



Australasian Faculty of Rehabilitation Medicine (AFRM) Adult

Entry Phase Examination (EPE)

Sample Stations

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Purpose and utility

The Royal Australasian College of Physicians (RACP) is pleased to provide these sample Objective Structured Clinical Examination (OSCE) stations for the new Faculty of Rehabilitation Medicine (AFRM) Entry Phase Examination (EPE).

These sample stations reflect scenarios that align with AFRM curricula and competencies assessed in the OSCE, demonstrating the performance standard required in the Specialty Entry Phase (first year) of AFRM Advanced Training. These materials are designed to support trainees and supervisors in understanding the exam structure, format and standards and to assist in effective preparation.

The four sample stations serve as educational resources and examples of how curriculum areas, including skills, knowledge and professional behaviours, can be represented in the EPE. **They do not represent the exact content or question combination of future exam stations.** Individual station content is designed to focus on knowledge and clinical skills relevant to the format of the station task (e.g., live vs. static) and the clinical scenario presented in the station.

Refer to the [AFRM EPE webpage](#) for complete and current information pertaining to this assessment.

Curriculum mapping

Each sample station has a record of which parts of the new and PREP curricula it assesses.

Until further notice, the EPE will be mapped to both the PREP and new curricula. Only content commonly occurring on both curricula will be assessed. Trainees should refer to the curriculum they are enrolled in to prepare for the EPE.

Sample station marking guides

The marking guides provided with these sample stations were developed to reflect relevant correct answers at the time of writing. During development, they undergo a thorough review process to ensure accuracy and alignment with current clinical practices. However, it is important to note that medical knowledge and advice can evolve over time.

Additionally, for all RACP examinations, examiners participate in a calibration process before marking commences. This process involves a thorough discussion of the marking guides to ensure consistency amongst examiners, address any variations in candidate wording and terminology, and confirm that all correct answers are accounted for. This ensures fairness and uniformity in marking.

Marking guides are organised to assist examiners in marking each specific question. The examples provided are *not* intended as an expected framework for how candidates should structure responses. Candidates should consider the structure of their response to enhance

communication and ensure they utilise a systematic approach to physical examination or history taking, which are criteria in the Communication, and Quality and Safety domains of the [Professional Competencies Rating Scale](#).

Using these materials

Supervisors and trainees can use these sample stations to prepare for the EPE by reviewing the station and marking guides to understand the expected performance standards in the EPE or by simulating OSCE conditions to practice exam techniques.

Follow these steps to run a mock OSCE in your workplace.

1. Set up

- (a) Arrange four clinic rooms to hold your mock OSCE. They should have room for four people inside and one seat outside each room.
- (b) Recruit colleagues and supervisors to assist. The number of examiners and role players required for each station is listed on the cover page. To run a mock OSCE using these four sample stations, you will ideally require eight examiners, three role players and one invigilator to simulate exam conditions.
- (c) Each station has a cover page that lists the number of copies of each document required. Print single-sided and collate each document by station.
- (d) Arrange the use of a timer/stopwatch, bell and whistle to manage station timings.
- (e) Refer to the AFRM EPE webpage '[Exam Day](#)' tab for complete details.

2. Assign roles and prepare. Allocate examiners and role players to each station.

- (a) Provide the examiners with the Examiner Marking Guides, Consensus Scoresheets, Examiner Information Sheet and one copy of the Candidate Information Sheet. To prepare, examiners should:
 - Thoroughly review all materials to understand the scenario and familiarise themselves with the marking guide.
 - Calibrate with other examiners marking that station to agree on the application of the marking guide to ensure candidates are marked consistently across the mock OSCE. This should include a discussion about:
 - any queries about applying the marking criteria
 - marking for varied terminology for allowable responses
 - understanding and acknowledging how unconscious bias can affect examiner judgements in conditions of uncertainty
 - ensuring the role player understands their instructions and role in the station. Role players are not involved in marking.

