



NCCTO[®]

CSE[®]

CANDIDATE GUIDE

Part III – Clinical Skills Examination-August 2011- July 2012 (**Updated: July 18, 2011 changes in green; September 6, 2011 changes**)

Part III – Clinical Skills Examination (CSE) is a practical examination comprised of 18 clinical procedures and Injections Skill assessed during a 3.5-hour session and involving actual patients. Described in this document are the clinical assessments that are to be performed at each of the 4 Stations. The Candidate Instructions included at the end of this document will be posted in the appropriate examination rooms for review during the examination. The [August 2011-July 2012 Injections Skill Exam \(ISE\) Candidate Guide](#), [Station Evaluation Forms](#), a sample [Patient Data Form](#), and the [Ophthalmic Lens Evaluation Form](#) template are also provided for review.

Candidates are expected to carefully and thoroughly review the Candidate Orientation information contained in this document prior to arrival at the test center. Most of this information will not be repeated during the on-site Candidate Orientation.

August 2011-July 2012 Candidate Orientation Information Posted on the NBEO® Website

Candidate Orientation Information: General

The Clinical Skills Examination (CSE) begins with an on-site orientation that all Candidates are required to attend. Candidates who are late for the orientation will be disqualified from that examination session. A Candidate who arrives late will be scheduled for a subsequent examination session during the same day **if possible**. However, space and time constraints may prevent a Candidate from being rescheduled to a later session, and, in that event, the Candidate forfeits his/her right to being tested during that administration of CSE. The on-site Candidate Orientation complements the information contained in this document.

A video recording will be presented for the Candidate Orientation at the National Center in Clinical Testing of Optometry (NCCTO). NCCTO staff member will serve as the Candidate advocate to assist with any problems that may arise.

IDENTIFICATION FORM REQUIRED

To be admitted to the test center, you must present an acceptable form of picture identification that includes **both a photograph and a signature**. The **only** acceptable forms of identification are:

- A valid driver's license or an official photo ID issued by the government of the state or province where you reside.
- A valid passport.
- A valid student identification card from an accredited school or college of optometry, provided this ID card includes both a photograph and signature embedded in the card.
- In order to be considered valid, the ID must match the name on the roster for the exam. If the name does not match, a Candidate may be denied access to the exam. To submit a name change, click here: <https://www.optometry.org/pdf/namechange.pdf>. Your online profile (<https://www.optometry.org/profile/>) will be updated once the NBEO records are updated.

ID Forms from membership organizations or clubs are not permissible for admission to any National Board test.

Candidates must know their NBEO website User ID and Password (needed to complete the online Incident/ Survey Report at the test center).

Candidates are expected to wear professional attire. Use "business casual" as a reference, which the National Board interprets as excluding jeans, T-shirts, garments that could be viewed to be immodest (e.g. tank tops), tennis shoes, and/or flip flops. **Candidates must bring and wear white lab coats.**

Lockers will be provided for Candidates and all personal belongings, including cell phones, must be stored within this space. Non-compliance with any aspect of this policy is an irregularity, which will be reported to the National Board, and may be subject to the consequences associated with cheating.

No notes or other written materials may be taken into the examination room, including materials that have been downloaded from the National Board website. All notes and written materials must also be left in the Candidate locker. Candidates may not refer to notes or written materials during the examination, which includes all of the 30 minute station times as well as all of the 5 minute transition intervals between the stations. **Violation of these policies may be cause for disqualification from, dismissal from, and/or failure of the examination.** The notes and written materials may also be subject to confiscation.

Additionally, since NCCTO is video recording skills, it is important that you know that a candidate determined to have falsified data/findings during the examination or abandoned a patient during a skill may receive a score of zero for that skill, station or entire examination.

The examination is composed of 18 clinical skills and an Injections Skill, which Candidates will demonstrate across 4 stations. The clinical skills to be assessed are the same for all test sessions and utilize the same scoring criteria. All 4 stations will be videotaped and reviewed for scoring purposes by either a Live or Remote Examiner. Four Examiners contribute to each Candidate's Clinical Skills Examination score.

The NCCTO will be taking a picture of the Candidate during check-in to assist in ensuring the correct Candidate is being evaluated in the correct room. Candidates will be assigned to a specific room at a specific station for the beginning of their rotation through the stations. **Candidates in will rotate in numeric order except Candidates in Station 4 will rotate to Station 1 (i.e., the rotation sequence is 1-2-3-4, 2-3-4-1, 3-4-1-2, 4-1-2-3).** This means that not all Candidates will start the

examination session cycles at Station 1. **Rotations will be further explained at the Candidate Orientation.** During the examination, do not refer to yourself by name. Instead, say "I am Candidate # ____ or "Dr. # ____.

