TITLE: Right Person, Right Skills, Right Job - The Contribution of Objective Structured Clinical Examinations in Advancing Staff Nurse Experts

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Abstract

Recruitment processes need to discriminate among candidates to ensure the right person with the right skills is selected for advancement opportunities. An innovative recruitment process using an objective structured clinical examination (OSCE) grounded in evidence-based guidelines, resulted in improved recruitment practices for senior nursing clinical expert roles. Candidates' skills, knowledge and attitudes in the areas of patient focus, clinical expertise, teamwork and leadership were assessed using a clinical simulation. Candidates achieving advancement were assessed at 6 months to validate the efficacy of the process.

As a practice profession nursing requires safe and efficient delivery of care. Assessing safe practice, competence and professional attributes is challenging when appointing nurses into new positions, particularly in the case of advancing to senior clinical positions entailing advanced responsibility and expectations. In 2003 the health district in which this practice innovation was set, introduced behavioural based recruitment (1) utilizing past or observed behaviours as the predictors of candidates' future performance, instead of recruiting nurses for clinical advancement opportunities based on skills alone (2). The hospital which is accredited by the American Nurses' Credentialing Center with Magnet[®] status, strives for excellence in nursing utilizing structural empowerment to promote leaders to initiate innovation and change.

This article reports on a recruitment process undertaken as a quality improvement initiative in an intensive care unit (ICU) to appoint existing staff to clinical nurse (CN) positions. A CN in this ICU is described as a clinician who provides expert critical care and supports the general function of the ICU through the application of the principles of evidence-practice, leadership and education. In previous recruitment processes nurses who exhibited desirable practices and behaviours were not always able to demonstrate these attributes in a traditional interview. Consequently, an innovative recruitment process was developed to better meet the needs of the ICU. The new method required candidates to submit the usual written application addressing key selection criteria for short-listing and rather than progressing to interview, candidates were required to demonstrate their abilities in a simulated clinical scenario or objective structured clinical examination (OSCE) (3, 4).

Objective structured clinical examinations (OSCEs) are designed to reflect a real patient situation allowing for the assessment of an integration of skills rather than a set of tasks (5). This is particularly relevant for the advanced practitioner (6, 7) as in the current situation with ICU CN positions. OSCEs are used extensively in nursing (4) and medical curricula competency-based assessments and have successfully been used in recruitment for healthcare positions (8, 9). No literature has been found that describes their utility for the selection of nurses advancing to higher level clinical positions, thus this innovation adds to the existing body of literature.

The aim of this innovation was to determine the effectiveness of OSCEs in the recruitment process for CN positions in an ICU from the perspective of the selection panel and the candidates. The following sections outline the method, process and results of implementing OSCEs as a structure for clinical advancement to in a 25-bed ICU at a tertiary referral teaching hospital in Australia.

Process

An OSCE was developed and implemented by the ICU interview team members using Best Practice Guidelines (BPGs) (Table 1) that were developed and tested for undergraduate educational purposes (10). Each guideline was examined for appropriateness, suitability, and applicability for the positions open in the unit. Table 1 outlines the BPGs and the manner in which they were used or adapted for this purpose. It became evident that each of the BPG provided guidance to support the development and assessment of the candidates.

Information Given to Candidates

Candidates were instructed to attend the interview dressed as though they were coming to work a clinical shift. They were told they would be expected to engage in a clinical situation in a clinical skills room. Candidates were given background patient information as outlined in Figure 1 and taken into the prepared simulation skills room by the role playing bedside nurse who requested their assistance and support with a deteriorating patient (a high fidelity mannequin).

How OSCE was Conducted

Experienced clinical staff undertook various roles in the simulation to add authenticity and an ability to provide support to the candidate during the scenario (as would occur in a real life situation in the ICU). Each role player was prepared for their role and understood the need for consistency for all candidates. The entire interview/scenario and scoring process was piloted with a staff member not otherwise involved in the simulation. Minor changes were made as a result of this trial, for example, an additional role of a medical staff member was introduced into the scenario for authenticity.

