Nursing Students’ Perception and Attitude toward Objective Structured Clinical Examination (OSCE) in Oman

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Abstract:

Objective: To explore undergraduate nursing students’ perception and attitude toward the OSCE. 

Methods: This cross-sectional descriptive study was conducted between April-May 2020, among undergraduate nursing students in the College of Nursing at Sultan Qaboos University. Two self-administered questionnaires were employed to obtain data on students’ perception and attitude toward OSCE. Students’ feedback on OSCE was collected using open-ended questions about OSCE strengths, weakness, and recommendation for improvement. Surveys responses were based on a 5-point ordinal scale ranging from strongly disagree to strongly agree. Students’ Feedback on OSCE was analyzed as descriptive data by identifying the common themes and categorize them in groups. Results: A total of 160 students completed the study questionnaires. Most agreed that OSCE atmosphere is not good (66.3%) and it shouldn’t be the only mode of practical Examination (40.6%). Also, 64.4% of the students felt that timing allocated to complete the skills was not adequate. The data shows that 33.1% of the examinees felt that OSCE examination is more stressful than clinical examination. In addition, few students supported that OSCE has improved their communication skills and it increased their confidence level to perform nursing skills. Conclusion: The findings of this study appear alarming in regard to students’ perception about the overall process and the validity of OSCE examination as an
assessment method. Nursing educators need to consider further evaluation and improvement of the OSCE in order to improve students’ acceptance and appreciation of OSCE as an important form of clinical learning and as an assessment method.

**Keywords:** Objective Structured Clinical Examination; Nursing Education; Baccalaureate; Evaluation; Attitude; Nursing Students; Practical Nursing.

**Advances in Knowledge**
- The study indicates that further improvement of OSCE is necessary as it is an essential tool for assessing students’ clinical skills and knowledge.
- Adequate preparation of students before OSCE, determining the appropriate time-frame for each station and encouraging examiner’s positive attitudes during the exam, is recommended for reducing OSCE-related stress and improving students’ overall performance.
- Technical preparation, adequate orientation of examinee and examiners, and redesigning the skill laboratories for enhanced legitimacy is required for more efficient and effective conduction of the OSCE.

**Application to Patient Care**
- The Objective Structured Clinical Exam is an effective assessment strategy for measuring the clinical competence of nursing students to ensure patient safety and quality of care.

**Introduction**
The Objective Structured Clinical Examination (OSCE) is a universal format used by healthcare professionals to measure students’ clinical competence. In nursing programmes, clinical education forms the core of a nurse’s professional practice. Therefore, assessing nursing students’ clinical competence is crucial to their education. OSCE has gained acceptance since its development in the 1970s as a method to evaluate the clinical performance of nursing students. It uses standardized scenarios that mimic real-life clinical situations and is administered in a highly controlled environment. Unlike traditional clinical exams which have been criticized for lacking objectivity and uniformity, OSCE is one of the most reliable assessment tools which enhances students learning, allows students to demonstrate the full extent of their knowledge and skills and provides a more objective method of assessment. Additionally, using simulated
patients in OSCEs provides a safe environment for the students to practice a wide range of practical skills without worrying about causing harm to the patient and while creating a culture that is relatively similar to the hospital environment. OSCE helps improve the safety and quality of nursing care and ultimately prepares students for their future professional role. Besides the summative assessment, OSCE can also be used as a formative assessment through which the nursing educator provides feedback to students as part of the teaching process.

While it has been well documented that OSCE is an effective method in clinical education and assessment, it may also induce high levels of anxiety in students due to its interactive nature. Several studies have documented that nursing students found OSCE to be very stressful such that they were unable to perform well compared to what they could do in the actual clinical environment. This is due to the pressure of being observed by a couple of examiners as well as the limited time allocated for each skill. Furthermore, other students have perceived OSCE as a non-comprehensive examination that does not reflect reality because simulated patients or mannequins are utilized instead of real patients. These responses might not be conclusive, yet it is imperative to look into OSCE as an effective tool to support student learning needs.

