuffed tube	1				
2		Uncuffed tube	1				
3		Fenestrated tube	1				
4		Metal tube	1				
5		Cuffed Adjustable Flange Tube	1				
	Total	Total					

ANSWER KEY FOR EXAMINER

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OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 8 – DATA INTERPRETATION - TYPES OF TRACHEOSTOMY TUBES

For Examiner	For Examinee				
 Writing pad with instructions to the examiner and scoring sheet Pen Chair Table 	 Writing pad with instructions to examinee Writing pad with response sheet Print out of image containing tracheostomy tube Chair Table Drop box for filled response sheet 				

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 8 – DATA INTERPRETATION - TYPES OF TRACHEOSTOMY TUBES

INSTRUCTIONS TO THE EXAMINEE

- Watch the images in the print out carefully, identify the type of tracheostomy tube and document the name for each tracheostomy tube
- You have 5 minutes to identify and interpret the images.
- Document your answers on the response sheet provided.
- Place the filled response sheet in the drop box.

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 8 – DATA INTERPRETATION - TYPES OF TRACHEOSTOMY TUBES

QUESTION SHEET

Image	Tracheostomy Tube
1	
2	
3	
4	
5	

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 8 – DATA INTERPRETATION - TYPES OF TRACHEOSTOMY TUBES

EXAMINEE RESPONSE SHEET

Registration Number:

Image No	Tracheostomy Tubes	Max Score	Score Awarded
1		1	
2		1	
3		1	
4		1	
5		1	
	Total	5	

Signature of the Examiner

Signature of the Examinee

B.Sc. NURSING DEGREE PROGRAMME – III YEAR MEDICAL SURGICAL NURSING - II OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 9 – DATA INTERPRETATION - RESUSCITATION EQUIPMENTS

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

- identify the resuscitation equipments
- interpret & document the name of the resuscitation equipment from the images on the print out.

Instructions

- Check and evaluate the accuracy of the resuscitation equipments, documented by the examinee
- Score the task based on the following.
 - Score '1' for each fully accurate response
 - Score '0' for inaccurate, as suggested in the answer key
- Calculate the total score

MSN - 118 of 131

STATION NO: 9 – DATA INTERPRETATION - RESUSCITATION EQUIPMENTS

SCORING SHEET

Image	Dequesitation Equipments	Max	Registration number										
No	Resuscitation Equipments	score											
1	Bougie / ET Stillet	1											
2	Mouth to Mouth Rebreather Mask	1											
3	Automated CPR Compressor Machine	1											
4	Laryngeal Mask Airway	1											
5	Oropharyngeal Airway	1											
	Total	5											

Signature of the Examiner

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B.Sc. NURSING DEGREE PROGRAMME – III YEAR MEDICAL SURGICAL NURSING - II OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) STATION NO: 9 – DATA INTERPRETATION - RESUSCITATION EQUIPMENTS

Image	Resuscitation Equipment	Name	Maximum Score
1		Bougie/ET Stillet	1
2		Mouth to Mouth Rebreather Mask	1
3		Automated CPR Compressor Machine	1
4		Laryngeal Mask Airway	1
5		Oropharyngeal Airway	1
	·	Total	5

ANSWER KEY FOR THE EXAMINER

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OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 9 – DATA INTERPRETATION - RESUSCITATION EQUIPMENTS

For Examiner	For Examinee
 Writing pad with instructions to the examiner and scoring sheet Pen Chair Table 	 Writing pad with instructions to examinee Writing pad with response sheet Printout of Resuscitation equipment Chair Table Drop box for filled response sheet

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 9 – DATA INTERPRETATION - RESUSCITATION EQUIPMENTS

INSTRUCTIONS TO THE EXAMINEE

- Carefully note and identify the images of resuscitation instrument given on the print out and document the name of the resuscitation equipment in the same order.
- You have 5 minutes to identify and interpret the images.
- Document your responses on the response sheet provided.
- Place the filled response sheet in the drop box.

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 9 – DATA INTERPRETATION - RESUSCITATION EQUIPMENTS

QUESTION SHEET

Identify the images of resuscitation instrument given on the print out and document the name of the resuscitation equipment in the same order in the response sheet provided.

