

# Mental Health Nursing

## Top Tips

## Contents

Important information .....	3
All stations: General examination tips .....	4
All stations: General examination tips (continued).....	5
APIE: Assessment .....	6
Top Tips.....	6
Candidate Performance.....	6
APIE: Planning.....	7
Top Tips.....	7
Candidate Performance.....	7
APIE: Implementation .....	8
Top Tips.....	8
Candidate Performance.....	8
APIE: Evaluation .....	9
Top Tips.....	9
Candidate Performance.....	9
Clinical Skill: Aseptic Non-Touch Technique (ANTT).....	10
Top Tips.....	10
Candidate Performance.....	10
Clinical Skill: In-Hospital Resuscitation .....	11
Top Tips.....	11
Candidate Performance.....	11
Clinical Skill: Intramuscular Injection.....	12
Top Tips.....	12
Candidate Performance.....	12
Clinical Skill: Physical Observations .....	13
Top Tips.....	13
Candidate Performance.....	13
Clinical Skill: Subcutaneous Injection .....	14
Top Tips.....	14
Candidate Performance.....	14

# OSCE Top Tips Mental Health Nursing

## Important information

This '*OSCE Top Tips Mental Health Nursing*' document is intended to provide candidates with additional preparation information to help prepare for the test of competence (part 2). This document should be read in conjunction with the candidate information booklet, recommended/core reading and the '*Mental Health Nursing Marking Criteria*' document.

## All stations: General examination tips

In this section, we outline some Assessment, Planning, Implementation and Evaluation (**APIE**) and skill-specific tips. Test centres will update these tips regularly, as new scenarios and skill stations are introduced. This list reflects OSCE assessment processes from 10 September 2018 onwards.

- Try not to be scripted – the assessors may ask you questions during the examination. This is to try to assess your knowledge or to ask for clarity.
- An OSCE is a demonstration of practice. However, it is helpful to verbalise what you are doing for aspects of practice that cannot be observed easily, e.g. checking expiry dates. You do not need to verbalise things that are easily observed, e.g. steps of hand hygiene.
- Listen and pay attention carefully when the examiner is introducing the station to you or you may miss some vital information.
- Read the instructions carefully as these will confirm what is being required to be completed at the station.
- You have the opportunity to familiarise yourself with equipment in the reception area; please ask if you need any help with equipment.
- It is preferable to eat before you attend your OSCE.
- Practice the standard tasks before the OSCE.
- Remember it is important to check the person's identity correctly where appropriate. You need to do this correctly by checking the person's details verbally and/or with the relevant identification band and against the corresponding documentation.
- Remember to complete the appropriate documentation in **all** required stations. Another nurse must be able to follow the plan of care.
- The length of all assessment station times is 15 minutes except for Aseptic Non-Touch Technique (17 minutes) and In-Hospital Resuscitation (10 minutes). Please practice within these set times in preparing for your OSCE.
- Clinical decision making and recommendation – you need to demonstrate the ability to make an appropriate clinical decision and recommendation based on your assessment
- Physical Observations is a clinical skill within the mental health OSCE. As a result you **may** be asked to complete the skill after your assessment station and before the planning station e.g. Assessment, Physical Observations, Planning, Implementation and Evaluation.

## All stations: General examination tips (continued)

- When administering medication, apply the following criteria for safe and professional practice:
  - Before administering any prescribed drug, look at the person's prescription chart and check the following are correct:
    - Person
    - Drug
    - Dose
    - Date and time of administration
    - Route and method of administration
    - Diluent (as appropriate)

### *Ensures:*

- Validity of prescription
- Signature of prescriber
- Prescription is legible

If any of these pieces of information are missing, are unclear or illegible then the nurse should not proceed with administration and should consult the prescriber.

- Please wear appropriate attire for professional practice when attending for your OSCE.
- Please ensure you obtain consent, unless the station instructions/examiner informs you that this has already occurred.
- Always remember to maintain a person's dignity during your OSCE stations.
- When documenting, ensure accuracy and legibility. Also ensure you strike-through errors to retain eligibility.
- Try to stay calm as this will allow you to demonstrate your abilities to the examiner.
- Ask your peers or trainer to critique your technique so that you can perfect your skill.

