YEAR 2 ASSESSMENT INFORMATION (2016-2017)

In year 2, one examination (visual perception – ORT208) takes place in the first University semester and this is usually held in the first week of January. All other written examinations will take place in semester 2. Your semester 2 written examination period will be earlier than that of the main university as you will be on clinical teaching during the main University examination period. The clinical orthoptics practical examination will take place in June on your return from placement 6.

On Minerva under General course information you will find the programme overview that will give the actual examination weeks and rubrics and example questions for unpublished papers, and published past papers (or parts of papers).

Overview of year 2 examinations

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Details for assessments are as follows (additional details may be given by lecturers):
Semester 1

VISUAL PERCEPTION (ORT 208)

ORT 208 Visual Perception (2 hours).
One compulsory question (40 marks) with several parts. Two further questions from choice of 4 (30 marks per question).

Semester 2

ASSOCIATED PROFESSIONAL STUDIES (APS) (ORT 209)

Two assignments:

1) Ethics and the Law
   50% of subject total
   1500 word assignment

2) Organisational Structure of the NHS and Health Policy in the UK
   50% of subject total
   E poster presentation and submission of learning reflection

The marks for the two assignments will be added together to give the final mark for Associated Professional Studies. A minimum of 38 must be attained in both Units. Resit is required in the failed unit only.

CLINICAL ORTHOPTICS (ORT 210)

Clinical placements 4, 5, 6 - 30% of subject total for year.
Practical examination - 70% of subject total for year.

Clinical placement mark: A mark will be awarded on 1-10 scale in line with the following descriptors:

9-10: Demonstrates an evidence base for diagnosis and management of concomitant deviations. Uses evidence to inform decisions regarding incomitant deviations. Appropriate selection and accurate performance and interpretation of all tests leading to suitable management plan. Excellent communication skills with patients of all ages. Demonstrates a professional manner.

7-8½: Awareness of the need for evidence base to determine most appropriate diagnosis and management of concomitant and incomitant deviations. Appropriate selection and accurate performance of all tests with reasonable interpretation to discuss management options. Very good communication skills and professional behaviours.

6-6½: Accurate investigation sufficient to form a differential diagnosis, with an awareness of possible management plans. Evidence of reflective practice. Good communication skills.

5-5½: Lacking some depth of investigation but gaining sufficient information to form a diagnosis and management plan. Some communication difficulties which hamper investigation and management.

4-4½: Some inaccuracies in investigation. Management plan is limited with little supporting evidence. Communication skills limited.

2-3½: Accuracy of testing and / or interpretation of results fall below threshold level. Poor communication skills which have a detrimental effect on the investigation and management of the patient. Limited progression. Resulting in unsafe practice.
0-1½ Poor testing and / or interpretation of results. Demonstrates a very poor professional manner and / or communication skills. Very little progression demonstrated and unsafe practice.

These descriptors will also be used in the clinical examination.

SECOND YEAR PRACTICAL EXAMINATION: CLINICAL ORTHOPTICS

The examinations is split into two parts, which can take place in any order.

Part 1: Clinical Examination of Patients

Examiners: Two Orthoptists (one per patient)

Patients: Two patients with incomitant strabismus, convergence or accommodative anomaly, features of infantile esotropia, DVD or alphabet pattern. At least one patient will have incomitant strabismus.

Time: Total 40 minutes.

Patient 1: 12 minutes clinical testing, 8 minutes discussion of patient.
Patient 2: 12 minutes clinical testing, 8 minutes discussion of patient.

For each patient the name, date of birth (or age), visual acuity and a brief history will be given.

The candidate will be required to carry out an investigation to document the patient’s visual status in 12 minutes without questioning by the examiner. Instructions of what tests should be performed and recorded will be given to the student at the start of the examination. These will usually include clinical observations of the patient, cover test and ocular movements. Additional tests may also be requested, for example measurement of the deviation in different positions of gaze, assessment of convergence and accommodation, BSV tests or OKN drum. The candidate will be assessed on their technique of testing, accuracy and communication with the patient.

In the following 8 minutes the examiner will question the candidate on aspects of the investigation, including interpretation of results and selection of further tests. The examiner may present the results of other orthoptic tests to the candidate for discussion (e.g. Hess chart, field of BSV). Aetiology and management of the case may also be discussed.

Marks will be awarded for each patient on a 0-10 scale in line with the year 2 clinical descriptors (4 and upwards = pass). The weighting will be Patient 1: 40% and Patient 2: 40% of practical examination.

Part 2: Clinical Skills OSCE (Objective Structured Clinical Examination)

Examiners: Four Orthoptists (one per OSCE station)

Patients: Four patients with either incomitant strabismus, convergence anomaly, accommodative anomaly, features of infantile esotropia, DVD or alphabet pattern. In some circumstances simulated patients may be used.

This part of the examination will consist of four OSCE stations around which students rotate. Stations last 6 minutes and will test clinical skills. Student performance is scored using an objective marking scheme. The weighting will be 20% of practical examination.

Total OSCE time: 24 minutes.

