



# 2010 CANDIDATE GUIDE

## Part III

### Clinical Skills Examination

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Part III – Clinical Skills Examination (CSE) is a practical examination comprised of 18 clinical procedures 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 [Station Evaluation Forms](#), the [Case History Data Interpretation Form](#), the [Ophthalmic Lens Evaluation Form](#), and the [Ocular Disease Management: Patient Education script](#) are also provided for review. Since clinical abbreviations are used on the Ocular Disease Management: Patient Education scripts, similar to the Part II – Patient Assessment and Management (PAM) examination, the PAM [List of Clinical Abbreviations](#) is provided on the CSE component of the website. Last but not least, this document includes a list of the Examination Equipment that Candidates Must Supply.

**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.**

## **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 the examination. A Candidate who arrives late will be scheduled for a subsequent examination session during the same weekend and site **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.

The Chief Examiner conducts the on-site Candidate Orientation. The Chief Examiner also serves as the Candidate advocate to assist with any problems that may arise.

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 may wear lab jackets, but identifying nametags or embroidered names should be removed or covered with opaque adhesive tape. Candidates should also cover any identifying information on their equipment with opaque adhesive tape if possible.

**Cell phones must remain turned off during CSE and left with personal belongings in the Candidate orientation room. Cell phones may not be used by Candidates during the examination as timekeeping devices.** Depending upon the CSE site, the Candidate orientation room may or may not be secure. Candidates should take this into consideration when they decide what personal belongings they bring to the CSE site.

**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 orientation room.** 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.

The examination is composed of 18 clinical skills, which Candidates will demonstrate across 4 stations. The clinical skills to be assessed are the same at all test centers and utilize the same scoring criteria. Each Candidate is evaluated by one Examiner per station. Four Examiners contribute to each Candidate’s Clinical Skills Examination score.

Following the on-site Candidate Orientation, Candidates will be assigned to a specific room at a specific station for the beginning of their rotation through the stations. Each Candidate name badge, received during the on-site registration, shows the individual Station and associated Room rotation sequence. For example, not all Candidates will start the examination session cycles at Station 1. 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 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.

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

The Examiner will not enter the examination room until the starting whistle blows that begins each station. Upon entry, Candidates may ask questions regarding the equipment. Examiners 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. Candidates may ask the Examiners “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.** Examiners will exit the room immediately after the concluding station whistle blows, 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 whistle.

Candidates may reread the instructions posted in each examination room before the station begins and throughout the station. The Examiner hands the Candidate a sheet of blank paper upon entering the room after the whistle blows that begins each station. This blank paper may be used to record Patient 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 Patient 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.

The first clinical skill at each station begins with 1-4 general station items, such as greeting the Patient. Since Candidates remain with and examine the same Patient within a station, these procedures are conducted once within the station. However, these procedures are not inherently a part of the first clinical skill assessed. Therefore, although these performance items are evaluated with the initial clinical skill at the station, they are scored separately. Similarly, 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 should properly wash his/her hands at each station as directed if a sink is available. If a sink is not available, a waterless hand sanitizer may be used.

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

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

Candidates are randomly matched with Examiners. If, for a valid reason, Candidates feel that they may not be evaluated fairly by the Examiner with whom they have been matched, or if they are familiar with an Examiner, it is their responsibility to **immediately** request another Examiner. These requests must be made before the evaluation begins at a station.

Examiners and site staff may appear to be unfriendly. Candidates should not regard this as a personal dislike or an indication of performance quality. Examiners and site personnel 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 Patients are allowed to say very little other than what has been scripted, especially in Station 1 (Case History / Patient Communication - Skill 1) and Station 2 (Ocular Disease Management: Patient Education - Skill 11). If a question is asked that is not covered on the script, the Examiner or Patient may say nothing or "I do not have that information."

During the evaluations, Examiners are responsible for ensuring Patient safety. If an Examiner believes that the examination techniques or procedures used by a Candidate place the Patient 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 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 Patients.