The total testing time at each station is 30 minutes. Candidates are responsible for monitoring their time. Examiners and/or Standardized Patients (SP) will not remind Candidates of the remaining time at a station. If time expires before a Candidate completes the station, the items not performed will be scored as incorrect.

An announcement will play that officially begins each station. The purpose of this formal beginning is to standardize the amount of examining time for all Candidates. Therefore, Examiners and/or SPs have been instructed to ignore any Candidate procedures that precede the announcement, including general station items such as greeting the SP. Candidates who begin before the announcement starting the station must repeat any task performed in order to be scored. Similarly, no notes are to be written before the announcement, since Examiners and/or SPs may be unable to distinguish notes created in the room from notes inappropriately brought into the room. **Writing notes in the room before the announcement starting the Station/cycle may be cause for disqualification from, dismissal from, and/or failure of the examination.** Candidates should remain in the examination room until the announcement indicating the end of that station.

The Examiner will not enter the examination room until the starting announcement that begins each station. Upon entry, Candidates may ask questions regarding the equipment. Examiners and/or SP will answer questions such as **where** an equipment switch, room lighting control, or clinical material is located. However, questions such as **how** to use the equipment or clinical material are **not** appropriate and will **not** be answered by Examiners **or SPs**. Candidates may ask the Examiners and/or SP "where" questions about the equipment and/or room lighting control throughout the stations during the 30 minute allocated station time. **No additional examination time will be provided for any questions and answers.** Candidates will exit the room immediately after the concluding station announcement, or after the Candidate has indicated completion of the procedures at the station.

Five minutes are allotted for rotation between stations. Candidates may familiarize themselves with equipment in the exam room during any remaining rotation time after arriving at the station. No clinical procedures should be performed before the station officially begins, as indicated by the announcement.

Candidates may reread the instructions posted in each examination room before the station begins and throughout the station. The Examiner or SP will hand the Candidate a sheet of blank paper after the announcement that begins each station. This blank paper may be used to record SP data as they are obtained, if desired, by the Candidate. This paper is for recording notes or data and is not scored. At the conclusion of each station, Candidates must leave behind any notes or data recorded during the examination.

The CSE evaluation forms contain the criteria that Examiners use to assess Candidate performance. The criteria are in the form of yes-no checklists, and the performance items are sequenced in the order in which they should be optimally conducted. Candidates may alter the sequencing of items performed within a skill without loss of credit but are discouraged from doing so. Following the sequence as indicated on the evaluation forms helps ensure that Candidates will not forget to perform any required item and facilitates scoring. Other than the prescribed skill sequence issues in Stations 1, 2, and 3, as described elsewhere in this Guide, Candidates may also alter the sequence of skills within a station but are similarly discouraged from doing so.

Each station begins with 1-4 general station items, such as greeting the SP. Since Candidates remain with and examine the same SP within a station, these procedures are conducted once within the station. General station items are scored separately, not as part of a clinical skill. Additionally, 2 of the 4 stations have a general station procedure at the conclusion of the last clinical skill assessed (i.e., maintaining proper hygiene throughout the station procedures).

Candidates must wash his/her hands at each station as directed.

A different SP will be examined at each station, and, generally, all of the clinical skills assessed at a given station will be performed on the same SP. Occasionally, Candidates may be asked to examine a second SP at a given station, if, for example, SP discomfort or fatigue preclude further examination. Candidates may refer to their SP as "Patient # ____ or "Mr. or Ms. Lee." "Lee" is the fictitious family name assigned to all SP.

In order to be evaluated objectively and uniformly, Candidates must **not** have any prior knowledge of a SP whom they are to examine. Therefore, during the course of the examination, if Candidates realize that they are acquainted with an assigned SP or have knowledge of the SP's condition (e.g., refractive error, disease), they are **required** to notify the Examiner and/or NCCTO staff member of this familiarity. An alternate SP will be provided for examination at that time. **Failure to disclose this familiarity of a SP may result in a score of zero for that station.**

Candidates are randomly matched with Examiners.

