



## Appendix C: Skill Stations Examination - Marking Rubric

This document provides the assessment sheets which are used by the examiners for the Skills Station examination component of the OCANZ Competency in Optometry Examination.

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Approved by	OCANZ Board

## A. Binocular Vision Assessment

Candidate's Name:

Assessor's Name:

Date of examination:

Skill Checklist		
<b>i) Cover Test</b>		
Did the candidate:		
Inform the subject of the purpose of the test? (desirable)	Yes	No
Instruct the subject correctly? (desirable)	Yes	No
Provide the subject with an adequate fixation target? (desirable)	Yes	No
Use an appropriate occluder? (desirable)	Yes	No
Use appropriate room lighting? (desirable)	Yes	No
Perform correctly the unilateral cover test at distance and at near? (desirable)	Yes	No
Determine whether fixation was maintained under monocular conditions and binocular conditions? ( <b>essential</b> )	Yes	No
Determine how the eye deviated under cover (eso, exo, R or L hyper, R or L hypo)? ( <b>essential</b> )	Yes	No
Determine whether there was a return to fusion after the cover was removed? (desirable)	Yes	No
Determine whether the deviation was a phoria or a tropia? ( <b>essential</b> )	Yes	No
Determine whether any observed strabismus was constant or intermittent, unilateral or alternating? ( <b>essential</b> )	Yes	No
Perform correctly the alternating cover test at distance and near? ( <b>essential</b> )	Yes	No
Use prism to accurately neutralise the movement (within 3 prism dioptres)? ( <b>essential</b> )	Yes	No
Record all findings clearly using the appropriate notation? (desirable)	Yes	No

Did omission of, or poor performance at, any of the above steps cause the findings <b>from this component of the Binocular Vision Assessment skill</b> to be incomplete or invalid to the extent that patient care could be compromised?	Yes	No
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***If yes:***

1. FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Binocular Vision Assessment skill (see the blue coloured **Overall Assessment** line at the end of the sheets relevant to this skill).
2. Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. *Continue on the back of this page if needed.*

Skill Checklist		
<b>ii) Heterophoria Measurement</b>		
Did the candidate:		
Inform the subject of the purpose of the test? (desirable)		Yes No
Instruct the subject correctly? (desirable)		Yes No
Provide the subject with an adequate fixation target? (desirable)		Yes No
Use appropriate room lighting? (desirable)		Yes No
Employ an appropriate method to measure accurately the horizontal phoria (within 2 prism dioptres) and the vertical phoria (within 1 prism dioptre) at distance and near? ( <b>essential</b> )		Yes No
Accurately record the method used, and the findings using the appropriate notation? (desirable)		Yes No

Did omission of, or poor performance at, any of the above steps cause the findings <b>from this component of the Binocular Vision Assessment skill</b> to be incomplete or invalid to the extent that patient care could be compromised?	Yes	No
<b>If yes:</b>		
1. FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Binocular Vision Assessment skill (see the blue coloured <b>Overall Assessment</b> line at the end of the sheets relevant to this skill).		
2. Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. <i>Continue on the back of this page if needed.</i>		

Skill Checklist		
<b>iii) Vergence Testing at Near</b>		
Did the candidate:		
Inform the subject of the purpose of the test? (desirable)		Yes No
Instruct the subject correctly? (desirable)		Yes No
Provide the subject with an appropriate fixation target for horizontal vergence measurements at near? (desirable)		Yes No
Use appropriate room lighting? (desirable)		Yes No
Gradually increase the prism power to correctly measure blur, break and recovery points for base in and base out prism? ( <b>essential</b> )		Yes No
Accurately record the horizontal vergence findings using the appropriate notation? (desirable)		Yes No
Place an appropriate fixation target for vertical vergence measurements at near? (desirable)		Yes No
Gradually alter the prism power to correctly measure the vertical reserves (break and recovery)? (desirable)		Yes No
Accurately record the vertical vergence findings, including the test distance used, using the appropriate notation? (desirable)		Yes No

