BEST PRACTICE -I

1. Title of the Practice:

Proctorial system

2. Objectives of the Practice

Objectives:

- To monitor academic and overall development of students.
- To identify problems and issues of the students at the earliest.
- To improve the performance of the students both in curricular and noncurricular activities
- To formulate methods to overcome issues so as to facilitate and maximize the output
- To ensure that the teacher participates in the overall development of the student.

Intended outcome:

- Leadership and managerial skills
- Delegation and participative/collaborative practices
- Effective measurement and Feedback system

Proctorial system was initiated with the sole idea of maximizing teacher-student relationship and productivity by various initiatives. This body functions in a participative style where both members (teacher and student) contribute towards planning, implementation, execution and evaluation of various methods that improves the performance of the student and overall behavior of the student. This is an effective monitoring system which helps to observe all activities, programs, progress, problems and issues throughout the academic calendar. Since this is a

contributory process both members have equal role in the functioning of the system and achievement of the end result.

3. The Context

- Teacher and Student
- Meetings are conducted periodically.
- Faculty members are trained in leadership, communication, delegation, supervision, counselling and managerial skills.
- Students attain problem solving skills; improve ability to communicate and productivity.

Challenges:

The management of human resources poses a big challenge for effective functioning of the program. Channelizing energies to productive areas is still a big concern. Communication and perception of ideas and its effective utilization could be only done by coordinated effort. The ability of the teacher to provide the right advice on problems, the ability of the student to perceive the idea, ability to execute the plan, availability of support groups, evaluation of the effectiveness of the solution given, re-planning if the solution is not met are the practical problems and challenges in proctorial system.

4. The Practice

The Proctorial system functions effectively towards identifying the problems that evolve during the course of the study. If tries to solve the curricular and extracurricular issues which hinders the explicit development of the student. It aims at solving problems which already exist or which could appear during the course of the program. Identifying the problem, planning solutions for the

identified problems, implementing the solutions, evaluating the outcome and re-planning are the important steps in mentor-mentee program.

Periodic meetings are conducted by mentor-mentee. An account of the sitting is documented by the teacher. The document includes a brief description of the problem, the methods or advises given to solve the problem, evaluation of the situation of the previous identified problems. It monitors the learning, curricular and extracurricular aspects of the student and evaluates the effectiveness of the sitting.

It takes special interest in solving issues in clinical areas. As hospital/ clinical areas do have different confronting variables which affects the performance of the students and which cannot be completely controlled internally, mentor-mentee program has a greater role in solving those issues.

Proctorialsystem has a great impact on extracurricular development of the student. It helps to infuse collaborative, delegative and team work among peers in non curricular and extracurricular activities. It helps to solve the common issues like poor communication, stage fear, lack of team work and fear of outcome among students. These problems if solved can effectively transform the student to a higher personality and laterally improves academic performance.

5. Evidence of Success

The mentor-mentee ensured that the academic and co-curricular development of the students go hand in hand. They could produce a drastic improvement in their performance.

This partnership was very important in clinical setting as the problems were identified at the earliest and it was resolved. This was quiet evident from their clinical performance and also from their clinical feedback.

It addressed the issues of students with regard to the discipline, code of conduct, co-curricular activities and extracurricular activities thus focusing on the holistic development of the student.

The program also helped the teacher to thoroughly understand the student, his strengths and weakness, the ability of the student to carry out what is planned. It helped in improving the interpersonal relationship with the student.

6. Problems Encountered and Resources Required

Problems encountered:-

The main problem encountered in implementing mentor-mentee system was time constraints. Students have to find time during their leisure hours to meet their mentor and teacher has to dedicate leisure hour time for meeting them. The problem is solved to some extend by allotting one hour monthly exclusively for the students to meet their mentor.

Another problem faced by the mentors are during the initial period students are reluctant to open up their problems but slowly as they get familiar with their member and win confidentiality with the mentor they express their problem.

Resources Required:-

Main resources required for implementing mentor-mentee system is human resources on faculty for every 20 students has to be allocated and resource is time.

7. Notes

The proctorialsystem is one of the best practices that has to be carried out. It is very much useful in the field of nursing as the students are new to many situations in both academic and clinical setting. It helps in solving many problems that hinders the academic and non academic performance of the student.

The nature of collegiate education is different from that of school education. The packed contents, the stress and strain associated with evaluation system and the clinical elements add to the basic life structures poses critical situations which the student cannot tackle all alone. In this juncture the experience and tactics of the teacher come handy.

BEST PRACTICE -II

OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)

1.**Title of the Practice**

Objective Structured Clinical Examination (OSCE)

2. **Objective of the Practice**

- To enhance the knowledge of learners.
- To improve the quality of teaching and learning.
- To evaluate health care professionals in a clinical setting.
- To assess competency, based on objective testing through direct observation.
- To develop a whole range of skills to enable the students to learn effectively, including information skills, team work skills, communication and, most importantly higher cognitive skills for professional development.