The person acting as the bedside ICU nurse was able to provide additional clinical information regarding the patient's condition as requested by the candidate. Additional clinical support was introduced to the scenario at the candidate's request (i.e. role playing senior nursing colleague or medical staff were available to assist in the scenario upon request). The clinical scenario progressed with the eventual need for the initiation of advanced life support (ALS).

At the conclusion of the simulation, candidates were invited to discuss with the panel any additional information and reflections they wanted to share. To conclude the interview process each candidate was asked a question in relation to an aspect of practice not covered by the scenario. This involved their knowledge and involvement in quality improvement initiatives.

Assessment of Candidates

The BPGs supported the development of the scenario, the scoring guide and assessment. An outline of the clinical scenario used in the position selection can be seen in Figure 1. The scoring guide had 2 components (Table 1 – BPG # 3) and was developed by the 4 interview panel members. One panel member was drawn from outside the ICU and was a senior clinician in an acute care area, both genders were represented and 3 of the 4 were competent in assessing ALS. The 4th panel member was briefed on what was expected of a CN in such a scenario and key elements were highlighted and discussed until the interview panel member was confident they understood the expectations for consistency and performance.

Candidates were scored out of 10 possible points on 3 broad areas (patient focus, team focus and clinical expertise; Table 2). That is, they were not scored against individual tasks performed in the scenario but rather in a broad holistic manner (Table 1; BPG # 3).

An *a priori* score of more than 5 of 10 was required in all 3 areas for the candidate to be considered a desirable candidate for advancement. The panel made notes and ranked the candidates independently and their collective average score was the final data considered in the decision. The quality improvement question remained unchanged from previous recruitment and required candidates to speak to a quality project in which they had led a change within their unit. Their responses were scored out of 10 and for consistency; a result of 5 or > was required. This score was then added to an individual's overall OSCE numeric. Additional feedback was sought by the panel from the role player participants regarding their perception of the candidate's team work and general communication skills. Individuals involved in role playing were not included in the panel deliberations or rating of candidates.

Evaluation of New Recruitment Strategies

Both the selection panel and candidates evaluated the new recruitment strategies. The selection panel met on more than one occasion following the completion of the recruitment period to reflect and discuss all aspects of the new selection process. This included an assessment of the appointed candidates' clinical practice 6 months following appointment. Candidates were asked their perceptions and reflections on the OSCE process as a selection method for a CN position. This evaluation occurred 1 week following the interviews yet before candidates were notified of the outcome of the process.

Outcomes

There were 5 positions available at the time and 11 candidates were shortlisted from 23 and progressed through the OSCE and interview process. Each scenario took approximately 30 minutes to complete. Three candidates successfully achieved the

required cut-off scores as outlined earlier and were offered and accepted appointments in the ICU.

Evaluation of New Recruitment Process by the Selection Panel

The selection panel considered that the scenario was sufficiently demanding of candidates and allowed them to demonstrate their ability. Successful candidates demonstrated knowledge, skills, teamwork, professionalism and accountability by way of the scenario. The panel's preparation with orientation to the scenario, the clinical expectations and development of the scoring criteria proved effective. In fact, when panel members compared their scores at the conclusion of each candidate's OSCE, they found that there was minimal variation in their scores thus indicating the reliability of the ranking criteria. The external panel member was equally able to assess the candidates due to the preparatory work undertaken and the instructive scoring criteria.

The panel reconvened 6 months following the interviews to further evaluate the clinical progress of the selected candidates in their new roles. Senior ICU colleagues were asked to provide an assessment of the successful candidates' overall performances. Universally, it was reported that they were performing at a high standard and were not requiring additional support to meet the requirements and expectations of the CN role.

Evaluation of the New Recruitment Process by Candidates

Feedback from the candidates (who happened to all be existing staff members in the ICU) occurred prior to the conclusion of the formal human resources process. All 11 candidates were invited to a group discussion – of these 11, 7 attended. (Note: candidates were unaware of the outcome of the process at this time). They stated that all forms of interviews induce stress. Overall they indicated they considered the OSCE format a valid and fair way to assess suitability for advancement positions as it replicated a real-life ICU situation in which they would need to be clinically proficient. It was

acknowledged that with the same scenario, the degree of difficulty was uniform for all candidates.