To the best of our knowledge, the perception and attitude of Omani nursing students about OSCE as an assessment approach has not been documented well. The published studies are limited to either evaluating the impact of test anxiety on the students’ academic performance or comparing their self-assessment to examiners’ assessment in OSCE. None of the above-mentioned studies have addressed the perception of Omani nursing students regarding OSCE. Therefore, this study aims to fill this gap in the literature and to lay a foundation for succeeding studies seeking to understand Omani nursing students’ perception of the OSCE. Therefore, this study investigates the perception and the attitude of Omani nursing students towards the objective structured clinical examination (OSCE).

**Methods**

This cross-sectional descriptive study was conducted in the College of Nursing (CON) at the Sultan Qaboos University (SQU), Muscat, Oman from April–May 2020. The CON is one of the leading nursing colleges for both baccalaureate and master degrees nationally. The college is
internationally recognized and accredited by the Accreditation Commission for Education in Nursing (ACEN). Students enrolled in the SQU predominately comprise Omani citizens from various regions; thus, it is the ideal setting for the study as the students represent the Omani nursing student population.

The objective structured clinical examination (OSCE) is a scenario-based assessment method in which the student is required to demonstrate safe and quality skills related to nursing care in a simulated environment on standardized patients or mannequins. In the OSCE, students’ clinical competence is assessed at a series of stations, which are developed according to the course objectives.

At SQU, the OSCE is considered a standard method of assessment for undergraduate nursing students and is implemented across all clinical courses. The entire nursing faculty in the CON are well prepared to conduct OSCE and receive frequent training in OSCE development. The laboratories of the CON have state-of-the-art equipment that can replicate the environment of healthcare facilities. Standardized patients and low-fidelity and high-fidelity mannequins are utilized in the OSCE stations as deemed convenient by the clinical course coordinator. The OSCE scenarios are developed by PhD nursing faculty mimicking real clinical cases. The examination may include two to three manned stations, each requiring about 15–20 minutes depending on the skill being tested. At least two examiners are responsible for assessing students’ performance on the required clinical competence and rate them on a standardized assessment tool with a predetermined safety criterion. Students rotate through the OSCE stations, completing the exam. Therefore, all the course students complete the same stations and are assessed using the same assessment tool.

The sample comprised active Omani undergraduate nursing students attending the CON at SQU during the study timeframe who could speak, read and write in Arabic and who had a previous experience with OSCE as an assessment method. Undergraduate nursing students with known anxiety disorder or those who did not have previous experience with the OSCE and who were unwilling to participate were excluded from the study. During the study timeframe, 250 nursing students were identified with a previous experience of OSCE and met the inclusion criteria. The
sample size was calculated using the Yamane formula \( n = \frac{N}{1+N(e)^2} \). Considering the accessible population was equal to 250 subjects, the formula indicated that a sample size of 109 participants at a confidence level of 95% and an error of 5% was adequate to achieve a minimum power of 80%. Incorporating a 10% attrition rate, the final required sample size was set at 119 subjects. Convenient sampling was used to recruit the required study sample.

Prior to the beginning of the study procedures, ethical approval was obtained from the Scientific Ethics Committee in the CON. The participant recruitment process was coordinated with the help of the Assistant Dean of Undergraduate Study office in the college and the Course Coordinators of the clinical nursing courses who had been informed about the study purpose and the eligibility criteria. A list of all clinical nursing courses that had used OSCE in the previous semester with the students’ email list was generated. The study investigators manually checked students’ emails against courses to prevent duplication of participants. All the students in the list were invited to participate in the study via an email that included the study information sheet (e.g. purpose, study title, researchers, eligibility criteria, participants’ role and study expectations) and an electronic link to the study questionnaires and the consent form. To prevent measurement-related errors, the investigators standardized the procedure by providing uniform information and instruction to all potential participants.

Four instruments were forwarded to the potential participants and these included the following: the demographic information sheet, the Nursing Students’ Perception of the OSCE tool, the Students’ Attitude toward OSCE, and the students’ feedback on OSCE. All the instruments provided to the participants were in Arabic. The approval to use these instruments was obtained from the developer of the tools prior to use.