Did omission of, or poor performance at, any of the above steps cause the findings <b>from this component of the Binocular Vision Assessment skill</b> to be incomplete or invalid to the extent that patient care could be compromised?	Yes	No
<b>If yes:</b>		
1. FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Binocular Vision Assessment skill (see the blue coloured <b>Overall Assessment</b> line at the end of the sheets relevant to this skill).		
2. Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. <i>Continue on the back of this page if needed.</i>		

<b>Overall Assessment</b>		
<b>Did the candidate PASS or FAIL this skill?</b>		<b>PASS FAIL</b>
Assessor's signature		

## B. Distance Retinoscopy

Candidate's Name:

Assessor's Name:

Date of examination:

Skill Checklist		
Note: 1. Both eyes are to be examined 2. A refractor head or trial frame may be used.		
Did the candidate:		
Inform the subject of the purpose of the test? (desirable)		Yes No
Instruct the subject correctly? (desirable)		Yes No
Clean and adjust the trial frame or refractor head correctly? (desirable)		Yes No
Provide the subject with an appropriate fixation target? (desirable)		Yes No
Ensure both eyes are adequately fogged until the end of the procedure? (desirable)		Yes No
Use appropriate lighting levels? (desirable)		Yes No
Determine the refraction for the right eye to within tolerances (assessors may exercise their discretion to adjust the specified tolerances):		
- $\pm 0.5D$ for the spherical power? ( <b>essential</b> )		Yes No
- $\pm 0.5D$ for the cylinder power? ( <b>essential</b> )		Yes No
- $\pm 10^\circ$ for the cylinder axis? ( <b>essential</b> )		Yes No
Determine the refraction for the left eye to within tolerances (assessors may exercise their discretion to adjust the specified tolerances):		
- $\pm 0.5D$ for the spherical power? ( <b>essential</b> )		Yes No
- $\pm 0.5D$ for the cylinder power? ( <b>essential</b> )		Yes No
- $\pm 10^\circ$ for the cylinder axis? ( <b>essential</b> )		Yes No
Record the refraction in standard terminology? ( <b>essential</b> )		Yes No

Did omission of, or poor performance at, any of the above steps cause the findings <b>from the Distance Retinoscopy skill</b> to be incomplete or invalid to the extent that patient care could be compromised?	Yes	No
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**If yes:**

1. FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Distance Retinoscopy skill (see the blue coloured **Overall Assessment** line at the end of the sheets relevant to this skill).
2. Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. *Continue on the back of this page if needed.*

<b>Overall Assessment</b>		
<b>Did the candidate PASS or FAIL this skill?</b>		<b>PASS FAIL</b>
Assessor's signature		

## C. Soft Contact Lenses

Candidate's Name:

Assessor's Name:

Date of examination:

Skill Checklist		
Notes:		
<ol style="list-style-type: none"> <li>1. The assessor will advise which of the subject's eyes is to be examined</li> <li>2. To enable the candidate to select a suitable contact lens, the subject's corneal curvature measurements will be provided.</li> </ol>		
Did the candidate:		
Inform the subject of the purpose of the test? (desirable)		Yes No
Instruct the subject correctly? (desirable)		Yes No
Wash their hands prior to the commencement of the test? (desirable)		Yes No
For the subject's eye selected by the examiner, correctly measure the horizontal visible iris diameter? (desirable)		Yes No
Select a suitable soft contact lens for the one eye of the subject? (desirable)		Yes No
Inspect the lens to determine if there was any damage and that the lens was not inside out? (desirable)		Yes No
Properly prepare the lens for insertion (correct solutions etc.)? (desirable)		Yes No
Provide an appropriate fixation point for the subject? (desirable)		Yes No
Immobilise the lids and insert the lens properly and safely? ( <b>essential</b> )		Yes No
Advise the subject on blinking and eye position after release of the lids? (desirable)		Yes No
Correctly assess the fit of the contact lens? ( <b>essential</b> )		Yes No
Safely remove the contact lens? ( <b>essential</b> )		Yes No
Record observations using appropriate terminology? (desirable)		Yes No
Perform the lens insertion and removal <u>without</u> causing clinically significant corneal staining? If circled no, the assessor must clearly document the clinically significant corneal staining. ( <b>essential</b> )		Yes No
Check the corneal integrity at the completion of the test and manage appropriately? (desirable)		Yes No

