http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude
ISSN on-line1984-7513
DOI: 10.4025/ciencuidsaude.v23i0.66068

ORIGINAL ARTICLE

OBJECTIVE STRUCTURED CLINICAL EXAMINATION FOR PEDIATRIC AND NEONATAL NURSING PROFESSIONALS: VALIDATION OF FEEDBACK FORMS[1]

Ifé Odara Alves Monteiro da Silva*
Natalia Del'Angelo Aredes**
Aline Natalia Domingues***
Mariana Torreglosa Ruiz****
Luciana Mara Monti Fonseca*****

ABSTRACT

Objective: Validate structured feedback forms for Objective Structured Clinical Examination stations in pediatric and neonatal nursing. **Method:** This is a methodological study, with validation of eight feedback forms in four clinical stations, for the auxiliary public and nursing technicians and for nurses. Content validation was performed by experts in the field of pediatric and neonatal nursing, using the Content Validity Index. **Results:** The validation of the content of the forms was attended by 20 experts. The Objective Structured Clinical Examination forms obtained agreement between the experts with a value greater than 0.9. The notes suggested by the experts were implemented in version 2 of the forms. **Conclusion:** The forms developed reveal robustness for use in formative feedback during the Objective Structured Clinical Examination in pediatric and neonatal nursing. The results indicated agreement of the experts with criteria and actions evaluated, providing valuable suggestions for the improvement of formative feedback after clinical scenarios stations.

Keywords: Pediatric nursing. Neonatal nursing. Educational Measurement. Health professionals. Validation Study. Continuing Education.

INTRODUCTION

In 2013, the Ministry of Health established the National Patient Safety Program (NPSP) through MS/GM Ordinance N. 529, aiming to improve the quality of health care and patient safety. Strategies have been developed to train health professionals and improve the quality of care[1].

In the context of strengthening patient safety, clinical simulation is a prominent teaching-learning strategy. It provides students and health professionals with the opportunity to develop risk-free clinical competencies for patients, enabling active problem solving with teacher mediation and knowledge sharing[2-3]. A convergent strategy is the Objective Structured Clinical Examination (OSCE), translated into Portuguese as a Structured Objective Clinical Examination, which has its roots in simulation, enhancing learning through evaluation, with very favorable results in vocational education[4].

There is a growing trend in the use of simulated environments for permanent education, providing dynamic and realistic educational actions, approaching professional practice. In addition, they allow decision making in a safe environment, benefiting from interactivity, discussion with peers and the guidance of a facilitator[5].

The National Policy for Comprehensive Child Health Care (NPCCHC) highlights the need to invest in permanent education courses to improve the quality of care, as an operational strategy with educational and research institutions[6]. The OSCE, as a strategy of evaluation by competencies in the training of physicians, gained international popularity for objectivity and structuring during clinical evaluation. Its use as an evaluative and

[1]Work extracted from the Master's dissertation, presented to the Postgraduate Program in Public Health Nursing at the the University of São Paulo at Ribeirão Preto College of Nursing. Ribeirão Preto.

*Nurse. Master in Health Sciences from the Postgraduate Program in Public Health Nursing at the University of São Paulo at Ribeirão Preto College of Nursing. Ribeirão Preto, São Paulo, Brazil. E-mail: ife.odara@alumni.usp.br. ORCID iD: 0000-0002-1661-8601.
**Nurse. PhD in Nursing. Adjunct professor at the Faculty of Nursing at the Federal University of Goiás. Goiânia, Goiás, Brazil. E-mail: naredes@ufg.br. ORCID iD: 0000-0002-1661-860.
***Nurse. PhD in Health Sciences from the Postgraduate Program in Public Health Nursing at the University of São Paulo at Ribeirão Preto College of Nursing. Ribeirão Preto, São Paulo, Brazil. E-mail: aline.domingues@alumini.usp.br. ORCID iD: 0000-0002-6764-7146.
****Nurse. PhD in Nursing. Adjunct professor of the Undergraduate Nursing Course Department of Nursing in Hospital Care at the Federal University of Triângulo Mineiro, Uberaba, Minas Gerais, Brazil. E-mail: mariana.ruiz@uftm.edu.br. ORCID-iD: 0000-0002-5199-7328.
*****Nurse. PhD in Nursing Associate professor at the Department of Maternal Nursing Children and Public Health at the University of São Paulo at Ribeirão Preto College of Nursing. Ribeirão Preto, São Paulo, Brazil. E-mail: lumonti@eerp.usp.br. ORCID iD: 0000-0002-5831-8789.

formative method advances due to the ability to evaluate skills and performance, providing specific feedback for each season, encouraging reflection and planning for improvements[7-10].

The importance of feedback in the educational context is recognized and, in the OSCE, the specificity for each station strengthens the participant's ability to perceive themselves in the context of the challenge[10]. The use of structured feedback forms is crucial because it helps the facilitator to detect problems, offering objective subsidies for the improvement of the participant[11].

