The Department of Optometry and Vision Science, The University of Auckland - Objective Structured Clinical Examinations (OSCEs)

For Optometrists wishing to gain Credentialling as Examiners of Vision Standards for the Civil Aviation Authority of New Zealand (CAA).

COVER SHEET

Candidate Name: _____

Address: _____

_____

Email address: _____

Phone / Fax: _____

NZAO membership number: _____

Examiner Name: _____

Address: _____

_____

Email address: _____

Phone: _____

Date of Exam: _____

Place of Exam: _____

Type of Exam / comment: CAA only

CAA and DPA

The Department of Optometry and Vision Science, Univ of Auckland
Objective Structured Clinical Examinations (OSCEs)

For Optometrists wishing to gain Credentialling as Examiners of Vision Standards for the Civil Aviation Authority of New Zealand (CAA).

Skills stations assessment sheets: **Pass / Fail** ***determination***

Candidate's Name: …… Assessor's Name: .....

GONIOSCOPY	**Circle Y or N**	**Red Flag**	**Comments**
Did the candidate:			
Instruct the subject correctly?	Y / N		
Clean the gonioprism and wash their hands prior to the commencement of the test?	Y / N		
Instil local anaesthetic appropriately and place appropriate fluid (if needed) on the goniolens?	Y / N		
Correctly set up the illumination system of the slit-lamp and position the subject at the slit-lamp correctly?	Y / N		
Insert the lens safely?	**Y / N**	**Yes**	
Obtain an unobstructed view for observation by the assessor via the S/L teaching or video attachment?	**Y / N**	**Yes**	
Systematically examine the angle of one eye? **(**complete 360° and all 4 quadrants examined by manipulating the goniolens - using appropriate illumination orientations, beam directions and slit widths**)**	**Y / N**	**Yes**	
Identify to you (the assessor) verbally all the visible angle structures in one quadrant?	**Y / N**	**Yes**	
Describe significant findings?	**Y / N**	**Yes**	
Record findings for all four quadrants appropriately?	**Y / N**	**Yes**	
Remove the goniolens safely?	Y / N		

Did candidate demonstrate this skill satisfactorily?	Yes / No ***(If No this skill is Failed)***

Additional comments below

Assessors Signature …… Date of Examination ……

Candidate's Name: …… Assessor's Name: .....

BINOCULAR INDIRECT OPHTHALMOSCOPY **NB The pupils of the subject will be dilated prior to the test**	**Circle Y or N**	**Red Flag**	**Comments**
Did the candidate:			
Instruct the subject correctly?	Y / N		
Set up the BIO appropriately?	Y / N		
Obtain a clear image and perform a systematic examination of			
The peripheral retina (e.g. 8 fields)	**Y / N**	**Yes**	
The para central area (e.g. 4 fields)	**Y / N**	**Yes**	
The macula area	**Y / N**	**Yes**	
The optic nerve head area?	**Y / N**	**Yes**	
Were the views overlapping so that coverage was complete	**Y / N**	**Yes**	
Describe to the assessor the findings for the peripheral retina, macula and optic nerve head areas	**Y / N**	**Yes**	
STATEMENT AND INSTRUCTION **You are aware that there has been a previously identified a lesion in the far INFERIOR TEMPORAL* retina.** **Demonstrate how you would locate and examine this lesion using your movements as well as patient eye movements**	**Y / N**	**Yes**	***Record here the Retinal Region to which the candidate was directed** ---
STATEMENT AND INSTRUCTION **You have now found the lesion in the far INFERIOR TEMPORAL* retina.** **In your view in the Fundus lens, the lesion looks like a base-down triangle (shaped as shown in the diagram).** **Record this lesion on the patient's chart..** **Did the candidate record findings appropriately?**	**Y / N**	**Yes**	

Did candidate demonstrate this skill satisfactorily?	Yes / No ***(If No this skill is Failed)***

Additional comments below

Assessor's Signature …… Date of Examination ……

*Use other peripheral retina regions for different candidates.

Candidate's Name: ……..…….…. Assessor's Name: .....

FUNDUS LENS EVALUATION AT THE BIOMICROSCOPE **NB The pupils of the subject will be dilated prior to the test**	**Circle Y or N**	**Red Flag**	**Comments**
Did the candidate:			
Instruct the subject correctly?	Y / N		
Align the illumination system appropriately?	Y / N		
Examine systematically, and describe verbally:			
The vitreous	**Y / N**	**Yes**	
The optic nerve head (including H & V C/D ratios)	**Y / N**	**Yes**	
The peri-papillary tissue	**Y / N**	**Yes**	
The macula	**Y / N**	**Yes**	
The blood vessels	**Y / N**	**Yes**	
Other regions of the fundus	**Y / N**	**Yes**	
Was the candidate able to scan the fundus with views that were continuous so that coverage was systematic and complete	**Y / N**	**Yes**	
STATEMENT AND INSTRUCTION: **You are aware that there has been a previously identified lesion in the SUPERIOR NASAL* retina.** **Demonstrate how you would locate and examine this lesion using both the patient's eye movement, fundus-lens movements and movements of the slit lamp itself**	**Y / N**	**Yes**	***Record here the Retinal Region to which the candidate was directed** ---
STATEMENT AND INSTRUCTION: **You have now found the lesion in the SUPERIOR NASAL retina. In your view in the Fundus lens, the lesion looks like a base-down triangle (shaped as shown in the diagram).** **Record this lesion on the patient's chart..** **Did the candidate record findings appropriately?**	**Y / N**	**Yes**	

