

# OEBC EXAM STUDY GUIDE



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As the saying goes, “Luck favours the well-prepared.”

This quote by Andrew Peterson holds true, especially when it comes to preparing for your OEBC board exams. It emphasizes the importance of thorough preparation and how it can significantly increase your chances of success.

## Introduction

Completing your board exam is not just a step but a significant milestone in your journey to becoming a registered optometrist. It signifies your readiness to serve the public with your professional skills and knowledge.

We understand that board exams can be stressful, and we are here to support you as part of the profession.

- **Importance of Preparation:** The document emphasizes the significance of thorough preparation to increase the chances of success in the OEBC Board exams, highlighting the need for structured study plans and understanding the exam blueprint. Before you start your preparation, you will find the Candidates' Guide helpful for information about exam details.
- **Personalized Study Planner:** This [planner](#) recommends creating parallel study plans for the Written Exam and OSCE, starting six months before the exam, and includes detailed timelines and strategies for adequate preparation.
- **Blueprint Breakdown:** The [Blueprint](#) outlines the competencies and topics covered in the exam, ensuring candidates are tested on essential areas for safe and effective optometry practice, with detailed weightings for different practice areas.
- **Written Practice Exam:** OEBC provides a 2.5-hour practice exam that mirrors the format and content of the actual written exam. Familiarize yourself with the exam structure and content, understand the pace needed to complete the exam thoughtfully, and experience the surroundings of an exam-day environment.
- **OSCE Preparation:** Preparing for the OSCE involves practicing patient interaction and clinical skills and understanding the [Rubric scales](#), with [tips from examiners](#) on approaching standardized patients and common mistakes to avoid.
- **Exam scores and passing the exam:** for information, please review [Scoring the Exam](#) webpage.
- **Managing Exam Day:** The written and OSCE components are separated by at least three weeks. On exam day, candidates should stay calm, follow instructions, and remember that failing one station does not mean failing the entire exam.
- **Practice and Feedback:** Practicing with friends, family, and classmates is encouraged to refine clinical skills and receive feedback on communication and professionalism, using [feedback forms and creating study groups](#).

## Make a Study Plan

The OEBC exams are case-based examinations that reflect practice. Creating parallel plans for the Written Exam and the OSCE is helpful. You can start with a written case and expand it into a complete clinical scenario.

Preparing for your optometry board examination can be a structured and manageable process with the right approach. Here is a [link](#) for a recommended method and timeline to help you prepare effectively.

## Preparing for the Written Exam

The exam includes a variety of question types. The case-based written exam presents four questions for each case and may consist of high-resolution media on eye diseases. The selection of cases matches the Blueprint requirements. The exam has three sessions, each 2.5 hours long and addressing 20-25 cases per session. OEBC builds in 25% extra time, so all candidates have ample time to consider the cases and provide their responses. It is delivered in an online format that uses a secure browser and remote proctoring. On the [Preparing for the Exam](#) page, OEBC provides resources to help you prepare for this exam, including a candidate guide, instructions for remote proctoring, sample cases, and more.

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## Practice Written Exam

Candidates are automatically registered for a practice exam when they register for the written exam. There is no additional cost for the practice exam, to ensure all candidates have access to this valuable preparatory tool.

The 2.5-hour practice exam mirrors the format and content of the actual written exam. It includes multiple-choice questions based on realistic case scenarios and high-resolution images. Attempting this practice exam provides candidates with a valuable opportunity to familiarize themselves with the exam structure and content and understand the pace needed to complete their exam thoughtfully.

## Preparing for the OSCE

The OSCE is a standard format for clinical exams among health professionals. It features multiple stations where candidates demonstrate skills in communication, professionalism, patient-centred care, diagnosis and planning, and assessment. Stations adhere to quality assurance guidelines and use standardized patients for realistic scenarios.

This exam component evaluates your clinical expertise, patient management abilities, technical skills, including Live patient interaction skills. During the OSCE, you will rotate through various clinical scenarios every ten minutes. Standardized Patients (SPs) will simulate real clients, allowing you to take medical histories, communicate procedures and diagnoses, and explain treatment plans. When participating in the OSCE, approach it confidently and conduct yourself as a professional optometrist in a clinical setting.

Refer to the resources provided on the [Preparing for the Exam](#) page, to help you prepare for your OSCE.

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## Types Of Cases That May Be Presented

Case writers create realistic scenarios to assess new practitioners in clinical practice. The case types include taking a case history, referrals, cognitive disabilities, dealing with guardians/parents, diagnosis and management, surgery complications, ethical issues, and 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.

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## Know the Case Objectives

Refer to the [sample case](#) provided on the [Preparing for the Exam](#) page.

You have just completed an eye examination for a new patient in your clinic. Create a summary of the Exam Record and possible prescriptions, using the forms [provided](#).

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

Then, vary some elements (age, gender, histories, clinical data elements, etc.) to make one of the three other prescriptions the most appropriate. Finally, repeat for the remaining two.

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

Stations start at various points; as shown in the sample case below some may require a complete history, while others provide clinical data and patient history. In addition, the station may require your higher-level thinking to address the case's objectives.

