

OEBC EXAM STUDY GUIDE



Table of Contents

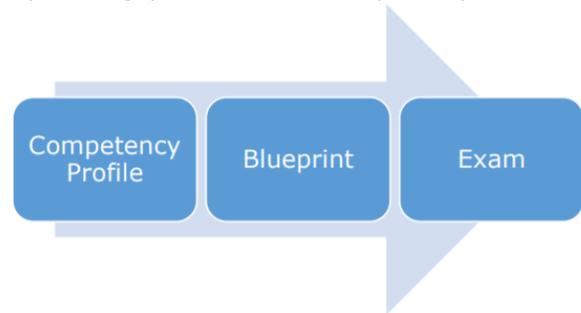
Introduction.....	1
Preparing for Your Board Exam	1
Preparing for an OSCE	1
Communication and Professionalism	2
Insights from the Examiners.....	2
Tips to Prepare for the OSCE	2
Tips for taking the OSCE	2
How should I approach the standardized patient and the examiner in an interactive session?	3
As an examiner, what are the biggest mistakes you have seen candidates make, and how should I prepare to overcome them?	3
What I need to do for you to rate my overall performance as "Exceeds Expectation?"	5
What I need to do for you to rate my overall performance as "Below Expectation?"	5
What one piece of advice would you have for me to be successful at the OSCE?	6
Preparing for the Written Exam	7
Useful Resources	7
Understanding the Exam	7
Understand Competence And How It Is Measured.....	7
Understand The Blueprint	8
Communication and Professionalism	9
Link to National Competency Model.....	9
Success Rates.....	10
Written Exam.....	10
OSCE	11
Exam Results.....	12
Scoring Procedures for a Computer-Based Exam.....	12
Scoring Procedures OSCE	12
Examiners	13
Examiner Training.....	13
How are Communication and Professionalism Measured in the OSCE?.....	13
How do I handle the differences between provinces?.....	14
What if something affects my performance during the exam?	14
Feedback Reports	15

OSEC Feedback	15
Areas of Greatest Difficulty In 2019-20	16
Computer-based Exam Feedback.....	19
Practice-Practice-Practice for Your OSCE	20
With Your Friends and Family	20
With Your Classmate	20
Play pick the most appropriate prescription	20
Practice	21
Create a Study Group	21
Know The Case Objectives.....	22
know your patient	23
Develop Indicators for a Complete History for Various Cases	23
Types Of Cases That May Be Presented	23
Practice Referring Cases	23
The Case Writer	24
Presentation of the Case	24
Instructions for the Candidate.....	25
Assessor Checklist.....	26
Score Sheet.....	26
Running Through A Case	26
Set The Stage	26
Appendix A – Competencies and Indicators.....	28
Appendix B – Communication and Professionalism Feedback Form	41
Appendix C – Case Templates	43
Appendix D – Refractive Error	44
Appendix E – Score Sheet Template for OSCE Practice	46

Introduction

In 1995, the Canadian provincial optometry regulatory bodies established the Canadian Examiners in Optometry (CEO). A corporate name change from Canadian Examiners in Optometry to Optometry Examining Board of Canada (OEBC) was approved by the members in January and came into effect in March 2017. OEBC is a not-for-profit corporation with a mandate to develop and administer a national entry-to-practice examination for optometrists in the public interest and fosters accountability among practitioners. Competency-based ETP examinations are the gold standard, as it measures entry-to-practice competence¹ relevant to professional practice.

Optometrists develop the content for OEBC exam components, and psychometricians ensure each test item's validity. The OSCE examiners are volunteer optometrists.



Preparing for Your Board Exam

This guide provides insights that may help you sit for the next administration of the OEBC exam and become a better optometrist overall. The exam blueprint derived from optometrists' entry-to-practice competencies informs the exam curriculum.

The exam has two components:

- a case-based assessment is delivered via a computer using either remote proctoring or a testing pod, consisting of multiple-choice questions based on different case scenarios.
- an objective structured clinical evaluation (OSCE), delivered in a clinical setting. For this type of exam, you need to construct the appropriate response.

In general, candidates do an excellent job preparing for the case-based component; like many of the exams you have taken over the years, it measures your knowledge.

However, the OSCE component is a different type of exam. It focuses on "where you are going." So, your preparation needs to be significantly different. The OSCE is patient-centric and requires you to construct your response based on case data and the information you extract from the patient and effectively communicate your solution/advice in layperson terms to the patient. (*your competence*)

Preparing for an OSCE

OSCE is a common form of clinical examination for health professions worldwide. OSCE is a station-based examination format. Candidates move from station to station and solve assignments to showcase their competencies in five practice areas: communication, professionalism, patient-centred care, diagnosis & planning, and assessment. The stations are structured and evaluated following quality assurance protocols, and standardized patients and models make the assignments more authentic.

So, to start here is some advice from OEBC examiners. The rest of the guide provides detailed information on the exam, blueprint, and the competency model and how you can use it to prepare for the exam and help you transition to professional practice.

¹ Government of Canada. *Agreement on Internal Trade*, Labour Mobility Chapter. 1994

Candidate Preparation Guide

Communication and Professionalism

As the competencies within the practice areas of Professionalism and Communication are measured at every interactive OSEC station, excel in demonstrating the following competencies².

Communication Competencies

- 1.1 Communicate clearly both orally and in writing.
- 1.2 Select the communication style appropriate to the situation.
- 1.3 Adapt communication approach when verbal communication is not possible.
- 1.4 Engage in active listening.
- 1.5 Apply conflict resolution strategies.

- 1.6 Deliver bad news sensitively and effectively.

Professionalism Competencies

- 2.1 Act with professional integrity.
- 2.2 Foster relationships that are open, respectful, and supportive.
- 2.3 Maintain professional boundaries.

- 2.5 Comply with mandatory reporting requirements.
- 2.6 Make responsible choices for the utilization of health care resources.
- 2.7 Practice in accordance with ethical principles.
- 2.9- Comply with federal, provincial legislation and
- 2.11 regulatory requirements relevant to optometric practice.
- 2.12 Practice within the bounds of individual expertise and limitations.

Note: The two of the professionalism competencies below are not measured in the OSCE but are essential in professional practice.

- 2.4 Maintain comprehensive records
- 2.13 Maintain personal health and wellness consistent with the needs of professional practice

INSIGHTS FROM THE EXAMINERS

Tips to Prepare for the OSCE

- Practise taking charge as a confident professional optometrist — at school, your instructor prompts you to provide more information. In an OSCE, the assessor sits quietly back, and when you finish, they assume that is all you are offering and mark accordingly.
- Gaining an understanding of the competencies and how the indicators demonstrate professional practice.
- Ensuring your knowledge and clinical skills map to the competencies and indications in the blueprint
- Focusing the integration of your clinical skill, clinical reasoning, and professional judgement with the entry-to-practice competencies in the blueprint
- Practising to incorporate the indicators of the five practise areas in clinical experience settings
- Not relying on the scenarios from graduates who previously took the exam, each exam is different

Tips for taking the OSCE

- Read the instructions carefully – they differ from case to case and are specific for a particular case
- Greet the examiner courteously, then forget about them
- Focus on the patient
- be empathic and patient-centred in your communication with the patient
- Use a safe diagnostic method to take the patient’s history-taking
- Being systematic in the physical exam allows candidates to remain focused

² Complete set of entry-to-practice competencies are set out in [Appendix A](#), along with the indicator of performance.

Candidate Preparation Guide

- Prioritize management and investigations
- Ask for the patient's perceptions and any obstacles to your plan

Each case is designed so an examiner can assess if you possess a minimal level of knowledge, skills, and abilities for safe and effective practice for the given scenario presented.

To help you prepare, we reached out to our examiners and asked them to offer their insights as if a candidate was asking for their advice on the following four questions.

How should I approach the standardized patient and the examiner in an interactive session?

- *Read the instructions thoroughly.*
- *Have a tentative diagnosis after reading the exam question.*
- *It is best to just hello to the examiner when you enter the room and then forget he/she is there —an examiner is just “a fly on the wall.”*
- *Don't rush to interact. Take your time when you first enter the room to center yourself and have a plan in your mind to guide you through the interaction.*
- *The standardized patient is your priority. Professionally approach the standardized patient with your complete focus on the patient — figuring out how to address their known and unknown ocular issues. It should be the same as in previous clinical settings when interacting with real patients (i.e., in a clinical internship or externship).*
- *Have a good interaction with the SP, the same as you would in an optometry practice.*
- *Speak clearly and confidently. Review the information again after you have finished and restate the critical facts, perhaps adding extra details to give a well-rounded answer.*
- *Get in the mindset that you have just finished an examination and speak to the patient to educate them about their condition and develop a plan with as many prudent options as are reasonably available.*
- *Focus on the patient. Look at the cues they are giving you.*
 - *Are they in visible distress?*
 - *Are they unable to look at you for some reason?*
 - *Always engage with the patient first, and ask them for information even if you may be confident in your diagnoses--what is the true question you are being asked.*
- *Although the standardized patients are trained, avoid using "jargon" and explain things clearly without assuming that they know and understand the conditions.*
- *Your assessment is based on your ability to deal with the scenario presented and react appropriately to the standardized patient responses.*
- *Speak clearly and loud enough for the examiner to hear but direct all conversation to the patient.*

As an examiner, what are the biggest mistakes you have seen candidates make, and how should I prepare to overcome them?

- *Not reading the question or understanding the purpose of the interaction. You should reread the question at the end and ensure that you have answered it.*
- *Not having a plan. You should develop the case in a logical, sequential order starting with the chief complaint and finishing with treatment options.*
- *If a method does not go the way you planned, relax and try another approach.*

Candidate Preparation Guide

- *Some candidates don't pay attention to the patient. They may list all the facts that they know about a particular condition without truly answering the question they are being asked. Engage with the patient and answer the question provided in the case.*
- *Some candidates try to impress me (the examiner) with their knowledge. It would be best if you focused on solving the patient's problem.*
- *As a student, I thought I was being graded on many more fact-based points, but I learned that wasn't the case as an examiner. You think that you're being graded on certain things (i.e., mentioning that a point doesn't meet driving reqs due to their diagnoses), but these facts are not grading points — focus on the patient and their issue.*
- *When some candidates 'think' they have said all they need to say, they sit in silence for a long time, waiting for the clock to run out. It is better to use the extra time to educate the patient, describe differential diagnoses, possible symptoms, associated conditions etc.*
- *Some students touch on the main points relatively quickly then feel they had too much time remaining, so they would continue to search for the information they could share (which doesn't hurt but also doesn't add). Spend your extra time educating the patient.*
- *Nerves seem to be one of the limiting factors — relax. Just another clinic day that you've prepared well for it. Don't overthink it but pay attention to the goals expressed in the instructions.*
- *Some go down a rabbit hole on a detail that the patient gives them that may be a red herring. You need to know how to properly and efficiently deal with real-life patient problems.*
- *Some candidates have poor eye contact/interaction with the patient. They are not listening to what the patient is saying.*
- *If it looks like a duck, swims like a duck, and quacks like a duck, then it probably is a duck! Don't overthink it!*
- *I have seen candidates try to come up with details on conditions or explanations pulled directly from books, using very technical wording. It would be best to focus your attention on performing the required task and solving the patient's issue. Use language and terminology that the patient understands to get them engaged in what you are proposing to solve their issues. There is often no need to diverge from the task that is clearly exposed in the candidate instructions.*
- *Some candidates let the Q & A of the exam take them on an extended tangent to the goal of the exam. READ the INSTRUCTIONS*
- *Break down the answer to the exam question in 3 or 4 sections and explain it to the patient.*
- *Some candidates struggle to formulate a coherent plan. They are jumping around in their explanations or using overly technical terms — sometimes contradictory. It is almost like they answer based on a university exam situation instead of a real-world situation with a naive patient. Although the examiner would understand the explanation, it is difficult for a patient to comprehend or, more importantly, comply with some of their directions. The candidate needs to understand that the explanation of the diagnosis needs to be at the level of understanding of non-medical people. The pros and cons of treatment or lack of treatment should be explained so that the patient can make an informed decision.*
- *Some candidates are too aggressive, not letting patient get their prompts out. You need to listen and pay close attention to what the patient says.*
- *Some candidates wait for feedback from the examiner, which an examiner does not give. Ask the patient if you have solved the issue and understand the treatment.*

Candidate Preparation Guide

- *For the technical sessions with the model eyes, the candidate needs to treat the models as if they are real eyes. Some of the candidates are too rough, and the examiner would struggle to consider the procedure "safe."*

What I need to do for you to rate my overall performance as "Exceeds Expectation?"

