



How to prepare for your OSCE examination

Part 2

NMC - Test of Competence



This booklet has been produced to support candidates preparing for Part 2 of the Test of Competence.

This information compliments the candidate handbook and NILE material and will be updated regularly to ensure candidates receive the most up to date information.

The most recent version can be found on our website at:

<http://www.northampton.ac.uk/about-us/services-and-facilities/nmc-test-of-competence/>



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Before the Objective Structured Clinical Examination (OSCE)

Introduction

The Nursing and Midwifery Council (NMC) introduced a Test of Competence for internationally registered nurses and midwives in October 2014. The Test of Competence assesses candidates against the current UK pre-registration standards. Nursing in the UK is made up of separate and distinct fields of practice, each requiring three years of pre-registration undergraduate education.

The distinct nursing fields of practice are:

- Adult nursing
- Children's nursing
- Learning disabilities nursing
- Mental health nursing

In the UK, midwifery is a separate and distinct profession, also requiring three years of pre-registration undergraduate education.

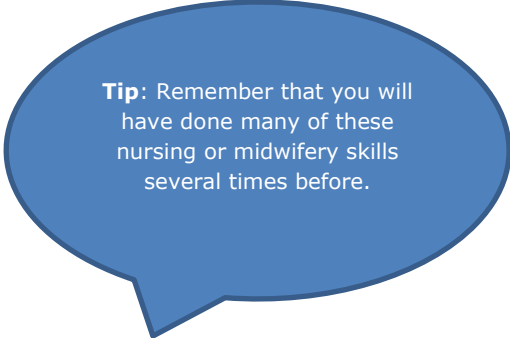
The Test of Competence is specific to a field of nursing practice or midwifery and consists of two parts. Part 1 being the multiple-choice CBT, which can be undertaken globally, test and Part 2 the OSCE examination.

This handbook provides information on how best to prepare for the Part 2 of the Test of Competence.

General information about preparing for the OSCE is available on the University of Northampton's website. You are encouraged to read this thoroughly to plan your preparation and to maximise your chances of passing this examination: <http://www.northampton.ac.uk/about-us/services-and-facilities/nmc-test-of-competence>.

Once you have paid the examination fee and have a date confirmed, you will receive access to our internal learning platform (NILE) which holds a range of useful information and preparation materials to support and prepare you for your exam.

This information booklet is in addition to these materials.

A blue speech bubble containing a tip.

Tip: Remember that you will have done many of these nursing or midwifery skills several times before.



How do I prepare for the OSCE?

The OSCE is designed to assess your ability to competently apply your professional nursing or midwifery skills and knowledge in the UK. It is set at the level expected of nurses and midwives as they enter the profession (**at the point of registration not advanced skills**). This means that you must show that you are capable of applying knowledge to the care of patients at the level expected of a newly registered nurse or midwife.

The examination is testing your ability to apply knowledge to the care of patients rather than how well you can remember and recite facts. All of the scenarios and any questions relate to current best practice and you should answer them in relation to **published evidence** and not according to local arrangements.

A reading list and further examples are provided in the [candidate handbook](#) and on our NILE site.

Tip: Example exam paperwork can be found on NILE. We recommend a minimum of 14 days to review the content of NILE but many candidates have highlighted more time is needed - make the most of the NILE site and resources.

Tip: Read the candidate handbook it is full of lots of useful information and further helpful tips!

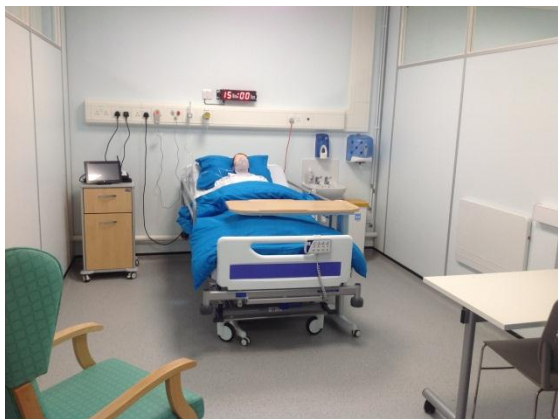
Tip: You are being assessed at **UK pre-registration entry level**; no advanced nursing skills are required to pass this assessment. If you know the basic skills of nursing or midwifery care the scenario will not matter.



