

Blueprint

The blueprint specifies the major competency domains assessed by the exam. The competency domains represent the related sets of knowledge, skills, and abilities required for the safe and effective practice of optometry. The clinical presentation categories specify the topics of the case scenarios to be included in every version of the exam. The weight of the competency domains and clinical presentations specifies the emphasis of each of these elements on the exam.

Competency Domains	Weight
Clinical Assessment and Interpretation	29
Management and Documentation	25
Skills	22
Patient Education	13
Communication and Professionalism	11
Total	100

Clinical Presentations	Weight
Anterior Segment Disease	17
Posterior Segment Disease	16
Glaucoma	14
Systemic Disease	11
Refraction	11
Neuro-Ophthalmic Disease	9
Contact Lenses	8
Binocular Vision	8
Pediatrics	6
Total	100

PART III EXAM

**Patient Encounters
and
Performance Skills
(PEPS)**

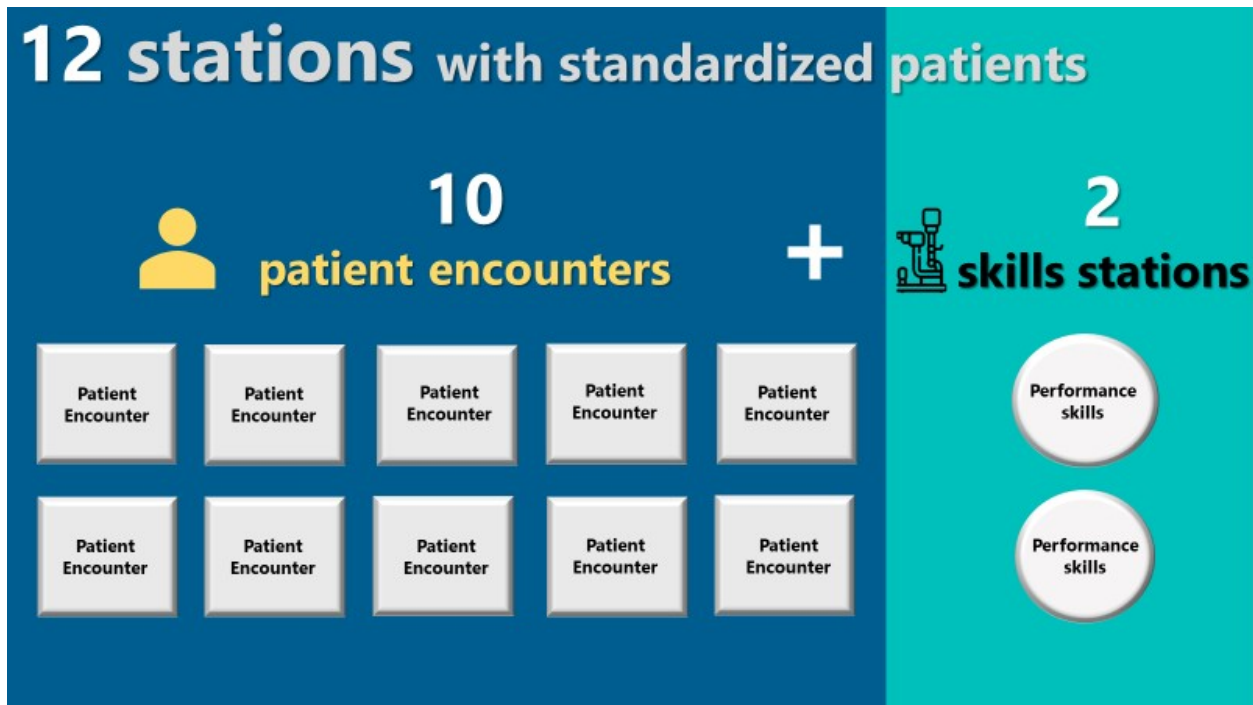
BLUEPRINT

The blueprint includes five competency domains and nine clinical presentations which will be assessed on the Part III exam. The domain that carries the most emphasis is Clinical Interpretation and Assessment (29%) followed by Management and Documentation (25%). Functionally, this means the ability to interpret and synthesize clinical data will be prioritized over the collection of data or the physical performance of skills. These two domains will be evaluated through the creation of an electronic SOAP note, which will capture clinical decision-making and the generation of a treatment plan. The Skills domain (22%) will be evaluated through the physical performance of five skills on a standardized patient; no patient scenario will be included in these skills-only stations. Patient Education will comprise 13% of the exam and the candidate will be evaluated on the ability to provide information to the patient in a clear and understandable manner. Communication and Professionalism (11%) includes treating the patient with respect, sharing and receiving information in an effective manner, and collaborating with the patient and other professionals to provide optimal care for the patient.