Discussion

The use of OSCEs can assist in the assessment of candidates' clinical competence in an ICU (11- 14). It was important that the OSCE provided the opportunity for candidates to demonstrate an integration of knowledge, skills, attitudes and values that are reflective of a real life situation. In addition, when the one OSCE was used exclusively it facilitated consistency of assessment (4, 5, 15). It was important to achieve a fair, equitable and transparent process for credibility of the internal clinical advancement opportunities.

Although developed for undergraduate nursing student assessment and learning (10), the OSCE BPGs provided a theoretical foundation and direction for the development of scenarios for simulation and the assessment of practicing nurses as candidates for CN positions. It is argued that in nursing education programs, authentic and clearly defined outcomes are important to students (10). This is equally the case when recruiting and advancing staff into clinical positions where context related competence is under examination (11-14).

The purpose of this innovation was to assess whether OSCEs would provide a valid method to assess candidates for the role of a CN in an ICU. The site hospital strives to demonstrate the components of Magnet® components including: (1) transformational leadership, (2) structural empowerment, (3) exemplary professional practice and (4) new knowledge, innovations and improvements (16). The OSCE based selection technique aligned with each of these components. A major constituent of transformational leadership emphasises the need for mechanisms to be implemented for BPGs to evolve and for innovation to flourish (16). The scenario-based interview technique significantly

enhanced the behavioural based interview technique used to recruit senior nursing staff into positions of leadership and advanced clinical care delivery at the site.

This interview technique also aligned with exemplary professional practice as it allowed the candidate to demonstrate competence in a realistic situation. Furthermore, the element of structural empowerment was achieved through the organization using multiple strategies to establish structures, systematic and equitable processes, and expectations that support lifelong professional learning, role development and career advancement (16). The candidates were able to put into practice, skills that they had developed over their time in the clinical setting to demonstrate their knowledge and understanding of the CN role and expectations. Moreover, they had the ability to attain career advancement through a successful and equitable recruitment process.

The OSCE developed using the BPGs was effective in identifying clinically advanced practitioners who were able to demonstrate their abilities in core elements; patient focus; clinical expertise; teamwork; and leadership. The BPGs provided clear direction and structure in preparing and conducting the OSCEs. The selection method clearly identified those candidates with the desired abilities and those who did not meet the required clinical standard. This same technique has been successfully implemented in a study where OSCEs were used as a selection tool for admission to a nurse anesthesia program (17).

The validity of the OSCE process was confirmed by a 6 month review of appointed candidates' clinical performances where they were found to be achieving at a high level in the new roles. In another setting, the OSCE component in a longitudinal predictive study, demonstrated a significant positive association with job performance 3 months into practice. In fact, those who were selected using the OSCE results performed significantly better than those selected through traditional (non-OSCE) procedures (8). The candidates' feedback for the current innovation indicated that they considered the

OSCE method of selection for appointment to be fair, equitable and appropriate to assess suitability for appointment.

Limitations

This innovation was conducted at a single ICU in Australia. Magnet accredited hospitals may have more resources and support for innovation than would be found in other organizations. Not all hospitals have access to simulation environments as was used in this process which supported the real-life aspects of the OSCE. The process may be difficult to implement with large numbers of short listed candidates.

Conclusions

OSCEs grounded in BPGs (10) have been found to be an innovative, valid and reliable way to identify suitably competent senior nurses for advancement in an ICU environment in a Magnet hospital. The new selection process aligned with the Magnet philosophy, promoting excellence in nursing care. The OSCE provided a relevant and appropriate simulated real-life situation where candidates displayed their ability to provide the skills, knowledge and attitudes in patient focus, clinical expertise, teamwork and leadership, all crucial elements of a senior clinical nurse's role. The BPGs provided a framework for OSCE development and assessment and supported the panel's ability to discriminate between candidates in an objective manner. The successful candidates proved able and competent 6 months later and the panel was confident that the new interview process helped with the selection of the right person with the right skills for the right job. OSCEs grounded in BPGs are recommended for wider application in the selection of candidates in health related clinical roles and settings.

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Table 1. OSCE development in relation to BPGs (10).

