



Clinical Skills Examination (CSE[®])

CANDIDATE GUIDE

FOR COVID-19 POLICY/PROCEDURE CHANGES PLEASE [CLICK HERE](#).

(Candidates are expected to review these changes prior to arrival to the test center.)

EXAM DATES:

August 2022 – May 2023

The Part III - Clinical Skills Examination (CSE) is a practical exam comprised of 19 clinical skills, assessed during a 3.75-hour session involving actual patients. Described in this document are the clinical assessments that are to be performed at each of the four stations. The candidate instructions included at the end of this document will be posted in the appropriate exam rooms for review during the examination.

All four stations will be audio and video recorded for review during the scoring process by either an in-house or remote examiner. Four examiners and four SPs will contribute to each candidate's CSE score.

The evaluation forms, candidate guide, equipment list, and other helpful resources are available on our website at https://www.optometry.org/exams/part_III.

Candidates are expected to thoroughly review this manual in preparation for the Part III exam. This manual contains all relevant information a candidate needs to adequately prepare for the clinical skills exam.

Candidates should be aware that the majority of the information in this manual will not be reviewed again during the candidate orientation process.

OVERVIEW OF TERMS

- **Candidate:** An individual taking the clinical skills exam.
- **Candidate Performance:** When the candidate is actually performing the procedures/skills.
- **Evaluation Form:** The yes-no checklist an examiner uses to evaluate the candidate.
- **Examination Cycle:** Stations 1, 2, and 3 have 30-minute time allocations and Station 4 has a 15-minute time allocation.
- **Finished:** When a candidate has completed their performance and will no longer be scored on any exam items.
- **In-House Examiner (IHE):** The on-site examiner in Station 2 responsible for both scoring the candidate's performance and also for ensuring standardized patient safety.
- **Item:** A numbered procedural element within each skill.
- **NBEO:** National Board of Examiners in Optometry®
- **NCCTO®:** National Center of Clinical Testing in Optometry
- **NCCTO Staff:** The personnel responsible for executing the exam and serving as a candidate advocate and liaison to the NBEO. Referred to as "staff" throughout this guide.
- **Observation Time:** The time between cycles where candidates can familiarize themselves with the stations.
- **Procedure:** Each skill is considered one procedure except Skills 3, 4, and 16 which are segmented into multiple procedures.
- **Proctor:** The individual who will confirm views in Station 4.
- **Remote Examiner (RE):** The individual trained for scoring the candidate's performance remotely.
- **Repeat:** When a candidate wishes to repeat a skill or item.
- **Session:** A complete 4-station, 19-skills exam.
- **Skill:** 1 of the 19 tests performed in CSE.

- **Standardized Patient (SP):** The individual trained to serve as a patient and interact in a neutral manner with the candidate during the examination process. Referred to as “SP” throughout this guide.
- **Station:** An exam room in which required skills will be assessed during a delineated time period; CSE has four stations.
- **STOP:** When a candidate’s performance is stopped for either safety purposes or because they have used all available attempts to complete a skill.

SKILLS BY STATION

The following are required skills to be completed, broken down by station.

Station 1 30-Minute Examination Time

1. Case History / Patient Communication
2. Patient Education
3. Near Cover Test & Near Point of Convergence
4. Binocular Extraocular Muscle Motility & Binocular Horizontal Saccadic Eye Movement Evaluation
5. Static Peripheral Confrontation Visual Fields
6. Pupil Testing
7. Blood Pressure Measurement
8. Ophthalmic Lens Evaluation

Station 2 30-Minute Examination Time

9. Biomicroscopy
10. Goldmann Applanation Tonometry
11. 3-Mirror Gonioscopy
12. Collagen Implant Insertion & Removal
13. Soft & GP Contact Lens Insertion, Evaluation, and Removal

Station 3 30-Minute Examination Time

14. Retinoscopy
15. Distance Subjective Refraction
16. Heterophoria and Vergence Testing at Distance
17. Accommodation Testing

Station 4 15-Minute Examination Time

18. Binocular Indirect Ophthalmoscopy
19. Dilated Biomicroscopy & Non-Contact Fundus Lens Evaluation

EXAM PREPARATION

PREPARATION

In addition to reviewing this candidate guide, the following information should be reviewed by candidates in preparing for their clinical exam:

- Evaluation Forms
 - The evaluation forms contain the items examiners use to assess candidate performance. The exam items are in the form of a yes-no checklist. Items must be completed **in their entirety** to receive credit.
- Candidate Orientation Video
- CSE Site Information & Equipment List
- Information regarding travel to Charlotte, hotels, etc.
- COVID-19 policy and procedure changes

These resources can be found at https://www.optometry.org/exams/part_III.

EQUIPMENT

- All necessary equipment used during the exam will be provided by the NCCTO.
- Candidates may **only** bring their own retinoscope to use in lieu of the one provided.
 - Only retinoscopes and extra handles are allowed in the examination room.

ATTIRE

- Candidates are expected to wear *professional attire*.
- NBEO interprets professional attire as attire that **EXCLUDES** jeans, shorts, athletic pants, T-shirts, scrubs, garments that could be viewed to be immodest (e.g. tank tops, sheer clothing), tennis shoes, sneakers, and/or flip flops.
- Collared short-sleeved shirts are acceptable.
- Candidates must bring and wear white lab coats throughout the exam.
- Candidates reporting to the test center in attire deemed to be inappropriate will be addressed by the NCCTO staff **and may not be permitted to take the exam**.
- Please use the provided restrooms to change clothing if needed.

NBEO ACCOUNT INFORMATION

Candidates must know their OE TRACKER® and NBEO password to complete a required incident report and an optional survey at the end of their exam. This is the same password the candidate created and used to register for the NBEO exam and/or view scores on the NBEO website.

ARRIVAL TO TEST CENTER

REPORTING LOCATION

The reporting location is:

200 South College Street
Suite 2020
Charlotte, NC 28202
(20th floor of the BB&T Building)

REPORTING TIME

Candidates must report to the test center on the date and time for which they registered online.