Given this scenario, there is a need to develop and validate forms that assist in the formative feedback of the OSCE, used as a permanent health education activity for nursing professionals who serve hospitalized children in pediatric and neonatal units. Thus, the objective of this study is to validate structured feedback forms for OSCE stations in pediatric and neonatal nursing.

METHOD

It is a methodological study that uses methods for obtaining, organizing and analyzing data, addressing the elaboration and validation of content in order to seek new meanings and interpretations of phenomena. The methodological design guided the development of instruments with fundamental characteristics[12], such as reliability, precision and usability. After development, the forms underwent content validation with experts in pediatric and neonatal nursing.

The OSCE, as it explicitly denotes its name, is primarily conceived as a standardized clinical evaluation instrument. However, it is noteworthy that, in the present study, the authors chose to incorporate it within the permanent education process of the team, adopting an approach that transcends the traditionally evaluative character of the OSCE and yes formative. From this perspective, it becomes pertinent to contextualize this particular aspect, in order to clarify and justify the use, in the forms, of the term "feedback" instead of "evaluation". This analysis will provide a more comprehensive understanding of the option of using the OSCE as a learning-facilitating strategy for professional development, highlighting the emphasis on constructive feedback rather than a simple assessment.

The study was conducted in a Children's Teaching Hospital that has 231 beds and 72 offices and rooms, distributed in five floors, where the outpatient clinics, wards, obstetric center, neonatal ICU, pediatric ICU work, joint accommodation and CSEP – Center for Surgery and epilepsy, as well as the Department of Childcare and Pediatrics.

Due to the participation of human beings as experts and in accordance with Resolution N. 466 of December 12, 2012, of the Ministry of Health and the National Health Council, the project was submitted to the analysis of the Research Ethics Committee (CEP) of the School of Nursing of Ribeirão Preto of the University of São Paulo, obtaining the approval opinion n. 3.627.160.

To validate the content of the forms, experts from the field of pediatric and neonatal nursing were considered, classified according to the Fehring criteria[13], adapted for this study. According to the referential, experts should obtain at least five points to be selected, emphasizing that higher scores indicate greater strength of evidence.

The gathering of experts was performed using the convenience sampling technique called Snowball sampling[14], which involves the indication of secondary experts by the primary, increasing the number of experts as a snowball. The primary experts were selected from the identification of performance with simulation and OSCE in the Lattes Platform([15-16].

The invitations were sent by email and the experts had access to two online forms: the Informed Consent Form (ICF), in which they declared consent to contribute to the study, and the section to fill out the questionnaire, addressing their sociodemographic profile and the evaluation of the seasons with scenarios about the newborn, the lactating, the child and the adolescent and their feedback forms. To verify the indications of experts by "snowball" and possible refusals, the indication process was followed, but there were no negatives in the participation, but the experts requested a longer period to return the completed validation questionnaire, justifying, for the most part, the

coincidence of data collection with other activities, thus, the period agreed with the participants was 20 days. Only one of the participants did not submit the form in the new deadline, justifying having entered a vacation.

The agreement between the experts was verified using the Content Validation Index (CVI) of 0.90[12] per item, values equal to or above 90% of agreement did not need to be reviewed. Data collection took place through an online form during May 2020, and the analysis included simple descriptive statistics and CVI calculation. Following the proposed principles that the CVI involves a systematic approach to ensure the validity of the content of developed instruments, such as structured feedback forms [12].

The process begins with the careful selection of experts in the area of interest, in this case, pediatric and neonatal nursing. The choice of these experts should take into account their expertise and relevant experience to ensure a reasoned assessment. After this selection, it is essential to provide them with a clear and comprehensive description of the instrument, detailing its objectives, items and evaluative criteria.

The CVI was calculated as the proportion of agreement between the experts in relation to the items of the instrument. Each participant expressed their opinion on the relevance and clarity of each item, using scales. The interpretation of CVI in this study was that values equal to or greater than 0.9 indicated high agreement among experts, showing a robust content validation. If there were significant disagreements, it would be essential to review and adjust the items of the instrument according to the experts' suggestions, in order to improve its validity.

RESULTS

This study had the participation of 20 experts (n = 20), which according to the Fehring Classification obtained an average of 11.65 points, in which all reached the minimum score of five points to be inserted. It is notorious the participation of female people (70%), prevailing the age group from 31 to 40 years of age (55%), having at least the title of Master (55%) and acting in the area of Education (25%).

Being the OSCE an innovative teaching method and still being in expansion of use in Brazil, there was a lower percentage of people with experience in OSCE (45%), in relation to the experience in Clinical simulation (80%)since this strategy has been continuously inserted strongly in the academic environment, with a greater history of insertion in health courses. On the specific theme of the strategy, 65% of the experts had practical experience or publications in the area of Child Health.

