2024 AFRM Fellowship Written Examination (General Rehabilitation)
Paper A – Modified Essay Questions
General Feedback Report

OVERVIEW

The 2024 Australasian Faculty of Rehabilitation Medicine (AFRM) Fellowship Written Examination Paper A – Modified Essay Questions (MEQ) was held on Tuesday 5 March 2024. The examination was presented using the modified essay format. It covered eight (8) main topic areas based on the RACP AFRM curriculum learning objectives outlined in the RACP *Rehabilitation Medicine Advanced Training Curriculum – Australasian Faculty of Rehabilitation Medicine.*

This document provides feedback for candidates, outlining the characteristics of responses that achieved high marks and the areas for improvement where lower marks were achieved.

The modified essay format assesses candidates' **contextualised knowledge of rehabilitation medicine at a specialist level.** Candidates are examined on their application of knowledge to clinical scenarios in a 'real life' context.

Scenarios

The MEQ scenarios usually include more information than necessary for answering the questions. However, this reflects the discipline of rehabilitation medicine, where important information must be gleaned from the biopsychosocial context of the patient. For examination purposes, every effort is made to present the case succinctly but with sufficient details to allow candidates to make appropriate clinical decisions.

Specialist-level knowledge

Candidates are asked to provide specific knowledge supported by the best available evidence as expected of a minimally competent rehabilitation medicine physician.

Contextualised questions

Candidates are expected to demonstrate an ability to apply their knowledge to the relevant case scenarios in their specific clinical contexts. Candidates must pay close attention to the clinical scenarios for 'real life' assessment and decision making.

Specific responses

Questions are designed to test a candidate's ability to provide specific responses. The marking guides are designed to provide marks for demonstrating specific knowledge, with no marks allocated for generic responses.

Result

To pass the exam, candidates must achieve, at a minimum, a total score equal to, or greater than, the overall pass mark AND must pass at least five (5) of the eight (8) questions. This minimum requirement for passing ensures that candidates meet the standard regarding the depth of the responses and the breadth of the topics.

In 2024, the overall pass mark for this examination was 53.9% The pass mark is set using the Modified Angoff method. Questions where no candidate achieved the maximum allocated score for a question were reviewed to ensure their feasibility. In cases where the number of correct responses required for a question was not achievable, the total allocated mark was decreased, and the Modified Angoff adjusted proportionally. No candidate was disadvantaged by this process. No question was misinterpreted or had wording problems requiring their removal.

In 2024, 50 candidates sat the examination, with a pass rate of 74.0% of candidates.

EXAMINER FEEDBACK

QUESTION 1 – GERIATRIC CONDITION

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
	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
	2.5.3 Formulate a rehabilitation management plan in consultation with the patient, family and general practitioner

Candidates performed well in understanding the components of frailty syndrome based on the scenario provided and options to improve oral intake in a rehabilitation patient.

Weak candidates used incorrect terminology and had difficulty in understanding the relevant pathological changes in cerebral small vessel disease and behavioural management in geriatric patients, especially in pharmacological management.

QUESTION 2 – NEUROLOGICAL CONDITIONS

Theme 2.9	Neurological Disease
Learning Objective	**2.9.1** Recall basic knowledge of neurological disease **2.9.2** Complete a comprehensive assessment of a patient with neurological disease and evaluate the potential for rehabilitation **2.9.3** Formulate a rehabilitation management plan that specifies appropriate modalities of assessment and treatment **2.9.8** Assess and manage the rehabilitation of a patient with myopathy and neuropathy

Candidates performed well in regards to treatment and prognostic factors of Guillain–Barré syndrome.

Weak candidates had difficulty formulating differential diagnosis based on the clinical scenario provided and performed poorly in understanding ward-based care for patients with facial nerve palsy. Weak candidates were also not able to correctly describe the different ankle foot orthoses provided.

QUESTION 3 – STROKE

Theme 2.9	Neurological Disease
Learning Objectives	**2.9.4** Assess and manage the rehabilitation of a patient with cerebrovascular disease
	2.9.4 Assess and manage the rehabilitation of a patient with cerebrovascular disease

Candidates performed well in understanding the muscles required for electrical stimulation, and longer-term psychosocial and community participation issues for a stroke patient.

