

Midwifery

Top Tips

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OSCE Top Tips Midwifery

Important information

This '*OSCE Top Tips Midwifery*' 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, the Mock APIE OSCE and the '*Midwifery Marking Criteria*' document.

Please note the marking criteria may vary slightly from other fields as it reflects the procedures in the '*Skills for Midwifery Practice*' book.

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 the OSCE assessment processes from 22 February 2019 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 in each station carefully as these will confirm what is required to be completed at the station.
- You have the opportunity to familiarise yourself with equipment in the reception area; please ask a member of the team 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 woman's identity correctly where appropriate. You need to do this correctly by checking the woman'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 midwife must be able to follow the plan of care.
- All clinical skills are assessed using the Skills for Midwifery Practice book, except for IN-Hospital Life Support (without defibrillation) which follows the UK Resuscitation Council guidelines.
- The length of all assessment station times is 15 minutes except for Aseptic Non-Touch Technique (17 minutes) and In-Hospital Resuscitation (without defibrillation) (10 minutes). Please practice within these set times in preparing for your OSCE.
- When administering medication, apply the following checks for safe and professional practice:
 - Before administering any prescribed drug, look at the woman'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)
 - Validity of prescription
 - Signature of prescriber
 - Prescription is legible
 - If any of these pieces of information are missing, are unclear or illegible then the midwife 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 the woman's dignity during any 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 and chart the Modified Early Obstetric Warning Score (MEOWS) on their relevant chart and follow the appropriate recommendations where applicable.
- Listen to what the woman in your care is telling you and respond appropriately. It is important to demonstrate care and compassion.
- Do not turn off the vital signs monitor (e.g. Dinamap) until you have recorded your observations.
- When measuring maternal heart rate and respiratory rate, make sure to take these for one full minute manually (e.g. radial pulse for heart rate).
- Ensure you document the observations accurately.
- Consent should be gained before any interventions.
- Remember to check the woman's ID.

APIE: Planning

Top Tips

- Think about what problems or concerns the woman in your care has presented with – what are the most important problems from their perspective (for example, pain, anxiety). Are you seeing the woman antenatally, postnatally or in the intrapartum period? If so, what problems would you expect them to present with at this time?
- Remember it is important to complete all sections in the planning documentation.
- Ensure you consider the needs of the woman and the fetus or neonate, as well as her partner.
- When will you review the problems? It is important you review the problem in an appropriate time frame. For example, if someone is in pain you would not leave it 24 hours before you review them.
- Record your planning using the SBAR – **Situation, Background, Assessment and Recommendation** tool.

APIE: Implementation

Top Tips

- Practice reading medication administration records (MAR) aloud and saying what you are thinking about for each section (for example, is this medication due today? Does the woman have an allergy?)
- Try to develop a strategy to ensure you identify drugs that the woman is allergic to. If the woman has an allergy, remember what the allergy is and check if the woman is prescribed a medication containing that allergen. If so, you can code that medication prior to administering your medications.
- Check the time the woman last had analgesia. How long ago was it? What does that mean for this woman 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 woman has swallowed their medication.
- Practice completing the documentation appropriately and 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.
- Remember to verbalise the checking of the validity of the prescription including the prescriber's signature, dose, route and time.
- Ensure you check the woman's ID and gain consent.

APIE: Evaluation

Top Tips

- Read the statements a few times before answering.
- It is important to complete all sections in the transfer of care/referral letter, so it provides an accurate history of the woman's care and their care needs.
- Do not forget allergies – what allergies does the woman have and what are the associated reactions?
- Ensure you deal with errors correctly.
- SBAR is used again in this station.
- You need to consider the next appointment that will be needed.
- Consider the other members of the multidisciplinary team (MDT) who need to know about this episode in the woman's care.
- Remember to write legibly.

Clinical Skill: Abdominal Examination

Top Tips

- Hand hygiene is essential.
- Ask if the woman has emptied their bladder recently.
- Follow the procedure as detailed in the *Skills for Midwifery Practice* book.
- Remember – inspect, fundal height measurement, lateral palpation, pelvic palpation and auscultation with a Pinards.
- Documentation is required.
- You will be using a manikin for this examination.
- Remember to communicate throughout the procedure and to explain your findings to the woman.

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.

Clinical Skill: Catheter Specimen of Urine (CSU)

Top Tips

- Do not forget to remove the clamp (if used).
- This skill should be conducted using a non-touch technique.
- Wear appropriate Personal Protective Equipment prior to manipulating the catheter and throughout the procedure.
- You should use the sample port to collect the sample from and you need to decontaminate this port prior to taking the sample.

Clinical Skill: In-Hospital Resuscitation (without defibrillation)

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.
- You need to observe the UK Resuscitation Council Guidelines.
- This is a generic station and does not relate to the resuscitation of a pregnant woman.

Clinical Skill: Intramuscular Injection (IM)

Top Tips

- Practice this skill and understand the difference in technique between a subcutaneous injection and an intramuscular injection.
- Read the prescription carefully.
- Take a sharps bin with you to the woman. If you forget, put the sharps in the tray provided to transport to the woman.
- Remember to check the integrity of all equipment used.
- Remember to complete the documentation.
- Prompt disposal of sharps is essential.

Clinical Skill: Subcutaneous Injection

Top Tips

- Practice this skill and understand the difference in technique between a subcutaneous injection and an intramuscular injection.
- Read the prescription carefully.
- Take a sharps bin with you to the woman. If you forget, put the sharps in the tray provided to transport to the woman.
- Remember to check the integrity of all equipment used.
- Remember to complete the documentation.
- Prompt disposal of sharps is essential.

Clinical Skill: Removal of Urinary Catheter (RUC)

Top Tips

- Where appropriate Personal Protective Equipment prior to manipulating the catheter and throughout the procedure.
- Remember to withdraw the correct amount of water from the balloon before removing the catheter.