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 return to the first item in the skill (except for any general station procedures such as greeting the Patient). 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. Examiners will inform Candidates at the start of appropriate skills if unobstructed views are seen through the slit lamp biomicroscope teaching tube and BIO teaching mirror. It is the responsibility of Candidates to maintain a view through the slit lamp biomicroscope ocular corresponding to the teaching tube or the appropriate BIO mirror 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.

All stations contain items requiring Candidates to state clinical findings to the Examiner or give instructions to the Patient. 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 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 [CSE Site Equipment Inventory \(click here\)](#) is intended to provide general information about the types of equipment that may be encountered by Candidates at the various CSE test sites. While this equipment is known to exist at the site, it is not guaranteed to be present or in use at the time of CSE since equipment selection and substitutions are made at the discretion of each CSE Site Coordinator. Additionally, the list may not be all-inclusive and candidates may encounter equipment that is not on the list. This document also includes information about the potential location of the slit lamp biomicroscope teaching tube. Candidates who are amblyopic or monocular are advised to use the better eye for observing through the same optical path as the

Examiner. 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 teaching tube corresponds since there is no guarantee that the position of the teaching tube will correspond to the Candidate's better eye. When performing BIO, Candidates who are amblyopic or monocular should inform the Examiner which eye is being used for viewing. *Candidates who believe that their amblyopic or monocular status warrants special equipment accommodations 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 the Chief Examiner 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 Patients 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 or with Examiners 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**

Candidates should be prepared to respond to the Patient Examiner based on the Patient being portrayed rather than on the Examiner’s personal characteristics. For example, the Patient Examiner may be a white female in her mid-40s portraying an elderly black male. The Patient Examiner will wear a badge that includes the name, age, race/ethnicity, and gender of the Patient being portrayed. In addition, the badge will indicate whether the **portrayed** Patient uses glasses and/or CLs.

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 as you perform your Case History to facilitate your recall of selected case history findings.

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

At the conclusion of the case history skill, Candidates are to fill in the [Case History Data Interpretation \(CHDI, click here\)](#) form that they received when the Examiner enters the room. Once the Candidate begins to write on the CHDI, he/she cannot ask additional case history questions. When the Candidate is ready for Item 49, he/she should state to the Examiner, “I am ready for my question.” If more than one response is recorded for the selected case history finding or the tentative diagnosis, only the first entry will be scored. The completed CHDI form is then submitted to the Scoring Examiner **before** the Candidate begins Skill 2.

For the remainder of the patient examination skills in Station 1 (Near Cover Test, Binocular Extraocular Muscle Motility Evaluation, and Blood Pressure Measurement), 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.

To facilitate scoring, the Examiners may directly observe Candidates recording their entries on the Ophthalmic Lens Evaluation form. 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.

The Candidate is responsible for checking that the stethoscope head is correctly oriented for blood pressure measurement. The Candidate will use the black-tubed earpiece and the Scoring Examiner will use the red-tubed earpiece. The Scoring Examiner is responsible for wiping the stethoscope earpieces with an alcohol wipe after each Candidate usage.

## **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 Patient'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<sup>®</sup> 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<sup>®</sup> tray.

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

For Biomicroscopy-Skill 7, Goldmann Applanation Tonometry-Skill 8, Gonioscopy-Skill 9, and Collagen Implant Insertion and Removal-Skill 10, 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 don't have a view" through the teaching tube at the **start of the skill**. Candidates may ask at any time during Skills 7-10 if the Examiner has a view through the slit lamp biomicroscope teaching tube; the Examiner shall respond accordingly if asked. Additionally, the Examiner will state "I don't have a view" if the view becomes obstructed at any time during the skill.

**It is important to note that, when an Examiner reports having a view through the teaching tube, 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.**

For Biomicroscopy-Skill 7, Item 12, 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, Celluvisc<sup>™</sup> is provided. Goniosol<sup>™</sup> is not to be used.

Following completion of Skill 10, Examiners will hand Candidates the script for [Ocular Disease Management: Patient Education \(click here\)](#) for Skill 11. Candidates may not write on the script. It is expected that the Candidate will explain the potential side effect without using jargon.

### **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 Patient, rather than the findings. The Patient's **actual age** will be displayed on the Patient name badge.

