

## Appendix D

### Patient examination assessment sheet

The following assessment sheets are for marking candidates for the patient examination section of the Competency in Optometry Examination. The patient examination consultations are provided to routinely presenting patients where the expectation is that a full comprehensive initial assessment of the patient will be performed.

A number of tests are listed together with criteria to be used to determine whether the candidate has performed satisfactorily. The emphasis in the patient examinations is an appropriate examination leading to successful management of the patient. For this reason, non-performance or failure of an essential test constitutes failure of this patient exam. For non-essential tests or extra tests, the assessor must decide whether non-performance or failure constitutes a failure of this patient examination. A pass is recommended where a candidate has performed all essential tests satisfactorily and determined appropriate patient management and no contra-indicated tests have been attempted.

The following are reasons for automatic failure:

- The candidate presents for the assessment without the appropriate equipment.
- A candidate completes an examination having omitted an essential procedure or failed to recommend its performance at a subsequent examination if there is insufficient time in the clinical examination.
- The candidate intends or commences to perform a contra-indicated test.
- The candidate is asked to stop the performance of a particular procedure because they do not perform it safely.
- The candidate behaves in an unprofessional manner towards the patient or the assessor.
- **The candidate has not completed the examination and all examination paperwork in the time allocated.**

To assist in the determination of passes or fails, assessors are requested to circle whether certain tests were essential, useful, unnecessary or contra-indicated. They are then to indicate whether or not the test has been performed. Where an essential test has been omitted, assessors are requested to identify these tests as essential and indicate that they have not been performed.

It should be noted that whilst extra (non-essential) tests may be indicated for a particular patient, the performance of these tests may not be appropriate in the course of a first examination. However it is essential that the candidate indicate that the test is and that it needs to be performed at a later date. Candidates are advised to justify the performance of additional tests at a later date as all essential tests should be included in the initial consultation.

For each procedure performed on the patient, candidates will be expected to inform the patient of the purpose of the test and to give them adequate instructions for the satisfactory completion of the test. Assessors may fail candidates if they consider that adequate patient instruction has not been provided.

It is expected that they will perform all tests in a reasonably fluent and confident manner and that the examination and all examination paperwork should be **completed within 70 minutes**. The 70 minutes includes a dilated ocular fundus examination which is to be performed on all patients unless there is contraindication to doing so. The clock will **not** stop while the patient's pupils are dilating. It will be necessary for the assessor to check the patient's refraction and intraocular pressures in the course of the examination – the clock is stopped for the assessor to complete these tests.

If gonioscopy is required and the patient is subsequently dilated, an additional 5 minutes will be allocated. If gonioscopy is required but the patient is not dilated, no additional time will be allocated. If a more extensive binocular vision analysis is considered essential to be performed on the day due to the presentation of the patient, an additional 5 minutes will be allocated.

An additional ten minutes will be available for discussion of the case with the assessor after the 70 minute candidate consultation.

CANDIDATE'S NAME:

DATE OF EXAMINATION:

ASSESSOR'S NAME:

- Non performance or failure of an essential test constitutes failure of this patient exam
- Assessors must complete the final summary page
- The consultation and all paperwork must be completed by candidate in no more than 70 minutes i.e. the candidate should have recorded findings and advice to the patient and have the patient ready to exit the consulting room within 70 minutes (excluding time that assessor stopped the clock.

1. PREPARATION (ESSENTIAL *)	
<b>Did the candidate:</b>	
ensure personal presentation and hygiene were suitable for the performance of an optometric examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ensure that the consultation room was set up appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
provide themselves with all the necessary items of equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the candidate PERFORM and PASS this section?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. COMMUNICATION WITH THE PATIENT INCLUDING TAKING CASE HISTORY (ESSENTIAL *)	
<b>Did the candidate:</b>	
greet and introduce him/herself to the subject and settle the subject comfortably; develop appropriate rapport with the patient and respond appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
phrase questions clearly to determine the information required (appropriate vocabulary etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
take an adequate case history including: presenting symptoms, other symptoms, general health, past ocular history, family ocular history, family general health, visual requirements of the subject where appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
clearly record appropriate information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the candidate PERFORM and PASS this section?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. UNAIDED OR PRESENTING VISUAL ACUITY (ESSENTIAL) *	
<b>Did the candidate:</b>	
Instruct the subject correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correctly measure and record unaided or presenting visual acuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the candidate PERFORM and PASS this section?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Non performance or failure of an essential test constitutes failure of this patient exam

