

Guidelines for candidates

Clinical examination station

At the clinical examination station candidates will be asked to perform an ophthalmic examination, typically on a single patient. Occasionally, more than one patient will be used to ensure that the most important examination techniques can be performed. This station is an opportunity to test a candidate's diagnostic, interpretive and reflective skills.

The candidate will be marked by at least two examiners, who will agree on a unified mark.

The candidate will be marked on the following:

Sections
<p>1 – Distant examination (observing, commenting on, performing...)</p> <ul style="list-style-type: none">• Instrument set-up prior to start of examination (including adjustment for own use of slitlamp -interpupillary distance and focus- and indirect ophthalmoscope -interpupillary distance)• Animal's demeanour, status, movement, and facial symmetry• Presence/absence of clinical signs (incl. ocular discharge, blepharospasm, and other gross pathology)• Globe position, movement, and size• Use of retroillumination (either via distant direct ophthalmoscopy or the indirect ophthalmoscope without condensing lens, for assessment of symmetry in pupil size and direction of gaze, and to scan the eye -cornea, AC, lens, vitreous- for opacities)• Demonstrating/discussing use of low light intensity light source to assess the resting pupil size in photopic and scotopic conditions
<p>2 – Hands-on examination (applied to both eyes and correctly performed)</p> <ul style="list-style-type: none">• Palpation of the orbital rim• Retropulsion (commenting on it if deemed contraindicated)• Commenting on performing STT• Commenting on performing tonometry• Performing/commenting on performing fluorescein staining (incl. TFBUT)• Conducting an appropriate palpebral reflex (i.e. touching BOTH medial and lateral canthi in both eyes)• Conducting an appropriate menace response (i.e. assessing different visual fields, esp. in large animals)• Use of a light source with high light intensity to assess dazzle reflex• Use of light source with high light intensity to assess direct and indirect PLR (right and left, use of swinging flashlight test, photopic and scotopic)

3 – Biomicroscopic examination

- Appropriate use of the slitlamp (including use of spot and slit-beam illumination, using different angles and directions, ‘scanning’ the entire structure, reducing light intensity when using spot/broad beam illumination, maximizing light intensity when using narrow slit-beam illumination, proper use of magnification - e.g. not on 16x all the time)
- Eyelids (position, margins, MG openings and caruncle)
- Lacrimal puncta
- Nictitans membrane (incl. appearance and mobility)
- Conjunctiva/episclera (complete examination incl. palpebral, bulbar and fornix)
- Cornea and precorneal tear film (complete examination incl. appropriate illumination, magnification, 12mm spot, broad beam, narrow beam, specular reflection image, surface)
- Anterior chamber (complete examination incl. depth, presence and grading of aqueous flare/Tyndall effect, and cells)
- Iridocorneal angle (performing/discussing the examination if possible: e.g. in cat/horse/bird)
- Iris and pupil
- Lens (complete examination incl. appropriate illumination, magnification, 12mm spot, broad beam, narrow beam)
- Anterior vitreous

4 – Fundoscopy

- Selecting appropriate condensing lens power to examine the fundus (taking pupil dilation, the presence of visual axis opacities, and the need for magnification into account)
- Complete examination of the fundus via indirect ophthalmoscopy (all quadrants, periphery, posterior vitreous, and all structures -tapetal fundus, nontapetal fundus, optic nerve head, retinal and choroidal vasculature, if applicable)
- Iridocorneal angle (performing/discussing the examination of the nasoventral quadrants if possible: e.g. in cat, some dogs)
- Red-free light (performing/discussing use to distinguish pigment from blood, and to examine NFL)
- Use of direct ophthalmoscopy

5 – Animal handling and case discussion

- Professionalism and overall clinical care (incl. careful animal handling, considering the patient’s needs throughout the examination, incl. need for a break, reduction of light intensity when using spot illumination on the slit-lamp, and with indirect ophthalmoscopy)
- Ability to determine the clinical relevance of the lesions noted
- Ability to identify and prioritize additional diagnostic tests needed
- Ability to elaborate a comprehensive management plan applying critical reasoning
- Use of appropriate ophthalmology-specific language when describing lesions
- Accurate notes of the clinical findings
- Completing the examination within the allocated time

Deductions/Compensations

- The examiners can make additional deductions and award compensatory marks at their discretion; the justifications will be recorded

Deductions can be made for:

- Failure to detect, describe, or discuss minor clinical finding/lesion(s)
- Failure to detect, describe, or discuss major clinical finding/lesion(s)
- Examination performed in an erratic, disorderly, ineffective manner
- Failure to demonstrate appropriate hands-on examination (i.e. complete orbital assessment, neuro-ophthalmic examination, STT, tonometry, etc. when indicated)
- Poorly performed biomicroscopic examination
- Poorly performed funduscopy examination
- Failure to demonstrate appropriate understanding of the clinical consequences of the findings
- Failure to formulate an appropriate management plan

Compensations

- Additional marks may be awarded for particularly thorough and accurate clinical reasoning and reflections