- *In addition to achieving the case's expectations, you show your personality — empathy, sympathy, humour. This is very difficult when in an exam and under pressure to show human characteristics and smiling; however, some candidates meet expectations but seem robotic. It feels cold, disconnected from the patient, and disingenuous: maybe that's nerves, maybe that's the way you'll practice optometry.*
- *Achieve all of the content-related questions. Demonstrate control and obtain patient collaboration throughout your interview. Be able to communicate to the patient in a way that he/she has a full understanding of what you are telling them.*
- *You need to show confidence and charisma during the interaction.*
- *Be the associate I would immediately want to hire! Be confident in your that you have the correct diagnoses and treatment plans. If you are unsure about the above, show that you would seek out the correct plan.*
- *You need to give extra pertinent details in your explanation to the patient.*
- *You need to link the next thought in the chain to the problem you are solving - not just the problem at hand.*
- *You have no glaring oversight of diagnosis or putting the patient at risk.*
- *You need to show knowledge of several alternative solutions to the patient's problem.*
- *Complete all the objectives of the station in a systemic manner.*
- *Hits all the criteria on the assessment form and develops a rapport with the patient.*
- *Attentive to the task, not afraid to clarify answers or expand for more comprehension.*
- *You are empathetic to the patient and a good listener throughout your interaction.*
- *You are fluent in your explanations to the patient and react/adjust appropriately to the standardized patient. You anticipate the concerns of patients when presenting your treatment plan.*
- *You meet a standard that is close to current practice standards in a non-testing environment.*

What I need to do for you to rate my overall performance as "Below Expectation?"

- *Inability to address the problem or communicate effectively. Potential to allow harm.*
- *You do not know how to solve the patient's problem.*
- *You do not even address the patient's specific issue in the question.*
- *You give the impression that you don't know what you are doing.*
- *Objectives not covered and poor communication with the patient.*
- *You exhibit abrupt or rude behaviour, interrupting or ignoring the patient's remarks.*
- *Incorrectly assesses the clinical information given and missing the criterion given on the assessment form. You are abusive to the patient.*
- *You do not provide satisfactory care to a patient. This is not an associate I would hire in my practice as I feel my patients' care would be significantly compromised, such that diagnoses and treatment plans would be incorrect.*
- *Did not meet the expectations, stumped on diagnosis, uncertain about treatment.*

Candidate Preparation Guide

- *The patient has many questions and appears anxious as you have alarmed them and they do not feel comfortable with you.*
- *You make a significant number of mistakes related to content (knowledge of the issue), communicate poorly to the patient, contribute to them not understanding, make them more upset, or cause harm rather than good.*
- *You exhibit poor communication, misdirection, not understanding the exam question.*
- *You give a vague one-line summary with no details but correct answers.*
- *You miss any procedure or questions that are considered critical and vital to the patient's safety.*
- *You are incoherent or contradictory in your explanations. You are inconsiderate of the patient's concerns.*

What one piece of advice would you have for me to be successful at the OSCE?

- *Relax, remember your training. You got this!*
- *You've made it this far; you know what you're doing. So, do it!*
- *Practice, practice, practice with friends and family. Ask for blunt and honest feedback.*
- *Have confidence in the skills you have learned and demonstrate them as you would in a real clinical setting. If the task seems straightforward, it likely is. Address the issue as asked. Treat your patient as an actual patient and forget the examiner sitting in the room.*
- *Be calm, breathe, and be generally pleasant even though you may be petrified.*
- *Prepare effectively with honing of clinical skills, then trust that preparedness. Relax.*
- *Ensure you job shadow at a clinic with a high level of patient care - not the minimum standard. Practicing the above expectations to ensure you surpass the minimum standard requirement.*
- *When finished, if there is still time, ask yourself if you answered the question you were asked about that session.*
- *Be confident and think about the case and develop it to avoid missing some critical parts. Have good communication skills with the patients. If you are not ready, then practice some more and get ready.*
- *Pretend that you are examining a dear family member - treat your patient with the same level of respect and offer the same amount of attention/information.*
- *Read the question thoroughly. Take the time before sitting down to talk with the patient to review the information given. If the case is a diagnoses/treatment case, then have a few ideas about what it could be, then use your interaction to narrow that down. Write things down if it will help you. Focus on what you are being asked to do.*
- *Don't sit in silence; talking to the patient, educating the patient, and describing the condition can bring out more answers and pertinent information and help put the candidate at ease.*
- *Study the most important sections of the Willis Manual of Eye Disease.*
- *You have done rotations and seen numerous patients. Try not to second guess yourself and ignore the fact that it is a test. It may help to be more relax and be less nervous. The pressure of the testing environment sometimes causes you to make simple mistakes.*
- *Stay calm. Formulate your thoughts before speaking. There is plenty of time to explain things to the patients or do the assigned task. Rushing will only cause problems from which you may be too flustered to recover.*
- *Understanding the rationale behind the required testing and interpreting results is crucial because it helps you effectively communicate with the patients.*

Candidate Preparation Guide

- Practice giving the diagnosis and information to a patient in a coherent and empathetic way. Approach the cases in a stepwise manner
 - What is the problem/issue?
 - What evidence tells you that is the problem?
 - How you plan to solve it? (i.e., referring, treating or monitoring)

Preparing for the Written Exam

The written exam is case-based. It presents four questions for each case. The selection of cases matches the Blueprint requirements.

USEFUL RESOURCES

- Study books such as Optoprep and KMK 7th Edition are beneficial for case-based questions.
 - KMK - Part 1 and 2 books
 - KMK has designed a small Canadian guide too, which is very useful.
 - Optoprep has a daily question they email you for free to test your case base knowledge
- Willis Manual of Eye Disease
- Kanski's Clinical
- Lecture notes
- NBEO Part 2 study guide
- The Wills Eye Manual
- The Massachusetts Eye and Ear Infirmary
- American Academy of Ophthalmology
- Various notes from optometry school courses
- OEBC website

Note: Candidates recommended the above resources. OEBC does not have any direct affiliations with the companies mentioned above and does not endorse their material. If you have suggestions for additional study resources that may be useful, please email exams@oebc.ca, and we may add them to a future update.

Understanding the Exam

UNDERSTAND COMPETENCE AND HOW IT IS MEASURED

The OEBC exam is an entry-to-practice exam measuring entry-to-practice competencies. These competencies are the knowledge, skills and abilities that every optometrist needs and are set out in the [National Competency Profile for Entry-level Optometry](#). OEBC is looking for the four levels of attainment for competencies represented by a pyramid (Miller, G.E., 1990).

When developing a case, the team decides which of these competencies must be measured, set objectives and criterion to measure the selected competencies.

OEBC measures a candidate's competence at the "knows" and the "knows how" levels through the computer-based exam. The OSCE provides you with the opportunity to demonstrate your knowledge, skills and abilities to deal with various challenges that

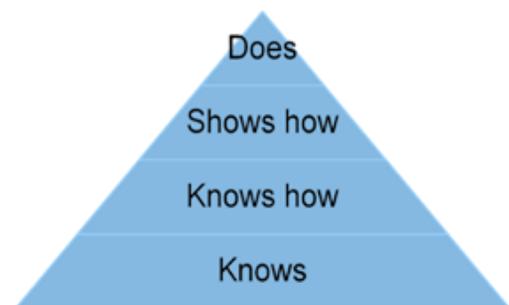


Figure 1 - Four Levels of Attainment for Competencies

Candidate Preparation Guide

may require higher-level thinking. The "does" level is measured on the job and in your continuing competence activities.

UNDERSTAND THE BLUEPRINT

The blueprint outlines and guides the content and format of the OEBC exam. It ensures that competencies considered necessary for safe and effective patient care and health care in Canada are represented on each examination administration.

The blueprint informs you about what the exam could test. The weighting provides the proportion of test questions allocated to each practice area. It also guides OEBC in designing and delivering exams comparable from one time to the next, giving all candidates fair and equal opportunity to show whether they have the competencies necessary to practise optometry safely and effectively in Canada.

The blueprint has two sections, one for the computer-based exam and one for the OSCE. It is a useful resource for you as you prepare for the examination. The blueprint's weightings, provided in Table 1, relate to each practice area's case content on the exam.

BLUEPRINT BREAKDOWN

Table 1 provides data to help you focus your preparation for the board exam.

The computer-based exam measures performance in 7 practice areas. The OSCE focus on five practice areas. The OSCE focus es on five practice areas.

In the OSCE you are the optometrist and you have to

Candidate Preparation Guide

Table 1. Practice Area Weighting in Computer-based Exam and OSCE

National Competency Model		Written Exam		OSCE	
Practice Area	Number of Competencies	Number of Indicators	Weighting	Number of Indicators	Weighting
Communication	6	3	-	13	*
Professionalism	13	6	-	14	*
Patient Centered Care	9	15	3.4%	17	16.7%
Assessment	14	18	31.1%	41	33.3%
Diagnosis & Planning	7	20	27.6%	21	16.7%
Patient Management	11	53	29.3%	29	33.3%
Collaborative Practice	7	16	5.2%	0	-
Scholarship	9	5	1.7%	0	-
Practice Management	9	11	1.7%	1	-
Total	85	147	100%	136	100%

*Communication and Professionalism is assessed in all nine interactive stations

Communication and Professionalism

For each case, the examiner has a case-specific score sheet that sets out the objective and criteria to score the degree to which the problem is solved or tasks are performed accurately and following best practices.

They assess your communication quality, the accuracy of your documentation (if required), the accuracy and thoroughness of information you gather and provide, the likelihood of an effective outcome for the patient, and whether your performance would risk the patient. They also note if you did appropriate/inappropriate extra items.

To enhance its readability and utility for broad audiences, the National Competency Model uses a simple functional-based structural framework consisting of nine optometry practice areas. This framework has the advantages of being readily understandable to diverse users of the competency profile and facilitates comprehensive and balanced coverage of all practice areas.

However, communication and professionalism are not separate "practice areas" of optometry like the other seven. Given that communication and professionalism are essential to professional practice, they are assessed at each interactive station and become part of your overall score for the station. This approach provides an accurate assessment of your ability to meet these requirements in practice.

Link to National Competency Model

[OEBC National Competency profile informs](#) the OEBC exam's [blueprint](#). Both documents are available on the OEBC website and should guide your preparation. A working resource is attached in Appendix A, combining both documents' elements for exam preparation purposes.

You should thoroughly review the blueprint to determine whether you are ready to practise optometry independently. The examination blueprint is based upon indicators derived from the competencies. The percentage weighting shown in the chart below provides the practice areas' distribution through each exam component.

Candidate Preparation Guide

The "indicator" refers to a behaviour that is observable within a specific assessment methodology and which provides an indication that you possess a competency consistent with the constraints of OEBC's assessment methodologies. So, focusing your preparation on the indicators is beneficial.

Success Rates

Table 2 shows the pass rates of first attempt candidates by country of training.

Table 2- Pass Rates of First Attempt Candidates 2016-2020

Year	Canadian Trained		US Trained		International		All Writers	
	OSCE	Written	OSCE	Written	OSCE	Written	OSCE	Written
2019-20	88%	97%	59%	94%	100%	100%	85%	97%
2018-19	93%	95%	78%	76%	89%	90%	86%	85%
2017-18	95%	95%	84%	84%	80%	80%	88%	88%
2016-17	94%	94%	76%	76%	77%	77%	85%	85%

The National Competency Profile and examination for entry-level optometry in Canada for “safe, effective, and ethical practice....” was developed in Canada for the Canadian context.

Reflected in the expectations for entry-to-practice of the OEBC exam are cultural and systemic approaches within the Canadian health systems, which differs from approaches in other jurisdictions. The expectation of the competencies with communication and professionalism may be pronounced. Table 3 sets the difference in the performance of the other seven areas.

There is little difference in performance in the assessment and diagnosis & planning practice areas. However, the patient-centred focus in Canada, where the patient is a partner in their health care, presents themselves profoundly in the practice areas of patient-centred care and patient management.