Did omission of, or poor performance at, any of the above steps cause the findings <b>from the Soft Contact Lenses skill</b> to be incomplete or invalid to the extent that patient care could be compromised?	Yes	No
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***If yes:***

1. FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Soft Contact Lenses skill (see the blue coloured **Overall Assessment** line at the end of the sheets relevant to this skill).
2. Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. *Continue on the back of this page if needed.*

<b>Overall Assessment</b>	
<b>Did the candidate PASS or FAIL this skill?</b>	<b>PASS   FAIL</b>
Assessor's signature	



## D. Visual Field Assessment

Candidate's Name:

Assessor's Name:

Date of examination:

Skill Checklist		
<b>i) Amsler Grid Testing</b>		
Note: The assessor will advise which of the subject's eyes is to be examined		
Did the candidate:		
Inform the subject of the purpose of the test? (desirable)		Yes No
Instruct the subject correctly? (desirable)		Yes No
Ensure that the eye not being examined was completely occluded? ( <b>essential</b> )		Yes No
Provide the subject with their normal near prescription? ( <b>essential</b> )		Yes No
Use a working distance of 30 cm? (desirable)		Yes No
Use appropriate lighting? (desirable)		Yes No
Determine the results of the Amsler grid test for one eye? ( <b>essential</b> )		Yes No
Record findings clearly? (desirable)		Yes No

Did omission of, or poor performance at, any of the above steps cause the findings <b>from this component of the Visual Field Assessment skill</b> to be incomplete or invalid to the extent that patient care could be compromised?	Yes	No
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**If yes:**

1. FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Visual Field Assessment skill (see the blue coloured **Overall Assessment** line at the end of the sheets relevant to this skill).
2. Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. *Continue on the back of this page if needed.*

Skill Checklist	
<b>ii) Automated Visual Field Testing</b>	
Note: The assessor will advise which of the subject's eyes is to be examined	
Did the candidate:	
Inform the subject of the purpose of the test? (desirable)	Yes No
Use appropriate room lighting? (desirable)	Yes No
Occlude the eye not to be tested? ( <b>essential</b> )	Yes No
Display familiarity with the controls and operation of the visual field assessment apparatus? (desirable)	Yes No
Provide the subject with their near visual prescription? (desirable)	Yes No
Position the subject at the instrument correctly and use the appropriate trial lens (if necessary)? ( <b>essential</b> )	Yes No
Instruct the subject correctly and administer the visual field test for one eye? (desirable)	Yes No
Correctly assess the validity of the test, correctly interpret the results of the sample visual field tests, and record these on the recording sheet? ( <b>essential</b> )	Yes No
Note: This assessment and the interpretation of findings must be added to the recording sheet in writing.	

Did omission of, or poor performance at, any of the above steps cause the findings <b>from this component of the Visual Field Assessment skill</b> to be incomplete or invalid to the extent that patient care could be compromised?	Yes	No
<b>If yes:</b>		
1. FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Visual Field Assessment skill (see the blue coloured <b>Overall Assessment</b> line at the end of the sheets relevant to this skill).		
2. Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. <i>Continue on the back of this page if needed.</i>		