Examiners and NCCTO staff may appear to be neutral. Candidates should not regard this as a personal dislike or an indication of performance quality. Examiners and NCCTO staff are instructed to conduct the examination in a personally neutral manner to promote uniform, equal treatment of Candidates. This detachment produces a more objective, impartial evaluation.

Examiners and SP are allowed to say very little other than what has been scripted, especially in Station 1 (Case History / Patient Communication - Skill 1) and (Patient Education - Skill 2). If a question is asked that is not covered on the script, the Examiner or SP may say "I do not have that information."

During Station 2, Examiners are responsible for ensuring SP safety. If an Examiner believes that the examination techniques or procedures used by a Candidate place the SP at risk, the Examiner has the responsibility to terminate the clinical skill being assessed **at any time**. The Examiner will state, "You are being stopped for Patient safety." The Examiner and/or SP will also terminate the skill being assessed after 4 attempts. If such intervention is necessary, the Candidate will receive no credit for that item or the remaining items in that clinical skill. If the Examiner feels it is safe to proceed, the Candidate will be allowed to perform the remaining clinical skills at the station and may continue with the remainder of the Clinical Skills Examination.

Any open wound on a Candidate's finger or hand must be covered during the examination. This applies to pre-existing wounds and those that may develop during the examination. In the instance of the latter, a band-aid and gloves will be provided to protect the Candidate and SP.

Candidates who wish to repeat one or more items within a skill may do so at their discretion, **if** they have not begun the next skill. However, Candidates who have begun the next skill and wish to return to a prior skill to repeat one or more items, or perform one or more omitted items, are expected to redo the **entire** skill. These Candidates **must announce** this intent to the Examiner and/or SP and return to the first item in the skill. In repeating the skill, **all** of the prior marks recorded by the Examiner are erased, and the Candidate proceeds and is evaluated as if performing the entire skill for the first time. However, Candidates are advised that repeating an entire skill carries **substantial risk**, as the repetition may leave insufficient time to complete other skills at the station, or even the skill being repeated. As a consequence, Candidates repeating a skill may lower their score, possibly jeopardizing the likelihood of passing the overall examination.

Candidates are responsible for facilitating Examiner observations and Video/Audio recordings. Examiners and/or SP will inform Candidates at the start of appropriate skills if unobstructed views are seen through the slit lamp and BIO video monitor. It is the responsibility of Candidates to maintain a view through the slit lamp biomicroscope ocular corresponding to the video tube or the appropriate BIO video when the skill items are performed. Occasionally, the Examiner may ask a Candidate to repeat one or more procedures if the Examiner is not able to observe it.

Candidates are reminded that specific performance items in each station, as indicated on the evaluation forms, require that the obtained findings be **stated** to the Examiner and/or SP verbally in the same manner as they would be entered into a patient record. Speaking clearly and audibly is important for these performance items, since these items also test communication skills. When evaluating the ocular health in Stations 2 and 4, Candidates should be descriptive in their stated findings, using **appropriate clinical terminology**. Candidates should avoid stating their ocular health findings using terminology such as "OK," "fine," "WNL," and "not bad."

Candidates should indicate to the Examiner when they have completed each clinical skill and all of the station procedures.

The [NCCTO Equipment Inventory \(click here\)](#) is intended to provide general information about the types of equipment that are encountered by Candidates at the NCCTO. Candidates who are amblyopic or monocular are advised to use the better eye for observing through the same optical path (**left ocular**) as the Video Monitor. This may involve Candidates altering their position at the slit lamp so that they are able to look through the same ocular to which the video corresponds since there is no guarantee that the position of the video camera will correspond to the Candidate's better eye. *Candidates who believe that their amblyopic or monocular status warrants special equipment accommodations other than what is described above should submit a written request to the National Board as described on the NBEO website <http://www.optometry.org/disability.cfm>.* Any written requests must be submitted by the deadline specified on the NBEO website.

Any procedural questions that Candidates have should be addressed directly to a NCCTO Staff Member or Examiner. **No other communication should occur between Candidates and Examiners or among Candidates during the examination, including rotation breaks between stations. "Communication" includes conversation, text messaging, and passing notes, as examples. Communication between Candidates and SP beyond those required to perform the necessary skills are limited to non-optometric topics. In addition, no communication is to occur among Candidates before the conclusion of the examination. Violation of this policy may be cause for disqualification from, dismissal from, and/or failure of the examination.**

It is advisable for Candidates to use the restroom before the examination begins. No time allowance is given for restroom use during the examination sessions.