Table 3- Practice areas with the largest gaps between Canadian trained candidates and others

Practice Area	Difference	Blueprint Weight	
		Written	OSCE
Patient Centered Care	9%	3.4%	16.7%
Patient Management	7%	29.3%	33.3%
Scholarship	6%	1.7%	
Collaborative Practice	5%	5.2%	
Practice Management	3%	1.7%	
Assessment	2%	31.1%	33.3%
Diagnosis & Planning	2%	27.6%	16.7%

For candidates not trained in Canada, it is crucial to pay extra attention to the patient management and patient-centred care practice areas, as these competencies may be different from your training jurisdiction.

WRITTEN EXAM

The written exam is case-based. It presents four questions for each case. The selection of cases matches the Blueprint requirements.

Candidate Preparation Guide

A [sample case](#) is provided on the website. The number of cases in each practice area aligns with the weighting in Table 1 above.

OSCE

Until 2017, the clinical portion of the OEBC exam, much like Part III of the NBEO exam, focused on the physical performance of the skills that comprise an eye exam. However, the exam evolves as the profession changes. Based on stakeholders' feedback and to remain current with contemporary optometry practice, the OSCE shifted away from motor skills to a patient-centric approach that requires you to construct the appropriate response to the scenario provided.

The purpose of this component of the exam is to discern if candidates are competent to enter the safe and effective, independent practice of optometry. The exam's emphasis requires an active understanding of the material (i.e., to navigate your way to the answer).

The exam focuses on analyzing and synthesizing clinical data and incorporating it into your patient management decisions. The majority of the exam (nine of the twelve stations) focus on clinical scenarios (interactive stations). In the remaining three stations, the candidates physically perform some of the five essential skills on models: gonioscopy, tonometry, biomicroscopy, dilated biomicroscopy and binocular indirect ophthalmoscopy (BIO) or higher-level thinking related to information provided.

An OSCE is a collection of standardized practice tasks. In an OSCE, candidates move every ten minutes from station to station (2 minutes to read the case, 8 minutes to perform), encountering a new situation and task in each station. There is a reminder mark when there are two minutes left of the station. Set a timer when you are practicing for the exam. Efficiency is in both your interest and the patient's interest.

An OSCE uses Standardized Patients (SPs) as clients. An SP is a healthy person or a person with a chronic but stable condition trained to consistently present signs, symptoms, and behaviours. In interactive stations, the candidate interacts with an SP and performs a task such as:

- Obtaining a patient history
- Communicating a diagnosis and information
- Developing and communicating a treatment and management plan

These stations require candidates to demonstrate their assessment, management, communication, and professionalism competencies. Stations may focus on one or more of these tasks and abilities.

Some stations are non-interactive stations, in which there is no SP. These stations require the candidate to complete a task and answer questions.

A research study of medical doctors showed that candidates' perception of their performance on an OSCE has considerably more variance than their performance on a computer-based exam. So, insights from a successful exam taker may be of limited value. Moreover, the exam is different each year. It would be best to approach each OSCE station as a confident professional.

Sample Questions are available on OEBC's website:

- [OSCE interactive station](#)
- [OSCE non-interactive station](#)

The number of cases in each practice area aligns with the weighting in Table 1. The OEBC videos are a useful source of information for you regarding the OSCE administrations and OSCE stations.

Candidate Preparation Guide

When taking the OSCE, be **confident like you would in a professional clinical setting.**

Upon passing the exam, you go directly into professional practice. Many other professions have an internship period.

The [OSCE Administration Video](#) sets out the process. The [OSCE Station Video](#) provides an impression of the OSCE exam format. OEBC outlines the OSCE administration process and exam design in our website's materials, including the [candidate guide](#) and blueprint. We encourage you to watch the videos and read the materials.

Exam Results

Your results are a Pass / Fail decision, based on your total score compared to the Minimum Performance Level (MPL) or cut score of "1.0," which is the score required to pass the exam. We set the cut score in advance, so all exam takers could pass or fail the given case/scenario. For detailed information regarding setting the cut score, please refer to "[Passing the Exam.](#)"

SCORING PROCEDURES FOR A COMPUTER-BASED EXAM

A computer marks the score forms (bubble sheets). The psychometrician carefully reviews all unsuccessful candidates' forms for any coding errors such as Candidate ID number, full name, Exam booklet version number, and accurate coding of erasures.

Test items are subject to review and may be deleted from scoring for all candidates if they do not meet appropriate psychometric characteristics. For example, if the item fails to discriminate positively. Under the psychometrician guidance, a panel of optometrists participates in the review process. Deleted items are removed from scoring for all candidates, thereby ensuring that reported results are valid and fair.

After an examination, all results are verified before being sent to candidates.

Fail results undergo increased review. Given the additional scrutiny that OEBC applies to fail results, it is unlikely that rescoring the examination would produce a change in result. There are three potential outcomes following a rescoring of the examination:

- no change to score
- change to score but no change in the failure status
- a change in score and a change from fail to pass status

OEBC issues the new exam results if there are any scoring changes.

SCORING PROCEDURES OSCE

The OSCE is composed of interactive (stations that include a standardized patient) and non-interactive stations.

- For interactive stations, examiners trained in using the standardized checklist criteria for the station rate candidate performances—the examiners rate candidate performance on Outcome, Performance, and Communication domains.
- For non-interactive stations, candidate responses may be computer-marked ratings generated for the Outcome and Performance domains, or candidate performance is rated on the Outcome and Performance domains by examiners trained in using the station's standardized checklist criteria.

Candidate Preparation Guide

Table 4— OSCE Rating Scales

Outcome ratings reflect the degree to which station objectives are met and range from: (1) Unsolved (2) Uncertain (3) Marginal Solved (4) Problem Solved	Performance ratings reflect the overall depth, completeness, and quality of candidate performance in each station and range from: (1) Unacceptable (2) Marginal Unacceptable (3) Marginal Acceptable (4) Acceptable	Communication ratings reflect the degree to which communication competencies are met and range from: (1) Unacceptable (2) Marginal Unacceptable (3) Marginal Acceptable (4) Acceptable
---	--	---

EXAMINERS

The examiners are ODs practicing in Canada. OEBC has trained them to assess the exam. An examiner's role is to rate the candidate, not to calm them or make them more nervous. They do not converse with a candidate during the exam.

The process of assessment is identical for all. Examiners report to the Chief Examiner, who is the chief authority at the examination for exam integrity. The Chief Examiner is responsible for examiners.

An examiner reports any discrepancies to the Chief Examiner immediately. They are also trained and responsible for filling out an Incident Report as required.

Examiner Training

How are Communication and Professionalism Measured in the OSCE?

Communication and professionalism practice areas are rated at each interactive station. These practice areas' scoring has separate measurements from the four weighted practice areas.

Communication

At each station, the examiner uses a standardized rubric addressing a candidate's understanding of and response to the patient's feelings and needs, coherence of the interview (interaction), and verbal and non-verbal expression. The competencies and indicators in Appendix A, section 1, provide detailed insight into the expectations.

- Communicates clearly would be shown by:
 - ✓ Speaking clearly and concisely and using plain language
 - ✓ Using the appropriate tone of voice and body language when speaking
 - ✓ Writing clearly and concisely, using plain language (if written instructions are provided)
- Uses the right style would be shown by:
 - ✓ Modifying your interaction based upon the patient's communication and comprehension
 - ✓ Using common medical and optometric abbreviations in written communications and medical records
 - ✓ Conveying medical and optometric concepts using plain language
- Active listening would be shown by:
 - ✓ Demonstrating your knowledge of the principles of active listening
 - ✓ Responding appropriately to the recipient's body language
- Resolves conflict would be shown by:
 - ✓ Demonstrating your understanding of the principles of negotiation and conflict management
 - ✓ Recognize the implications of failure to resolve conflicts
- Delivers bad news sensitively and effectively would be shown by:
 - ✓ Demonstrating your knowledge of approaches to deliver bad news
 - ✓ Communicating in an empathetic manner

Candidate Preparation Guide

Professionalism

At each station, the examiner uses a standardized rubric addressing a candidate's understanding of integrity, relationships, respect for professional boundaries, and mandatory reporting knowledge as they respond to the patient's feelings and needs and the interaction's coherence. The competencies and indicators in Appendix A, section 2, provide detailed insight into expectations.

- Acts with integrity would be shown by:
 - ✓ Subordinating your interests to the best interests of patients
 - ✓ Adhering to high moral and ethical standards
- Fosters open, respectful and supportive relationships would be shown by:
 - ✓ Establishing rapport with patients
 - ✓ Respecting patients' dignity and autonomy
 - ✓ Demonstrating honesty, integrity and trustworthiness in interactions with patients
- Maintains professional boundaries would be shown by:
 - ✓ Demonstrating your understanding of the essential elements of professional boundaries
 - ✓ Demonstrating your knowledge of the impact of a doctor-patient power imbalance on relationships
- Complies with mandatory reporting requirements would be shown by:
 - ✓ Demonstrating your understanding of situations requiring mandatory reporting

How do I handle the differences between provinces?

There are differences in practice between the provinces. Treatment and management vary significantly across the country based on which drugs can be prescribed, referrals, ophthalmology location, etc.

The examiners do not know where you want to practice or where you went to school. Thus, the criterion for an OSCE case's objectives is generic to professional practice across Canada. When reviewing the case, the optometrists check the practice standards across Canada as necessary.

What if something affects my performance during the exam?

If a candidate feels that an extraneous factor impacted their performance during the exam, they should document it in an Incident Report³ at the exam site. The Chief Examiner reviews this report during the exam and may take corrective action before the end of the exam.

After an examination, all results are verified before being sent to candidates. Following the examination, a comprehensive psychometric review of all items is undertaken. Incident Reports are also reviewed at this stage. The items or stations that fail to meet minimum psychometric criteria are further reviewed and potentially deleted from scoring for all candidates.

A candidate's total raw score is calculated by adding all ratings across all stations. This raw score is then converted to a scaled score for reporting failures.

Fail results undergo increased review. The results of all failed candidates are reviewed by a panel of at least three (3) optometrists to ensure that the score resulted is from that candidate's performance and not any other extraneous factor determined by the panel to be relevant. Scoring may be adjusted for that candidate to establish a fair and valid result.

³ Become familiar with section 3.11 Incident Reports of the [Candidates Guide](#)

Candidate Preparation Guide

Given the additional scrutiny that OEBC applies to fail results, it is unlikely that rescoring the examination produces a change in result.

Feedback Reports

If you were not successful with a component of the exam, OEBC would provide a Feedback Report that identifies the practice areas where there was a gap.

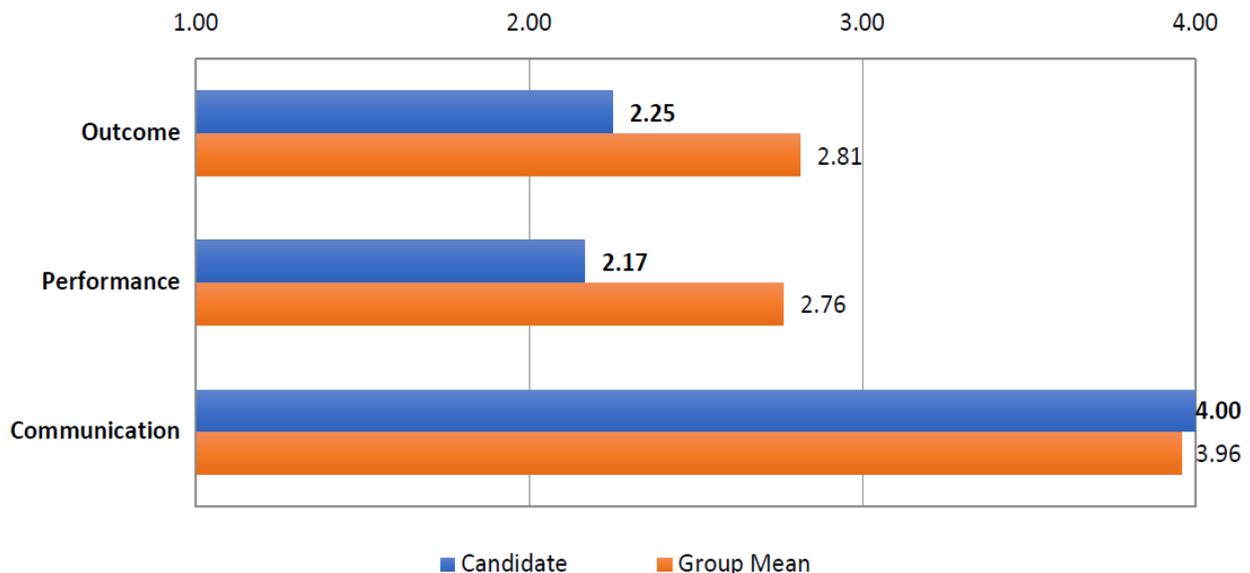
The chart indicates a percentage of the points you achieved compared to the total possible points available for each practice area. Please note that the number of total possible points varies, with some practice areas having more points available than others.