Did candidate demonstrate this skill satisfactorily?	Yes / No ***(If No this skill is Failed)***

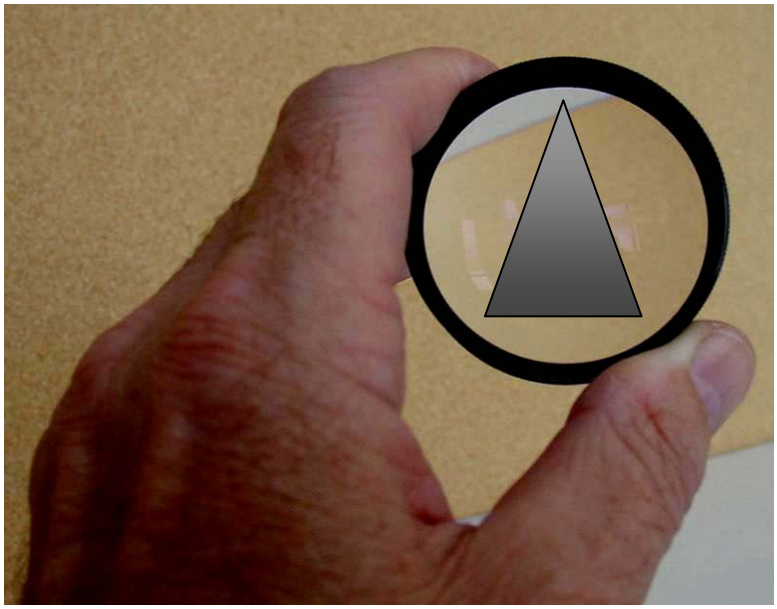
Additional comments below

Assessors Signature …… Date of Examination ……

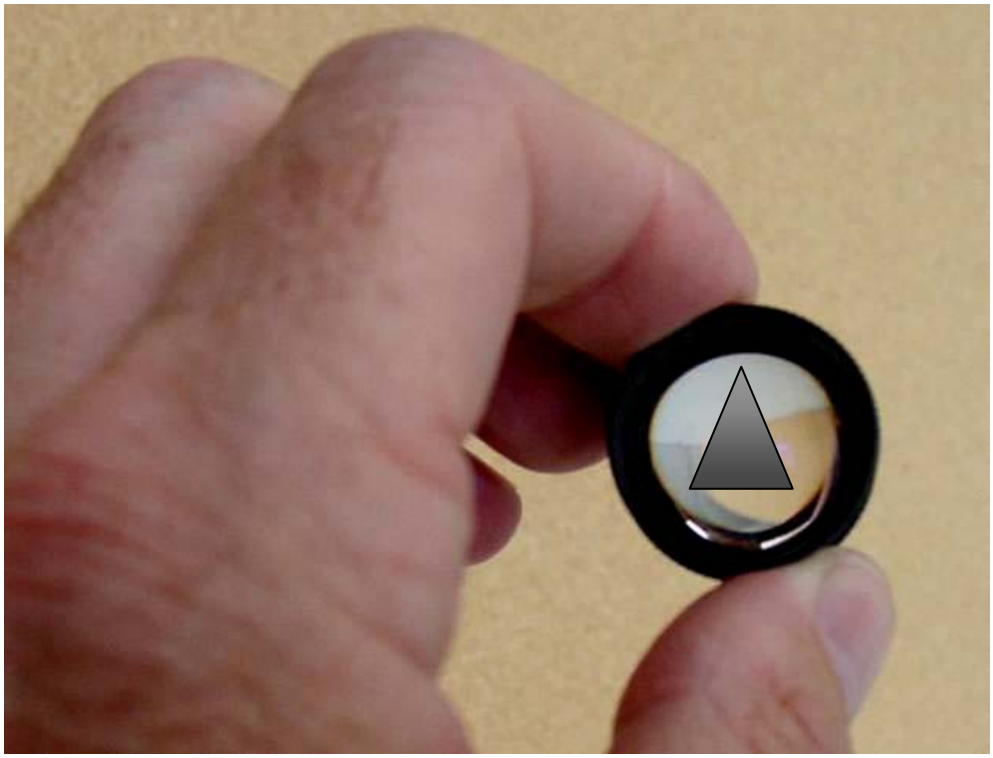
*Use other peripheral retina regions for different candidates.

If patients are used who do not have real peripheral retinal lesions that must be found and recorded, use a notional lesion that is seen as a “base down triangle of pigment” in the fundus lens.

View of the notional fundus lesion in the fundus lens



Fundus Lens held in examiner’s hand. Fundus lesion seen



Fundus Lens held in examiner’s hand. Fundus lesion seen

RECORDING SHEET / PATIENT CHART

Candidate Optometrist's Name: ……...…

GONIOSCOPY

Candidate's Signature …… Assessor's Signature …… Date ……..

FUNDUS LENS / SLIT LAMP BIOMISCOSCOPE EXAMINATION

Candidate's Signature …… Assessor's Signature …… Date ……..

BIO EXAMINATION (Headset)

Candidate's Signature …… Assessor's Signature …… Date ……..