External Assessment Form for Hospital-Based Industrial Training, Bachelor of Optometry (Honours), International Islamic University Malaysia

Assalamualaikum and Salam Sejahtera.

Please be informed that you will be assessing Year 3 students who have minimal exposure and experience in dealing with real cases.
Thus, the Department hopes that the assessment shall be matched to the students' level of study.

At the end of the industrial training, the student should be able to;

CLO1. Demonstrate clinical skills in examining patients.
CLO2. Evaluate various cases in optometry.
CLO3. Display an effective communication skill with patients, colleagues and others.
CLO4. Practice professional code of conduct in workplace.

*CLO = course learning outcome

The Department would like to thank for your kind assistance throughout this industrial training. We are looking forward for further collaboration in the future.
* Required

1. Email address *

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   | Clinical Optometry Skills | Suggested to assess the Student Performance in Last 2 Weeks of Training or when you think that the student is fit to be assessed/ has enough exposure to the particular cases. Choose 1 patient per case only. CLO1. Demonstrate clinical skills in examining patients. CLO2. Evaluate various cases in optometry. CLO3. Display an effective communication skill with patients, colleagues, and others. |

2. 1. Refraction (Common Refractive Error Case) *

   The rubric is designed for general refraction methods for all cases. If there are any unrelated assessment items to the attended case, just mark as "2" and notify it at Comment/ Notes section below. Please state the attended case accordingly. e.g. Moderate/ High Myopic/Hyperopic/Myopic Astigmatism /Hyperopic Astigmatism

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3. *

Retinoscopy (Item 1-18) and Subjective Refraction (Item 19-33) (0 = Not Adhered; 1 = Need Improvement; 2 = Perfect)

Mark only one oval per row.

	0	1	2
1. Check the patient's pupil distance.	○	○	○
2. Use appropriate trial frame.	○	○	○
3. Use appropriate method/chart for VA testing before ret procedure.	○	○	○
4. Use appropriate language to brief purpose of the test to the patient/guardian.	○	○	○
5. Working distance is appropriate with/without the working distance lens.	○	○	○
6. Choose an appropriate fixation target.	○	○	○
7. Patient's view of the fixation target is not blocked.	○	○	○
8. RE: Student able to appreciate ret movement. Eg. With movement is neutralized with plus lens and against movement is neutralized with minus lens. Slow movement & dull reflect indicates far from neutrality point or high ref error, and fast movement & bright reflect indicates near to neutrality point or low ref error.	○	○	○
9. Ret RE Sphere: 2 marks if ≤0.25DS; 1 mark if ≤0.75DS.	○	○	○
10. Ret RE Astig.: 2 marks if ≤0.25DC; 1 mark if ≤0.75DC.	○	○	○
11. Ret RE Axis: 2 marks if ≤5°; 1 mark if ≤15°.	○	○	○
12. LE: Student able to appreciate ret movement. Eg. With movement is neutralized with plus lens and against movement is neutralized with minus lens. Slow movement & dull reflect indicates far from neutrality point or high ref error, and fast movement & bright reflect indicates near to neutrality point or low ref error.	○	○	○
13. Ret LE: 2 marks if ≤0.25DS; 1 mark if ≤0.75DS.	○	○	○
14. Ret LE Astig.: 2 marks if ≤0.25DC; 1 mark if ≤0.75DC.	○	○	○

15. Ret LE Axis: 2 marks if ≤5°; 1 mark if ≤15°.

16. VA is checked. 2 marks if monocular RE & LE VAs are taken correctly. 1 mark if one eye is taken correctly.

17. RE: Record ret findings. 2 marks if recording is correct together with VA. 1 mark if recording is partially correct or without VA.

18. LE: Record ret findings. 2 marks if recording is correct together with VA. 1 mark if recording is partially correct or without VA.

19. RE & LE: Get the Best Vision Sphere (BVS) by adding +/- lens until VA doesn't improve or check BVS from ret findings using either duochrome or +1.00DS.

20. RE & LE: Choose appropriate method for astig. refinement. Either (i) X-cyl, (ii) Fan & Block, (iii) Stenopaic Slit.

21. RE & LE: Choose appropriate target for astig. refinement. Eg. X-cyl method- Size of the target is 1 or 2 lines larger than BVS VA, 'O' letter or cluster dot. Fan & Block method - Use Fan and Block Chart. Stenopaic slit method- size of the target (letter) is similar or 1 line larger than BVS VA.

