



OPTOMETRY EXAMINING
BOARD OF CANADA

BUREAU DES EXAMINATEURS
EN OPTOMÉTRIE DU CANADA

OEBC RUBRIC GUIDE

Objective Structured Clinical Evaluation (OSCE)
2026

Patient Interaction Rubric
Hybrid Technical Skills Rubric
Technical Procedures Rubric
Laser Procedures Rubric

Purpose of This Guide

This guide explains the four OEBC OSCE rubrics used to assess candidate performance across different station types and to support consistency, transparency, and defensible assessment. It is designed to help candidates understand what the rubrics measure, how to read them, and how to use them during preparation and clinical training.

This guide is intended to support learning and self-assessment. It does not replace official OEBC scoring processes or examiner calibration materials. In the examiner guide, Appendix A provides concise rubric templates for quick orientation, while Appendix D is the authoritative source for rubric definitions and performance-band descriptors used by examiners.

Why OEBC Uses Four Rubrics

Different OSCE stations assess different kinds of performance. Some stations focus primarily on patient communication and interaction. Others assess hands-on technical skills, some with a live patient and some on a model. Laser procedures have their own technical and safety demands. Using four rubrics instead of one allows the assessment model to match the demands of each station type better.

The four-rubric framework improves clarity and fairness. It helps ensure that candidates are assessed on the performance qualities most relevant to the station they are completing, and it gives them a clearer picture of what to practise in each area.

Overview of the Four Rubrics

1) Patient Interaction Rubric

This rubric is used in interactive clinical stations. It focuses on communication, rapport, professionalism, patient-centred care, organization of the interaction, and responsiveness to patient needs.

2) Hybrid Technical Skills Rubric

This rubric is used in stations that combine technical performance, patient interaction, and clinical reasoning. Candidates are expected to perform a technical task safely while also communicating effectively and responding appropriately to findings or patient cues.

3) Technical Procedures Rubric

This rubric is used at stations that assess model-based technical procedures in which patient interaction is limited or simulated. It focuses on safe preparation, sequencing, infection control, technical execution, and procedural reliability.

4) Laser Procedure Rubric

This rubric is used in stations that assess laser procedures. It emphasizes setup, adherence to safety protocols, beam control, efficiency and accuracy, sequencing, and clinical judgment in higher-risk procedural settings.

What the Rubric Scores Mean

Across the rubrics, the performance levels are organized into three broad ranges:

- Scores 1–2 indicate performance below the entry-to-practice standard.
- **Score 3 indicates performance that meets the entry-to-practice standard.**
- Scores 4–5 indicate performance above the entry-to-practice standard.

A score of 3 represents safe, independent entry-to-practice performance. This does not mean perfect, polished, or highly efficient performance. A candidate at level 3 may still appear awkward, formulaic, or inefficient, provided the performance remains safe, adequate, and independent.

Scores of 4–5 reflect performance that is more consistent, integrated, efficient, and anticipatory than the minimum standard.

How Candidates Can Use the Rubrics During Clinical Training

One of the best ways to use these rubrics is before the exam, during clinical training. Candidates are encouraged to ask a clinical rotation supervisor, preceptor, or clinic instructor to use the relevant OEBC rubric when observing patient encounters or procedures.

Using rubrics during clinical training can help candidates identify patterns over time, assess whether their performance consistently meets the entry-to-practice threshold, and see where their performance would benefit from greater consistency, integration, or efficiency.

Suggested approach

- Choose the rubric that best matches the activity being observed.
- Ask the supervisor to observe a complete encounter or procedure when possible.
- Ask the supervisor to select the column in each domain that best matches what was observed.
- Discuss which behaviours most influenced the rating.
- Identify one or two priorities for improvement before the next observation.

Suggested frequency

- One early rating at the start of a rotation or placement
- One midpoint rating
- One later rating after time has been given for improvement

How to Get the Most from Supervisor Feedback

Rubric-based feedback is most useful when it is specific, behaviour-based, and tied directly to the rubric wording. After an observed encounter or procedure, candidates can ask:

- Which rubric level best matches what you observed?
- What specific behaviours led you to that decision?
- What one change would most improve my performance next time?