The demographic information sheet was developed by the study investigators and included data on participants’ gender, academic year, course name of OSCE, and type of study track. The perception of OSCE tool was used to assess the nursing students’ perception before, during, and after OSCE. This 11-item self-administered structured questionnaire was scored on a 5-point ordinal scale ranging from ‘strongly disagree’ to ‘strongly agree’. Responses were grouped as positive (including agree and strongly agree) or negative responses (including disagree and
strongly disagree), with positive responses suggestive of students’ good perception of the OSCE. The internal reliability of the original tool was deemed to be good (Cronbach’s alpha value: 0.9).13

The 12-item Attitude towards OSCE scale was used to measure the attitude of nursing students towards OSCE.14 Students’ responses were scored on a 5-point ordinal scale ranging from ‘strongly disagree’ to ‘strongly agree’, with positive scores indicating students’ good attitude toward OSCE. The internal reliability of the original tool was well established to be good.14 Students’ feedback about the OSCE was assessed through three open-ended questions concerning the strengths and the weaknesses of the OSCE from the students’ perspective and their recommendations to improve OSCE.14

The data was analyzed using the Statistical Package for Social Sciences (SPSS) software, Version 24.0.15 The data was double-checked for accuracy, and the results were checked for outliers or missing data to determine the need for transformation or use of non-parametric methods. Descriptive statistics and graphical summaries were run for all the key outcomes. Categorical variables were presented as frequencies and percentages. An ANOVA test was employed to test the difference between students’ academic year and students’ perception and attitude toward OSCE. Students’ feedback on OSCE was analyzed as descriptive data by identifying similar themes and then categorizing them into groups.

Results

A total of 160 nursing undergraduate students completed the study questionnaire with a 0% attrition rate. Of these, 127 (79.4%) were female and 31(19.4%) were male. Most of the students were in their third (57; 35.6%) and fourth year (35; 31.1%) (Table 1).

The extent and the quality of information received about OSCE was obtained. Generally, most of the students rated the OSCE negatively as they disagreed with the view that OSCE equipment and scenarios are realistic, relevant, and logistic (83; 51.9%). They also disagreed with the notion that the time allowed to read OSCE instructions (96; 60%) and the time allocated to complete the skill (103; 64.4%) is sufficient. More than the half of the students (94; 58.8%) perceived OSCE
examiners as being not courteous, not friendly, and not cooperative. However, half of the
students (84; 52.5%) declared a positive view that the procedures given in OSCE were applicable
during clinical posting and 78 (48.8%) of them possessed high level of confidence to
demonstrate the same procedure on a real patient. Only 70 (43.8%) students believed that OSCE
helped them identify their deficiencies in clinical skills, while the remaining 90 students (56.3%) disagreed with this statement. Furthermore, 91 (56.9%) students did not support the statement “to continue the way the OSCE was conducted as a practical examination in the future” (Table 2).

Regarding students’ attitude toward OSCE, 57 (35.6%) believed that the OSCE encourages
students to be more attentive in practical class, while the remaining students either disagreed (60; 37.5%) or remained neutral (42; 26.3%). The majority (57; 35.6%) of the responses indicated positively that the OSCE is a more challenging form of examination and 53 (33.1%) students agreed that the OSCE is more stressful than clinical examination. Furthermore, 54 (33.8%) of the students argued that there was not much difference between OSCE and other clinical examinations and 56 (35%) of them declared that they cannot pass OSCE without attending class regularly. Again, the majority of the students (65; 40.6%) disagreed that OSCE should be the only mode of practical examination (Table 3).

The analysis of variance indicated that the effect of the students’ academic year was significant on their perception of “not much difference between OSCE and other practical examinations” \(F (3,155) = 2.8, P < 0.05\) and “there is ample of time at all the stations” \(F (3,155) = 1.5, P < 0.05\).

The OSCE’s strengths that were reported frequently by the students are that OSCE improves students’ skills and communication (13; 21%) and increases students’ confidence level (7; 11%) (Table 4).

As shown in Table 5, the top OSCE-related weaknesses declared by the participants include the OSCE being a stressful examination (22; 35%) and there being a time limitation to perform the procedures (15; 24%). Other weaknesses reported by the students include unfriendly examiners (5; 8%) (5%).
The recommendations provided by the students to improve their experiences during the OSCE included providing at least 30 minutes of time to perform the skill (26; 42%) and providing enough lab practice before the examination (10; 16%).

