



AMALA COLLEGE OF NURSING

AQAR (2023-2024)



CRITERION 2 – TEACHING- LEARNING AND EVALUATION

Key Indicator 2.3 – Teaching- Learning Process

Metric No. 2.3.5.- The teaching learning process of the institution nurtures creativity, analytical skills and innovation among students

SUBMITTED TO



National Assessment and Accreditation Council

Demonstration

OSCE BLUEPRINT- MEDICAL SURGICAL NURSING 1ST YEAR MSc NURSING

Station no	Content	Required task	Allotted marks	Duration
1	Cognitive / writing skills: Nursing care plan	Prepare a nursing care plan	10	45 mts
2	Skill station	Task 1- tracheostomy care Task 2- CPR	10+10 = 20	30 +30 = 1 hour
3	Interpretive skill station	Task 1- PD Task 2- ET	5	15 + 15 = 30 mts
4	Communication skill station	Health education for a patient with	5	20 mts
5	Viva		10	10 mts
Total			50 marks	2 hours 35 minutes

Lge's
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STATION 1

COGNITIVE SKILL STATION (30 MINUTES)

Instruction

1. Time 5 minutes for reading the scenario and 25 minutes for writing the care plan.
2. Students should include assessment, physical examination, care plan, implementation, and evaluation.
3. Identify and prioritize the problems and nursing diagnosis for the given scenario
4. Write 3 nursing care plan based on priority

Case scenario

Mr. James, a 57-year old male, presents to the Emergency Department (ED) with chest pain. He reports that the pain started about an hour after dinner, while he was working. He describes the pain as a "crushing pressure" located midsternally and radiating down his left arm and to his back. He rates the pain a 4/10. On assessment, Mr. James is diaphoretic and pale and complains of shortness of breath (SOB).

Upon further assessment, the patient has no jugular vein distention (JVD), and no edema. His heart sounds are normal, S₁ and S₂ present and lungs are clear with scattered wheezes on auscultation. His vital signs were as follows:

BP 140/90 mmHg **RR** 32 bpm **Temp** 36.9°C **HR** 92 bpm and regular

Ht 173 cm, **Wt** 104 kg

His 12-lead EKG report reads: "Normal sinus rhythm (NSR) with frequent premature ventricular contractions (PVCs) and three- to four-beat runs of ventricular tachycardia (VT)". ST-segment elevation in leads I, aVL, and V₂ through V₆ (3-4mm). ST-segment depression in leads III and aVF." Patient is diagnosed as lateral wall MI.

Prescribed : Aspirin 324 mg PO once, Nitroglycerin .4mg SL , Morphine 4 mg IV unrelieved chest pain, Oxygen to keep SpO₂>92%.

Mr. James chest pain was unrelieved after three (3) doses of sublingual nitroglycerin (NTG). Morphine 5 mg intravenous push (IVP) was administered, as well as 324 mg chewable aspirin. His pain was still unrelieved at this point.

Mr. James cardiac enzyme results were as follows:

CK 254 U/L **CK-MB** 10% **Troponin I** 3.5 ng/ml



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STATION -1 COGNITIVE SKILL STATION

Instructions

- Prepare a nursing care plan based on scenario given
- List down the nursing diagnosis according to the priority and elaborate the 3-nursing diagnosis
- Time: 5 minutes for reading the scenario and 25 minutes for writing a care plan
- Max.marks :10
- Students should include assessment, physical examination, care plan, implementation & evaluation.


CHECKLIST FOR CARE PLAN

	CRITERIA	MAX MARKS	Reg. No	Reg. No	Reg. No	Reg. No	Reg. No	Reg. No	Reg. No	Reg. No	Reg. No	Reg. No	Reg. No	Reg. No	Reg. No	Reg. No
1	ASSESSMENT	1														
	History	0.5														
	General physical Examination	0.5														
2	CARE PLAN	9														
	Identification of relevant nursing needs	2														
	Prioritization of Nursing Diagnosis	2														
	Setting short term goals	2														
	Formulation of intervention	2														
	Expected outcome	1														
	Total	10														

Name and signature of evaluator:

Date




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DAY 3

STATION 1

COGNITIVE SKILL STATION (30 MINUTES)


Instruction

1. Time 5 minutes for reading the scenario and 25 minutes for writing the care plan.
2. Students should include assessment, physical examination, care plan, implementation, and evaluation.
3. Identify and prioritize the problems and nursing diagnosis for the given scenario
4. Write 3 nursing care plan based on priority

Case scenario

A 65-year-old woman was getting groceries with her friend when she slipped on ice, hit her head and lost consciousness. An ambulance was called, and she was rushed to the hospital. The patient lost consciousness for one hour and remained in an altered state of consciousness for 24 hours. Diagnostic imaging confirmed right-sided focal subdural haematoma. Her Glasgow Coma Score (GCS) score upon arrival was 9 (E4; M3; V2). The severity of her TBI was classified as 'moderate'. The patient underwent a craniotomy the following afternoon.

Her pre-existing conditions included hypertension and osteoporosis and the medications she was taking for these conditions included Perindopril and Alendronate, respectively. Presently she is confined to bed and have GCS score same as or equal to the arrival time.


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STATION -1 COGNITIVE SKILL STATION

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Name and signature of evaluator:

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DAY 2

STATION 1


COGNITIVE SKILL STATION (30 MINUTES)

Instruction

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2. Students should include assessment, physical examination, care plan, implementation, and evaluation.
3. Identify and prioritize the problems and nursing diagnosis for the given scenario
4. Write 3 nursing care plan based on priority

Case scenario

Mr. John 75 year's old male is brought to the emergency department from a long-term care facility with complaints of progressive dyspnea, cough, and restlessness, followed by aspiration of food four days ago. On admission patient is confused and agitated. At times he is gasping for air. Vital signs are BP160/100 mm of Hg, heart rate 114 beats /minute, respiratory rate 32 breath / minute SpO2 84% and temperature 100° F. On auscultation diffuse crackles throughout his lung fields. He is pale and diaphoretic. He is managed with oxygen via mask at a rate of 8 liter/minute and immediately shifted to ICU. Chest X-ray shows diffuse infiltrates. He has been diagnosed with ARDS. Now the patient is on mechanical ventilation with PEEP 20cm H2O, antibiotic therapy, bronchodilators and high dose corticosteroid therapy and sedated to allow him to rest.


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