

2024 Australasian Faculty of Occupational and Environmental Health Medicine (AFOEM) Stage B Practical Examination

Feedback to Candidates

Overview

The 2024 Stage B Practical Examination was delivered at the Royal North Shore Hospital, Sydney on Saturday 16 and Sunday 17 November 2024.

The AFOEM Practical Examination is a summative assessment that tests a trainee's clinical skills across domains of the [Occupational and Environmental Medicine Advanced Training Curriculum](#). The examination consists of three categories:

1. Exhibit-based assessments (EBAs)
2. Objective structured clinical examinations (OSCEs)
3. Clinical stations.

Each category is made up of two stations, making a total of six assessments per candidate.

Each station is developed by AFOEM Fellows. All examiners participate in pre-examination calibration sessions to ensure that an equivalent standard is applied across the related stations in each category of the examination.

At each station, a candidate's score is awarded by consensus of two examiners. If the consensus score arrived at by the two examiners is greater than the predetermined pass mark, the candidate is deemed to have passed that station.

Candidates must pass a minimum of four stations, including at least one pass in each of the three categories, in order to pass the examination.

This document provides generic feedback from the examiners about candidate performance across the AFOEM Stage B Practical Examination. Please note that these are pooled comments from all examiners and may not apply to every candidate.

Twenty-four candidates sat the examination, and the pass rate was 58.3%.

EBA 1

Candidates performed well in the following areas:

- Systematic approach to workplace hazards and identifying occupational hygiene equipment
- Hazard identification
- Identification of polycythaemia and elevated carboxyhaemoglobin
- Management of carpal tunnel syndrome
- Treatment of acute carbon monoxide (CO) poisoning.

Candidates performed poorly in the following areas:

- Interpretation of
 - the vibration instruction manual
 - nerve conduction study
 - clinical results.
- Identification of
 - an accelerometer or hand–arm vibration tool
 - a concrete saw
- Recognising CO exposure.

Other comments

- Candidates need to listen to the question and answer what is being asked.
- Discuss contents of EBA with supervisors.

EBA 2

Candidates performed well in the following areas:

- Systematic approach to identifying hazards
- Interpretation of environmental monitoring
- Knowledge of respiratory protective equipment and their pros/cons
- Respirators.

Candidates performed poorly in the following areas:

- Synthesis of photos, spirometry and imaging into a coherent diagnosis
- Radiology
- Recognition of microorganisms
- Identifying restrictive pattern in spirometry
- Knowledge regarding microbiological organisms (e.g., legionella)
- CT findings
- Identifying interstitial lung disease, likely due to hypersensitivity pneumonias.

Other comments

- Relate hazard back to question asked
- Fundamentally the knowledge was lacking, even among some candidates who scored well
- Be systematic
- State the obvious in answers (e.g., FEV1 and FVC are both reduced...)
- Not everyone was confident with spirometry and imaging interpretation.

OSCE 1

Candidates performed well in the following areas:

- Medical and occupational history taking
- Communication skills
- Professional behaviour
- Consent and explanation.

Candidates performed poorly in the following areas:

- Legal risks for employer. Most candidates focused only on safety.
- Lacked structure and detail on subsequent questions
- Support in workplace. Most candidates did not mention safe insulin injection and needle disposal facilities.

Other comments

- Recognise that worksite visits are essential and a core skill for occupational physicians, and that they can be efficient for collecting information and managing a situation
- Emphasise potential privacy issues and disability discrimination issues
- Strong candidates had depth of detail in answers and RTW planning.

OSCE 2

Candidates performed well in the following areas:

- Educational and occupational history taking
- Generally good interview techniques
- Exploring back issue
- Most explored depressive symptom.

Candidates performed poorly in the following areas:

- No exploration or lack of depth in exploration of mental health history taking
- Linking depression and function. Weak candidates focused on back. Some focused on alcohol.

Clinical Case 1

Candidates performed well in the following areas:

- Examination techniques
- Approach to patients
- Clinical history
- Provisional diagnoses.

Candidates performed poorly in the following areas:

- Physical examination of respiratory examination
- Most candidates missed signs.
- Synthesising findings.

Clinical Case 2

Candidates performed well in the following areas:

- Systematic approach to physical examinations
- Approach to patients
- Interaction with patients, professional
- Systematic approach in examination
- Accuracy in interpretation of clinical signs.

Candidates performed poorly in the following areas:

- Synthesising the findings into a detailed and coherent summary
- Mentioning important negative findings
- Providing sufficient differential diagnoses.

Other comments

- Important to have a fluid and thorough examination technique as well as ability to provide a detailed synthesis
- Develop skills to perform a focused examination based on the patient's presentation and what you find during the physical examination.