Skill Checklist	
<b>iii) Confrontation</b>	
Note: both eyes need to be examined	
Did the candidate:	
Inform the subject of the purpose of the test? (desirable)	Yes No
Instruct the subject correctly? (desirable)	Yes No
Ensure that the eye not being examined was completely occluded? ( <b>essential</b> )	Yes No
Use an appropriate working distance? (desirable)	Yes No
Monitor the subject's fixation? ( <b>essential</b> )	Yes No
Use an appropriate target to measure the fields to confrontation? (desirable)	Yes No
Record the method used and the results obtained using the appropriate notation? (desirable)	Yes No

Did omission of, or poor performance at, any of the above steps cause the findings <b>from this component of the Visual Field Assessment skill</b> to be incomplete or invalid to the extent that patient care could be compromised?	Yes	No
<b>If yes:</b>		
1. FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Visual Field Assessment skill (see the blue coloured <b>Overall Assessment</b> line at the end of the sheets relevant to this skill).		
2. Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. <i>Continue on the back of this page if needed.</i>		

Overall Assessment	
Did the candidate PASS or FAIL this skill?	PASS FAIL
Assessor's signature	

## E. Dispensing

Candidate's Name:

Assessor's Name:

Date of examination:

Skill Checklist		
<p><b>(i) Single vision spectacles</b></p> <p>Note: To enable the centration / prism calculations to be made, distance visual points will be marked on the glasses.</p> <p>Did the candidate:</p>		
Focus the eyepiece of the vertometer? (desirable)	Yes	No
Accurately measure and record the powers and axes for the right and left lenses: <b>(essential)</b> Within $\pm 0.25$ D for spherical powers? Within $\pm 0.25$ D for cylindrical powers (tolerances apply separately to each principal meridian)? <i>Note: minus cylinder notation is used by optometrists in Australia and New Zealand</i> Within $\pm 5^\circ$ for the axis of cylinders of 0.25D, or within $\pm 2.5^\circ$ for the axis of cylinders $> 0.25$ D and $\leq 1.25$ D, or within $\pm 1.25^\circ$ for the axis of cylinders $> \pm 1.25$ D?	Yes	No
Accurately measure the optical centration and/or prism (within $\pm 0.50$ prism dioptres) vertically and horizontally? <b>(essential)</b>	Yes	No
Accurately measure the base curves? (within $\pm 0.50$ D)? (desirable)	Yes	No
Accurately measure centre thicknesses? (within $\pm 0.2$ mm)? (desirable)	Yes	No
Accurately describe the lens material? (plastic, glass, hi-index etc.)? (desirable)	Yes	No
Determine if the lenses are tinted? (desirable)	Yes	No
Determine if the lenses are coated? (desirable)	Yes	No
Check the fit of the lenses in the frame? (desirable)	Yes	No
Check that bevel edge or flat edge of each finished lens is smooth, regular, free from chips or starring and reasonably free from facets with safety chamfers where necessary? (desirable)	Yes	No
Identify 3 reasons why the prescription does not meet the Australian / New Zealand standard (AS/NZS ISO 21987:2011) when compared to a written prescription? (desirable)	Yes	No
Record findings accurately? (desirable)	Yes	No

Did omission of, or poor performance at, any of the above steps cause the findings <b>from this component of the Dispensing skill</b> to be incomplete or invalid to the extent that patient care could be compromised?	Yes	No
<p><b>If yes:</b></p> <p>1. FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Dispensing skill (see the blue coloured <b>Overall Assessment</b> line at the end of the sheets relevant to this skill).</p> <p>2. Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. <i>Continue on the back of this page if needed.</i></p>		

Skill Checklist		
<b>(ii) Progressive spectacles</b>		
Did the candidate:		
Inform the subject of the purpose of the test? (desirable)	Yes	No
Accurately measure your subject's interpupillary distances? (distance and near, binocular and/or monocular as deemed appropriate) (within $\pm 1.0\text{mm}$ ) (essential)	Yes	No
Accurately measure the required positions of the centres for varifocal lenses for the subject? (within $\pm 1.0\text{mm}$ ) (essential)	Yes	No
Record findings accurately? (desirable)	Yes	No

