OPTOMETRY EXAMINING BOARD OF CANADA

BUREAU DES EXAMINATEURS EN OPTOMÉTRIE DU CANADA

OEBC EXAM STUDY GUIDE

2022

T. 905.642.1373 | OEBC.CA | 37 Sandiford Drive, Suite 403, Stouffville, Ontario L4A 3Z2

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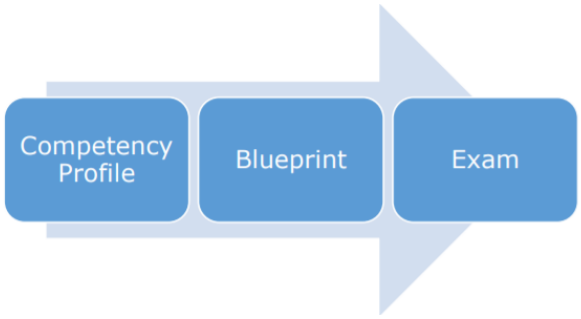
Introduction

In 1995, the Canadian provincial optometry regulatory bodies established the Optometry Examining Board of Canada (OEBC) to develop and administer a national entry-to-practice examination for optometrists in the public interest and fosters accountability among practitioners. Competency-based ETP examinations are the gold standard, as it measures entry-to-practice competence[1] relevant to professional practice.



Optometrists develop the content for OEBC exam components, and psychometricians ensure each test item's validity. The OSCE examiners are volunteer optometrists. OEBC uses the Angoff method, the best practice for static assessments to set standards for its written exam, and borderline regression, the best method to set the standards for dynamic exams, for its OSCE.

Preparing for Your Board Exam

This guide provides insights that may help you sit for the next administration of the OEBC exam and become a better optometrist overall. The exam Blueprint derived from optometrists' entry-to-practice competencies informs the exam curriculum.

The exam has two components:

- a case-based assessment delivered via a computer using remote proctoring, consisting of multiple-choice questions based on different case scenarios.
- an objective structured clinical evaluation (OSCE), delivered in a clinical setting. For this type of exam, you need to construct the appropriate response.

In general, candidates do an excellent job preparing for the case-based component; like many of the exams you have taken over the years, it measures your knowledge.

However, the OSCE component is a different type of exam. It focuses on "where you are going." So, your preparation needs to be significantly different. The OSCE is patient-centric and requires you to construct your response based on case data and the information you extract from the patient and effectively communicate your solution/advice in layperson terms to the patient. (*Your competence*)

Preparing for an OSCE

OSCE is a common form of clinical examination for health professions worldwide. OSCE is a station-based examination format. Candidates move from station to station and solve assignments to showcase their competencies in five practice areas: communication, professionalism, patient-centred care, diagnosis & planning, and assessment. The stations are structured and evaluated following quality assurance protocols, with standardized patients, patients and models making the assignments more authentic.

So, to start here is some advice from OEBC examiners. Then, the rest of the guide provides detailed information on the exam, Blueprint, and the competency model and how you can use it to prepare for the exam and help you transition to professional practice.

Patient Interaction Rating Scale

Optometrists make sound decisions to help their patients based on the evidence and exhibit professionalism in all patient encounters. This involves engaging the patient, establishing a rapport, and creating an atmosphere where the

[1] Government of Canada. *Agreement on Internal Trade*, Labour Mobility Chapter. 1994

patient feels comfortable expressing their concerns and posing questions. In addition, optometrists must be sensitive to a diverse patient population, respect patient autonomy in decision making, and adapt assessment and care appropriately.

The quality of patient interaction is measured at every OSCE station. See Appendix B of the Blueprint for details, including the scoring rubric.

INSIGHTS FROM THE EXAMINERS

Tips to Prepare for the OSCE

- Practise taking charge as a confident professional optometrist — at school, your instructor prompts you to provide more information. In an OSCE, the assessor sits quietly back, and when you finish, they assume that is all you are offering and mark accordingly.
- Gaining an understanding of the competencies and how the indicators demonstrate professional practice.
- Ensuring your knowledge and clinical skills map to the competencies and indications in the Blueprint
- Focusing the integration of your clinical skill, clinical reasoning, and professional judgement with the entry-to-practice competencies in the Blueprint
- Practising to incorporate the indicators of the five practise areas in clinical experience settings
- **Not relying on the scenarios from graduates who previously took the exam, each exam is different**

Tips for taking the OSCE

- Read the instructions carefully – they differ from case to case and are specific for a particular case
- Greet the examiner courteously, then forget about them
- Focus on the patient
- be empathic and patient-centred in your communication with the patient
- Use a safe diagnostic method to take the patient's history-taking
- Being systematic in the physical exam allows candidates to remain focused
- Prioritize management and investigations
- Ask for the patient's perceptions and any obstacles to your plan

Each case is designed so an examiner can assess if you possess a minimal level of knowledge, skills, and abilities for safe and effective practice for the given scenario presented.

To help you prepare, we reached out to our examiners and asked them to offer their insights as if a candidate was asking for their advice on the following four questions.

How should I approach the standardized patient and the examiner?