Table 1. Scenarios developed for OSCE stations. Ribeirão Preto, SP, 2023.

Newborn Scenario	Infant Scenario	Child Scenario	Teenage Scenario
Newborn, Mariana, normal delivery, Small for Gestational Age (SGA), 38s5d, presented early respiratory distress, being installed Continuous Positive Airway Pressure (CPAP) nasal, removed on the second day of life. She is now five days old, hospitalized in the NICU, awaiting surgical correction of Persistence of the Arterial Canal (PAC). Maintaining O2 catheter at 1l/min and peripheral venous access in salinized cephalic region. Before the inadequate positioning of the NB, there are signs of obstruction of the upper airways.	Marcelo, 1 year old, admitted to the Pediatric Intensive Care Unit for ten days due to diagnosis of Inborn Error of Metabolism. Maintaining orotracheal cannula in mechanical ventilation; central venous access of the type double lumen in left femoral receiving in white Total Parenteral Nutrition (TPN) and brown route with the prescribed medications. For two days has been presenting hyperthermia and worsening of the general condition.	Luciana, 7 years old, admitted to the Pediatric Intensive Care Unit for two days due to acute respiratory failure. Previous diagnosis of cystic fibrosis. Maintaining orotracheal cannula in mechanical ventilation. After exchange of fixation of the orotracheal cannula (OTC) there is worsening of respiratory distress and selective intubation is suspected.	João Paulo, 16 years old, POI of orthopedic surgery in Left Lower Limb (LLL), being admitted to the Pediatric Intensive Care Unit with signs of hypovolemic shock, applied to the scale of measurement of pain FPS-R presented score 8, located on the body map in LLL.

Source: Prepared by the authors.

The OSCE that treats the study was composed of four clinical stations: newborn,

infant, child and adolescent. Thus, eight feedback forms were prepared, four for nurses and four for nursing assistants and technicians, separated according to the seasons and scenarios.

The scenarios were built to allow the evaluation of clinical performance by nurses, technicians and nursing assistants. The clinical stations of the OSCE had standardized cases according to the defined learning objective and the performance analyzed by evaluators who, preferably, remain present while the station is performed, and can provide feedback after the activity. The following scenarios are presented in Table 1.

For each scenario, feedback forms for nurses and another form for nursing technicians and auxiliaries were prepared. All forms had four columns, in which the evaluator can sign whether the participant performed that expected action, was partially carried out and still make comments about that action for use during the feedback of that station, as follows. Below, the example of the Newborn Scenario in Figure 1:

Figure 1. Newborn Scenario Feedback Form for nurses' final version. Ribeirão Preto, SP, Brazil, 2024.

SCENARIO: NEWBORN				
Newborn, Mariana, childbirth norm, SGA, 38s5d, presented early respiratory distress, being installed nasal CPAP, removed on the second day of life. She is now in five days, hospitalized in the NICU, awaiting surgical correction of PAC. O2 catheter at 1l/min and peripheral venous access in salinized cephalic region. Before the inadequate positioning of the NB, there are signs of obstruction of the upper airways. Activity: Attend a NB, with signs of airway obstruction.				
FOR THE NURSES				
Action (Version 2)	**Realized**	**Did not realize**	**Partially realized**	**Comments**
Did you clean your hands?				
Have you observed whether the patient is correctly identified?				
Did you talk to the patient's mother?				
Did you check the staining on the edges?				
You repositioned the NB in the bed, opening the airways mechanically?				
Repositioned the catheter? (if identified out of place)				
Did you monitor the patient?				
Changed the volume of O2? (if discomfort persists after repositioning in bed)				
Did/referred to nursing notation?				

Source: Prepared by the authors.

Table 1 below presents the data obtained from the validation of the forms for nurses, auxiliaries and nursing technicians for the Newborn Scenario:

Table 1. Validation of the Newborn Scenario feedback form. Ribeirão Preto, SP, 2023.

Actions (Nurses)	**I agree (n)%**	**I disagree (n)%**	**Suggestion (n)%**	**IVC**
Have you observed whether the patient is correctly identified?	(20) 100	-	-	1.00
Did you talk to the patient?	(17) 85	(1) 5	(2) 10	0.85
Did you change the O_2 volume? (If discomfort persists after repositioning in bed)	(14) 70	(3) 15	(3) 15	0.70
Did you reposition the catheter? (If identified out of correct place)	(19) 95	-	(1) 5	0.95
Did you reposition the newborn on the bed, mechanically opening the airways?	(19) 95	(1) 5	-	0.95
Did you inspect the color of the extremities?	(17) 85	(1) 5	(2) 10	0.85
Did you perform apical auscultation for FC?	(17) 85	(3) 15	-	1.00
Checked FR	(19) 95	(1) 5	-	0.95
Checked O2 saturation	(19) 95	(1) 5	-	0.95
Did you monitor the patient?	(18) 90	(2) 10	-	1.00
Did you complete the nursing note?	(18) 90	(2) 10	-	1.00
Actions (Nursing assistants and technicians)	**I agree (n)%**	**I disagree (n)%**	**Suggestion (n)%**	**IVC**
Did you identify the correct patient, according to the bed	(20) 100	-	-	1.00