22. RE & LE: Astig. axis searching & refinement technique are correct according to the selected astig. refinement method.The methods include X-cyl., Fan & Block, Stenopaic Slit.

23. RE & LE: Astig. power refinement technique is correct according to the chosen astig. refinement method.

24. RE & LE: Monocular end point is checked using either duochrome or +1.00DS test.

25. RE & LE: Check and record VAs correctly.

26. Starts with either eye, but complete until the monocular endpoint before switching eye.

27. Subj. Rx : RE Sphere: 2 marks if ≤0.25DS; 1 mark if ≤0.50DS.

28. Subj. Rx RE Astig.: 2 marks if ≤0.25DC; 1

mark if ≤0.50DC.

29. Subj. Rx RE Axis: 2 marks if ≤5°; 1 mark if ≤10°.	◯	◯	◯
30. Subj. Rx: LE Sphere: 2 marks if ≤0.25DS; 1 mark if ≤0.50DS.	◯	◯	◯
31. Subj. Rx LE Astig.: 2 marks if ≤0.25DC; 1 mark if ≤0.50DC.	◯	◯	◯
32. Subj. Rx LE Axis: 2 marks if ≤5°; 1 mark if ≤10°.	◯	◯	◯
33. Perform binocular balancing and binocular end point correctly. Binocular balancing technique choices ; (i) successive contrast, (ii) prism dissociation, (iii) duochrome utilization.	◯	◯	◯
34. Record final findings. 2 marks if recording is correct together with VA. 1 mark if recording is partially correct or without VA.	◯	◯	◯

4. Comments/ Notes on 1. Refraction (Common Refractive Error Case) *

1. State if there are any unrelated assessment items to the attended case. 2. Any comments/notes on student performance (theory, skill, knowledge).

5. 2. Refraction (Paediatric/ Cycloplegic) *

The rubric is designed for general refraction methods for all cases. If there are any unrelated assessment items to the attended case, just mark as "2" and notify it at Comment/ Notes section below. Please state the attended case accordingly. e.g. High Myopic Astigmatism in 5-year Indian patient.

6. *

Retinoscopy (Item 1-18) and Subjective Refraction (Item 19-33) (0 = Not Adhered; 1 = Need Improvement; 2 = Perfect)

Mark only one oval per row.

	0	1	2
1. Check the patient's pupil distance.	⬭	⬭	⬭
2. Use appropriate trial frame.	⬭	⬭	⬭
3. Use appropriate method/chart for VA testing before ret procedure.	⬭	⬭	⬭
4. Use appropriate language to brief purpose of the test to the patient/guardian.	⬭	⬭	⬭
5. Working distance is appropriate with/without the working distance lens.	⬭	⬭	⬭
6. Choose an appropriate fixation target.	⬭	⬭	⬭
7. Patient's view of the fixation target is not blocked.	⬭	⬭	⬭
8. RE: Student able to appreciate ret movement. Eg. With movement is neutralized with plus lens and against movement is neutralized with minus lens. Slow movement & dull reflect indicates far from neutrality point or high ref error, and fast movement & bright reflect indicates near to neutrality point or low ref error.	⬭	⬭	⬭
9. Ret RE Sphere: 2 marks if ≤0.25DS; 1 mark if ≤0.75DS.	⬭	⬭	⬭
10. Ret RE Astig.: 2 marks if ≤0.25DC; 1 mark if ≤0.75DC.	⬭	⬭	⬭
11. Ret RE Axis: 2 marks if ≤5°; 1 mark if ≤15°.	⬭	⬭	⬭
12. LE: Student able to appreciate ret movement. Eg. With movement is neutralized with plus lens and against movement is neutralized with minus lens. Slow movement & dull reflect indicates far from neutrality point or high ref error, and fast movement & bright reflect indicates near to neutrality point or low ref error.	⬭	⬭	⬭
13. Ret LE: 2 marks if ≤0.25DS; 1 mark if ≤0.75DS.	⬭	⬭	⬭
14. Ret LE Astig.: 2 marks if ≤0.25DC; 1 mark if ≤0.75DC.	⬭	⬭	⬭