- *Read the instructions thoroughly.*
- *Have a tentative diagnosis after reading the exam question.*
- *It is best to just say hello to the examiner when you enter the room and then forget he/she is there —an examiner is just "a fly on the wall."*
- *Don't rush to interact. Instead, take your time when you first enter the room to center yourself and have a plan in your mind to guide you through the interaction.*
- *The standardized patient is your priority. Professionally approach the standardized patient with your complete focus on the patient — figuring out how to address their known and unknown ocular issues. It should be the same as in previous clinical settings when interacting with real patients (i.e., in a clinical internship or externship).*
- *Have a good interaction with the SP, the same as you would in an optometry practice.*
- *Speak clearly and confidently. Review the information again after finishing and restate the critical facts, perhaps adding extra details to give a well-rounded answer.*

- *Get in the mindset that you have just finished an examination and speak to the patient to educate them about their condition and develop a plan with as many prudent options as are reasonably available.*
- *Focus on the patient. Look at the cues they are giving you.*
    - *Are they in visible distress?*
    - *Are they unable to look at you for some reason?*
    - *Always engage with the patient first, and ask them for information even if you may be confident in your diagnoses--what is the true question you are being asked.*
- *Although the standardized patients are trained, avoid using "jargon" and explain things clearly without assuming they know and understand the conditions.*
- *Your assessment is based on your ability to deal with the scenario presented and react appropriately to the standardized patient responses.*
- *Speak clearly and loud enough for the examiner to hear but direct all conversation to the patient.*

As an examiner, what are the biggest mistakes you have seen candidates make, and how should I prepare to overcome them?

- *Not reading the question or understanding the purpose of the interaction. You should reread the question at the end and ensure that you have answered it.*
- *Not having a plan. You should develop the case in a logical, sequential order starting with the chief complaint and finishing with treatment options.*
- *If a method does not go the way you planned, relax and try another approach.*
- *Some candidates don't pay attention to the patient. They may list all the facts that they know about a particular condition without truly answering the question they are being asked. Engage with the patient and answer the question provided in the case.*
- *Some candidates try to impress me (the examiner) with their knowledge. It would be best if you focused on solving the patient's problem.*
- *As a student, I thought I was being graded on many more fact-based points, but I learned that wasn't the case as an examiner. You think that you're being graded on certain things (i.e., mentioning that a point doesn't meet driving regulations due to their diagnoses), but these facts are not grading points — focus on the patient and their issue.*
- *When some candidates 'think' they have said all they need to say, they sit in silence for a long time, waiting for the clock to run out. It is better to use the extra time to educate the patient, describe differential diagnoses, possible symptoms, associated conditions etc.*
- *Some students touch on the main points relatively quickly then feel they had too much time remaining, so they would continue to search for the information they could share (which doesn't hurt but also doesn't add). Spend your extra time educating the patient.*
- *Nerves seem to be one of the limiting factors — relax. Just another clinic day you've prepared well for. Don't overthink it but pay attention to the goals expressed in the instructions.*
- *Some go down a rabbit hole on a detail that the patient gives them that may be a red herring. You need to know how to properly and efficiently deal with real-life patient problems.*
- *Some candidates have poor eye contact/interaction with the patient. They are not listening to what the patient is saying.*
- *If it looks like a duck, swims like a duck, and quacks like a duck, then it probably is a duck! Don't overthink it!*
- *I have seen candidates try to come up with details on conditions or explanations pulled directly from books, using very technical wording. It would be best to focus your attention on performing the required task and solving the patient's issue. Use language and terminology that the patient understands to get them engaged in what you*

propose to solve their issues. There is often no need to diverge from the task that is clearly exposed in the candidate instructions.

- *Some candidates let the Q & A of the exam take them on an extended tangent to the goal of the exam. READ the INSTRUCTIONS*
- *Break down the answer to the exam question into 3 or 4 sections and explain it to the patient.*
- *Some candidates struggle to formulate a coherent plan. They are jumping around in their explanations or using overly technical terms — sometimes contradictory. It is almost like they answer based on a university exam situation instead of a real-world situation with a naive patient. Although the examiner would understand the explanation, it is difficult for a patient to comprehend or, more importantly, comply with some of their directions. The candidate needs to understand that the explanation of the diagnosis needs to be at the level of understanding of non-medical people. The pros and cons of treatment or lack of treatment should be explained so that the patient can make an informed decision.*
- *Some candidates are too aggressive, not letting patients get their prompts out. You need to listen and pay close attention to what the patient says.*
- *Some candidates wait for feedback from the examiner, which an examiner does not give. Instead, ask the patient if you have solved the issue and understand the treatment.*
- *For the technical sessions with the model eyes, the candidate needs to treat the models as if they are real eyes. Some of the candidates are too rough, and the examiner would struggle to consider the procedure "safe."*

What do I need to do for you to rate my overall performance as "Exceeds Expectation?"

- *In addition to achieving the case's expectations, you show your personality — empathy, sympathy, humour. This is very difficult when in an exam and under pressure to show human characteristics and smile; however, some candidates meet expectations but seem robotic. It feels cold, disconnected from the patient, and disingenuous: maybe that's nerves, maybe that's the way you'll practice optometry.*
- *Achieve all of the content-related questions. Demonstrate control and obtain patient collaboration throughout your interview. Be able to communicate to the patient in a way that he/she has a full understanding of what you are telling them.*
- *You need to show confidence and charisma during the interaction.*
- *Be the associate I would immediately want to hire! Be confident in yourself that you have the correct diagnoses and treatment plans. If you are unsure about the above, show that you would seek out the correct plan.*
- *You need to give extra pertinent details in your explanation to the patient.*
- *You need to link the next thought in the chain to the problem you are solving - not just the problem at hand.*
- *You have no glaring oversight of diagnosis or putting the patient at risk.*
- *You need to show knowledge of several alternative solutions to the patient's problem.*
- *Complete all the objectives of the station in a systemic manner.*
- *Hits all the criteria on the assessment form and develops a rapport with the patient.*
- *Attentive to the task, not afraid to clarify answers or expand for more comprehension.*
- *You are empathetic to the patient and a good listener throughout your interaction.*
- *You are fluent in your explanations to the patient and react/adjust appropriately to the standardized patient. In addition, you anticipate the concerns of patients when presenting your treatment plan.*
- *You meet a standard that is close to current practice standards in a non-testing environment.*

What do I need to do for you to rate my overall performance as "Below Expectation?"