<b>4. INTERPUPILLARY DISTANCE (ESSENTIAL) *</b>	
<b>Did the candidate:</b>	
use an appropriate method to measure the p.d. at distance and near?	<input type="checkbox"/> Yes <input type="checkbox"/> No
record p.d. findings correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the candidate PERFORM and PASS this section?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>5. OCULAR EXCURSIONS (ESSENTIAL) *</b>	
<b>Did the candidate:</b>	
instruct the subject correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
use an appropriate target?	<input type="checkbox"/> Yes <input type="checkbox"/> No
correctly measure the ocular excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
record findings correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the candidate PERFORM and PASS this section?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>6. PUPIL REACTIONS (ESSENTIAL) *</b>	
<b>Did the candidate:</b>	
give the subject the appropriate instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
measure direct, consensual and near pupil reactions correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
record results correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the candidate PERFORM and PASS this section?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>7. COVER TEST: (ESSENTIAL)*</b>	
<b>Did the candidate:</b>	
instruct the subject correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
use an appropriate fixation target, occluder and room lighting for distance and near?	<input type="checkbox"/> Yes <input type="checkbox"/> No
perform correctly the unilateral cover test and the alternating cover test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
record findings correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the candidate PERFORM and PASS this section? *</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Non performance or failure of an essential test constitutes failure of this patient exam