- The check-in process begins at the time reflected on the registration. You can review your registration here: https://www.nbeo.org/check_registration.cfm.
- Candidates should anticipate being onsite for approximately four hours. This time includes: check-in, orientation, exam process, and check-out.
 - In the event a candidate arrives to the BB&T building early, the 3rd floor contains an indoor mall with restaurants, shops, and cafes. Candidates are welcome to spend time on the 3rd floor while waiting for their check-in time.
 - Candidates who arrive late for check-in may be disqualified from the examination session.
 - Space and time constraints may prevent the candidate from being rescheduled to a later session on the same day. In that event, the candidate forfeits their right to being tested (and the exam fee) for that date's administration of CSE.
- Candidates should schedule return flights no sooner than six hours after their report time.
- Candidates should arrive no earlier than 10 minutes prior to their listed report time.

PHOTO IDENTIFICATION

To be admitted to the test center, you must present **one** acceptable form of photo identification that includes **both an embedded photograph and signature**.

The only acceptable forms of identification are:

- A valid driver's license or an official photo identification card (ID) issued by the government of the state or province where you reside
- A valid passport
- A valid student identification card from an accredited school/college of optometry, provided this identification card includes **both a photograph and signature embedded in the card.**

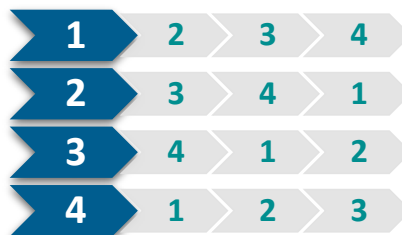
In order to be considered valid, **the ID must:**

- Match the name listed on the NBEO profile (<https://www.nbeo.org/profile/>)
 - If the name does not match, a candidate may be denied access to the exam.
 - To submit a name change, please complete and submit the form found [here](#). Your online profile will be updated once the NBEO records are updated internally.
- Be current and not expired.
- If the ID is expired, a candidate may be denied access to the examination.

ON-SITE EXAM DAY CHECK-IN

ARM BANDS / CANDIDATE IDENTIFICATION

- All candidates will be provided with two arm bands. These arm bands should be worn at all times during the exam. The number is displayed on the side of the arm.
- The front of the arm bands contains your candidate ID number and your rotation, which is randomly assigned.
- The back of the **right** arm badge contains your name and OE TRACKER®. These are provided for verification purposes. Throughout the exam, Examiners and SPs may ask you for your OE TRACKER®.
- The candidate will be assigned a specific station order and will rotate as appropriate through the stations. This means that not all candidates will start the examination at Station 1.
- The rotation sequences through the stations are:



PHOTOGRAPH

- A staff member will take a picture of each candidate during the check-in process to assist in ensuring the correct candidate is being evaluated.
- For identification purposes, you should appear in the photo as you will during the exam. For instance, if you plan to wear glasses during the exam, you should wear them in the photo; if you plan on having your hair pulled up in a ponytail, you should do so in the photo.

PERSONAL ITEMS & LOCKER USE

- **Candidates will not be permitted to enter the NCCTO with any item considered luggage. Please plan accordingly.**
 - Luggage items are considered: suitcases, roller bags (larger than backpack size), and any item not able to fit in the lockers.
 - **Candidates will be turned away if luggage is brought to the NCCTO. This could impact the amount of time a candidate has for orientation.**
- Lockers will be provided for candidates to store small personal items not allowed in the testing area. NCCTO considers personal items to be: cell phones, watches, wallets, purses, back packs, briefcases, etc.
 - Locker dimensions: 13 1/2 inches deep, 11 7/8 inches wide, and 31 1/2 inches tall. The opening is 9 inches wide.

ORIENTATION

Following check-in, the candidates will be seated in the candidate orientation room and will have time to familiarize themselves with the equipment and supplies that will be in the exam rooms.

- Staff will be available to address any questions.
- Exam materials will be available in the orientation room, including the orientation slideshow. **We strongly encourage candidates to watch this presentation prior to arriving to the test center** as this will not be presented on exam day. The slideshow will be available in the Orientation Room if a candidate wishes to listen to it privately.

EQUIPMENT OVERVIEW IN ORIENTATION ROOM

- Candidates will be provided time to view all the individual station equipment and supplies.
- Candidates are requested to treat the equipment with care. If there are any issues with the equipment or supplies, please inform a staff member.
- Candidates should also take the time to become familiar with the BIO headset and slit lamp.

Information regarding specific equipment and supplies should be reviewed online in the CSE Site Information & Equipment Guide at https://www.optometry.org/exams/part_III.

PERSONAL NOTES, EVALUATION FORMS, ETC.

- Candidates may keep personal notes during the orientation time only. These notes should be placed in the candidate's locker prior to the start of the exam.
- **No notes or other written materials may be taken into any exam room at any time.**
- Any notes and written materials discovered during the exam will be subject to confiscation.
- All notes taken during the exam on NCCTO-provided materials must remain in the exam room.
- **Violation of these policies may be cause for disqualification from, dismissal from, and/or failure of the examination.**

DURING THE EXAMINATION

REASONABLE ITEMS

- Candidates are allowed to take “reasonable” items to the exam.
- All items must be provided to staff for inspection and approval.
- Examples of reasonable items are:
 - Bottles of water/Gatorade, etc. (Labels must be removed, and bottles must contain a lid.)
 - Tissues
 - Cough drops, mints, gum
 - Granola bars, other individually wrapped snack items
 - Lip balm, hair ties, hair clips, sanitary items, etc.
 - Eye patch
- Pens and pencils will be provided in each station for candidate use.

CANDIDATE IDENTIFICATION & INTRODUCTION

During the exam, candidates should refer to themselves by their OE TRACKER® (or at least the last three digits of the OE TRACKER®). For example, if your OE TRACKER® is 700000, you may introduce yourself by saying, “I am Candidate 700000” or “I am Dr. 000.”

CLOCK & TIME KEEPING

- Candidates are responsible for monitoring their time.
- No watches are allowed in the exam rooms.
- There is a synchronized wall clock in each exam room.
- Additionally, a countdown clock is available on the exam room computer monitor for candidates to use. **Use of the countdown clock is optional. It is not the official timer for the exam; announcements are the official timers.**
- Examiners, proctors, and/or SPs will not remind candidates of the remaining time.
- If time expires before a candidate completes the station, the items not performed will be scored as “no.” Because of this, candidates are urged to carefully monitor their time.