The clinical presentation categories represent the major groups of diagnoses that an optometrist should be proficient in treating in order to protect the public. Both frequency and criticality were considered in the designation and weighting of the clinical presentations. Additionally, priority was given to those conditions that are life- or vision-threatening if not properly detected and managed.

Exam Model

The exam model is the functional depiction of the exam and represents how the blueprint will be operationalized. Although multiple versions of the exam will be used, each version will fulfill the requirements set forth in the blueprint. Each competency domain will be addressed by multiple stations, and the clinical presentations will serve as topics for the patient encounters.



The exam will consist of twelve stations. At each of the twelve stations, candidates will interact with a standardized patient. In ten of the stations, candidates will be presented with a clinical scenario in which they will be expected to perform a focused case history, interpret and synthesize clinical data, and generate a management plan. Each candidate will assess patients with conditions which fall into the nine clinical presentation categories included in the blueprint: anterior segment disease, posterior segment disease, glaucoma, refraction, systemic disease, neuro-ophthalmic disease, contact lenses, binocular vision, and pediatrics.

In the remaining two stations, each candidate will perform the following skills on a standardized patient:

- Gonioscopy
- Tonometry
- Biomicroscopy
- Dilated Biomicroscopy
- Binocular Indirect Ophthalmoscopy (BIO)

Additional information regarding details of the stations will be published in the candidate guide, which is currently under development.

Frequently Asked Questions

Why is the Part III exam changing?

The Part III exam has historically focused on the physical performance of the skills that comprise an eye exam; however, it is natural that the exam evolves as the profession changes. Based on feedback from stakeholders, and to remain current with contemporary optometry, the Part III exam will shift away from the focus on motor skills to a more comprehensive measurement of optometric practice.

What are the biggest changes to the Part III exam?

The purpose of the exam is the same—to discern if candidates are competent to enter the safe and effective, independent practice of optometry—but the emphasis of the exam is changing substantially. The exam will focus on the analysis and synthesis of clinical data, and the incorporation of that data into patient management decisions. The majority of the exam (ten of the twelve stations) will focus on clinical scenarios. In the remaining two stations, the candidates will physically perform five essential skills on standardized patients: gonioscopy, tonometry, biomicroscopy, dilated biomicroscopy and binocular indirect ophthalmoscopy (BIO).

How do we know this new exam will be valid?

Evidence from other testing organizations and best practices within the psychometric community have guided the process of exam development. At every step, the best available evidence was used to make decisions, and extensive attention was given to including diverse perspectives in every decision. The process of pilot testing is central to ensuring the exam is both reliable and valid, and an extensive period of pilot testing is planned.

How was it determined which skills should be physically performed on the exam?

The process of determining which skills should be performed included many different perspectives from various optometric communities. The stakeholder survey was distributed to members of ARBO and ASCO and identified which skills were valued most highly by stakeholders. The focused job task analysis also provided information about how frequently a select number of skills were performed. The task force, comprised of 12 members who provided broad representation from optometry, discussed the results of the stakeholder survey and the focused job task analysis, and produced a final list of skills to be performed on the exam, which was approved by the Board of Directors.

When will the new exam be implemented?

The new exam will be initiated at the beginning of an administration cycle (August). The **earliest** the new exam would be implemented is August 2022, but the number and duration of pilot tests required will impact determination of the precise date when the exam will begin. The NBEO will communicate the implementation date as soon as it is finalized.

Will the current exam be offered concurrently with new exam?

Once the new exam begins administration, the current Part III exam will no longer be offered.