Australasian Faculty of Rehabilitation Medicine (AFRM)
2024 Fellowship Clinical Examination

Examiner Feedback

The 2024 AFRM Fellowship Clinical Examination was conducted at Peter MacCallum Cancer Centre on Sunday, 5 May 2024.

This document provides generic feedback from the examiners about candidate performance in the 2024 AFRM Fellowship Clinical Examination. Candidates were examined across 10 clinical live stations.

The majority of the questions in the 2024 AFRM Fellowship Clinical Examination were derived from actual patient cases. Strong candidates demonstrated empathy and with the role player, linked the stem to the specific patient to provide individualised answers, answered the questions with as many relevant answers as possible and did not just provide generic lists. They also considered a biopsychosocial model, had exposure to learning from the whole multidisciplinary rehabilitation team and had obviously experienced a wide range of rehabilitation settings, and were structured and organised in their responses.

Stations 1, 13, 25 – Musculoskeletal/medical administration

Theme	1.2 Patient management
Learning Objective	**1.2.1** Plan and implement a realistic and appropriate rehabilitation program that is problem-oriented, goal-driven, time-limited and directly addresses the needs and expectation of the patient and family.

Theme	1.7 Quality management
Learning Objective	**1.7.1** Monitor the quality of processes and outcomes of rehabilitation and undertake quality activities to improve service delivery and clinical management

Theme	2.2 Chronic pain
Learning Objective	**2.2.4** Coordinate and review team-based interdisciplinary patient management, including the integration of appropriate physical and psychological interventions

Candidates performed well in the following areas:

- Knowledge of strategies to improve motivation.
- Non-pharmacological pain management.

Candidates performed poorly in the following areas:

- Non-pharmacological management of chronic pain and the non-medical aspects of urinary incontinence management.
- Having a structured approach to discharge planning, layered approach to staff management and the processes involved with this.
- Length of stay that requires escalation.
- Knowing alternative options for discharge.
- Candidates didn't comment on how to manage injured staff, quality assurance principles, handover, incident reporting, staff health and support.

Other comments

- Consider how all disciplines can contribute to care for urinary incontinence and in the discharge planning process.
- Avoid formulaic responses.
- Candidates need to listen to questions carefully.

Stations 2, 14, 26 – Multiple sclerosis

Theme	**1.1 Patient education**
Learning Objective	**1.1.1** Describe the potentially disabling consequences of disease, disorders and injury
Learning Objective	**1.1.2** Determine the nature and extent of disability and activity limitation or participation restriction

Theme	**2.9 Neurological disease**
Learning Objective	**2.9.5** Assess and manage the rehabilitation of a patient with multiple sclerosis.

Candidates performed well in the following areas:

- Generally, the station was done well.
- General communication and rapport.
- Spasticity and fatigue management.
- Description of orthotics.

Candidates performed poorly in the following areas:

- Knowledge of ankle–foot orthoses, and functional goals and gait.
- MRI interpretation.
- Pharmacology for saliva management.

Other comments

- Some candidates used layman terms to answer the question, therefore did not provide correct terminologies and receive full marks.
- Listen carefully to the question that is asked.
- Ensure you can interpret a brain MRI.
- Need better understanding of gait dynamics and orthotics.
- Should talk about generic medications rather than trade names.

Stations 3, 15, 27 – Hypoxic brain

Theme	**1.1 Patient evaluation**
Learning Objective	**1.1.2** Determine the nature and extent of disability and activity limitation or participation restriction
Learning Objective	**1.1.3** Predict the degree of functional improvement that may be achieved with appropriate rehabilitation

Theme	**1.1 Patient management**
Learning Objective	**1.2.1** Plan and implement a realistic and appropriate rehabilitation program that is problem oriented, goal-driven, time-limited and directly addresses the needs and expectation of the patient and family

Theme	**2.9 Cardiac disease**
Learning Objective	**2.9.5** Assess and manage the rehabilitation of a patient with multiple sclerosis

Candidates performed well in the following areas:

- Generic cardiac rehab response.
- Understood core aspects of cardiac rehabilitation, especially exercise and modifiable risk factors.
- Good patient interaction.

Candidates performed poorly in the following areas:

- Barriers for engagement for cardiac rehab program.
- Lack of knowledge to interpret brain CT and prognostication for the brain injury.
- Relevant determinants of prognosis were often overlooked.
- Difficulty in identifying participation goals across all aspects of rehabilitation.

Other comments

- Listen to the questions and answer the questions with specifics relevant to the individual patient.
- Improve knowledge required for radiological interpretation.
- Better understanding of prognosis of hypoxia brain injury.
- Better self-management of anxiety.

Stations 4, 16, 28 – Spatial neglect

Theme	**1.1 Patient Evaluation**
Learning Objective	**1.1.2** Determine the nature and extent of disability and activity limitation or participation restriction

Theme	**2.9 Neurological disease**
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:

- Targeted physical exam, paper-based testing.