Candidates may also find it helpful to rate themselves first and then compare their self-rating with the supervisor's rating. Differences between the two ratings can guide focused reflection and deliberate practice.

How This Guide Relates to Other OEBC Resources

This guide is intended to sit alongside the OEBC Study Guide and the Candidate Instructions and Exam Guide. The Study Guide addresses broader exam preparation, exam format, and blueprint-related information. This guide focuses specifically on the rubrics and how candidates can use them as preparation and learning tools.

Rubrics and Domains

Some domains are used in multiple rubrics. While each rubric has 8 domains, there are only 20 unique domains in total. The matrix below summarizes the four station types and the rubric used at each.

Patient Interaction Rubric	Hybrid Technical Skill Rubric	Technical Procedure Rubric	Laser Procedure Rubric
Coherence	Clinical Judgment	Confidence & Communication	Confidence & Communication
Empathy	Coherence	Dexterity / Instrument Handling	Clinical Judgment
Focus on the Patient	Confidence & Communication	Organization & Cleanliness	Efficiency & Accuracy
Honesty & Integrity	Dexterity	Patient/Model Safety	Instrument Handling & Beam Control
Non-verbal Expression	Organization & Cleanliness	Proficiency	Laser Setup
Respect	Patient Comfort & Harm Reduction	Protocol Adherence & Infection Control	Patient/Model Safety
Trust	Patient/Model Safety	Sequencing & Execution	Safety Protocol Adherence
Verbal Expression	Proficiency	Technical Start	Sequencing & Execution
Stations: Clinical Visit	Stations: <i>Gonioscopy, BIO, Tonometry</i>	Stations: <i>Retinoscopy, Cryotherapy, Suturing, Injections,</i>	Stations: SLT, LPI, YAG

Appendix A — Rubric Templates

These rubric templates are applied in accordance with the Core Scoring Contract (Section 4) and the rubric interpretation guidance in Section 7. Examiners score based on observable behaviours and select the performance level that best matches those behaviours.

Patient Interaction Rubric

Deficient (1) – Unsatisfactory (2)	Meets Minimum Standard (3)	Good (4) – Excellent (5)
Coherence: <i>Conducts the interaction or procedure in a logical, clinically appropriate sequence. (2.2.2)</i>		
Disorganized; unclear or incorrect sequence; patient must guide.	Recognizable structure: transitions may be awkward but effective.	Logical, efficient flow with appropriate adaptation.
Empathy: <i>Demonstrates understanding and responsiveness to the patient's emotional and practical needs.(2.1.6)</i>		
Misses or dismisses emotional/physical cues; responds inappropriately.	Recognizes and responds to patient cues but inconsistently explores or adapts.	Perceptive, supportive responses; adapts communication to patient needs.
Focus on the Patient: <i>Attends to and integrates patient needs into decisions and actions. (4.1.2)</i>		
Ignores or dismisses patient needs.	Listens but inconsistently integrates concerns.	Actively incorporates patient needs and adapts approach accordingly.
Honesty & Integrity: <i>Communicates in an ethical, transparent, and accurate manner. (5.1.3)</i>		
Misleading, evasive, or incomplete.	Basic, accurate information.	Transparent, complete, ethical communication.
Non-Verbal Expression: <i>Uses effective non-verbal behaviours to support engagement. (2.1.4)</i>		
Distracting or disengaging behaviours.	Basic non-verbal control.	Confident, supportive non-verbal behaviours.
Respect: <i>Supports patient autonomy and participation. (4.4.1)</i>		
Limits participation or autonomy.	Invites participation inconsistently.	Consistently supports and encourages involvement.
Trust: <i>Establishes and maintains professional rapport. (5.2.2)</i>		
Fails to establish trust.	Earns basic cooperation.	Reinforces confidence through consistent behaviour.
Verbal Expression: <i>Communicates using clear, accessible language. (2.2.3)</i>		
Communication interferes with understanding or uses jargon.	Understandable; explanations generally clear.	Fluent, accessible communication; checks understanding and tailors explanations.

Rubric Score 3 represents the minimum threshold for safe, independent entry-to-practice performance.