OSEC FEEDBACK

The Feedback Report provides two charts.

Figure 1 presents your average scores across the rating domains (areas) of "Outcome," "Performance," and "Communication." Outcome and Performance elements are assessed in all 12 stations, while communication is evaluated in the nine stations with a standardized patient.

Figure 1. Candidate Ratings and Group Mean Across Domains - OSCE



For example, if you scored below the Group Mean in communications, you should review the five competencies and incorporate the indicators into how you deal with a patient. Are you communicating with a patient in plain language? Do you communicate in an empathetic manner?

The interactive [sample case](#) sets out three objectives:

1. Explain the diagnosis of presbyopia
2. Explain the treatment options
3. Recommend progressive lenses

Outcome means achieved the objectives. A score of 4 means you achieved the objectives for all stations, whereas a score of 2 indicates that you achieved about half of the objectives.

Candidate Preparation Guide

The [sample case](#) relates to three practice areas: communication, patient-centred care diagnosis and planning, and *patient management (primary practice area marked *; other areas are secondary).

Your Performance relates to achieving a specific subset of the case's indicators. The competencies are listed in the case. When reviewing cases, think about the related competencies required and look them up in Appendix A and study the indicators. For the sample case, they are: select communication style appropriate to the situation, establish a shared decision-making process with the patient (3.2), engage in dialogue with patient to bring about understanding, acceptance and cooperation, (indicator for 3.2) and formulate a management plan (5.6)— understanding and demonstrating the indicators of the competent performance showing professional excellence.

Figure 2. Candidate Score and Group Score Profile Across Practice Areas - OSCE

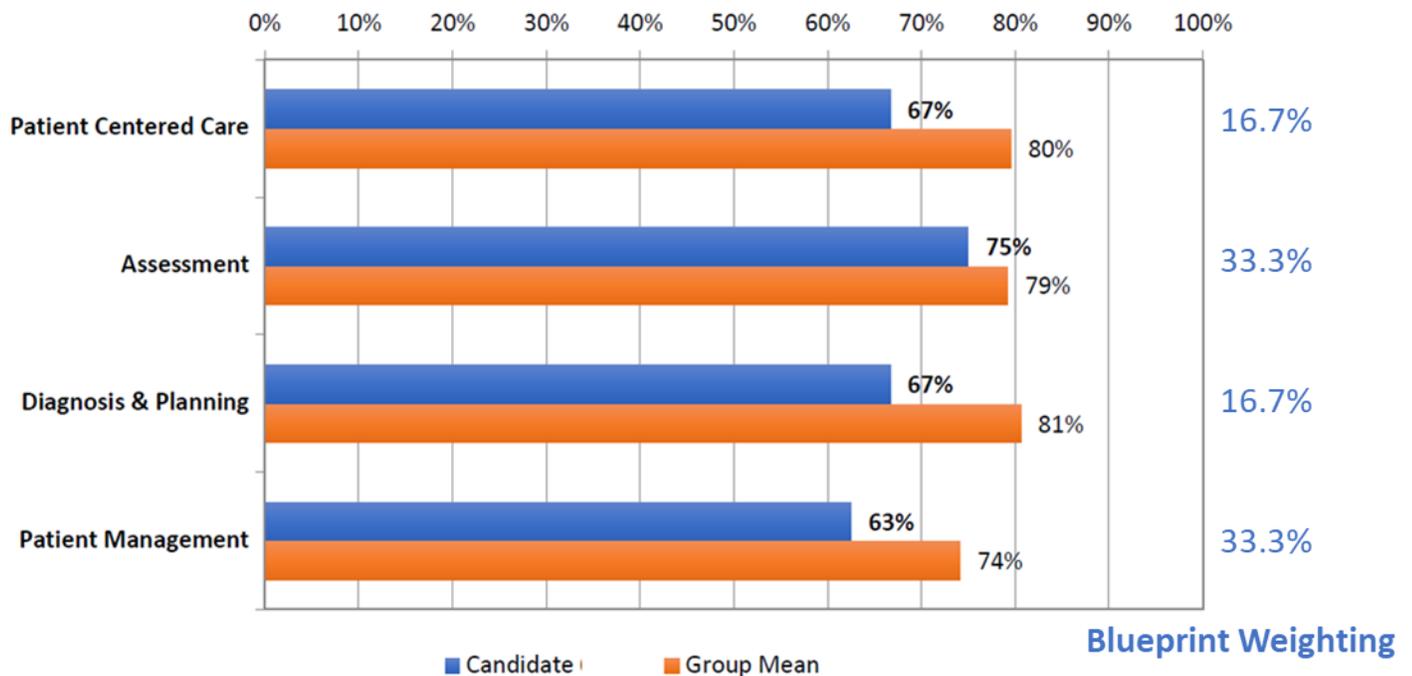


Figure 2 presents your scores across the four practice areas assessed in the OSCE. The chart indicates a percentage of the points you achieved compared to the total possible points available for each practice area vs. the Group Mean.

After an examination, all results are verified before being sent to candidates. Fail results undergo increased review.

Focus on the competencies in the practice areas with the largest gaps. For example, the candidate only received 63% of the available marks in Patient Management. If 33.3% of possible items were in this area, the performance and outcome score would be significantly impacted.

Areas of Greatest Difficulty In 2019-20

When preparing for an OCSE, it is critical to take a comprehensive perspective using the entire competency model. The practice areas of Communication and Professionalism are assessed at every interactive station. (see Appendix A)

Candidate Preparation Guide

Below are the objectives that candidates in 2019-20 had the greatest difficulty achieving. For a broader perspective, review the related competencies, then go to the competency model in Appendix A and review the full set of relevant competencies and indicators.

For example, the competency "4.10 Assess ocular health status" has the following indicators:

- Determine the anterior segment and ocular adnexae health status using biomicroscopy
- Determine posterior segment ocular health status using fundus biomicroscopy, direct and indirect ophthalmoscopy.
- Determine the crystalline lens and fundus health through a dilated pupil.
- Determine intraocular pressure using applanation tonometry.
- Determine anterior chamber angle using gonioscopy.
- Determine the pupil size and function.

Objectives	Related Competencies
Practice Area - Assessment	
Obtain an appropriate history regarding the primary reason for the visit Obtain information about the secondary complaint	Interview patient in a systematic, responsive and adaptable manner Determine reasons for patient visit, and patient perspectives Obtain relevant information regarding ocular / vision history, medical history, family and social history, and risk factors
Perform gonioscopy Obtain the correct finding for gonioscopy Perform applanation tonometry Obtain the correct IOP measurement	Assess ocular health status
Practice Area - Patient-Centred Care	
Formulate and explain a diagnosis Develop and explain a treatment plan Obtain parental agreement with treatment plan	Engage in active listening Deliver bad news sensitively and effectively Adapt approach to care in response to patient's physical, emotional, intellectual and cultural background Establish a shared decision-making process with the patient Involve patient's family and support persons in care decisions where appropriate Formulate a management plan
Practice Area - Diagnosis and Planning	

Objectives	Related Competencies
<p>Explain the condition</p> <p>Discuss referral to an Ophthalmologist</p> <p>Discuss potential treatments</p>	<p>Deliver bad news sensitively and effectively.</p> <p>Use clinical reasoning to interpret assessment data and determine a differential, working or final diagnosis</p> <p>Recognize urgent medical conditions and respond accordingly</p> <p>Recognize ocular conditions that require management by other health care professionals.</p> <p>Educate patient to assist in the management of ocular conditions</p>
<p>Practice Area - Patient Management</p>	
<p>Diagnose the condition</p> <p>Explain the treatment and management</p> <p>Address follow up</p>	<p>Deliver bad news sensitively and effectively</p> <p>Communicate in an empathetic manner</p> <p>Establish a shared decision-making process with the patient</p> <p>Engage in dialogue with patient to bring about understanding, acceptance and cooperation</p> <p>Involve patient's family and support persons in care decisions where appropriate</p> <p>Demonstrate understanding of the needs of caregivers and the contributions they can provide</p> <p>Use clinical reasoning to interpret assessment data and determine a differential, working or final diagnosis</p> <p>Form a working diagnosis where possible</p> <p>Form a final diagnosis where possible</p> <p>Formulate a management plan</p> <p>Identify management options and anticipated outcomes</p> <p>Recommend a management plan, taking into account patient values, priorities and expectations</p> <p>Establish agreement on a management plan with the patient</p> <p>Recommend follow up schedule</p> <p>Recognize and respond to the complexities and ambiguities inherent in diagnosis and treatment</p> <p>Demonstrate knowledge of factors contributing to uncertainties in diagnosis and treatment</p> <p>Utilize strategies to manage uncertainties and errors</p> <p>Advise patient of the need for and frequency of follow-up</p> <p>Demonstrate knowledge of follow-up for treatment of ocular diseases</p>

Candidate Preparation Guide

COMPUTER-BASED EXAM FEEDBACK

The case-based exam is Pass / Fail decision is based solely on your Total Score compared to the Minimum Performance Level⁴ (MPL) or cut score of "1.0. A Score at or above the MPL indicates satisfactory performance, while a Total Score below the MPL indicates below satisfactory performance.

Each item on the case-based exam is worth one mark. The candidate's total score is a sum of the number of correct items. The number of correct items necessary to pass the component has been determined by a representative panel of optometrists using a well-recognized standard-setting or pass score setting process. This process results in establishing a minimum performance level for the component. The candidate's total score must meet this minimum performance level to pass the component.

The foundation of setting a fair and defensible pass score for the computer-based exam begins with an item validation process that ensures the relevancy and accuracy of the selected correct response.

The feedback chart below, Figure 4, presents your performance profile on the computer-based examination. Your scores are shown alongside the average group score of all first-time candidates who were successful on the chart's computer-based exam. This information helps you understand your relative performance and inform your preparations for future reassessments.

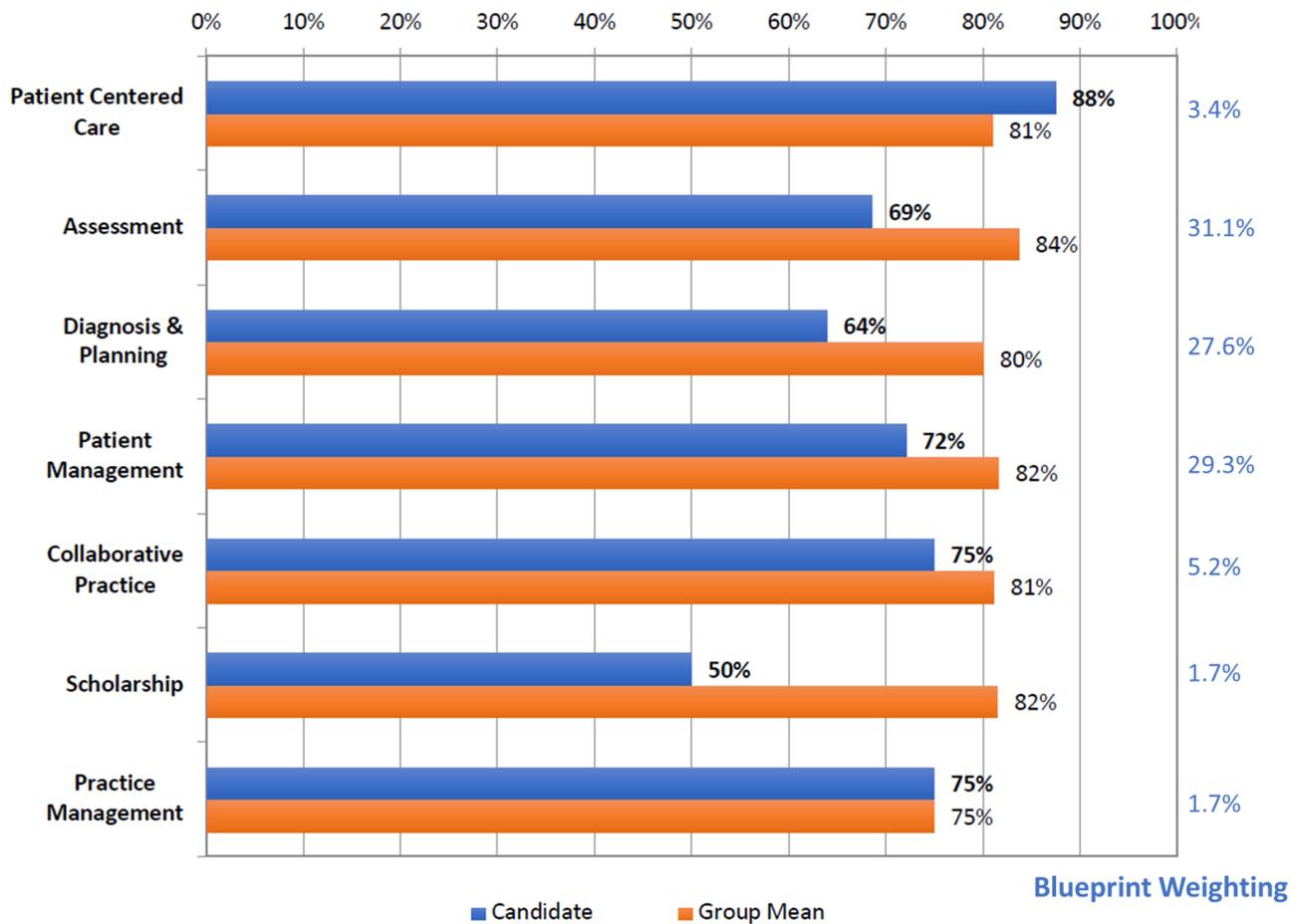
However, comprehensive preparation across all areas of the blueprint remains essential.