Candidates will perform a “3-eyed” retinoscopy:

1. Retinoscopy on the 1<sup>st</sup> eye (unfogged)
2. Retinoscopy on the 2<sup>nd</sup> eye (1<sup>st</sup> eye should now be fogged adequately)
3. Quick repeat of sphere component on the 1<sup>st</sup> 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 14, Heterophoria and Vergence Testing at Distance, you must state your findings to the Examiner 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 BI or exo; 2 BO or eso. For the vertical phoria, the eye must also be specified, e.g. 2 BD or 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 15, Accommodation Testing, the NRA and PRA findings should be stated relative to the **distance** subjective refraction.

### **Candidate Orientation Information: Station 4**

For each skill at Station 4, 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 don't have a view" through the BIO teaching mirror and the slit lamp biomicroscope teaching tube **at the start of each skill**. Candidates may ask at any time during Skill 16 if the Examiner has a view through the binocular indirect ophthalmoscope teaching mirror; the Examiner shall respond accordingly if asked. Candidates may ask at any time during Skills 17-18 if the Examiner has a view through the slit lamp biomicroscope teaching tube; the Examiner shall respond accordingly if asked. Additionally, the Examiner will state “I don't have a view” if the view becomes obstructed at any time during the skill.

**It is important to note that, when an Examiner reports having a view through the teaching tube or teaching mirror, 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.**

Candidates are encouraged to perform BIO in a manner that allows for the positioning of Examiners to be able to see through the teaching mirrors. It is not necessary that items 7-21 of Binocular Indirect Ophthalmoscopy – Skill 16 be performed in the order listed on the evaluation form. However, Candidates **must** state which sector of the fundus is being viewed.

Skill 18 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 (Item 11, Skill 18).

### **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 and Examiners that document any administrative irregularities (e.g., malfunctioning equipment, an unresponsive Patient). 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.

Examiners review Test Incident Reports completed by Candidates during the scheduled debriefing at the conclusion of the CSE session. Each completed Test Incident Report is reviewed by the corresponding Station Examiner and Chief Examiner for confirmation of its occurrence and assessment of its potential impact on Candidate performance. 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.

## Examination Equipment that Candidates Must Supply

Since the Clinical Skills Examination will be administered at fully equipped, ambulatory eye care centers, standard clinical equipment will be available in each examination room as appropriate. "Standard equipment" includes examination chairs, examination stands, phoropters, and slit lamp biomicroscopes. All necessary pharmaceuticals and supplemental supplies, such as tissues, will also be provided as "standard equipment."

**Candidates are responsible for bringing the following equipment with them to the examination:**

1. PD Rule
2. Retinoscope
3. Condensing lens (clear or yellow) for binocular indirect ophthalmoscopy
4. Cover paddle (occluder)
5. Penlight or transilluminator
6. Horizontal prism bar or loose prisms
7. Non-contact hand-held fundus lens (clear or yellow)  
**Note:** Neither a lens holder nor a Hruby lens is permitted
8. Gonioscopy lens (any type, including 3-mirror or 4-mirror)
9. Pen and pencil

In addition, Candidates should ensure these items are clean and in good working order, and should bring extra equipment handles, bulbs, and batteries as appropriate.

**Candidates who do not bring any of the above-listed items to the examination center may be unable to complete the skills that are dependent on the equipment, since replacement equipment will not be provided. If a Candidate cannot perform the clinical skill(s) requested because he/she does not have a piece of required equipment, the Candidate will be scored as if the skill(s) were not performed correctly.**

**Equipment that Candidates may bring to the examination but will be provided by the test center include:**

1. Near point card for phorometry  
**Note:** Candidates will not know in advance the phoropter brand they will be using and therefore it is possible that Candidates' own near point cards will not fit on the available near point rod. If that occurs, Candidates will need to use the near point cards that are provided.
2. Binocular Indirect Ophthalmoscope (BIO)  
**Note:** If Candidates wish to use their own BIO, it **must** have a teaching mirror.
3. Sphygmomanometer  
**Note:** If Candidates wish to use their own sphygmomanometer, it **must** be fitted with a aneroid manometer. Digital and/or electronic manometers will **not** be permitted. All Candidates will be required to use the double-earpieced stethoscope provided by the National Board.

