



EFFECTIVENESS OF OSCE METHOD TOWARDS COMPETENCY IN EPISIOTOMY CARE IN STUDENT NURSES

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ABSTRACT:

Episiotomy during vaginal delivery was first recommended as a way to protect the pelvic floor from lacerations and protect the fetal head from trauma. It was rapidly adopted as a standard practice and has been widely used since then. However, over the last several decades, there has been a growing body of evidence that episiotomy does not provide these purported benefits and may contribute to more severe perineal lacerations and future pelvic floor dysfunction. In this review, we examine the evidence that led to changing episiotomy practices and the debate that has surrounded episiotomy. By doing so, we can not only evaluate this specific obstetric procedure, but also gain insights into the challenge of changing medical practice as new data emerge. Thus this study focuses on improving the student nurses competency in Episiotomy care. A total of 60 nursing students belonging to 3rd year GNM and 4th year B.Sc. were selected by purposive sampling for this study.

Results: The result of the study showed that the pre-test mean was 8.56 and post-test mean was 11.26, pre-test standard deviation was 2.90 and post-test standard deviation was 3.75, mean difference was 2.7 and t test was 4.42. this clearly establishes that the OSCE led episiotomy care intervention was effective.

Conclusion: The study concludes that the OSCE method was effective in improving competency in episiotomy care among nursing students. As it is a need of the hour for the hour that nursing students should be well equipped with the practical knowledge of episiotomy, as this will help them to practice their role of an registered midwife with maximum effectiveness and also will increase their confidence level to practice independently and deliver quality nursing care.

KEYWORDS: Episiotomy Care, OSCE, Nursing Students.

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INTRODUCTION

“Episiotomy is an incision in the perineum, in order to enlarge the vaginal introits to

provide enough room for the head or breach to escape safely for both mother and child or to create ample space to



facilitate operative delivery. Episiotomy is the second commonest obstetric procedure and has become an integral part of normal delivery". The incision generally heals within 10-14 days. The stitches are usually the kinds that are absorbed into your skin. It's not unusual for pain to last longer than just the time it takes you to "heal"[3].

Episiotomy, a common procedure in obstetric care, is associated with the need for suture and healing complications in the postpartum period, such as blood loss, edema, hematoma, infection wound dehiscence and perineal pain [10].

Inflammatory signs, such as edema, ecchymosis, redness and pain, occur from the first hours after delivery and may remain beyond the hospitalization period. A randomized controlled trial which compared 2 different perineal repair techniques identified that edema, redness and ecchymosis occurred in 26.2%, 6.6%, 3.3% of women who had episiotomy or second degree laceration at the first 24 hours after childbirth, respectively. On the 4th day after delivery, the distribution of these signs was 11.5% oedema, 4.9% redness and 8.2% ecchymosis[10].

The REEDA scale is a tool for assessing perineal healing that was primarily developed by Davidson and later reviewed by Carey. It includes five items related to the healing process: hyperemia, edema, ecchymosis, discharge and coaptation of the wound edges. It can be used to assess all types of postpartum perineal trauma[16].

Health professionals use scales, questionnaires and tests to identify signs and symptoms and to assess the result of intervention. Repeated measures of a given condition, often undertaken by different professionals, should agree well enough in order to allow comparisons and to identify real change in an individual condition when it occurs. The aim of this study is to analyze the reliability of the scale REEDA as a tool for the clinical assessment of perineal healing after episiotomy [1].

Health professionals use scales, questionnaires and tests to identify signs and symptoms and to assess the result of intervention. Repeated measures of a given condition, often undertaken by different professionals, should agree well enough in order to allow comparisons and to identify real change in an individual condition when it occurs. The aim of this study is to analyze the reliability of the scale REEDA as a tool for the clinical assessment of perineal healing after episiotomy[18]

Looking into the current literature it is the need of the hour to increase the competency of nursing student towards episiotomy care.

OBJECTIVES OF THE STUDY

- 1.** To assess the pre-test score of OSCE method towards competency in episiotomy care among Nursing Students.
- 2.** To assess the post test score after administration of OSCE method towards competency in episiotomy care among Nursing Students.