BPG	OSCE development
BPG 1. Focus on aspects of practice related directly to delivery of safe	Advanced Life Support (ALS) was central to the scenario. Competence in

patient care	an ALS situation is a core expectation of a senior clinician and is imperative in the delivery of safe patient care.
BPG 2. Focus on aspects of practice which are most relevant and likely to be commonly encountered.	ICU patients are critically ill and cardiac arrests occur frequently. ALS is a fundamental CN competency and can be encountered on any shift without warning.
BPG 3. Be judged via a holistic marking guide to enhance both the rigor of assessment and reliability. (This allows judgements of performance to be related to clinical practice as a whole, rather than as a collection of discrete independent actions.)	<p>The marking guide was developed with 2 components that together achieved both specific and holistic assessment:</p> <ol style="list-style-type: none"> 1. Hospital-wide ALS assessment tool (which is aligned to national resuscitation guidelines), and 2. Assessment of professional behaviour (e.g. communication style; mentorship/teaching at the bedside; problem solving and planning for both patient and unit requirements) – see table 2.
BPG 4. Require students to perform tasks in an integrated rather than piecemeal fashion by combining assessments of discrete skills in an authentic manner.	The OSCE scenario was developed and managed within a high fidelity simulation environment that mimicked the real clinical ICU environment. The OSCE was run in real-time and role players were prepared to prompt if required to allow the continuing flow of the scenario.

BPG 5. Be structured and delivered in a manner which aligns directly with mastery of desired knowledge and skill.	The skills assessed have been independently mapped and deemed as core skills for the role of a CN.
BPG 6. Be appropriately timed in the sequence of students' learning to maximise assimilation and synthesis of disparate course content and to minimise the potential for students to adopt a piecemeal, superficial learning approach.	Expertise in ALS is required of an advanced clinical practitioner in the ICU environment. ALS is a skill that is not taught and assessed in a piecemeal manner as it needs the integration of a number of elements including leadership, knowledge, skills and teamwork.
BPG 7. Allow for ongoing practice of integrated clinical assessment and intervention skills, thereby also ensuring the appropriate and timely use of feedback to guide students' development.	The candidates had the opportunity to develop mastery of the ALS process in their usual workplace as this is an annual clinical competence in Australian ICUs and acute care areas.

Table 2. Holistic marking criteria for OSCE

Criteria	Successful Candidates Demonstrated the following
Patient Focus	<ul style="list-style-type: none"> • Holistic patient assessment skills (e.g. palpate pulse) • Communicated with patient (mannequin) • Considered family in the planning of care • Focused on patient safety at all times

Clinical Expertise	<ul style="list-style-type: none"> • Demonstrated advanced clinical knowledge and skills in Intensive Care. • Contributed to developing advanced skills and knowledge in all team members • Able to appropriately escalate care as appropriate • Able to utilise all resources available to them in the clinical environment to deliver required care (e.g. guidelines, senior colleagues)
Teamwork/ Leadership	<ul style="list-style-type: none"> • Supportive of entire team and their individual roles throughout scenario especially for junior staff • Aware of the 'big picture' in the clinical environment (e.g. staff allocations and requirements) • Excellent communication skills to direct and lead the team to ensure desired clinical outcomes achieved • Good general leadership skills and aware of leadership qualities required of role • Enthusiastic and confident throughout

Figure 1. Scenario

There were three role players – a bed-side nurse caring for the deteriorating patient, a senior nurse available to assist when needed and a medical officer. A high fidelity mannequin was used to simulate the scenario.

Mr S - 64 yr old male. Day 3 in ICU – admitted with an out of hospital cardiac arrest with resultant aspiration pneumonia.

Information provided included past medical history, current medication infusions, recent haemodynamic and ventilation status (including blood gas results) over the past 6-8 hours.

Candidates were told that they were the senior clinical nurse in the scenario and the roles being played by the other participants in the scenario (eg: bedside nurse and other nursing staff).

Mr S's condition deteriorated haemodynamically with bradycardia requiring external cardiac pacing. The scenario was structured to allow time for candidates to manage and stabilise Mr S. before he progressed to Ventricular Tachycardia and cardiac arrest necessitating Advanced Life Support..