15. Ret LE Axis: 2 marks if ≤5°; 1 mark if ≤15°.	○	○	○
16. VA is checked. 2 marks if monocular RE & LE VAs are taken correctly. 1 mark if one eye is taken correctly.	○	○	○
17. RE: Record ret findings. 2 marks if recording is correct together with VA. 1 mark if recording is partially correct or without VA.	○	○	○
18. LE: Record ret findings. 2 marks if recording is correct together with VA. 1 mark if recording is partially correct or without VA.	○	○	○
19. RE & LE: Get the Best Vision Sphere (BVS) by adding +/- lens until VA doesn't improve or check BVS from ret findings using either duochrome or +1.00DS.	○	○	○
20. RE & LE: Choose appropriate method for astig. refinement. Either (i) X-cyl, (ii) Fan & Block, (iii) Stenopaic Slit.	○	○	○
21. RE & LE: Choose appropriate target for astig. refinement. Eg. X-cyl method- Size of the target is 1 or 2 lines larger than BVS VA, 'O' letter or cluster dot. Fan & Block method - Use Fan and Block Chart. Stenopaic slit method- size of the target (letter) is similar or 1 line larger than BVS VA.	○	○	○
22. RE & LE: Astig. axis searching & refinement technique are correct according to the selected astig. refinement method.The methods include X-cyl., Fan & Block, Stenopaic Slit.	○	○	○
23. RE & LE: Astig. power refinement technique is correct according to the chosen astig. refinement method.	○	○	○
24. RE & LE: Monocular end point is checked using either duochrome or +1.00DS test.	○	○	○
25. RE & LE: Check and record VAs correctly.	○	○	○
26. Starts with either eye, but complete until the monocular endpoint before switching eye.	○	○	○
27. Subj. Rx : RE Sphere: 2 marks if ≤0.25DS; 1 mark if ≤0.50DS.	○	○	○
28. Subj. Rx RE Astig.: 2 marks if ≤0.25DC; 1	○	○	○

mark if ≤0.50DC.

29. Subj. Rx RE Axis: 2 marks if ≤5°; 1 mark if ≤10°.	◯	◯	◯
30. Subj. Rx: LE Sphere: 2 marks if ≤0.25DS; 1 mark if ≤0.50DS.	◯	◯	◯
31. Subj. Rx LE Astig.: 2 marks if ≤0.25DC; 1 mark if ≤0.50DC.	◯	◯	◯
32. Subj. Rx LE Axis: 2 marks if ≤5°; 1 mark if ≤10°.	◯	◯	◯
33. Perform binocular balancing and binocular end point correctly. Binocular balancing technique choices ; (i) successive contrast, (ii) prism dissociation, (iii) duochrome utilization.	◯	◯	◯
34. Record final findings. 2 marks if recording is correct together with VA. 1 mark if recording is partially correct or without VA.	◯	◯	◯

7. Comments/ Notes on 2. Refraction (Paediatric/ Cycloplegic) *

1. State if there are any unrelated assessment items to the attended case. 2. Any comments/notes on student performance (theory, skill, knowledge).

8. 3. Refraction (Post-Op Cataract With IOL/ Aphakia) *

The rubric is designed for general refraction methods for all cases. If there are any unrelated assessment items to the attended case, just mark as "2" and notify it at Comment/ Notes section below. Please state the attended case accordingly. e.g. 3-month of Post-op cataract refraction with toric IOL

9. *

Retinoscopy (Item 1-18) and Subjective Refraction (Item 19-33) (0 = Not Adhered; 1 = Need Improvement; 2 = Perfect)

Mark only one oval per row.