<b>8. RETINOSCOPY: (ESSENTIAL)*</b>	
<b>Did the candidate:</b>	
instruct the patient correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
provide the patient with a suitable fixation target, fog them appropriately, use appropriate room illumination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
perform retinoscopy correctly for both eyes: within $\pm 0.50D$ for the spherical power; $\pm 0.50D$ for the cylinder power and $\pm 10^\circ$ for the cylinder axis? *Assessors may exercise their discretion to adjust the specified tolerances	<input type="checkbox"/> Yes <input type="checkbox"/> No
measure and record monocular visual acuity with the retinoscopy findings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
record retinoscopy findings using the appropriate notation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the candidate PERFORM and PASS this section? *</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>9. SUBJECTIVE REFRACTION: (ESSENTIAL)*</b>	
<b>Did the candidate:</b>	
instruct the subject correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
correctly determine the subjective refraction for both eyes (spherical power within $\pm 0.25D$ ; cylinder power within $\pm 0.25D$ ; axis within $\pm 10^\circ$ for cylinder powers up to 1.25 D and within $\pm 5^\circ$ for powers over 1.25D) *Assessors may exercise their discretion to adjust the specified tolerances	<input type="checkbox"/> Yes <input type="checkbox"/> No
correctly perform a binocular balance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
record the final prescription correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
correctly measure and record corrected visual acuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the candidate PERFORM and PASS this section?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>10. SLIT-LAMP BIOMICROSCOPY: (ESSENTIAL)*</b>	
<b>Did the candidate:</b>	
correctly instruct the subject?	<input type="checkbox"/> Yes <input type="checkbox"/> No
set up the slit-lamp correctly (clean chinrest, adjust eyepieces, slit beam, magnification etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
position the subject at the slit/lamp correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
appropriately examine the eyes and adnexae including the lids, lashes, lid margins, iris, lens, palpebral conjunctiva, bulbar conjunctiva, cornea, anterior chamber, anterior chamber angle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
accurately record observations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the candidate PERFORM and PASS this section?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<b>11. TONOMETRY (Note: It is preferred that the candidate choose either a Perkins or a Goldmann tonometer, but non-contact tonometry may be used if necessary)</b>	
<b>(ESSENTIAL)*</b>	
Did the candidate:	
explain the purpose of the procedure to the subject and instruct the subject correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
disinfect the tonometer (if necessary)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
instil the topical anaesthetic and fluorescein appropriately (if necessary)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
perform tonometry correctly: position tonometer, align probe, accurate reading, safe removal of the tonometer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
accurately measure within +/- 3mm Hg	<input type="checkbox"/> Yes <input type="checkbox"/> No
record findings and time of test using the appropriate terminology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
check the corneal integrity at the completion of the test and manage appropriately (if necessary)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the candidate PERFORM and PASS this section? (Note: if the test was contra-indicated and the candidate attempted to perform it you must circle NO).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>12. FUNDOSCOPY: (ESSENTIAL)*</b>	
<b>Did the candidate:</b>	
instruct the subject correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
use appropriate room illumination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were the pupils dilated (required unless contraindicated)	<input type="checkbox"/> Yes <input type="checkbox"/> No
examine the ocular fundus correctly including: the central retina, peripheral retina, optic disc, macula etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Examine the ocular fundus with a binocular indirect ophthalmoscope proficiently	<input type="checkbox"/> Yes <input type="checkbox"/> No
Examine the ocular fundus with a fundus lens (e.g. 90D or 78D) proficiently	<input type="checkbox"/> Yes <input type="checkbox"/> No
accurately record all findings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the candidate PERFORM and PASS this section?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<b>13. PATIENT MANAGEMENT (ESSENTIAL)*</b>	
<b>Did the candidate:</b>	
clearly explain to the patient the reasons for their presenting symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
perform all tests necessary for appropriate management of the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
correctly advise the patient of how their case should be managed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
provide clear, accurate instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
write a prescription including all necessary details for the fabrication of the lens and using the appropriate terminology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
correctly advise the patient of the time of their next eye examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
record on the patient record card appropriate information including: advice of timing of next visit, diagnosis/es, patient management, practitioners to whom the patient has been referred	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the candidate PERFORM and PASS this section?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>14. VISUAL FIELD ASSESSMENT</b>	
<b>14(i) Confrontation (ESSENTIAL) *</b>	
<b>Did the candidate:</b>	
instruct the patient correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
correctly perform confrontation field testing (occlude contralateral eye, appropriate working distance, appropriate lighting, appropriate target, monitor fixation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
record results appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the candidate PERFORM and PASS this section?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>14(ii). Amsler Grid Testing:</b>	<b>Performed / Not Performed</b>
<b>Was this test:</b>	<b>Essential / Useful / Unnecessary</b>
<b>Did the candidate:</b>	
instruct the subject correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
correctly administer the Amsler grid test (occlude contralateral eye, appropriate near correction, correct working distance, appropriate lighting)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
record findings correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If this section was performed, did the candidate PASS this section? (Note: if the test was unnecessary and the candidate attempted to perform it you must circle NO)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If "No" should this alone constitute a failure of this patient examination?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(Must constitute a failure if test was considered essential)</b>	