Did omission of, or poor performance at, any of the above steps cause the findings <b>from this component of the Dispensing skill</b> to be incomplete or invalid to the extent that patient care could be compromised?	Yes	No
<p><b>If yes:</b></p> <p>1. FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Dispensing skill (see the blue coloured <b>Overall Assessment</b> line at the end of the sheets relevant to this skill).</p> <p>2. Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. <i>Continue on the back of this page if needed.</i></p>		

Overall Assessment		
Did the candidate PASS or FAIL this skill?		PASS FAIL
Assessor's signature		

## F. Contact Applanation Tonometry

Candidate's Name:

Assessor's Name:

Date of examination:

Skill Checklist		
<p>Note:</p> <ol style="list-style-type: none"> <li>The assessor will advise which of the subject's eyes is to be examined</li> <li>The candidate may use a Perkins or a Goldmann tonometer</li> </ol> <p>Did the candidate:</p>		
Inform the subject of the purpose of the test? (desirable)		Yes No
Instruct the subject correctly? (desirable)		Yes No
Wash their hands prior to the commencement of the test? (desirable)		Yes No
Disinfect and adequately dry the tonometer probe? ( <b>essential</b> )		Yes No
Instil the topical anaesthetic and fluorescein appropriately? ( <b>essential</b> )		Yes No
Record the name of drops instilled, the concentration, the dosage and time instilled? (desirable)		Yes No
Assess the corneas for staining prior to performing the test and record any findings appropriately? (desirable)		Yes No
Correctly position the tonometer and align the probe? (desirable)		Yes No
Perform the test in a safe, fluent, confident manner? ( <b>essential</b> )		Yes No
Take an accurate reading within +/- 3mm Hg and remove the tonometer safely? ( <b>essential</b> )		Yes No
Record findings using the appropriate terminology? (desirable)		Yes No
Perform the test <u>without</u> clinically significant corneal staining? If circled no, assessor must clearly document the clinically significant corneal staining. (desirable)		Yes No
Check the corneal integrity at the completion of the test and manage appropriately? (desirable)		Yes No

Did omission of, or poor performance at, any of the above steps cause the findings <b>from the Contact Applanation Tonometry skill</b> to be incomplete or invalid to the extent that patient care could be compromised?	Yes	No
<p><b>If yes:</b></p> <ol style="list-style-type: none"> <li>FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Contact Applanation Tonometry skill (see the blue coloured <b>Overall Assessment</b> line at the end of the sheets relevant to this skill).</li> <li>Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. <i>Continue on the back of this page if needed.</i></li> </ol>		

Overall Assessment		
Did the candidate PASS or FAIL this skill?		PASS FAIL
Assessor's signature		

## G. Pupil Testing

Candidate's Name:

Assessor's Name:

Date of examination:

Skill Checklist			
Note: Both eyes are to be examined			
Did the candidate:			
Inform the subject of the purpose of the test? (desirable)		Yes	No
Instruct the subject correctly? (desirable)		Yes	No
Adjust the room lighting to bright? (desirable)		Yes	No
Inspect and record:			
- Pupil size (within +/- 1 mm)? (essential)		Yes	No
- Pupil shape? (desirable)		Yes	No
- Pupil symmetry (includes position as well as shape and size)? (desirable)		Yes	No
Adjust the room lighting to dim? (desirable)		Yes	No
Observe and record:			
- Direct reflex? (essential)		Yes	No
- Consensual reflex? (essential)		Yes	No
- Accommodation reflex? (desirable)		Yes	No
Perform and record the swinging-flashlight test correctly? (essential)		Yes	No

Did omission of, or poor performance at, any of the above steps cause the findings <b>from the Pupil Testing skill</b> to be incomplete or invalid to the extent that patient care could be compromised?	Yes	No
<b>If yes:</b>		
1. FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Pupil Testing skill (see the blue coloured <b>Overall Assessment</b> line at the end of the sheets relevant to this skill).		
2. Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. <i>Continue on the back of this page if needed.</i>		