identification and bracelet?				
Did you communicate with the patient?	(17) 85	(2) 10	(1) 5	0.85
Did you change the O_2 volume?	(12) 60	(5) 25	(3) 15	0.60
Did you reposition the catheter?	(20) 100	-	-	1.00
Did you reposition the newborn in the bed?	(20) 100	-	-	1.00
Did you inspect the color of the extremities?	(18) 90	-	(2) 10	0.90
Did you complete the nursing note?	(19) 95	(1) 5	-	0.95

The experts strongly agreed with the pre-established actions, however, some made their suggestions for the text of the action, or about the need for it, for the learning process of the participant. Table 2 presents the Infant Scenario feedback form.

Table 2. Validation of the Infant Scenario feedback form. Ribeirão Preto, SP, 2023.

Actions (Nurses)	**I agree (n)%**	**I disagree (n)%**	**Suggestion (n)%**	**IVC**
Did you identify the correct patient, according to the bed identification and bracelet?	(20) 100	-	-	1.00
Did you communicate with the patient?	(17) 85	(3) 15	-	0.85
Did you observe the color and quantity of the contents of the collection bottle?	(16) 80	(2) 10	(2) 10	0.80
Did you disinfect the stethoscope?	(20) 100	-	-	1.00
Did you perform lung auscultation?	(20) 100	-	-	1.00
Did you identify the correct sound?	(20) 100	-	-	1.00
Did you perform COT aspiration?	(17) 85	(1) 5	(2) 10	0.85
Did you make a nursing note?	(19) 95	-	(1) 5	0.95
Actions (Nursing assistants and technicians)	**I agree (n)%**	**I disagree (n)%**	**Suggestion (n)%**	**IVC**
Did you identify the correct patient, according to the bed identification and bracelet?	(20) 100	-	-	1.00
Did you communicate with the patient?	(17) 85	-	(3) 15	0.85
Did you observe the color and quantity of the contents of the collection bottle?	(16) 80	(2) 10	(2) 10	0.80
Did you disinfect the stethoscope?	(18) 90	(2) 10	-	0.90
The thermometer was disinfected	(20) 100	-	-	1.00
Did you check your vital signs? (Temperature, FR, FC)	(20) 100	-	-	1.00
Did you mention reporting the results to the nurse?	(18) 90	-	(2) 10	0.90
Did you make a nursing note?	(19) 95	-	(1) 5	0.95

The validation of the Child Scenario feedback is presented in Table 3:

Table 3. Validation of the Child Scenario feedback form. Ribeirão Preto, SP, 2023.

Actions (Nurses)	**I agree (n)%**	**I disagree (n)%**	**Suggestion (n)%**	**IVC**
Did you identify the correct patient, according to the bed identification and bracelet?	(20)100	-	-	1.00
Did you communicate with the patient?	(17) 85	(2) 10	(1) 5	0.85
Did you inspect chest expansion?	(20)100	-	-	1.00
Have you noticed signs of respiratory distress?	(20)100	-	-	1.00
Did you notice the coloring of the extremities?	(19) 95	-	(1) 5	0.95
Did you disinfect the stethoscope?	(20)100	-	-	1.00
Did you perform auscultation?	(20)100	-	-	1.00
Did you observe the fixation of the cannula?	(19) 95	-	(1) 5	0.95
Did you reposition the cannula?	(12) 65	(5) 25	(2) 10	0.60
Did you observe contact with lip rhyme?	(18) 90	(2) 10	-	0.90
Did you raise the bars after the service?	(18) 90	(2) 10	-	0.90
Have you prepared the intubation kit?	(17) 85	(2) 10	(1) 5	0.85
Did you make a nursing note?	(18) 90	(2) 10	-	0.90
Actions (Nursing assistants and technicians)	**I agree (n)%**	**I disagree (n)%**	**Suggestion (n)%**	**IVC**
Identified the correct patient, according to bed identification and bracelet	(20)100	-	-	1.00

Communicated with the patient	(18) 90	(1) 5	(1) 5	0.90
Inspected chest expansibility	(19) 95	-	(1) 5	0.95
Did you notice the coloring of the extremities?	(19) 95	-	(1) 5	0.95
Did you observe the fixation of the cannula?	(20)100	-	-	1.00
Did you request the nurse's assessment?	(20)100	-	-	1.00
Have you prepared the intubation kit?	(19) 95	(1) 5	-	0.95
Did you raise the bars after the service?	(20)100	-	-	1.00
Did you make a nursing note?	(19) 95	(1) 5	-	0.95