## APIE: Assessment

### Top Tips

- Take time to familiarise yourself and make sure you know how to complete/plot/calculate/chart the Patient Health Questionnaire 9 (PHQ 9) or the Montreal Cognitive Assessment (MoCA) and discuss the appropriate recommendations where applicable.
- Listen to what the person in your care is telling you and respond appropriately. It's important to demonstrate care and compassion.
- Demonstrate building a therapeutic relationship using effective communication strategies (SOLER):
  - Sit squarely
  - Open posture
  - Lean towards the client
  - Eye contact
  - Relax

### Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not seek consent from the person to carry out procedure.
- Candidates did not check the person's identity properly (name, date of birth, hospital number).
- Candidates did not accurately calculate or document the PHQ 9 or MoCA totals.
- Candidates did not take cognisance of the care environment of the scenario.
- Candidates did not use the Nursing Assessment candidate notes to document relevant information relating to activities of living (which can be used in the planning and evaluation stations).

## APIE: Planning

### Top Tips

- Think about what problems the person in your care has presented with – what are the most relevant problems from their perspective (for example, pain, anxiety, immobility, suicidal ideation or inability to cope). These should be prioritised – remember there may be more than two problems. You are asked to identify two aspects of care within the next 48 hours.
- Remember it's important to complete all sections in the planning documentation. Think about what the person can do for themselves in relation to the problems you identified; this is what you record in self-care section.
- When will you review the problems? It's important you review the problem in an appropriate time frame. For example, if someone has acute anxiety you would not leave it 24 hours before you review them.

### Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not base their two relevant aspects of nursing care and self-care on the results arising from the MoCA or treatment recommendation outlined in the PHQ 9.
- Candidates did not document self-care activities.
- Candidates did not provide sufficient detailed nursing interventions which would relate to evidence-based person-centred practice for the problems identified.
- Candidates did not identify appropriate **relevant** problems.
- Candidates did not identify appropriate review dates.
- Candidates did not take into consideration the care environment of the scenario.

## APIE: Implementation

### Top Tips

- Practice reading medication administration records (MAR) aloud and saying what you're thinking about for each section (for example, is this medication due today? Does the person have an allergy?)
- Try to develop a strategy to ensure you identify drugs that the patient is allergic to-if the patient has an allergy remember what the allergy is and check if the patient is prescribed a medication containing that allergen-if so you can code that medication prior to administering your medications.
- Check the time the patient last had analgesia-how long ago was it? What does that mean for this patient at this time? If it is too soon for them to have their analgesia what else would you do in practice?
- Provide a correct explanation of what each drug being administered is for.
- Do not sign the medication administration record until the examiner tells you the person has swallowed their medication.
- Practice completing the documentation appropriately – get feedback from your peers and trainers.
- Remember, you will have medications to administer in this station and so you need to make sure you can do this within the time given.

### Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates administered medication which should not have been given at that time.
- Candidates did not accurately document administration/non-administration of medication.
- Candidates did not demonstrate appropriate knowledge of medication.
- Candidates did not use a systematic approach when checking and verbalising all drugs recorded on the medication administration record.
- Candidates did not follow all the appropriate checks required before administering the medicine.
- Candidates did not verbalise checking the validity of the prescription including the prescriber's signature, dose, route and time.
- Candidates recorded and signed the medication administration record before the person took the medications.
- Candidates administered the incorrect dose of medication.
- Candidates ran out of time, did not complete the medication administration record.
- Candidates did not check person's identification (name, date of birth and hospital number).
- Candidates did not administer any medication during their time in this station.



## APIE: Evaluation

### Top Tips

- Read the statements a few times before answering.
- It's important to complete all sections in the transfer of care/referral letter so it provides an accurate history of the person's care and their care needs.
- Don't forget allergies – what allergies does the person have and what are the associated reactions?

### Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not record allergies explicitly.
- Candidates did not document name, signature, date, and date and time of transfer in the time allocated.
- Candidates did not deal with errors correctly and clearly.
- Candidates did not record date or reason for admission.
- Writing was illegible.
- Candidates did not refer to their previous station documentation i.e. Assessment, Planning and Implementation.