Provide role players with their respective Role Player Information Sheet. To prepare, role players should:

- Thoroughly review the information and instructions in the Role Player Information Sheet.
 - Meet with examiners to clarify any questions about the scenario or pronunciations.
 - **NB:** History-taking station scripts are lengthy. As much information as possible is provided to role players ahead of time to ensure responses are natural and delivered consistently. If a trainee asks a question for which the information is not provided to the role player in the script, role players advise the trainee that they are unsure and to proceed. Under exam conditions, professional actors are recruited, trained and calibrated for history-taking stations. It is recommended that the role player is well-prepared for the mock OSCE to ensure trainees' station time is not impacted when seeking correct responses.
- (b) The invigilator manages timing and announcements as outlined on the AFRM EPE webpage:
- Reading time: 4 minutes (bell)
 - Station time: 10 minutes (bell)
 - Time management alert: 7 minutes into station time (whistle).
- (c) Prepare candidate ID stickers (each trainee requires three stickers per station). Trainees carry these throughout the mock OSCE into each station. Trainees should hand the stickers to the examiners upon entry. The examiners will attach them to the trainee's marking guides and consensus sheet.
3. **Simulate exam conditions:** Ensure that the mock environment closely mimics the actual OSCE, including time limits, station flow, and a quiet, undisturbed space. Reading time takes place on a chair outside the clinic room. The Candidate Information Sheet should be attached to the leg of the respective station's chair.
4. **Provide feedback:** After the mock OSCE, examiners provide constructive feedback to candidates based on the marking guides and examiner observations. Encourage self-reflection and discussion to enhance learning.

Disclaimer

These sample stations are provided for educational purposes only and do not predict the exact content of the EPE or the structure of future stations. Candidates and supervisors must read the AFRM EPE webpage for complete and current information pertaining to the EPE. The RACP strongly encourages trainees to consult additional resources and stay informed of updates to medical practice.

Health technology and knowledge are constantly changing and being updated. The accuracy and currency of the information contained in the sample stations were last reviewed at the time

of publication and may change over time. Therefore, the RACP does not warrant, represent or guarantee that the resource is in all respects accurate, complete and current. The sample stations will be reviewed periodically to ensure alignment with current medical practices and the accuracy of examination processes. To the extent permitted by law, the RACP excludes any liability, including any liability for negligence, for any loss or damage arising from reliance on material in this training resource. The information is provided “as is” and “as available” without warranty of any kind.

Acknowledgements

The AFRM Examinations Working Group developed these sample stations in collaboration with the AFRM Assessment Committee to support trainees and supervisors with their understanding of the AFRM EPE format, standard and structure. The past Module 2 Clinical Assessment stations were modified to conform to the format, standard, structure, and blueprint of the AFRM EPE.

The RACP is immensely grateful for their subject matter expertise and dedication to supporting trainees and supervisors in their preparation for AFRM assessments.

Contact

For further assistance or inquiries, please [contact](#) the RACP Faculty Examinations team.

AFRM Entry Phase Examination – Sample Stations – Shoulder Examination (live)

Candidate Information Sheet	2 (laminated, one outside room)
Examiner Information Sheet	1 (laminated)
Role Player Information Sheet	2 (laminated)
Professional Competencies Rating Scale	2 (laminated)
Examiner Marking Sheet	2/trainee
Consensus Scoresheet	1/trainee
Role Player Specifications	Male, early 40s
Supporting Materials	2 of each (laminated) <ul style="list-style-type: none"> • Figure 1 (inside room)
Equipment required in room	<ul style="list-style-type: none"> • Hospital bed

Station description

The aim of this station is to assess the candidate's ability to perform a focused examination of the shoulder joint in the context of shoulder pain on a background of stroke with hemiplegia.

Candidates must demonstrate professional competencies, including communication, quality and safety, and professional behaviour.

Candidates must also demonstrate relevant knowledge of the shoulder joint, including functional anatomy, diagnostic reasoning, and functional impact of this presentation.

Relationship to New Curriculum and Station Structure	
Focused clinical task	Physical examination
Primary system component	Shoulder joint
Primary presentation/condition	Shoulder pain
Related presentation	Stroke with hemiplegia
Professional competencies	<ul style="list-style-type: none"> • Communication • Quality and safety of physical examination • Judgement and decision-making • Medical expertise
Knowledge guide/s	<ul style="list-style-type: none"> • Musculoskeletal conditions • Pain • Stroke management
Foundational rehabilitation concepts	<ul style="list-style-type: none"> • Applied anatomy and physiology • General medical and surgical knowledge • How medical illness can alter function across multiple domains, as described within the International Classification of Functioning, Disability and Health (ICF) Framework