Occasionally, authorized observers may enter the rooms during the examination. No more than one observer may be present in any examination room. Observers have been instructed to not converse with Candidates, Examiners and/or SP in the examination rooms.

Candidates must *not* leave the test center until dismissed or re-enter the test center after dismissal. Candidates must return their badges, and Candidates must *not* remove any testing materials from the test center. ***Violation of this policy, and, relatedly, any inappropriate or disruptive Candidate behavior may be cause for disqualification from, dismissal from, and/or failure of the examination.***

The station-specific Candidate Orientation Information included below is intended to complement the Candidate Instructions for each station and the station evaluation forms available on the National Board website.

Candidate Orientation Information: Station 1

At the start of Station 1, the SP will hand the Candidate a Patient Data Form (PDF), [click here for a sample](#). This form will include the name, age, race/ethnicity, and gender of the Patient being portrayed and indicates whether the **portrayed** Patient uses glasses and/or CLs. Candidates should be prepared to respond to the Patient being **portrayed** rather than on the SP's personal characteristics. For example, the SP may be a white female in her mid-40s portraying an elderly black male. The PDF also contains information about the Patient's ocular and medical health and history and pertinent family history. Candidates should assume that the Patient filled out the PDF prior to entering the examination room. Information on the PDF should be used to conduct the Case History.

Skill 1 assesses Candidate performance in conducting a case history and, in doing so, the ability to communicate with the Patient. Candidates are encouraged to complete the Case History in their usual and customary flow that covers all of the expected information, rather than adopting an approach that strictly echoes the Station 1 evaluation form. You are encouraged to take notes directly on the PDF as you perform your Case History.

If a Candidate asks a question during Case History / Patient Communication for which the answer is not provided to the SP on the script, the SP will respond "I do not have that information."

Note that Item #2 in Skill 1 requires that the Candidate obtain at least 4 HPI elements; however, it may be necessary for the Candidate to gather additional information in order to determine the best tentative diagnosis (Item #30, Skill 1). At the conclusion of the case history skill, Candidates are to **STATE their** best tentative diagnosis for the Chief Complaint.

For the remainder of the patient examination skills in Station 1, Candidates should assume that they are examining a different patient. Candidates should not consider any of the Case History / Patient Communication information to be relevant to the other skills performed at Station 1.

As with all skills, the Candidate is responsible for initiating Skill 2. After submitting the PDF from Skill 1, the Candidate would proceed to Skill 2, Item 1. When asked, the SP will respond with a scripted question about a condition. The condition in Skill 2 is not relevant to Skill 1. When providing criteria (**i.e., facts/details**) for Skill 2, Items 2, 3, and 4 the candidate must provide the minimum number of criteria requested and all criteria stated must be correct.

All Blood Pressure measurements should be taken on the Life/Form Blood Pressure Measurement Arm.

Candidate Orientation Information: Station 2

All ophthalmic equipment should be cleaned prior to use. This includes the tonometer probe, gonioscopy lens, forceps, and surfaces of the slit lamp biomicroscope that come into contact with the SP's face. The steps for cleaning and disinfecting the hand instruments used in Station 2 are as follows:

1. Place the instruments in the Opticide® tray basket. The tonometer probe and gonioscopy lens should be placed in the basket so that the contact surfaces **face downward**.
2. Place the basket in the tray (which already contains the disinfecting solution); close the lid to immerse the instruments.
3. The instruments must soak for approximately 3 minutes (longer is acceptable). **The Candidate should greet the patient and perform slit lamp biomicroscopy while the instruments are soaking.**

4. Raise the lid of the tray to lift the basket out of the solution.
5. Remove the instruments from basket, rinse them with sterile saline, and thoroughly tissue-dry them before use. If needed, Candidates may place the disinfected forceps and/or gonio lens on a clean tissue after removal from the Opticide® tray.

The Opticide® solution in the instrument disinfecting tray will be **changed by the Examiner after each session**, more frequently if needed.

For Biomicroscopy-Skill 8, Goldmann Applanation Tonometry-Skill 9, 3-Mirror Gonioscopy-Skill 10, Collagen Implant Insertion and Removal-Skill 11 and Soft and GP contact lens insertion, evaluation and removal-Skill 12, the Examiners will direct the Candidates on which of the patient's eyes (OD or OS) to perform the skills. In addition, the Examiners will state to Candidates "I have a view" or "I do not have a view" at the **start of the skill**. Candidates may ask at any time during Skills 8-12 if the Examiner has a view; the Examiner shall respond accordingly if asked.