What to expect in the test centre

The test centre is a full mock-up of a hospital ward with two 'home' bays. Each bay is set up for individual station scenarios. The centre is managed by an assessment invigilator, who will show you to your stations at each point during the examination.

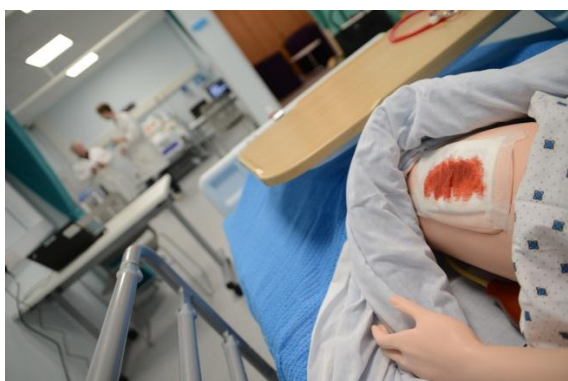
Each station hosts a camera in the corner of the bay; this will be recording the assessment for moderation and review purposes only.



The centre uses both professional actors and mannequins in order to conduct the assessments and make them as real life as possible



Tip: Remember to interact with the mannequin during the assessment; they are your patient - not the assessor.





Equipment

You will be provided with all the equipment needed to complete the station successfully. Below are pictures of just some of the equipment you can expect to see in the bays which you may use throughout the examination.

A full equipment list can be found on our NILE site and in the [candidate handbook](#).



All our equipment is standardised to mirror those used within a medical environment. If you see any equipment either here or on the NILE portal that you do not know how to use, do not worry. There are instruction manuals on NILE for all pieces of equipment used in the OSCE. You will be given an orientation around the bay before your assessment starts, in particularly in the 'Assessment' bay where you will have the opportunity (if needed) to familiarise yourself with the equipment.

Tip: If you make a mistake do not panic, make sure you tell the assessor within the 15 minute assessment time, share what you would do to correct it and this will be taken into account.

It won't be taken into account if you mention a mistake after the assessment has finished.



What will I be tested on?

The OSCE is made up of six stations, each lasting fifteen minutes.



You will be given 5 minutes **reading time** prior to entering the assessment bay to read through the scenario you are about to be tested on. **Make sure that you read the station instructions carefully.** Take the opportunity to look at them again if you are unsure. You will not be penalised for this.

Once you are in the assessment bay, you will be given an introduction to the station and asked to read the scenario again. Once you have confirmed you are happy to begin, the assessor will start the assessment.



(Fig 1)

Each nursing bay assessment is 15 minutes. There are timers on the wall (fig 1) so you can keep track of your time. In this time you **must demonstrate your competencies** within this station and remember to verbalise what you are doing. Any activity outside of the 15 minutes examination time will not be assessed, so please ensure you do everything within the time frame allocated.

The planning and evaluation stations are quiet writing stations. You will be given an instruction booklet and you will be expected to either write a care plan or evaluation form, for example a transfer letter. Templates of the paperwork can be found on NILE.

Further information about the examination can be found in the [candidate handbook \(page. 11\)](#)



Tip: Please ensure **you read the front of the sheet** and ensure you understand everything. Focus on the task and follow the requirements set out on the sheet. Candidates have sometimes missed out parts or key information in the past and this has resulted in a fail mark.



The OSCE assessment

We introduce new assessment scenarios every quarter so there is no guarantee you will sit the same scenario as a colleague or friend. We plan the examination to ensure that candidates receive a variety of different scenarios.

The test is split into two parts; 1) the four nursing stations, all of which are stages of nursing and midwifery care and 2) two clinical skills stations.

The four nursing stations are scenario based and relate to:

- 1) Holistic patient centred assessment (A)
- 2) Planning (P)
- 3) Implementation (I)
- 4) Evaluation (E)

Assessment (A):

Your verbal communication and non-verbal communication will be assessed in this station and the ability to establish a rapport with your patient during the patient assessment by questioning is important to remember. The pre-filled admission form can provide you with a structure and systematic approach so use this to help you. You will need to take observations of the patient and record them on a NEWS chart prior to the assessment finishing (15 minutes). It is important to complete and record all observations before the time has run out in order to pass

Tip: Ensure you are familiar with the NEWS procedure

Planning (P):

This is a silent writing bay and you will be monitored by an assessor. You will have 15 minutes to write 2 aspects of care including any associated/relevant self-care. **Make sure you familiarise yourself with the template provided on NILE.** Please note - you will be required to complete this form in a black pen which will be provided.