3. **The context**

OSCE is a versatile multipurpose evaluative tool that can be utilized to evaluate health care professionals in a clinical setting. It assesses competency, based on objective testing through direct observation. It is comprised of several "stations" in which learners are expected to perform

a variety of clinical tasks within a specified time period against criteria formulated to the clinical skill, thus demonstrating competency of skills and/or attitudes. The OSCE has been used to evaluate those areas most critical to performance of health care professionals, such as the ability to obtain/interpret data, problem-solve, teach, communicate, and handle unpredictable patient behavior, which are otherwise impossible in the traditional clinical examination. Any attempt to evaluate these critical areas in the old-fashioned clinical case examination will seem to be assessing theory rather than simulating practical performance.

Learners were found to perform better on interpersonal and technical skills than on interpretative or integrative skills. This allows for review of teaching technique and curricula. Performance is judged by a team of many examiners in-charge of the various stations of the examination. This is to the advantage of both the learners and the teaching standard of the institution as the outcome of the examination is not affected by prejudice and standards get determined by a lot more teachers each looking at a particular issue in the training.

OSCE will provide opportunities to

- Examine and try out what learners know

- Improve problem solving, communication skills, decision-making and patient management abilities.

4. **The Practice**

OSCE's basic structure is a circuit of assessment stations, where examiners, using previously determined criteria assess range of practical clinical skills on an objective-marking scheme.

Such stations could involve several methods of testing, including use of multiple choice or short precise answers, history taking, demonstration of clinical signs, interpretation of clinical data, practical skills and counseling sessions among others. Most OSCEs use "standardized patients (SP)" for accomplishing clinical history, examination and counseling sessions.

Standardized patients are individuals who have been trained to exhibit certain signs and symptoms of specific conditions under certain testing conditions.

The basic steps in modeling an OSCE exam include:

i. Determination of the OSCE team.
ii. Skills to be assessed (OSCE Stations).
iii. Objective marking schemes
iv. Recruitment and training of the standardized patients.
v. Logistics of the examination process.

I. The OSCE Team

Examiners, marshals and timekeepers are required. A reserve examiner who can step in at the last time if required is a good practice. Examiners must be experienced and a standard agreed upon at the outset. Examiners must be prepared to dispense with personal preferences in the interests of objectivity and reproducibility and must assess students according to the marking scheme. Marshals and timekeepers are required for correct movement of candidates and accurate time keeping. OSCE is expensive in terms of manpower requirement.

II. Skills Assessed in OSCEs

The tasks to be assessed should be of different types and of varying difficulties to provide a mixed assessment circuit. The tasks in OSCE depend on the level of students training. Early in undergraduate training correct technique of history taking and demonstration of physical signs to arrive at a conclusion may be all that is required.

III. Objective marking scheme

The marking scheme for the OSCE is decided and objectively designed. It must be concise, well focused and unambiguous aiming to reward actions that discriminate good performance from poor one. The marking scheme must take cognizance of all possible performances and provide scores according to the level of the student's performance. It may be

necessary to read out clear instructions to the candidates on what is required of them in that station. Alternatively, a written instruction may be kept in the unmanned station.

IV. Recruitment and Training of Standardized or Simulated Patient

Standardized or Simulated Patient (SP) candidates must be intelligent, flexible, quick thinking, and reliable. Standardized patients' understanding of the concept of the OSCE and the role given to them is critical to the overall process.

V. Logistics of the examination process

Enough space is required for circuit running and to accommodate the various stations, equipment and materials for the exam. The manned stations should accommodate an examiner, a student and possibly the standardized patient and also allow for enough privacy of discussion so that the students performing other tasks are not distracted or disturbed. A large clinic room completely cleared could be ideal and may have further advantage of having clinic staff that will volunteer towards the execution of the examination thereby reducing cost.

The stations should be clearly marked and the direction of flow should also be unambiguous. It is good practice to have test run involving all candidates for that circuit so that they acquaint themselves to the direction of movement and the sound of the bell.

5.**Evidence of Success**

The approach calls for trying it out as a discrete part of a course module. It is argued that at the undergraduate level, it is the concrete, measurable aspects of clinical performance that are best assessed by the OSCE. Using OSCEs primarily to assess technical skills and the underlying knowledge required for their safe and accurate application also minimizes the impact of context specificity and circular logic. It is essential to consider the recommended use of the OSCE within the wider context of nursing curriculum evaluation models. It is only by utilizing a variety of appropriate assessment strategies, that a rigorous and valid assessment of the competency of an individual can be achieved.

It is with the hope that learners are able to apply theory to practice, and will value the opportunity to share experiential learning and common goals, and thus contribute to improving their competencies. Learners become more flexible in processing information and meeting obligations and they acquire required knowledge and skills of the profession.

6. **Problems Encountered and resources required**

Problems encountered are:

Large Space / large clinic room

Having a test run is time consuming but improves performance of learners if well managed.

Training of standardized patients.

Arrangement of OSCE Team of Examiners, marshals and timekeepers

Well-developed evaluation / OSCE forms for every station

Arrangement of Logistics of the examination process

Consideration of everybody's input since it is a team work, no matter how important it is.

OSCE is more difficult to organize and requires more materials and human resources.

Resources required: large space / clinic room with ICT facilities, standardised patients equipment and, OSCE Team of Examiners, marshals and timekeepers and OSCE forms for every stations

7. **Notes**

It can be considered as one of the best practices in improving competencies. The OSCE is more reliable, valid, objective, reproducible and easy recall. OSCE takes much shorter time to execute examining more students in any given time over a broader range of subjects.