It is important to note that, when an Examiner reports having a view, he/she is simply indicating that the view is unobstructed; it does not imply anything about the quality of the view. The Examiner is not permitted to comment on the quality of the view as that would be providing feedback on the Candidate's performance.

Biomicroscopy-Skill 8, to enhance the video image, it is recommended that Candidates use the neutral density filter when examining lids/lid margins/lashes (item 4), bulbar conjunctiva/episclera/sclera (item 5). The Examiner may ask the Candidate to adjust the illumination in order to improve the video image during this skill.

For Biomicroscopy-Skill 8, Item 8, Candidates are required to examine the **entire** cornea which requires examining the superior and inferior cornea, as well as the central cornea.

To promote patient comfort during gonioscopy, Thera-Tears Liquid Gel™ or Celluvisc™ is provided.

Skill 12 combines gas permeable contact lens (GPCL) and soft contact lens (SCL) insertion, evaluation and removal. These procedures have been combined into a single skill for purposes of efficiency. The Examiner will instruct the Candidate to insert a GPCL on one of the Patient's eyes (OD or OS) and a SCL on the other eye.

To avoid GP contact lens contamination, Candidates may not use reticules to inspect the lenses for any damage (Skill 12, Item 11).

Candidate Orientation Information: Station 3

In Station 3, results from one clinical skill are used in the performance of a subsequent skill. This design simulates clinical reality and facilitates a smooth flow in the station. Although it is inevitable that some errors may affect the results in performing a subsequent clinical skill, steps have been taken to minimize the impact of this linkage by emphasizing the *process of how* the Candidate examines the SP, rather than the findings. The SP's **actual age** will be displayed on the Patient name badge.

Candidates will perform a "3-eyed" retinoscopy:

1. Retinoscopy on the 1st eye (unfogged)
2. Retinoscopy on the 2nd eye (1st eye should now be fogged adequately)
3. Quick repeat of sphere component on the 1st eye

Performing "3-eyed" retinoscopy prevents the need to do a careful fogging prior to starting retinoscopy. Either eye can be done first; however, it will usually be OD.

For Skill 15, Heterophoria and Vergence Testing at Distance, you must state your findings verbally in the same manner as you would enter them into a patient record. For the horizontal phoria the findings must include the magnitude and direction of the phoria, e.g. 6 exo; 2 eso. For the vertical phoria, the eye must also be specified, e.g. 2 hyper, OD. The horizontal vergence findings must specify directionality, e.g. BI or negative relative vergence; BO or positive relative vergence. The vertical vergence findings must specify the eye and the directionality, e.g. BU OD or infra OD; BD OS or supra OS.

In measuring relative accommodation in Skill 16, Accommodation Testing, the NRA and PRA findings should be stated relative to the **patient's near base (distance subjective refraction or FCC)**.

Candidate Orientation Information: Station 4

For Skill 17-18 at Station 4, the SP will direct the Candidates on which of their eye (OD or OS) to perform the skills. **Station 4 may have an additional person in the room called a proctor.** The proctor will state to Candidates "I have a view" or "I do not have a view" through the video monitor **at the start of each skill.** Candidates may ask at any time during Skills 17-18 if the proctor has a view; the proctor shall respond accordingly if asked.

It is important to note that, when a Proctor reports having a view, he/she is simply indicating that the view is unobstructed; it does not imply anything about the quality of the view. The proctor is not permitted to comment on the quality of the view as that would be providing feedback on the Candidate's performance.

It is not necessary that items 6 - 14 of Binocular Indirect Ophthalmoscopy – Skill 17 be performed in the order listed on the evaluation form. However, Candidates **must** state which sector of the fundus is being viewed.

The Injections Skill Exam (ISE) is included in Station 4. Candidates should review the [August 2011-July 2012 ISE Candidate Guide](#). **Candidates are expected to carefully and thoroughly review the ISE Candidate Orientation information contained in this document prior to arrival at the test center. Most of this information will not be repeated during the on-site Candidate Orientation.**

Candidate Orientation Information: Scoring, Administrative Irregularities, and Appeals

The National Board uses quantitative and qualitative data analysis to evaluate examination uniformity and fairness in order to identify potentially poor measurement. Quantitative data are derived from a statistical composite Examiner analysis to assess interrater (i.e., inter-Examiner) reliability to detect possible harshness in grading. Qualitative data are based on Test Incident Reports completed by Candidates, Examiners and SP that document any administrative irregularities (e.g., malfunctioning equipment, an unresponsive SP). Candidates who feel that their performance may have been adversely affected by an administrative irregularity during CSE are responsible for completing, and strongly encouraged to complete, a Test Incident Report. The process for completing a Test Incident Report will be described during the Candidate Orientation at the beginning of the CSE session.

