2019 AFRM Module 2 Clinical Assessment

The 2019 Module 2 Clinical Assessment was conducted at the Gold Coast University Hospital on the Gold Coast on Saturday, 29 June 2019.

This document provides some generic comments from the examiners about candidate performance across the 2019 Module 2 Clinical Assessment.

Candidates were examined across 7 clinical stations, including written stations.

Stations 1, 11 and 21: Hyperkalaemia

Candidates performed well in the following areas:

- Providing possible causes of the syncopal episode
- Providing possible interventions to manage the abnormal potassium result
- Providing possible causes of hyperkalaemia
- Naming medication categories that can contribute to hyperkalaemia.

Other comments

- Most candidates demonstrated reasonable knowledge.
- Legibility of Question and Answer Sheets was good.

Candidates performed poorly in the following areas:

- Description of features of the ECG provided
- ECG interpretation – often candidates spent half the period analysing the ECG, and only a few were correct
- Management of hyperkalaemia.

Other comments

- It was apparent when a candidate had not studied this topic.
- Candidates should greet examiners politely and be ready to hand over their candidate stickers.

Stations 2, 12 and 22: Lower limb examination

Candidates performed well in the following areas:

- Introduction and inspection
- Examination of gait
- Tone and power reflexes sensation
- Summary of findings
- Providing causes (acceptable but not great)
- Physical examination.

Candidates performed poorly in the following areas:

- Balance and causes
- Vital parts of the examination (many missed out, e.g. noticing the foot drop or gait; examining toe extension)
- Describing LMN but providing UMN differential diagnoses
- Even if they examined for weakness in the left foot, not picking up foot drop
- Using the correct technique for power examination
- Neurological examination technique – could be improved, especially the assessment of strength of knee extension
- Testing – several candidates held the tendon hammer in the wrong position and were awkward with testing reflexes.

Other comments

- Better candidates did the neurological examination well, showing that they had practised regularly.
- Many candidates were rushed for time and could not interpret their findings (e.g. UMN vs LMN).

Stations 4, 14 and 24: Delirium

Candidates performed well in the following areas:

- Identifying causes for delirium
- Identifying non-pharmacological management strategies for delirium
- Recognising the risk of taking diazepam (Valium) in the context of delirium
- Recognising the difference between delirium and Alzheimer disease
- Precipitating factors and non-pharmacological interventions – nearly all candidates got 5 causes and 4 underlying issues, respectively, without any need for prompting
- Identification of causes of delirium
- Non-pharmacological management of delirium.

Candidates performed poorly in the following areas:

- Reasons for medication changes
- Changes to medicines – many candidates struggled with appropriate changes; they could say what could be changed, but not 'why'
- Questions regarding diazepam and haloperidol, and reasons why symptoms do not fit for diagnosis of early Alzheimer disease (not answered well by the majority), demonstrating challenges in clinical decision-making and the choice of appropriate drugs to use in a clinical setting
- In all three pharmacology questions, rationalising why they were changing/adding medications.

Other comments

- Candidates must listen carefully to the questions.
- This station is common 'bread and butter' material in after-hours rehab. It is something all junior registrars need to know well and feel confident in managing.
- Confidence is important in clinical decision-making, especially if you know or are reasonably sure of the appropriate management.
- Some candidates wanted to treat the nursing staff's distress, not the patient.

Stations 5, 15 and 25: Diabetes

Candidates performed well in the following areas:

- Early symptoms of hypoglycaemia
- Late symptoms of hypoglycaemia
- Metformin not appropriate for renal failure
- Risk of lactic acidosis
- Preventing complications in the feet
- What things to consider in resuming driving
- Time management
- Three things that could happen if a hypoglycaemic attack is left untreated.

Candidates performed poorly in the following areas:

- Reasons for testing blood sugar levels regularly – most candidates' answers had relevance for the patient, but did not relate to general principles
- Driver licence requirements
- Important actions required should the patient develop hypoglycaemic symptoms and prevention of further complications in her feet – answers were not specific
- Understanding of why blood sugar levels are monitored (poor)
- Understanding of the signs and symptoms of hypoglycaemia (poor).

Other comments

- For many of the questions, candidates did not seem to understand the direction of the question.
- Candidates need more practical knowledge.
- An education session with a diabetic educator is suggested.
- There was repetition of some answers by candidates.
- Some candidates struggled to provide answers to all the questions in time to complete the station.

Stations 7, 17 and 27: Knee examination

Candidates performed well in the following areas:

- Active and passive range
- Special tests
- Inspection/examination
- Examination system – most candidates had a good system for examining the knee
- Professional behaviour and consideration given to the patient (excellent)
- Look/feel/move
- Gait
- Squat.

Candidates performed poorly in the following areas:

- Patellar test (patellofemoral compression)
- Footwear inspection
- Variable quality of technical aspects of examination (e.g. performance of McMurray and Lachman tests)
- Some candidates made up signs (e.g. effusion) when none were present
- Showing clearly active range of motion and passive range of motion
- Tended to only demonstrate passive range of motion
- Speaking – candidates should present in a loud and clear manner
- Cartilage and ligamentous testing (done variably).

Other comments

- Candidates only needed to examine the right knee, not the left as well. Some had to be redirected back to the right knee.
- Good candidates had a system and spoke while examining (others required reminding).

Stations 8, 18 and 28: Respiratory examination

Candidates performed well in the following areas:

- Elements of the respiratory examination
- Rapport/professional behaviour (good)
- Being systematic and thorough
- Knowledge (appeared satisfactory)
- Fundamental chest examination, including examination of hands
- Peripheral (hands), anterior praecordium and posterior chest wall.

Candidates performed poorly in the following areas:

- Confidence with negative findings
- Interpretation of the test results (disappointing)
- Cough or voice hoarseness – no candidate commented on these
- Time management (not good for some candidates)
- Environment
- Spirometry
- Not correctly eliciting help from the patient
- Remembering to look at the neck
- Commenting on other examination to follow
- Checking the environment – sputum cup and observation chart
- Examining additional systems; spirometry, signs and symptoms of salbutamol toxicity.

Other comments

- Time management was important to consider during this station.
- Candidates should get familiar with investigation (spirometry).

Stations 10, 20 and 30: Sensorineural hearing examination

Candidates performed well in the following areas:

- Introduction
- Professional behaviours
- MRI
- Special tests for hearing
- Hand washing and consent
- Possible causes of hearing loss
- Weber test
- Diagnosis of sensorineural hearing loss.

Candidates performed poorly in the following areas:

- Interpretation of audiogram
- Examination of ear – general inspections
- Differential diagnosis
- General examination
- Differential diagnosis of hearing loss
- Poor audiogram reading skills
- At times, gambling with answers and showing a lack of solid knowledge
- Examination of hearing – no candidates altered their pitch
- Audiogram (poor)
- Mixing up frequency and decibels, as well as the significance of the bone and air conduction
- Calling an MRI a CT (a frequent mistake)
- Selecting the wrong tuning fork
- Audiology interpretation.

Other comments

- Some candidates had very limited skills in interpreting an MRI image.
- Some candidates described causes of hearing loss in anatomical rather than pathological terms.
- No candidate checked for pitch.
- Bilateral examination was not performed by some candidates who identified unilateral pathology early.