	0	1	2
1. Check the patient's pupil distance.	○	○	○
2. Use appropriate trial frame.	○	○	○
3. Use appropriate method/chart for VA testing before ret procedure.	○	○	○
4. Use appropriate language to brief purpose of the test to the patient/guardian.	○	○	○
5. Working distance is appropriate with/without the working distance lens.	○	○	○
6. Choose an appropriate fixation target.	○	○	○
7. Patient's view of the fixation target is not blocked.	○	○	○
8. RE: Student able to appreciate ret movement. Eg. With movement is neutralized with plus lens and against movement is neutralized with minus lens. Slow movement & dull reflect indicates far from neutrality point or high ref error, and fast movement & bright reflect indicates near to neutrality point or low ref error.	○	○	○
9. Ret RE Sphere: 2 marks if ≤0.50DS; 1 mark if ≤0.75DS.	○	○	○
10. Ret RE Astig.: 2 marks if ≤0.50DC; 1 mark if ≤0.75DC.	○	○	○
11. Ret RE Axis: 2 marks if ≤10°; 1 mark if ≤15°.	○	○	○
12. LE: Student able to appreciate ret movement. Eg. With movement is neutralized with plus lens and against movement is neutralized with minus lens. Slow movement & dull reflect indicates far from neutrality point or high ref error, and fast movement & bright reflect indicates near to neutrality point or low ref error.	○	○	○
13. Ret LE: 2 marks if ≤0.50DS; 1 mark if ≤0.75DS.	○	○	○
14. Ret LE Astig.: 2 marks if ≤0.50DC; 1 mark if ≤0.75DC.	○	○	○

15. Ret LE Axis: 2 marks if ≤10°; 1 mark if ≤15°.	○	○	○
16. VA is checked. 2 marks if monocular RE & LE VAs are taken correctly. 1 mark if one eye is taken correctly.	○	○	○
17. RE: Record ret findings. 2 marks if recording is correct together with VA. 1 mark if recording is partially correct or without VA.	○	○	○
18. LE: Record ret findings. 2 marks if recording is correct together with VA. 1 mark if recording is partially correct or without VA.	○	○	○
19. RE & LE: Get the Best Vision Sphere (BVS) by adding +/- lens until VA doesn't improve or check BVS from ret findings using either duochrome or +1.00DS.	○	○	○
20. RE & LE: Choose appropriate method for astig. refinement. Either (i) X-cyl, (ii) Fan & Block, (iii) Stenopaic Slit.	○	○	○
21. RE & LE: Choose appropriate target for astig. refinement. Eg. X-cyl method- Size of the target is 1 or 2 lines larger than BVS VA, 'O' letter or cluster dot. Fan & Block method - Use Fan and Block Chart. Stenopaic slit method- size of the target (letter) is similar or 1 line larger than BVS VA.	○	○	○
22. RE & LE: Astig. axis searching & refinement technique are correct according to the selected astig. refinement method.The methods include X-cyl., Fan & Block, Stenopaic Slit.	○	○	○
23. RE & LE: Astig. power refinement technique is correct according to the chosen astig. refinement method.	○	○	○
24. RE & LE: Monocular end point is checked using either duochrome or +1.00DS test.	○	○	○
25. RE & LE: Check and record VAs correctly.	○	○	○
26. Starts with either eye, but complete until the monocular endpoint before switching eye.	○	○	○
27. Subj. Rx : RE Sphere: 2 marks if ≤0.25DS; 1 mark if ≤0.50DS.	○	○	○
28. Subj. Rx RE Astig.: 2 marks if ≤0.25DC; 1	○	○	○

mark if ≤0.50DC.

29. Subj. Rx RE Axis: 2 marks if ≤5°; 1 mark if ≤10°.	◯	◯	◯
30. Subj. Rx: LE Sphere: 2 marks if ≤0.25DS; 1 mark if ≤0.50DS.	◯	◯	◯
31. Subj. Rx LE Astig.: 2 marks if ≤0.25DC; 1 mark if ≤0.50DC.	◯	◯	◯
32. Subj. Rx LE Axis: 2 marks if ≤5°; 1 mark if ≤10°.	◯	◯	◯
33. Record final findings. 2 marks if recording is correct together with VA. 1 mark if recording is partially correct or without VA.	◯	◯	◯

10. Comments/ Notes on 3. Refraction (Post-Op Cataract With IOL/ Aphakia) *

1. State if there are any unrelated assessment items to the attended case. 2. Any comments/notes on student performance (theory, skill, knowledge).

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11. 4. Strabismus/ Orthoptics/ Binocular Vision *

Please state the attended case accordingly. e.g. Accommodative Esotropia

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12. *****

(0 = Not Adhered; 1 = Need Improvement; 2 = Perfect)

Mark only one oval per row.

