

OSCE Top Tips

Learning Disability Nursing

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OSCE Top Tips Learning Disability Nursing

Important information

This '*OSCE Top Tips Learning Disability Nursing*' document is intended to provide candidates with additional preparation information to help prepare for the test of competence (part 2). This document should be read in conjunction with the candidate information booklet, recommended/core reading and the '*Learning Disability Nursing Marking Criteria*' document.

All stations: General examination tips

In this section, we outline some Assessment, Planning, Implementation and Evaluation (**APIE**) and skill-specific tips. Test centres will update these tips regularly, as new scenarios and skill stations are introduced. This list reflects OSCE assessment processes from 10 September 2018 onwards.

- Try not to be scripted – the assessors may ask you questions during the examination. This is to try to assess your knowledge or to ask for clarity.
- An OSCE is a demonstration of practice. However, it is helpful to verbalise what you are doing for aspects of practice that cannot be observed easily, e.g. checking expiry dates. You do not need to verbalise things that are easily observed, e.g. steps of hand hygiene.
- Listen and pay attention carefully when the examiner is introducing the station to you or you may miss some vital information.
- Read the instructions carefully as these will confirm what is being required to be completed at the station.
- You have the opportunity to familiarise yourself with equipment in the reception area; please ask if you need any help with equipment.
- It is preferable to eat before you attend your OSCE.
- Practice the standard tasks before the OSCE.
- Remember it is important to check the person's identity correctly where appropriate. You need to do this correctly by checking the person's details verbally and/or with the relevant identification e.g. Photographic verification
- Remember to complete the appropriate documentation in **all** required stations. Another nurse must be able to follow the plan of care.
- The length of all assessment station vary in times;
 - Assessment – 20mins
 - Planning – 15mins
 - Implementation – 20mins
 - Evaluation – 15mins
 - ANTT – 22mins
 - IHR – 10mins
 - All other skills 20mins
- You will note that from page 9 in the Person-centred Nursing assessment booklet there are 11 Assessment areas which contain a section which to expand on any other relevant assessment information. In practice, it would be expected that there will several entries in these sections however for this simulation only relevant information is provided so you can make the holistic assessment and decisions about the persons care needs.
- Clinical decision making and recommendation – you need to demonstrate the ability to make an appropriate clinical decision and recommendation based on your assessment

All stations: General examination tips (continued)

- When administering medication, apply the following criteria for safe and professional practice:
 - Before administering any prescribed drug, look at the person's prescription chart and check the following are correct:
 - Person
 - Drug
 - Dose
 - Date and time of administration
 - Route and method of administration
 - Diluent (as appropriate)

Ensures:

- Validity of prescription
- Signature of prescriber
- Prescription is legible

If any of these pieces of information are missing, are unclear or illegible then the nurse should not proceed with administration and should consult the prescriber.

- Please wear appropriate attire for professional practice when attending for your OSCE.
- Gain consent, ensuring the person is deemed to have sufficient capacity to make the decision e.g. questions asked around time, place and person. Their decision must be voluntary with no evidence of coercion. The person must have sufficient knowledge about the care or intervention being offered.
- You must ensure ongoing review of the person's decisions at all stages.
- Always remember to maintain a person's dignity during your OSCE stations.
- It is essential that you explain the procedure using effective communication principles e.g.
 - Addressing the person by their preferred name
 - Speaking slowly and do not shout
 - Using very straightforward language and do not use medical jargon
 - You are creative in using different methods of communication (Makaton, Signing, Picture cards, Talking mats etc where applicable)
 - You provide extra time to facilitate understanding
 - Confirming understanding with the person before moving on e.g. ask the person to repeat in their own words what has been said
 - Be aware that the person may have additional hearing or visual impairments
 - Paying attention to eye contact, body language, facial expression and contact via touch

The Hospital Communication Book is available on the online learning platform and will be available in all relevant stations.

- When documenting, ensure accuracy and legibility. Also ensure you strike-through errors to retain eligibility.
- Try to stay calm as this will allow you to demonstrate your abilities to the examiner.
- Ask your peers or trainer to critique your technique so that you can perfect your skill.

APIE: Assessment

Top Tips

- Be confident at implementing the various assessment tools used in Learning Disability Nursing e.g. Wong-Baker FACES pain rating tool, Disability Distress Tool (DisDAT) and the Glasgow Depression Scale.
- Interpret what the person in your care is communicating to you and respond appropriately. It's important to demonstrate care and compassion.
- Build trust and rapport by consistently reviewing the persons decisions at all stages.

Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not continually seek consent from the person to carry out the procedure.
- Candidates did not check the person's identity appropriately.
- Candidates did not accurately calculate or document the Wong-Baker FACES pain rating or the Glasgow Depression Scale score.
- Candidates did not take cognisance of the care environment of the scenario.
- Candidates did not use the Nursing Assessment candidate notes to document relevant information relating to the persons care needs.
- Candidates did not take time to communicate effectively with the person.