Overall, candidates were non-specific in answering the stroke questions. Weak candidates performed poorly in their understanding of thrombolysis and components of executive function.

QUESTION 4 – CANCER AND SWALLOWING REHABILITATION

Theme 2.5	Illness and Injury in Older People
Learning Objectives	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 2.5.3 Formulate a rehabilitation management plan in consultation with the patient, family and general practitioner

Theme 2.9	Neurological Disease
Learning Objectives	2.9.4 Assess and manage the rehabilitation of a patient with cerebrovascular disease 2.9.6 Assess and manage the rehabilitation of a patient with motor neurone disease 2.9.7 Assess and manage the rehabilitation of a patient with poliomyelitis and post-polio syndrome

Candidates performed well in identifying factors for pressure injuries and refeeding syndrome. Candidates also performed well in providing reasons for gastrostomy tube insertion.

Weak candidates had difficulty in identifying the correct anatomy involved in the swallowing manoeuvre. Weak candidates also had difficulty in providing management for xerostomia and understanding factors in determining the patient's suitability for weekend leave.

QUESTION 5 – AMPUTATION OF LIMBS AND PROSTHETICS

Theme 2.6	Lower Limb Amputation
Learning Objective	**2.6.2** Complete a comprehensive patient assessment that identifies the type of lower limb amputation and any medical factors relevant to prosthetic rehabilitation
	2.6.3 Prescribe appropriate temporary and definitive prostheses
	2.6.4 Formulate an interdisciplinary rehabilitation management plan including review and coordination of patient care

Candidates demonstrated good knowledge in understanding about rigid removable dressing, lower body strengthening and non-pharmacological management of pain.

Weak candidates performed poorly in this question, especially in their knowledge of knee disarticulation, understanding of prostheses, gait knowledge and osseointegration. Weak candidates also were non-specific in stating rehabilitation goals for the clinical scenario.

QUESTION 6 – SPINAL CORD DYSFUNCTION

Theme 2.11	Spinal Cord Injury and Disease
Learning Objectives	**2.11.1 Recall basic knowledge of spinal cord injury and disease** **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 management of bowel and bladder dysfunctions in spinal cord injury. Candidates also performed well in the management of orthostatic hypotension.

Weaker candidates performed poorly in identifying the clinical features of central cord syndrome and syringomyelia. Weaker candidates provided generic answers and were not specific in providing the changes that occur in syringomyelia.

QUESTION 7 – IMPACT OF CHILDHOOD ILLNESS IN ADULTHOOD

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

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

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

Theme 2.9	Neurological Disease
Learning Objectives	**2.9.1** Recall basic knowledge of neurological disease

Candidates performed well in identifying features of osteoarthritis in imaging and strategies to reduce falls. Candidates also performed well in answering question on improving function in hearing impaired patient.

Weak candidates performed poorly in questions on ICF and pathophysiology on common neurological conditions.

QUESTION 8 – CARDIAC REHABILITATION

Theme 1.1	Patient Evaluation
Learning Objective	**2.1.3** Formulate a cardiac rehabilitation program

Candidates performed well in understanding cardiac medications and their impact.

Overall, candidates performed poorly in their understanding of cardiac rehabilitation, including its benefit, components and principles of cardiac rehabilitation.

General comments

Candidates are encouraged to improve their knowledge of neurological and cardiac conditions.

It is best to provide specific responses without the use of non-specific or vague wording.

Candidates are encouraged to check that they use correct or standard terminology, especially in anatomy, pathology, pharmacology and prosthetics/orthotics.

Candidates are encouraged to read the question carefully and give their responses based on the clinical scenarios.

It is important to know and demonstrate the current evidence for causes, prognostic factors or therapeutic interventions related to rehabilitation medicine.

Candidates will find it helpful to prepare for many aspects of the examination through appropriate clinical exposures as it is important that candidates build on the depth of their knowledge in rehabilitation medicine.