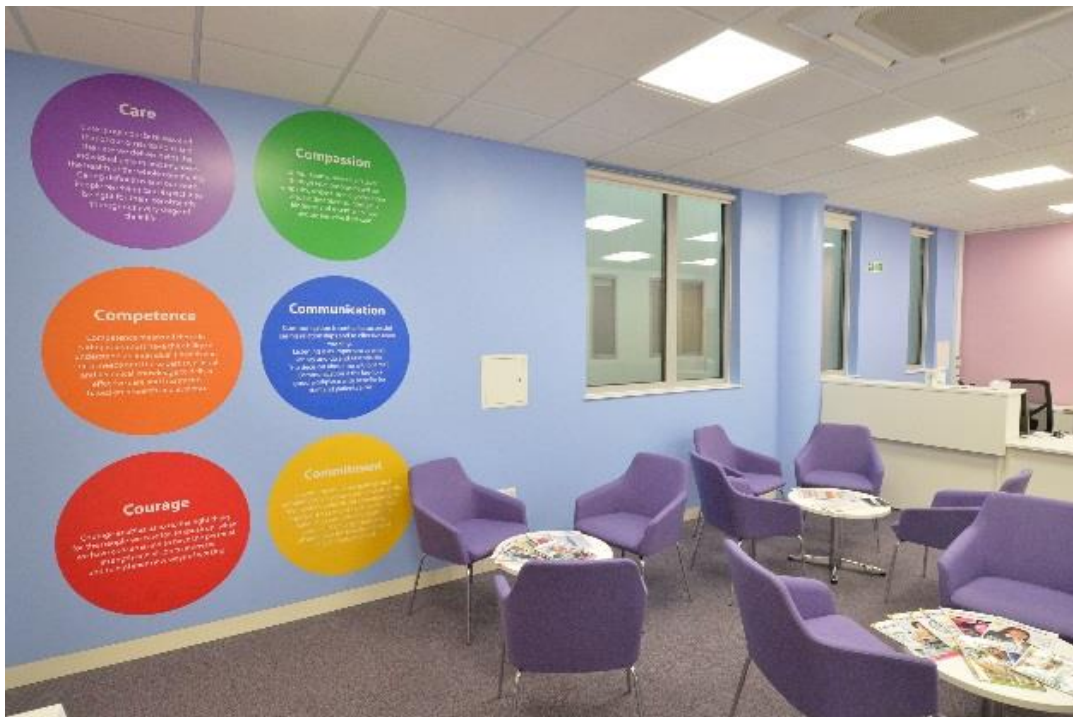


Preparing for your OSCE examination

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 Information Booklet and NILE material and will be updated regularly to ensure candidates receive the most current 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 a multiple-choice Computer Based Test (CBT), which can be undertaken globally.
- Part 2 being the Observed Structured Clinical Examination (OSCE) which must be undertaken in the UK in one of the NMC approved test centres.

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

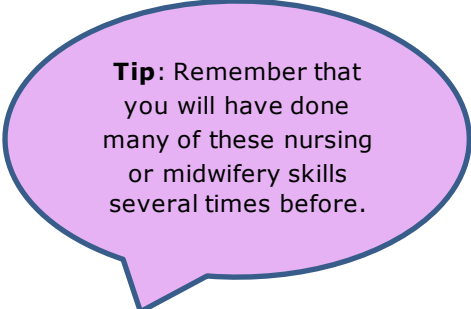
General information about preparing for the OSCE is available on the website of your chosen NMC approved Test Centre site. You are encouraged to read this thoroughly to plan your preparation and to maximise your chances of passing this examination:

Links to the OSCE centres websites can be found on NMC website

<https://www.nmc.org.uk/registration/joining-the-register/trained-outside-the-eueea/>

Once you have chosen where you wish to take your OSCE, you will need to choose a date and make payment. You will then receive access to our internal learning platform 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