Image	Resuscitation Equipment
1	
2	
3	
4	
5	

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 9 – DATA INTERPRETATION - RESUSCITATION EQUIPMENTS

EXAMINEE RESPONSE SHEET

Registration Number:

Image No	Resuscitation Equipment	Max Score	Score Awarded
1		1	
2		1	
3		1	
4		1	
5		1	
	Total	5	

Signature of the Examiner

Signature of the Examinee

B.Sc. NURSING DEGREE PROGRAMME – III YEAR MEDICAL SURGICAL NURSING - II OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 10- PROBLEM SOLVING -DRUG CALCULATION

INSTRUCTIONS TO THE EXAMINER

Objectives

The station is designed to test the examinee's ability to:

• Calculate the rate of infusion for emergency drug administration using infusion pump

Instructions

• Examine the examinee's written responses for calculating the rate of infusion for emergency drug administration using infusion pump for the case scenario given below,

Case scenario: Mr. Raghu 76 yrs, admitted in Cardiac Intensive Care Unit for supportive care has been prescribed an infusion of Inj. Dopamine at 5 mcg/min stat. Body weight of the patient is 60 kg.

• Scoring criteria:

If examinee's response is

- Fully accurate, score '5' can be given,
- Partly accurate, score '3' can be given,
- Inaccurate, score '0' can be given.

STATION NO: 10- PROBLEM SOLVING -DRUG CALCULATION

SCORING SHEET

Registration No	Amount of Drug by Weight (2)	Amount of Drug to Dilute (2)	Drug Preparation (2)	Rate of Infusion Formula (2)	Rate of Infusion (2)	Total (10)

Signature of the Examiner

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OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 10- PROBLEM SOLVING -DRUG CALCULATION

ANSWER KEY

S. No	Steps	Answer
1	Amount of Drug by Weight	180 mg
2	Amount of Drug to Dilute	4.5 ml
3	Drug Preparation	3600 mcg
4	Rate of Infusion Formula	Dose (in mcg) x body weight x 60 (min) Drug concentration in mcg
5	Rate of Infusion	5 ml/hr

Drug ordered: Inj. Dopamine at 5 mcg/min stat

1 ampoule contains 200mg in 5 ml

Amount of drug = Body Weight × 3

$$= 60 \times 3$$

= 180 mg

Amount of drug in ml = $\underline{180mg \times 5 ml} = 4.5 ml$

200 mg

Drug preparation: Dopamine 180mg (4.5 ml) + (45.5 ml) NS = 50 ml

Therefore 50 ml contains 180mg=180/50=3.6mg

Drug concentration in mcg = 1000×3.6

= 3600 mcg

Rate of Infusion = Dose (in mcg) x body weight x 60 (min) = ml/hr

Drug concentration in mcg

 $5 \operatorname{mcg} x 60 \operatorname{kg} x 60 \operatorname{min} = 5 \operatorname{ml/hr}$

3600 mcg/ ml

Answer: Rate of infusion of Inj.Dopamine = 5ml/hr

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OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 10- PROBLEM SOLVING -DRUG CALCULATION

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

For examiner	For examinee
• Writing pad with instructions to the examiner, answer key and evaluation format	 Writing pad with instructions to examinee Writing pad with response sheet Drop box for filled response sheet Chair Table

B.Sc. NURSING DEGREE PROGRAMME – III YEAR MEDICAL SURGICAL NURSING - II OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 10- PROBLEM SOLVING -DRUG CALCULATION

INSTRUCTIONS TO THE EXAMINEE

- When the bell sounds, enter the room. You have 5 minutes to calculate the rate of infusion for the given drug.
- Read the case scenario and do the calculation as directed on the response sheet provided.
- Leave the filled response sheet in the drop box on completion of the allotted time.

Case Scenario

Mr. Raghu 76 yrs, admitted in Cardiac Intensive Care Unit for supportive care has been prescribed an infusion of Inj. Dopamine at 5 mcg/min stat. Body weight of the patient is 60 kg.

Question:

Calculate the rate of infusion (ml/hr) that has to be administered for 50 ml of Dopamine infusion if drug dose ordered is 5mcg/min.