Any of the following tests may be expect to be performed:
Lees screen
Field of BSV
Field of Unioocular Fixation
Diplopia chart
Bielschowsky Head Tilting Test
Measurement of torsion - Double Maddox Rod, Torsionometer, Ayawya test or Synoptophore
Measurement of deviation in up to nine positions of gaze - Prisms or Synoptophore
Assessment of patient for prismatic correction
Measurement of convergence and/or accommodation
OKN drum

During each part of the practical examination, the External Examiner will normally be present as an observer, but may also examine.

**Eligibility to Sit Clinical Examination**

A student must have completed placements 4 and 5 prior to sitting the clinical examination. If a student has not completed placement 6, they are advised to sit the clinical examination as a first sitting in August.

**ELECTRODIAGNOSIS (ORT211)**

ORT211 Electrodiagnosis (1½ hour).
3 short essay style questions from choice of 4, each with equal weighting.

**STRABISMUS AND OCULAR MOTILITY (ORT 212)**

ORT212 Strabismus and Ocular Motility (3 hours).
80 % of subject total for year.
Section A (45 mins, 25% of paper): 30 multiple choice questions (1 correct from choice of 5, no negative marking or correction factor)
Section B (45 mins, 25% of paper): 3 short answer questions containing a non-specified number of parts relevant to the topic of the question. Twenty marks 4 per question, with the value for each part of each question appearing on the paper.
Section C (1hr 30 mins, 50% of paper): 3 essays, no choice.

Assignment: *Assessed 3,000 word essay 20% of subject total for year.

*Not set for resit - thus paper scaled up to /100

**NB: For Strabismus and Ocular Motility - questions may be set on any topics covered in years 1 and 2.**

**VISUAL OPTICS (ORT213)**

The assessment of Visual Optics is in two parts.

Part one: Written examination paper (3 hours) (70%)
Section A: 40 multiple choice questions (1 correct from choice of 5) (20%)
Section B: Three calculations from choice of 4 (25%)
Section C: Two compulsory long answer questions (25%)

Part Two: Completion of a portfolio (30%)

Students are expected to demonstrate responsibility for their own learning. They will be required to demonstrate the learning outcomes of the practical elements of clinical visual optics. This
requires a great deal of practice to become familiar with the motor aspects of the task, assimilated with the theoretical principles underlying standard optometric practice, relevant to an orthoptist.

Students will be expected to identify their areas of weakness and address them. This should not be without guidance from their tutor; however, as students become more familiar with their portfolio, the amount of help from the tutor is expected to decrease.

Failure of the subject will require re-submission of the portfolio and re-sit of written paper.

**CLINICAL VISUAL OPTICS (ORT214)**

Station Examination (100%)
Students will have the opportunity to demonstrate competence in the practical skills of clinical visual optics. Assessed subjects will include:
- Measuring the inter-pupillary distance.
- Fitting a trial frame
- Hand neutralisation of an unknown spherical lens
- Focimetry of a pair of single vision spectacles
- Assessment of colour vision
- Direct ophthalmoscopy
- Slit lamp examination of the anterior segment
- Retinoscopy of one eye
- Dynamic retinoscopy

**INTRODUCTORY PATHOLOGY (ORT215)**

ORT215 Introductory Pathology (1½ hours).
Comprises:
20 multiple choice questions (1 correct from choice of 4), 3 marks per correct answer, -1 for incorrect answer, 0 for unanswered or more than one answer. (50% of mark)

Three of five short answer questions (the value for each part of each question appearing on the paper). Each question is of equal weighting. (50% of mark)

**MEDICAL MICROBIOLOGY (ORT216)**

ORT216 Medical Microbiology (1½ hours).
Comprises:
20 multiple choice questions (1 correct from choice of 4), 3 marks per correct answer, -1 for incorrect answer, 0 for unanswered or more than one answer. (50% of mark)
Three of five short answer questions (the value for each part of each question appearing on the paper). Each question is of equal weighting. (50% of mark)

**Publication of results**

Semester 1 exam results (subject to Faculty approval) will be displayed on Minerva as pass / fail under registration number.

Results for semester 2 (subject to Faculty approval) will be displayed on Minerva as pass / fail under registration number. The subject(s) failed (or not assessed) will be listed. The provisional date for this will be the week after following the examiners meeting. This will be confirmed via ‘News announcements’ on Minerva.
If you do not want your registration number to be included on the Semester 1 and/or Semester 2 Minerva notices, please let David (d.buckley@sheffield.ac.uk) know. You will then receive your results after Faculty approval via MUSE only. Student services will notify you of how to access these and confirm when these are available, it is usually around 10th July. Details regarding application for resits of subject(s) failed, or registration for the next academic year, where all subjects have been passed, will be given from the results page.

Resit/August examinations

Resit period: 07/08/2017 – 26/08/2017

If a candidate is unsuccessful in the first sitting of a subject (first or second semester), a second sitting will take place during the August resit period. Resit examination fees are payable by the student.

Students sitting an examination as a first sitting in August must submit an application form, but no fee is payable.

Students must pass ALL second year subjects in order to progress to year 3.

You will need to check the actual date for each examination in August on the University's website, these are usually not available until the end of July.

General notes

With the exception of APS (ORT209) marks are added together to give results for each subject, individual sections compensate for each other i.e. you do not have to achieve a pass mark in individual sections.

Where more than the number of questions required in a written paper have been answered, the marks of the first questions to be answered go forward.