



Optometry Council of  
Australia and New Zealand

Optometry Council of Australia and New Zealand  
PO Box 16179, Collins Street West VIC 8007  
Australia

Tel: +61 3 9670 3173

Web: [www.ocanz.org](http://www.ocanz.org)

ACN 074 875 111 ABN 38 074 875 111

## Appendix F: Patient Examination - Marking Rubric

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

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Approved by	OCANZ Board

# OCAZ Patient Examination Marking Rubric

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In the Patient Examination, candidates are assessed according to competency performance criteria, and each criterion is scored according to the following simple rating scale:

- 0 – Not competent: The candidate does not meet the minimum standard for entry-level of competency.
- 1 – Minimally competent: The candidate minimally meets the standard for entry-level competency.
- 2 – Clearly competent: The candidate clearly meets the standard for entry-level competency.

The suggested indicators from Kiely and Slater (2015) should be used to aid rating each criterion. Performance criteria that are not relevant to the patient do not need to be rated (circle N/A). The ratings are then averaged across each unit, and candidates must achieve an average rating greater than or equal to one in all of the five units to pass the patient examination.

If a rating of 0 (not competent) is given for a criterion, the examiner must provide a comment justifying the rating.

**DATE:** \_\_\_\_\_

**CANDIDATE NAME:** \_\_\_\_\_

**ASSESSOR NAME:** \_\_\_\_\_

Each time the candidate leaves the room you are required to stop the clock and re-start it upon their return. Please note both the actual start and stop times in the table below.

<b>Start / recommence</b>						
<b>Stop</b>						

Please note any issues with time keeping:

1. Professional Responsibility Criteria	Rating
<p><b>1a. Appearance, presentation and behaviour is professional</b></p> <p>The candidate maintains an appearance, presentation and behaviour that is in keeping with a professional (1.4.5, 1.7.3).</p> <p><i>Comment:</i></p>	<p>0 1 2</p>
<p><b>1b. Ethical standards of the profession are maintained</b></p> <p>The candidate maintains the ethical standards of the profession (1.4.4).</p> <p><i>Comment:</i></p>	<p>0 1 2</p>

2. Patient History Criteria	Rating
<b>Communicates effectively</b>	
<p><b>2a. Uses appropriate communication methods</b></p> <p>The candidate uses modes and methods of communication that take into account the physical, emotional, intellectual and cultural background of the patient (1.5.1, 1.9.3, 2.1.1).</p> <p><i>Comment:</i></p>	0 1 2
<p><b>2b. Useful information is exchanged</b></p> <p>The candidate achieves a structured, efficient, rational, and comfortable exchange of information with the patient (2.1.2).</p> <p><i>Comment:</i></p>	0 1 2
<p><b>2c. Privacy and confidentiality is maintained</b></p> <p>Private and confidential information is only discussed in an appropriate environment (2.1.3)</p> <p><i>Comment:</i></p>	0 1 2 N/A
<p><b>2d. General observations are made</b></p> <p>The candidate notes and takes into account physical and behavioural characteristics of the patient (2.2.1).</p> <p><i>Comment:</i></p>	0 1 2 N/A
<p><b>2e. Presenting complaints are clearly identified</b></p> <p>The reasons for the patient's visit are elicited in a structured way (2.3.1).</p> <p><i>Comment:</i></p>	0 1 2
<p><b>2f. All required information is obtained</b></p> <p>The candidate obtains all information required for diagnosis and management from the patient (2.3.2).</p> <p><i>Comment:</i></p>	0 1 2

