

## **Direct Observation Eye Exam Assessment**

**Year 2024-2025**

**The purpose of the Stage 2 Assessment is to evaluate the trainee in line with expectations for an entry into the profession.**

**A borderline candidate throughout may still perform sufficiently well to pass.**

**Multiple borderline observations falling into a single reason for failure should be considered a fail.**

### **Overarching reasons for failure**

- Failure to detect, recognise or act upon significant symptoms, history or clinical signs
- Compromised patient safety by action, inadequate record keeping and/or management
- A deficiency in technique which could lead to significantly inappropriate management

Unit of competence 1. Communication			
Competency	Clear Pass	Borderline* *SEE NOTES AT THE END	Fail
<p>The ability to communicate effectively with the patient and any other appropriate person involved in the care of the patient, with English being the primary language of communication.</p> <p>Including but not limited to:</p> <p><b>1.1.1:</b> Obtains relevant history and information relating to general health, medication, family history, work, lifestyle and personal requirements</p> <p><b>1.2.4.</b> Explains to the patient the implications of their pathological or physiological eye condition</p>	<p>1. Asks appropriate questions to obtain a full history. This includes the following:</p> <ul style="list-style-type: none"> <li>• RFV, vision and symptoms</li> <li>• OH and FOH</li> <li>• GH, medication and FGH</li> <li>• symptom check</li> <li>• driving</li> <li>• lifestyle/ work</li> <li>• CL wear</li> <li>• smoker</li> </ul> <p>2. Asks appropriate follow on questions.</p> <p>3. Uses appropriate strategies to understand patients' needs e.g. not interrupting and then summarising and checking understanding</p> <p>4. Gives factually relevant information in a clear and</p>	<p>EXAMPLES (NOT EXHAUSTIVE):</p> <p>1. Does not ask about more minor areas within H&amp;S:</p> <ul style="list-style-type: none"> <li>• family general health history,</li> <li>• previous patching/ orthoptic care (if appropriate to px e.g. if px has an obvious tropia)</li> </ul> <p>2. Poor communication technique such as limited eye contact, lack of logical questioning, poor listening or relating to patient responses, occasional interruptions when patient is explaining their needs</p> <p>3. Merging several questions together</p>	<p>1. Omits to question any of the following categories (and can be verified by clarification):</p> <ul style="list-style-type: none"> <li>• general health</li> <li>• ocular health</li> <li>• medication</li> <li>• family history</li> <li>• lifestyle / work</li> </ul> <p>2. Does not ask any follow-on questions related to symptoms if indicated and/or fails to illicit correct information</p> <p>3. Does not ask regarding other symptoms. This may include not asking about:</p> <ul style="list-style-type: none"> <li>• Headaches</li> <li>• Flashes and floaters</li> <li>• Diplopia</li> </ul>

	<p>understandable way, avoiding jargon and technical terms.</p> <p>5. Uses appropriate supporting material, for example, diagrams or leaflets, and uses a range of different explanations where required to avoid repetition.</p> <p>6. Understands limitations of knowledge, referring the patient for advice where necessary</p> <p>7. Maintains a friendly and professional communication style throughout</p>	<p>4. Inappropriate use of leading or closed questions</p> <p>5. Uses some jargon or overuses stock reassuring phrases such as 'perfect'</p> <p>6. The pace of delivery is too rushed for a patient to understand properly</p> <p>7. Fails to explain how to perform a treatment such as hot compresses</p>	<p>4. Numerous interruptions and/ or not checking patient understanding coupled with very poor communication techniques</p> <p>5. Rude, poor or patronising questioning technique</p> <p>6. Gives incorrect information</p> <p>7. Fails to refer or manage appropriately where necessary</p> <p>8. Articulates information in a confusing way, using lots of jargon and technical terms</p>
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Unit of Competence 2: Professional Conduct			
Competency	Clear Pass	Borderline* *SEE NOTES AT THE END	Fail
<p>The ability to comply with the legal, ethical and professional aspects of practice.</p> <p>Including but not limited to:</p> <p><b>2.1.1</b> Adheres to health and safety policies in the practice including the ability to implement appropriate measures for infection control.</p> <p><b>2.2.4</b> Creates and keeps full, clear, accurate and contemporaneous records</p>	<ol style="list-style-type: none"> <li>1. Consistent Demonstrations with hygiene relating to instrumentation, contact lenses, disposal of clinical waste</li> <li>2. Is able to produce records which are legible and contain all relevant patient details, measurements, results and advice</li> </ol>	<p>EXAMPLES (NOT EXHAUSTIVE):</p> <ol style="list-style-type: none"> <li>1. Has used inappropriate abbreviations to record clinical details</li> <li>2. Handwriting is difficult to read</li> <li>3. Did not record management and advice</li> <li>4. Single incidence of poor hygiene demonstrated</li> </ol>	<ol style="list-style-type: none"> <li>1. Has not recorded details of several tests performed</li> <li>2. Recorded information that was not carried out</li> <li>3. Illegible records</li> <li>4. Poor hygiene demonstrated consistently</li> <li>5. Poor infection control potentially impacting patient safety. (Please note – assessor should intervene if there is an immediate risk to patient)</li> <li>6. Safety of patient compromised requiring assessor intervention</li> </ol>