Candidates performed poorly in the following areas:

- Clinical examinations techniques.
- General knowledge.
- Explaining neglect.
- Explaining paper-based tests.
- Very few asked for hand dominance.
- Spent too much time making general comments on observation.

Other comments

- Improve clinical examination techniques.
- Some did not have a good structure to neuro exam.
- Some forgot to interpret and explain examination findings.

Stations 5, 17, 29 – Critical illness polyneuropathy

Theme	**1.2 Patient Management**
Learning Objective	**1.2.1** Plan and implement a realistic and appropriate rehabilitation program that is problem oriented, goal-driven, time-limited and directly addresses the needs and expectation of the patient and family.

Theme	**2.9 Neurological disease**
Learning Objective	**2.9.1** Recall basic knowledge of neurological disease
Learning Objective	**2.9.3** Formulate a rehabilitation management plan that specifies appropriate modalities of assessment and treatment
Learning Objective	**2.9.8** Assess and manage the rehabilitation of a patient with myopathy and neuropathy

Candidates performed well in the following areas:

- Risk factors, but likely because information was all in the stem.
- Actual diagnosis.

Candidates performed poorly in the following areas:

- Not answering questions specifically (answered risk factors instead of explaining definition, answering ‘equipment’ in home modification question).
- Lack of specifics they should know – general statements; e.g. ‘needs equipment’ or ‘should have allied health’ or ‘would benefit from rehabilitation’.
- Poor discharge planning and home modification knowledge.
- Most candidates did not appear to understand remoteness and lack of availability; talked about allied health, rather than specific recommendations.
- All struggled to define critical illness polyneuropathy.
- Vague and non-specific about prognosis for critical illness weakness.
- Did not base answers on photos that were handed out. Mentioned areas that were not included in photos or stem, e.g. bathroom.
- For discharge planning, candidates missed answers to equipment. Not many mentioned medications.

Other comments

- Although a non-examination station, half of the candidates didn’t practice hand hygiene.
- It is a very fair question that should be bread and butter core rehab. NCS/EMG have always been traditionally done poorly, but candidates should still have the basic ability to interpret these.
- Candidates need to improve on their time management.

Stations 7, 19, 31 – Quality and safety

Theme	**1.3 Administration and leadership**
Learning Objective	**1.3.2** Discuss ethical and legal issues relevant to rehabilitation service management
Learning Objective	**1.3.3** Relate appropriate management principles to effective staff and team management

Theme	**1.7 Quality Management**
Learning Objective	**1.7.1** Monitor the quality of processes and outcomes of rehabilitation and undertake quality activities to improve service delivery and clinical management

Theme	**2.5 Illness and Injury in Older People**
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

Candidates performed well in the following areas:

- Most were familiar with the timed up and go but specific technique was often lacking.

Candidates performed poorly in the following areas:

- Most candidates were unfamiliar with the functional reach test and how to perform it. There was generally poor knowledge about the Berg balance scale, with many candidates unfamiliar with its purpose and relevant cut off scores and their implications.
- Approaches to prevent hospital-related complications – many candidates gave a generic response to patient complaints without specific reference to the patient's circumstances.
- Performance in the resuscitation question was concerning. Rarely was a systematic approach given and many gave a standard 'informed consent process'.
- Candidates often answered what the team would do to prevent falls rather than what the patient could do.
- Misunderstanding of the question and spoke about OT home assessment and modifications instead of the rehab unit.
- Falls prevention – intrinsic and extrinsic causes would have helped score more marks.

Other comments

- Please listen to the question and check understanding before launching into answers.

Stations 8, 20, 32 – Spina bifida

Theme	2.3 Developmental and Intellectual Disability in Adults
Learning Objective	**2.3.1** Recall basic knowledge of developmental and lifelong intellectual disability which has arisen in childhood
Learning Objective	**2.3.3** Form a rehabilitation plan in consultation with Persons Responsible and carers who are able to facilitate the patient's participation in the plan

Theme	2.4 Illness and injury of the child and adolescent
Learning Objective	**2.4.1** Describe illnesses and injuries that result in disability and activity limitation or participation restriction in childhood and adolescence
Learning Objective	**2.4.2** Apply basic principles of rehabilitation management for children and adolescents, considering the importance of social, educational and vocational factors

Theme	2.11 Spinal cord injury and disease
Learning Objective	**2.11.1** Recall basic knowledge of spinal cord injury and disease
Learning Objective	**2.11.2** Complete a comprehensive assessment of a patient with stable spinal cord injury/disease and evaluate potential for rehabilitation
Learning Objective	**2.11.3** Formulate a management plan that specifies necessary medical, physical and functional rehabilitation goals and treatments in inpatient, outpatient and community settings

Candidates performed well in the following areas:

- History-taking communication skills.
- Prevention of bowel accidents/focused bowel history.