Table 3 shows the actions of the participants, expected by the evaluators, in the Newborn Scenario. The experts strongly agreed with the pre-established actions, however, some made their suggestions for the text of the action, or about the need for it, for the learning process of the participant. Expert mentions are presented in such a way as to maintain anonymity by being represented alphanumerically by E (expert) and the numbering of the order of participation of the study:

> E6: "Hand washing before and after" and "Saturation before oxygen increase"
>
> E7: "Hand hygiene"; "verified if at the moment there is no diet being infused"
>
> Others made their considerations about the importance of following the institutional protocol for the use of oxygen therapy:
>
> E16: "I would change the volume of O2 last so that before increasing other aspects are seen, such as positioning, because O2 is toxic"
>
> E10: "Unfortunately, changing the volume of O2 requires medical prescription and/or institutional protocol."

Some changes in the text of the expected action were also suggested, being:

> E6: "Did you talk to Mom?"
>
> E17: "[...]And the option to talk to the patient may change to the patient's family".

Regarding the form for nursing assistants and technicians, modifications were made according to the general suggestions offered in other forms. In both, the validation index was 90%, thus meeting the requirements for the validation of the form.

Table 4 shows the validation of the Adolescent Scenario:

Table 4. Validation of the Adolescent Scenario feedback form. Ribeirão Preto, SP, 2023.

Actions (Nurses)	I agree (n)%	I disagree (n)%	Suggestion (n)%	IVC
Did you identify the correct patient, according to the bed identification and bracelet?	(20)100	-	-	1.00
Did you communicate with the patient?	(19) 95	-	(1) 5	0.95
Did you reassess the pain with the FPS-R scale?	(20)100	-	-	1.00
Did you check your BP?	(20)100	-	-	1.00
Did you measure HR?	(20)100	-	-	1.00
Did you mention that you checked pallor by observing the skin and ocular conjunctiva?	(18) 90	-	(2) 10	0.90
Did you check for external bleeding?	(19) 95	-	(1) 5	0.95
Have you identified signs of internal bleeding? (pallor, tiredness, nausea, vomiting, rapid and weak pulse)	(19) 95	-	(1) 5	0.95
Did the bleeding stop?	(16) 80	(3) 15	(1) 5	0.80
Did you perform volume replacement, as prescribed by your doctor?	(20)100	-	-	1.00
Did you assess urinary output?	(19) 95	-	(1) 5	0.95
Did you place the patient in Trendelemburg position?	(17) 85	(2) 10	(1) 5	0.85
Have you identified signs of hypovolemic shock? (malaise, dizziness, weakness, paleness, clammy skin, headache)	(19) 9	(1) 5	-	1.00
Have you identified the feasibility and caliber for peripheral venous access?	(20)100	-	-	1.00
Did you notice that today is the patient's birthday?	(12) 60	(7) 35	(1) 5	0.60
Did you make a nursing note?	(19) 95	(1) 5	-	0.95
Did you reconstitute the patient unit?	(17) 85	(2) 10	(1) 5	0.85
Did you raise the bed rails?	(20)100	-	-	1.00
Actions (Nursing assistants and technicians)	**I agree (n)%**	**I disagree (n)%**	**Suggestion (n)%**	**IVC**

Did you identify the correct patient, according to the bed identification and bracelet?	(20)100	0	0	1.00
Did you communicate with the patient?	(19) 95	0	(1) 5	0.95
Did you check your BP?	(20)100	-	-	1.00
Did you measure HR?	(20)100	-	-	1.00
Did you check for external or internal bleeding?	(19) 95	-	(1) 5	0.95
Did the bleeding stop?	(14) 70	(4) 20	(2) 10	0.70
Did you perform volume replacement, as prescribed by your doctor?	(17) 85	(3) 15	-	0.85
Did you assess urinary output?	(18) 90	(1) 5	(1) 5	0.90
Did you check the identification of the collection bag?	(18) 90	-	(2) 10	0.90
Did you notice the birthday date?	(12) 60	(8) 40	-	0.60
Did you reconstitute the patient unit?	(17) 85	(3) 15	-	0.85
Did you raise the bed rails?	(20)100	-	-	1.00
Did you make a nursing note?	(19) 95	(1) 5	-	0.95

The CVI lower than 0.90 were reviewed according to the suggestions of the experts, being considered and discussed with all, the aspects of changes, the suggestions were accepted and inserted to better understand the formative feedback of the scenarios presented. The suggestions highlighted regarding the standardization of oxygen therapy and communication with the patient and family were modified in the scenarios.

DISCUSSION

The feedback instruments developed contribute directly to strengthening the use of OSCE in permanent health education, potentially impacting the quality of clinical practice of health professionals. These have the opportunity to develop and test their skills, strengthening scientific knowledge of everyday work situations. A fundamental aspect in methodological studies aimed at the development of educational instruments and tools is the validation process, differential to ensure quality and application in different contexts.