ANNOUNCEMENTS

There are four announcements that play throughout an exam session:

1. **“Patients and examiners, please report to your designated exam rooms”** signals the test center personnel to prepare for the exam to start. This announcement is not relevant for candidates.
2. **“Candidates, please enter the exam room”** signals candidates to enter their station and begin their **observation** time while the door remains open.
 - There will be an announcement indicating there are 2 minutes and then 30 seconds remaining in the **observation** time.
3. **“The exam cycle has begun”** signals the official start of the first 30-minute exam cycle. Candidates will only have 15 minutes of exam time in Station 4.
 - Station 2 in-house examiners and Station 4 proctors will enter the room at this point.

- **Candidates are responsible for monitoring their own exam time**; no announcement plays to remind candidates how much exam time is remaining.
4. **“The exam cycle has ended, please proceed to your next exam room”** signals the official end of the examination cycle, at which point the candidate will exit the room.
- In Station 4, an announcement plays at the 15-minute mark to signal the end of the station’s exam time. The candidate will remain in the exam room until the announcement instructing them to move to the next exam room plays.

EXAM STRUCTURE

Following orientation and equipment review, candidates will be escorted to the exam hallway and will stand outside their assigned station. Once the second announcement plays, candidates may enter the exam room and begin their observation time.

CANDIDATE OBSERVATION TIME

- Candidates are provided with approximately 4-5 minutes of observation time in the station before the exam cycle begins.
- Staff will monitor time. If it is determined that an SP took longer to prepare the station so that a candidate’s observation time was significantly impacted, that candidate may be compensated with additional observation time.
- Information for the specific station is posted on the computer monitor for candidates to review.
 - Exam room computers are only for viewing the station instructions and using the countdown clock. Candidates are prohibited from using these computers for anything else.
- Any items performed before the exam begins (e.g., washing hands, focusing the slit lamp) will not be scored and must be repeated once the exam begins.

During the observation time, candidates are encouraged to:

- Become familiar with the layout of the station
- Practice with equipment
- Set out supplies that will be used (do not open packages)
- Practice adjusting the lighting
- Review station instructions on the computer monitor
- Review the Repeat Policy (posted on back of the exam room door)
- Try on the BIO headset in Station 4

During the observation time, candidates cannot:

- Perform anything on an SP or simulated arm (this includes asking the SP to move into the slit lamp)
- Take blood pressure
- Write on any pieces of paper
- Open any sealed packages

CANDIDATE COMPLETION OF A STATION

- The exam ends with the fourth announcement, or by the candidate stating they are finished, whichever occurs first.
- Candidates who finish the station skills before the ending announcement plays, and wish to end the scoring portion of the station, may make the following statement to the SP: “I am finished with this

station.” At this time, the candidate **will not be scored on any additional skills/items** and the SP will start preparing the room for the next candidate. It is up to the candidate whether or not to make this statement.

- If the candidate makes a confusing statement or begins any causal conversation, the SP or proctor will remind the candidate that it is the candidate’s responsibility to let them know if they are finished with the station.

EXAM CYCLE

- Candidates are expected to remain in the exam room until the fourth announcement plays, except for the last cycle.
- Once the cycle ends, candidates should proceed to their next exam room.
 - There is an arrow on the back of the door you exit which indicates the direction of the next station.
- Candidates will wait outside their next station until the door opens. **Candidates should not open the exam room door.** Once the door has been opened, candidates may enter and will again have observation time to familiarize themselves with the station equipment and supplies.
- The third announcement will indicate the start of the next 30-minute cycle for Stations 1, 2, and 3, and the 15-minute cycle for Station 4.
- This process continues until all four examination cycles have been completed.

END OF EXAM

- For the **final cycle**, after the candidate states they are finished or the fourth announcement plays, the candidate will exit the room and sit at the computer desk outside of the exam room. Candidates will then fill out an incident report and complete an optional survey.
- Candidates should remain at the computer desk until dismissed by staff.

PERFORMANCE OF SKILLS / ITEMS

- Items are sequenced in the order in which they should be optimally conducted.
- Candidates may alter the sequencing of certain items performed within a skill **as long as the candidate’s sequence makes logical sense.**
- Candidates may also alter the sequence of skills within a station. The only exception to this policy is in Station 3; Retinoscopy must be the first skill performed.

REPEATING ITEMS / PROCEDURES / SKILLS

All repeat information is posted in each exam room for candidate review during the examination.

Repeating Items

- Candidates can repeat item(s) as long as they are within the skill. The last intentional performance of an item will be scored.

Repeating Procedures and Skills

- Candidates **must announce** their intention to repeat before repeating the procedure or skill.
- Once the candidate makes the repeat statement, all previous scores recorded by the examiner are erased, and the candidate is evaluated as if performing the entire procedure or skill for the first time.
- A stopped procedure or skill cannot be repeated.

Repeating Cautions

- While repeating can be a positive option, candidates are strongly encouraged to ensure they can repeat the skill within the time limitation.
- It has been noted that candidates who have not monitored their time sufficiently and try to repeat an entire skill for one missed item often run out of time.
- Additionally, it has often been noted that candidates repeating a skill tend to focus so much on the missed items that they ultimately miss other items, resulting in a lower score than initially obtained.

NOTE-TAKING

Once the exam cycle begins, candidates will be provided with a half-sheet of blank green paper. If you do not receive a piece of green paper, simply tell the SP and they will provide it to you. Nothing written on this green paper will be scored, and it must be left in the exam room.

EXAMINERS / PROCTORS

- Examiners/proctors are present in Stations 2 and 4 only.
- Only the SP will be in Stations 1 and 3.
- There are times during the exam when the examiner/proctor will talk to you or provide instructions. Do not be alarmed; this is part of the exam.
- In Station 2, examiners will indicate on which eye to perform procedures, when asked by the candidate.
- In Station 4, the SP will indicate which eye to perform the skills.
- Examiners/proctors will confirm the presence of a view when asked.

OBSERVERS

Occasionally, additional personnel may be on-site observing the exam. Observers will not have any effect on a candidate's score and should be ignored by the candidate. These personnel have been instructed not to converse with candidates, examiners, and/or SPs in the examination rooms.