APIE: Planning

Top Tips

- Think about what problems the person in your care has presented with – what are the most relevant problems from their perspective (for example, pain, mental health or reduced mobility). These should be prioritised – remember there may be more than two problems. You are asked to identify two aspects of care within specific time frame.
- Remember it's important to complete all sections in the planning documentation. Think about what the person can do for themselves in relation to the problems you identified; this is what you record in self-care section. If the persons self-care abilities are limited this must be recorded.
- You must complete the aim's of care for both problems using the four C's:
 - Client
 - Competence
 - Conditions
 - Criteria
- When will you review the problems? It's important you review the problem in an appropriate time frame. For example, if someone has acute pain you would not leave it 24 hours before you review them.
- All care and support plans must be person-centred and completed involving relatives, support workers and/or independent advocates.

Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not base their two relevant aspects of nursing care and self-care on the results arising from the assessment tool used.
- Candidates did not document the persons self-care abilities.
- Candidates did not document the persons ability to self-care correctly.
- Candidates did not provide sufficient detailed nursing interventions which would relate to evidence-based person-centred practice for the problems identified.
- Candidates did not identify appropriate **relevant** problems.
- Candidates did not complete the aims of care using the four C's.
- Candidates did not identify appropriate review dates.
- Candidates did not take into consideration the care environment of the scenario.

APIE: Implementation

Top Tips

- Practice reading medication administration records (MAR) aloud and saying what you're thinking about for each section (for example, is this medication due today? Does the person have an allergy?).
- Ensure ongoing consent and review of decisions at all stages is maintained.
- Try to develop a strategy to ensure you identify drugs that the patient is allergic to-if the patient has an allergy remember what the allergy is and check if the patient is prescribed a medication containing that allergen-if so you can code that medication prior to administering your medications.
- Check the time the patient last had analgesia-how long ago was it? What does that mean for this patient at this time? If it is too soon for them to have their analgesia what else would you do in practice?
- Provide a correct explanation using effective communication principles of what each drug being administered is for.
- Do not sign the medication administration record until the examiner tells you the person has swallowed their medication.
- Remember, you will have medications to administer in this station and so you need to make sure you can do this within the time given.

Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidate did not address the person by their preferred name.
- Candidate did not speak slowly.
- Candidate did not use straightforward language.
- Candidates administered medication which should not have been given at that time.
- Candidates did not accurately document administration/non-administration of medication.
- Candidates did not demonstrate appropriate knowledge of medication.
- Candidates did not use a systematic approach when checking and verbalising all drugs recorded on the medication administration record.
- Candidates did not follow all appropriate checks before administering the medicine.
- Candidates did not verbalise checking the validity of the prescription including the prescriber's signature, dose, route and time.
- Candidates recorded and signed the medication administration record before the person took the medications.
- Candidates administered the incorrect dose of medication.
- Candidate asked the person to open their mouth to check if medication was swallowed, this is an invasive approach.
- Candidates ran out of time, did not complete the medication administration record.
- Candidates did not check person's identification (person's name is essential and verification by photograph).
- Candidates did not administer any medication during their time in this station.

APIE: Evaluation

Top Tips

- Read the statements a few times before answering.
- It's important to complete all sections in the transfer of care/referral letter so it provides an accurate history of the person's care and their care needs.
- It is important that the person's transfer of care letter outlines their physical health, mental health and social well-being.
- The transfer of care letter must identify relevant inter-disciplinary involvement where applicable.
- Don't forget allergies – what allergies does the person have and what are the associated reactions?

Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not record allergies explicitly.
- Candidates did not make reference to the person's carer e.g. support worker, relative and/or independent advocate where applicable.
- Candidates did not document name, signature, date, and date and time of transfer in the time allocated.
- Candidates did not deal with errors correctly and clearly.
- Candidates did not record date or reason for admission.
- Writing was illegible.
- Candidate do not take a person-centred approach to their transfer of care letter.
- Candidates did not refer to their previous station documentation i.e. Assessment, Planning and Implementation.

Clinical Skill: In-Hospital Resuscitation

Important: This skill will mirror all other nursing fields of practice where a manikin (adult) will be used. There will be no reference made to learning disability.

Top Tips

- Practice your compressions rate, position and depth.
- Remember you cannot resuscitate a person if you are on your own. You need help so shout for a colleague if you find a person collapsed. Summon the emergency team if a cardiac arrest is confirmed.
- Ensure you practice performing the head-tilt chin-lift manoeuvre.
- Respond to examiner feedback regarding rate and depth.
- You will have up to two minutes to demonstrate competence. Your examiner may ask you to perform up to six cycles of compressions. This is to give you every opportunity to demonstrate your competence.

Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not shout for help and/or summon emergency team.
- Candidates did not compress the chest to the recommended depth or at recommended rate as outlined in the UK Resuscitation Council guidelines.
- Candidates did not deliver two effective breaths at the appropriate speed and force therefore did not provide effective ventilation.
- Candidates did not demonstrate or maintain an effective head-tilt chin-lift.