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) STATION NO: 10– PROBLEM SOLVING –DRUG CALCULATION

EXAMINEE RESPONSE SHEET

Registration number:

Calculation of Drug Infusion Rate

Signature of the Examinee:

Signature of the Examiner:

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OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

SCORE COMPILATION SHEET

Date:													
Name	of the examination: _												
Regist	Name of the examination:												
Total	number of students: A	llotted:			Atte	nded:			_Absent:	:			
	1					~							
						Station - I	Max Score	;				Total	
S. No.	Registration number	PE	PS	ТР	VSI	Station - I DI	Max Score VSI	DI	DI	DI	PS	Total	

						Station - I	Max Score	;				Total		Final
	Registration number	PE	PS	ТР	VSI	DI	VSI	DI	DI	DI	PS		%	OSCE/OSPE
S. No.	Kegisti atton number	20	10	30	5	15	5	5	5	5	10	110		Score (University prescribed)

Name and signature of the Examiners:

External

Internal

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M.Sc. NURSING DEGREE PROGRAM CLINICAL SPECIALITY-MEDICAL SURGICAL NURSING OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) BANK

TEST MAP-BASED ON BLUE PRINT

								DOMAI	NS OF CL	INICAL	EXPER	IENCE				
STATION NUMBER	TYPE OF STATION	PROGRAM COMPONENT	ITEM TITLE	COMPETENCY TEST	PROPOSED TEST FILE	COLONNE				P	PROCEDURE			COGNITIVE SKILLS		
						HT	OC	PE	VSI	ТР	DP	IATF	DI	DM	PS	
1	Manned	Peripheral Vascular	Peripheral Vascular System Assessment (Palpation of Lower Extremities)	PE	Simulated patient	_		1	_	_	_	_	_	_	-	
2	Unmanned	Cardiothoracic	Drug Calculation	PS	Print out	-	-	-	-	_	_	_	_	_	1	
3	Manned	Respiratory	Arterial blood sample collection	DP	Mannequin	_	_	_	_	1	_	_	_	_	_	
4	Unmanned	Gastrointestinal	Cirrhosis of liver	VSI	Simulated slides	_	_	_	1	_	_	_	_	_	_	
5	Unmanned	Cardiothoracic	Identification of the parts and purpose of Swan Ganz Catheter	DI	Print out	_	_	_	_	_	_	_	1	_	_	

Key Words:

HT: History taking OC: Other communication PE: Physical examination VSI: Virtual sign identification. TP: Therapeutic procedure DI: Data interpretation IATF: Identification of abnormal test finding DP: Diagnostic procedure DM: Decision making PS: Problem solving

Subject Coordinator

Head of the Department

M.Sc. NURSING DEGREE PROGRAM CLINICAL SPECIALITY-MEDICAL SURGICAL NURSING OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) BANK

STATION 1: PHYSICAL EXAMINATION-PERIPHERAL VASCULAR SYSTEM ASSESSMENT (PALPATION OF LOWER EXTREMITIES)

INSTRUCTIONS TO THE EXAMINER

Objectives:

The station is designed to test the examinee's ability to:

- Perform physical examination (palpation) of the lower extremities to check for any peripheral vascular abnormalities
- interpret & document the findings.

Instructions:

- Observe and evaluate the examinee while performing the following steps of physical examination–Palpation of peripheral vascular abnormalities in the lower extremities in the correct sequence and technique.
- Score '2' for each task performed competently, '1' for partially competent and '0' if performed incompetently, as recommended in the evaluation format, and calculate the total score.

STATION 1: PHYSICAL EXAMINATION – PERIPHERAL VASCULAR SYSTEM ASSESSMENT (PALPATION OF LOWER EXTREMITIES)

		Max		Regis	tratio	on Nur	nber	
S.No.	Tasks	score						
1	Greets the patient and introduces self	2						
2	Explains the procedure to the patient and obtains consent	2						
3	Provides privacy and ensures availability of articles	2						
4	Performs hand-rub and positions patient comfortably in supine	2						
5	Palpates the lower extremities for: Edema- Gently presses the skin over the tibia or medial malleolus and dorsum of both feet for 5 seconds and notes indentation (pit) after releasing the pressure (both the legs)	2						
6	Pulse- Assesses the rate, rhythm, volume and pressure in each blood vessels of both the lower extremities (popliteal, posterior tibial and dorsalis pedis artery)	2						
7	Measures the calf muscle circumference in both the legs	2						
8	Assesses Homan's sign (both legs) bydorsiflexing the foot and notes any pain in the calf muscle	2						
9	Makes the patient comfortable and replaces the articles	2						
10	Interprets and documents the findings	2						
	Total	20						

