Table. Example of Planning for Adopting an Evidence-based Educational Approach: OSCE

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| **Development Phase** | | | **Translation Phase** | | **Sustainment Phase** | |
| ***Triggers*** | ***Activities*** | ***Evidence-based practice(s)*** | ***Implementation strategies*** | ***Outcomes*** | ***Plans for sustaining practice*** | ***Outcomes sustained over time*** |
| Limited opportunities to observe and evaluate competencies in clinical setting.  Some clinical educators not prepared for evaluating performance.  Inconsistency among clinical educators in interpretation and ratings of competencies on evaluation form. Inconsistent preceptor ratings.  Faculty feedback in course meetings about issues with rating form and clinical evaluation in course. | Review research on clinical and performance evaluation, systematic and scoping reviews of OSCE.  1:1 interviews with selected clinical educators and preceptors.  Course faculty review of rating form and identification of issues with its use. | OSCEs mid-course (formative evaluation) and end-of-course (summative evaluation) for designated competencies.  OSCE stations and number based on competencies.  Length of OSCE between 1-3 hours, time at each station between 10-20 minutes (to allow students time to demonstrate competencies and avoid fatigue).1  Rating form with checklist specific to competencies and global rating scale (with qualitative comments).1 | Review research with stakeholders (OSCE validity, reliability, rationale for use).  Review competencies to be evaluated using OSCE, meaning of competencies, critical performance elements.  Blueprint for assessments using OSCEs, mapped to competencies.  Review rating form.  Interrater training, mock OSCEs with feedback.  Analysis of OSCE cost and other resources (educator and staff time, standardized patients, logistics); anticipated decrease in costs post implementation; meetings with administrators about costs, resources.  Pre-OSCE briefing for students. | 2 OSCEs mid-course with feedback to students on performance, areas for improvement.  Observations of OSCEs, consistency with blueprint,  scores on student satisfaction with OSCEs > 3.0 (scale of 1 not at all satisfied to 5 highly satisfied), scores on rater satisfaction with OSCE process and rating form > 3.0 (same scale) (process measures).  Review of OSCEs by experts (validity assessment), interrater reliability (via intraclass correlation coefficients) (process measures).  OSCE length no >1 hour, time at stations between 10-20 minutes, 3 OSCE stations (process measures).  2 raters at each station with consistent scores (>90% agreement) and comments on rating form (outcome measures).  Ratings >3.0 on student and faculty surveys related to performance evaluation (outcome measure). | 1-2 new courses integrate OSCEs each year.  At least 25% more faculty trained annually.  Preparation of students for OSCEs in beginning of courses with at least 1 mock practice/course. | At least 1 OSCE in each clinical course.  Scores on exit surveys on items related to competencies higher post OSCE implementation than pre (tracked for 3 years).  Preceptors report competence in skills.  Interviews with graduates and residency coordinators confirm competence at entry and confidence in performance. |

OSCE, Objective Structured Clinical Examination.

1. Goh HS, Zhang H, Lee CN, Wu XV, Wang W. Value of nursing objective structured clinical examinations: a scoping review. *Nurse Educ*. 2019;44(5):E1-e6. doi:10.1097/nne.0000000000000620