Resident: _____

Faculty: _____

Date: _____

Pediatric Examination Assessment Rubric (PEAR)						
Exam	N/A	Does Not Meet Expectations	Meets Some Expectations	Meets Most Expectations	Meets All Expectations	Preceptor Checklist
Stereoacuity		Does not check when appropriate	Performs some of the appropriate exam skills	Performs all appropriate exam skills but interprets incorrectly	Performs and interprets exam results correctly	 Chooses developmentally appropriate test Administers the test correctly
Worth 4 Dot		Does not check when appropriate	Performs some of the appropriate exam skills	Performs all the appropriate exam skills but interprets incorrectly	Performs and interprets exam results correctly	 Correctly places glasses on the patient before turning on lights Checks at distance and near If patient has difficulty describing lights, trainee asks patient to count lights by touching them
Versions		Does not check when appropriate	Performs some of the appropriate exam skills	Performs all the appropriate exam skills but interprets incorrectly	Performs and interprets exam results correctly	 Checks all cardinal positions of gaze When appropriate checks ductions in addition to versions
Alignment		Does not check when appropriate	Performs some of the appropriate exam skills	Performs all the appropriate exam skills but interprets incorrectly	Performs and interprets exam results correctly	 Utilizes the most appropriate method(s) to diagnose and measure ocular misalignment (e.g. H, K, Cover testing) For cover test, checks cover-uncover before alternate cover test Assesses control (manifest, intermittent, phoria) Checks distance, near, and bifocal alignment Checks relevant positions of gaze When appropriate checks with and without spectacle correction When appropriate checks with and without +3.00 sphere lenses at near When appropriate interprets control for intermittent exotropia
Visual Acuity		Does not check when appropriate	Performs some of the appropriate exam skills	Performs all the appropriate exam skills but interprets incorrectly	Performs and interprets exam results correctly	 Chooses age appropriate optotype Uses age-appropriate occluder (e.g. adhesive patch, occluder) and ensures complete occlusion If indicated, optically fogs the untested eye When appropriate attempts lines or crowding bars prior to testing single optotype
Pupils		Does not check when appropriate	Performs some of the appropriate exam skills	Performs all the appropriate exam skills but interprets incorrectly	Performs and interprets exam results correctly	 Checks pupils in a dim room Performs swinging flash light test
External Exam		Does not check when appropriate	Performs some of the appropriate exam skills	Performs all the appropriate exam skills but interprets incorrectly	Performs and interprets exam results correctly	□ Checks pertinent external physical findings
Anterior Segment Exam		Does not check when appropriate	Performs some of the appropriate exam skills	Performs all the appropriate exam skills but interprets incorrectly	Performs and interprets exam results correctly	 Positions child appropriately at the slit lamp Checks pertinent anatomy
IOP		Does not check when appropriate	Performs some of the appropriate exam skills	Performs all the appropriate exam skills but interprets incorrectly	Performs and interprets exam results correctly	 Chooses the appropriate IOP measuring device Demonstrates proper technique
Retinoscopy		Does not check when appropriate	Performs some of the appropriate exam skills	Performs all the appropriate exam skills but interprets incorrectly	Performs and interprets exam results correctly	 Room lights are dimmed for exam Assures the eye being evaluated is focused at desired target Assures the eye being evaluated is centered (Not strabismic) Maintains working distance
Binocular Indirect Ophthalmoscopy		Does not check when appropriate	Performs some of the appropriate exam skills	Performs all the appropriate exam skills but interprets incorrectly	Performs and interprets exam results correctly	 Chooses an appropriate degree of illumination and spot size When appropriate utilizes a fixation target
Rapport with Patient and Family		Does not introduce self as resident physician and explain his/her role	Attempts to establish rapport but frequently awkward or abrupt with patient and family	Establishes rapport with both patient and family but occasionally ineffective or inefficient	Efficiently and effectively established rapport with the patient and family	 Introduces self as resident physician and explains his/her role in the patient's visit Explains procedures and prepares the patient appropriately Answers all questions appropriately

Comments:

Stereoacuity Fly – YES	NO		Current Glasses Rx (Lensometer)		
Animals/3			OD: Sphere Cylindrical, Axis		
Circles/9			OS: Sphere Cylindrical, Axis		
Interpretation	(See Back)		<u>Visual Acuity</u>		
Worth 4 Dot			Optotype		
Distance: Num	ber and Color		SC / CC		
Inter	pretation		OD:		
Near: Number and Color			OS: Interpretation (See Back)		
Motility/Vers	sions		OD: Size Reactivity + / - RAPD		
	1		OS: Size Reactivity + / - RAPD		
			ЮР		
			OD: Device: iCare / tonopen / Applanation		
			OS: Device: iCare / tonopen / Applanation		
Nystagmus:	_	Head tilt:	External Exam		
Interpretation	:		OD:		
			OS:		
Alignment F	H / K / ACT	/ SPCT	Anterior Segment Exam		
	Dsc –		OD:		
	Dcc –				
	Nsc –		OS:		
	Ncc –				
Dsc –	Dsc –	Dsc –	Posterior Segment Exam		
Dcc –	Dcc –	Dcc –	U U U U U U U U U U U U U U U U U U U		
Nsc –	Nsc –	Nsc –	OD OS		
Ncc –	Ncc –	Ncc –			
	Dsc –		— () ()		
	Dcc –				
	Nsc –				
	Ncc –		Refraction		
	I	I			

Interpretation: ______(See back for intermittent exotropia grading)

OD: Sphere _____ Cylindrical _____, Axis _____

OS: Sphere _____ Cylindrical _____, Axis _____

FLY WINGS				
59 Minutes of Arc 3,552 Seconds of Arc				
EST CIRCLES	Reference Distance Constant 15 Minutes of Arc			
Correct Answers	Angle of Stereopsis at 16 Inches			
Bottom Left Bottom	800 Seconds 400 Seconds 200 Seconds			
Top Top Left	140 Seconds 100 Seconds 80 Seconds			
Right Left Bight	60 Seconds 50 Seconds 40 Seconds			
	Bottom Left Top Left Right			

Stereoacuity Interpretation Key

STEREOTES	ST ANIMALS	Approximate Scores		
Test	Correct Answers	Angle of Stereopsis at 16 Inches	Shepard Percentage	Verhoff Distance
A B C	Cat Rabbit Monkey	400 Seconds 200 Seconds 100 Seconds	15% 30% 50%	1 2 3

Intermittent Exotropia Interpretation Key

Mohney/Holmes office control score

	Control Score	Description		
	5	Constant exotropia during a 30-second observation period (before dissociation)		
Tropic	4	Exotropia >50% of the time during a 30-second observation period (before dissociation)		
Ē	3	Exotropia <50% of the time during a 30-second observation period (before dissociation)		
	2	No exotropia unless dissociated (10 seconds): recovery in > 5 seconds (worst of 3)		
ric	1	No exotropia unless dissociated (10 seconds): recovery in 1-5 seconds (worst of 3)		
Phoric	0	Pure phoria: < 1 second recovery after 10-second dissociation (worst of 3)		
	Mohney BG, Holmes JM. An office-based scale for assessing control in intermittent exotropia. Strabismus 2006;14:147-50.			

Visual Acuity Interpretation Key

Visual Acuity Norms (Children 2.5 – 6			
years of age)			
Age (Months)	Expected		
30 - 35	20/60 or better		
36 - 47	20/50 or better		
48 - 59	20/40 or better		
60 - 72	20/30 or better		