Signature of the Examiner:

M.Sc. NURSING DEGREE PROGRAM CLINICAL SPECIALITY- MEDICAL SURGICAL NURSING OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) BANK

STATION 1: PHYSICAL EXAMINATION – PERIPHERAL VASCULAR SYSTEM ASSESSMENT (PALPATION OF LOWER EXTREMITIES)

For stimulated patient	For examiner	For examinee
• Cot with screen	• Writing pad with instructions	• Writing pad with instructions
• Top sheet	to the examiner and scoring	to examinee
• Writing pad with case	sheet	• Clean tray with hand rub and
scenario	• Drop box for evaluated	inch tape
• Instructions for simulated	response sheet	• Tray with response sheet
patient(to be informed prior to	• Pen	
the OSCE)	• Pencil	
	• Eraser	
	• Chair	
	• Table	

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

M.Sc. NURSING DEGREE PROGRAM CLINICAL SPECIALITY- MEDICAL SURGICAL NURSING OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE) BANK

STATION 1: PHYSICAL EXAMINATION – PERIPHERAL VASCULAR SYSTEM ASSESSMENT (PALPATION OF LOWER EXTREMITIES)

INFORMATION TO THE SIMULATED PATIENT

Your role: Patient, named Mr. Maran, aged 53 years.

Information to be volunteered by you at the start of the physical examination

- You have the complaints of sudden onset of mild pain in the lower limbs while walking.
- You are a known case of Chronic Hypertension on irregular treatment for the past 5 years
- You are a smoker and alcoholic for 30 years.
- Your BP on admission was 160/100 mmHg

Background information

Demographic Data:

- Name: Mr. Maran
- Age: 53 years
- Educational qualification: M.com
- Marital Status: Married
- Occupation: Police constable
- Religion: Hindu
- Family income: Rs.40 ,000/month

Past medical and surgical history

- Has past history of hypertension and not on regular treatment.
- You have no significant medications records
- You have no past surgical history.

Relevant previous medications

• You have no significant past medication history.

STATION 1: PHYSICAL EXAMINATION – PERIPHERAL VASCULAR SYSTEM ASSESSMENT (PALPATION OF LOWER EXTREMITIES)

INSTRUCTIONS TO THE EXAMINEE

Case Scenario:

Mr. Maran, aged 53 years is admitted with complaints of sudden onset of mild pain in the lower limbs while walking. He is a known case of Chronic Hypertension on irregular treatment for the past 5 years and has history of smoking and alcoholism for 30 years.

Instructions:

- Palpate the lower extremities for clinical features of peripheral vascular abnormalities and interpret the findings.
- When the bell sounds, enter the room. You have 1 minute to discuss with the patient and 4 minutes to examine the lower extremities of the patient using the articles provided.
- Document your observations and interpretations in the response sheet provided
- Hand over the response sheet to the examiner at the end of the station.

STATION 1: PHYSICAL EXAMINATION – PERIPHERAL VASCULAR SYSTEM ASSESSMENT (PALPATION OF LOWER EXTREMITIES)

EXAMINEE RESPONSE SHEET

Registration Number:

Documentation:

Signature of the Examinee:

Signature of the Examiner:

STATION 2: PROBLEM SOLVING -CALCULATION OF DRUG INFUSION RATE

INSTRUCTIONS TO THE EXAMINER

Objectives:

The station is designed to test the examinee's ability to:

• Calculate the rate of infusion for emergency drug administration using infusion pump

Instructions:

• Examine the examinee's written responses for calculating the rate of infusion for emergency drug administration using infusion pump for the case scenario given below.

Case scenario: Mr. Mani 52 yrs, admitted in Cardiac Intensive Care Unit for supportive care has been prescribed an infusion of Inj. Dobutamine at 4 mcg/min stat. Body weight of the patient is 70 kg.

• Scoring criteria:

If examinee's response is

- ✓ Fully accurate, score '5' can be given,
- ✓ Partly accurate, score '3' can be given,
- ✓ Inaccurate, score '0' can be given.