Hybrid Station Rubric

Deficient (1) – Unsatisfactory (2)	Meets Minimum Standard (3)	Good (4) – Excellent (5)
Clinical Judgment: <i>Applies appropriate clinical reasoning to make safe, effective decisions aligned with the case. (1.4.5)</i>		
Poor reasoning; unsafe or inappropriate decisions.	Applies appropriate reasoning; decisions are generally safe.	Integrates cues and context; anticipates needs and risks.
Coherence: <i>Conducts the interaction or procedure in a logical, clinically appropriate sequence. (1.12.2)</i>		
Disorganized; unclear or incorrect sequence; patient must guide.	Recognizable structure: transitions may be awkward but effective.	Logical, efficient flow with appropriate adaptation
Confidence & Communication: <i>Communicates clearly and calmly to support understanding and procedural flow. (2.1.6)</i>		
Hesitant or unclear communication undermines the flow.	Clear, composed communication.	Confident, well-timed communication that supports procedural flow.
Dexterity / Instrument Handling: <i>Performs technical actions with controlled, deliberate movements that maintain safety. (1.12.4)</i>		
Poor control; inconsistent or introduces avoidable risk	Adequate control; technique generally safe.	Smooth, precise, controlled technique.
Organization & Cleanliness: <i>Maintains a clean, organized workspace that supports safe, efficient technique. (1.12.9)</i>		
Disorganized or unhygienic workspace.	Basic organization and cleanliness.	Efficient, orderly setup; proactive cleanliness.
Patient Comfort & Harm Reduction: <i>Maintains comfort while minimizing risk. (1.12.5)</i>		
Causes discomfort or risk; responds only to obvious cues.	Maintains comfort and safety with basic adjustments.	Proactively maintains comfort; prevents foreseeable harm.
Patient/Model Safety: <i>Prevents harm and ensures safe procedural execution. (1.12.6)</i>		
Unsafe behaviours; inconsistent safety checks.	Applies required safety measures reliably.	Proactive, consistent safety management.
Proficiency: <i>Competent, reliable execution of required technical skills. (1.12.3)</i>		
Incomplete or unreliable performance.	Competent, reliable execution.	Efficient, accurate, consistently reliable performance.

Rubric Score 3 represents the minimum threshold for safe, independent entry-to-practice performance.

Technical Procedures Rubric

Deficient (1) – Unsatisfactory (2)	Meets Minimum Standard (3)	Good (4) – Excellent (5)
Confidence & Communication: Communicates clearly and calmly to support understanding and procedural flow. (2.1.6)		
Hesitant or unclear communication undermines the flow.	Clear, composed communication.	Confident, well-timed communication that supports procedural flow.
Dexterity / Instrument Handling: Performs technical actions with controlled, deliberate movements that maintain safety. (1.12.4)		
Poor control; inconsistent or introduces avoidable risk	Adequate control; technique generally safe.	Smooth, precise, controlled technique.
Organization & Cleanliness: <i>Maintains a clean, organized workspace that supports safe, efficient technique.</i> (1.12.9)		
Disorganized or unhygienic workspace.	Basic organization and cleanliness.	Efficient, orderly setup; proactive cleanliness.
Patient/Model Safety: <i>Prevents harm and ensures safe procedural execution.</i> (1.12.8)		
Unsafe behaviours; inconsistent safety checks.	Applies required safety measures reliably.	Proactive, consistent safety management.
Proficiency: <i>Competent, reliable execution of required technical skills.</i> (1.12.3)		
Incomplete or unreliable performance.	Competent, reliable execution.	Efficient, accurate, consistently reliable performance.
Protocol Adherence & Infection Control: <i>Follows required procedural steps and infection control standards.</i> (1.12.6)		
Misses required steps; inconsistent infection control.	Follows required steps and standards.	Consistent, anticipatory adherence.
Sequencing & Execution: <i>Performs the procedure in a logical, efficient, and clinically appropriate order.</i> (1.12.2)		
Disorganized sequence; inaccurate or inefficient execution.	Structured sequence; generally accurate execution.	Logical, efficient flow; consistently accurate execution
Technical Start: <i>Prepares the equipment, environment, and patient for the procedure.</i> (1.12.6)		
Incomplete preparation; unsafe or disorganized setup.	Completes essential preparation; sets up adequate.	Thorough, efficient preparation that anticipates procedural needs

Rubric Score 3 represents the minimum threshold for safe, independent entry-to-practice performance.