## Clinical Skill: Aseptic Non-Touch Technique (ANTT)

### Top Tips

- If you make a mistake or contaminate the sterile field verbalise what you did wrong and how you would address this in practice.
- Think before you touch anything – do you need to decontaminate your hands before proceeding? You need to understand the principles of ANTT so that if you make a mistake you can pick up from where you left off.
- Please remember that you are undertaking this skill as a lone practitioner.

### Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not check the integrity/sterility of all the equipment used in the procedure.
- Candidates ran out of time during this station, so they couldn't demonstrate using an ANTT approach to change the person's dressing, or dispose of clinical waste.
- Candidates did not decontaminate hands at appropriate points during the procedure.
- Candidates did not apply Personal Protective Equipment (PPE).
- Candidates contaminated the sterile field.
- Candidates used inappropriate technique (for example, they cleaned a wound with the same swab more than once, or had poor glove technique).

## Clinical Skill: In-Hospital Resuscitation

### Top Tips

- Practice your compressions rate, position and depth.
- Remember you cannot resuscitate a person if you are on your own. You need help so shout for a colleague if you find a person collapsed. Summon the emergency team if a cardiac arrest is confirmed.
- Ensure you practice performing the head-tilt chin-lift manoeuvre.
- Respond to examiner feedback regarding rate and depth.
- You will have up to two minutes to demonstrate competence. Your examiner may ask you to perform up to six cycles of compressions. This is to give you every opportunity to demonstrate your competence.

### Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not shout for help and/or summon emergency team.
- Candidates did not compress the chest to the recommended depth or at recommended rate as outlined in the UK Resuscitation Council guidelines.
- Candidates did not deliver two effective breaths at the appropriate speed and force therefore did not provide effective ventilation.
- Candidates did not demonstrate or maintain an effective head-tilt chin-lift.

# Clinical Skill: Intramuscular Injection

## Top Tips

- Practice this skill and understand the difference in technique between subcutaneous and intramuscular injections.
- Read the prescription carefully.
- Take a sharps bin with you to the patient, if you forget, put the sharps in the tray provided to transport to the patient.

## Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not check the integrity/sterility of all the equipment used in the procedure.
- Candidates did not record administration correctly (sign, date).
- Candidates used inappropriate needle to draw up medication.
- Candidates did not demonstrate effective hand hygiene technique.
- Candidates did not use safety precautions by using an administration tray or sharps bin to carry equipment.
- Candidates used an inappropriate injection technique.
- Candidates failed to dispose of the sharps and other equipment safely and correctly during the assessment timeframe.

## Clinical Skill: Physical Observations

### Top Tips

- Take time to familiarise yourself and make sure you know how to complete/plot/calculate/chart National Early Warning Score 2 (NEWS2), and vital signs on their relevant charts and follow the appropriate recommendations where applicable.
- Do not turn off the vital signs monitor (e.g. Dinamap) until you have recorded your observations.
- When measuring heart rate and respiratory rate, ensure you take a full minute for each of these and do them manually (e.g. radial pulse for heart rate).

### Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates did not accurately record observations.
- Candidates did not check the person's identity properly (name, date of birth, hospital number).
- Candidates did not seek consent from the person to carry out procedure.
- Candidates did not check radial pulse and respiration rate safely and correctly for a full two minutes (one full minute for each).
- Candidates did not accurately assess and/or score vital signs (e.g. NEWS2).

# Clinical Skill: Subcutaneous Injection

## Top Tips

- Practice this skill and understand the difference in technique between subcutaneous and intramuscular injections.
- Read the prescription carefully.
- Take a sharps bin with you to the patient, if you forget, put the sharps in the tray provided to transport to the patient.

## Candidate Performance

Candidates who were unsuccessful in this station commonly displayed the following trends in performance:

- Candidates administered insulin at a 45-degree angle.
- Candidates did not check the person's identification appropriately.
- Candidates did not demonstrate appropriate knowledge of the difference between intramuscular and subcutaneous injection.
- Candidate failed to administer the medication using the correct subcutaneous injection technique.
- Candidates administered an incorrect dose of medication.
- Candidates did not demonstrate safe use of sharps.