



Feedback Report

Candidate Name: Sample Report **Candidate ID:** 009999

Exam Component: OSCE **Exam Date:**

Status: Minimum Performance Level — Not Met

Introduction and Purpose of This Feedback Report

This feedback report is provided to support candidates who did not meet the **Minimum Performance Level** on the OSCE. It identifies areas for improvement and is intended to guide focused preparation for a future attempt.

The report summarizes performance across key domains and competencies assessed in the examination. It is **not a grading rubric** and must not be used to request rescoring or to support appeals related to exam integrity or scoring.

OEBC examinations are **criterion-referenced**. Candidates are evaluated against an established, evidence-based standard for entry-to-practice competence, not compared with other candidates. Examination outcomes are therefore reported as **meeting** or **not meeting** the minimum performance level.

This report presents a profile of relative strengths and areas for development. **Peer-mean benchmarks** are included for context only. They reflect the average performance of successful first-time candidates and are **not passing thresholds** or predictors of future success.

Candidates are encouraged to use this feedback alongside OEBC resources, including the **Exam Blueprint** and **Study Guide**, to set clear learning goals and focus preparation.

Exam Overview

The OEBC Examination is a **summative, competency-based assessment** designed to confirm that candidates demonstrate the knowledge, skills, and professional behaviours required for **independent entry-to-practice in optometry**.

The examination is developed in accordance with the **OEBC Exam Blueprint**, which defines the competencies, practice domains, and performance indicators assessed. The blueprint is publicly available and ensures transparency and consistency across exam administrations.

While individual cases and scenarios may vary, all OSCE stations are mapped to the same standardized competencies. This ensures that all candidates are assessed against a consistent, evidence-based standard rather than relative performance.

OSCE stations assess a range of entry-to-practice competencies, including clinical expertise, clinical reasoning, communication, collaboration, patient-centred care, and professionalism. Stations are scored using standardized checklists and rubrics. Rubric scores range from **1 to 5**, with **3 representing the entry-to-practice standard**.

All scoring tools are developed, reviewed, and validated by subject-matter experts. Examiners receive training and calibration before each administration to promote consistency and fairness.

Exam Marking

Candidate performance is evaluated using a combination of checklist results and rubric ratings, which are converted to **scaled scores**. Scaling accounts for differences in case difficulty across exam administrations and supports fair and consistent interpretation of results.

Scoring is supported by psychometric analysis, including post-exam review of item performance. Panels of optometrists and psychometricians review items that do not perform as expected and may make adjustments to ensure fairness and reliability.

OEBC Scoring Practices

OEBC scoring practices are designed to ensure that OSCE results are **fair, reliable, valid, and defensible**, and that they accurately reflect entry-to-practice competence.

- **Alignment with Competency Standards**
All scoring is grounded in the OEBC Exam Blueprint. Each checklist item and rubric domain maps directly to essential entry-to-practice competencies relevant to real-world optometric practice.
- **Validated, Descriptive Rubrics**
OSCE stations use standardized rubrics with clear performance descriptors. These rubrics are developed and reviewed by subject-matter experts and are publicly available. A score of **3** represents the entry-to-practice standard.
- **Examiner Training and Calibration**
Examiners participate in structured training and calibration before each exam administration to support consistent application of scoring criteria.
- **Defensible Standard-Setting**
OEBC uses the **Borderline Regression Method (BRM)** to establish pass standards based on actual candidate performance data.
- **Ongoing Review for Reliability and Fairness**
Scoring data are routinely reviewed to monitor reliability, validity, and fairness. Items that do not perform as expected may be revised or removed. Final outcomes are based on **overall performance across all stations**, not on individual stations.

This report summarizes performance across competencies and includes peer-mean benchmarks for context. Policies related to rescoring and appeals are publicly available on the OEBC website.

How to Use Your Feedback Report

This report is intended to support focused preparation by highlighting **patterns of performance** across stations, domains, and competencies. It should be used as a preparation guide, not as a diagnostic tool or basis for appeal.

The information is most meaningful when reviewed in aggregate. Peer-mean benchmarks are provided for context only and must not be interpreted as performance thresholds.