Tip: Ensure you are familiar with the NMC guidelines on records and record keeping

Implementation (I):

In this bay you will be implementing care such as drug administration or other nursing implementation. In this bay your patient will be a mannequin and the assessor will respond to you as though they are the patient from a script. **Please remember that your verbal and non-verbal communication will be assessed in this station.** Communicate with the mannequin as you would with a real patient, failing to do so will result in a fail.

Tip: Ensure you are familiar with the NMC standards for drug administration



Evaluation (E):

This bay is a silent writing bay and you will be monitored by an assessor. You will have 15 minutes to write a transfer/discharge or other form of nursing evaluation in this station. You will have access to all your previous written notes in this station to help you. **Make sure you**

familiarise yourself with the template provided on NILE. Please note, you will be required to complete this form in a blue pen (not black), this will be provided for you.

Tip: Make sure your writing is clear, legible and that you answer the question. If we cannot read it or understand it we cannot mark it

Clinical Skills

You will be assessed on two clinical skills, typical skills which you could be tested on, within a nursing/midwifery scenario include but not limited to:

- Vital signs
- Calculating drug dosages
- Intramuscular and subcutaneous injections
- Basic life support - cardio-pulmonary resuscitation (adult, child, baby)
- Safe disposal of sharps
- Medication administration
- Wound care
- Urinary catheterisation
- Hand hygiene
- Palpation (Midwifery only)
- Auscultation of foetal heart (Midwifery only)
- New born check (Midwifery only)

All clinical skills and how to conduct them are in the *Royal Marsden Manual of Clinical Procedures* (9th Edition), we recommend you read this. More detailed information can be found on the NILE site. You will have access to NILE once you have registered and paid for your OSCE.

We assess the full range of communication skills (verbal, nonverbal and written) by observing the interaction between the candidate and a simulated patient (this may be an actor or a nursing mannequin) and also by assessing your nursing or midwifery documentation.

The examiner will assess your approach to the simulated patient throughout the examination, and they will award marks for communication skills such as:

- Clearly explaining care, diagnosis, investigations and/or treatments Intervention?
- Involving the patient in decision-making
- Communicating with relatives and health care professionals
- Seeking and obtaining informed consent
- Active listening
- Dealing appropriately with an anxious patient or anxious relatives
- Giving clear instructions on discharge
- Giving advice on lifestyle, health promotion or risk factors

Tip: When introducing yourself to the patient, introduce yourself as one of the nurses at the hospital not as an NMC applicant.



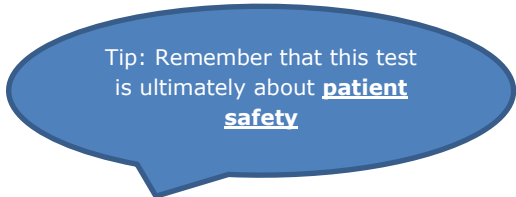
- Demonstrating compassion and care during communication
- Clear documentation which meets current NMC guidelines
- Professional behaviour

Further information on this can be found in the candidate handbook page 9 [here](#)

Common Mistakes/Errors

We thought it would be helpful to provide you with some common things candidates often forget or miss during the OSCE examination to aid you in your preparation. These include:

- Not checking the expiry date on drugs (and verbalising you have done so)
- Not demonstrating verbal and non-verbal communication when interacting with the mannequin
- Not reading the scenarios or instructions accurately. E.g. Defined timescales in which to plan care
- Contamination of sterile field
- Chest compressions are not deep enough
- Not completing the paperwork or assessment requested within the 15 minutes
- Touching the patient before conducting hand hygiene techniques
- Not checking for allergies
- Not checking patient identity
- Overdosing the patient



Tip: Remember that this test is ultimately about **patient safety**

Marking and moderation

The university has robust quality assurance processes, which we must adhere to. These are also independently verified and validated by the [QAA](#) and [NMC](#) to deliver the Test of Competence Part 2.