3A. Patient Examination Criteria – Planning	Rating
<b>Formulates an examination plan</b>	
<p><b>3a. Examination plan is based on patient history</b></p> <p>The candidate formulates an examination plan that is based on the history and designed to obtain the information necessary for diagnosis and management of the patient (3.1.1).</p> <p><i>Comment:</i></p>	0 1 2
<p><b>3b. Appropriate tests and procedures are selected</b></p> <p>The candidate selects tests and procedures appropriate to the patient’s condition and abilities (3.1.2).</p> <p><i>Comment:</i></p>	0 1 2
<p><b>3c. Other relevant tests and procedures are selected</b></p> <p>Tests and procedures that are not necessarily related to the patient history, but that are still important, are selected (3.1.3)</p> <p><i>Comment:</i></p>	0 1 2 N/A
<b>Implements an examination plan</b>	
<p><b>3d. Selected tests and procedures are performed</b></p> <p>The candidate performs all tests and procedures that efficiently provide the information required for diagnosis and management of the patient (3.2.1).</p> <p><i>Comment:</i></p>	0 1 2
<p><b>3e. The tests and procedures performed are modified during the examination</b></p> <p>The results of tests and procedures are used to progressively modify the examination plan during the examination (3.2.2).</p> <p><i>Comment:</i></p>	0 1 2 N/A

3B. Patient Examination Criteria – Performance	Rating
<b>Assesses the ocular adnexae and the eye</b>	
<p>3f. Assesses the ocular adnexae</p> <p>The eyebrow, eyelids, lacrimal apparatus and conjunctiva are assessed for their structure, function and health (3.3.1).</p> <p><i>Comment:</i></p>	0 1 2
<p>3g. Assesses the anterior segment</p> <p>The cornea, iris, ciliary body, lens, and angle are assessed for their structure, function and health (3.3.2).</p> <p><i>Comment:</i></p>	0 1 2
<p>3h. Assesses the ocular media</p> <p>The aqueous and vitreous humour are assessed for their structure, function and health (3.3.3).</p> <p><i>Comment:</i></p>	0 1 2
<p>3i. Assesses the posterior segment</p> <p>The retina, choroid, and optic nerve are assessed for their structure, function and health (3.3.4).</p> <p><i>Comment:</i></p>	0 1 2
<b>Assesses visual function</b>	
<p>3j. Assesses visual acuity</p> <p>The candidate uses an appropriate method to assess the unaided or presenting visual acuity of the patient (3.4.1).</p> <p><i>Comment:</i></p>	0 1 2

<p><b>3k. Assesses visual fields</b></p> <p>The candidate uses an appropriate method to assess the visual field of the patient (3.4.2).</p> <p><i>Comment:</i></p>	0 1 2 N/A
<p><b>3l. Assesses colour vision</b></p> <p>The candidate uses an appropriate method to assess the colour vision of the patient (3.4.3).</p> <p><i>Comment:</i></p>	0 1 2 N/A
<p><b>3m. Assesses pupil responses</b></p> <p>The candidate uses appropriate methods to assess the pupil responses of the patient (3.4.4).</p> <p><i>Comment:</i></p>	0 1 2
<p><b>3n. Assesses refractive status</b></p> <p>The candidate measures the spherical, astigmatic and presbyopic components of the correction (3.5.1).</p> <p><i>Comment:</i></p>	0 1 2 N/A
<b>Assesses oculomotor and binocular function</b>	
<p><b>3o. Assesses eye alignment</b></p> <p>The candidate uses appropriate methods to assess the alignment of the eye and state of fixation (3.6.1).</p> <p><i>Comment:</i></p>	0 1 2 N/A
<p><b>3p. Assesses eye movements</b></p> <p>The candidate uses appropriate methods to assess the range and quality of eye movements (3.6.2).</p> <p><i>Comment:</i></p>	0 1 2 N/A
<p><b>3q. Assesses binocularity</b></p> <p>The candidate uses appropriate methods to assess the status of binocularity (3.6.3).</p> <p><i>Comment:</i></p>	0 1 2 N/A

<p><b>3r. Assesses the vergence system</b> The candidate uses appropriate methods to assess the state and adaptability of the vergence system (3.6.4). <i>Comment:</i></p>	0 1 2 N/A
<p><b>3s. Assesses accommodation</b> The candidate uses appropriate methods to measure the state and adaptability of accommodation (3.6.5) <i>Comment:</i></p>	0 1 2 N/A