Each practice area is a broad grouping of required competencies determined by optometrists to enter optometry practice in Canada. Please refer to the examination blueprint for more information regarding the distribution of examination content.

⁴ Both the MPL and "Your Total Score" are scaled scores. A scaled score permits consistent and comparable reporting of candidate performance from one administration to another. A scaled score is calculated by statistically adjusting and converting raw scores into a common scale.

Candidate Preparation Guide

Figure 3. Candidate and Group Score Profile Across Practice Areas - Computer-Based Exam



Practice-Practice-Practice for Your OSCE

During your studies, you likely saw 1,000 patients or more. Often it was for a specific purpose. In an OSCE, like in professional practice, you have no idea what may come next. Be the ultimate professional in your behaviour and communication.

With Your Friends and Family

Explain conditions/practice scenarios to family and friends. Practice using plain language terms and ensure they understand what you tell them. See what types of questions they may have. Get feedback regarding your verbal and non-verbal communications. Ask them to fill out the feedback form provided in Appendix B to give you feedback on your communication and professionalism.

With Your Classmate

It is beneficial to study in both settings as classmates can point out areas you missed or where you may need to spend more time. Family/friends may help determine what types of prompts you may get from the SP. Create feedback forms based on the indicators for each practice area. Your classmates have a better idea of the technical requirements. However, for some sessions, ask them to think like a patient.

Play pick the most appropriate prescription

In everyday practice, you examine patients with Refractive Error issues. The competencies required are:

Candidate Preparation Guide

4.9 Assess refractive status, and the indicators are

- Determine objective refraction using retinoscopy.
- Determine distance subjective refraction using a phoropter technique.
- Determine near vision addition using cross cylinder, Sheard's, or age methods.
- Determine corneal curvature using manual keratometry.
- Determine all parameters of current spectacles.
- Determine all parameters of other ophthalmic devices.

6.1 Prescribe vision-enhancing devices, corrective devices, and therapy, and the indicators are

- Write a comprehensive prescription for vision correction.

Practice

You have just completed an eye examination for a new patient in your clinic. Create a summary of the Exam Record and possible prescriptions (Template is in Appendix B)

Set a chief complaint related to Refractive Error, i.e., the patient feels his distance vision is okay with his glasses, but he cannot read with them. In the practice sessions, pick the most appropriate prescription and discuss why.

Then vary some of the elements (Age, Gender, Histories, clinical data elements, etc.) to make one of the three other prescriptions the most appropriate. Repeat for the remaining two.

In an OSCE, a prescription may be one element of the station. Keep practising until you are comfortable selecting the most appropriate prescription in 2-3 minutes.

Summary of Patient Exam Record

Patient Name	Angela Stewart		
Gender	Female		
Age	54		
Occupation	High school teacher		
Hobbies	Running		
Chief Complaint	Noticed two days ago flashing lights and now when she closes her left eye she is seeing a fuzzy circular blurred image.		
Additional History	None		
Ocular History	CL wearer for sports		
Medical History	None		
Family History	Cataracts parents, macular degeneration mother		
Clinical Data			
Current Spectacles	OD	-1.00 DS	6/7.5
	OS	-1.50 DS	6/6
Unaided Visual Acuity	OD		6/
	OS		6/
Subjective Refraction	OD	-1.25 DS	6/6-
	OS	-1.50 DS	6/6
Binocular Vision			
Colour Vision	OD	WNL	
	OS	WNL	
Ishihara Plates	OD	14 mmHg	
	OS	15 mmHg	
Tonometry	PERRLA		
Pupils	PERRLA		
Fundus Examination	See photographs in station		
Diagnosis			

Figure 2 - Summary of Exam Record (Sample Case on website)

Create a Study Group

Form a study group of 4 people. Create your own OSCE cases to practice. For each practice session, assign a case writer. The cases should cover a different practice area. Draw on the group's strength as they worked in diverse practice settings and various client groups.

Candidate Preparation Guide

KNOW THE CASE OBJECTIVES

Stations start at various points; some may require a complete history; others provide clinical data and patient history. The station may require your higher-level thinking to address the case's objectives.

In the Sample cases

	Sample <u>Interactive Case</u>	Sample <u>Non-Interactive Case</u>
Case Name	Presbyopia Management	Macula and Retina Assessment
Case Type	Interactive	Non-Interactive
Issue	Presbyopia requiring a prescription for progressive glasses	Age-related Posterior Vitreous Detachment and Choroidal Nevus
Practice Areas (primary practice area marked *; other areas are secondary)	Communication Patient-Centred Care Diagnosis and Planning *Patient Management	*Assessment Diagnosis and Planning
Competencies	Select communication style appropriate to the situation Establish a shared decision-making process with the patient <ul style="list-style-type: none"> Engage in dialogue with patient to bring about understanding, acceptance and cooperation Formulate a management plan	Assess ocular health status <ul style="list-style-type: none"> Determine posterior segment ocular health status
Objectives	<ol style="list-style-type: none"> Explain the diagnosis of presbyopia Explain the treatment options Recommend progressive lenses 	<ol style="list-style-type: none"> Identify the primary and secondary diagnoses for this patient Identify the patient's retinal associations for the primary diagnosis Determine the appropriate management for the patient's condition Determine the increased risk of malignancy for this patient's secondary condition
Type of Encounter	New patient	N/A
Setting	Optometry Clinic	Optometry Clinic

Candidate Preparation Guide

KNOW YOUR PATIENT

The OSCE information sheet states if the patient is a new patient or not.

Some stations may present an emergency patient, i.e., ocular trauma, where time may be essential to ensure a patient does not lose vision or preserve what vision they have. If it is an ocular emergency, take a targeted case history and develop a management and treatment plan.

Develop Indicators for a Complete History for Various Cases

In day-to-day practice, you are required to take a complete history of a new patient from time to time on a variety of different chief concerns. Competency 4.4 (Appendix A) Obtain relevant information regarding ocular / vision history, medical history, family and social history, and risk factors. It is best if you use systematic questioning to obtain comprehensive information efficiently. You should be able to do it in 4-5 minutes. The history might include items related to

- the chief complaint, e.g., frequency, onset, progression
- ocular / vision history, e.g., aggravating factors, alleviating factors, associated symptoms
- medical history, e.g., health issues
- family and social history, family ocular history, health issues, drugs, alcohol
- risk factors, e.g., the type of work, drivers' licence, protective eyewear
- other factors

When a full case history on a patient is required, you have 10-15 indicators for each potential issue. Your challenge is to efficiently extract the information while meeting communication and professional competencies. See if you captured all the indicators you thought maybe necessary. Have peers provide additional feedback via the form in appendix B for good practice.

TYPES OF CASES THAT MAY BE PRESENTED

In developing cases, the case writers work diligently to simulate real-life scenarios that a new practitioner may face in their clinical practice. On p.2 of the guide, we introduced the four levels of attainment for competencies; however, many candidates focus their OSCE preparation on studying disease rather than practice communication and professionalism competencies in an exam. You have demonstrated knowledge and technical skills by attaining your degree. The OSCE provides the opportunity to show how you apply your competencies.

The case types include taking a case history, referrals, cognitive disabilities, dealing with guardians/parents, diagnosis and management, surgery complication, ethical issues, treatment initiation.

The scenarios presented may include a wide range of disease and eye issues, such as anterior uveitis, cataract management, primary open-angle glaucoma, deuteranopia, foreign body management, refractive error, BIO choroidal nevus, cross-linking, retrobulbar optic neuritis management, glaucoma management, amblyopia management, amaurosis fugax, drance hemorrhage, atrophic age-related macular degeneration, contact lens associated red-eye, allergic conjunctivitis, acute bilateral uveitis, presbyopia, Corneal Abrasion, exo, and eso.

PRACTICE REFERRING CASES

As you enter professional practice, it is essential to understand your knowledge and experience limitations. Thus, a referral may be required.

Practice scenarios that may involve a referral. Some candidates may be trying to demonstrate their knowledge to the examiner. Be comfortable with how much information to provide. Focus on your patient. Do not overwhelm

Candidate Preparation Guide

your patient with information when they are being referred to a specialist. The patient management practice area's competencies and indicators provided you with insight. The communications competencies require you to communicate in plain language.

1. Explain diagnosis
 - Explain what issue is
 - Explain how diagnosis relates to their chief complaint
2. Explain possible treatment and management options
 - Explain treatment options, e.g., devices, surgery
 - Explain if it is legal to drive now and under the various scenarios
 - How referral for surgery occurs
 - Changes to vision if they do nothing
3. Explain follow-up
 - Explain the need for following up and time frame under each of your management option

The Case Writer

Case writers are essential. Bring your background and experience to the case. Provide the details that make the case realistic and reasonable. As the case writer, you provide the group with a case that includes:

- Case background, synopsis, description and references
- Practice area(s), competencies and goals
- Instructions for the candidate (the tasks to be performed in the station)
- Checklist for the assessor (things to look for to determine if objectives are met)
- Scoring rubric for the assessors — identifying the practice area, and select the indicators from the blueprint that you would expect a colleague, acting as the candidate to discover
- A description of the patient for the SP and training staff, including history and physical findings;
- Props and equipment, if any
- (For non-interactive cases) candidate questions and accepted answers

Remember that you're attempting to simulate an optometry practice area rather than a holistic approach. For this reason, the objectives of the case are narrowly focused. Resist the temptation to include too much in your case.

Ask yourself, "How can I write the case so that candidates can demonstrate their knowledge of the topic?" This might involve an SP or assessor asking a question at an appropriate time. Your focus is trying to help your colleagues improve.

As the case writer for the simulation, you act as a standardized patient for your cases. Two colleagues are the examiners and use your score sheet, and the fourth member of your group is the candidate.

PRESENTATION OF THE CASE

This is not something that you write into the case, but you need to have a general idea of how you, as the SP, may present the case before you start writing the rest of the case. You should develop a description in point form notes that outline the SP's age, gender, and general condition. You may also want to make notes about questions the SP should ask. It would be best to use these notes to help you with the SP roll-play.

Candidate Preparation Guide

It would help if you chose common conditions that optometrists are likely to encounter at the entry-to-practice level. You should avoid selecting uncommon conditions unless they are conditions that a new optometrist should recognize and either treat or refer appropriately.

Ensure you are thinking about ethical cases, as these often pop up. Studying for your provincial jurisprudence examination can also help prepare for these types of cases.

Your case should present a realistic encounter between a patient and an optometrist as accurately as possible. Basing the case on an actual situation that you have encountered helps ensure that the case has realism. You may want to combine data from several patients.

As the SP ensure you have:

- Description of the condition
- Demographics of the patient
- Appearance, behaviour and starting position
- Details of the chief complaint (and any secondary complaints)
- Relevant ocular, medical and social history
- Signs and symptoms to portray
- Statements or questions to use at the beginning of the interaction, in response to the candidate, or to prompt the candidate if necessary

SPs may use makeup or other props to present the case's features. In situations where the SP cannot portray a specific sign or symptom, a photograph may be used, or the assessor may provide the information when particular conditions are met.