CANDIDATE QUESTIONS DURING THE EXAM

- Outside of regular exam questions (e.g., case history questions, inquiring about views, etc.) during the exam, SPs can only answer "where" questions, such as where the room lighting control is or where supplies/clinical materials are located.
- Candidates may ask "where" questions at any time during the observation time and exam time.
- SPs can answer a limited number of "set-up" questions during observation time (for example: "Can I try on the BIO headset?").
- Questions on **how** to do things, **how** to use equipment, or other instructional questions are not appropriate and will not be answered.
- **No additional examination time will be provided for any time used to ask and answer candidate questions.**

STATING FINDINGS

- Candidates are strongly encouraged to talk through their exam process.
- Candidates are encouraged to speak **clearly** and **audibly**.
- Candidates are required to state their findings in the same manner as they would be entered into a patient's medical record.
- For Stations 2 and 4, candidates must identify and describe what is being examined as they are viewing it.

- When evaluating the ocular health in Stations 2 and 4, **appropriate clinical terminology** (structures being identified/assessed, etc.) should be used.
- Candidates should avoid stating their ocular health findings using terminology such as “OK,” “fine,” “WNL,” and/or “not bad.”
- Skill 8, Ophthalmic Lens Evaluation, is the only skill where candidates are not required to verbalize their findings. Instead, Ophthalmic Lens Evaluation findings should be documented on the form provided to the candidate in Station 1.

VIEWS

- As part of the exam process, in Stations 2 and 4, the slit lamp and BIO headset are equipped with cameras that obtain live images as viewed by the candidate.
- When examining any ocular structure, the views cannot be **“fleeting.”**

Location of Cameras

- For the slit lamps, the camera is mounted on the **left** ocular. Candidates should make sure that the image they are viewing is completely seen through the left ocular **only**.
- For the BIO headsets, the camera is mounted centrally with images being recorded through each ocular.
- Extensive time has been spent ensuring all of the cameras, monitors, video feeds, and recording systems are calibrated to the best of the NCCTO’s ability. As a result, as long as the view is not obstructed, candidates should know that the images will be recorded exactly as viewed by the candidate.

Obtaining and Confirming Views

- Candidates are responsible for ensuring the examiners and proctors have a view on the monitor.
- Candidates may ask at any point if there is a view and they will be given a response of either, “I have a view” or “I do not have a view.”
- Examiners and proctors will only comment on the views while they are being performed. In the event a candidate asks at the end of a skill if the examiner/proctor had views during the skill, they will be told, “I can only comment on a view while it is being performed.”
- If an examiner/proctor confirms the presence of a view, it only means that something is visible on the monitor.
- Confirmation of a view does not indicate:
 - Quality of a view
 - Whether the view meets the minimum criteria
 - Whether the view is of the correct angle/structure
 - View is a “good view”
- If an examiner/proctor says they do not have a view, candidates are encouraged to troubleshoot and ensure nothing is obstructing the view through the left ocular of the slit lamp (to include the light housing unit).
- Candidates are not allowed to view the monitors at any time. Monitors are calibrated and positioned for optimal views by examiners/proctors who are trained in how to view the monitors.

Candidate Concerns

- Candidates who are amblyopic or monocular are advised to use the better eye for observing through the left ocular of the slit lamp. This may involve candidates altering their position at the slit lamp so that they are able to look through the left ocular using their right eye or wearing a patch on their right eye.
- Candidates are encouraged to make a simple statement such as, “I will be using my right eye to look through the left ocular,” so the examiner/proctor is aware the candidate is intentionally

choosing to utilize the equipment in this manner.

- Candidates who believe that their amblyopic or monocular status warrants special accommodations other than what is described above should submit a written request to NBEO as described in the ADA policy.
- **Additionally, candidates who may require special accommodations should not schedule their Part III exam until a decision is made on their request.**

SAFETY & PROCEDURE ATTEMPTS

Handwashing

- Candidates are expected to wash their hands for a minimum of 20 seconds.

Intervenes/Corrective Actions

- If there is an intervention, a corrective action is expected on the part of the candidate. The candidate may then proceed with the rest of the skill.

Safety and STOPS

- After four attempts, or for patient safety, candidates will be stopped.
- A remote examiner may deem an action as grossly endangering the SP and will stop the candidate's performance and stop scoring the skill.
- If a candidate is stopped, they will be scored "no" on any remaining items and are not allowed to repeat the skill.
- If the SP is concerned about their own safety, they have the ability to stop a candidate from continuing with a skill.

STAFF INTERACTIONS

Neutrality

- Examiners, SPs, and staff may appear to be neutral or show little emotion during the exam. Candidates should not regard this as a personal dislike or an indication of performance quality.

Staff Interaction during Exam

- During the exam, examiners and SPs are allowed to say very little other than what has been scripted.
- If a candidate asks a question that cannot be answered, examiners, SPs, or staff may respond with "I do not have that information," "I can't answer that," or "It is up to you." These comments are not indicators of a candidate's performance or decisions, but simply an answer for a situation where the examiner/SP/staff cannot provide guidance.
- If asked, examiners and SPs will not provide guidance on how or what to perform. Candidates must use their best judgement in these situations.

SP Titles

- Candidates may refer to the SP as "Mr. or Ms. Lee." Lee is the fictitious family name assigned to all SPs.

Repeating Candidates

- In the event a candidate is re-taking CSE, staff will ensure there are no conflicts with assigned SPs.
- NCCTO staff does its best to ensure a repeating candidate has not seen the same SP in the same station; however, in rare instances, this may occur.

SP Personal Space

- Please be mindful of the SP's personal space, especially when using the slit lamp and the phoropter. In addition, be careful where you touch the patient (e.g., you should not touch the SP below the shoulder).