<b>Case Name</b>	Presbyopia Management
<b>Case Type</b>	Interactive
<b>Issue</b>	Presbyopia requires a prescription for progressive glasses
<b>Practice Areas</b> (primary practice area marked *; other areas are secondary)	Communication Patient-Centred Care Diagnosis and Planning *Patient Management
<b>Competencies</b>	Select a communication style appropriate to the situation Establish a shared decision-making process with the patient <ul style="list-style-type: none"> <li>Engage in dialogue with the patient to bring about understanding, acceptance and cooperation</li> </ul> Formulate a management plan
<b>Objectives</b>	1. Explain the diagnosis of presbyopia 2. Explain the treatment options 3. Recommend progressive lenses
<b>Type of Encounter</b>	New patient
<b>Setting</b>	Optometry Clinic

## Creating and Writing Your Own Cases

### *DEVELOP INDICATORS FOR A COMPLETE HISTORY OF VARIOUS CASES*

In day-to-day practice, you must take a complete history of a new patient from time to time on various chief concerns. For example, indicator 1.1.1 b) Determines the history of present illness, e.g., difficulty with distance vision, personal ocular history, family ocular history, and medical history. 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, driver’s licence, protective eyewear
- other factors

When a complete case history of a patient is needed, you have 10-15 indicators for each potential issue. Your task is effectively gathering this information while adhering to communication and professional standards. Verify that you have identified all of the relevant indicators you deemed necessary. Request additional feedback from peers using the [form provided](#).

### NOW YOU CAN BEGIN WRITING YOUR OWN CASES

As writers you are essential; focus on bringing background and experiences to the case. Provide the details that make the case realistic and reasonable, such as:

- 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
- Include the patient's name, age, location of the appointment, and reason for the visit. Be creative with the patients' names!
- Consider ethical cases, as they frequently arise. Preparing for your provincial jurisprudence exam can also help with these scenarios.



## WHAT’S MEASURED

A typical OSCE case has 15-20 checklist items, plus 8 measurements related to patient interaction. High performing candidates achieve more than 85 percent of the possible marks in each case.

Remember that you are 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.

- Include only the pertinent clinical information necessary for the case. Exclude any irrelevant details, as the candidate has limited reading time. Ensure every word is essential.
- Select common conditions that entry-level optometrists are likely to encounter.
- State any assumptions the candidate needs to make to save time. For instance, you might indicate that a ‘young patient is accompanied by a parent in the waiting room.’

Complete the Summary of Patient Record if an assessment has already been done. If a diagnosis is given or the case requires the candidate to diagnose based on the provided information, ensure all necessary details support the accurate diagnosis.

Assessor Checklist: the assessor focuses on specific elements during the interaction. The main challenge is to be precise. Set your checklist items to meet the minimum standards for a newly qualified practitioner. Identify which items are crucial for achieving the objective. Mark necessary items if you believe they should carry more weight.

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 on trying to help your colleagues improve.

**Adding an SP;** Understanding how to present the SP is crucial before drafting the case. Start by creating point-form notes that include the SP's age, gender, and overall condition. Additionally, consider jotting down potential questions the SP may pose. These notes will be beneficial for your role-play with the SP.

As the SP, ensure you include:

- A description of the condition
- The patient's demographics
- Their appearance, behaviour, and starting position
- Details regarding the chief complaint (and any secondary complaints)
- Relevant ocular, medical, and social history
- Signs and symptoms to demonstrate
- Statements or questions to initiate interaction, respond to the candidate, or prompt the candidate if needed

SPs might use makeup or props to highlight case features. For instance, if an SP can't show a particular sign or symptom, a photo might be used, or the assessor may give the needed information when appropriate.

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## Acting Out Your Case

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

Start an 8-minute timer when the candidate is ready. The SP should keep things on track and use prompts if the candidate finishes without covering all specified topics.

Afterward, give the candidate a copy of the score sheet and have the examiners provide feedback on their scores, as the SP, note which prompts you used. Discussing these differences as a group helps candidates understand the scope required to show competency.

Create multiple cases and play various roles in them. 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
- ✓ Start early and practice often
- ✓ Templates are [available](#) on the Preparing for the Exam page

Current information is collected and documented during every patient interaction, whether in person, by phone, or in written communication. During the OSCE, you will converse with the patient at each station. Your space is private, ensuring confidentiality and an uninterrupted conversation for the 8 minutes of your exam. Keep the following tips in mind:

- Practice good personal hygiene and proper grooming to make a positive impression on your patient, demonstrate professionalism, and establish rapport.
- Present yourself as a professional yet friendly clinician; avoid appearing cold or sterile.
- Convey confidence as an optometrist to help put your patients at ease.