Unit of competence 3: Methods of ocular examination			
Competency	Clear Pass	Borderline* *SEE NOTES AT THE END	Fail
<p>The ability to perform an examination of the eye and related structures</p> <p>Including but not limited to:</p> <p><b>3.1.2</b> Uses the slit lamp to examine the external eye and related structures</p> <p><b>3.1.3</b> Examines the fundi using <i>either</i> direct <i>or</i> indirect techniques</p> <p><b>3.1.9</b> Assess pupil reactions.</p>	<p>1. Demonstrates a full slit-lamp routine for the assessment of the external eye and related structures in a logical sequence</p> <p>2. Examines:</p> <ul style="list-style-type: none"> <li>• the external eye and adnexa</li> <li>• lids</li> <li>• lashes</li> <li>• Anterior Chamber Angle</li> </ul> <p>3. Uses a range of illumination techniques, appropriate brightness and magnification</p> <p>4. Uses a technique which allows an appropriate view of the fundus, including thorough &amp; systematic scanning</p> <p>5. Demonstrates a safe technique</p> <p>6. Detects significant lesions</p>	<p>EXAMPLES (NOT EXHAUSTIVE):</p> <p>1. Does not change magnification</p> <p>2. Does not check upper lid with it closed, or fails to move lids to look underneath</p> <p>3. Inaccurate grading of external eye/related structures</p> <p>4. Misses a small to medium longstanding corneal scar</p> <p>4. Fails to view fundus in one of the nine positions of gaze in one eye and/or fails to scan some peripheral locations adequately</p> <p>5. Does not detect smaller innocuous details in the fundi such as hyper/hypo pigmentation in the periphery, lattice degeneration, small naevi in the periphery etc</p>	<p>1. Fails to examine or record one or more of the following:</p> <ul style="list-style-type: none"> <li>• the external eye and adnexa</li> <li>• lids</li> <li>• lashes</li> <li>• Cornea</li> <li>• Bulbar conjunctiva</li> <li>• Lens</li> </ul> <p>2. Misses obvious pathology such as a Lens opacity or red eye</p> <p>3. Fails to view the external eye in four positions of gaze in both eyes</p> <p>4. Hurts the patient by hitting/ poking them with equipment or pulling hard on eye structures</p> <p>5. Does not use an appropriate technique to view the fundus</p>