This report helps you:

- Identify domains and competencies where performance was below that of successful first-time candidates
- Understand how your performance compares with peer-mean benchmarks
- Set preparation priorities aligned with the Exam Blueprint

This report does not:

- Explain individual station scores or examiner decisions
- Function as a grading rubric
- Support rescoring or appeals
- Define passing thresholds

To use the data effectively, focus on trends across domains and competencies and prioritize areas with consistently lower performance. Use this report alongside the **Exam Blueprint** and **Study Guide**.

Detailed tables in this report summarize performance by station, domain, practice area, and competency. All assessed areas are included. Items that were not rated are indicated by a dash (“–”), and competencies not measured in this exam component are marked as “NM.”

Table 1 – First-Time Candidates Who Met the Minimum Performance Level

This table shows the percentage of first-time candidates who met the minimum performance level on the OSCE at this administration. This information is provided for general context only and reflects overall exam outcomes rather than individual performance. It should not be used to interpret your results or predict future outcomes.

Component	Percentage Meeting the Minimum Performance Level
OSCE	86%

Table 2 – Station Performance Summary

This table summarizes overall patterns in station ratings and compares your results with the peer mean for successful first-time candidates. As noted previously, the table is intended to support the interpretation of performance consistency across the examination, rather than to analyze individual stations or scores.

	Your Rating	Peer Mean Benchmark
Poor/Outright Fail	4 stations	0.6 stations
Borderline	7 stations	6.1 stations
Good/Excellent	1 station	5.3 stations

Tables 3–5 (Patient Interaction, Domains, and Key Competencies)

The following tables provide progressively detailed summaries of assessed competencies and domains. Peer mean values are included to support contextual interpretation and do not represent minimum requirements or passing standards. Use these tables to identify competencies that may benefit from focused preparation across multiple stations.

Table 3 – Patient Interaction Ratings

This table shows your average scores for patient interaction skills across all OSCE stations. Scores range from 1 to 5, with 3 representing the entry-to-practice standard. Peer mean values are provided for comparison only and reflect the average performance of successful first-time candidates. Use this table to identify strengths and areas for improvement in patient communication and interaction skills.

Patient Interaction Scale Item	Your Average Rating	Peer Mean Benchmarks
Empathy	2.9	4.1
Coherence	3.1	4.0
Non-verbal	2.5	4.1
Verbal	2.7	4.1
Trust	3.1	4.1
Honesty & Integrity	3.6	4.2
Focus on the Patient	2.5	3.9
Respect	2.8	3.8

Lower scores in patient interaction skills often lead to lower ratings in the Communication and Patient-Centred domains, particularly when clinical reasoning must be explained or shared decisions are required.

Table 4 – Domains and Practice Areas

This table shows the percentage of available points you achieved in each domain and practice area, compared with peer mean benchmarks. Some areas contribute more points than others, so focus on overall patterns rather than individual percentages.

- “–” indicates that this entry-to-practice competency was not measured during this exam
- “NM” indicates the competency/summary is not measured in this component of the exam

Domains Practice Areas	Your Score	Peer Mean Benchmarks
Clinical Expertise	65%	83%
Assessment	65%	82%
Diagnosis & Planning	55%	84%
Patient Management	65%	80%
Communication	60%	87%
Collaboration	85%	85%
Patient-Centred Care	63%	86%
Professionalism	75%	88%
Scholarship	NM	NM
Practice Management	NM	NM

Please refer to the **Exam Blueprint** for more information about the distribution of examination content.

Table 5 – Key Competency Report

This table provides a detailed summary of your performance in the entry-to-practice competencies assessed in the OSCE, compared with peer mean benchmarks. Peer means are included for context only and do not represent passing thresholds. Use this table to identify specific competencies that would benefit from focused preparation.