3. To compare between pre-test and post-test effectiveness of the OSCE method towards competency in episiotomy care among Nursing Students.

HYPOTHESIS

H1:- There will be a significant difference between the pre-test & post-test towards competency in episiotomy care by OSCE method.

H0:- There will be no significant difference between the pre-test & post-test towards competency in episiotomy care by OSCE method.

METHODOLOGY

Research Design: Pre-Experimental One Group Pre-Test, Post-Test Design

Research Setting: School of Nursing Science, ITM University, Gwalior (M.P.).

Target population: GNM 3rd & BSc 4th year Nursing Students of School of Nursing Science, ITM University, Gwalior (M.P.).

Sampling population & Sampling Technique: The investigator selected 60 students of GNM 3rd year and BSc 4th year studying in School of Nursing Science, ITM University, Gwalior (M.P.).

In this research non-probability purposive sampling technique used to select the samples.

Criteria for sample selection

Inclusion criteria

1. Students willing to participate in the study.
2. GNM 3rd year and BSc 4th year students.

Exclusion criteria

1. GNM 1st & 2nd year students.

2. BSc 1st, 2nd & 3rd year students.

3. Other nursing students.

Selection of Tool for Data Collection:

Based on the objectives of the study, investigator developed data collection tool in order to obtain necessary information.

Part I –It included selected demographic variables such as age, religion, marital status, & gender.

Part II–It included standardized tool for observation/evaluation assessment, OSCE

Pilot Study: The objective of the pilot study was to validate the consistency of the data collection instrument, adequacy of the contents, feasibility of the study and time duration required for responding the data collection instruments. The pilot study was done on 6 GNM Nursing Students.

Reliability and Validity of Tool

Reliability of tools was computed by split half method. The reliability of assessment was $r=0.85$. The tool was validated by 9 experts of the concerned field.

Ethical Considerations

- Permission of institutional research and committee was obtained.
- Permission to conduct the study was taken from principal of the selected college, Gwalior
- The purpose of the study was explained to the respondents



- Written informed consent was taken from participants
- Confidentiality of subject was maintained

Procedure For Data Collection: Data collection was done after taking formal permission from principal of the School of Nursing Science, ITM University, Gwalior for the conduction of study in their college explaining the purposes and objectives of the study. Non probability purposive sampling technique was used to collect a sample of Nursing Students. Informed written consent was taken from subjects for participations in study. Observational checklist and evaluation Performa will be prepared on the basis of procedure of study. For the data collection tool was administered to the participants". The respondents were assured that their responses would be confidential and used

for research purpose only by keeping the ethical consideration in mind. The collected data was taken then organized for analysis.

Plan for Data Analysis:

After data collection all the information were put on a master sheet for tabulation. Analysis were done by forming tables and graph statistically and then values and result were interpreted in the form of percentage. Descriptive means, standard deviation and t test was done for data analysis.

Data analysis Method

The data analysis through descriptive and inferential statistics:-

- ☐ Descriptive statistics: - mean, standard deviation, mean percentage, frequency and paired t test.
- ☐ Inferential statistics: - mean difference, skill score.

RESULTS:

