

W13- An OSCE to Evaluate Preventive Healthcare Competence in a Preclinical Course Abstract

Presenters:

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Abstract:

The essentials: Core competencies for professional nursing education stress the need to develop and evaluate competence, rather than knowledge, in nurse practitioner (NP) students. Preventive healthcare and health promotion is one of the *four spheres of care*, delineated in *The essentials: Core competencies for professional nursing education*. In 2017, the Organization for Economic Cooperation and Development (OECD), estimated that there were 175 premature deaths per 100,000 population in the United States from preventable causes, higher than the rate for 31 of the 37 OECD countries. DNP-prepared NPs are positioned to create a better healthcare system. Therefore, it is imperative that NP students demonstrate competence in providing age and gender appropriate preventive healthcare recommendations to improve healthcare in the United States.

Faculty used a scaffolded approach to teach and evaluate preventive healthcare competencies in an online, pre-clinical course. We created didactic content and resources related to health promotion, immunizations, screenings, health literacy and plain language communication, and shared decision-making. We developed three objective structured clinical examinations (OSCEs), suitable for NP students in different specialties: teenager, older adult, and adult with serious mental illness. One week before the OSCE, we provided students with the patient's history so that they could select two immunizations and two screening to recommend to the patients. The OSCEs occurred online via Zoom, and included a 5-minute prebriefing, 15-minute student-patient interaction, and 10-minute debriefing. Standardized patients were trained to respond to student recommendations and provide feedback on communication and shared decision-making. Faculty observed the OSCEs, conducted prebriefing and debriefing, provided feedback on student recommendations, and assigned students' grades. We evaluated students' knowledge, and confidence in providing preventive healthcare recommendations, plain language communication, and shared decision-making at the start of the semester, after the didactic content, and after the OSCE. Students also provided reflections on the experience.

Twenty-four students completed the course, with 23 providing data at T1, 19 at T2, and 23 at T3; 14 provided data for all time points. To optimize data available, we included all cases that had data available for each pair of timepoints. Students had a significant increase in knowledge scores from T1 to T3 and increased confidence in providing preventive healthcare recommendations from T2 to T3. Confidence using shared decision-making decreased from T1 to T2 and increased from T2 to T3. All students scored > 80% on the OSCE. Evaluation of narrative reflections indicates students enjoyed applying knowledge in a realistic scenario, felt the OSCE increased knowledge of preventive healthcare, communication, and shared decision-making, and could apply the OSCE to their future clinical courses and practice as a DNP-prepared NP. Including the OSCE in this course was an effective method of reinforcing course content and evaluating competence in recommending preventive healthcare.

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