STATION 2: PROBLEM SOLVING -CALCULATION OF DRUG INFUSION RATE

ANSWER KEY

Drug ordered: Inj. Dobutamine at 4 mcg/min stat

1 ampoule contains 250mg in 5 ml

Amount of drug = Body Weight ×3

= 70×3 = **210 mg**

Amount of drug in ml = $210 \text{mg} \times 5 \text{ ml}$ 250 mg

= **4.2** ml

Drug preparation: Dobutamine 210mg (**4.2 ml**)+(**45.8 ml**) NS = 50 ml Therefore 50 ml contains 250mg

Drug concentration in mcg = 1000×4.2 = 4200 mcg

Rate of Infusion= $\underline{\text{Dose (in mcg) x body weight x 60 (min)}}$ = $\underline{\text{ml/hr}}$

Drug concentration in mcg

 $\frac{4 \operatorname{mcg} x 70 \operatorname{kg} x 60 \operatorname{min}}{4200 \operatorname{mcg}/\operatorname{ml}}$

Answer: Rate of infusion of Inj.Dobutamine=4ml/hr

STATION 2: PROBLEM SOLVING -CALCULATION OF DRUG INFUSION RATE

	Registration number									
Score awarded										
(Max score 5)										

Signature of examiner:

STATION 2: PROBLEM SOLVING -CALCULATION OF DRUG INFUSION RATE

For examiner	For examinee
• Writing pad with instructions to the examiner, answer key and evaluation format	Writing pad with instructions to examineeTray with response sheet
	 Drop box for filled response sheet Chair Table

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

STATION 2: PROBLEM SOLVING -CALCULATION OF DRUG INFUSION RATE

INSTRUCTIONS TO THE EXAMINEE

- When the bell sounds, enter the room. You have 5 minutes to calculate the rate of infusion for the given drugmentioned below, on the response sheet provided.
- Leave the filled response sheet in the drop box on completion of the allotted time.

Case Scenario:

Mr. Mani 52yrs, admitted in Cardiac Intensive Care Unit for supportive care was ordered an infusion of Dobutamine at 4 mcg/min Stat.His body weight is 70 kg.

Question:

Calculate the rate of infusion (ml/hr) that has to be administered for 250 ml of Dobutamine infusion if drug dose ordered is 4mcg/min.

STATION 2: PROBLEM SOLVING -CALCULATION OF DRUG INFUSION RATE

EXAMINEE RESPONSE SHEET

Registration number:

Calculation of Drug Infusion Rate

Signature of the Examinee:

Signature of the Examiner:

STATION3: DIAGNOSTICPROCEDURE-ARTERIAL BLOOD SAMPLE COLLECTION

INSTRUCTIONS TO THE EXAMINER

Objectives:

The station is designed to test the examinee's ability to:

- demonstrate the arterial blood sample collection from the radial artery.
- follow the correct sequence and technique of collecting the arterial blood sample.

Instructions:

- Observe and evaluate the examinee for correct sequence and technique while she performs the following steps of arterial blood collection.
- Score '2' for each task performed competently, '1' for partially competent and '0' if performed incompetently as recommended in the evaluation format and calculate the total score.

STATION 3: DIAGNOSTICPROCEDURE- ARTERIAL BLOOD SAMPLE COLLECTION

				R	Registra	tion No		
S.No.	Tasks	Max score						
1.	Verifies the doctor's order, identifies and greets the patient.	2						
2.	Explains the procedure and obtains consent from the patient.	2						
3.	Provides privacy and ensures availability of articles	2						
4.	Performs hand hygiene and positions patient comfortably in supine position	2						
5.	Places mackintosh and towel under the forearm, and a rolled towel under the wrist.	2						
6.	Performs Allen's test and ensures adequate circulation to the forearm.	2						
7.	Performs hand rub, wears gloves and palpates selected radial artery	2						
8.	Stabilizes the artery by slight hyperextension; cleans the site with alcohol swab and allows it to dry.	2						
9.	Holds a gauze pad with the fingers used to palpates the artery and prepares the patient for needle stick	2						
10.	Holds needle bevel up and inserts the needle at 45° angle into radial artery	2						
11.	Allows arterial pressure to pump about 1 ml of blood into heparinized syringe.	2						
12.	Hold gauze pad over puncture site, withdraw syringe and needle and caps needle using one-hand technique	2						
13.	Applies firm pressure over and just proximal to puncture site with gauze, until the bleeding stops and instructs the patient to avoid using the extremity for vigorous activity for at least 24 hrs	2						
14.	Applies a small adhesive tape over stick site, after bleeding stops; checks and expel any air bubbles in the syringe	2						
15.	Makes patient comfortable; monitors patient for circulatory complications such as swelling, pain, numbness, tingling and document the findings of Allen's test, details of sample collected and arterial puncture site	2						
	Total	30						