SECTION A: - DEMOGRAPHIC VARIABLES OF NURSING STUDENTS N=60

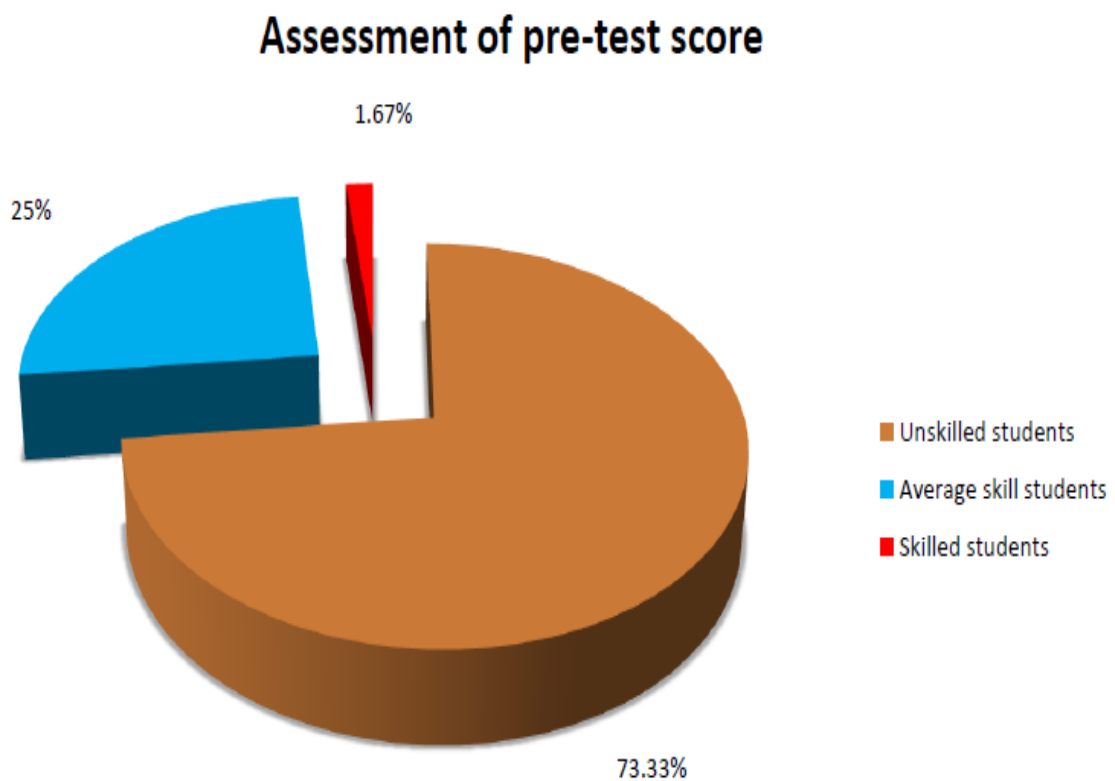
S.NO.	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1.	AGE	3	5 %
	a) 15-20 years	55	91.66 %
	b) 20-25 years	1	1.67 %
	c) 25-30 years	1	1.67 %
	d) 30-35 years		
2.	RELIGION	46	76.67 %
	a) Hindu	2	3.33 %
	b) Muslim	12	20 %
	c) Christian	0	0
	d) shikh		



3.	MARITAL STATUS a) married b) unmarried	4 56	6.67 % 93.33 %
4.	GENDER a) male b) female	9 51	15 % 85 %

Table 1:- Frequency and percentage distribution of Demographic Variables.

SECTION B – To assessment the pre- test score of OSCE method towards competency in episiotomy care among Nursing Students.



Graph 1: Percentage distributions of pre-test score of nursing students.

