**INTRODUCTION**
Traditional nursing education has relied on the treatment of real patients in actual clinical settings. But with rising numbers of nursing colleges without proper parent hospitals to practice, the clinical training on real patients has become obsolete. These new nurses are given traditional three to five days induction training on theoretical aspects like institutional policies and nursing care assuming that they have recently gained clinical knowledge. However, their competency is usually not assessed on recruitment, which becomes a patient safety factor later on. Hence, the Objective Structured Practical Examination (OSPE) – a mandate tool was adopted to assess the impact of induction on the performance of newly recruited nurses.

**OBJECTIVES**
- To find the distribution of the demographic variables
- To assess the level of performance among nurses before and after the induction
- To assess the difference in the performance before and after the induction

**OPERATIONAL DEFINITION**
- Objective Structured Practical Examination (OSPE) – It refers to a customized checklist made based on institution’s standard operating procedures for nursing and adopted as an evaluation tool.
- Induction – the education and training given on selected nursing procedures given by the trained/experienced nursing personnel.
- Impact – It refers to difference in OSPE performance before and after induction.
- Performance – It refers to the skills exhibited while performing the given nursing procedures.
- Newly recruited nurses - It refers to newly recruited nurses attending induction training.

**ASSUMPTION**
- Adequate knowledge and appropriate practice ensures patient safety.

**METODOLOGY**
- APPROACH: Evaluative approach
- DESIGN: Descriptive
- SETTING: Simulation lab
- POPULATION: Newly recruited nurses
- SAMPLE: Nurses attending induction
- SAMPLING TECHNIQUE: Purposive sampling
- SAMPLE SIZE: 25
- SAMPLING CRITERIA: Inclusion criteria for nurses: Nurses both male and female available on the induction day
- INSTRUMENTS AND TOOLS USED
  - Tool: Objective Structured Practical examination
    - Section A: Demographic variable
    - Section B: Structured Checklist on selected nursing procedures like admission, phlebotomy, insulin administration, preoperative education, intravenous injection administration, immediate postoperative assessment, blood transfusion, catheter care

**Scoring:**
- **Section A – Demographic:** No scoring
- **Section B – OSPE:** The right practice was given score of 1. Score is converted into percentages. Interpretation is

**Interpretation:**
- 80.1-100%: Excellent performance
- 60.1-80%: Good performance
The above findings highlights the overall OSPE performance, in which 84% performed average and 12% performed good during pre induction OSPE whereas 68% performed good and 28% performed excellent during post induction OSPE.

DISCUSSION

The above findings shows that the mean OSPE score percentage is 53% during pre-induction and 76% during post-induction. There is 23% difference in the mean OSPE score percentage before and after induction. Statistically, no analyses was done on the impact of induction on OSPE performance before and after induction.

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Similarly a study by Flurry M et al on *Nurse training with simulation: an innovative approach to teach complex microsurgery patient care showed* Average test score of 72% during pre-course and 92% during post-course. Six-month follow-up test score average was 88%.2

Another study on *Operating Room Team Training with Simulation: A Systematic Review by Robertson JM* identified 10 published articles describing simulation-based OR team-training programs focused on non technical skills like communication, teamwork, leadership, and situation awareness.3

The findings highlighted a definitive improvement and a positive impact of the induction on the post OSPE.

The exercise also helped to notice the hidden competencies like interpretation of task, observations, handling equipments, identification of instruments, procedure skills, communication, prioritization, time management, critical thinking.

The assessors felt OSPE to be rapid, non-variable, standard, individualized competency assessment method for better evaluation of nurses at induction and as well as evaluation of other nurses for periodic appraisal assessment.
CONCLUSION

The trainees felt alert, practical and appropriate way of assessment of their learnt skills. The hands on experience made them know their efficiency and enhance their skills wherever they lacked.

This method also like any other has its own limitations like trainees' stress, assessors' bias, and coordinator's challenges in organization. But still OSPE is a best evaluative method than the subjective pretest and posttest which is mostly answered by intuition.

Although these are positive steps, we believe that much remains to be done to make OSPE a regular assessment and feedback process, and thus meaningful to learners, appropriate guide to evaluators and ultimately safe to the patients. Thus, embedding OSPE as a mandate tool is challenging but helps in making nurses competent.

ANNEXURE

Section A: Demographic variable – Gender, previous work experience and date of induction

Section B:

Station 1:

Scenario: Mrs. A, 60 year old female accompanied by her husband is admitted to surgery ward with complaints of abdominal pain and loss of appetite.