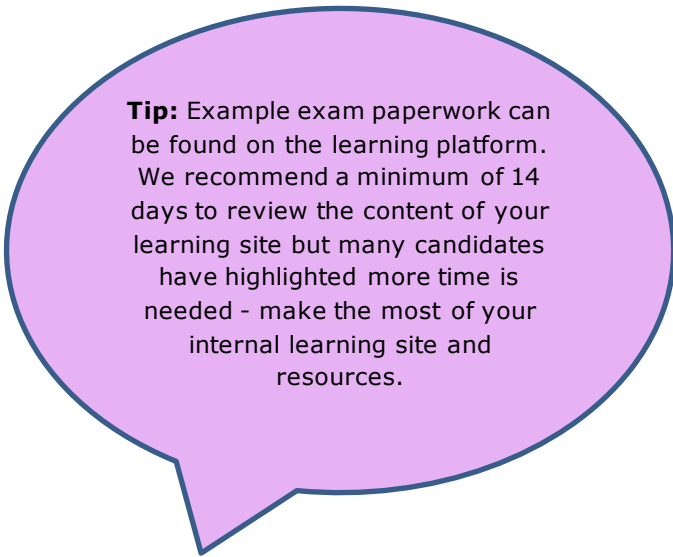
Tip: Remember that you will have done many of these nursing or midwifery skills several times before.

How do I prepare for the OSCE?

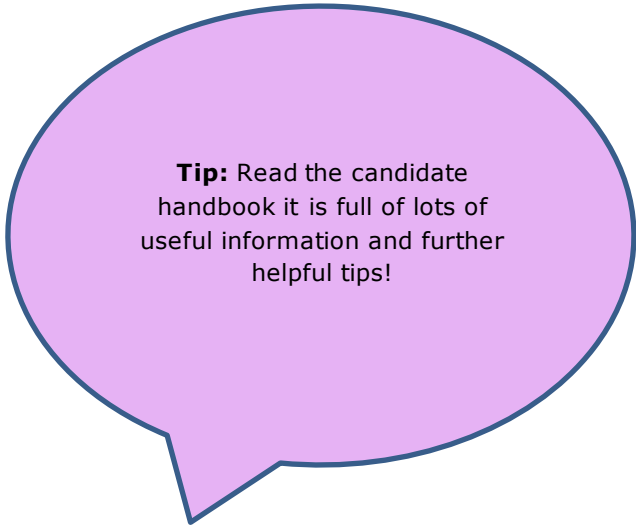
The OSCE is designed to assess your ability to competently apply your professional nursing or midwifery skills and knowledge in the UK. It is set at the level expected of nurses and midwives as they enter the profession (**at the point of registration**, - **not advanced skills**). This means that you 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 on the learning platform.



Tip: Example exam paperwork can be found on the learning platform. We recommend a minimum of 14 days to review the content of your learning site but many candidates have highlighted more time is needed - make the most of your internal learning 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 'patient at home' bays. Each bay is set up for individual station scenarios. The examination area of the centre is overseen by an invigilator. The invigilator will welcome you to the test centre and oversee your movements through the examination process. Please direct any questions, queries or requests to the invigilator. The assessor within the station will be able to answer any clinical questions. The lead assessor is there to coordinate the marking and moderation process.

Each station hosts a camera in the corner of the bay; we record 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. The assessor will speak on their behalf but the mannequin is your patient, not the assessor

The video link below explains the importance of communicating with your patient and gives you examples of this skill:

https://northampton.mediaspace.kaltura.com/media/Support+Video-+Soft+Skills/1_adcf8tqr

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.

In Hospital Resuscitation Station –
Mannequin, bag valve mask



Nurse call bell system



Electronic bed controls



British National Formulary (BNF)



ANTT Station – Thigh wound



Vital signs monitor



All our equipment is standardised to mirror those used within a medical environment. If you see any equipment either here or on the internal learning site that you do not know how to use, do not worry as your assessor will explain the equipment at the start of each station. You will be given an orientation in each bay before your assessment starts, where you will have an opportunity to familiarise yourself with the equipment required for the particular bay you are in.