- *Inability to address the problem or communicate effectively. Potential to allow harm.*
- *You do not know how to solve the patient's problem.*
- *You do not even address the patient's specific issue in the question.*

- *You give the impression that you don't know what you are doing.*
- *Objectives not covered and poor communication with the patient.*
- *You exhibit abrupt or rude behaviour, interrupting or ignoring the patient's remarks.*
- *Incorrectly assesses the clinical information given and missing the criterion given on the assessment form.*
- *You are abusive to the patient.*
- *You do not provide satisfactory care to a patient. This is not an associate I would hire in my practice as I feel my patients' care would be significantly compromised, such that diagnoses and treatment plans would be incorrect.*
- *Did not meet the expectations, stumped on diagnosis, uncertain about treatment.*
- *The patient has many questions and appears anxious as you have alarmed them, and they do not feel comfortable with you.*
- *You make a significant number of mistakes related to content (knowledge of the issue), communicate poorly to the patient, contribute to them not understanding, make them more upset, or cause harm rather than good.*
- *You exhibit poor communication, misdirection, not understanding the exam question.*
- *You give a vague one-line summary with no details but correct answers.*
- *You miss any procedure or questions considered critical and vital to the patient's safety.*
- *You are incoherent or contradictory in your explanations. As a result, you are inconsiderate of the patient's concerns.*

What one piece of advice would you have for me to succeed at the OSCE?

- *Relax, remember your training. You got this!*
- *You've made it this far; you know what you're doing. So, do it!*
- *Practice, practice, practice with friends and family. Ask for blunt and honest feedback.*
- *Have confidence in the skills you have learned and demonstrate them as you would in a real clinical setting. If the task seems straight forward, it likely is. Address the issue as asked. Treat your patient as an actual patient and forget the examiner sitting in the room.*
- *Be calm, breathe, and be generally pleasant even though you may be petrified.*
- *Prepare effectively with honing of clinical skills, then trust that preparedness. Relax.*
- *Ensure you job shadow at a clinic with a high level of patient care - not the minimum standard. Practicing the above expectations to ensure you surpass the minimum standard requirement.*
- *When finished, if there is still time, ask yourself if you answered the question you were asked about that session.*
- *Be confident and think about the case and develop it to avoid missing critical parts. Have good communication skills with the patients. If you are not ready, then practice some more and get ready.*
- *Pretend that you are examining a dear family member - treat your patient with the same level of respect and offer the same amount of attention/information.*
- *Read the question thoroughly. Take the time before sitting down to talk with the patient to review the information given. If the case is a diagnoses/treatment case, then have a few ideas about what it could be, then use your interaction to narrow that down. Write things down if it will help you. Then, focus on what you are being asked to do.*
- *Don't sit in silence; talking to the patient, educating the patient, and describing the condition can bring out more answers and pertinent information and help put the candidate at ease.*
- *Study the most important sections of the Willis Manual of Eye Disease.*
- *You have done rotations and seen numerous patients. Try not to second guess yourself and ignore the fact that it is a test. It may help to be more relaxed and be less nervous. The pressure of the testing environment sometimes causes you to make simple mistakes.*

- *Stay calm. Formulate your thoughts before speaking. There is plenty of time to explain things to the patients or do the assigned task. Rushing will only cause problems from which you may be too flustered to recover.*
- *Understanding the rationale behind the required testing and interpreting results is crucial because it helps you effectively communicate with the patients.*
- *Practice giving the diagnosis and information to a patient in a coherent and empathetic way. Approach the cases in a stepwise manner*
    - *What is the problem/issue?*
    - *What evidence tells you that is the problem?*
    - *How do you plan to solve it? (i.e., referring, treating or monitoring)*

Preparing for the Written Exam

The written exam is case-based. It presents four questions for each case. The selection of cases matches the Blueprint requirements.

USEFUL RESOURCES

- Study books such as Optoprep and KMK 7th Edition are beneficial for case-based questions.
    - KMK - Part 1 and 2 books
    - KMK has designed a small Canadian guide too, which is very useful.
    - Optoprep has a daily question they email you for free to test your case base knowledge
- Willis Manual of Eye Disease
- Kanski's Clinical
- Lecture notes
- NBEO Part 2 study guide
- The Wills Eye Manual
- The Massachusetts Eye and Ear Infirmary
- American Academy of Ophthalmology
- Various notes from optometry school courses
- OEBC website

Note: Candidates recommended the above resources. OEBC does not have any direct affiliations with the companies mentioned above and does not endorse their material. If you have suggestions for additional study resources that may be useful, please email exams@oebc.ca, and we may add them to a future update.

Understanding the Exam

UNDERSTAND COMPETENCE AND HOW IT IS MEASURED

The OEBC exam is an entry-to-practice exam measuring entry-to-practice competencies. These competencies are the knowledge, skills and abilities that every optometrist needs and are set out in the Blueprint. Therefore, OEBC looks for the four levels of attainment for competencies represented by a pyramid (Miller, G.E., 1990).

When developing a case, the team decides which of these competencies must be measured, sets 10-15 checklist items inspired by the indicators for the selected competencies.

Figure 1 - Four Levels of Attainment for Competencies

OEBC measures a candidate's competence at the "knows" and the "knows how" levels through the computer-based exam. The OSCE provides you with the opportunity to demonstrate your knowledge, skills and abilities to deal with various challenges that may require higher-level thinking. The "does" level is measured on the job and in your continuing competence activities.

UNDERSTAND THE BLUEPRINT

The Blueprint outlines and guides the content and format of the OEBC exam. It ensures that competencies necessary for safe and effective patient care and health care in Canada are represented in each examination administration.

The Blueprint informs you about what the exam could test. The weighting provides the proportion of test questions allocated to each practice area. It also guides OEBC in designing and delivering exams comparable from one time to the next, giving all candidates fair and equal opportunity to show whether they have the competencies necessary to practise optometry safely and effectively in Canada.