Candidates may be asked by other Candidates who have forgotten various items to borrow equipment. If a Candidate lends any equipment and does not receive it back in time to begin the examination session, or if the equipment is broken by the borrower, the lending Candidate will be scored as if he or she forgot the equipment. **Therefore, Candidates are advised to not lend any equipment to other Candidates.** In addition, Candidates may not borrow equipment from other Candidates during the examination session.

## CANDIDATE INSTRUCTIONS FOR STATION 1

*Use any remaining rotation time between stations to inspect the equipment. If you have questions about the equipment, ask the Examiner after the whistle sounds to begin the station. You may ask the Examiner “where” questions about the equipment and/or room lighting control throughout the station. Assume that there is nothing in the Patient’s general health or ocular histories that would preclude performing Skills 2, 3, and 4 at this Station.*

### Case History / Patient Communication - Skill 1

Two Examiners will enter the exam room: the Patient Examiner and the Scoring Examiner. You are to obtain a complete case history from the Patient Examiner, who will portray a Patient presenting to your office for the first time. The Patient Examiner will wear a badge that includes the name, age, race/ethnicity, and gender of the Patient being portrayed. In addition, the badge will indicate whether or not the portrayed Patient uses glasses and/or contact lenses.

When you are finished gathering the case history data, you should complete the following information on the [Case History Data Interpretation](#) (CHDI) form that you received when the Examiners entered the examination room:

- your Candidate ID number
- the Patient’s Chief Complaint
- the tentative diagnosis for the Patient’s Chief Complaint
- your response to a question asked by the Scoring Examiner regarding a selected finding that you should have obtained during your case history, which may be unrelated to the chief complaint or the tentative diagnosis

The latter two entries are scored items. There may be more than one correct answer to each of these two items that 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 for each item. If you record more than one response, the first entry will be scored. When finished, hand the completed form to the Scoring Examiner before beginning Skill 2.

### Near Cover Test - Skill 2

You are to perform a Near Cover Test on the Patient Examiner and objectively measure any oculomotor deviation by neutralizing any observed motion with prism, or confirming orthophoria using 2-4 $\Delta$  BI and BO. You should assume that the Patient 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 to the Scoring Examiner verbally in the same manner as you would enter them into a patient record.

### Binocular Extraocular Muscle Motility Evaluation - Skill 3

You are to evaluate the Patient Examiner’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 to the Scoring Examiner verbally in the same manner as you would enter them into a patient record.

### Blood Pressure Measurement - Skill 4

You are to obtain a blood pressure measurement on the Patient Examiner. 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). The blood pressure measurement will usually be taken on the Patient Examiner’s right arm; however, the Scoring Examiner may indicate that the measurement should be done on the left arm. Candidates are required to use the double-earpieced stethoscope provided by the National Board. You must state your findings to the Scoring Examiner verbally in the same manner as you would enter them into a patient record.

### Ophthalmic Lens Evaluation - Skill 5

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)

## CANDIDATE INSTRUCTIONS FOR STATION 2

*Use any remaining rotation time between stations to inspect the equipment. If you have questions about the equipment, ask the Examiner after the whistle sounds to begin the station. You may ask the Examiner “where” questions about the equipment and/or room lighting control throughout the station. You may ask at any time during Skills 7-10 if the Examiner has a view through the slit lamp biomicroscope teaching tube; the Examiner shall respond accordingly if asked. Additionally, the Examiner will state “I don’t have a view” if the view becomes obstructed at any time during the skill. Assume that there is nothing in the Patient’s general health or ocular histories that would preclude performing the Station procedures.*

*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.*

### **Pupil Testing - Skill 6**

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

### **Biomicroscopy - Skill 7**

You are to perform a comprehensive slit lamp examination on *one* eye of the Patient, 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 teaching tube. 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 8**

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

### **Gonioscopy - Skill 9**

You are to perform gonioscopy on *one* eye of the Patient, 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 10**

You are to prepare and insert a collagen implant *halfway* into the inferior punctum on one lid of the Patient, 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.