When you enter a work station there will be an area for the assessor to mark you during your assessment. You will be marked only on your competences demonstrated during the assessment.

All our assessors are fully qualified nurses or midwives with full sign off mentorship registration and undergo full training prior to joining the assessor team for the OSCE.

Each OSCE station has a unique 20 criterion based assessment sheet which is matched to the scenario or skill being assessed, examiners will score each criteria. The 20 criterion is mapped against the [NMC standards for Pre-Registration Education 2010](#) and the [NMC Code 2015](#). The skills assessments are also mapped against the above but also mapped against the *Royal Marsden Manual of Clinical Procedures* (9th Edition). An e-book is available on NILE.

You will be recorded and assessed in live time and you will be marked as either a pass or a fail.

Once your full assessment has been completed, documents and videos are moderated by an independent examiner and confirmed via the Test Centre Manager or Lead Assessor before a final decision is made.



What results could I get and when will I get them?

All results will be emailed by the NMC to your personal email address (as registered with the NMC) within 5 working days of your examination.

Pass = Candidates who pass all six scenarios and skills stations at the first attempt

Partial Fail (APIE) = Candidates fail a single scenario but pass ALL skills stations

Partial Fail (Skills) = Candidates pass all scenario stations but fail one or more skills station

Full Fail (1st attempt) = Candidates who fail more than one scenario or skills station

Full Fail (Re-sit) = Candidates who fail either or both APIE or skills on their resit attempt will require 6mths to elapse before sitting the OSCE again in its entirety by way of a reapplication to the NMC

Re-sit results are always a **Pass** or a **Full Fail** and the next OSCE attempt always requires a full re-sit.

If you have failed your re-sit, your NMC application closes and you will need to re-apply. Please contact overseas.reapplication@nmc-uk.org if you wish to re-apply. You will have to sit all 6 OSCE stations at your next attempt, regardless of whether you have had a partial or full re-sit.

The underlying theme of the test is **patient safety**, further information about marking and the criteria used can be found [here](#) on pages 15 and 16.

How to interpret my feedback

You will receive an email from the NMC as outlined above. You will receive standardised feedback on the areas you fail. The feedback will not tell you how to make it right but it will tell you what areas you failed in and why, and if appropriate, will recommend resources to review to help you improve a specific area. This is to ensure consistency and equality in all candidate feedback and also aid you in preparation for your resit should you need to undertake one.

For example, if a candidate failed ANTT for contaminating their yellow bag when setting up the field, the feedback would read as follows:

“ANTT: You failed to show competence in this station. When setting out your sterile field you contaminated the yellow bag and as a result contaminated your sterile field. This is a patient safety risk resulting in a fail.”



General tips and advice

1. Try not to be nervous, stay calm - you know this
2. **Read, read and read** again the paperwork for the stations and make sure you understand fully what is expected of you during the assessment.
3. This document, the candidate handbook and the information on NILE cover what you will be assessed on and can expect at the centre. There are no surprises on the assessment day.
4. You do not need to bring anything with you for the exam, apart from your passport and the required documentation for your ID check with the NMC. You will be provided with pens (blue and black).
5. Water is available throughout the centre and exam if needed
6. If you don't have a fob watch or forget to bring one, don't worry we have spares at the test centre which you can use.
7. Ensure you are presented as you would need to be in practice. This includes: no jewellery, long hair tied up, no nail polish, flat shoes and short sleeves. You can arrive in your work tunic/scrubs if you wish.
8. When introducing yourself to the patient, **introduce yourself as one of the nurses** at the hospital not as an NMC applicant
9. Make sure you have **eaten before your OSCE assessment**. You will be in the test centre for at least 3 hours; once you are registered you are not allowed to go outside of the centre.
10. Arrive in plenty of time to allow for traffic. It is recommended that you give yourself at least 30 minutes before the examination time to relax and find the centre
11. **Keep an eye on NILE**, this is where you will be able to see any announcements, updates or changes to our guidance
12. Reading tip – The assessment is based on the **Royal Marsden**, we advise (if you can) to read elements of this for reference purposes
13. Make sure you prepare for your **OSCE at the appropriate level**, remember the OSCE is set at the level expected of nurses and midwives as they enter the profession.

For further information on OSCE preparation and exam details please read the 'Taking the OSCE' guide