The Blueprint has two sections, one for the computer-based exam and one for the OSCE. It is a valuable resource for you as you prepare for the examination. The Blueprint's weightings, provided in Table 1 relate to each practice area's case content on the exam.

BLUEPRINT BREAKDOWN

Table 1 is an extract from the Blueprint. It provides data to help you focus your preparation for the board exam. In the OSCE you are the optometrist and you have to communicate and be professional like one. The Patient Interaction Rating Scale is used at every station.

Table 1. Case Selection by Prime Practice Area

Domains *Practice Areas*		Written	OSCE
1.0	**Clinical Expertise**	**88%**	**83%**
	Assessment (1.1-1.3)	*30%*	*33%*
	Diagnosis & Planning (1.4-1.6)	*27%*	*17%*
	Patient Management (1.7-1.11)	*28%*	*33%*
2.0	**Communication**	-	*
3.0	**Collaboration**	5%	-
4.0	**Patient-centred Care**	3%	17%
5.0	**Professionalism**	-	*
6.0	**Scholarship**	2%	-
7.0	**Practice Management**	2%	-

Cases/stations are selected based on the primary practice area

*** See Appendix B *in the Blueprint* - Patient Interactions Assessment Scales**

Table 2 - Exam Topic Matrix Targets

Topics	Written	OSCE
1. Refractive	19%	14%
2. Accommodative	5%	7%
3. Oculomotor	12%	14%
4. Sensory Integrative	12%	7%
5. Ocular Disorders	35%	56%
6. Systemic Disorders	17%	7%
7. Other		up to 14%
Target Range	**± 3%**	**± 7%**

Note: Integrated Technical Skills assessment within an OSCE station includes a patient interaction and technical measurement, e.g., tonometry, gonioscopy, retinoscopy, BIO

See Appendix A in the Blueprint

In addition to selecting exam content based on the domains outlined in Table 1, a topic matrix (Table 2) ensures that essential topics are covered appropriately on each exam component. OSCE cases may integrate multiple topics.

Link to the Competency Profile

OEBC's exam Blueprint, available on the website, includes the domains, key competencies, enabling competencies and indicators. You should thoroughly review the Blueprint to determine whether you are ready to practise optometry independently.

The "indicator" refers to a behaviour that is observable within a specific assessment methodology and which provides an indication that you possess a competency consistent with the constraints of OEBC's assessment methodologies. So, focusing your preparation on the indicators is beneficial.

Success Rates

Table 3 shows the pass rates of first attempt candidates by country of training since the new exam was introduced.

Table 3- Pass Rates Since 2017

	CDN OD Programs	US OD Programs	Bridging Programs	FORAC Exempt
Written - Pass Rate	98%	86%	80%	100%
OSCE - Pass Rate	91%	73%	77%	100%

The Competency Profile and examination for entry-level optometry in Canada for “safe, effective, and ethical practice” was developed in Canada for the Canadian context.

Reflected in the expectations for entry-to-practice of the OEBC exam are cultural and systemic approaches within the Canadian health systems, which differ from approaches in other jurisdictions. The expectation of the competencies with communication and professionalism may be pronounced.

There is little difference in performance in the assessment and diagnosis & planning practice areas. However, the patient-centred focus in Canada, where the patient is a partner in their health care, presents themselves profoundly in the practice areas of patient-centred care and patient management.

It is crucial for candidates not trained in Canada to pay extra attention to the patient management and patient-centred care practice areas, as these competencies may differ from your training jurisdiction.

OEBC EXAM

On the OEBC website under Preparing for the Exam, candidates can find:

- The OEBC exam Blueprint
- The OSCE Administration Video, which sets out the process
- The OSCE Station Video provides an impression of the OSCE exam format
- The Candidate Guide
- Sample questions

OEBC outlines the OSCE administration process and exam design in our website's materials. We encourage you to watch the videos and read the materials.

WRITTEN EXAM

The written exam is case-based. It presents four questions for each case. It also includes high-resolution media of eye diseases. The selection of cases matches the Blueprint requirements.

OSCE

Until 2017, the clinical portion of the OEBC exam, much like Part III of the NBEO exam, focused on the physical performance of the skills that comprise an eye exam. However, the exam evolves as the profession changes. For example, based on stakeholders' feedback and to remain current with contemporary optometry practice, the OSCE shifted away from motor skills to a patient-centric approach that requires you to construct the appropriate response to the scenario provided.

An OSCE is a collection of standardized practice tasks. In an OSCE, candidates move every ten minutes from station to station (2 minutes to read the case, 8 minutes to perform the assigned task), encountering a new clinical scenario in each station. There is a reminder when there are two minutes left of the station. Set a timer when you are practicing for the exam. Efficiency is in both your interest and the patient's interest.

An OSCE uses Standardized Patients (SPs) as clients. An SP is trained to consistently present signs, symptoms, and behaviours, where the candidate:

- Obtains a patient history
- Communicates a procedure, diagnosis and information
- Develops and communicates a treatment and management plan

OEBC expects candidates to demonstrate their assessment, management, communication, and professionalism competencies. Therefore, stations may focus on one or more of these tasks and abilities.

The exam focuses on analyzing and synthesizing clinical data and incorporating it into patient management decisions.

An OSCE has three integrated skill assessments stations. First, a candidate explains the procedure to a patient, then performs measurements on a model. Then, the examiner provides the candidate with hypothetical results, and the candidate advises the patient of the management plan. The scenarios relate to gonioscopy, tonometry, biomicroscopy, dilated biomicroscopy and binocular indirect ophthalmoscopy (BIO).

The purpose of this component of the exam is to discern if candidates are competent to enter the safe and effective, independent practice of optometry. Therefore, the exam's emphasis requires an active understanding of the material (i.e., to navigate your way to the answer).