The following recommendations aim to enhance the effectiveness of each information exchange:

- Before starting, review any provided patient information. Understanding their background and medical history shows interest and concern and helps you formulate relevant questions.
- Maintain a comfortable, relaxed, and open posture; avoid crossed arms, which can signal rejection. A rigid stance may seem intimidating, while slouching appears unprofessional.
- Position yourself at eye level with the patient and face them directly. If culturally appropriate, maintain eye contact.
- Show engagement through facial expressions and nonverbal cues such as smiling and nodding.
- Listen attentively and focus on the dialogue. Patients can tell when their concerns are not being genuinely heard.
- Begin with broad questions such as "How may we assist you today?" before moving to more detailed inquiries. This approach helps establish rapport and gather essential background information.
- Formulate your questions to encourage detailed responses from the patient in their own words. This technique, known as open-ended questioning, fosters comprehensive answers. Reserve closed-ended questions for obtaining specific information.
- Identify discrepancies by noting cues that contradict the patient's statements. Consider what might be bothering the patient beyond their initial complaint. It is essential to address both their primary issue and any other concerns they may have.
- Recognize that many responses are subjective and unique to the patient; for example, what one patient describes as pain may be discomfort to another.

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## Practice Referring Cases

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

Simulate situations where a referral might be necessary. Candidates sometimes attempt to showcase their expertise to the examiner. Know how to balance the amount of information you share. Prioritize the patient's needs and avoid inundating them with details when referring them to a specialist. The competencies and indicators from the patient management practice area offer valuable guidance.

The communications competencies require you to communicate in plain language:

1. Explain the diagnosis
  - Explain what the 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 the time frame under each of your management options

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## Practice with Classmates and Family

You have encountered many patients throughout your studies, usually with a clear objective. Unpredictability is typical in an OSCE, like actual practice. Therefore, maintain utmost professionalism in both behaviour and communication.

- **Practice With Your Friends and Family:** Describe conditions and scenarios to your family and friends using simple language. Ensure they comprehend what you explain and note any questions they ask. Request feedback on your verbal and non-verbal communication and have them complete the [feedback form](#) to assess your communication and professionalism.
- **Practice With Your Classmates:** Studying in both environments can be advantageous as classmates can highlight areas you may have overlooked or where extra attention is needed. Family and friends might assist in predicting the type of questions and prompts you could receive from the Standardised Patient (SP). Develop feedback forms using the indicators for each practice area. Classmates generally have a clearer understanding of the technical demands; however, occasionally ask them to think from a patient's perspective.
- **Form a Study Group of 4 People:** Create your own OSCE cases to practice. For each practice session, assign a case writer. The instances should cover a different practice area. Draw on the group's strengths.
- **Practice Choosing the Most Appropriate Prescription:** In everyday practice, you examine patients with refractive error issues. Therefore, the enabling competencies required may include:

1.8.5 Apply the patient's refraction, visual requirements and other findings to develop a plan for vision therapy.

- Determines a plan for vision therapy and lens therapy (including prism and add power) for binocular vision disorders and accommodative disorders
- Determines a plan for the treatment of amblyopia with refractive correction and occlusion
- Differentiates patients requiring surgery from those who would benefit exclusively from vision therapy and/or lens therapy for binocular vision disorders
- Monitors therapy outcomes

1.11.1 Prescribe a pharmaceutical prescription for treating ocular conditions or diagnosed diseases.

- Writes a pharmaceutical prescription correctly
- Identifies indications for the pharmaceutical treatment of diagnosed ocular conditions
- Determines a management plan for the pharmaceutical treatment of diagnosed ocular conditions
- Explains the proper use of pharmaceutical prescription and schedule of dosing

- e) Identifies the appropriate use of OTC eyedrops and ointments for the treatment of anterior segment conditions
- f) Recommends the appropriate use of oral nutritional supplements for ocular conditions

## USEFUL RESOURCES

OEBC does not endorse any study materials that our organization does not publish. Some high-performing candidates reported using only this guide, the OEBC Blueprint, and their class notes. Some candidates noted that they used some of the following materials:

- OEBC's website
- Optoprep
- daily questions from Optoprep's emails
- KMK 7th Edition, KMK Part 1 and 2 books, a small Canadian guide by KMK
- Wills Manual of Eye Disease
- Kanski's Clinical
- NBEO Part 2 study guide
- Massachusetts Eye and Ear Infirmary
- The American Academy of Ophthalmology

**Note:** past candidates have suggested the abovementioned resources. OEBC is not directly associated with the listed companies and does not endorse their materials. If you know of any other study resources that could be helpful, please email [exams@oebc.ca](mailto:exams@oebc.ca), and we may consider including them in a future update.

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## Generate Practice Cases

To help you further develop your cases for practice for both the [Written Exam](#) and the [OSCE](#), we have provided instructions on how to use AI to develop cases. You can create realistic cases that mirror the exam format using tools like Copilot, ChatGPT, or Gemini, which use large language models (LLM).

**\*\*\*Although AI-generated cases are helpful for exam preparation, LLMs rely on pattern matching rather than logical reasoning, so the outputs may need to be corrected. Always verify AI-generated information and cross-check it with reliable sources before making decisions or recommendations. While AI can provide valuable support, it is crucial to ensure that the final decision-making remains in the hands of healthcare professionals. \*\*\***