NCCTO staff will review all Test Incident Reports completed by Candidates at the conclusion of the CSE session. Examiners and/or SP may also initiate a Test Incident Report if they feel it is warranted. Each completed Test Incident Report is reviewed for confirmation of its occurrence and assessment of its potential impact on Candidate performance. NBEO retest policy dictates that repeat tests are provided only due to administrative irregularities (e.g., equipment failure, loss of electrical power, or an unacceptable patient) once the irregularity is corrected. NCCTO Staff are permitted to approve provisional retests on exam day because of the time-sensitive nature of the CSE process. However, only NBEO review of a retest and its accompanying documentation can determine if the retest was warranted or if the original test results should be accepted. This determination will be made by NBEO staff prior to scoring of the retest, to avoid any bias. Thus, if the need arises, Candidates are **strongly encouraged** to complete a Test Incident Report immediately after the final exam cycle and **before leaving** the test center. Test Incident Reports will **not** be accepted from Candidates once they have left the test center.

If the National Board concludes that potentially poor measurement may have contributed to a failing performance on Part III, the National Board will offer to re-examine that Candidate, free-of-charge. The occurrence of potentially poor measurement is not an indication of grading with prejudice, but rather a random or unexpected no-fault outcome. The National Board will contact Candidates if such a re-examination is appropriate.

Candidates may appeal their CSE results. All appeals should contain substantive issues to be considered and shall be filed in writing to the National Board office within 30 days from the date on which the CSE scores are posted on the National Board website. All appeals are reviewed first by the Board staff, the results of which will be communicated to the Candidate. If the initial appeal is denied, Candidates may appeal further to the Judicial Committee of the Board of Directors.

AUGUST 2011 Examination Equipment

All necessary equipment will be provided by the NCCTO. The only exception is that a candidate may bring their own retinoscope to use in lieu of the one being provided. **Additionally, Candidates are required to bring and wear white lab coats during their time at the NCCTO.**

AUGUST 2011-JULY 2012 CANDIDATE INSTRUCTIONS FOR STATION 1

Case History / Patient Communication - Skill 1

You are to obtain a complete case history from the SP, who will portray a Patient presenting to your office for the first time. You will be presented a Patient Data Form (PDF) which will include the patient's general information, personal and family history as well as review of systems.

When you are finished gathering the case history data, **you must STATE the best tentative diagnosis** for the Patient's Chief Complaint

You may use the Patient Data Form to take notes. There may be more than one correct response to the tentative diagnosis question that would receive full credit, and one or more answers that are partially correct that receive partial credit. However, you are to indicate what you believe is the *one best* response.

Patient Education - Skill 2

You are to educate a Patient regarding an ocular condition by **describing the condition and how it affects the eyes/vision, preventative and/or treatment options and prognosis and/or follow up**. Your explanation (**facts/details**) to the Patient of the ocular condition must be accurate, clear, and in non-technical terms to promote Patient understanding.

Near Cover Test - Skill 3

You are to perform a Near Cover Test on the SP and objectively measure any oculomotor deviation by neutralizing any observed motion with prism, or confirming orthophoria using 2-4Δ BI and BO. You should assume that the SP is wearing his or her habitual spectacle or contact lens prescription and is corrected to a VA of 20/20 OD and OS at distance and at 40 cm. You must state your findings verbally in the same manner as you would enter them into a patient record.

Binocular Extraocular Muscle Motility Evaluation - Skill 4

You are to evaluate the SP's binocular extraocular muscle motility in 6 cardinal positions of gaze (up right, right, down right, up left, left, and down left). This is to be done using a penlight or transilluminator and assessing eye alignment in a physiological H pattern. You must state your findings verbally in the same manner as you would enter them into a patient record.

Pupil Testing - Skill 5

You are to assess and describe the pupils and pupillary responses of the SP. You must state your findings verbally in the same manner as you would enter them into a patient record.