A research study of medical doctors showed that candidates' perception of their performance on an OSCE has considerably more variance than their performance on a computer-based exam. So, insights from a successful exam taker may be of limited value. Moreover, the exam is different each year. Therefore, it would be best to approach each OSCE station as a confident professional.

The number of cases in each practice area aligns with the weighting in Table 1. The OEBC videos are a valuable source of information for you regarding the OSCE administrations and OSCE stations.
When taking the OSCE, be **confident like you would in a professional clinical setting**.

Upon passing the exam, you go directly into professional practice. Many other professions have an internship period.

EXAM RESULTS

Your results are a Pass / Fail decision, based on your total score compared to the Minimum Performance Level or "cut score" of "1.0," which is the score required to pass the exam. OEBC uses the Angoff method, the best practice for static assessments to set standards for its written exam, and borderline regression, the best method to set the standards for dynamic exams, for its OSCE. All exam takers could pass or fail the given case/station based solely on their performance.

SCORING PROCEDURES FOR A COMPUTER-BASED EXAM

A computer marks the electronic score forms. The psychometrician carefully reviews all unsuccessful candidates' electronic responses for any coding errors such as Candidate ID number, full name, and accurate coding of erasures.

Test items are subject to review and may be deleted from scoring for all candidates if they do not meet appropriate psychometric characteristics. For example, if the item fails to discriminate positively. Under the psychometrician guidance, a panel of optometrists participates in the review process. Deleted items are removed from scoring for all candidates, ensuring that reported results are valid and fair.

After an examination, all results are verified before being sent to candidates.

Fail results undergo increased review. The results of all failed candidates are reviewed by a panel of at least three (3) optometrists to ensure that the score resulting is from that candidate's performance and not any other extraneous factor determined by the panel to be relevant. Scoring may be adjusted for that candidate to establish a fair and valid result.

Given the additional scrutiny that OEBC applies to fail results, it is unlikely that rescoring the examination produces a change in result.

SCORING PROCEDURES OSCE

The OSCE has interactive stations that include a standardized patient. Examiners who are trained in using the standardized checklist criteria for the station rate candidate performances. At each station, an examiner assesses if a candidate achieves the checklist item, which is inspired by the indicator for the competency being measured, and the patient interaction rating scale.

EXAMINERS

The examiners are ODs practicing in Canada. OEBC has trained them to assess the exam. An examiner's role is to rate the candidate's performance, not to calm them or make them more nervous. They do not converse with a candidate during the exam.

The process of assessment is identical for all. Examiners report to the Chief Examiner, who is responsible for exam integrity.

An examiner reports any discrepancies to the Chief Examiner immediately. They are also trained and responsible for filling out an Incident Report as required.

Examiner Training

Examiners receive extensive training, so they all rate the same item in the same way. The Patient Interaction Rating Scale rubric is provided in Appendix B of the Blueprint. Please review it carefully, as it gives insight into what makes the difference between the acceptable minimum, a rating of 3 and the skilled professional, a rating of 5.

How do I handle the differences between provinces?

There are differences in practice between the provinces. Treatment and management vary significantly across the country based on which drugs can be prescribed, referrals, ophthalmology location, etc.

The examiners do not know where you want to practice or where you went to school. Thus, the criterion for an OSCE case's objectives is generic to professional practice across Canada. When reviewing the case, the optometrists check the practice standards across Canada as necessary.

What if something affects my performance during the exam?

If a candidate feels that anything has occurred that created a unique disadvantage for them, they should document it in an Incident Report[3] at the exam site. The Chief Examiner reviews this report during the exam and may take corrective action before the end of the exam.

After an examination, all results are verified before being sent to candidates. Following the examination, a comprehensive psychometric review of all items is undertaken. Incident Reports are also reviewed at this stage. The items or stations that fail to meet minimum psychometric criteria are further reviewed and potentially deleted from scoring for all candidates.

A candidate's total raw score is calculated by adding the ratings across all stations. This raw score is then converted to a scaled score for reporting failures.

[3] Become familiar with section 3.11 Incident Reports of the Candidates Guide

Feedback Reports

If you were not successful with a component of the exam, OEBC would provide a Feedback Report that identifies the competency where there were significant gaps. However, not all competencies are measured on every exam, nor are there an equal number of opportunities to show your competence in a specific area. So, review the report to gain some insight. Moreover, prepare using the Blueprint for your next attempt.

Practice-Practice-Practice for Your OSCE

During your studies, you likely saw 1,000 patients or more. Often it was for a specific purpose. In an OSCE, like in professional practice, you have no idea what may come next. So be the ultimate professional in your behaviour and communication.

Practice With Your Friends and Family

Explain conditions/practice scenarios to family and friends. Practice using plain language terms and ensure they understand what you tell them. See what types of questions they may have. Get feedback regarding your verbal and non-verbal communications. Ask them to fill out the feedback form provided in Appendix A to give you feedback on your communication and professionalism.

Practice With Your Classmate

It is beneficial to study in both settings as classmates can point out areas you missed or where you may need to spend more time. Family/friends may help determine what types of prompts you may get from the SP. Create feedback forms based on the indicators for each practice area. Your classmates have a better idea of the technical requirements. However, for some sessions, ask them to think like a patient.