Task: Kindly admit the patient

Station 2:

Scenario: Dr. S orders for blood investigations like total blood counts, PT, RBS, electrolytes for patient Mrs. A

Task: Collect blood sample for the above investigations

Station 3:

Scenario: Mrs. A is a diabetic and is on insulin therapy. Dr. S orders Inj. Actrapid 6 U S/C.

Task: Administer insulin injection

Station 4:

Scenario: Mrs. A is posted electively for hernia repair.

Task: Explain preoperative preparation and fill the checklist

Station 5:

Scenario: Mrs. A is on the surgery table and need to receive surgical prophylaxis.

Task: Administer Inj. Cefazolin 1gm IV stat dose

Station 6:

Scenario: Mrs. A is received postoperatively to ward after hernia repair surgery.

Task: Perform initial post operative assessment and document

Station 7:

Scenario: Mrs. A has Hb of 5 gm/dl postoperatively. There is order for blood transfusion and blood is connected. Patient starts to develop reaction.

Task: Write the pre, during & post transfusion care by nurses

Station 8:

Scenario: Mrs. A didn't void postoperatively and was catheterized.

Task: Perform perineal and catheter care

INSTRUMENT – OSPE CHECKLIST

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Admission</th>
<th>Phlebotomy</th>
<th>Insulin administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Greets patient</td>
<td>Checks order sheet</td>
<td>Checks order sheet</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Intravenous injection</th>
<th>Immediate postoperative monitoring</th>
<th>Preoperative education</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Checks order</td>
<td>Checks vital signs</td>
<td>Surgery</td>
</tr>
<tr>
<td>2</td>
<td>Identifies right patient</td>
<td>Level of consciousness</td>
<td>Nil per oral</td>
</tr>
<tr>
<td>3</td>
<td>Assees line for thombophlebitis</td>
<td>Air entry</td>
<td>Bath</td>
</tr>
<tr>
<td>4</td>
<td>Perform hand hygiene</td>
<td>Back for any skin peel/burns</td>
<td>Nail cutting &amp; nail polish</td>
</tr>
<tr>
<td>5</td>
<td>Check medicine for expiry</td>
<td>Surgery site for oozing</td>
<td>Skin preparation</td>
</tr>
<tr>
<td>6</td>
<td>Open vial and dilutes with water</td>
<td>IV line patency</td>
<td>PAC</td>
</tr>
<tr>
<td>7</td>
<td>Loads in 5 ml syringe</td>
<td>Wound drain</td>
<td>Premedication</td>
</tr>
<tr>
<td>8</td>
<td>Places in tray</td>
<td>Limb movement</td>
<td>Test dose of antibiotics</td>
</tr>
<tr>
<td>9</td>
<td>Loads 5 ml of flush</td>
<td>Voiding/bladder retention</td>
<td>Preoperative exercises</td>
</tr>
<tr>
<td>10</td>
<td>Disposes the sharp immediately</td>
<td>Vomiting</td>
<td>Dentures</td>
</tr>
<tr>
<td>S.No.</td>
<td>Blood transfusion</td>
<td>Catheter care</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td>Pre transfusion vitals</td>
<td>Explain patient</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Checking bag for expiry, blood group, typing, name, number</td>
<td>Collect article</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Monitoring vitals during transfusion</td>
<td>Wash hands</td>
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<tr>
<td>4</td>
<td>Drip rate</td>
<td>Provide privacy</td>
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<tr>
<td>5</td>
<td>Monitoring for fever, chills, urticaria, angiodema</td>
<td>Position patient</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Stop transfusion</td>
<td>Assemble all articles</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Flush 100ml saline through the line with new IV set</td>
<td>Wear gloves</td>
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<tr>
<td>8</td>
<td>Give drugs like hydrocort/avil as ordered</td>
<td>Clean perineum with soap and water</td>
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<tr>
<td>9</td>
<td>Take sample for blood/urine myoglobin</td>
<td>Clean catheter from tip towards uro bag</td>
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<tr>
<td>10</td>
<td>Return blood bag &amp; reaction form to blood bank</td>
<td>Secure catheter to thigh</td>
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<tr>
<td>11</td>
<td>Document the incident</td>
<td>Empty uro bag</td>
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<td>12</td>
<td>Document</td>
<td></td>
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REFERENCES