CASUAL CONVERSATION

- Beyond a cordial hello, SPs will not initiate any casual conversation with candidates.
- During the session, the SP will remain in the exam room with the candidate. Casual conversation will occur **ONLY if the candidate initiates the conversation.**
- Candidates may not ask about certain topics like:
 - Information regarding NBEO/NCCTO
 - Information regarding CSE or any NBEO exam
 - SP's position (how long employed, experience with NBEO exams, etc.)
 - Candidate's performance
 - Optometry school the candidate attends/attended
 - Other candidate's information and/or performance

CANDIDATE WOUNDS / INJURIES / MEDICAL EMERGENCIES

- Any open wounds on a candidate's finger or hand must be covered.
- If you have questions or concerns about whether a wound needs to be covered, you can show the wound to staff during the check-in process.
- Should a candidate become injured during the exam, a Band-Aid® and glove will be provided.
- If a candidate believes they have injured themselves, they must notify personnel in the exam room (or front desk if injury occurs in the orientation room).
- When a candidate experiences an injury in which the potential for blood-borne pathogen exposure is possible, candidates must use Universal Precautions. The CDC recommends Universal Precautions for the care of all patients, regardless of their diagnosis or presumed infection status.
- Out of concern for safety and to prevent contamination of exam equipment, **any bleeding must be stopped prior to continuing the exam.**
- No additional time will be given during the exam for injuries that occur as a result of candidate error.
- In the event of a medical emergency during the exam, candidates should remain calm and a staff member will be there to assist and assess the situation.
- The process for injuries also applies if it occurs in the orientation room.

RESTROOM / DRINKING FOUNTAIN USE

It is advisable for candidates to use the restroom before the examination begins. No time allowance is given for restroom use during the examination session. In the event a candidate needs to use the restroom during the exam, they should inform the SP who will escort them to the restroom. The same principles for restroom use apply to using the water fountain.

POST-EXAMINATION INFORMATION

CANDIDATE INCIDENT REPORTS & SURVEYS

At the conclusion of the examination, all candidates will exit the exam room and sit at a computer workstation. Candidates will fill out an incident report and complete the optional survey.

- Candidates will log in using their OE TRACKER® and the same password (created by the candidate) used to register for the exam or view scores on the NBEO website.
- Candidates are encouraged to think through their exam and use this opportunity to document any irregularity that may have occurred which a candidate feels may have negatively impacted their performance. Incident reports **will not be accepted** from candidates once they have left the testing area.

- Candidates can document any concerns involving the equipment, examiners, SPs, proctors, or the candidate's performance.

Once all incident reports have been submitted, they will be reviewed by staff. **Staff may review videos and/or interview the SP, proctor, or examiner for more information regarding the incident report.** Additionally, staff will inspect any reported equipment malfunction.

- Staff will only discuss incidents with candidates if clarification or further information is needed. If staff discusses an incident report with a candidate in the exam room, the candidate should assume the discussion is being recorded.
- Candidates should remain at the workstation until dismissed by staff. Once all incident reports have been reviewed, addressed, and it is determined that all issues have been resolved, staff will dismiss candidates from the exam hall.

RETEST POLICY

NBEO retest policy dictates that repeat tests are provided only due to administrative irregularities (e.g., equipment failure, loss of electrical power, or an unacceptable patient) which may have negatively affected the candidate's performance.

ADDITIONAL EXAM INFORMATION

CANDIDATE-TO-CANDIDATE INTERACTION

- Candidates may engage in conversation during the check-in and orientation process. **Once candidates are escorted to the exam hallway, no communication should occur among candidates at any time during the examination or post-examination process.**
 - "Communication" includes conversation, verbal statements, non-verbal cues/expressions (e.g., thumbs up/down, shaking head, high-fives, etc.), and passing notes.
 - **Violation of this policy will not be tolerated and may be cause for disqualification from, dismissal from, and/or failure of the examination.**

CODE OF CONDUCT

All exams performed at the NCCTO are audio and video recorded. Candidates will be scored on what is seen and heard on the recording. It is important to note that actions will be taken by NBEO if it is determined that a candidate has falsified data/findings during the exam or if a candidate has abandoned a patient during a skill. All candidates sign and agree to the Candidate Agreement/Ethics Policy when registering for CSE.

VIDEO SCORE REVIEW

If a candidate believes their scores are not accurate, they may submit a score review request. All score review requests should contain substantive issues to be considered and should be filed online within 30 days of the date on which the exam scores were posted. Additional information regarding the score-review process can be found on the NBEO website.

SCORING PRACTICES

NBEO uses quantitative and qualitative data analysis to evaluate examination uniformity and fairness. Candidates who achieve scores above the overall cut-off requirement receive a passing score. A CSE score below the cut-off requirement will result in a failing score.

STATION 1 OVERVIEW

At the start of Station 1, the SP will hand the candidate a Patient Data Form (PDF) with the Ophthalmic Lens Evaluation Form on the back. The PDF will include some information about the patient being portrayed. Candidates should be prepared to respond to the patient being **portrayed** rather than on the SP's actual personal characteristics. For example, the SP may be a white female in her mid-40s not wearing glasses, portraying an elderly black male who wears glasses. The PDF also contains information about the portrayed patient's ocular and medical history and pertinent family history. Candidates should assume that the portrayed patient filled out the PDF prior to entering the exam room. Information on the PDF can be used to conduct the Case History.

If a candidate asks a question during Case History/Patient Communication for which the answer is not provided to the SP on their script, the SP will respond "I do not know," or provide a similar response.

Skill 1 requires that the candidate obtain at least 4 HPI elements; however, it may be necessary for the candidate to gather additional information in order to determine the best tentative diagnosis.

At the conclusion of the Case History Skill, candidates are to verbally STATE their best tentative diagnosis for the chief complaint and two case history findings which support the tentative diagnosis. There may be more than one correct response to the tentative diagnosis question that would receive full credit, and one or more answers that are partially correct that receive partial credit. However, you are to indicate what you believe is the **one best** diagnosis. If more than one diagnosis is given, candidates must clearly state which one is their best tentative diagnosis.

After Case History, for the remainder of the examination skills in Station 1, candidates must ignore the information provided on the PDF and the information obtained from the SP during Skill 1 and examine the actual SP sitting for the station. Candidates should not consider **any** of the Case History/Patient Communication information to be relevant to the other skills performed in Station 1, to include prescriptions, eye wear, or diagnosis.

As with all skills, the candidate is responsible for initiating Skill 2. After completion of Case History, the candidate will proceed to Skill 2, Item 1. **When asked**, the SP will respond with a scripted question about a condition. The condition in Skill 2 is not relevant to Skill 1. When providing facts/details for Skill 2, the candidate must provide the minimum number of facts/details requested and all facts/details stated must be correct.