Important information: All clinical skills except IHR

To prepare for the remaining clinical skills covered in the following pages you need to ensure that you demonstrate competence in all elements of each clinical skill as outlined in The Royal Marsden. You must also demonstrate the proficiencies for a learning disability nurse, such as;

- Gaining consent;
 - The person is deemed to have sufficient capacity to make the decision e.g. questions asked around time, place and person.
 - Their decision must be voluntary with no evidence of coercion.
 - The person must have sufficient knowledge about the care or intervention being offered.
 - Ongoing review of decisions at all stages.

- Using effective communication principles;
 - Address the person by their preferred name.
 - Speak slowly and do not shout.
 - Use very straightforward language and do not use medical jargon.
 - Is creative in using different methods of communication (Makaton, Signing, Picture cards, Talking mats etc where applicable).
 - Provide extra time to facilitate understanding.
 - Confirm understanding with the person before moving on e.g. ask the person to repeat in their own words what has been said.
 - Be aware that the person may have additional hearing of visual impairments.
 - Pay attention to eye contact, body language, facial expression and contact via touch.

Clinical Skill: Aseptic Non-Touch Technique (ANTT)

Top Tips

- If you make a mistake or contaminate the sterile field verbalise what you did wrong and how you would address this in practice.
- Think before you touch anything – do you need to decontaminate your hands before proceeding? You need to understand the principles of ANTT so that if you make a mistake you can pick up from where you left off.
- Please remember that you are undertaking this skill as a lone practitioner.

Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not check the integrity/sterility of all the equipment used in the procedure.
- Candidates ran out of time during this station, so they couldn't demonstrate using an ANTT approach to change the person's dressing, or dispose of clinical waste.
- Candidates did not decontaminate hands at appropriate points during the procedure.
- Candidates did not apply Personal Protective Equipment (PPE).
- Candidates contaminated the sterile field.
- Candidates used inappropriate technique (for example, they cleaned a wound with the same swab more than once, or had poor glove technique).

Clinical Skill: Catheter Specimen of Urine (CSU)

Top Tips

- Don't forget to remove the clamp (if used).
- This skill should be conducted using a non-touch technique.
- Wear appropriate PPE prior to manipulating the catheter and throughout the procedure.

Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates ran out of time during this assessment.
- Candidates did not wear gloves to clean the sampling port or handle/manipulate the catheter. This is the most common error noted for this skill.
- Candidates did not remove the clamp after taking the sample.
- Candidates did not use the sample port to take their sample i.e. they took a sample from balloon inflation/deflation port rather than sampling port (removed the water from the balloon).
- Candidates did not decontaminate the sampling port prior to taking the sample.

Clinical Skill: Intramuscular Injection

Top Tips

- Practice this skill and understand the difference in technique between subcutaneous and intramuscular injections.
- Read the prescription carefully.
- Take a sharps bin with you to the patient, if you forget, put the sharps in the tray provided to transport to the patient.

Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not check the integrity/sterility of all the equipment used in the procedure.
- Candidates did not record administration correctly (sign, date).
- Candidates used inappropriate needle to draw up medication.
- Candidates did not demonstrate effective hand hygiene technique.
- Candidates did not use safety precautions by using an administration tray or sharps bin to carry equipment.
- Candidates used an inappropriate injection technique.
- Candidates failed to dispose of the sharps and other equipment safely and correctly during the assessment timeframe.

Clinical Skill: Peak Expiratory Flow Rate

Top Tips

- Practice giving clear and concise instructions so that a person can understand what is being asked of them.
- Ensure you document correctly and accurately your three readings, including the highest of the three acceptable readings onto the nursing documentation – the documentation indicates what needs to be recorded.

Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not provide full instructions to the person in their care to permit full understanding of the procedure to perform a peak expiratory flow reading.
- Candidates did not document correctly and accurately the highest of the three acceptable readings onto the nursing documentation.

Clinical Skill: Removal of Urinary Catheter (RoC)

Top Tips

- Wear appropriate PPE prior to manipulating the catheter and throughout the procedure.

Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not wear gloves to clean the sampling port or handle/manipulate the catheter. This is the most common error noted for this skill.
- Candidates did not withdraw the correct amount of water from the balloon prior to RoC.

Clinical Skill: Subcutaneous Injection

Top Tips

- Practice this skill and understand the difference in technique between subcutaneous and intramuscular injections.
- Read the prescription carefully.
- Take a sharps bin with you to the patient, if you forget, put the sharps in the tray provided to transport to the patient.

Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates administered insulin at a 45-degree angle.
- Candidates did not check the person's identification appropriately.
- Candidates did not demonstrate appropriate knowledge of the difference between intramuscular and subcutaneous injection.
- Candidate failed to administer the medication using the correct subcutaneous injection technique.
- Candidates administered an incorrect dose of medication.
- Candidates did not demonstrate safe use of sharps.