4. Diagnosis and Management Criteria	Rating
<b>Establishes a diagnosis</b>	
<p><b>4a. Examination outcomes are appraised</b></p> <p>Accuracy and validity of test results and information from the case history and other sources are critically appraised (4.1.1).</p> <p><i>Comment:</i></p>	0 1 2
<p><b>4b. Diagnosis is established</b></p> <p>Test results and other information are analysed, interpreted and integrated to determine the nature and aetiology of conditions or diseases and to establish the diagnosis or differential diagnoses (4.1.2).</p> <p><i>Comment:</i></p>	0 1 2
<p><b>4c. Assesses signs and symptoms</b></p> <p>Pertinent signs and symptoms are identified and their relevance to patient health and well-being and further management is determined (4.3.1).</p> <p><i>Comment:</i></p>	0 1 2 N/A
<b>Designs a management plan</b>	
<p><b>4d. Uses an evidence-based approach</b></p> <p>The clinical expertise of the candidate is integrated with current clinical research evidence, the patient's wants and needs, and the practice context when designing the management plan (1.2.1).</p> <p><i>Comment:</i></p>	0 1 2 N/A
<p><b>4e. Patient preferences taken into account</b></p> <p>The evidence relevant to diagnosis and prognosis is discussed with the patient in a manner that they can understand, and their preferences are taken into account in clinical decision making (1.4.1, 1.5.1, 1.9.3, 2.4.1, 4.4.1).</p> <p><i>Comment:</i></p>	0 1 2
<p><b>4f. Assesses urgency</b></p> <p>The relative importance or urgency of the presenting problems and examination findings is determined and addressed in the management plan (4.4.2).</p> <p><i>Comment:</i></p>	0 1 2

<p><b>4g. Discusses management options</b>  Management options to address the patient’s situation are discussed with the patient (1.5.1, 4.4.3).  <i>Comment:</i></p>	<p>0 1 2</p>
<p><b>4h. Management plan determined</b>  A course of management is agreed to with the patient, following counselling and explanation of the likely course of the condition, case management and prognosis (4.2.1, 4.4.4).  <i>Comment:</i></p>	<p>0 1 2</p>
<p><b>4i. Review schedule is established</b>  Patients requiring ongoing care and review are scheduled as their clinical condition indicates (4.4.5).  <i>Comment:</i></p>	<p>0 1 2</p>

5. Health Information Management Criteria	Rating
<p><b>5a. Patient records are maintained</b></p> <p>The candidate records all relevant patient information and data promptly in a format which is understandable and useable by any optometrist and/or colleague (5.1.1).</p> <p><i>Comment:</i></p>	0 1 2

Overall Assessment	Rating
<p><b>Overall rating</b></p> <p>Note: This rating does not determine whether a candidate passes or fails.</p>	0 1 2
<i>Comments:</i>	

Patient Complexity	Rating
<p><b>Patient history complexity</b></p> <p>0 – No complexity (No issues engaging with patient)</p> <p>1 – Mild complexity (Some issues engaging with patient; e.g. tense, distractible or preoccupied)</p> <p>2 – Moderate complexity (Difficult to engage with patient; e.g. anxious, confused or behavioural disturbances)</p>	0 1 2
<p><b>Patient examination complexity</b></p> <p>0 – No complexity (Only routine testing needed)</p> <p>1 – Mild complexity (Some additional testing needed)</p> <p>2 – Moderate complexity (Non-routine examination needed)</p>	0 1 2
<p><b>Diagnosis and management complexity</b></p> <p>0 – No complexity (Only routine care needed; no evidence of need to act beyond routine care)</p> <p>1 – Mild complexity (Basic care planning needed; need to watch/prevent or explore interacting issues)</p> <p>2 – Moderate complexity: (Multifaceted plan needed; need to form a well-integrated plan)</p>	0 1 2
<i>Comments:</i>	
<b>Assessor's signature</b>	