Instructions for the Candidate

The candidate is the optometrist. So, include the patient's name, age, the location of the interaction, and the reason for the visit. Have some fun with the patients' names as well!

Include the relevant clinical information that is necessary for the case. Avoid irrelevant information as the candidate has limited time to read this information, so be sure every word is required.

You need to state the task(s) for the candidate clearly. The task(s) should be appropriate to the case's length and be at the entry-to-practice level.

If there are things that the candidate should not do, you should state these in the instructions.

If there are any assumptions the candidate should make to avoid wasting time, you should state these clearly. For example, you may need to note that a young patient is in the waiting room, and the candidate would be interacting with the parent.

Fill in the Summary of Patient Record if there is an assessment that has already been done. If a diagnosis is provided, or if your case requires the candidate to make a diagnosis based on the information provided, be sure that all the necessary information supports the correct diagnosis.

Candidate Preparation Guide

ASSESSOR CHECKLIST

The assessor is looking or listening for specific items during the interaction. The biggest challenge here is avoiding being too general or too specific. Set your checklist items at the minimum acceptable standard for a newly qualified practitioner.

If COVID-19 is still occurring and masks are necessary, candidates are encouraged to speak clearly and loud enough. It would be best if you practiced some scenarios wearing a mask. Masks can sometimes make it difficult for the SP, candidate or assessor to hear.

Checklist items should be grouped under the Objectives for the case so that assessors can easily see the associations between checklist items and Objectives.

You need to indicate which items are critical to the objective's achievement. If you believe an item should carry more weight, you may want to mark it as critical.

Score Sheet

You need to define what constitutes "Problem Solved" and "Unsolved" in relation to the case Objectives. Then consider the levels between ("Marginal Solved" and "Uncertain"). Focus on the critical items; the other items contribute to the Performance rating.

THERE SHOULD BE A CLEAR CATEGORY FOR EACH CANDIDATE'S PERFORMANCE SO THAT ASSESSORS DO NOT HAVE TO GUESS AT SCORING. THE COMPETENCIES AND INDICATORS PROVIDE IN THE APPENDIX PROVIDE INSIGHTS.

RUNNING THROUGH A CASE

Set an 8-minute timer when the candidate is ready to start. The SP keeps things moving, so feel free to use prompts if it appears that the candidate has finished without raising specific topics, in addition to the conditions specified in the case.

Once concluded, provide the candidate with a copy of the score sheet and have the examiners provide feedback regarding how they scored the candidate. As the SP, identify the prompts you had to use to help the candidate. As a group, discussing the differences is an excellent way for the candidate to understand the range they need to cover to demonstrate a given competency.

Create multiple cases and play various roles in the cases. If your classmates form similar groups, have a visiting SP and use their case.

- ✓ You can reuse cases with people playing different roles. However, keep the case writer as the SP.
- ✓ You can do this via video calls. So, start early and practice often.
- ✓ Templates are available in Appendix B.

SET THE STAGE

Current information is gathered and recorded with every patient contact, whether in person, by phone, or by written communication. At the OSCE, you and the patient share a verbal exchange during interactive stations.

WHAT'S MEASURED

A typical OSCE case has 3-5 objectives and 5-10 criterion per objective.

Typically, about 30 measurements per case scenario beyond communication and professionalism.

A high performing candidate will hit more than 85 percent of the possible marks in a given case.

Candidate Preparation Guide

Your area is private, with no interruptions to threaten confidentiality or disrupt the conversation flow for the 8 minutes of your exam. It is helpful to keep in mind to:

1. Practice good personal hygiene and proper grooming to make a good impression on your patient and to establish or maintain rapport and respect for your professionalism.
2. Operate as if your clinical is professional but friendly — not cold and sterile.
3. Present yourself as a confident optometrist who helps put your patients at ease.

The following suggestions should help make each exchange of information more effective:

- Before you begin, review the patient's information provided (if any). Knowing the patient's background and medical history shows that you are interested and concerned and gives you an idea of the questions you should ask.
- Sit in a comfortably relaxed and open position; crossed arms transmit rejection, rigid posture is intimidating, and slouching is unprofessional.
- Sit at the patient's level, face-to-face. If it is culturally acceptable to the patient, maintain eye contact.
- Show your interest by appropriate facial and nonverbal expressions, such as smiling and nodding.
- Listen attentively and stay centred on the conversation. Patients are aware of when you are not listening.
- Start with general questions, such as "How may we help you today?" and work toward more probing questions. Working from simple to complex gives you time to establish rapport and builds the information background.
- Phrase your questions to require an extended response in the patient's own words unless you need specific information. This is called open-ended questioning and requires that patients answers in their own words. Closed-ended questions require brief, particular answers.
- Remember incongruence? Look for cues that conflict with the patient's statements of concern. What is actually bothering this patient? There may be much more to discover than the initial or presenting complaint. It is easy to get lost in the patient's information. It is essential always to address their chief complaint and any other concerns that come up in the discussion.
- Remember that many responses are subjective or obvious only to the patient; for example, pain to one patient may discomfort to others.

Appendix A – Competencies and Indicators

INDICATOR – COMPUTER-BASED EXAM		INDICATOR – OSCE
1.0 COMMUNICATION		
1.1 Communicate clearly both orally and in writing.		
		Speak clearly and concisely, using plain language.
		Utilize appropriate tone of voice and body language when speaking.
		Write clearly and concisely, using plain language.
1.2 Select the communication style appropriate to the situation.		
Demonstrate knowledge of medical and optometric terminology.		Modify interaction based upon the patient's communication and comprehension.
		Use common medical and optometric abbreviations in written communications and medical records.
		Convey medical and optometric concepts using plain language.
1.3 Adapt communication approach when verbal communication is not possible		
1.4 Engage in active listening.		
Demonstrate knowledge of the principles of active listening.		Demonstrate knowledge of the principles of active listening.
		Respond appropriately to the recipient's body language.
		Demonstrate active listening.
1.5 Apply conflict resolution strategies.		
		Demonstrate knowledge of principles of negotiation and conflict management.
		Recognize the implications of failure to resolve conflicts.
1.6 Deliver bad news sensitively and effectively.		
Demonstrate knowledge of approaches to deliver bad news.		Demonstrate knowledge of approaches to deliver bad news.
		Communicate in an empathetic manner.
2.0 PROFESSIONALISM		
2.1 Act with professional integrity.		
		Subordinate personal interests to the best interests of patients
		Adhere to high moral and ethical standards
2.2 Foster relationships that are open, respectful and supportive.		
		Establish rapport with patients
		Respect patients' dignity and autonomy
		Demonstrate honesty, integrity and trustworthiness in interactions with patients.
2.3 Maintain professional boundaries.		

INDICATOR – COMPUTER-BASED EXAM		INDICATOR — OSCE	
		Demonstrate knowledge of the essential elements of professional boundaries.	
		Demonstrate knowledge of the impact of a power imbalance on relationships.	
2.4 Maintain comprehensive records.			
	Demonstrate knowledge of the principles for record-keeping in professional practice.		
2.5 Comply with mandatory reporting requirements.			
	Demonstrate knowledge of situations in which mandatory reporting may be required.		Demonstrate knowledge of situations in which mandatory reporting may be required.
2.6 Make responsible choices for the utilization of health care resources.			
2.7 Practice in accordance with ethical principles.			
	Demonstrate knowledge of principles for decision-making in ethical dilemmas.		Demonstrate knowledge of principles for decision-making in ethical dilemmas.
	Demonstrate knowledge of ethical advertising practices		Apply ethical principles when presenting management options
	Recognize and manage conflict of interest.		Demonstrate knowledge of ethical advertising practices
			Recognize and manage conflict of interest.
			Demonstrate knowledge of professional conduct with respect to sexual impropriety/boundaries
			Demonstrate knowledge related to avoiding discrimination in optometric practice (workplace and patient care)
2.8 Promote community understanding of the role of the optometrist as a health care professional.			
2.9 Comply with federal legislation relevant to optometric practice.			
2.10 Comply with provincial/territorial legislation relevant to optometric practice.			
2.11 Comply with requirements of the provincial regulatory body			
2.12 Practice within the bounds of individual expertise and limitations.			
2.13 Maintain personal health and wellness consistent with the needs of professional practice			
	Demonstrate knowledge of strategies to maintain physical and mental wellness to a level that enables effective practice.		
3.0 PATIENT-CENTRED CARE			
3.1 Adapt approach to care in response to a patient's physical, emotional, intellectual and cultural background.			
	Demonstrate an understanding of how to modify interview and communication methods for patients with diverse physical, emotional, intellectual and cultural backgrounds.		Adapt the environment to enhance physical comfort.
	Demonstrate knowledge of examination techniques appropriate for patients with diverse		Provide emotional support when required.

Candidate Preparation Guide

INDICATOR – COMPUTER-BASED EXAM		INDICATOR — OSCE
physical, emotional, intellectual and cultural backgrounds.		
Demonstrate an understanding of how to provide care for patients with diverse physical, emotional, intellectual and cultural backgrounds.		
3.2 Establish a shared decision-making process with the patient.		
Demonstrate knowledge of sharing power and responsibility with the patient and (as appropriate) with caregivers.		Elicit patient values and preferences regarding care.
		Engage in dialogue with the patient to bring about understanding, acceptance and cooperation.
		Identify common goals for care.
3.3 Involve the patient's family and support persons in care decisions where appropriate.		
Recognize indications for the involvement of the patient's family and supporting persons in care decisions.		Recognize indications for the involvement of the patient's family and supporting persons in care decisions.
Demonstrate understanding of methods to involve family and supporting persons in care decisions.		Demonstrate understanding of methods to involve family and supporting persons in care decisions.
Demonstrate understanding of the needs of caregivers and the contributions they can provide.		Demonstrate understanding of the needs of caregivers and the contributions they can provide.
3.4 Discuss all aspects of optometric care and related health issues in a manner that is comprehensible to the patient.		
		Provide comprehensive information.
		Verify the patient's understanding.
		Explore the patient's need for additional information.
		Present all management options
3.5 Make recommendations for care in the context of the patient's overall wellbeing.		
Determine a care plan that reflects the whole person, not just their visual needs.		Determine a care plan that reflects the whole person, not just their visual needs.
Demonstrate knowledge of how to ease pain and suffering and relieve fear and anxiety.		Demonstrate knowledge of how to ease pain and suffering and relieve fear and anxiety.
3.6 Recognize the patient's right to determine the course of assessment and management.		
Demonstrate understanding that the patient has the right to decide about all aspects of care.		Demonstrate understanding that the patient has the right to decide about all aspects of care.
Demonstrate knowledge of ethical obligation to provide care irrespective of the patient's management decision.		Demonstrate knowledge of ethical obligation to provide care irrespective of the patient's management decision.
3.7 Ensure and document ongoing informed consent to assessment and management.		
Demonstrate an understanding of the requirements for informed consent.		
Demonstrate knowledge of methods to obtain informed consent and their application.		

Candidate Preparation Guide

INDICATOR – COMPUTER-BASED EXAM		INDICATOR — OSCE	
3.8 Maintain patient privacy and confidentiality.			
Demonstrate understanding of patient’s rights to privacy and their application.		Demonstrate understanding of patient’s rights to confidentiality and their application.	
3.9 Advocate beyond the clinical environment to support the patient’s vision care needs.			
		Demonstrate knowledge of ethical obligation to provide care irrespective of the patient’s management decision.	
4.0 ASSESSMENT			
4.1 Interview the patient in a systematic, responsive and adaptable manner.			
Demonstrate knowledge of ocular and systemic conditions that relate to patient presentation.		Utilize knowledge of ocular and systemic conditions to guide the interview.	
		Adapt line of questioning based upon patient response.	
		Recognize common descriptions of symptomology.	
4.2 Determine reasons for a patient visit and patient perspectives.			
		Elicit chief complaint and patient expectations.	
		Identify secondary complaints.	
		Obtain complete information regarding symptoms and concerns.	
4.3 Obtain relevant information from health care professionals and other sources.			
4.4 Obtain relevant information regarding ocular / vision history, medical history, family and social history, and risk factors.			
Demonstrate knowledge of appropriate questioning to elicit comprehensive ocular and relevant medical history.		Use systematic questioning to obtain comprehensive information.	
Demonstrate knowledge of appropriate questioning to elicit comprehensive information regarding family and social history.			
Demonstrate knowledge of appropriate questioning to elicit comprehensive information regarding risk factors.			
4.5 Make general observations of patient status that may assist in assessment.			
Identify the physical and behavioural characteristics of the patient that may assist in establishing an initial differential diagnosis.		Identify the physical and behavioural characteristics of the patient that may assist in establishing an initial differential diagnosis.	
4.6 Develop an assessment plan based upon initial differential diagnosis or establishing normality.			
Determine the differential diagnosis based upon presenting the information.		Determine the differential diagnosis based upon presenting the information.	
Identify components of an assessment plan to evaluate systems for abnormalities.		Identify components of a problem-specific assessment of the differential diagnosis.	
Identify components of a problem-specific assessment of the differential diagnosis.			
4.7 Select assessments based upon the patient’s abilities and contraindications.			