Signature of the Examiner:

STATION 3: DIAGNOSTICPROCEDURE- ARTERIAL BLOOD SAMPLE COLLECTION

For examiner	For examinee
• Writing pad with instructions to the examiner	• Writing pad with instructions to examinee
and scoring sheet	• Tray with response sheet
• Drop box for evaluated response sheet	• Cot with screen
• Pen	Mannequin
• Pencil	• Writing pad with case scenario
• Eraser	Bedside locker
• Chair	• Clean tray with hand rub
• Table	• Injection tray
	• 1-2 ml heparinized syringe with cap
	• 23 or 25 gauge needle
	• Small bowl with 4 to 5 cotton balls
	• 2 to 3 small gauze pads (2x2 inch size)
	• Spirit
	• Clean glove
	• Small rolled towel
	• Adhesive tape
	• Small mackintosh with towel
	• K - basin
	• Label with patient's details, date and time
	sample collection

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

STATION 3: DIAGNOSTICPROCEDURE- ARTERIAL BLOOD SAMPLE COLLECTION

INSTRUCTIONS TO THE EXAMINEE

Case Scenario:

Mrs. Rajammal, aged 56 years, with a history of CCF, is admitted in the cardiac ward with complaints of difficulty in breathing, orthopnoea and sleeplessness.

Instructions:

- Read the doctor's order and
- Demonstrate the arterial blood sample collection from the radial artery.
- When the bell sounds, enter the room. You have 4 minutes to perform the arterial blood sample collection and 1 minute for any discussion with the patient.
- Document the procedure and
- Hand over the filled response sheet to the examiner at the end of the station.

STATION 3: DIAGNOSTICPROCEDURE– ARTERIAL BLOOD SAMPLE COLLECTION

EXAMINEE RESPONSE SHEET

Registration Number:

Documentation:

Signature of the Examinee:

Signature of the Examiner:

STATION 4: VIRTUAL SIGN IDENTIFICATION- CIRRHOSIS OF LIVER

INSTRUCTIONS TO THE EXAMINER

Objectives:

The station is designed to test the examinee`s ability to:

- identify the images related to Cirrhosis of liver
- document the responses accurately.

Instructions:

- Check the accuracy of the responses, documented by the examinee, for the images related to Cirrhosis of liver
- Score '1' for each image identified accurately or '0' for inaccurate response based on the answer key and calculate the total score.

STATION 4: VIRTUAL SIGN IDENTIFICATION- CIRRHOSIS OF LIVER

Slide No. Image Answer 1 Jaundice 2 Ascites 3 Spider telangiectasia 4 Edema Palmar erythema 5

ANSWER KEY FOR THE EXAMINER

STATION 4: VIRTUAL SIGN IDENTIFICATION- CIRRHOSIS OF LIVER

SCORING SHEET

			Registration number								
Slide No	Image	Max Score									
1	Jaundice	1									
2	Ascites	1									
3	Spider telangiectasia	1									
4	Edema	1									
5	Palmar erythema	1									
	Total	5									

Signature of the examiner:

STATION 4: VIRTUAL SIGN IDENTIFICATION- CIRRHOSIS OF LIVER

For examiner	For examinee
• Writing pad with instructions to the examiner,	Writing pad with instructions to examinee
answer key and scoring sheet	• Laptop with power source
• Pen	• PPT slides containing relevant images
• Chair	• Tray with response sheet
• Table	• Drop box for filled response sheet
	• Chair
	• Table

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

STATION 4: VIRTUAL SIGN IDENTIFICATION- CIRRHOSIS OF LIVER

INSTRUCTIONS TO THE EXAMINEE

- Carefully observe and identify the images (virtual sign) on the power point slides, and document the interpretation for each image in the response sheet provided.
- You have 5 minutes to identify and interpret the images.
- Leave the filled response sheet in the drop box on completion of the allotted time.