### **Ocular Disease Management: Patient Education - Skill 11**

You are to educate a Patient regarding the diagnosis, treatment, and management of an ocular disease. You will be handed an Ocular Disease Management: Patient Education script by the Examiner. The script indicates the Patient demographics and history, the disease that this Patient is supposed to have as well as the treatment and management plan, which includes a prescription ophthalmic medication and the potential side effect. Your explanation to the Patient of the ocular disease condition and the designated treatment/management must be accurate, clear, and in non-technical terms to promote Patient understanding and compliance. You are also to instruct the Patient on how to instill the ophthalmic medication even if the Patient has prior experience using ophthalmic medications.

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

## CANDIDATE INSTRUCTIONS FOR STATION 3

*Use any remaining rotation time between stations to inspect the equipment. If you have questions about the equipment, ask the Examiner after the whistle sounds to begin the station. You may ask the Examiner “where” questions about the equipment and/or room lighting control throughout the station. Assume that there is nothing in the Patient’s general health or ocular histories that would preclude performing the Station procedures.*

### **Retinoscopy - Skill 12**

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

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

### **Distance Subjective Refraction - Skill 13**

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 Patient, including a prism dissociated balance. You must state your findings to the Examiner verbally in the same manner as you would enter them into a patient record.

### **Heterophoria and Vergence Testing at Distance - Skill 14**

You should assume that the Patient 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 Patient’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 to the Examiner 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 BI or exo; 2 BO or eso. For the vertical phoria, the eye must also be specified, e.g. 2 BD or hyper, OD.

You are to measure the same Patient’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 15**

You are to perform the binocular (fused) crossed-cylinder test at near. Next, you will measure the Patient’s NRA and PRA. Dial the near PD into the phoropter, as determined earlier in the station. If the Patient 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 distance subjective refraction**. If the PRA is greater than 3 D, stop and state “PRA is greater than 3 diopters.”

If the Patient 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 distance subjective refraction**. You must state your findings to the Examiner verbally in the same manner as you would enter them into a patient record.

[Station 3 Evaluation Form](#)  
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## CANDIDATE INSTRUCTIONS FOR STATION 4

*Use any remaining rotation time between stations to inspect the equipment. If you have questions about the equipment, ask the Examiner after the whistle sounds to begin the station. You may ask the Examiner “where” questions about the equipment and/or room lighting control throughout the station. You may ask at any time during Skill 16 if the Examiner has a view through the binocular indirect ophthalmoscope teaching mirror; the Examiner shall respond accordingly if asked. You may ask at any time during Skills 17-18 if the Examiner has a view through the slit lamp biomicroscope teaching tube; the Examiner shall respond accordingly if asked. Additionally, the Examiner will state “I don’t have a view” if the view becomes obstructed at any time during these skills. Assume that there is nothing in the Patient’s general health or ocular histories that would preclude performing the Station procedures.*

*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 16**

You are to perform binocular indirect ophthalmoscopy (BIO) on *one* eye of a Patient whose pupils have been appropriately dilated, as indicated by the Examiner. You have the choice of performing BIO with the Patient 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 Examiner observation in the teaching mirror. If an image in the teaching mirror is not seen by the Examiner because of positioning difficulties, you may be requested (1-2 times) to place a specified quadrant into view. You must state your findings to the Examiner verbally in the same manner as you would enter them into a patient record.

### **Dilated Biomicroscopy and Non-Contact Fundus Lens Evaluation - Skill 17**

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 Examiner observation through the slit lamp biomicroscope teaching tube. You must state your findings to the Examiner verbally in the same manner as you would enter them into a patient record.

### **Soft and Gas Permeable Contact Lens Insertion, Evaluation, and Removal - Skill 18**

You are to properly prepare and insert a soft contact lens (SCL) on one eye of the Patient 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 Patient’s eyes. Fluorescein should be instilled only in the eye with the GPCL. After evaluation, you should remove both contact lenses from the Patient’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.

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