The video link below gives you a tour of our test centre which will help you familiarise yourself with the environment:

https://northampton.mediaspace.kaltura.com/media/Support+Video-+Competency+Test+Centre+Tour/1_1icft3e7

The OSCE

The OSCE is made up of six stations, each lasting between 10 – 20 minutes.



The OSCE is a scenario based approach which includes the following

- A - Patient Centred Assessment
- P - Planning Care
- I - Implementation
- E - Evaluation

There are also two skill stations which you will be tested on. The skills are based on the list provided in the Candidate Information Booklet. (also see page 9 in this document)

In each station you will be given information about what is expected of you and patient information for you to follow. Please read this information and ensure you understand what is expected of you within the station. Focus on the task and follow the requirements set out on the information sheet.

There are timers on the wall so you can keep track of your time. Within this time, you



must demonstrate safe practice and competencies within each station. Any activity outside of the allocated time will not be assessed, so please ensure you do everything within the time frame. You will be given prompts

as to how much time you have left to help you manage your time within the station.

During each of the stations you need to verbalise what you are doing to the assessor.

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

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

The OSCE Exam

The four nursing stations are scenario based

Assessment (A):

Your verbal communication and non-verbal communication will be assessed in this station and the ability to establish a rapport based on the 6Cs with your patient during the assessment station. You will be given 5 minutes to read the pre-filled admission form. This 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 an observation chart (NEWS2, Glasgow Coma Score etc.) prior to completing the assessment station. You will need to verbalise this score to the assessor within this station. It is important to complete and record all observations before the time has run out in order to pass. You will then need to consider Activities of Daily Living within this station as this information will help you with the ongoing stations.

Planning (P):

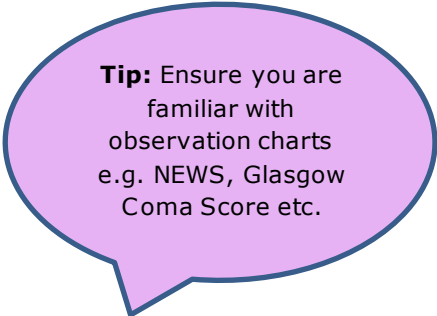
This is a silent writing bay and you will be monitored by the invigilator. You will have 15 minutes to write 2 relevant aspects of care related to the scenario from Assessment which should include associated/relevant self-care. **Make sure you familiarise yourself with the template provided on NILE.**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

Implementation (I):

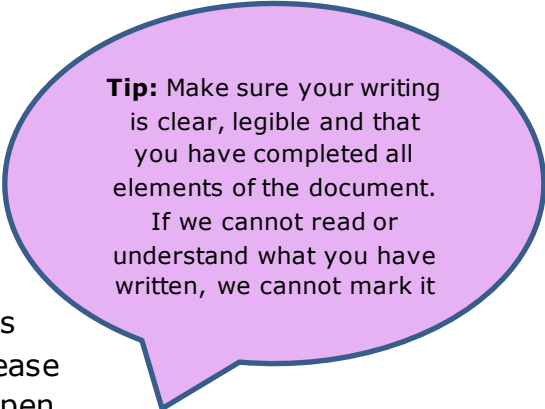
In this bay you will be implementing care such as drug administration or other nursing implementation. You will have 15 minutes to complete this station. In this bay your patient will be a mannequin and the assessor will respond to you as though they are the patient from a script. **Please remember that your verbal and non-verbal communication will be assessed in this station.** Communicate with the mannequin NOT the assessor as you would with a real patient.

Evaluation (E):

This bay is a silent writing bay and you will be monitored by the invigilator. You will have 15 minutes to write a transfer/discharge or other form of nursing evaluation in this station related to the scenario from the previous stations. 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.** You should avoid using unfamiliar abbreviations that are not universally recognised within this station. Please note, you will be required to complete this form in a blue pen (not black), this will be provided for you.



