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
ACN 074 875 111 ABN 38 074 875 111

Appendix E: Patient Examination - Information

This document provides additional information for candidates undertaking the Patient examination component of the OCANZ Competency in Optometry Examination.

ARRIVAL

Make sure that you arrive at least 30 minutes before the scheduled examination time. Examinations start at the scheduled time whether you are there or not, and you will not receive additional time if you are late.

On arrival for the examination, please sit in the patient waiting area. You will be collected by the examination coordinator and asked to sign in and collect your name badge. Your name badge must be worn before you enter the examination and all the time thereafter so that the assessors know who they are examining, and so that building security knows you are a verified visitor. Please leave your name badge at the venue at the end of the examination.

STANDARD OF DRESS

Dress and personal hygiene must be to a professional standard.

EQUIPMENT

Only "required" and "optional" equipment can be brought into the examination by the candidate, no written materials are permitted. A standard clinic room with equipment will be used for the Patient examination. You must keep all your personal equipment together in a limited area when you are inside the examination room. It is important that you label all your personal equipment and that you keep it separate from equipment provided by the examination venue. You must take all your equipment with you at the end of the examination. The examination venue is unable to manage any lost property that does not have your name on it.

Required equipment: Candidates must provide themselves with a retinoscope (any model, streak or spot is permitted, a battery-operated instrument is preferred), direct ophthalmoscope, inter-pupillary distance (p.d.) rule, occluder, cover-paddle (60mm diameter minimum is recommended, this diameter will reduce the stimulus to fusion during the cover test), pen torches, and pens. This equipment is not provided by the examination venue. Please make sure that the equipment is charged. You will not be able to charge required equipment at the examination venue.

Optional equipment: Candidates are **strongly** encouraged to bring to the patient examination a binocular indirect ophthalmoscope (BIO) with which they are familiar, condensing lenses and a goniolens. Candidates should note that a dilated fundus examination should include an assessment of the peripheral retina with BIO as this is considered standard practice for optometrists in Australia and New Zealand. If not supplied by the candidate, this equipment will be provided by the examination venue.

RECORDING SHEETS

Recording sheets will be provided in each examination room.

PROCESS

Candidates are expected to greet the patient and introduce themselves once the examiner brings the patient into the consulting room. Prior to entering the consulting room, the patient is greeted by the examiner and the circumstances of the examination are explained to the patient by the examiner.

Candidates should verify the patient's personal information and record all significant information found during the examination on the patient record.

The examination must be tailored to the needs of the patient and the requirements that the examination is being conducted as if it is the patient's first visit to the practice.

At the end of the case history, the candidate must write their examination plan down on the patient record. This is not something that is usually done during a clinical examination but is an important part of the OCANZ assessment. This requirement is to assess whether competency 3.1.1 is met. This examination plan is to be based on the history and should be designed to obtain the information necessary for diagnosis and ongoing management of the patient, however, it may be modified during the consultation. It should be brief and candidates should spend no more than 5 minutes on this. A grey-shaded box is provided for the plan on the first page of the patient record sheets. It should contain:

- Presenting complaint
- Tentative diagnosis
- Determine priorities for investigation
- List specific tests and procedures required for this investigation and the order in which the tests should be performed. This is not a list of ALL tests that will be done, it should be brief and identify only essential tests specific to the presenting complaint (ie. acute condition - pinhole acuity would be listed)
- List any tests not suitable or that should be excluded, and justify (or state there are none). This is not a list of ALL test that are not suitable, it should be brief and only identify those specific to the presenting complaint.

Example

- 60-year-old with increased difficulty reading
- Presbyopia? Cataracts?
- Vision assessment, ocular health examination
- Required - VA/refraction and slit lamp/tonometry/ophthalmoscopy
- No stereopsis, accommodation tests

Candidates should then carry out their examination plan and complete all the tests necessary to (i) obtain a diagnosis or diagnoses and (ii) obtain information that can be reasonably expected to be needed as part of a first visit to a practice for a patient in that person's age group. If the patient has brought spectacles to the examination, candidates will have access to a manual vertometer and may take a measurement.

Candidates are expected to perform procedures with skill, with clear instructions and explanations to the patient, and are expected to obtain and record accurate results. As part of the examination the candidate is expected to make and record a diagnosis or diagnoses to account for the presenting symptoms and for clinical signs detected during the examination. The management plan should be determined (in consultation with the patient) and recorded. The candidate is expected to deliver the management directly to the patient without prior reference to the examiner. The candidate will not have access to fundus photography or an OCT during the examination.

In an interview with the examiner after the patient has left, candidates may be questioned about the reasons they included or excluded any procedure.

Candidates are expected to obtain informed consent prior to instillation of pharmaceutical agents. When performing an ocular fundus examination under dilation (DFE), the candidate must seek the consent of the patient before proceeding. The consent process includes informing the patient of the relative risks and benefits of the procedure. The DFE should include a pre-dilation assessment (history of adverse reactions, examination of the anterior segment and anterior chamber angles - gonioscopy on indication, and tonometry). The DFE should include an assessment of the peripheral

retina with BIO as this is considered standard practice for optometrists in Australia and New Zealand. Tonometry should be repeated post-dilation when indicated. Should the pupil/s be slow to dilate (i.e. more than 10 minutes), the potential use of Phenylephrine should be discussed with the examiner. If a DFE is indicated but not able to be performed, this decision would need to be justified and a DFE included as an additional test required in the management plan.