- “–” indicates that this entry-to-practice competency was not measured during this exam
- “NM” indicates the competency/summary is not measured in this component of the exam

Key Competency	Your Score	Peer Mean
1.0 CLINICAL EXPERTISE	65%	83%
ASSESSMENT	65%	82%
1.1 Obtain an accurate case history to determine a holistic understanding of the patient’s ocular, visual, systemic and familial medical history, current status of visual tasks, and other non-medical factors in order to establish an understanding of the primary concern and general needs.	55%	85%
1.2 Apply clinical judgment and diagnostic assessments to formulate an initial, secondary, and differential diagnosis based on the initial case history.	66%	83%
1.3 Identify urgent ocular and medical conditions requiring urgent vs. emergency care and triage accordingly.	72%	80%
DIAGNOSIS & PLANNING	55%	84%
1.4 Conduct eye examinations to assess and diagnose refractive disorders, diseases, and dysfunctions of the eye and vision system.	61%	81%
1.5 Formulate a final diagnosis taking into account the patient data and differential diagnosis.	51%	87%

Key Competency	Your Score	Peer Mean
1.6 Formulate and modify a treatment and management plan considering patient responses, priorities and limitations, and past treatments.	56%	82%
1.7 Recognize ocular, visual or systemic conditions that require assessment, co-management or management by other professionals.	-	-
PATIENT MANAGEMENT	65%	80%
1.8 Prescribe spectacle, contact lens therapy, vision therapy, myopia control, visual training for refractive disorders.	75%	79%
1.9 Educate patient regarding treatment and management options.	58%	85%
1.10 Educate the patient about lifestyle choices and their impacts on ocular health.	55%	75%
1.11 Prescribe therapeutic pharmacological agents, conduct in-clinic therapeutic treatments, or refer for surgical interventions to treat ocular conditions as appropriate to provincial regulation.	86%	81%
2.0 COMMUNICATION	60%	87%
2.1 Establish and maintain relationships with patients and, when required, their families, caregivers, or substitute decision-makers through communication skills and strategies.	48%	89%
2.2 Convey diagnosis, prognosis, and management options comprehensively, logically and clearly to patients, and if authorized, to their families, caregivers, or substitute decision-makers.	70%	84%
2.3 Establish and maintain open, respectful and supportive relationships with staff, colleagues and other health care providers through communication skills and strategies.	68%	83%
2.4 Use culturally sensitive and inclusive language, communication strategies and non-verbal communication in all professional interactions.	55%	87%
3.0 COLLABORATION	85%	85%
3.1 Identify the appropriate healthcare professional(s) for patient referral and consultation purposes, including other optometrists.	88%	84%
3.1 Refer patients for secondary, specialized care that may need further treatment or management outside the scope of practice for optometry.	86%	85%
3.2 Co-manage patients with other healthcare professionals in the circle of care when appropriate.	81%	86%
4.0 PATIENT-CENTRED CARE	63%	86%
4.1 Collaborate with the patient on the development of management options that correspond to their overall well-being and general health and overall lifestyle and socio-economic realities.	55%	87%
4.2 Include the patient in a shared decision-making process that will determine the course of treatment and follow-up.	66%	88%
4.3 Recognize when a patient's family, caregivers or substitute decision-maker should be involved with decision-making, and obtain valid consent.	60%	83%
4.4 Ensure continuing patient participation in the shared decision-making model for ongoing treatment and management plans.	62%	81%

Key Competency	Your Score	Peer Mean
4.5 Educate patients regarding their overall health and how it, and lifestyle factors, can impact the health of their eyes and vision.	63%	89%
4.6 Promote patient health and safety, incorporating considerations of patients' ocular and visual health as well as their overall physical, psychological, and general well-being.	71%	87%
5.0 PROFESSIONALISM	75%	88%
5.1 Practice with accountability to the patient, the profession and society.	72%	87%
5.2 Interact with patients and the public, following professional and ethical standards.	78%	86%
5.3 Establish and maintain a safe practice for patients and colleagues, both physically and psychologically.	75%	91%
5.4 Maintain personal, physical and mental self-care.	NM	NM
6.0 SCHOLARSHIP	NM	NM
6.1 Maintain and continuously update professional knowledge through reviews of the scientific literature in support of evidence-based practice.	NM	NM
6.2 Integrate and apply newly acquired evidence-based optometric knowledge, clinical skills and techniques in one's own practice.	NM	NM
6.3 If relevant and within scope, critically review and apply information from other healthcare disciplines to enhance own practice and patient care.	NM	NM
6.4 Enhance professional practice with ongoing learning and continuing education in keeping with provincial regulatory requirements.	NM	NM
6.5 Share information and knowledge on clinical practice, new procedures and emerging technologies to contribute to the practice of others and promote the profession.	NM	NM
7.0 PRACTICE MANAGEMENT	NM	NM
7.1 Provide services consistent with the optometric needs of the community.	NM	NM
7.2 Ensure the availability of physical and human resources required for practice.	NM	NM
7.3 Manage workflow effectively.	NM	NM
7.4 Recognize and adhere to legislation relevant to optometric business practice.	NM	NM
7.5 Maintain insurance and risk management procedures relevant to optometric business practice.	NM	NM