Skill 3, Near Cover Test & Near Point of Convergence, and Skill 4, Binocular Extraocular Muscle Motility & Binocular Horizontal Saccadic Eye Movement Evaluation are segmented into two procedures.

For Skill 6, Pupil Testing, the candidates' findings are compared to premeasured findings in which the SP's pupil size was rounded to the nearest 0.5mm. Additionally, candidates should clearly state that they are checking for a consensual response.

All blood pressure measurements should be taken on the Life/Form Blood Pressure Measurement Arm. This stimulated arm is made out of latex. If a candidate is allergic to latex, they should request latex-free gloves from the standardized patient before handling the arm. Before performing the skill, candidates are required to make sure the equipment is **turned on** in order to obtain a measurement. There will be a label covering the display which the candidates must not remove. A corner of this display will be left uncovered so candidates can ensure the box is turned on and functioning. Verbally state your BP findings before or after removing the cuff **NOT** during removal as this will ensure the BP findings will be audible. If you wish to repeat the skill, you should inform the SP who will reset the equipment.

The glasses for the ophthalmic lens evaluation do not belong to the SP. At the start of the station, the SP will provide separate single-vision and progressive spectacles intended for the Lensometry Skill. It is the candidate's responsibility to focus and zero the lensmeter.

STATION 2 OVERVIEW

The candidate can assume all ophthalmic instruments (tonometer probe, gonioscopy lens, forceps) are disinfected and ready to use. The surfaces of the slit lamp biomicroscope that come into contact with the SP's face must be properly disinfected.

Additionally, please note that touching your hair or face after washing hands breaks hygiene protocol. You may be asked to wash your hands prior to touching the patient, contact side of equipment or contact lens.

For Goldman Applanation Tonometry, 3-Mirror Gonioscopy, Collagen Implant Insertion & Removal, and Soft & GP Contact Lens skills you must explain the purpose of the procedure before performing the skill.

For all skills, you should ask the examiners on which of the patient's eyes (OD or OS) to perform the skills. If any point a candidate does not remember which eye the examiner directed them to use for a skill, they may ask the examiner to clarify.

The examiner will only state "I have a view" when asked by the candidate.

It is important to note that when an examiner reports having a view, they are simply indicating that the view is unobstructed; it does not imply anything about the quality of the view.

Candidates should assume the SP has less than 3 diopters of cyl.

When examining any ocular structure, the views cannot be "fleeting." Additionally, when the item requires viewing an **entire** structure, it means 360°.

Candidates must identify and describe each structure as they are viewing it.

For Tonometry and Gonioscopy, anesthetic must be used in the tested eye only. To promote patient comfort during Gonioscopy, Celluvisc® should be used.

During Gonioscopy, candidates should identify the correct quadrant and center their view of the angles for optimal video recording purposes.

During Punctual Plugs, candidates should properly **insert half of the implant** into the punctum. **Do not rest the forceps on the SP's eyelid.** Additionally, time starts when the implant is in the punctum. For SP safety, please do not keep the plug in longer than two seconds (i.e., do not ask or state something while the implant is in and then start counting; if you must count, start counting immediately). Anesthetic is not allowed for punctual plugs. You can assume the collagen implants in an open package are sterile. If you contaminate an implant, you should retrieve another implant.

Skill 13 combines gas permeable contact lens (GPCL) and soft contact lens (SCL) insertion, evaluation, and removal. These procedures have been combined into a single skill for purposes of efficiency. When asked, the examiner will instruct the candidate to insert a GPCL on one of the patient's eyes (OD or OS) and an SCL on the other eye. The SCL is a toric lens with markings at 3 and 9 o'clock. Candidates should report the rotation from the doctor's perspective. For the GPCL, candidates can assume the lens is clean for insertion. Once removed, it should be stored in the case from which it was removed.

If the candidate is unable to safely and effectively remove the lens from the SP's eyes and is stopped by the examiner, the examiner will remove the lens. Candidates will not receive any additional time for the examiner to remove the lens. Also, the candidate will not be able to perform any further items for that portion (SCL or GPCL) of the Contact Lens Skill in which they were stopped, but may continue with the other lens if it hasn't been removed yet. Additionally, for SP comfort, examiners will remove the GPCL with a suction cup.

Four attempts are allowed to complete each skill. Upon unsuccessfully performing the fourth attempt, you will be stopped by the examiner and instructed to move on to the next skill. You may also be stopped prior to the fourth attempt if the examiner or SP believes you are placing the SP at harm.

If at any time your hands or equipment come in direct contact with the RGP cleaner, you must completely wash the solution off (if it is on your hands then you must use soap and water; if it is on an instrument, then rinse with saline solution) prior to coming in contact with the SP.

STATION 3 OVERVIEW

In Station 3, results from one skill are used in the performance of a subsequent skill. This design simulates clinical reality and facilitates a smooth flow in the station. Although it is inevitable that some errors may affect the results in performing a subsequent skill, steps have been taken to minimize the impact of this linkage by emphasizing the process of how the candidate examines the SP, rather than the findings.

The SP's **actual age** will be displayed on the patient name badge. **If the badge is not visible, candidates may ask the SP for their age.**

For camera lighting purposes, at minimum, keep the computer monitor on at all times.

Skill 14: Retinoscopy

Candidates will perform a “3-eyed” Retinoscopy:

1. Retinoscopy on OD
2. Retinoscopy on OS
3. Quick repeat of sphere component OD

Performing “3-eyed” Retinoscopy prevents the need to do a careful fogging prior to starting Retinoscopy. Either eye can be done first; however, it will usually be OD. You must verbally state your findings. Do not forget to state your working distance.

It is important that you state your Retinoscopy findings before you start subjective refraction or before you take a visual acuity. If you decide to perform Retinoscopy after taking a visual acuity, it will NOT be used for scoring purposes. Any repeat of Retinoscopy is done on your own accord and will not be scored by the examiner. Additionally, if you take a visual acuity before completing Retinoscopy, you will be scored “no” for the entire Retinoscopy Skill.

During Refraction, while checking cylinder power and axis, you must use the JCC.