STATION 4: VIRTUAL SIGN IDENTIFICATION- CIRRHOSIS OF LIVER

EXAMINEE RESPONSE SHEET

Registration Number:

Slide No	Image	Max Score	Score awarded
1		1	
2		1	
3		1	
4		1	
5		1	
	Total	5	

Signature of the examiner:

STATION 5: DATA INTERPRETATION-IDENTIFICATION OFTHE PARTS & PURPOSE OF SWAN GANZ CATHETER

INSTRUCTIONS TO THE EXAMINER

Objectives:

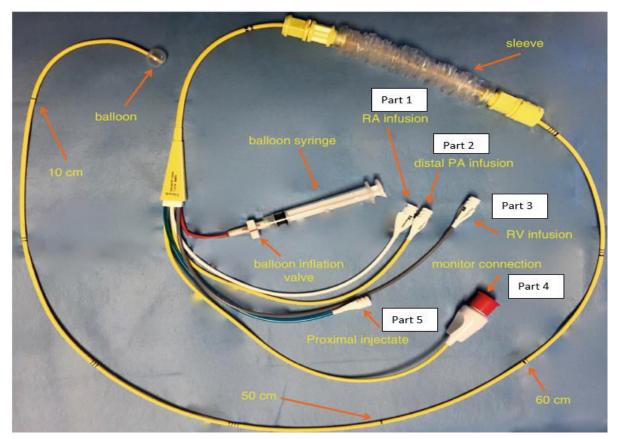
The station is designed to test the examinee`s ability to:

- identify theparts of the Swan Ganz Catheter, marked on the image given, and
- document the name and purpose of the parts accurately on the response sheet provided.

Instructions:

- Check the accuracy of the responses, documented by the examinee, related to the name and purpose of the 5 marked parts of the Swan Ganz Catheter
- Score '2' for each fully accurate response (both name and purpose), '1' for partially accurate response (either name or purpose) or '0' for inaccurate response based on the answer key and calculate the total score.

STATION 5: DATA INTERPRETATION-IDENTIFICATION OF THE PARTS & PURPOSE OF SWAN GANZ CATHETER



ANSWER KEY FOR THE EXAMINER

Parts of Swan Ganz Catheter and its purpose

Part No	Name of the part	Purpose	Max Score
1	Right atrial infusion port	To assess CVP and measure RA pressure	2
2	Distal pulmonary arteryinfusion port	For PA pressure transducer and mixed SvO ₂ sampling	2
3	Right ventricle infusion/pacing port	For infusion or pacing the right ventricle	2
4	Monitor/ thermistor connector	For power plug connection to the monitor for PA blood temperature measurement	2
5	Proximal injection port	For CVP monitoring, IV fluid and drug administration	2
	Total		10

STATION 5: DATA INTERPRETATION-IDENTIFICATION OF PARTS & PURPOSE OF SWAN GANZ CATHETER

]	Regis	tratio	on nu	mbe	r	
Part No	Name of the part	Purpose	Max Score							
1	Right atrial infusion port	To assess CVP and measure RA pressure	2							
2	Distal pulmonary arteryinfusion port	For PA pressure transducer and mixed SvO ₂ sampling	2							
3	Right ventricle infusion/ pacing port	For infusion or pacing the right ventricle	2							
4	Monitor/ Thermistor connector	For power plug connection to the monitor for PA blood temperature measurement	2							
5	Proximal injection port	For CVP monitoring, IV fluid and drug administration	2							
		Total	10							

SCORING SHEET

Signature of the examiner:

STATION 5: DATA INTERPRETATION-IDENTIFICATION OFTHE PARTS & PURPOSE OF SWAN GANZ CATHETER

ARTIFACT/ EQUIPMENTS/ PRELIMINARY REQUIREMENTS

For examiner	For examinee
• Writing pad with instructions to the examiner	• Writing pad with instructions to examinee and
and answer key	• Print out of question sheet
	• Tray with response sheet
	• Drop box for filled response sheet
	• Chair
	• Table