Discussion

OSCE is considered the gold standard for assessing the clinical proficiency of health professionals in various health-related institutions worldwide. In nursing programmes, clinical assessment competence is one of the core components that the students must master to be able to provide safe and quality nursing care. The sample of the current study revealed unfavourable and negative responses for OSCE in the context of practical examination which is different from the other evidence that reported overall favourable perception and attitude towards OSCE. Students’ view of the OSCE might have been influenced by stress, lack of confidence, and the lack of preparation associated with this assessment method. In this study, more than one-third of the participants declared that OSCE is a stress-inducing and difficult examination. This finding is consistent with observations from other studies but contradicts the results of Shitu and Girma (2018). The finding that more than the half of the students indicated that they had not received adequate orientation to the OSCE and that the OSCE’s scenarios were not realistic, relevant, and logical was consistent with other similar studies. Lack of awareness, preparation, and orientation for the exam format might have a negative impact on students’ stress level and performance in the OSCE. Therefore, it is recommended to brief students and provide them with adequate information about the nature, format, objectives, and content of each station to decrease their stress level during the examination and consequently improve their performance.

Additionally, 60% of the study participants felt that the time allocated to read OSCE instructions was insufficient. Similarly, 64.4% of them stated that the time allocated to complete the procedure was inadequate and suggested increasing the time up to thirty minutes. These findings are consistent with other studies in which more than half the study participants implied the need for more time to complete each station in the OSCE. Unrealistic timing to perform each
station could be one of the reasons for students’ anxiety. Usually, during the development stage of the OSCE, nursing educators estimate the time allocated to each station considering many factors such as learning outcomes, students’ level, objectives, and the skill being assessed. Our study suggests that the instructors perform OSCE trial to determine the required timing of each station. This could decrease students’ stress and improve their scores for the OSCE. Additionally, training the students on time management is important before administering the OSCE.

Moreover, the results of this study indicate that more than half the students found that examiners at manned stations to be non-courteous, unfriendly, and not cooperative. Concerns regarding unsympathetic characteristics of the examiners have been reported in previous studies as well. This provides another potential explanation for the students’ stress perceived during the OSCE. This finding has an important implication for OSCE developers who need to orient and prepare examiners adequately for the examination to have a positive influence on students’ performance.

A high percentage (56.9%) of the study participants suggested not continuing the way the OSCE was conducted, that is as a practical examination in the future. Moreover, almost a similar percentage of the students (40.6%) implied that the OSCE should not be the only method for practical examination. This is unlike Chongloi et al (2016) who found that their study participants preferred OSCE to be the only method for practical examination because they believed it needs less preparation and efforts and values high scores. In the current study, almost half the students indicated that the OSCE did not help them identify their deficiencies in clinical skills neither did it improve their confidence level for conducting similar procedures on real patients. In contrast, Aung et al. (2016) in their study found that for the majority of the participants the OSCE gave them the opportunity to practice what they were unable to practice on real patients such as advanced nursing procedures or rare procedures. Consequently, the OSCE practice improved students’ confidence level to demonstrate similar procedures on a real patient. In the current study, the students suggested having adequate practice before OSCE. This was possibly due to the students’ inexperience with this method of evaluation. Practice trials could possibly improve students’ confidence level to perform clinical skills and improve their acceptance and appreciation of OSCE as an important form of clinical learning.
Furthermore, students in this study recommended organizing all OSCE stations in one area. This finding exemplifies the importance of focusing not only on the OSCE process and preparation but also on the environment and setting of the exam. The skill laboratories in our facility lacks space and is not well designed to conduct OSCE. The structure of our skill laboratories needs to be reconsidered to conduct the OSCE more effectively.

This is the first study of its kind in the Sultanate of Oman among nursing students. It provides an insight about OSCE from the perspectives of Omani nursing students. The major strengths of this study are the study design, adequate sample size, and the use of validated questionnaires. Altogether, these aspects provide greater confidence regarding the study results. In addition to the above-mentioned strengths, a few limitations must be acknowledged when interpreting the results of this study. First, this study was conducted one semester after the OSCE as the teaching in our institution was suspended due to the COVID-19 pandemic. Therefore, students’ recall of the OSCE might have faded during that time. Second, this study cannot be generalized among nursing students because it was conducted in one institution and on a relatively smaller sample of students using convenience sampling.