Blood Pressure Measurement - Skill 6

You are to obtain a blood pressure measurement on the Simulated Arm. The prior scripted demographics and case history should be ignored. You should assume that the procedure is being done as part of a comprehensive examination and that the sphygmomanometer provided in the room is the appropriate size for the patient (regular or large adult cuff). You must state your findings verbally in the same manner as you would enter them into a patient record.

Ophthalmic Lens Evaluation - Skill 7

You are to evaluate the ophthalmic lens specifications of a pair of bifocal spectacles that will be provided. These spectacles do not belong to the Patient at the station. You should record on the [Ophthalmic Lens Evaluation Form](#) provided all of the data needed to duplicate this pair of bifocal spectacle lenses. The horizontal prism (0), spectacle lens material (glass or plastic) and tint (clear or tint #1) will be pre-completed on the Ophthalmic Lens Evaluation Form and will not be scored.

[Station 1 Evaluation Form](#)
(click here)

AUGUST 2011-JULY 2012 CANDIDATE INSTRUCTIONS FOR STATION 2

*All ophthalmic equipment should be cleaned prior to use, including surfaces of the slit lamp biomicroscope that come into contact with the Patient's face. The 3-minute or longer disinfecting soak of the tonometer probe, gonioscopy lens, and forceps using the Opticide tray and disinfection solution provided should begin **before** you greet the Patient. The tonometer probe, gonioscopy lens, and forceps should then be rinsed with sterile saline and tissue-dried **before** being used on the Patient.*

Biomicroscopy - Skill 8

You are to perform a comprehensive slit lamp examination on *one* eye of the SP, as indicated by the Examiner. You may use a cotton-tipped applicator to assist eversion of the upper eyelid if needed. During your examination of the ocular structures, you are expected to sustain the image for Examiner observation through the **monitor**. You must state your findings to the Examiner verbally in the same manner as you would enter them into a patient record.

Goldmann Applanation Tonometry - Skill 9

You are to perform Goldmann applanation tonometry on *one* eye of the SP, as indicated by the Examiner. During the procedure, you are expected to sustain the image for Examiner. You must state your findings to the Examiner verbally in the same manner as you would enter them into a patient record.

3-Mirror Gonioscopy - Skill 10

You are to perform gonioscopy on *one* eye of the SP, as indicated by the Examiner. You may instill an additional drop of anesthetic, if needed. During the procedure, you are expected to obtain and sustain a clear gonioscopic view of the anterior chamber angle and perform a systematic examination of all 4 anterior chamber angle quadrants. You must state your findings to the Examiner verbally in the same manner as you would enter them into a patient record.

Collagen Implant Insertion and Removal - Skill 11

You are to prepare and insert a collagen implant *halfway* into the inferior punctum on one lid of the SP, as indicated by the Examiner. The plug is *not* to be moved into the horizontal canaliculus, but should be held in place in the vertical canaliculus for 2-3 seconds, and then removed. Upon removal, the collagen implant should be discarded. You must accurately describe to the Examiner verbally how the collagen implant should be moved into the horizontal canaliculus.

Soft and Gas Permeable Contact Lens Insertion, Evaluation, and Removal - Skill 12

You are to properly prepare and insert a soft contact lens (SCL) on one eye of the SP and a gas permeable contact lens (GPCL) on the other eye, as indicated by the Examiner. Topical anesthetic should **not** be instilled prior to inserting the lenses. You should assume that the GPCL provided has been cleaned and disinfected and, since a disposable SCL is used, there is no need to clean or disinfect it. Using the slit lamp biomicroscope, you are expected to evaluate the lenses on the SP's eyes. Fluorescein should be instilled only in the eye with the GPCL. After evaluation, you should remove both contact lenses from the SP's eyes. The SCL should be discarded; the GPCL should be properly cleaned, rinsed, and stored using an appropriate solution provided. Suction cups and other mechanical removers are *not* permitted. You must state your findings to the Examiner verbally in the same manner as you would enter them into a patient record.

[Station 2 Evaluation Form](#)
(click here)

AUGUST 2011-JULY 2012 CANDIDATE INSTRUCTIONS FOR STATION 3

Surfaces of the phoropter that come into contact with the SP's face should be cleaned prior to use by wiping with an alcohol swab and drying with a tissue.