Where necessary, a prescription is to be written with all the information necessary for the accurate fabrication of spectacles. The candidate should also indicate the appropriate recall interval for the patient. If referral is necessary, the candidate should determine the urgency of this and note the referral and to whom it should be directed on the record card.

If the candidate has determined that there are any additional tests which are necessary for the patient, but which cannot be included in the initial examination, these tests, and their urgency, must be recorded as part of the management plan. When this occurs, candidates should tell the patient about the need for these additional tests, and should also indicate the relevant urgency for obtaining the results of any additional procedures.

After the candidate has completed their part of the patient examination and left the room, and after the examiner has checked the findings, the examiner may vary the diagnosis/diagnoses and may alter the management plan.

TIMING

Do not start an examination until the start time has been signalled. Each patient examination, including all necessary tests and completion of all paperwork, is to be performed within **70 minutes**. This will include an ocular fundus examination through dilated pupils (unless contraindicated). When the stop time is signalled you must stop what you are doing. This includes stopping the writing of records.

The timing of the examination is under the control of the examiner. A countdown clock will be in the consultation room and the candidate will be able to view it at all times. If at any time the examiner needs to check any tests with the patient or stop the consultation for any reason, the examiner will stop the clock and restart it again. Any time the clock is stopped by the examiner, the candidate will be asked to leave the consultation room.

LATENESS OF THE PATIENT

Should the patient be late, and there is sufficient time available for a 70-minute examination to be conducted in the consulting room, the timer should be started when the patient is seated. The candidate will have the normal time periods. If the degree of patient lateness means that the clinic room or the examiner, will not be available for the full time, the patient examination will be rescheduled within the examination period.

LATENESS OF THE CANDIDATE

If the scheduled start time arrives, the patient is waiting, and the candidate is late, the timer should be started from the scheduled start time. The time limit applies. No extra time is to be awarded to the candidate if the candidate fails to complete the exam.

TERMINATION AT THE END OF THE PERMITTED TIME

If the patient examination is incomplete at the end of the 70-minute (or extended) time limit, the examiner should stop the candidate and ask them to leave the examination room. The examiner should then perform any checks that are needed, and then either:

a) arrange for the patient to have an appointment for completion of the exam, or
b) take over and complete the examination personally if this is the required.

The candidate interview after the end of the examination can be conducted when the consultation has been completed.

COMMUNICATION WITH THE EXAMINER

Prior to the examination there should be no communication with the examiner about any aspect of the examination. If communication has occurred, the examiner will notify the examination coordinator of its nature and extent. A replacement examiner may be necessary if the examination process has been compromised.

a) Prior to the start of the examination:
   (i) The examination coordinator will ask you to enter the allocated consulting room,
   (ii) The examination coordinator will direct you where to place your equipment. There is time available to set up your equipment and consulting room,
   (iii) If necessary, the examiner will remind you to NOT do anything else until the timing starts.
   (iv) The examiner will introduce themselves to you before they bring the patient into the room.

b) When the start of the time period is signalled you may begin the examination by washing your hands.

c) During the patient examination, the examiner will observe what you are doing, without interruption except in the following circumstances:
   (i) If you have not written your examination plan on the patient record at the end of the case history, your examiner will remind you to do so. Your plan is to be based on the history alone. It should be designed to obtain the information necessary for diagnosis and ongoing management of the patient. This request is to assess whether competency 3.1.1 is met.
   (ii) If your examiner has concerns about patient safety you may be stopped from performing a procedure. If this happens you may not continue that procedure. However, you may use alternative procedures that provide the same or similar data and you may continue the examination.
   (iii) The examiner may stop the examination so that she/he can check your findings in a timely manner. This will most commonly occur after refraction and then prior to dilation.
   (iv) They may be other occasions when the examiner may stop the clock. For example, if the patient needs to leave the room or there are issues with equipment.

d) When you have concluded your examination, finalised your management with the patient, and written down your diagnoses and management plan, please let the examiner know that you have finished.

e) Your examiner will note the time, then ask you to leave the clinic examination room and return to the candidate room. At this time the examiner will check any necessary findings. These checks may include any of the patient examination findings including, but not limited to, the refractive status, oculomotor and binocular function and the ocular health exam.

f) Once the examiner has finished the checks and the patient is discharged, there is an opportunity for the examiner to speak to you and clarify any areas of the examination and explore your thought processes. This may take up to ten minutes. The examiners questions should be answered succinctly and without questions to the examiner.

RECORDING OF RESULTS

All recording is to be done in non-erasable (indelible) pen. If a recording error is made, this should be crossed out in a manner that allows the original entry to be read. The correct finding should be written legibly nearby. The patient recording sheets must be signed on the last page by the candidate.

FEEDBACK AND RESULTS

The examination venue staff and examiners cannot provide feedback about performance. Notifications come only from OCANZ.

All candidates will be provided with their overall results by email within one month of the examination being undertaken. Failing candidates will also receive written feedback outlining the reasons for failure.

The Optometry Council of Australia and New Zealand reserves the right to alter this document without notice.

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