**Conclusion**

Our findings of nursing students’ perception of the Objective Structured Clinical Exam were consistent with some of the previous studies. The majority of the participants provided unfavourable and negative responses for OSCE that were as follows: a stressful examination, lack of confidence to perform skill, unrealistic timing to complete skill, unfriendly examiners, and poor organization of OSCE stations. Therefore, providing students with practice trials before OSCE, determining the appropriate time frame for each station, training the students on time management, and encouraging positive examiner attitudes during the exam are recommended for reducing exam-related stress and improving students’ performance. In addition, technical preparation and orientation of students as well as examiners to the exam process is required to promote its efficacy. Redesigning the skill laboratories for enhanced legitimacy would also allow for more efficient and effective conduction of the OSCE.
Conflict of Interest

The authors declare no conflicts of interest.

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Table 1: Sample Demographic and Academic Characteristics

| Characteristic          | Total 160 | n (%) |
|-------------------------|-----------|-------|
| Gender                  |           |       |
| Female                  | 127       | (79.4%) |
| Male                    | 31        | (19.4%) |
| Missing                 | 2         | (1.3%)  |
| Academic Year           |           |       |
| First Year              | 8         | (5%)   |
| Second Year             | 42        | (26.3%) |
| Third Year              | 57        | (35.6%) |
| Fourth Year             | 53        | (33.1%) |
| Missing                 | 0         |       |
| Academic Track          |           |       |
| Regular Track           | 131       | (81.9%) |
| Bridging                | 28        | (17.5%) |
| Missing                 | 1         | (0.6%)  |
| Previous OSCE experience|           |       |
| Yes                     | 153       | (95.6%) |
| No                      | 1         | (0.6%)  |

Table 2: Nursing Students’ Perception Toward OSCE

| Item                                                                 | Positive N (%) | Negative N (%) | Missing N (%) |
|---------------------------------------------------------------------|----------------|----------------|---------------|
| OSCE atmosphere is good                                             | 51 (31.9%)     | 106 (66.3%)    | 3 (1.9%)      |
| Extent and quality of information received about OSCE               | 70 (43.8%)     | 87 (54.4%)     | 3 (1.9%)      |
| Enough time allowed for reading the instruction                     | 62 (38.8%)     | 96 (60%)       | 2 (1.3%)      |
| Time allotted for the completion of the procedure is enough         | 54 (33.8%)     | 103 (64.4%)    | 3 (1.9%)      |
| Equipment and scenarios are realistic, relevant, and logistic       | 77 (48.1%)     | 83 (51.9%)     | 0             |
| Examiners are courteous, friendly, and cooperative                 | 62 (38.8%)     | 94 (58.8%)     | 4 (2.5%)      |
| Procedures given in OSCE are applicable during clinical posting     | 84 (52.5%)     | 76 (47.5%)     | 0             |
| Confidence to conduct a similar procedure on a real patient is high  | 78 (48.8%)     | 80 (50%)       | 2 (1.3%)      |
| Student perceptions on OSCE results                                 | 78 (48.8%)     | 80 (50%)       | 2 (1.3%)      |
| Continue the way OSCE was conducted as a practical examination in the future | 64 (40%)     | 91 (56.9%)     | 5 (3.1%)      |
| Helped students to identify their deficiencies in clinical skills    | 70 (43.8%)     | 90 (56.3%)     | 0             |
### Table 3: Students’ Attitude Toward OSCE

| Item                                                                 | Positive N (%) | Negative N (%) | Neutral N (%) | Missing N (%) |
|----------------------------------------------------------------------|----------------|----------------|---------------|---------------|
| OSCE encourages students to be more attentive in practical class.    | 57 (35.6%)     | 60 (37.5%)     | 42 (26.3%)    | 1 (0.6%)      |
| There is ample time at all the stations.                            | 47 (29.4%)     | 73 (45.6%)     | 36 (22.5%)    | 4 (2.5%)      |
| OSCE tests details of the steps of a procedure.                     | 62 (38.8%)     | 50 (31.3%)     | 47 (29.4%)    | 1 (0.6%)      |
| OSCE is a more challenging form of examination.                     | 57 (35.6%)     | 33 (20.6%)     | 68 (42.5%)    | 2 (1.3%)      |
| OSCE tests recall of knowledge.                                     | 58 (36.3%)     | 57 (35.6%)     | 46 (28.1%)    | 0             |
| OSCE is quite and easy type of examination.                         | 51 (31.9%)     | 58 (36.3%)     | 51 (31.9%)    | 0             |
| Time is sufficient at procedural stations.                           | 52 (32.5%)     | 66 (41.3%)     | 38 (23.8%)    | 4 (2.5%)      |
| OSCE should be the only mode of practical examination.              | 62 (38.8%)     | 65 (40.6%)     | 32 (20%)      | 1 (0.6%)      |
| Cannot pass in OSCE without attending class regularly.              | 56 (35%)       | 59 (36.9%)     | 45 (28.1%)    | 0             |
| OSCE is more stressful than a full practical examination.           | 53 (33.1%)     | 42 (26.3%)     | 63 (39.4%)    | 3 (1.3%)      |
| Easier to pass in OSCE than in full practical examinations          | 58 (36.3%)     | 61 (38.1%)     | 40 (25%)      | 1 (0.6%)      |
| No much difference between OSCE and other practical examinations.   | 54 (33.8%)     | 68 (42.5%)     | 37 (23.1%)    | 1 (0.6%)      |