Overall Assessment			
Did the candidate PASS or FAIL this skill?		PASS	FAIL
Assessor's signature			

## H. Subjective Refraction

Candidate's Name:

Assessor's Name:

Date of examination:

Skill Checklist		
Note: Both eyes are to be examined		
<b>Did the candidate:</b>		
Inform the subject of the purpose of the test? (desirable)	Yes	No
Clean and adjust the trial frame or refractor head correctly? (desirable)	Yes	No
Use appropriate lighting levels? (desirable)	Yes	No
During the refraction:		
- Find best vision sphere efficiently? (desirable)	Yes	No
- Find axis of cylinder efficiently? (desirable)	Yes	No
- Find power of cylinder efficiently? (desirable)	Yes	No
- Recheck axis of cylinder (if appropriate)? (desirable)	Yes	No
- Uses over-plus to confirm reduction in vision? (desirable)	Yes	No
- Ensures that accommodation demand is balanced between the eyes (if appropriate)? (desirable)	Yes	No
Determine the refraction for the right eye to within tolerances (assessors may exercise their discretion to adjust the specified tolerances):		
- $\pm 0.5D$ for the spherical power? ( <b>essential</b> )	Yes	No
- $\pm 0.5D$ for the cylinder power? ( <b>essential</b> )	Yes	No
- $\pm 10^\circ$ for the cylinder axis? ( <b>essential</b> )	Yes	No
Determine the refraction for the left eye to within tolerances (assessors may exercise their discretion to adjust the specified tolerances):		
- $\pm 0.5D$ for the spherical power? ( <b>essential</b> )	Yes	No
- $\pm 0.5D$ for the cylinder power? ( <b>essential</b> )	Yes	No
- $\pm 10^\circ$ for the cylinder axis? ( <b>essential</b> )	Yes	No
Record the refraction in standard terminology and record both the monocular and binocular acuities? (desirable)	Yes	No



Did omission of, or poor performance at, any of the above steps cause the findings **from the Subjective Refraction skill** to be incomplete or invalid to the extent that patient care could be compromised? Yes No

**If yes:**

1. FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Subjective Refraction skill (see the blue coloured **Overall Assessment** line at the end of the sheets relevant to this skill).
2. Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. *Continue on the back of this page if needed.*

<b>Overall Assessment</b>		
<b>Did the candidate PASS or FAIL this skill?</b>		<b>PASS FAIL</b>
Assessor's signature		

## I. Slit-Lamp Biomicroscopy

Candidate's Name:

Assessor's Name:

Date of examination:

Skill Checklist		
Note: Both eyes are to be examined.		
<b>Did the candidate:</b>		
Inform the subject of the purpose of the test? (desirable)	Yes	No
Wash their hands prior to the commencement of the test? (desirable)	Yes	No
Adjust the focus and separation of the eyepieces and clean the chin and forehead rests? (desirable)	Yes	No
Instruct the subject correctly? (desirable)	Yes	No
Correctly position the subject at the slit lamp? (desirable)	Yes	No
Use the appropriate beam width and maintain an image for the examiner to observe through the observation system for the examination of the lids, the lashes and the lid margins? ( <b>essential</b> )	Yes	No
Accurately record observations of the lids, the lashes and the lid margins? (desirable)	Yes	No
Use the appropriate beam width and maintain an image for the examiner to observe through the observation system for the examination of the palpebral conjunctiva (including lower and upper lid eversion) and the bulbar conjunctiva? ( <b>essential</b> )	Yes	No
Accurately record observations of the palpebral conjunctiva and the bulbar conjunctiva? (desirable)	Yes	No
Examine the cornea appropriately (using white illumination with parallelepiped, optic section, specular reflection) and maintain an image for the examiner to observe through the observation system? ( <b>essential</b> )	Yes	No
Describe and record findings from the examination of the cornea accurately? (desirable)	Yes	No
Properly assess the anterior chamber angles using the van Herick method? (desirable)	Yes	No
Accurately record the anterior chamber angles? (desirable)	Yes	No
Accurately examine the iris and the lens? (desirable)	Yes	No
Accurately record observations of the iris and the lens? (desirable)	Yes	No
Screen the anterior chamber for cells and aqueous flare? (desirable)	Yes	No
Use the slit lamp in a fluent, confident, efficient and logical manner? ( <b>essential</b> )	Yes	No