Practice choosing the most appropriate prescription

In everyday practice, you examine patients with Refractive Error issues. Therefore, the enabling competencies required may include:

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

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

1.10.1 Prescribe a pharmaceutical prescription for the treatment of ocular conditions or diagnosed diseases.

- c) Writes a pharmaceutical prescription correctly
- d) Identifies indications for the pharmaceutical treatment of diagnosed ocular conditions
- e) Determines a management plan for the pharmaceutical treatment of diagnosed ocular conditions
- f) Explains the proper use of pharmaceutical prescription and schedule of dosing
- g) Identifies the appropriate use of OTC eyedrops and ointments for the treatment of anterior segment conditions
- h) Recommends the appropriate use of oral nutritional supplements for ocular conditions

Practice

You have just completed an eye examination for a new patient in your clinic. Create a summary of the Exam Record and possible prescriptions (Template is in Appendix A)

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

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

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

Summary of Patient Exam Record

Patient Name	Angela Stewart		
Gender	Female		
Age	54		
Occupation	High school teacher		
Hobbies	Running		
Chief Complaint	Noticed two days ago flashing lights and now when she closes her left eye she is seeing a fuzzy circular blurred image.		
Additional History	None		
Ocular History	CL wearer for sports		
Medical History	None		
Family History	Cataracts parents, macular degeneration mother		
Clinical Data			
Current Spectacles	OD	-1.00 DS	6/7.5
	OS	-1.50 DS	6/6
Unaided Visual Acuity	OD		6/
	OS		6/
Subjective Refraction	OD	-1.25 DS	6/6-
	OS	-1.50 DS	6/6
Binocular Vision			
Colour Vision Ishihara Plates	OD	WNL	
	OS	WNL	
Tonometry	OD	14 mmHg	
	OS	15 mmHg	
Pupils	PERRLA		
Fundus Examination	See photographs in station		
Diagnosis			

Figure 2 - Summary of Exam Record (Sample Case on website)

Create a Study Group

Form a study group of 4 people. Create your own OSCE cases to practice. For each practice session, assign a case writer. The cases should cover a different practice area. Draw on the group's strength as they worked in diverse practice settings and various client groups.

KNOW THE CASE OBJECTIVES

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

In the Sample cases

	Sample 1	Sample 2
Case Name	Presbyopia Management	Macula and Retina Assessment
Case Type	Interactive	Non-Interactive
Issue	Presbyopia requiring a prescription for progressive glasses	Age-related Posterior Vitreous Detachment and Choroidal Nevus
Practice Areas (primary practice area marked *; other areas are secondary)	Communication Patient-Centred Care Diagnosis and Planning *Patient Management	*Assessment Diagnosis and Planning
Competencies	Select communication style appropriate to the situation Establish a shared decision-making process with the patient	Assess ocular health status • Determine posterior segment ocular health status

	• Engage in dialogue with patient to bring about understanding, acceptance and cooperation Formulate a management plan	
Objectives	1. Explain the diagnosis of presbyopia 2. Explain the treatment options 3. Recommend progressive lenses	1. Identify the primary and secondary diagnoses for this patient 2. Identify the patient's retinal associations for the primary diagnosis 3. Determine the appropriate management for the patient's condition 4. Determine the increased risk of malignancy for this patient's secondary condition
Type of Encounter	New patient	Existing patient
Setting	Optometry Clinic	Optometry Clinic

KNOW YOUR PATIENT

The OSCE information sheet states if the patient is a new patient or not.

Some stations may present an emergency patient, i.e., ocular trauma, where time may be essential to ensure a patient does not lose vision or preserve what vision they have. Take a targeted case history and develop a management and treatment plan if it is an ocular emergency.

Develop Indicators for a Complete History for Various Cases

In day-to-day practice, you are required to take a complete history of a new patient from time to time on a variety of different chief concerns. For example, Indicator 1.1.1 b) Determines the history of present illness, e.g., difficulty with distance vision, personal ocular history, family ocular history, medical history. It is best if you use systematic questioning to obtain comprehensive information efficiently. You should be able to do it in 4-5 minutes. The history might include items related to:

- the chief complaint, e.g., frequency, onset, progression
- ocular / vision history, e.g., aggravating factors, alleviating factors, associated symptoms
- medical history, e.g., health issues
- family and social history, family ocular history, health issues, drugs, alcohol
- risk factors, e.g., the type of work, driver's licence, protective eyewear
- other factors

When a full case history on a patient is required, you have 10-15 indicators for each potential issue. Your challenge is to efficiently extract the information while meeting communication and professional competencies. See if you captured all the indicators you thought may be necessary. Have peers provide additional feedback via the form in Appendix A for good practice.

TYPES OF CASES THAT MAY BE PRESENTED

In developing cases, the case writers work diligently to simulate real-life scenarios that a new practitioner may face in their clinical practice. Earlier in this document, we introduced the four levels of attainment for competencies; however, many candidates focus their OSCE preparation on studying disease rather than practicing communication and professionalism competencies in an exam. You have demonstrated knowledge and technical skills by attaining your degree. The OSCE provides the opportunity to show how you apply your competencies.

The case types include taking a case history, referrals, cognitive disabilities, dealing with guardians/parents, diagnosis and management, surgery complication, ethical issues, treatment initiation.

The scenarios presented may include a wide range of disease and eye issues, such as anterior uveitis, cataract management, primary open-angle glaucoma, deuteranopia, foreign body management, refractive error, BIO choroidal nevus, cross-linking, retrobulbar optic neuritis management, glaucoma management, amblyopia management, amaurosis fugax, drance hemorrhage, atrophic age-related macular degeneration, contact lens associated red-eye, allergic conjunctivitis, acute bilateral uveitis, presbyopia, corneal abrasion, exo, and eso.

PRACTICE REFERRING CASES

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

Practice scenarios that may involve a referral. Some candidates may be trying to demonstrate their knowledge to the examiner. Be comfortable with how much information to provide. Focus on your patient. Do not overwhelm your patient with information when they are being referred to a specialist. The patient management practice area's competencies and indicators provide you with insight.