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<b>15. NEAR POINT OF CONVERGENCE:</b> <b>(as clinically indicated)</b>	<b>Performed / Not Performed</b>
<b>Was this test:</b>	<b>Essential / Useful / Unnecessary</b>
<b>Did the candidate:</b>	
instruct the subject correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
use an appropriate target to measure the near point of convergence correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
record findings correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If this section was performed, did the candidate PASS this section?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If "No" should this alone constitute a failure of this patient examination?</b> <b>(Must constitute a failure if test was considered essential)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>16. BINOCULAR VISION ANALYSIS (as clinically indicated)</b>	
<b>16(i) Heterophoria Measurement:</b>	<b>Performed / Not Performed</b>
<b>Was this test:</b>	<b>Essential / Useful / Unnecessary</b>
<b>Did the candidate:</b>	
instruct the subject correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
employ appropriate methods to determine horizontal and vertical phorias at distance and near: appropriate room lighting, fixation target, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
measure horizontal and vertical phorias accurately at distance and near? (within 2 <sup>D</sup> horizontally, 1 <sup>D</sup> vertically)	<input type="checkbox"/> Yes <input type="checkbox"/> No
record findings using appropriate notation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If this section was performed, did the candidate PASS this section?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If "No" should this alone constitute a failure of this patient examination?</b> <b>(Must constitute a failure if test was considered essential)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>16(ii) Vergence Testing at distance and near:</b> <b>(as clinically indicated)</b>	<b>Performed / Not Performed</b>
<b>Was this test:</b>	<b>Essential / Useful / Unnecessary</b>
<b>Did the candidate:</b>	
instruct the subject correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
use an appropriate method to measure blur, break and recovery points for base in and base out prism at distance and near? (adequate fixation target, appropriate room lighting)	<input type="checkbox"/> Yes <input type="checkbox"/> No
use an appropriate target at 40cm to correctly determine the vertical reserves at near (break and recovery)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
accurately record the findings using the appropriate notation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If this section was performed, did the candidate PASS this section?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If "No" should this alone constitute a failure of this patient examination?</b> <b>(Must constitute a failure if test was considered essential)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>17. AMPLITUDES OF ACCOMMODATION:</b> (as clinically indicated)	<b>Performed / Not Performed</b>
<b>Was this test:</b>	<b>Essential / Useful / Unnecessary</b>
<b>Did the candidate:</b>	
instruct the subject correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
use an appropriate method to measure monocular and binocular amplitudes of accommodation? (distance prescription, appropriate fixation target, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No
record the amplitudes of accommodation in dioptres?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If this section was performed, did the candidate PASS this section?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If "No" should this alone constitute a failure of this patient examination?</b> (Must constitute a failure if test was considered essential)	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>18. DETERMINATION OF THE NEAR ADDITION:</b> (as clinically indicated)	<b>Performed / Not Performed</b>
<b>Was this test:</b>	<b>Essential / Useful / Unnecessary</b>
<b>Did the candidate:</b>	
instruct the subject correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
use the distance prescription and using appropriate lenses determine the range of clear near vision and the clearest position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
modify the near add according to the patient's required working distance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
record the near addition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If this section was performed, did the candidate PASS this section?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If "No" should this alone constitute a failure of this patient examination?</b> (Must constitute a failure if test was considered essential)	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>19. COLOUR VISION ASSESSMENT</b>	
<b>19(i) Pseudo-isochromatic plates:</b>	<b>Performed / Not Performed</b>
<b>Was this test:</b>	<b>Essential / Useful / Unnecessary</b>
<b>Did the candidate</b>	
instruct the subject correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
administer the test under appropriate illumination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
accurately score and record the results of the tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If this section was performed, did the candidate PASS this section?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If "No" should this alone constitute a failure of this patient examination?</b> (Must constitute a failure if test was considered essential)	<input type="checkbox"/> Yes <input type="checkbox"/> No



<b>20. PATIENT REFERRAL:</b>	<b>Performed / Not Performed</b>
<b>Was this test:</b>	<b>Essential / Useful / Unnecessary</b>
<b><i>Did the candidate:</i></b>	
have an appropriate reason for referral of the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
advise the patient of the reason for referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
advise the patient of the type of practitioner to whom they should be referred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
record on the patient record the type of practitioner who patient is to be referred to (assessor will write the letter)	
<b>If this section was performed, did the candidate PASS this section?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If "No" should this alone constitute a failure of this patient examination?</b> <b>(Must constitute a failure if test was considered essential)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Extra tests:</b>	<b>Was this test:</b>
<b>Anterior eye and adnexae examination:</b>	
corneal sensitivity	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
exophthalmos assessment	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
keratometry	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
lacrimal patency evaluation	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
<b>Interior eye assessment:</b>	
gonioscopy	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed

<b>Were there any extra tests considered essential and either failed or not performed which must therefore constitute a failure of this patient examination?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the failure of any of these tests mean that the candidate should fail this patient examination?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Extra tests:	Was this test:
<b>Refraction/Visual acuity:</b> contrast sensitivity  cycloplegic refraction  photostress/glare assessment  pinhole	<p style="text-align: center;">Performed / Not Performed            Essential / Useful / Unnecessary / Contra-indicated            Passed or failed</p> <p style="text-align: center;">Performed / Not Performed            Essential / Useful / Unnecessary / Contra-indicated            Passed or failed</p> <p style="text-align: center;">Performed / Not Performed            Essential / Useful / Unnecessary / Contra-indicated            Passed or failed</p> <p style="text-align: center;">Performed / Not Performed            Essential / Useful / Unnecessary / Contra-indicated            Passed or failed</p>
special VA assessment (e.g. ND, single letter)	<p style="text-align: center;">Performed / Not Performed            Essential / Useful / Unnecessary / Contra-indicated            Passed or failed</p>

<b>Were there any extra tests considered essential and either failed or not performed which must therefore constitute a failure of this patient examination?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the failure of any of these tests mean that the candidate should fail this patient examination?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Binocular vision/accommodation:</b>	
<b>Stereopsis</b>	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
accommodative facility	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
detailed comitancy/motility evaluation (Hess-Lancaster)	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
fixation disparity assessment	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
fusion	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
retinal correspondence	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
saccades	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed

<b>Were there any extra tests considered essential and either failed or not performed which must therefore constitute a failure of this patient examination?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the failure of any of these tests mean that the candidate should fail this patient examination?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Miscellaneous:</b></p> <p>Monocular fixation evaluation</p> <p>Low vision assessment</p> <p>Farnsworth D15 colour vision test</p> <p>Automated Visual Fields</p>	<p>Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed</p> <p>Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed</p> <p>Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed</p> <p>Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed</p>
<p><b>Other tests (please list)</b></p> <p>a)</p> <p>b)</p> <p>c)</p>	<p>Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed</p> <p>Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed</p> <p>Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed</p>

<p><b>Were there any extra tests considered essential and either failed or not performed which must therefore constitute a failure of this patient examination)</b></p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p><b>Did the failure of any of these tests mean that the candidate should fail this patient examination?</b></p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>

**SUMMARY****CANDIDATE'S NAME:****DATE OF EXAMINATION:****ASSESSOR'S NAME:**

Difficulty of examination (please circle):      straight forward / difficult / very difficult

<b>EXAMINATION ASSESSMENT SUMMARY</b>	
<i>Did the candidate:</i>	
make a correct diagnosis or diagnoses to account for the condition(s) present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
determine appropriate management for the patient and justify this to the assessor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
justify the inclusion of tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Did the candidate attempt to perform any procedures which were contra-indicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did the candidate fail to perform any of the procedures considered as essential for this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Was it necessary to stop the candidate performing any test because of an unsafe technique?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did the candidate behave in an unprofessional manner during the examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>A "yes" response to any of questions 1 to 4 means an automatic failure. Write "fail" in the next column if this is the case.</b>	

If the answers to questions 1 to 4 above were "no" please answer the following questions

5. Was the performance of the candidate appropriate for the management of the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did the candidate complete the examination within the allocated time?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>A "no" response to questions 5 or 6 means a fail. Write "fail" if this is the case?</b>	
<b>A "yes" response to questions 5 and 6 means a pass. Write "pass" if this is the case.</b>	

**If 'Fail' has been recorded above, please summarise the reasons why the candidate failed the examination:**

Additional comments

Assessor's signature

## TIME KEEPING

CANDIDATE'S NAME:

DATE OF EXAMINATION:

ASSESSOR'S NAME:

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

Start / recommence						
Stop						

### GONIOSCOPY/DILATION

Was gonioscopy was required and the patient was subsequently dilated? Yes No

If YES, an additional 5 minutes should be allocated.

### EXTENSIVE BINOCULAR VISION ANALYSIS

Was an extensive binocular vision analysis considered essential to be performed on the day due to the presentation of the patient? Yes No

If YES, an additional 5 minutes should be allocated.

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Please note any issues that may have arisen with time keeping:

Last updated	27 <sup>th</sup> May 2016
Approved by	Examination Committee