Twenty experts participated in the validation of this study, considering the minimum score of five points, according to the Fehring Classification (1994)[13], strengthening the evidence and relevance of this study[28]. This method was like the validation study of an OSCE instrument in cardiopulmonary resuscitation, with expert profiles similar in sex, score and age, although the participants in this study were comparatively younger[17].

The suggestions and comments of the experts during the validation process contributed to the improvement of the products developed. Some suggestions were initially directed to a specific scenario but were incorporated to the others when applicable. The suggestion of evaluating whether the participant performed hand hygiene is crucial, since this action is inherent in nursing practice, preventing and controlling infections, reflecting professional responsibility[18], was included as an expected action with feedback to strengthen this practice.

The experts pointed out a relevant aspect related to the change in oxygen flow. Given the potential risk of toxicity to the newborn, it was analyzed whether increasing the flow of O_2 was necessary, recommending the attempt of other maneuvers before the procedure, such as modifying the positioning of the baby and monitoring the saturation. The autonomy of the nurse in modifying the flow of O_2 was discussed, highlighting that this is only possible with an institutional protocol; otherwise, the prerogative is the medical team. This concern is evident in studies in which participants showed dissatisfaction when waiting for a medical professional to change oxygen levels, despite having sufficient knowledge to make decisions[19].

The theme highlights the importance of institutional protocols and that the actions performed by health professionals in the OSCE may vary according to the context. Even if the change in the volume of O_2 depends on the medical prescription, the OSCE can simulate situations in which the NB needs more oxygen supply, allowing nursing to identify this need through clinical reasoning and mobilize necessary actions with the health team. The instrument and the OSCE scenario also foresee action to modify the positioning of the baby, without necessarily requiring change in the

volume of O_2, presenting possibilities for intervention to the nursing team.

Another suggested change was to incorporate the figure of the companion to the item of communication, so that the professional establishes communication not only with the newborn, infant, child or adolescent, but also reinforcing the importance of family inclusion. Communicating effectively with family members is necessary for the companion to feel confidence in the care, generate opportunities for clarification of doubts, health education and inclusion, from the perspective of family-centered care and humanization. This action was included in all forms, because in the service units shown in the scenarios it is always important the presence of a companion[20].

The OSCE enables several applications in the teaching-learning process, whether in the training of undergraduate students, or in permanent health education. The development of scenarios should be accompanied by the validation step with the experts, ensuring quality and adequacy to the reality of clinical practice. A recent study demonstrated the importance of strengthening OSCE learning throughout training so that students can have better results in final exams, also through OSCE[21].

Thus, the use of OSCE in permanent education actions can have a positive impact on clinical practice when similar situations are again presented to health professionals in their fields of work. For this, it is necessary to ensure the quality of the feedback and the instrument that guides it.

Although the literature gives special attention to the scores provided for in the OSCE instrument[22], this strategy is often used for summative evaluation purposes, this study focused on the qualitative validation of the elements of the developed instruments and not on the assignment of grades or scores, which, although part of the process, are not a central element of the evaluation aimed at transforming practice.

It is believed that it is more important the recognition by the health professional or student of the actions that were considered adequate or inadequate, according to the evaluation of facilitating teachers, from the scientific literature. And that, through this feedback, there is planning to improve interventions in the real field of action, which is an element that contributes to patient safety.

As a limitation, the fact that only one consultation with experts was carried out stands out, which is important. Although it may generate biased samples due to social influence, this limitation was mitigated by the capture of primary experts from various institutions[16]. The forms presented acceptable Content Validation Index, meeting the suggestions made, demonstrating relevance.

CONCLUSION

The forms developed reveal robustness for use in formative feedback during the OSCE in pediatric and neonatal nursing. The results indicated agreement of the experts with the criteria and actions evaluated, providing valuable suggestions for improving the formative feedback after the clinical scenarios.

The suggestions contributed to an approach even closer to the professional reality, enriching the scenarios presented. This proximity strengthens the connection of health professionals with their work environment, providing theoretical and scientific knowledge based on daily practices and confidence in decision-making enhanced by the OSCE. This positive alignment directly impacts the quality of nursing care and is in line with the principles of the National Patient Safety Policy, aiming at minimizing health incidents.