Candidate Preparation Guide

INDICATOR – COMPUTER-BASED EXAM		INDICATOR — OSCE
Demonstrate knowledge of assessment strategies suitable for special populations.		
Demonstrate knowledge of contraindications for testing, including drug allergies and systemic conditions.		
4.8 Adapt assessments in response to the patient’s physical, emotional, intellectual and cultural background.		
4.9 Assess refractive status.		
Demonstrate knowledge of commonly used procedures to assess refractive status in adults and children.		Determine objective refraction using retinoscopy.
		Determine distance subjective refraction using a phoropter technique.
		Determine near vision addition using cross cylinder, Sheard’s, or age methods.
		Determine corneal curvature using manual keratometry.
		Determine all parameters of current spectacles.
		Determine all parameters of other ophthalmic devices.
4.10 Assess ocular health status.		
Demonstrate knowledge of commonly used procedures to assess ocular health status in adults and children.		Determine the anterior segment and ocular adnexae health status using biomicroscopy.
		Determine posterior segment ocular health status using fundus biomicroscopy, direct and indirect ophthalmoscopy.
		Determine the crystalline lens and fundus health through a dilated pupil.
		Determine intraocular pressure using applanation tonometry.
		Determine anterior chamber angle using gonioscopy.
		Determine the pupil size and function.
4.11 Assess binocular status.		
Demonstrate knowledge of commonly used procedures to assess binocular status in adults and children.		Determine interpupillary distance at a distance and near.
		Determine ocular alignment using unilateral and alternating cover tests at a distance and near.
		Determine ocular motility using associated broad H testing.
		Determine vergence reserves using prism bars or rotary prisms.

Candidate Preparation Guide

INDICATOR – COMPUTER-BASED EXAM	INDICATOR — OSCE
	Determine ocular saccades.
	Determine the amplitude of accommodation using the push-up technique and Sheard’s technique.
	Determine near the point of convergence.
	Determine vertical phoria using Maddox rod and prisms.
	Determine comitancy using the alternating cover test.
4.12 Assess sensory status.	
Demonstrate knowledge of commonly used procedures to assess sensory status.	Determine stereoacuity using a polarized method.
	Determine monocular and binocular aided and unaided visual acuity at a distance and near.
	Determine confrontation visual fields using finger counting.
	Determine the central visual field status using the Amsler grid.
	Determine colour vision status using Ishihara, D-15 testing or Hardy Rand Rittler test.
	Determine fusional status using the Worth 4-Dot test.
	Determine contrast sensitivity using the Pelli-Robson test.
4.13 Modify assessment strategy based upon emerging information.	
Identify indications for additional testing, including scleral indentation, diurnal IOPs, pachymetry, vital staining, tear tests, lacrimal function tests, cycloplegic refraction and trial frame refraction.	Perform procedures including scleral indentation, diurnal IOPs, pachymetry, vital staining, tear tests, lacrimal function tests, cycloplegic refraction and trial frame refraction.
4.14 Select laboratory and diagnostic imaging tests.	
Identify commonly occurring contraindications for testing, including narrow angles for pupillary dilation	Identify indications for fundus imaging, corneal topography, optical coherence tomography, automated perimetry testing, Heidelberg retinal tomography, electrodiagnostic testing, B-scan ultrasound.
Identify indications for fundus imaging, corneal topography, optical coherence tomography, automated perimetry testing, Heidelberg retinal tomography, electrodiagnostic testing, B-scan ultrasound.	Identify indications for laboratory testing, including cultures and blood testing and medical imaging.
Identify indications for laboratory testing, including cultures and blood testing and medical imaging.	
5.0 DIAGNOSIS & PLANNING	

INDICATOR – COMPUTER-BASED EXAM		INDICATOR — OSCE	
5.1 Use clinical reasoning to interpret assessment data and determine a differential, working or final diagnosis.			
Demonstrate knowledge of established norms for test results.		Demonstrate knowledge of established norms for test results.	
Relate assessment results relevant to the presenting problem to commonly occurring ocular and systemic conditions.		Relate assessment results relevant to the presenting problem to commonly occurring ocular and systemic conditions.	
Relate abnormal assessment results from routine testing to commonly occurring ocular and systemic conditions.		Relate abnormal assessment results from routine testing to commonly occurring ocular and systemic conditions.	
Form an initial differential diagnosis.		Form an initial differential diagnosis.	
Refine and revise the differential diagnosis.		Refine and revise the differential diagnosis.	
Form a working diagnosis where possible.		Form a working diagnosis where possible.	
Form a final diagnosis where possible.		Form a final diagnosis where possible.	
5.2 Use clinical reasoning to interpret assessment data and identify the risk of developing ocular conditions.			
Demonstrate knowledge of risk factors for ocular conditions.		Demonstrate knowledge of risk factors for ocular conditions.	
Determine the relative risk of developing ocular conditions based on assessment results.		Determine the relative risk of developing ocular conditions based on assessment results.	
5.3 Recognize urgent medical conditions and respond accordingly.			
Demonstrate knowledge of signs and symptoms of ocular or systemic medical conditions requiring immediate attention and action required.		Demonstrate knowledge of signs and symptoms of ocular or systemic medical conditions requiring immediate attention and action required.	
5.4 Recognize ocular conditions that require management by other health care professionals.			
Identify findings that require additional assessment or diagnosis by another health care professional.		Identify findings that require additional assessment or diagnosis by another health care professional.	
Identify conditions beyond the scope of optometry, requiring referral or co-management.		Identify conditions beyond the scope of optometry, requiring referral or co-management.	
Identify conditions requiring referral to or co-management with another optometrist.		Identify conditions requiring referral to or co-management with another optometrist.	
5.5 Recognize possible systemic conditions that require assessment by other health care professionals.			
Identify findings that require additional assessment or diagnosis by another health care professional.		Identify findings that require additional assessment or diagnosis by another health care professional.	
5.6 Formulate a management plan.			
Identify management options and anticipated outcomes.		Identify management options and anticipated outcomes.	
Recommend a management plan, taking into account patient values, priorities and expectations.		Recommend a management plan, taking into account patient values, priorities and expectations.	
Recommend follow-up schedule.		Establish agreement on a management plan with the patient.	
		Recommend follow-up schedule.	

Candidate Preparation Guide

INDICATOR – COMPUTER-BASED EXAM	INDICATOR — OSCE
5.7 Recognize and respond to the complexities and ambiguities inherent in diagnosis and treatment.	
Demonstrate knowledge of factors contributing to uncertainties in diagnosis and treatment.	Demonstrate knowledge of factors contributing to uncertainties in diagnosis and treatment.
Demonstrate knowledge of errors that lead to delayed diagnosis, misdiagnosis or inappropriate treatment.	Demonstrate knowledge of errors that lead to delayed diagnosis, misdiagnosis or inappropriate treatment.
Utilize strategies to manage uncertainties and errors.	Utilize strategies to manage uncertainties and errors.
6.0 PATIENT MANAGEMENT	
6.1 Prescribe vision-enhancing devices, corrective devices, and therapy.	
Transform refraction into spectacle prescription based upon individual patient considerations.	Write a comprehensive prescription for vision correction.
Demonstrate knowledge of correct prescription format.	
Demonstrate knowledge of multifocal, occupational, single vision, digital free form spectacle lens design.	
Determine contact lens parameters for patients requiring soft, toric, bifocal, scleral and rigid gas permeable lenses.	
Determine contact lens parameters for patients with keratoconus, post penetrating keratoplasty, irregular astigmatism and post-refractive surgery.	
Determine the parameters of a spectacle correction to manage aniseikonia.	
Demonstrate knowledge of the principles and optics of low vision devices as they relate to a patient with low vision.	
Determine a plan for vision therapy and lens therapy (including prism and add power) for binocular vision disorders and accommodative disorders.	
Differentiate patients requiring surgery from those who would benefit exclusively from vision therapy and/or lens therapy for binocular vision disorders.	
Determine a plan for the treatment of amblyopia with refractive correction and occlusion.	
Demonstrate knowledge of applications for presbyopic vision corrections other than spectacles.	
Demonstrate knowledge of general concepts in orthokeratology.	
Identify indications and contraindications for refractive surgery.	

Candidate Preparation Guide

INDICATOR – COMPUTER-BASED EXAM	INDICATOR — OSCE
Demonstrate knowledge of intraocular lens designs used in cataract surgery.	
6.2 Prescribe pharmacological treatments.	
Determine a management plan for the pharmaceutical treatment of primary and secondary glaucoma.	Write a pharmaceutical prescription.
Determine a management plan for the pharmacological treatment of acute angle-closure.	
Demonstrate knowledge of the correct format for the pharmaceutical prescription.	
Determine a management plan for the pharmaceutical treatment of anterior segment conditions.	
Demonstrate knowledge of OTC eyedrops and ointments for the treatment of anterior segment conditions.	
Demonstrate knowledge of oral nutritional supplements for ocular conditions.	
Identify indications for the pharmaceutical treatment of amblyopia.	
Demonstrate knowledge of contact lens solutions and regimens.	
Demonstrate knowledge of drug interactions, adverse reactions and side effects.	
6.3 Dispense vision-enhancing and corrective devices.	
Demonstrate knowledge of spectacle parameters and tolerances.	Verify parameters; fit spectacles to the individual; advise on use, care and adaptation.
Demonstrate knowledge of frame selection and lens materials suitable for the required prescription.	Verify contact lens parameters; teach insertion, removal, wearing schedule and care.
Demonstrate knowledge of contact lens parameters, materials, wearing schedule and care.	Assess contact lens fit and performance.
Demonstrate knowledge of counselling for low vision aids.	Explain how the patient should use a low vision optical device.
6.4 Perform therapeutic techniques.	
Demonstrate knowledge of techniques for removal of a foreign body from the cornea and conjunctiva.	Perform removal of a non-penetrating foreign body from the cornea and conjunctiva.
Demonstrate knowledge of dilation and irrigation of the lacrimal system.	
Demonstrate knowledge of common eyelid procedures, including gland expression and eyelash epilation.	

Candidate Preparation Guide

INDICATOR – COMPUTER-BASED EXAM		INDICATOR – OSCE
Demonstrate knowledge of acute angle-closure treatment with indentation.		
Demonstrate knowledge of techniques for insertion and removal of punctal plugs.		
Demonstrate knowledge of the use of bandage contact lenses.		
Demonstrate knowledge of eyelid hygiene techniques.		
Demonstrate knowledge of corneal debridement.		
6.5 Educate patients to assist in the management of ocular conditions.		
Demonstrate knowledge of ocular side effects associated with systemic medications.		Instruct patient on insertion, removal and care of contact lenses
Demonstrate knowledge of when adaptations may benefit the patient with visual disabilities.		Instruct the patient on the proper use of an Amsler grid.
		Instruct the patient on the proper use of eyedrops and lid hygiene.
		Instruct the patient on the use of vision-enhancing devices.
		Instruct the patient on home vision therapy.
6.6 Provide counselling about ocular safety in the workplace and recreational applications.		
Demonstrate knowledge of indications for the use of ocular protection, including monocular conditions, sports and workplace applications.		Demonstrate knowledge of appropriate appliances and ophthalmic materials for effective ocular protection.
Demonstrate knowledge of appropriate appliances and ophthalmic materials for effective ocular protection.		Demonstrate knowledge of risks and possible complications of contact lens wear.
Demonstrate knowledge of risks and possible complications of contact lens wear.		
6.7 Advise patient of action to take in the event of ineffectiveness or undesired effects of the management plan.		
Demonstrate knowledge of steps for the patient to take when they cannot adapt to vision-enhancing devices.		Demonstrate knowledge of steps for the patient to take when they cannot adapt to vision-enhancing devices.
Demonstrate knowledge of steps for the patient to take when prescribed pharmacology is ineffective or produces undesired effects.		Demonstrate knowledge of steps for the patient to take when prescribed pharmacology is ineffective or produces undesired effects.
Demonstrate knowledge of steps for the patient to take when home care treatment is ineffective or produces undesired effects.		Demonstrate knowledge of steps for the patient to take when home care treatment is ineffective or produces undesired effects.
6.8 Advise patient of the need for and frequency of follow-up.		
Demonstrate knowledge of follow-up for contact lens wear.		Demonstrate knowledge of follow-up for contact lens wear.
Demonstrate knowledge of follow-up after ocular surgery.		Demonstrate knowledge of follow-up after ocular surgery.

