



Australasian Faculty of Rehabilitation Medicine (AFRM) 2021 Module 2 Clinical Assessment

The 2021 AFRM Module 2 Clinical Assessment was conducted at multiple sites on Sunday, 20 June 2021, including:

NSW: Royal North Shore Hospital, Sydney
QLD: Gold Coast University Hospital
NZ: Auckland City Hospital

This document provides generic feedback from the examiners about candidate performance across the 2021 AFRM Module 2 Clinical Assessment. Candidates were examined across seven (7) clinical stations.

Stations 1 and 11: Cardiac examination

Domain 2 Learning Objective 2.1.1	Recall basic knowledge of cardiac disease
Domain 2 Learning Objective 2.1.2	Complete a comprehensive assessment of a patient presenting with cardiac disease and evaluate the potential for rehabilitation

Candidates performed well in the following areas:

- Introduction, consent and professional behaviours
- General cardiovascular system examination
- Rate control pharmacology

Candidates performed poorly in the following areas:

- Interpretation of the ECG – many candidates spent too long on this question and ran out of time for other questions
- Knowledge of anticoagulation
- Inquiring after postural hypotension
- Sanitising of stethoscope

Other comments

- Improve time management.
- Use a systematic approach to the physical examination.
- Improve knowledge base.

Stations 2 and 12: Language assessment

Learning objective 2.9.1	Recall basic knowledge of neurological disease
Learning objective 2.9.2	Complete a comprehensive assessment of a patient with neurological disease and evaluate the potential for rehabilitation
Learning objective 2.9.4	Assess and manage the rehabilitation of a patient with cerebrovascular disease

Candidates performed well in the following areas:

- Compassionate bedside manner
- Good personal skills
- Giving clear instructions to the patient/role player
- Diagnosis

Candidates performed poorly in the following areas:

- Systematic examination technique
- Understanding that this was a 'language assessment' (from the information and instructions given)
- Checking hearing and handedness
- Descriptors of Broca's aphasia
- Consistent approach in assessment of reading/writing
- Automatic speech – few candidates assessed for this
- Complex yes/no, dictation or sentence completion – few candidates assessed for these

Other comments

- Check for the presence of hearing aids.
- Speak clearly when wearing a mask.
- Candidates spoke of dysarthria, not dyspraxia – further study is required.

Stations 4 and 14: Eye examination

Learning objective 2.9.1	Recall basic knowledge of neurological disease
Learning objective 2.5.2	Complete a comprehensive patient assessment that identifies disability resulting from illness and/or injury in old age and evaluate the potential for rehabilitation
Learning objective 2.9.2	Complete a comprehensive assessment of a patient with neurological disease and evaluate the potential for rehabilitation

Candidates performed well in the following areas:

- Introduction and hand hygiene
- Rapport and communication with the role player
- Logical examination technique
- Pupils' light reflexes
- Eye movements

Candidates performed poorly in the following areas:

- Blind spot testing – only a few candidates did this
- Using the red hatpin for testing visual fields
- Absent red reflexes – were not mentioned by some candidates
- Specific description of pupil characteristics
- Interpretation of retinal scan

Other comments

- Use the equipment available – for example, hat pins – for visual field testing and blind spot test.
- Most candidates finished early – need to use the time efficiently.
- Better sequencing is required.

Stations 5 and 15: Hand examination

Learning objective 2.8.1	Recall basic anatomy and physiology of the musculoskeletal system
Learning objective 2.8.2	Complete a comprehensive assessment of a patient presenting with musculoskeletal disease or injury, and evaluate the potential for rehabilitation

Candidates performed well in the following areas:

- Introduction section – most candidates scored full marks
- Findings from the photographs
- Radiological features of rheumatoid arthritis
- Differential diagnosis
- Hand inspection
- Functional tests – most candidates performed all the tasks and used the equipment supplied
- Active range of movement (ROM)
- Special tests: Phalen test and Tinel's sign – nearly all candidates performed these

Candidates performed poorly in the following areas:

- General appearance section – most candidates did not describe this section
- Description of the x-ray diagnosis – candidates had difficulty describing all the classical radiology features of rheumatoid arthritis
- Pressure movements – most candidates did not specifically assess these
- Dexterity
- Examining the changes
- Passive ROM

Other comments

- A more detailed examination of the range of movement in hand joints is required for a patient with suspected rheumatoid arthritis.
- Many candidates lacked specific knowledge of specific x-ray changes seen in rheumatoid arthritis.

Stations 6 and 16: Pressure injury

Learning objective 2.3.1	Recall basic knowledge of developmental and lifelong intellectual disability which has arisen in childhood
Learning objective 1.4.1	Promote preventive strategies with regard to diseases and injuries that may cause significant disability
Learning objective 1.1.1	Describe the potentially disabling consequences of disease, disorders and injury

Candidates performed well in the following areas:

- Communication and rapport
- Staging of pressure injury
- Knowledge of the topic – candidates familiar with pressure injury did well
- Multidisciplinary management of pressure injury
- Time management

Candidates performed poorly in the following areas:

- Knowledge of the topic
- The role of the dietician in this clinical context
- Contributions to pressure injury
- Relevance of intellectual disability
- Cognitive motivation issues
- Importance of wound swabs/blood cultures/nutritional bloods/imaging

Other comments

- Listen to and answer the question being asked.
- Stay in the station to attempt to get extra marks if extra time allows – systematically go through the questions again rather than make random additional statements.
- Candidates had poor detailed knowledge of this topic.

Stations 8 and 18: Resuscitation

Learning objective 2.1.1	Recall basic knowledge of cardiac disease
Learning objective 2.9.1	Recall basic knowledge of neurological disease

Candidates performed well in the following areas:

- Basic life support (BLS) – candidates with a good knowledge performed well
- Picking up signs and the diagnosis

Candidates performed poorly in the following areas:

- BLS procedures – understanding that compression should start first
- X-ray interpretation
- Physiology of cardiac compression question
- Reasoning/rationale for not stopping CPR for laryngeal mask airway

Other comments

- Follow the BLS current guidelines.
- Scientific reasoning behind CPR or guidelines needs to be up to date.
- Review BLS procedures.
- Practice x-ray interpretation.

Stations 9 and 19: Liver disease examination

Learning objective 2.9.1	Recall basic knowledge of neurological disease
Learning objective 1.1.1	Describe the potentially disabling consequences of disease, disorders and injury

Candidates performed well in the following areas:

- Professional behaviour, communication and rapport
- Introduction to the patient
- Hand hygiene
- Inspection of hands and face
- Exposure of the patient – most candidates did this appropriately
- Abdominal examination – candidates performed comprehensive examinations

Candidates performed poorly in the following areas:

- Knowledge of this topic – demonstrated gaps
- Clinical reasoning of the diagnosis
- Consideration of further relevant examination(s)
- Cognitive assessment – no candidate mentioned this test
- General inspection

Other comments

- Improve time management.
- Expose patient at start of examination.
- More practice in exam technique will help improve confidence and time management.
- Narrow focus on the liver needed to be expanded to cognitive function.