OBJECTIVE STRUCTURED CLINICAL EXAMINATION PARA PROFISSIONAIS DE ENFERMAGEM PEDIÁTRICA E NEONATAL: VALIDAÇÃO DE FORMULÁRIOS DE FEEDBACK

RESUMO

Objetivo: Validar formulários de *feedback* estruturado para estações *de Objective Structured Clinical Examination* em enfermagem pediátrica e neonatal. **Método:** Trata-se de um estudo metodológico, com validação de oito formulários de *feedback* em quatro estações clínicas, para o público de auxiliares e técnicos de

enfermagem e para enfermeiros. A validação do conteúdo ocorreu por meio de *experts* da área de enfermagem pediátrica e neonatal, utilizando o Índice de Validade de Conteúdo. **Resultados:** A validação do conteúdo dos formulários contou com a participação de 20 *experts*. Os formulários do *Objective Structured Clinical Examination* obtiveram concordância entre os *experts* um valor superior a 0,9. Os apontamentos sugeridos pelos *experts* foram implementados na versão 2 dos formulários. **Conclusão:** Os formulários desenvolvidos revelam robustez para o uso no *feedback* formativo durante o *Objective Structured Clinical Examination* em enfermagem pediátrica e neonatal. Os resultados indicaram concordância dos *experts* com critérios e ações avaliados, fornecendo sugestões valiosas para o aprimoramento do *feedback* formativo após estações de cenários clínicos.

Palavras-chave: Enfermagem pediátrica. Enfermagem neonatal. Avaliação educacional. Profissionais de saúde. Estudo de Validação. Educação Permanente.

OBJECTIVE STRUCTURED CLINICAL EXAMINATION PARA PROFESIONALES DE ENFERMERÍA PEDIÁTRICA Y NEONATAL: VALIDACIÓN DE FORMULARIOS DE FEEDBACK

RESUMEN

Objetivo: validar formularios de *feedback* estructurado para estaciones de *Objective Structured Clinical Examination* en enfermería pediátrica y neonatal. **Método**: se trata de un estudio metodológico, con validación de ocho formularios de *feedback* en cuatro estaciones clínicas, para el público de auxiliares y técnicos de enfermería y para enfermeros. La validación del contenido ocurrió por medio de expertos del área de enfermería pediátrica y neonatal, utilizando el Índice de Validez de Contenido. **Resultados**: la validación del contenido de los formularios contó con la participación de 20 expertos. Los formularios de la *Objective Structured Clinical Examination* obtuvieron la concordancia entre los expertos por un valor superior a 0,9. Los apuntes sugeridos por los expertos fueron implementados en la versión 2 de los formularios. **Conclusión**: los formularios desarrollados revelan robustez para el uso en el *feedback* formativo durante el *Objective Structured Clinical Examination* en enfermería pediátrica y neonatal. Los resultados indicaron concordancia de los expertos con criterios y acciones evaluados, proporcionando sugerencias valiosas para el perfeccionamiento del *feedback* formativo después de estaciones de escenarios clínicos.

Palabras clave: Enfermería pediátrica. Enfermería neonatal. Evaluación educativa. Profesionales de salud. Estudio de Validación. Educación Permanente.

REFERENCES

1. Ministério da Saúde (BR). Portaria nº 529, de 1º de abril de 2013. Institui o Programa Nacional de Segurança do Paciente (PNSP). Diário Oficial da União, 2013. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt0529_01_04_2013.html

2. Moreira Ximenes MA, Sousa Albuquerque Brandão MG, Áfio Caetano J, Moreira Barros L. Métodos ativos de aprendizagem como inovação na educação em enfermagem. Rev. Enferm. Atual In Derme, 2020;94(32):e-020052. Disponível em: https://teste.revistaenfermagematual.com/index.php/revista/article/view/809

3. Matos EP, Barreto RS, Ribeiro R et al. Ensino de Segurança do paciente na graduação em enfermagem no estado da Bahia. CienCuid Saúde. 2022;2:e57704. DOI: 10.4025/ciencuidsaude.v21i0.57704.

4. Corrêa APA, Dalla Nora CR, Silva SMR, Viegas GL, Sousa GP, Beghetto MG. Clinical Simulation: Education for Nursing Team in the Care of Patients with Nasoenteral Tube. Rev baiana enferm. 2021;35. DOI: http://dx.doi.org/10.18471/rbe.v35.41998

5. Sade PMC, Peres AM, Zago DPL, Matsuda LM, Wolff LDG, Bernardino E. Avaliação dos efeitos da educação permanente para enfermagem em uma organização hospitalar. Actapaulenferm [Internet]. 2020;33:eAPE20190023. Available from: https://doi.org/10.37689/acta-ape/2020AO0023

6. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Política Nacional de Atenção Integral à Saúde da Criança: orientações para implementação, 2018. Available from: https://portaldeboaspraticas.iff.fiocruz.br/wp-content/uploads/2018/07/Pol%C3%ADtica-Nacional-de-Aten%C3%A7%C3%A3o-Integral-%C3%A0-Sa%C3%BAde-da-Crian%C3%A7a-PNAISC-Vers%C3%A3o-Eletr%C3%B4nica.pdf

7. Oliveira FAM, Porto FR, Ribeiro CG et al. Objective structured clinical examination, OSCEs: an advance in the teaching and learning process in the student's perception. RevOdontol da UNESP. 2019;48. DOI: http://dx.doi.org/10.1590/1807-2577.02719.