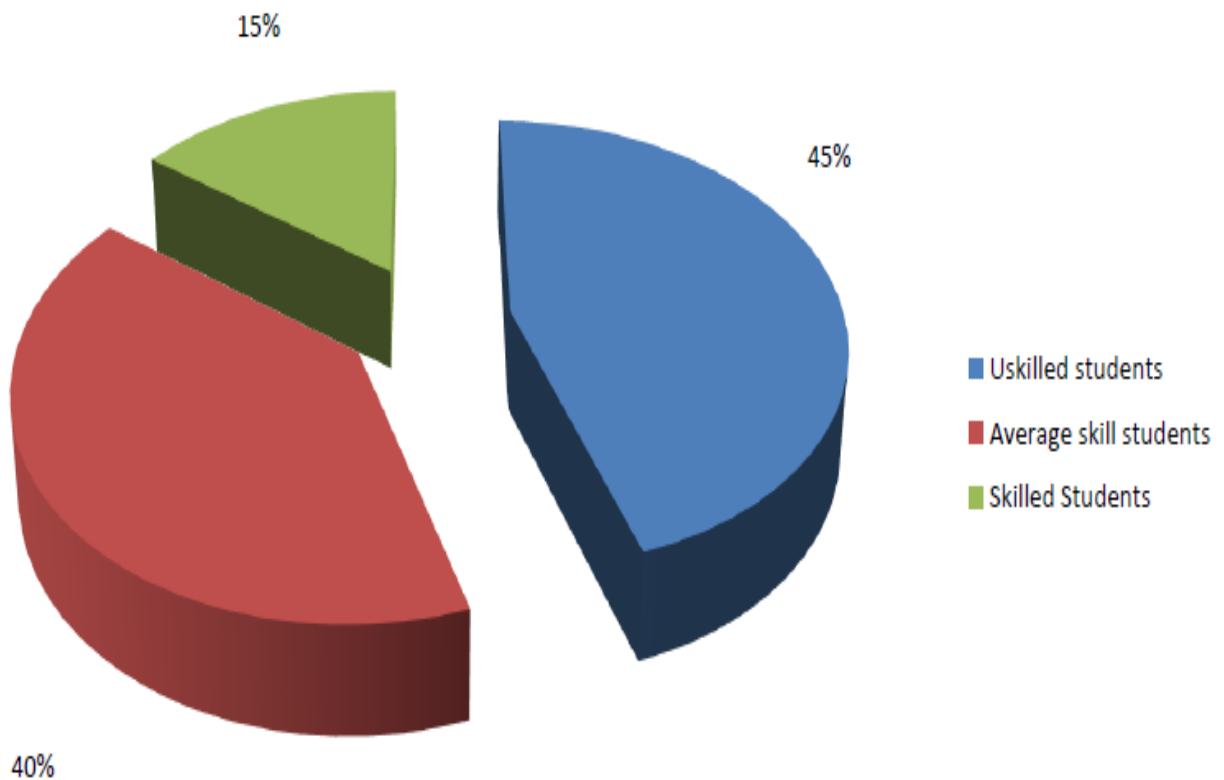
N=60

PRE-TEST COMPETENCY	MEAN	STANDARD DEVIATION
	8.56	2.90

TABLE 2: Mean and standard deviation of the pre-test effectiveness of Nursing Students.

SECTION C – To assessment the post- test score after administration of OSCE method towards competency in episiotomy care among Nursing Students.

Assessment of post-test Score



Graph 2: Percentage distribution of post-test score of nursing students.

N=60

POST-TEST COMPETENCY	MEAN	STANDARD DEVIATION
	11.26	3.75



TABLE 3: Mean and standard deviation of the post- test effectiveness of Nursing Students.

SECTION D – To compare between pre- test and post- test effectiveness of OSCE method towards competency in episiotomy care among Nursing Students.

TABLE 4: Mean difference between the pre-test competency and post-test competency in episiotomy care among Nursing Students.

COMPETENCY	MEAN	STANDARD DEVIATION	MEAN DIFFERENCE	T VALUE	TABULATED VALUE	SIGNIFICANT
PRE TEST	8.56	2.90	2.7	4.42	1.67	0.05
POST TEST	11.26	3.75				

Data presented in table-6 show that the pre-test mean was **8.56** and post-test mean was **11.26**, pre-test standard deviation was **2.90** and post-test standard deviation was **3.75**, mean difference was **2.7** and t test was **4.42**.

SECTION E- Effectiveness of OSCE method as “t test” value.

H1:- There will be a significant difference between the pre-test & post-test towards competency in episiotomy care by OSCE method.

The “T” test value = **4.42** with degree of freedom **59**, tabulated value = **1.6711** and P value= **.000021**.

H1 is accepted that means OSCE method is effective.

CONCLUSION

The study concluded that the OSCE method was effective in improving competency in episiotomy care among nursing students. As it is a need of the hour for the hour that nursing students should be well equipped with the practical knowledge of episiotomy, as this will help them to practice their role of an registered midwife with maximum effectiveness and also will increase their confidence level to practice independently and deliver quality nursing care.



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