Skill 16, Heterophoria & Vergence Testing at Distance, is segmented into three procedures. You must state your findings verbally in the same manner as you would enter them into a patient record. The horizontal phoria findings must include the magnitude and direction of phoria, e.g. 6 pd exo; 2 pd eso. For the vertical phoria, the eye must also be specified, e.g. 2 pd right hyper. The horizontal vergence findings must specify directionality, e.g. BI or negative relative vergence; BO or positive relative vergence. Findings should include blur, break, and recovery for BI/BO. The vertical vergence findings must specify the eye and the directionality, e.g. infra OD; or supra OS.

In measuring relative accommodation in Skill 17, Accommodation Testing, you must clearly state what you are using as your near base (distance subjective refraction or BCC). The NRA and PRA findings should be stated relative to the patient's near base you have chosen.

At the end of each of the Skills 15, 16, and 17, the candidate must briefly educate the SP on their findings using layman's terms. Your explanation (facts/details) to the patient must be accurate, clear, and in non-technical terms to promote patient understanding.

STATION 4 OVERVIEW

In addition to the SP, Station 4 will have a proctor in the room. When asked, the SP will direct the candidate on which eye (OD or OS) to perform the skills. If at any point, a candidate does not remember which eye the SP directed them to use for a procedure, they may ask the SP to clarify.

The last intentional performance of an item will be scored. When examining any ocular structure, the view cannot be a "fleeting" view.

For BIO, the illumination is already set; please do not adjust the illumination setting. Additionally, the optimal working distance is between 18-25 inches. The image you view through the oculars is the same image being recorded.

You have a choice of performing BIO with the SP seated or reclined; however, the patient may request a seated exam for medical reasons.

For Skill 19, the view is through the left ocular.

When examining any ocular structure, the view cannot be a "fleeting" view.

For retroillumination only, your light source must be on maximum illumination, and you must move the light source to obtain the necessary retroilluminated image.

Regarding views, the proctor will only state "I have a view" or "I do not have a view," as appropriate, when asked by the candidate. **It is important to note that when a proctor reports having a view, they are simply indicating that the view is unobstructed; it does not imply anything about the quality of the view.**

At the conclusion of Skill 19, the candidate should ask the proctor for a **hypothetical** finding observed during a dilated fundus exam.

Everyone involved in the preparation of these examinations extends their collective best wishes for your success.

STATION 1 INSTRUCTIONS TO CANDIDATE

August 2022-May 2023
(posted on the exam room computer)

Surfaces of the ophthalmic equipment that come into contact with the SP's face should be cleaned prior to use by wiping with an alcohol swab.

SKILL 1: CASE HISTORY / PATIENT COMMUNICATION

You are to obtain a complete case history from the SP, who will *portray* a patient presenting to your office for the first time. You will be presented a [Patient Data Form](#) which will include: the portrayed patient's general information, personal and family history, and a review of systems. You may use the Patient Data Form to take notes. When you are finished gathering the case history data, you must STATE the best tentative diagnosis for the patient's chief complaint and support your diagnosis. **The Case History script information and tentative diagnosis, prescriptions, eyewear, etc., are not related to any other skills in this station and must be disregarded for the rest of the skills.**

SKILL 2: PATIENT EDUCATION

You are to educate the SP regarding the requested ocular condition. Describe the condition and how it affects the eyes/vision, preventative, diagnostic and/or treatment options, and prognosis, interval, and/or follow up. Your explanation (facts/details) to the patient of the ocular condition must be accurate, clear, and in non-technical terms to promote patient understanding.

SKILL 3: NEAR COVER TEST & NEAR POINT OF CONVERGENCE

You are to perform a Near Cover Test on the SP and objectively measure any oculomotor deviation by neutralizing any observed motion with prism, or confirming orthophoria using 2-4 Δ BI and BO. You must also perform Near Point of Convergence. You must state your findings verbally in the same manner as you would enter them into a patient record (e.g., for NCT include phoria vs. tropia).

SKILL 4: BINOCULAR EXTRAOCULAR MUSCLE MOTILITY & BINOCULAR HORIZONTAL SACCADIC EYE MOVEMENT EVALUATION

You are to assess and describe the SP's binocular extraocular muscle motility in six cardinal positions of gaze (up right, right, down right, up left, left, and down left), using a penlight or transilluminator and assess eye alignment in a physiological H pattern. You must also evaluate binocular horizontal saccadic eye movements using the silver/gold wands. You must state your findings verbally in the same manner as you would enter them into a patient record.

SKILL 5: STATIC PERIPHERAL CONFRONTATION VISUAL FIELDS

You are to assess and describe the peripheral confrontation visual fields responses of the SP using the finger-counting method. You must state your findings verbally in the same manner as you would enter them into a patient record.

SKILL 6: PUPIL TESTING

You are to assess and describe the pupils and pupillary responses of the SP. You must state your findings verbally in the same manner as you would enter them into a patient record.

SKILL 7: BLOOD PRESSURE MEASUREMENT

You are to obtain a blood pressure measurement on the simulated arm. You should assume that the procedure is being done as part of a comprehensive examination and that the sphygmomanometer provided in the room is the appropriate size for the patient. You must state your findings verbally in the same manner as you would enter them into a patient record.

SKILL 8: OPHTHALMIC LENS EVALUATION

You are to evaluate two pairs of ophthalmic glasses: one progressive and the other single vision. These spectacles do not belong to the patient at the station. You should record, on the [Ophthalmic Lens Evaluation Form](#) provided, all of the data required for these spectacle lenses.

THIS IS A 30-MINUTE STATION

Candidates are encouraged to review the Station 1 evaluation form for detailed information on the items required to be completed during the examination.

STATION 2 INSTRUCTIONS TO CANDIDATE

August 2022-May 2023
(posted on the exam room computer)

The surfaces of the slit lamp biomicroscope that come into contact with the patient's face should be cleaned prior to use by wiping with an alcohol swab. Candidate should assume the tonometer probe, gonioscopy lens, and forceps are already cleaned and ready for use.

SKILL 9: BIOMICROSCOPY

You are to perform a comprehensive slit lamp examination on *one* eye of the SP, as indicated by the examiner. You may use a cotton-tipped applicator to assist in the eversion of the upper eyelid. As you examine the structures, you must verbally state your findings to the examiner in the same manner as you would enter them into a patient record.