The communications competencies require you to communicate in plain language:

1. Explain diagnosis
    - Explain what the issue is
    - Explain how diagnosis relates to their chief complaint

2. Explain possible treatment and management options
    - Explain treatment options, e.g., devices, surgery
    - Explain if it is legal to drive now and under the various scenarios
    - How referral for surgery occurs
    - Changes to vision if they do nothing

3. Explain follow-up
    - Explain the need for following up and time frame under each of your management option

The Case Writer

Case writers are essential, bringing their background and experience to the case. They provide the details that make the case realistic and reasonable. As the case writer you will provide:

- Case background, synopsis, description and references
- Practice area(s), competencies and goals
- Instructions for the candidate (the tasks to be performed in the station)
- Checklist for the assessor (things to look for to determine if objectives are met)
- Scoring rubric for the assessors — identifying the practice area, and select the indicators from the Blueprint that you would expect a colleague, acting as the candidate to discover
- A description of the patient for the SP and training staff, including history and physical findings
- Props and equipment, if any

Remember that you're attempting to simulate an optometry practice area rather than a holistic approach. For this reason, the objectives of the case are narrowly focused. Resist the temptation to include too much in your case.

Ask yourself, "How can I write the case so that candidates can demonstrate their knowledge of the topic?" This might involve an SP or assessor asking a question at an appropriate time. Again, your focus is on trying to help your colleagues improve.

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

PRESENTATION OF THE CASE

This is not something that you write into the case, but you need to have a general idea of how you, as the SP, may present the case before you start writing the rest of the case. Therefore, you should develop a description in point form notes that outline the SP's age, gender, and general condition. You may also want to make notes about questions the SP should ask. It would be best to use these notes to help you with the SP roll-play.

It would help to choose common conditions that optometrists are likely to encounter at the entry-to-practice level. However, you should avoid selecting uncommon conditions unless they are conditions that a new optometrist should recognize and either treat or refer appropriately.

Ensure you are thinking about ethical cases, as these often pop up. Studying for your provincial jurisprudence examination can also help prepare for these types of cases.

Your case should present a realistic encounter between a patient and an optometrist as accurately as possible. Basing the case on an actual situation that you have encountered helps ensure that the case has realism. For example, you may want to combine data from several patients.

As the SP ensure you have:

- Description of the condition
- Demographics of the patient
- Appearance, behaviour and starting position
- Details of the chief complaint (and any secondary complaints)
- Relevant ocular, medical and social history
- Signs and symptoms to portray
- Statements or questions to use at the beginning of the interaction, in response to the candidate, or to prompt the candidate if necessary

WHAT'S MEASURED

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

SPs may use makeup or other props to present the case's features. For example, when the SP cannot portray a specific sign or symptom, a photograph may be used, or the assessor may provide the information when particular conditions are met.

Instructions for the Candidate

The candidate is the optometrist. So, include the patient's name, age, the location of the interaction, and the reason for the visit. Have some fun with the patients' names as well!

Include the relevant clinical information that is necessary for the case. Avoid irrelevant information as the candidate has limited time to read this information, so be sure every word is required.

You need to state the clinical scenario(s) for the candidate clearly. The clinical scenario(s) should be appropriate to the case's length and be at the entry-to-practice level.

If there are things that the candidate should not do, you should state these in the instructions.

If there are any assumptions the candidate should make to avoid wasting time, you should state these clearly. For example, you may need to note that a young patient is in the waiting room, and the candidate would be interacting with the parent.

Fill in the Summary of Patient Record if an assessment has already been done. If a diagnosis is provided or your case requires the candidate to make a diagnosis based on the information provided, be sure that all the necessary information supports the correct diagnosis.

ASSESSOR CHECKLIST

The assessor is looking or listening for specific items during the interaction. The biggest challenge here is avoiding being too general or too specific. Set your checklist items at the minimum acceptable standard for a newly qualified practitioner.

If COVID-19 is still occurring and masks are necessary, candidates should speak clearly and loud enough. It would be best if you practiced some scenarios wearing a mask. Masks can sometimes make it difficult for the SP, candidate or assessor to hear.

You need to indicate which items are critical to the objective's achievement. For example, if you believe an item should carry more weight, you may want to mark it as critical.

RUNNING THROUGH A CASE

Set an 8-minute timer when the candidate is ready to start. The SP keeps things moving, so feel free to use prompts if it appears that the candidate has finished without raising specific topics, in addition to the conditions specified in the case.

Once concluded, provide the candidate with a copy of the score sheet and have the examiners offer feedback on how they scored. As the SP, identify the prompts you used to help the candidate. As a group, discussing the differences is an excellent way for the candidate to understand the range they need to cover to demonstrate a given competency.

Create multiple cases and play various roles in the cases. For example, if your classmates form similar groups, have a visiting SP and use their case.

- ✓ You can reuse cases with people playing different roles. However, keep the case writer as the SP.
- ✓ You can do this via video calls. So, start early and practice often.
- ✓ Templates are available in Appendix A.

SET THE STAGE

Current information is gathered and recorded with every patient contact, whether in person, phone, or written communication. At the OSCE, you and the patient share a verbal exchange during the stations. Your area is private, with no interruptions to threaten confidentiality or disrupt the conversation flow for the 8 minutes of your exam. It is helpful to keep in mind to:

1. Practice good personal hygiene and proper grooming to make a good impression on your patient and to establish or maintain rapport and respect for your professionalism.
2. Operate as if your clinical is professional but friendly — not cold and sterile.
3. Present yourself as a confident optometrist who helps put your patients at ease.