Tip: Ensure you are familiar with observation charts e.g. NEWS, Glasgow Coma Score etc.



Tip: Make sure your writing is clear, legible and that you have completed all elements of the document. If we cannot read or understand what you have written, 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 are 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
- Peak expiratory flow rate
- Wound care
- Urinary catheterisation – including insertion, catheter care, obtaining a specimen of urine, removal of a catheter etc.
- 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) or *Skills for Midwifery Practice* (4th Edition) we recommend you read the relevant text. More detailed information can be found on the NILE site. You will have access to the online learning platform for your chosen OSCE centre for a minimum of 14 days 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. It is essential that you demonstrate all elements of the 6Cs within your exam.

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
- 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 Information Booklet


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:

For all stations

- Lack of communication – verbal, non-verbal, not listening to patient
- Not reading the scenarios or instructions accurately.
- 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
- Not gaining consent from patient
- Not ensuring patient safety
- Not completing the station within the timeframe



Tip: This is a test of patient safety and public protection

Assessment

- Not completing the vital signs accurately
- Not completing the documentation adequately

Planning

- Evaluation date not within the prescribed time frame
- Incomplete documentation
- Not considering elements of self-care for the patient
- Illegible documentation
- Abbreviations not recognised
- Errors not dealt with correctly

Implementation

- Not checking the expiry date on drugs
- Not reading the medication chart properly
- Overdose/under dose patient
- Signing for medication prior to administration

Evaluation

- Reason for admission or date of admission omitted
- Illegible documentation
- Abbreviations not recognised
- Errors not dealt with correctly

Clinical Skills

- Contamination of sterile field
- Chest compressions are not deep enough or too fast or too slow
- Chest compressions not timely
- Discarding ampoule prior to administration of injection
- Incorrect documentation
- Breaching sterile field

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 2018](#).

The skills assessments are also mapped against the above but also mapped against the *Royal Marsden Manual of Clinical Procedures* (9th Edition) or *Skills for Midwifery Practice* (4th Edition). An e-book is available on NILE.

Your entire exam will be digitally 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 by the Lead Assessor or Test Centre Manager before a final decision is made.

Results

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 Passed all stations taken	Congratulations! The NMC will be in touch to issue your NMC PIN.
FAIL Failed up to four stations across both the APIE and/or skill stations	Will require a resit at 50% cost. You will need to resit the stations you failed only. If you need to resit the APIE station(s) you will be given your original paperwork from the APIE stations you passed in your previous attempt, in order to complete the resit stations in sequence.

FAIL Failed five or more stations across both the APIE and skill stations	Will require a resit at 100% cost. You will need to resit the APIE station(s) you failed and the skill station(s) you failed. You will be given the same scenario and your original paperwork from the APIE stations you passed in your previous attempt in order to complete the resit stations in sequence.
FULL FAIL (3rd attempt-Resit) Fail any station on their 3rd attempt.	Will require 6 months to elapse before you can reapply to the NMC.

How to interpret 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. There is lots of information for you to help you when preparing for the OSCE – the Candidate Information Booklet and the NILE site has important information which will help you.
4. You need to bring your passport and required documentation for your ID check by the NMC.
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. Refer to the Candidate Information Booklet for further details.
8. Make sure you have **eaten before your OSCE assessment**. You may be in the test centre for up to 4 hours; once you are registered you are not allowed to go outside of the centre.
9. 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
10. **Keep an eye on NILE**, this is where you will be able to see any announcements, updates or changes to our guidance
11. Reading tip – The assessment is based on the **Royal Marsden**, we advise you to read elements of this for reference purposes
12. 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.
13. Be aware you are asked to sign the Declaration of Confidentiality at the start of the OSCE. You must not discuss any elements of the OSCE with colleagues or friends.
14. You must not talk to other candidates whilst you are within the test centre.

We wish you the very best of luck in your OSCE
and look forward to welcoming you to the
Competency Test Centre