SKILL 10: GOLDMANN APPLANATION TONOMETRY

You are to perform Goldmann Applanation Tonometry on *one* eye of the SP, as indicated by the examiner. You must verbally state your findings to the examiner in the same manner as you would enter them into a patient record.

SKILL 11: 3-MIRROR GONIOSCOPY

You are to perform gonioscopy on *one* eye of the SP, as indicated by the examiner. During the skill, you are expected to obtain and maintain a clear gonioscopic view of the anterior chamber angle and perform a systematic examination of all four anterior chamber angle quadrants, centering the view of the angle using the appropriate mirror. You must verbally state your findings to the examiner in the same manner as you would enter them into a patient record.

SKILL 12: COLLAGEN IMPLANT INSERTION & REMOVAL

You are to prepare and then insert half of a collagen implant into the inferior punctum on one lid of the SP, as indicated by the examiner. The plug is *not* to be moved into the horizontal canaliculus but should be held in place in the vertical canaliculus for a maximum of two seconds, and then **MUST** be removed. Upon removal, the collagen implant should be discarded. **After** removing the implant, you must accurately describe to the examiner how the collagen implant should be moved into the horizontal canaliculus. Topical anesthetic should **not** be instilled prior to performing this skill.

SKILL 13: SOFT & GAS PERMEABLE CONTACT LENS INSERTION, EVALUATION & REMOVAL

You are to properly prepare and insert a toric soft contact lens (SCL) on one eye of the SP and a gas permeable contact lens (GPCL) on the other eye, as indicated by the examiner. Topical anesthetic should **not** be instilled prior to inserting the lenses. You should assume that the GPCL provided has been cleaned and disinfected; since a disposable SCL is used, there is no need to clean or disinfect it. Using the slit lamp biomicroscope, you are expected to evaluate and assess the fit of the lenses on the SP's eyes. Fluorescein should be instilled only in the eye with the GPCL. After evaluation, you should remove both contact lenses from the SP's eyes. The SCL should be discarded; the GPCL should be stored in the appropriate case. Suction cups and other mechanical removers are *not* permitted. You must verbally state your findings to the examiner in the same manner as you would enter them into a patient record.

THIS IS A 30-MINUTE STATION

Candidates are encouraged to review the Station 2 evaluation form for detailed information on the items required to be completed during the examination.

STATION 3 INSTRUCTIONS TO CANDIDATE

August 2022-May 2023
(posted on the exam room computer)

Surfaces of the phoropter that come into contact with the SP's face should be cleaned prior to use by wiping with an alcohol swab.

SKILL 14: RETINOSCOPY

You are to perform static distance retinoscopy on *both* eyes of the SP. You must verbally state your findings in the same manner as you would enter them into a patient record prior to any subjective response by the SP. This must be done prior to starting your subjective refraction or taking a visual acuity.

Any repeat of retinoscopy will not be scored.

Turn on overhead room lights when stating Retinoscopy and Refraction findings for scoring purposes.

SKILL 15: DISTANCE SUBJECTIVE REFRACTION

Based on the static distance retinoscopy and PD finding previously obtained, you are to perform a distance subjective refraction on *both* eyes of the SP, including a prism dissociated balance. You must state your findings verbally in the same manner as you would enter them into a patient record.

SKILL 16: HETEROPHORIA & VERGENCE TESTING AT DISTANCE

You should assume that the SP is non-strabismic and use the findings from your distance subjective refraction for this skill.

You are to conduct a von Graefe measurement of the SP's horizontal and vertical heterophorias at *distance* only. You may perform the "pursuit" technique or the "flash" technique. You must state your findings verbally in the same manner as you would enter them into a patient record. For the horizontal phoria the findings must include the magnitude and direction of the phoria, e.g. 6 pd exo or 2 pd eso. For the vertical phoria, the eye must also be specified, e.g. 2 pd hyper, OD.

You are to measure the SP's horizontal and vertical vergences at *distance* only. The horizontal vergence findings must specify directionality, e.g. BI or negative relative vergence; BO or positive relative vergence. The vertical vergence findings must specify the eye and the directionality, e.g. infra OD; or supra OS.

SKILL 17: ACCOMMODATION TESTING

You will determine the SP's binocular (fused) crossed-cylinder dioptric value relative to the distance subjective refraction. You must determine and state the near base prior to performing NRA and PRA. You must state the NRA and PRA values relative to the SP's near base (distance subjective refraction or BCC). If the PRA is greater than -3 diopters, you may stop and state, "The patient's PRA is greater than -3 diopters."

You must verbally state your findings in the same manner as you would enter them into a patient record.

THIS IS A 30-MINUTE STATION

Candidates are encouraged to review the Station 3 evaluation form for detailed information on the items required to be completed during the examination.

STATION 4 INSTRUCTIONS TO CANDIDATE

August 2022-May 2023

(posted on the exam room computer)

Surfaces of the slit lamp biomicroscope that come into contact with the patient's face should be cleaned prior to use by wiping with an alcohol swab.

SKILL 18: BINOCULAR INDIRECT OPHTHALMOSCOPY

You are to perform binocular indirect ophthalmoscopy (BIO) on one eye of the SP as indicated by the SP. You have the choice of performing BIO with the SP seated or reclined.

You must state your findings verbally in the same manner as you would enter them into a patient record. The findings must be accurate for credit.

SKILL 19: DILATED BIOMICROSCOPY & NON-CONTACT FUNDUS LENS EVALUATION

You are to properly examine the crystalline lens (with direct and retroillumination) and the retrolental area/anterior vitreous using the biomicroscope **without** the non-contact fundus lens. You are to examine the posterior vitreous, optic nerve, **four** arcades, fovea and macula using the biomicroscope **with** the non-contact fundus lens. All items will be performed on *one* eye of the SP. You must state structures when viewing and also state your findings verbally in the same manner as you would enter them into a patient record.

After examining the patient, educate the patient regarding a given ***hypothetical*** finding. Your explanation (facts/details) to the patient must be accurate, clear, and in non-technical terms to promote patient understanding.

THIS IS A 15-MINUTE STATION

Candidates are encouraged to review the Station 4 evaluation form for detailed information on the items required to be completed during the examination.