The following suggestions should help make each exchange of information more effective:

- Before you begin, review the patient's information provided (if any). Knowing the patient's background and medical history shows that you are interested and concerned and gives you an idea of your questions.
- Sit in a comfortably relaxed and open position; crossed arms transmits rejection, rigid posture is intimidating, and slouching is unprofessional.
- Sit at the patient's level, face-to-face. If it is culturally acceptable to the patient, maintain eye contact.
- Show your interest by appropriate facial and nonverbal expressions, such as smiling and nodding.
- Listen attentively and stay centred on the conversation. Patients are aware of when you are not listening.
- Start with general questions, such as "How may we help you today?" and work toward more probing questions. Working from simple to complex gives you time to establish rapport and builds the information background.
- Phrase your questions to require an extended response in the patient's own words unless you need specific information. This is called open-ended questioning and requires that patients answer in their own words. Closed-ended questions require brief, particular answers.
- Remember incongruence? Look for cues that conflict with the patient's statements of concern. What is actually bothering this patient? There may be much more to discover than the initial or presenting complaint. It is easy to get lost in the patient's information. It is essential always to address their chief complaint and any other concerns that come up in the discussion.
- Remember that many responses are subjective or obvious only to the patient; for example, pain to one patient may be discomfort others.

Appendix A – Patient Interaction Feedback Form

An examiner assesses your understanding of and response to the patient's feelings and needs during your board exam. They also evaluate your interaction's coherence, verbal and non-verbal expressions, along with your sense of integrity and relationships, respect for professional boundaries, and mandatory reporting. See Appendix B of the Blueprint

Please provide feedback on what went well and what could be improved upon.

Indicators	Went well	Could be improved
Communicates clearly		
I spoke to you clearly and concisely and used plain language.		
I used an appropriate tone of voice and body language when speaking to you.		
I wrote clearly and concisely, using plain language (if written instructions are provided)		
Uses the right style		
I adjusted our interaction based on your communication and comprehension.		
I used common medical and optometric abbreviations in written communications and medical records.		
I conveyed medical and optometric concepts to you using plain language.		
Active listening		
I showed the principles of active listening by: - giving you my undivided attention and acknowledging your message - showing that I was listening - providing feedback - deferring judgment - responding appropriately		
I responded appropriately to your body language.		
I actively listened to you throughout our interaction.		
Resolves conflict		
I showed an understanding of the principles of negotiation and conflict management.		

Indicators	Went well	Could be improved
I recognized the implications of failure to resolve any conflicts.		
Delivers bad news effectively		
I was effective in delivering bad news.		
I communicated in an empathetic manner.		
Acts with integrity		
I focussed my full attention on the patient		
I was adhering to high moral and ethical standards.		
Fosters good relationships		
I established a good rapport with you.		
I respected your dignity and autonomy.		
I showed honesty, integrity and trustworthiness throughout our interaction.		
Maintains professional boundaries		
I kept my professional boundaries.		
You did not feel the impact of a doctor-patient power imbalance during our interaction.		
Reporting requirements		
I have shown my understanding of situations in which mandatory reporting may be required.		

Appendix B – Case Templates

Category	Information to include in this category
CASE INFORMATION	
Case Name	The condition and task for the candidate
Case Type	Interactive
Issue	The presenting complaint or the diagnosis of the problem
Practice Areas	Identify the primary practice area with an asterisk List other practice areas if they apply Leave the practice areas in the same order (for consistency)
Competencies	Copy from the Blueprint You need to put in the full wording of the competency, not just the number
Objective(s)	Write 2 or 3 objectives for the case that summarize what the candidate has to achieve
Type of Encounter	New or returning patient
Location	Where the interaction is taking place
REFERENCES	
List the materials that you consulted to write this case. Use standard referencing format.	
CASE SYNOPSIS	
A brief description of the case.	

INFORMATION FOR CANDIDATES	
Instructions to Candidate	Any assumptions that the candidate should make. The setting of the interaction. The patient's name, age and gender. What the candidate should do (or not do) in this station. There is a common statement about the time for the station.
Equipment and Props Supplied	There are common items listed. Add or revise if necessary.
Summary of Patient Examination Record	If some of the assessment is already done, provide the relevant information.
Diagnosis	If appropriate, the diagnosis of the patient's condition.

Appendix C – Refractive Error

Summary of Patient Exam Record

Patient Name			
Gender			
Age			
Race			
Occupation			
Hobbies			
Chief Complaint			
Additional History			
Ocular History			
Medical History			
Family History			
Clinical Data			
Current Spectacles	OD		
	OS		
Unaided Visual Acuity	OD		
	OS		
Subjective Refraction	OD		
	OS		
Binocular Vision	Normal		
Colour Vision Ishihara Plates	OD		
	OS		
Tonometry	OD		
	OS		
Pupils			
Slit Lamp Examination			
Fundus Examination			
Diagnosis			

℞ - Prescriptions

Indicate the **most appropriate** prescription, and for the other three, explain why each is not.

℞1

	sph	cyl	axis	add
OD				
OS				

℞2

	sph	cyl	axis	add
OD				
OS				

℞3

	sph	cyl	axis	add
OD				
OS				

℞4

	sph	cyl	axis	add
OD				
OS				

Explanations

Appendix D — Score Sheet Template for OSCE Practice

CASE:

Indicator #	Checklist Item (use an indicator to inspire a case specific measurable item)	Score
		Ⓨ Ⓝ
		Ⓨ Ⓝ
		Ⓨ Ⓝ
		Ⓨ Ⓝ
		Ⓨ Ⓝ
		Ⓨ Ⓝ
		Ⓨ Ⓝ
		Ⓨ Ⓝ
		Ⓨ Ⓝ
		Ⓨ Ⓝ
		Ⓨ Ⓝ
		Ⓨ Ⓝ
		Ⓨ Ⓝ
		Ⓨ Ⓝ

Patient Interaction Rating Scale					
Empathy	①	②	③	④	⑤
Coherence	①	②	③	④	⑤
Verbal Expression	①	②	③	④	⑤
Non-Verbal Expression	①	②	③	④	⑤
Trust	①	②	③	④	⑤
Honesty and Integrity	①	②	③	④	⑤
Focus on the Patient	①	②	③	④	⑤
Respect	①	②	③	④	⑤

See Appendix B in the Blueprint for the scoring rubric.