### Table 4: OSCE-related Strengths

| Strength                                                      | Total Sample N (%) |
|--------------------------------------------------------------|--------------------|
| OSCE improves students’ skills and communication             | 13 (21%)           |
| OSCE increases students’ confidence level                    | 7 (11%)            |
| OSCE helps students to learn time management                 | 3 (5%)             |
| OSCE gives students the chance to work in hospital like       | 3 (5%)             |
| environment                                                  |                    |
| OSCE improves students’ critical thinking                    | 3 (5%)             |
| Predictor                                                                 | Sum of Squares | df | Mean Square | F    | p    |
|---------------------------------------------------------------------------|----------------|----|-------------|------|------|
| OSCE atmosphere is good                                                  | 2.73           | 3  | .91         | 1.06 | .37  |
| Extent and quality of information received about OSCE                     | .58            | 3  | .19         | .29  | .84  |
| Enough time allowed for reading the instructions                          | 3.23           | 3  | 1.08        | 1.31 | .27  |
| Equipment and scenarios are realistic, relevant, and logistic             | 2.99           | 3  | .99         | 1.25 | .29  |
| Examiners are courteous, friendly, and cooperative                        | 3.29           | 3  | 1.09        | 1.29 | .28  |
| Procedures given in OSCE are applicable during clinical posting           | 3.22           | 3  | 1.07        | 1.23 | .30  |
| Confidence to conduct a similar procedure on a real patient is high       | 6.25           | 3  | 2.08        | 2.68 | .05  |
| Student perceptions on OSCE results                                       | 2.17           | 3  | .72         | 1.07 | .36  |
| Continue the way OSCE was conducted as a practical examination in the future | 3.77         | 3  | 1.25        | 1.56 | .20  |
| Helped students to identify their deficiencies in clinical skills        | 5.06           | 3  | 1.69        | 2.16 | .09  |
| OSCE encourages students to be more attentive in practical class          | 8.62           | 3  | 2.87        | 2.43 | .07  |
| There is ample time at all the stations                                   | 9.75           | 3  | 3.25        | 2.56 | .06  |
| OSCE tests details of the steps of a procedure                            | 5.18           | 3  | 1.73        | 1.448| .22  |
| OSCE is a more challenging form of examination                            | 9.09           | 3  | 3.03        | 2.42 | .07  |
| OSCE tests recall of knowledge                                            | 4.83           | 3  | 1.61        | 1.24 | .29  |
| OSCE is quite and easy type of examination.                               | 1.44           | 3  | .48         | .34  | .79  |
| OSCE should be the only mode of practical examination                    | .35            | 3  | .12         | .20  | .89  |
| Cannot pass in OSCE without attending class regularly.                    | 6.68           | 3  | 2.22        | 1.57 | .19  |
| OSCE is more stressful than a full practical Examination                  | 8.29           | 3  | 2.77        | 1.80 | .15  |
| Easier to pass in OSCE than in full practical examinations                | .74            | 3  | .25         | .19  | .89  |
| No much difference between OSCE and other practical examinations          | 9.08           | 3  | 3.03        | 2.79 | .42  |
Table 6: OSCE-related Weaknesses

| Weakness                                      | Total Sample |
|----------------------------------------------|--------------|
| OSCE is a stressful examination              | 22 (35%)     |
| There is time limitation to perform procedures| 15 (24%)     |
| Unfriendly examiners                          | 5 (8%)       |
| Nature of the examination is not good        | 3 (5%)       |