Laser Station Rubric

Deficient (1) – Unsatisfactory (2)	Meets Minimum Standard (3)	Good (4) – Excellent (5)
Clinical Judgment: <i>Applies appropriate clinical reasoning to make safe, effective decisions aligned with the case. (1.4.5)</i>		
Poor reasoning; unsafe or inappropriate decisions.	Applies appropriate reasoning; decisions are generally safe.	Integrates cues and context; anticipates needs and risks.
Confidence & Communication: <i>Communicates clearly and calmly to support understanding and procedural flow. (2.1.6)</i>		
Hesitant or unclear communication undermines the flow.	Clear, composed communication.	Confident, well-timed communication that supports procedural flow
Efficiency & Accuracy: <i>Executes the procedure efficiently and accurately. (1.12.3)</i>		
Lacks procedural knowledge; misfires; ineffective technique; unable to complete steps reliably.	Completes procedure competently and within expected time; minor inefficiencies or repeated steps.	Efficient, confident execution with minimal wasted motion; reliable, precise outcomes.
Instrument Handling & Beam Control: <i>Uses stable, precise, well-controlled techniques for instrument and beam alignment. (1.12.4)</i>		
Poor stability; inaccurate placement; inconsistent control.	Basic stability and control.	Smooth, efficient control; consistent accuracy.
Laser Setup: <i>Prepares equipment, environment, and patient appropriately. (1.12.6)</i>		
Incomplete or incorrect setup.	Essential preparation; adequate setup.	Thorough, efficient preparation; anticipates needs.
Patient/Model Safety: <i>Prevents harm and ensures safe procedural execution. (1.12.8)</i>		
Unsafe behaviours; inconsistent safety checks.	Applies required safety measures reliably.	Proactive, consistent safety management.
Safety Protocol Adherence: <i>Applies required safety measures during laser use. (1.12.5)</i>		
Unsafe or inappropriate energy settings; poor tissue control.	Applies required safety measures; monitors indicators.	Precise, proactive safety management.
Sequencing & Execution: <i>Performs procedure in logical, efficient, clinically appropriate order. (1.12.2)</i>		
Disorganized sequence; inaccurate or inefficient execution.	Structured sequence; generally accurate execution.	Logical, efficient flow; consistently accurate execution.

Rubric Score 3 represents the minimum threshold for safe, independent entry-to-practice performance.

Appendix B — Supervisor Rubric Rating Insert

USE OF THE OEBC RUBRICS DURING CLINICAL ROTATIONS

Purpose

This one-page insert can be given to a clinical rotation supervisor, preceptor, or clinic instructor to support formative feedback using the OEBC rubrics.

When to use

Use the rubric when observing a complete patient encounter or procedure, or a meaningful portion of one, that matches one of the four OEBC rubric types.

How to rate

- Choose the rubric that best matches the observed task.
- Observe the candidate’s performance and select the column in each domain that best matches what was observed.
- Base the rating on observable behaviours, not assumptions about what the candidate intended.
- Use the rubric to support discussion.

Suggested discussion prompts

- Which domains best matched the candidate’s current level of performance?
- What specific behaviours most influenced the rating?
- Which one or two domains should the candidate focus on before the next observation?
- Did the performance consistently meet the entry-to-practice threshold, or only intermittently?

Suggested timing

Use one early rating, one midpoint rating, and one later rating during a rotation or placement when possible.

Reminder

The rubrics are most useful when they are used periodically over time. Repeated observations help candidates identify patterns, not just isolated moments.

Suggested Rotation Reflection Record

Candidates may wish to keep a simple record after each rubric-based observation. The record can include date, setting or activity, rubric used, two strengths, one or two priorities for improvement, and one next-step goal before the next observation.

Date	Activity / Station Type	Rubric Used	Key Strengths Observed	Priority for Improvement / Next Step