Retinoscopy - Skill 13

You are to perform static distance retinoscopy on *both* eyes of a SP, who will be uncorrected. Prior to placing the phoropter before the SP, measure the SP's distance and near PDs and dial the obtained distance PD into the phoropter. You must state your findings verbally in the same manner as you would enter them into a patient record prior to any subjective response by the SP.

Measurement of the SP's visual acuity after completing retinoscopy is optional and non-scored. If you choose to do so, this will signify that you have completed Retinoscopy and you will not be allowed to repeat the Retinoscopy skill for scoring purposes.

Distance Subjective Refraction - Skill 14

Based on the static distance retinoscopy and PD finding previously obtained, you are to perform a distance subjective refraction on *both* eyes of the same SP, including a prism dissociated balance. You must state your findings verbally in the same manner as you would enter them into a patient record.

Heterophoria and Vergence Testing at Distance - Skill 15

You should assume that the SP is non-strabismic, and use the findings from your distance subjective refraction for this skill.

You are to conduct a von Graefe measurement of the same SP's lateral and vertical heterophorias at *distance* only. Use the findings from your distance subjective refraction, as well as the distance PD determined earlier in this station, as the basis for starting this procedure. You may perform the "pursuit" technique or the "flash" technique. You must state your findings verbally in the same manner as you would enter them into a patient record. For the horizontal phoria the findings must include the magnitude and direction of the phoria, e.g. 6 exo or 2 eso. For the vertical phoria, the eye must also be specified, e.g. 2 hyper, OD.

You are to measure the same SP's horizontal and vertical vergences at *distance* only. The horizontal vergence findings must specify directionality, e.g. BI or negative relative vergence; BO or positive relative vergence. The vertical vergence findings must specify the eye and the directionality, e.g. BU OD or infra OD; BD OS or supra OS.

Accommodation Testing - Skill 16

You are to perform the binocular (fused) crossed-cylinder test at near. Next, you will measure the SP's NRA and PRA. Dial the near PD into the phoropter, as determined earlier in the station. If the SP is presbyopic, you should consider the results of the binocular (fused) crossed-cylinder test to be your tentative add determination. You should begin the NRA and PRA based on the results of the binocular (fused) crossed-cylinder test. You should state the NRA and PRA **relative to the patient's near base (distance subjective refraction or FCC)**. If the PRA is greater than 3 D, stop and state "PRA is greater than 3 diopters."

If the SP is non-presbyopic, you should begin the NRA and PRA based on the results of the distance subjective refraction. You should state the NRA and PRA findings **relative to the patient's near base (distance subjective refraction or FCC)**. You must state your findings verbally in the same manner as you would enter them into a patient record.

[Station 3 Evaluation Form](#)
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AUGUST 2011-JULY 2012 CANDIDATE INSTRUCTIONS FOR STATION 4

Surfaces of the slit lamp biomicroscope that come into contact with the Patient's face should be cleaned prior to use by wiping with an alcohol swab and drying with a tissue.

Binocular Indirect Ophthalmoscopy – Skill 17 (Be sure view is switched to BIO)

You are to perform binocular indirect ophthalmoscopy (BIO) on *one* eye of a SP whose pupils have been appropriately dilated, as indicated by the SP. You have the choice of performing BIO with the SP seated or reclined, unless the room configuration prevents the examination chair from being reclined. During this assessment, you are expected to obtain clear and sustained images of the peripheral retina and posterior pole, and perform a systematic examination of the ocular fundus, stating which sector you are observing.

During your examination of the ocular fundus, you are required to sustain the images for observation on the video monitor. You must state your findings verbally in the same manner as you would enter them into a patient record.

Dilated Biomicroscopy and Non-Contact Fundus Lens Evaluation - Skill 18 (Be sure view is switched to Slit Lamp)

You are to properly examine the crystalline lens and the retrolental area/anterior vitreous using the biomicroscope **without** the non-contact fundus lens. You are to examine the posterior vitreous, optic nerve, peripapillary area, posterior pole, and macula using the biomicroscope **with** the non-contact fundus lens. During your examination of the ocular structures, you are required to sustain the image for video recording. You must state your findings to the SP verbally in the same manner as you would enter them into a patient record.

Injections Skill Evaluation - Skill 19

The ISE is comprised of 3 distinct procedures:

- preparation of both medications (simulated fluorescein sodium and simulated epinephrine),
- performing an intravenous injection for fluorescein angiography, and
- performing an intramuscular injection of epinephrine.

[Station 4 Evaluation Form](#)
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