Did omission of, or poor performance at, any of the above steps cause the findings **from the Slit-Lamp Biomicroscopy skill** to be incomplete or invalid to the extent that patient care could be compromised? Yes No

**If yes:**

1. FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Slit-Lamp Biomicroscopy skill (see the blue coloured **Overall Assessment** line at the end of the sheets relevant to this skill).
2. Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. *Continue on the back of this page if needed.*

<b>Overall Assessment</b>	
<b>Did the candidate PASS or FAIL this skill?</b>	<b>PASS FAIL</b>
Assessor's signature	

## J. Gonioscopy

Candidate's Name:

Assessor's Name:

Date of examination:

Skill Checklist		
<p>Notes:</p> <ol style="list-style-type: none"> <li>1. The assessor will advise which of the subject's eyes is to be examined</li> <li>2. The candidate can choose an appropriate gonioscope / goniolens to use.</li> <li>3. The type of gonioscope used for examination must be recorded with the results.</li> </ol> <p>Did the candidate:</p>		
Inform the subject of the purpose of the test? (desirable)	Yes	No
Wash their hands prior to the commencement of the test? (desirable)	Yes	No
Instruct the subject correctly? (desirable)	Yes	No
Check the corneal integrity before the examination? (desirable)		
For the subject's eye selected by the examiner, instil local anaesthetic appropriately, record this event appropriately, and place appropriate fluid (where necessary) on the goniolens? (desirable)	Yes	No
Correctly set up the illumination system of the slit lamp and position the subject at the slit-lamp biomicroscope correctly? (desirable)	Yes	No
Insert the goniolens safely? ( <b>essential</b> )	Yes	No
Obtain a clear view for observation by the examiner via the observation system? ( <b>essential</b> )	Yes	No
Systematically examine across the 4 quadrants, identify all visible angle structures in the inferior quadrant and describe to the examiner any other significant findings? ( <b>essential</b> )	Yes	No
Remove the goniolens safely? ( <b>essential</b> )	Yes	No
Rinse the goniolens solution from the eye of the subject where necessary? (desirable)	Yes	No
Clean and disinfect the gonioprism? (desirable)	Yes	No
Check the corneal integrity after the examination? (desirable)	Yes	No
Record all findings appropriately, including the type of goniolens used? (desirable)	Yes	No

Did omission of, or poor performance at, any of the above steps cause the findings **from the Gonioscopy skill** to be incomplete or invalid to the extent that patient care could be compromised? Yes No

**If yes:**

1. FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Gonioscopy skill (see the blue coloured **Overall Assessment** line at the end of the sheets relevant to this skill).
2. Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. *Continue on the back of this page if needed.*

<b>Overall Assessment</b>		
<b>Did the candidate PASS or FAIL this skill?</b>		<b>PASS FAIL</b>
Assessor's signature		

## K. Binocular Indirect Ophthalmoscopy

Candidate's Name:

Assessor's Name:

Date of examination:

Skill Checklist		
Notes: 1. The assessor will advise which of the subject's eyes is to be examined 2. The pupils of the subject will be dilated prior to the test. 3. The candidate can choose an appropriate fundus lens. 4. The power/type of fundus lens used for examination must be recorded with the results.		
<b>Did the candidate:</b>		
Inform the subject of the purpose of the test? (desirable)	Yes	No
Instruct the subject correctly? (desirable)	Yes	No
Obtain a clear, steady image and performs a systematic examination of:		
- Posterior pole ( <b>essential</b> )	Yes	No
- Superior, superior temporal, superior nasal, temporal, nasal, inferior, inferior nasal and inferior temporal views to 10DD, unless this is not attainable (e.g. poor pupil dilation). ( <b>essential</b> )	Yes	No
Lens is fully filled in posterior pole view with appropriate vertex distance and lens tilt ( <b>essential</b> )	Yes	No
Lens is filled to 80% in each quadrant with appropriate lens tilt and vertex distance in peripheral views ( <b>essential</b> )	Yes	No
Accurately record findings for the peripheral retina, the macula and the optic nerve head? ( <b>essential</b> )	Yes	No
Maintain a clear steady view of the images for the examiner to observe through the teaching mirror? ( <b>essential</b> )	Yes	No
Use the binocular indirect ophthalmoscope in a fluent, confident, efficient and logical manner? (desirable)	Yes	No

Did omission of, or poor performance at, any of the above steps cause the findings <b>from the Binocular Indirect Ophthalmoscopy skill</b> to be incomplete or invalid to the extent that patient care could be compromised?	Yes	No
<b>If yes:</b>		
1. FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Binocular Indirect Ophthalmoscopy skill (see the blue coloured <b>Overall Assessment</b> line at the end of the sheets relevant to this skill).		
2. Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. <i>Continue on the back of this page if needed.</i>		

Overall Assessment			
Did the candidate PASS or FAIL this skill?		PASS	FAIL
Assessor's signature			

## L. Fundus Lens Evaluation

Candidate's Name:

Assessor's Name:

Date of examination:

Skill Checklist			
Notes:			
<ol style="list-style-type: none"> <li>Both eyes are to be examined.</li> <li>The pupils of the subject will be dilated prior to the test.</li> <li>The candidate can choose an appropriate fundus lens.</li> <li>The power/type of fundus lens used for examination <u>must</u> be recorded with the results.</li> </ol>			
Did the candidate:			
Inform the subject of the purpose of the test? (desirable)		Yes	No
Instruct the subject correctly? (desirable)		Yes	No
Examine and accurately describe:			
- the optic nerve head (including the cup/disc ratio to +/-0.2 and the neuroretinal rim)? ( <b>essential</b> )		Yes	No
- the peripapillary tissue? (desirable)		Yes	No
- the blood vessels? (desirable)		Yes	No
- the macula? ( <b>essential</b> )		Yes	No
- the vitreous? (desirable)		Yes	No
Record findings using the appropriate terminology for the vitreous, the optic nerve head (including the cup/disc ratio to +/-0.2 and neuroretinal rim), the peripapillary tissue, the blood vessels and the macula? ( <b>essential</b> )		Yes	No
Shows manipulation of slit lamp features such as magnification, beam height and width to examine the posterior pole (desirable)		Yes	No
Scans the mid-peripheral retina in a systematic way (central 4DD around the optic nerve head, unless this is not attainable e.g. poor pupil dilation). ( <b>essential</b> )		Yes	No
Examiner chooses patient to look either superior, inferior, nasal or temporal and candidate examines peripheral retina systematically in this gaze ( <b>essential</b> )		Yes	No

Did omission of, or poor performance at, any of the above steps cause the findings <b>from the Fundus Lens Evaluation skill</b> to be incomplete or invalid to the extent that patient care could be compromised?		Yes	No
<b>If yes:</b>			
<ol style="list-style-type: none"> <li>FAIL must be recorded for this skill in the OVERALL ASSESSMENT line for the Fundus Lens Evaluation skill (see the blue coloured <b>Overall Assessment</b> line at the end of the sheets relevant to this skill).</li> <li>Please outline the details of the performance deficit and how this deficit could compromise patient care: this information is to help the candidate address their skills gaps. <i>Continue on the back of this page if needed.</i></li> </ol>			

Overall Assessment			
Did the candidate PASS or FAIL this skill?		PASS	FAIL
Assessor's signature			