Recommendations for Improvement

This section is intended to support **focused, structured preparation** for a future OSCE attempt. The guidance below is based on common patterns seen in OSCE performance and is meant to help you interpret your results across stations, domains, and competencies.

Review this section together with the summary tables. Avoid focusing on individual scores or isolated stations.

A. Interpreting Your Results

When reviewing your feedback, focus on **overall patterns across the examination**, including:

- The distribution of station ratings (Poor/Outright Fail, Borderline, Good/Excellent)
- Domains and competencies where performance is **consistently below peer-mean benchmarks**
- Variability in performance across stations, which may indicate **inconsistent demonstration of competence**

OSCE outcomes are based on **cumulative performance across all stations**. Meeting the minimum performance level requires consistent demonstration of entry-to-practice competence across a broad range of competencies.

B. Focus on Demonstration of Entry-to-Practice Competence

OSCE stations assess whether candidates can **apply knowledge, skills, and professional behaviours** at the level expected of an entry-to-practice optometrist.

When preparing for a future attempt, focus on:

- Clearly explaining clinical reasoning, including how findings support diagnoses and management decisions
- Demonstrating safe, complete, and organized patient care rather than isolated technical tasks
- Consistently meeting the expectations associated with a rubric score of **3**, which represents the entry-to-practice standard

Partial or inconsistent performance may result in Borderline or Poor ratings, even when some aspects of care are adequate.

C. Prioritizing Preparation Across Key Domains

Candidates often benefit from prioritizing preparation in domains where performance consistently falls below peer-mean **benchmarks**, especially when those domains are assessed across multiple stations.

These commonly include:

- **Clinical Expertise**, including assessment, diagnosis, and planning
- **Communication**, particularly explaining findings, engaging patients, and demonstrating respect and attentiveness
- **Patient-Centred Care**, including shared decision-making and consideration of patient priorities
- **Professionalism**, including accountability, ethical practice, and patient safety

Strengthening performance in these areas is associated with improved overall OSCE outcomes.

D. Using the Detailed Tables Effectively

When reviewing the detailed tables, prioritize competencies that:

- Are substantially below peer-mean benchmarks, and
- Are assessed across multiple stations

Peer-mean values are provided for **context only**. They are not indicators that performance thresholds have been met and should not be interpreted as indicating that standards have been met.

E. Preparation Strategies

Candidates preparing for a future OSCE attempt are encouraged to:

- Use the **OEBC Exam Blueprint** to ensure comprehensive coverage of all assessed competencies
- Use the **OEBC Study Guide** to understand OSCE structure, expectations, and common performance challenges
- Seek opportunities for **guided practice**, such as mock OSCEs, peer practice, or mentorship
- Practice maintaining consistent performance across multiple stations, including under time constraints and exam-day conditions

F. Final Considerations

This feedback report is intended to support **targeted preparation and skill development**. Many candidates who do not meet the minimum performance level on a first attempt demonstrate improved performance on subsequent attempts with focused preparation aligned to entry-to-practice expectations.

Closing Summary

This feedback report is intended to support preparation for a future OSCE attempt by identifying patterns of performance across competencies and practice areas. Candidates are encouraged to use this information, together with the **Exam Blueprint** and **Study Guide**, to guide focused, structured preparation and strengthen areas identified for development. Many candidates demonstrate improved performance on subsequent attempts with targeted preparation aligned to entry-to-practice expectations.