Candidate Preparation Guide

INDICATOR – COMPUTER-BASED EXAM		INDICATOR — OSCE	
Demonstrate knowledge of follow-up for the treatment of ocular diseases.		Demonstrate knowledge of follow-up for the treatment of ocular diseases.	
6.9 Modify management plan as required, based on patient response to treatment.			
Demonstrate knowledge of responses requiring modification of management plan.		Demonstrate knowledge of responses requiring modification of management plan.	
Demonstrate knowledge of alternative treatment options.		Demonstrate knowledge of alternative treatment options.	
Demonstrate knowledge of responses requiring urgent intervention.		Demonstrate knowledge of responses requiring urgent intervention.	
Identify responses to treatment that require referral.		Identify responses to treatment that require referral.	
6.10 Refer the patient to an appropriate health care professional.			
Match practitioner with the needs of the patient.		Match practitioner with the needs of the patient.	
Identify appropriate information to include in the referral.		Identify appropriate information to include in the referral.	
Identify the urgency of the referral.		Identify the urgency of the referral.	
		Identify appropriate information to include in the referral.	
6.11 Provide first aid and CPR.			
		Identify the urgency of the referral.	
7.0 COLLABORATIVE PRACTICE			
7.1 Identify other professionals who should be consulted during patient care.			
Demonstrate knowledge of the scopes of practice of other professionals relevant to patient care.			
Identify situations when collaboration with other health care professionals is indicated.			
Identify situations when collaboration with educators is indicated.			
Identify situations when collaboration with social services personnel is indicated.			
Identify medical specialties typically utilized for a referral.			
Identify subspecialties within the field of ophthalmology.			
7.2 Maintain a network of health care professionals for consultation and referral purposes.			
7.3 Work collegially with optometrists and other health care professionals providing primary and secondary care.			
7.4 Communicate effectively with the patient and other health care professionals to enable collaborative care.			
Demonstrate knowledge of the benefits of collaborative care.			
Identify appropriate information to include in communication to facilitate collaborative care.			

Candidate Preparation Guide

INDICATOR – COMPUTER-BASED EXAM	INDICATOR — OSCE
7.5 Participate effectively as a member of a multidisciplinary team.	
Demonstrate knowledge of the role of optometrists in a multidisciplinary health care setting.	
Recognize the roles, responsibilities and competencies of other team members.	
Demonstrate knowledge of the principles of integrative care.	
Recognize situations where team communication updates are required.	
7.6 Maintain knowledge of available social support services.	
7.7 Co-manage patient care.	
Recognize situations where co-management with another optometrist or health care professional is required.	
Demonstrate knowledge of principles for effective co-management.	
Identify the roles and responsibilities of co-managers.	
Demonstrate an understanding of the risks and liabilities involved with co-management	
8.0 SCHOLARSHIP	
8.1 Practice optometry as a science-based discipline.	
8.2 Ensure currency in practice.	
8.3 Use information technology to access scientific literature.	
8.4 Appraise literature to determine quality and relevance to practice.	
Apply an evidence-based medicine process to identify information relevant to a clinical situation.	
Demonstrate knowledge of types of study designs.	
Demonstrate knowledge of statistical concepts.	
Demonstrate knowledge of factors affecting validity, importance and applicability of published information.	
8.5 Integrate evidence into clinical decision-making.	
Apply evidence to an individual patient scenario integrating it with clinical experience and patient values.	
8.6 Recognize limitations in individual ability.	
8.7 Self-evaluate performance and set goals for improvement.	
8.8 Undertake professional development aimed at improving practice.	
8.9 Share information to assist in the learning of others.	
9.0 PRACTICE MANAGEMENT	

Candidate Preparation Guide

INDICATOR – COMPUTER-BASED EXAM	INDICATOR — OSCE
9.1 Provide services consistent with the optometric needs of the community.	
9.2 Ensure the availability of physical and human resources required for practice.	
9.3 Recruit, train and supervise support personnel to ensure effective performance.	
9.4 Maintain procedures to ensure hygiene and infection control.	
Demonstrate knowledge of principles for communicable disease prevention and infection control.	Apply routine precautions for infection control.
Demonstrate knowledge of methods to clean, disinfect and sterilize equipment.	
Demonstrate knowledge of methods to clean and disinfect contact lenses.	
Demonstrate knowledge of methods to clean and disinfect office space.	
Demonstrate knowledge of protocols to manage spills of blood or other bodily fluids.	
Demonstrate knowledge of principles for the management of sharps and other biohazards.	
9.6 Maintain triage procedures.	
Demonstrate knowledge of what constitutes an emergency.	
Demonstrate knowledge of protocols to prioritize and manage emergency care.	
Demonstrate knowledge of protocols to prioritize non-emergency optometric care.	
Demonstrate an understanding of the limitations of the knowledge and skill of support staff.	
9.7 Ensure timely provision of emergency optometric care.	
Demonstrate knowledge of after-hours emergency care options.	
9.8 Manage workflow effectively.	
9.9 Maintain an effective appointment system.	

Candidate Preparation Guide

Appendix B – Communication and Professionalism Feedback Form

During my board exam, an examiner assesses my understanding of and response to the patient’s feelings and needs. They also evaluate our interaction’s coherence and my verbal and non-verbal expressions, along with my sense of integrity and relationships, respect for professional boundaries, and mandatory reporting.

Please give me feedback on what went well and what I should improve.

Indicators	Went well	Could be better
Communicates clearly		
I spoke to you clearly and concisely and used plain language.		
I used an appropriate tone of voice and body language when speaking to you.		
I wrote clearly and concisely, using plain language (if written instructions are provided)		
Uses the right style		
I adjusted our interaction based on your communication and comprehension.		
I used common medical and optometric abbreviations in written communications and medical records.		
I conveyed medical and optometric concepts to you using plain language.		
Active listening		
I showed the principles of active listening by <ul style="list-style-type: none"> - giving you my undivided attention and acknowledging your message - showing that I was listening - providing feedback - deferring judgment - responding appropriately 		
I responded appropriately to your body language.		
I actively listened to you throughout our interaction.		
Resolves conflict		
I showed an understanding of the principles of negotiation and conflict management.		

Candidate Preparation Guide

Indicators	Went well	Could be better
I recognized the implications of failure to resolved any conflicts.		
Delivers bad news effectively		
I was effective in delivering bad news.		
I communicated in an empathetic manner.		
Acts with integrity		
I subordinated my interests to your best interests.		
I was adhering to high moral and ethical standards.		
Fosters good relationships		
I established a good rapport with you.		
I respected your dignity and autonomy.		
I showed honesty, integrity and trustworthiness throughout our interaction.		
Maintains professional boundaries		
I kept my professional boundaries.		
You did not feel the impact of a doctor-patient power imbalance during our interaction.		
Reporting requirements		
I have shown my understanding of situations in which mandatory reporting may be required.		

Candidate Preparation Guide

Appendix C – Case Templates

See sample cases on the website. [OSCE interactive station](#) — [OSCE non-interactive station](#)

Category	Information to include in this category
CASE INFORMATION	
Case Name	The condition and task for the candidate
Case Type	Interactive or Non-interactive
Issue	The presenting complaint or the diagnosis of the problem
Practice Areas	Identify the primary practice area with an asterisk List other practice areas if they apply Leave the practice areas in the same order (for consistency)
Competencies	Copy from the blueprint You need to put in the full wording of the competency, not just the number
Objective(s)	Write 2 or 3 objectives for the case that summarize what the candidate has to achieve
Type of Encounter	New or returning patient
Location	Where the interaction is taking place
REFERENCES	
List the materials that you consulted to write this case. Use standard referencing format.	
CASE SYNOPSIS	
A brief description of the case.	

INFORMATION FOR CANDIDATES	
Instructions to Candidate	Any assumptions that the candidate should make. The setting of the interaction. The patient's name, age and gender. What the candidate should do (or not do) in this station. There is a common statement about the time for the station.
Equipment and Props Supplied	There are common items listed. Add or revise if necessary.
Summary of Patient Examination Record	If some of the assessment is already done, provide the relevant information.
Diagnosis	If appropriate, the diagnosis of the patient's condition.

Appendix D – Refractive Error

Summary of Patient Exam Record

Patient Name		
Gender		
Age		
Race		
Occupation		
Hobbies		
Chief Complaint		
Additional History		
Ocular History		
Medical History		
Family History		
Clinical Data		
Current Spectacles	OD	
	OS	
Unaided Visual Acuity	OD	
	OS	
Subjective Refraction	OD	
	OS	
Binocular Vision	Normal	
Colour Vision Ishihara Plates	OD	
	OS	
Tonometry	OD	
	OS	
Pupils		
Slit Lamp Examination		
Fundus Examination		
Diagnosis		

R - Prescriptions

Indicate the **most appropriate** prescription, and for the other three, explain why each is not.

R1

Explanations

	sph	cyl	axis	add
OD				
OS				

R2

	sph	cyl	axis	add
OD				
OS				

R3

	sph	cyl	axis	add
OD				
OS				

R4

	sph	cyl	axis	add
OD				
OS				

Appendix E — Score Sheet Template for OSCE Practice

CASE:

Objective Checklist		
An objective is met when “Y” is selected for all of its criteria		
Objective 1 (competency or indicator from blueprint)		Y N
Criterion	Specific to the case to demonstrate objective	Y N
Criterion		Y N
Objective 2		Y N
Criterion		Y N
Criterion		Y N
Criterion		Y N
Objective 3		Y N
Criterion		Y N
Objective 4		Y N
Criterion		Y N
Criterion		Y N
Objective 5		Y N
Criterion		Y N
Criterion		Y N

<p>Outcome — the degree to which case objectives were met</p> <input type="checkbox"/> Unsolved (<60% Objectives met) <input type="checkbox"/> Uncertain (60% Objectives met) <input type="checkbox"/> Marginal Solved (80% Objectives) <input type="checkbox"/> Problem Solved (All Objectives)
--

<p>Performance — the overall depth, completeness, and quality of candidate performance was:</p> <input type="checkbox"/> Unacceptable <input type="checkbox"/> Marginal Unacceptable (like a 4th-year student optometrist) <input type="checkbox"/> Marginal Acceptable (like a new optometrist) <input type="checkbox"/> Acceptable (like a confident professional optometrist)
--

Communication Competencies		
Number of competencies met	<input type="checkbox"/> Unacceptable (<3) <input type="checkbox"/> Marginal Unacceptable (3) <input type="checkbox"/> Marginal Acceptable (4-5) <input type="checkbox"/> Acceptable (6)	
1.1	Communicate clearly both orally and in writing.	Y N
1.2	Select the communication style appropriate to the situation.	Y N
1.3	Adapt communication approach when verbal communication is not possible	Y N
1.4	Engage in active listening.	Y N
1.5	Apply conflict resolution strategies.	Y N
1.6	Deliver bad news sensitively and effectively.	Y N

Professionalism Competencies		
Number of competencies met	<input type="checkbox"/> Unacceptable (<5) <input type="checkbox"/> Marginal Unacceptable (5) <input type="checkbox"/> Marginal Acceptable (6-7) <input type="checkbox"/> Acceptable (8)	
2.1	Act with professional integrity.	Y N
2.2	Foster relationships that are open, respectful and supportive.	Y N
2.3	Maintain professional boundaries.	Y N
2.5	Comply with mandatory reporting requirements.	Y N
2.6	Make responsible choices for the utilization of health care resources.	Y N
2.7	Practice in accordance with ethical principles.	Y N
2.9-2.11	Comply with federal, provincial legislation and regulatory requirements relevant to optometric practice.	Y N
2.12	Practice within the bounds of individual expertise and limitations.	Y N