8. Chaves Junior, Cristina M, Souza A De. Exame Clínico Objetivo Estruturado na avaliação formativa: percepção de estudantes de Medicina Examen Clínico Objetivo Estructuradoenevaluaciónformativa :percepción de losestudiantes de Medicina ObjectiveStructuredClinicalExamination in formative. 2021;1–16. DOI: https://doi.org/10.35699/2237-5864.2021.24884.

9. Panadero E, Lipnevich AA. A review of feedback models and typologies: Towards an integrative model of feedback elements. Educ Res Rev. 2022;35:100416. DOI: 10.1016/j.edurev.2021.100416.

10. Sterz J, Linßen S, Stefanescu MC, Schreckenbach T, Seifert LB, Ruesseler M. Implementation of written structured feedback into a surgical OSCE. BMC Med Educ. 2021 Apr 6;21(1):192. doi: 10.1186/s12909-021-02581-3.

11. Azevedo PTÁCC de, Caminha M de FC, Andrade CRS de, Godoy CG de, Monteiro RLS, Falbo AR. Intrinsic Motivation of Medical Students from a College with Active Methodology in Brazil: a Cross-Sectional Study. Rev bras educ med [Internet]. 2019;43(1):12–23. Available from: https://doi.org/10.1590/1981-5271v43suplemento1-20180229.

12. Polit DF, Beck CT. Fundamentos de pesquisa em enfermagem: avaliação de evidências para a prática de enfermagem. 9a ed. Porto Alegre (RS): Artmed; 2019.

13. Fehring JR. The Fehring Model. In: Carrol-Jhonson P. Classification of nursing diagnoses: procedigns of Norh American Nursing Diagnoses Association. Philadelphia: Lippincott; 1994. p. 59.

14. Vinuto J. A amostragem em bola de neve na pesquisa qualitativa: um debate em aberto. Temat. [Internet]. 30º de dezembro de 2014 [citado 14º de novembro de 2023];22(44):203-20. Disponível em: https://econtents.bc.unicamp.br/inpec/index.php/tematicas/article/view/10977

15. Biernacki P, Waldorf D. Snowball Sampling: Problems and Techniques of Chain Referral Sampling. SociologicalMethods&Research, 1981; 10(2): 141–163. DOI: 10.1177/004912418101000205.

16. Dragan I, Isaic-Maniu A. An Original Solution for Completing Research through Snowball Sampling—Handicapping Method. Advances in AppliedSociology. 2022;12:729-746. doi: 10.4236/aasoci.2022.1211052.

17. Alves MG, Carvalho MTM, Nascimento J da SG, Oliveira JLG de, Cyrillo RMZ, Braga FTMM, et al. Construction and Validation of Objective Structured Clinical Examination (Osce) on Cardiopulmonary Resuscitation. Reme Rev Min Enferm. 2019;23:1–9. DOI: http://www.dx.doi.org/10.5935/1415-2762.20190105.

18. Valim MD, Rocha IL de S, Souza TPM, Cruz YA da, Bezerra TB, Baggio É, et al..Efficacy of the multimodal strategy for Hand Hygiene compliance: an integrative review. RevBrasEnferm [Internet]. 2019Mar;72(2):552–65. Availablefrom: https://doi.org/10.1590/0034-7167-2018-0584.

19. Melo RA, Tavares AK, Fernandes FECV et a. Nurses' understandingofnewborncare in oxygentherapy / Compreensão do enfermeiro sobre o cuidado ao recém-nascido em oxigenoterapia. RevPesquiCuid é Fundam Online. 2019;11(1):31–9. DOI: https://doi.org/10.9789/2175-5361.2019.v11i1.31-39.

20. Ministério da Saúde (BR). Lei nº 13.257, de 8 de março de 2016. Dispõe sobre as políticas públicas para a primeira infância e altera a Lei nº 8.069, de 13 de julho d de julho de 1990 (Estatuto da Criança e do Adolescente), 2016. [cited 07 Jul 2021]. Available from: https://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2016/Lei/L13257.html

21. Rushood AM, Al-Eisa A. Factors predicting students' performance in the final pediatrics OSCE. PLoS One. 2020;15(9 September):1–9. DOI: http://dx.doi.org/10.1371/journal.pone.0236484.

Corresponding author: Luciana Mara Monti Fonseca. Avenida Bandeirantes, 3900. Ribeirão Preto - São Paulo – Brasil, CEP: 14040-902, Telefone: +55-16-33153411. Celular: +55-16-997962777 e lumonti@eerp.usp.br

Submitted: 06/12/2023
Accepted: 22/02/2024

Financial support:

National Council for Scientific and Technological Development (CNPq) and Coordination for the Improvement of Higher Education Personnel – Brazil (CAPES).