	0	1	2
Clerk patient's history extensively	○	○	○
Come out initial diagnoses from the history taking	○	○	○
Formulate an appropriate assessment plan	○	○	○
Use a suitable or modify the technique of assessment according to the case Eg: paediatric, illiterate etc	○	○	○
Competent in their clinical skills/technique	○	○	○
Formulate final diagnoses based on history and clinical findings	○	○	○
Outline a short or long term management plan	○	○	○
Consult the patient according to the clinical finding and management	○	○	○
Use appropriate language to brief purpose of test, giving instruction and consultation to patient and guardian	○	○	○
Confident delivery of the management/consultation. 2 marks= Maintain good eye contact and good body language; clear voice and good pace	○	○	○

13. Comments/ Notes on 4. Strabismus/ Orthoptics/ Binocular Vision *****

1. State if there are any unrelated assessment items to the attended case. 2. Any comments/notes on student performance (theory, skill, knowledge).

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14. **5. Low Vision/ Colour Vision** *

Please state the attended case accordingly. e.g. Congenital Deuteranopia

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15. *

(0 = Not Adhered; 1 = Need Improvement; 2 = Perfect)

Mark only one oval per row.

	0	1	2
Clerk patient's history extensively	◯	◯	◯
Come out initial diagnoses from the history taking	◯	◯	◯
Formulate an appropriate assessment plan	◯	◯	◯
Use a suitable or modify the technique of assessment according to the case Eg: paediatric, illiterate etc	◯	◯	◯
Competent in their clinical skills/technique	◯	◯	◯
Formulate final diagnoses based on history and clinical findings	◯	◯	◯
Outline a short or long term management plan	◯	◯	◯
Consult the patient according to the clinical finding and management	◯	◯	◯
Use appropriate language to brief purpose of test, giving instruction and consultation to patient and guardian	◯	◯	◯
Confident delivery of the management/consultation. 2 marks= Maintain good eye contact and good body language; clear voice and good pace	◯	◯	◯

16. Comments/ Notes on 5. Low Vision/ Colour Vision *

1. State if there are any unrelated assessment items to the attended case. 2. Any comments/notes on student performance (theory, skill, knowledge).

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17. 6. Contact Lens *

Please state the attended case accordingly. e.g. Semi-scleral on post graft eye; RGP for high myopic eye.

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18. *

(0 = Not Adhered; 1 = Need Improvement; 2 = Perfect)

Mark only one oval per row.

	0	1	2
Clerk patient's history extensively including history of contact lens trial/fitting/wearing for follow up case	◯	◯	◯
Come out initial diagnoses from the history taking. eg. current contact lens fitting is too loose/tight etc	◯	◯	◯
Formulate an appropriate assessment plan. eg suggest/change design of contact lens	◯	◯	◯
Use a suitable or modify the technique of assessment according to the case Eg: use proper insertion & observation technique for semi-scleral CL rather than normal techiniques	◯	◯	◯
Competent in their clinical skills/technique. (slit lamp assessment technique)	◯	◯	◯
Formulate final diagnoses based on history and clinical findings. Eg. able to classify the optimum fit and justification	◯	◯	◯
Outline a management plan. eg. cease CL wearing, able to suggest change of BC/diameter/EL etc to improve fitting	◯	◯	◯
Consult the patient according to the clinical finding and management	◯	◯	◯
Use appropriate language to brief purpose of test, giving instruction and consultation to patient and guardian	◯	◯	◯
Confident delivery of the management/consultation. 2 marks= Maintain good eye contact and good body language; clear voice and good pace	◯	◯	◯

19. **Comments/notes on 6. Contact Lens** *

1. State if there are any unrelated assessment items to the attended case. 2. Any comments/notes on student performance (theory, skill, knowledge).

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20. **7. Diagnostic Procedure** *

Please state the name of procedure. e.g. A-Scan, Hess chart, Humphrey visual field test

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21. *

(0 = Not Adhered; 1 = Need Improvement; 2 = Perfect)

Mark only one oval per row.