	<p>7. Uses appropriate ambient illumination and light source to assess pupil reactions</p>	<p>6. Adopts a technique which is uncomfortable or unpleasant for the patient</p> <p>7. Adequate pupil technique with inappropriate lighting</p>	<p>6. Fails to view fundi in the nine positions of gaze in both eyes</p> <p>7. Does not detect significant lesions in either eye</p> <p>8. Inappropriate or unsafe use of equipment</p> <p>9. Omits to assess or incorrectly records pupil findings</p>
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Unit of Competence 7: Assessment of visual function			
Competency	Clear Pass	Borderline* *SEE NOTES AT THE END	Fail
<p>The ability to assess visual function in all patients.</p> <p>To include but not limited to:</p> <p><b>7.1.1</b> Refracts a range of patients with various optometric problems by appropriate objective and subjective means</p>	<p>1. Appropriate retinoscopy technique that achieves accurate results</p> <ul style="list-style-type: none"> <li>• accurate results for retinoscopy within +/- 1.00 DS/DC (determined using a power cross) and axis appropriate to cylinder.</li> </ul> <p>(Static fixation retinoscopy is the appropriate technique, but if a trainee prefers or needs to use one eye only then they must use a valid and appropriate technique for monocular viewing e.g. Barrett Method or Near Fixation retinoscopy.)</p> <p>2. Accurate end point subjective results</p> <ul style="list-style-type: none"> <li>• accurate results for subjective within +/- 0.50 DS/DC (determined using a power cross) and axis</li> </ul>	<p>1. Poor subjective technique</p> <p>2. Fails to ask correct questions to push plus/establish correct Rx</p> <p>3. Fails to consider range for near or intermediate add</p> <p>4. Poor set up of trial frame/phoropter</p> <p>5. Failure to record distance or near VAs</p> <p>6. Failure to record BVD for Rx where required</p> <p>7. Fails to demonstrate adequate control of accommodation during refraction</p> <p>8. Fails to use additional techniques to control accommodation or investigate vision and/or misinterprets results (e.g. a +1.00 blur or a PH test if needed)</p>	<p>1. Does not use an appropriate retinoscopy technique</p> <p>2. The accuracy of the retinoscopy result is out of tolerance</p> <p>3. The accuracy of the end point subjective results is out of tolerance</p> <p>4. Fails to establish appropriate near add(s) to meet the needs of the patient</p>

	<p>appropriate to cylinder if patient VA 6/9 or better</p> <p>3. Near add and range appropriate to needs</p> <p>4. Uses appropriate methods of checking IF NEEDED e.g. +1.00Ds blur or use of pin-hole</p> <p>5. Understands the relationship between vision and Rx and symptoms and Rx through making an appropriate prescribing and management decisions based on the refractive and oculomotor status</p>		
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Unit of competence 8. Assessment and management of binocular vision			
Competency	Clear Pass	Borderline* *SEE NOTES AT THE END	Fail
<p>The ability to assess and manage patients with anomalies of binocular vision.</p> <p>Including but not limited to:</p> <p><b>8.1.1</b> Assesses binocular status using objective and subjective means</p>	<ol style="list-style-type: none"> <li>1. Takes a case history that covers patient history and symptoms relevant to binocular status only</li> <li>2. Undertakes objective tests using suitable targets, and assessing deviation accurately to include: <ul style="list-style-type: none"> <li>• direction of latent or manifest deviation</li> <li>• speed of recovery</li> <li>• size –small (2-4<sup>^</sup>)/moderate (4-8<sup>^</sup>) or large (8<sup>^</sup>+) </li> <li>• concomitant/Incomitant</li> </ul> </li> <li>3. Undertakes subjective tests using suitable targets, as appropriate to patient</li> </ol>	<p>EXAMPLES (NOT EXHAUSTIVE):</p> <ol style="list-style-type: none"> <li>1. Correctly identifies any movement on cover test but inaccurately estimates the size</li> <li>2. Failure to use supplementary tests such as Fixation Disparity when clinically necessary</li> <li>3. Incorrect technique when performing supplementary tests such as Fixation Disparity or Maddox rod and wing (if they are clinically necessary)</li> <li>4. Poor motility technique (speed / position / all directions/ patient instructions)</li> </ol>	<ol style="list-style-type: none"> <li>1. Fails to perform cover test</li> <li>2. Incorrect technique when performing cover test, in either the target chosen or cover technique</li> <li>3. Not interpreting the movement seen on cover test correctly</li> <li>4. Incorrect interpretation of any binocular vision tests chosen</li> <li>5. Fails to perform motility</li> </ol>

\* BORDERLINE NOTES:

- *If a trainee provides up to three borderline answers to questions, or performs a technique in a borderline manner, the assessor needs to use appropriate judgement as to whether this is still a pass level overall performance.*
- *If a trainee provides four or more borderline answers to questions or with techniques, this would be an overall fail.*