

In October, 1998, Columbia Assessment Services, Inc., conducted a role delineation study for the National Examining Board of Ocularists, Inc.. The data analyses have been completed, and the following exam blueprint has been adopted. The 150 multiple choice question written examination will be constructed as follows:

## **NEBO Classification System Domains and Tasks**

### **Domain I: Evaluation Principles and Preliminary Examination      26 items (17%)**

**Task 1.** Obtain the patient's history and medical/surgical information using questionnaires, interviews, and consultations with the patient, the patient's family and/or other health care providers in order to determine an appropriate treatment.

**Task 2.** Examine socket/globe/orbit for suture line healing, residual edema, prosthesis/implant motility, implant used (if present), implant location, corneal condition, conformer/prosthesis retention, conformer/prosthesis fit, lid position, and any other anomalies by visual inspection, opening the eyelids, removing prosthesis (if present), and palpation to determine appropriate treatment.

**Task 3.** Remove the patient's conformer/prosthesis/ scleral shell/etc., from socket to determine the appropriate fit and condition (such as cleanliness, surface irregularities, polish, delamination, porosity).

**Task 4.** Discuss with the patient, the patient's family (if applicable), the patient's doctor, and other relevant members of the health care team by letters, phone conversations, and/or personal communication the suggested treatment plan (such as new conformer, adjustment/polish/replacement of prosthesis, and/or surgical intervention that may be necessary).

**Task 5.** Evaluate the patient's completed conformer/prosthesis/scleral shell/etc. by visual inspection, measurements, photography, etc., to ensure maximum comfort, motility, and natural appearance.

### **Performance Domain 2: Fitting                      51 items (34%)**

**Task 1.** Select appropriate fitting technique(s) (such as empirical, modified empirical with impression, modified impression) for patient's condition by using preliminary evaluation data to determine the shape of the prosthesis/conformer/scleral shell/etc.

**Task 2.** Fit the patient's socket/globe by using the empirical method to create the appropriate shape that will be used in modeling the prosthesis.

**Task 3.** Fit the patient's socket/globe by using the empirical with impression method to create the appropriate shape that will be used in modeling the prosthesis.

**Task 4.** Fit the patient's socket/globe by using the modified impression method to create the appropriate shape that will be used in modeling the prosthesis.

**Task 5.** Modify the size and shape of a patient's conformer/prosthesis/scleral shell/etc. in order to compensate for changes in the socket/globe (i.e. ptosis, peg insertion, patient growth, etc.) or to deliver a completed prosthetic device by enlarging, reducing, or taking a new impression.

**Task 6.** Select iris/pupil size, shape, color, and position by sampling/measuring companion eye in order to achieve the most natural prosthetic results.

**Task 7.** Recommend to the patient, patient's family (if applicable), physician, and other appropriate health care professionals by letters, phone conversations, and/or personal communication the cosmetic optics alternatives in order to enhance cosmesis (i.e. plus spheres, tinting, prisms, etc.)

**Task 8.** Fabricate peg-drilling template for the physician by copying the existing prosthesis/wax model along with considering implant position, prosthesis thickness, and pupil position in order to achieve maximum motility.

**Task 9.** Fit or refit ocular prosthesis to integrate with appropriate peg for the patient by determining thickness of the prosthesis and position of peg hole/sleeve in reference to pupil in order to transmit maximum motility to the prosthesis.

**Task 10.** Fit custom conformers (e.g., pressure, expanding, etc.) for patients with socket anomalies to therapeutically manipulate socket tissues by using one of the fitting methods (e.g., empirical, impression, etc.) in order to better accommodate an ocular prosthesis.

**Domain III: Fabrication                      49 items (33%)**

**Task 1.** Cast the fitting shape by mixing stone/plaster and water and pouring the mixture into a flask in order to prepare for the polymerization of the acrylic shape.

**Task 2.** Replicate the patient's iris color/pupil by painting onto an appropriate surface in order to achieve desired iris color.

**Task 3.** Prepare iris/cornea button for investment into the mold by trimming, polishing, cementing, etc., the button.

**Task 4.** Mix scleral tone PMMA powder and monomer in a suitable container by using the appropriate ratio in order to prepare for investment into flask.

**Task 5.** Pack acrylic mixture into flask and place into a press, which is then tightened in order to ensure a properly cured acrylic prosthesis.

**Task 6.** Polymerization of acrylic with an accepted method utilizing appropriate times and temperatures associated with the selected polymerization method (e.g., water bath, microwave, dry heat, etc.) in order to produce a properly cured ocular prosthetic device.

**Task 7.** Remove acrylic by using grinding equipment in order to expose iris to proper diameter and to prepare scleral/iris/limbal area for painting and vascularization.

**Task 8.** Simulate patient's vascularization and scleral tone by tinting and applying veins in order to achieve desired scleral replication.

**Task 9.** Cover painted surface of the ocular prosthesis with clear acrylic by polymerization clear PMMA (clear capping), powder, and monomer mixture using appropriate times and temperatures for the polymerization methods selected in order to simulate corneal curvature and conjunctival surface.

**Task 10.** Prepare cleared capped prosthesis by grinding, trimming, and polishing the cured surfaces in order to deliver finished ocular prosthesis to the patient.

**Performance Domain IV: General Care and Services                      24 items (16%)**

**Task 1.** Maintain detailed records and assessment of treatment data using accepted documentation procedures to ensure proper treatment and follow up care.

**Task 2.** Instruct the patient, the patient's family and other care givers (if applicable) in proper care, safety issues, follow-up visits, and hygiene techniques using individualized written and spoken communication strategies in order to facilitate successful adaptation of the prosthesis.

**Task 3.** Develop individualized patient's follow-up schedule by using patient's medical history in order to ensure proper adaptation to the prosthesis.

**Task 4.** Ensure proper office hygiene by following accepted sanitation/sterilization standards in order to prevent cross-contamination of patients, equipment, prosthetic devices, etc.

**Task 5.** Instruct the patient in the use of ancillary products (e.g., lubricants, lubricant delivery systems, cleansers, safety glasses, etc.) and procedures by verbal and written instruction in order to help the patient adapt to the prosthesis.