	0	1	2
Use appropriate language to brief purpose of test, giving instruction and consultation to patient and guardian	◯	◯	◯
Formulate an appropriate assessment plan, Eg. Student able to propose testing modality which appropriate with the case	◯	◯	◯
Use a suitable or modify the technique of assessment according to the case Eg: Student able to keep patient focus during the assessment by motivating them	◯	◯	◯
Competent in their clinical skills/technique. (Student familiar with the instrument settings and able to troubleshoot when necessary)	◯	◯	◯
Competent in their clinical interpretation skills. Eg: Student able to interpret and explain to both patient (if necessary) and SV about the findings	◯	◯	◯
Outline a management plan. Eg. Topographic mapping showed indication of Keratoconus, hence student may suggest mini-scleral or RoseK lens as part of management plan for the patient	◯	◯	◯

22. Comments/notes on 7. Diagnostic Procedure *

1. State if there are any unrelated assessment items to the attended case. 2. Any comments/notes on student performance (theory, skill, knowledge).

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Presentation on Case Study

The student is suggested to present a case study during the Department Continuous Medical Education session.

CLO2. Evaluate various cases in optometry.
CLO3. Display an effective communication skill with patients, colleagues, and others.
CLO4. Practice professional code of conduct in workplace.

23. Attire (0 = Not Adhered; 1 = Need Improvement; 2 = Perfect) *

Mark only one oval per row.

	0	1	2
Confirming professional dress code. 2 marks - Proper attire with blazer, tie (for male only), covered shoe. 1 mark if missing 1 of them.	◯	◯	◯

24. Slide Design (0 = Not Adhered; 1 = Need Improvement; 2 = Perfect) *

Mark only one oval per row.

	0	1	2
Background	◯	◯	◯
Font Choice and Formatting	◯	◯	◯
Graphics	◯	◯	◯

25. Presentation Techniques (0 = Not Adhered; 1 = Need Improvement; 2 = Perfect) *

Mark only one oval per row.

	0	1	2
Clear voice	◯	◯	◯
Good pacing	◯	◯	◯
Appropriate posture	◯	◯	◯
Effective eye contact	◯	◯	◯
Correct pronunciation	◯	◯	◯

26. Content (0 = Not Adhered; 1 = Need Improvement; 2 = Perfect) *

Mark only one oval per row.

	0	1	2
All content are accurate	◯	◯	◯
No factual error	◯	◯	◯
All opinions supported by facts	◯	◯	◯
No spelling error	◯	◯	◯
No grammatical error	◯	◯	◯
Demonstrate thorough knowledge	◯	◯	◯
Conclusion is thorough with application/implication	◯	◯	◯
Answer all questions thoroughly	◯	◯	◯

27. Time management (0 = Not Adhered; 1 = Need Improvement; 2 = Perfect) *

Mark only one oval per row.

	0	1	2
Fully utlise the specified time.	◯	◯	◯

PROFESSIONALISM

CLO3. Display an effective communication skill with patients, colleagues, and others
CLO4. Practice professional code of conduct in workplace

28. (0 = Not Adhered; 1 = Need Improvement; 2 = Perfect) *

Mark only one oval per row.

	0	1	2
1. Punctuality. 2 marks if ≤2 times late; 1 mark if ≤4 times late	◯	◯	◯
2. Neatly presented and comply with professional code attire. Eg. Display matric card/ temporary pass/ name tag, wear clean white coat, not wearing sandal	◯	◯	◯
3. Attendance. 2 marks if 1 time absent without valid MC; 1 marks if ≤3 times absent without valid MC	◯	◯	◯
4. Student is respectful & courteous to staff & patient	◯	◯	◯
5. Student actively engages in learning. Eg. frequently ask question related to the any clinical matter; active involve in case discussion; has own initiative to ask supervisor on how to improve clinical skill	◯	◯	◯

OVERALL PERFORMANCE

Please score the student's overall clinical ability, professionalism and communication skill.
Kindly please refer to the below rubric.

29. (1= Novice, 2 = Beginner, 3 = Good) *

NOVICE Score 1	BEGINNER Score 2	GOOD Score 3
Student attempts to participate but intervention & guidance required at all levels. Student demonstrates weak communication skill with colleagues and patients. Limited understanding of clinical responses.	Student starts well but still requires intervention & guidance. Student demonstrates acceptable communication skill with colleagues and patients. Acceptable understanding of clinical responses & application of tests.	Very minimal intervention or guidance required. Student demonstrates good communication skill with colleagues and patients, but at times can be inconsistent. Demonstrate a good level of understanding of clinical responses.

Mark only one oval.

◯ 1

◯ 2

◯ 3

Thank you for your contribution.

Created by Assistant Professor Dr. Md Muziman Syah Md Mustafa