STATION 5: DATA INTERPRETATION-IDENTIFICATION OFTHE PARTS & PURPOSE OF SWAN GANZ CATHETER

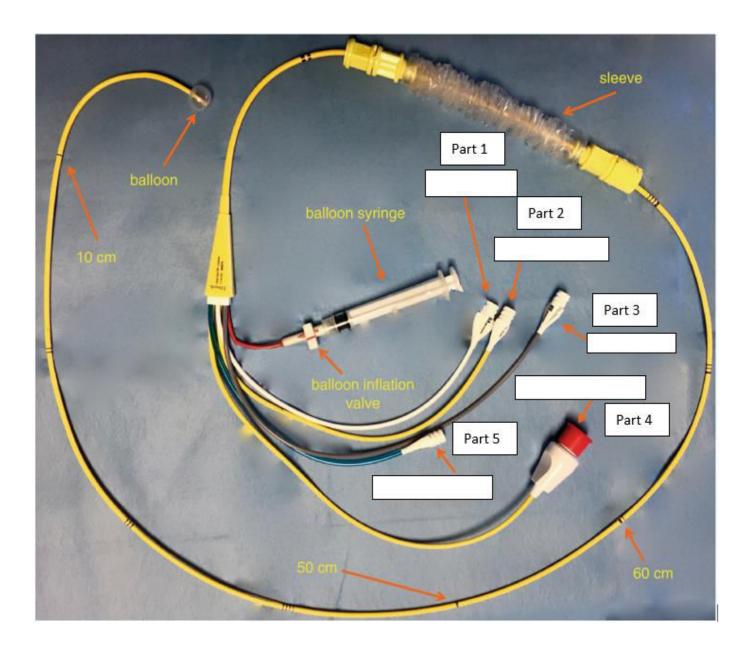
INSTRUCTIONS TO THE EXAMINEE

- Carefully observe the parts of the Swan Ganz catheter, marked on the print out, identify the name of the parts and the purpose of each and document the findings.
- You have 5 minutes to identify and interpret the parts and its purpose.
- Document your responses on the response sheet provided and
- Leave the filled response sheet in the drop box on completion of the allotted time.

STATION 5: DATA INTERPRETATION-IDENTIFICATION OFTHE PARTS & PURPOSE OF SWAN GANZ CATHETER

QUESTION SHEET

- Carefully observe the parts of the Swan Ganz catheter, marked on the print out
- Identify the name of the parts 1-5 and the purpose of each and document the findings in the response sheet provided.



STATION 5: DATA INTERPRETATION-IDENTIFICATION OFTHE PARTS & PURPOSE OF SWAN GANZ CATHETER

EXAMINEE RESPONSE SHEET

Registration Number:

Part No	Parts of Swan Ganz Catheter	Purpose	Max Score	Score awarded
1			2	
2			2	
3			2	
4			2	
5			2	
		Total	10	

Signature of the examiner:

SCORE COMPILATION SHEET

Date:			
Name of the examination:			
Register number of students allotted: From _		То	
Total number of students: Allotted:	Attended:	Absent:	

Registration number	Station-Max Scores							Final OSCE/OSPE
	1 PE	2 PS	3 DP	4 VSI	5 DI	Total score (Max 70)	%	Score (University prescribed)
	20	5	30	5	10			

Name and signature with date:

Internal Examiner:

External Examiner:

6. REFERENCES

- 1. Ghai, S. PGIMER-NINE: Clinical Nursing Procedures. CBS Publishers.
- Kelly, M.A., Mitchell, M.L., Henderson, A. *et al.* (2016). OSCE best practice guidelines applicability for nursing simulations. *Adv Simul* 1, 10. https://doi.org/10.1186/s41077-016-0014-1
- Omayal Achi College of Nursing. (2018). Manual of Nursing Procedures and Practice (2nd ed.). New Delhi:Wolters Kluwer.
- 4. OSCE: The Ultimate Prep Guide in 2021. (2021). Available from: OSCE: The Ultimate Prep Guide in 2021 | BeMo® (bemoacademicconsulting.com).
- 5. Harden, R.M., Lilley, P. & Patrício, M. (2015). The Definitive Guide to the OSCE: The Objective Structured Clinical Examination as a performance assessment. Elsevier.