Candidates performed poorly in the following areas:

- Anal irrigation system.
- Differentiating LMN vs UMN bowel for spina bifida.
- More thorough options for physical and cognitive strategies and communication with university could have been provided.
- Warning signs – candidates focused on differential diagnosis.
- Lack of identification of pertinent red flag symptoms and signs of VP shunt dysfunction.

Other comments

- Use succinct, targeted history taking; avoid using jargon.
- Use good time management.
- Obtain better knowledge of LMN bowel regime and aims.
- Improve knowledge of complications of spina bifida.
- Be holistic in approach, i.e., physical, and cognitive difficulties requiring support.

Stations 9, 21, 33 – Geriatric

Theme	**1.2 Patient Management**
Learning Objective	**1.2.1** Plan and implement a realistic and appropriate rehabilitation program that is problem oriented, goal-driven, time-limited and directly addresses the needs and expectation of the patient and family.

Theme	**2.5 Illness and Injury in Older People**
Learning Objective	**2.5.1** Outline the basis and management of illness and injury in older people
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	**2.5.3** Formulate a rehabilitation management plan in consultation with the patient, family and general practitioner

Candidates performed well in the following areas:

- Generally, well-performed station.
- Identify osteoporosis, and pharmacological and non-pharmacological treatment of osteoporosis.
- Most candidates did fairly well on causes of delirium and risk factors for delirium, as well as delirium management.

Candidates performed poorly in the following areas:

- Poor listing of investigations or forgot to mention comprehensive investigation.
- Most mentioned MDT approach rather than carer approach in delirium management.
- No clear view of the negative prognostic factors in relation to returning home.
- Comprehensive DEXA assessment and prognostication. Few mentioned future fracture risk. No one mentioned longitudinal monitoring.
- Definition of delirium.

Other comments

- Most candidates could have a better explanation of T and Z scores. Consider attendance at osteoporosis and falls clinic.
- Some candidates talked about what the hospital could do for the delirium instead of focusing on what carer could do. Few candidates focused on how she could help with the delirium.
- No one mentioned FRAX or fracture risk scores.
- Depth of answers – lots of generic information given.
- Need to talk about both pharmacological rather than non-pharmacological osteoporosis management.
- Not many talked about investigations or secondary causes of osteoporosis.
- Many did not well define or explain delirium to Catherine.

Stations 10, 22, 34 – Older traumatic brain injury

Theme	**1.1 Patient Evaluation**
Learning Objective	**1.1.1** Describe the potentially disabling consequences of disease, disorders and injury

Theme	**2.12 Traumatic brain injury**
Learning Objective	**2.12.1** Outline the epidemiology, pathophysiology, prognostication, acute treatment and prevention of traumatic brain injury

Candidates performed well in the following areas:

- Medical aspects of agitation management.
- Complaints advice.
- Chemical restraints and consent laws. Established rapport. Most had a good broad understanding.
- Medication and ‘Pinchme’.

Candidates performed poorly in the following areas:

- Behavioural strategies of agitation management, including assessment of mood disorder.
- Poor handover, no record maintenance, use of assessment measures.
- Interpretation of question, e.g. interpreted Q2 as only about reason for restraint, not issue of consent.
- Explanation of end of rehabilitation.
- Non-pharmacological management. Impact of medications.
- Focus on inappropriateness for rehab rather than the need for HLC.
- Several candidates tried to justify clinical decisions rather than offer information regarding complaints pathway.

Other comments

- Experience in brain injury term was a clear benefit for candidates.
- Overall, well done.
- Lack of emphatic approach in their communication.
- Improve structure in answers.

Stations 11, 23, 35 – Upper limb

Theme	**1.1 Patient Evaluation**
Learning Objective	**1.1.2** Determine the nature and extent of disability and activity limitation or participation restriction

Theme	**2.13 Upper Limb Amputation**
Learning Objective	**2.13.1** Recall basic knowledge of upper limb amputation
Learning Objective	**2.13.2** Complete a comprehensive patient assessment that identifies the type of upper limb amputation and any medical factors relevant to prosthetic rehabilitation
Learning Objective	**2.13.3** Prescribe appropriate temporary and definitive prostheses
Learning Objective	**2.13.4** Formulate an interdisciplinary rehabilitation management plan including review and coordination of patient care

Candidates performed well in the following areas:

- Shoulder examination.
- Covered majority of several special tests for shoulder exam. Integrated findings into diagnosis. Initial structure inspection, palpation, movement and then special tests.
- Most described the prosthesis well, especially componentry.

Candidates performed poorly in the following areas:

- Accurately comprehending stem.
- Time management to get to final questions.
- Over-elaborate on pro/con/options.
- Improve examination, including knowledge and accuracy in individual special tests.
- Not all candidates covered resisted and passive exam of movement. Few commented about scapular movement.
- Knowledge of how specific movements operate function of prosthesis.
- Applied knowledge.

Other comments

- Please demonstrate familiarity on special tests and prosthesis function.
- Do not short cut shoulder examination and do not assume active movement is fine.
- Do passive and resisted ROM exam.