Relationship to PREP Curriculum and Syllabuses
<p>Domain 2: Clinical syllabuses</p> <p>Theme 2.9 Neurological disease</p> <p><i>Learning objective 1.9.1</i> Recall basic knowledge of neurological disease</p> <p>Theme 2.8 Musculoskeletal medicine</p> <p><i>Learning objective 2.8.2</i> Complete a comprehensive assessment of a patient with a musculoskeletal disease or injury</p> <p>Domain 1: Physician competencies</p> <p>Theme 1.1 Patient evaluation</p> <p><i>Learning objective 1.1.1</i> Describe the potentially disabling consequences of disease, disorder and injury</p>

Candidate Information Sheet

You are a rehabilitation registrar reviewing Lee, a 42-year-old man who had a left-sided lacunar stroke two months ago. He initially presented with right upper limb weakness, which has since resolved.

Please examine Lee's **right** shoulder. While performing this examination, describe your findings, positive and negative, as you proceed.

At the end of the shoulder examination, the examiners will ask you **three (3)** questions.

Time management: It is recommended that you complete the physical examination by the seven (7) minute alert to complete the three (3) questions.

You are responsible for managing your time; the examiners will not prompt you or tell you when to move on.

Note: You are not permitted to return to the physical examination once you have moved on to the questions.

You are permitted to return to an earlier question, request questions to be repeated and/or revise or modify your answers while you remain in the station. Once you have left the room, you are not permitted to re-enter.

Role Player Information Sheet

You are Lee, a 42-year-old man who sustained a left-sided stroke two months ago. You initially had right-sided upper limb weakness, which has now resolved.

The candidate will perform a right shoulder examination on you. You should start the station undressed from the waist up.

If you experience any significant pain or discomfort during the examination, please inform the candidate.

Following the examination, the examiners will ask the candidate three (3) questions.

Examiner Information Sheet	Time
<p>Examiners are to brief role players before the exam regarding the type of physical examination expected from the candidate.</p> <p>Please read the following to the candidate:</p> <p>“This is Lee. Please perform a right shoulder examination on him.</p> <p>Describe your findings, positive and negative, as you proceed. Indicate to us when you have completed the physical examination. We will then ask you three (3) questions.”</p>	<p>Total time = 10 minutes</p> <p>7 minutes for physical examination</p>
<p>Question 1</p> <p>“Name two (2) shoulder movements first affected in shoulder pathologies demonstrating ‘capsular pattern’.”</p>	<p>1 minute</p>
<p>Question 2</p> <p>“Name five (5) differential diagnoses for post-stroke shoulder pain.”</p>	<p>1 minute</p>
<p>Question 3</p> <p>“What are five (5) activity limitations or participation restrictions you could ask Lee about to assess the impact of shoulder pain on daily function?”</p>	<p>1 minute</p>
<p><i>If the candidate is finished and still has plenty of time, please say:</i></p> <p><i>“You have completed the station. Is there anything else you wish to add?”</i></p>	

Time management: Candidates are responsible for managing their time; do not prompt the candidate at the 7-minute alert. This signals to the candidate that they have 3 minutes remaining.

Note: The candidate is not permitted to return to the physical examination after seven (7) minutes have passed. The candidate is permitted to return to an earlier question, request questions to be repeated and/or to revise or modify their answers while remaining in the station. Once they have left the room, the candidate is not permitted to re-enter.

Candidate
Number

Shoulder Physical Examination (live)

Examiner Marking Sheet	Marks (circle)
INTRODUCTORY SKILLS	
Infection Control <ul style="list-style-type: none"> • Washes/sanitises hands 	Y / N
Introduction <ul style="list-style-type: none"> (a) Introduces self and establishes rapport (b) Asks permission to examine the patient (c) Asks the patient to let the candidate know if they experience any pain or discomfort during the examination 	Y / N
	Y / N
	Y / N
PHYSICAL EXAMINATION	
Inspection <ul style="list-style-type: none"> • Exposes patient appropriately • Note if there are any obvious movement limitations or pain • Scars • Erythema • Muscle wasting • Deformity (posture, cervical lordosis, winging of scapula, asymmetry) • Swelling – anywhere in the upper limb • Symmetry of shoulders. <p><i>(1 mark per item to a maximum of 7 marks)</i></p>	0
	1
	2
	3
	4
	5
	6
7	
Total for Inspection	17

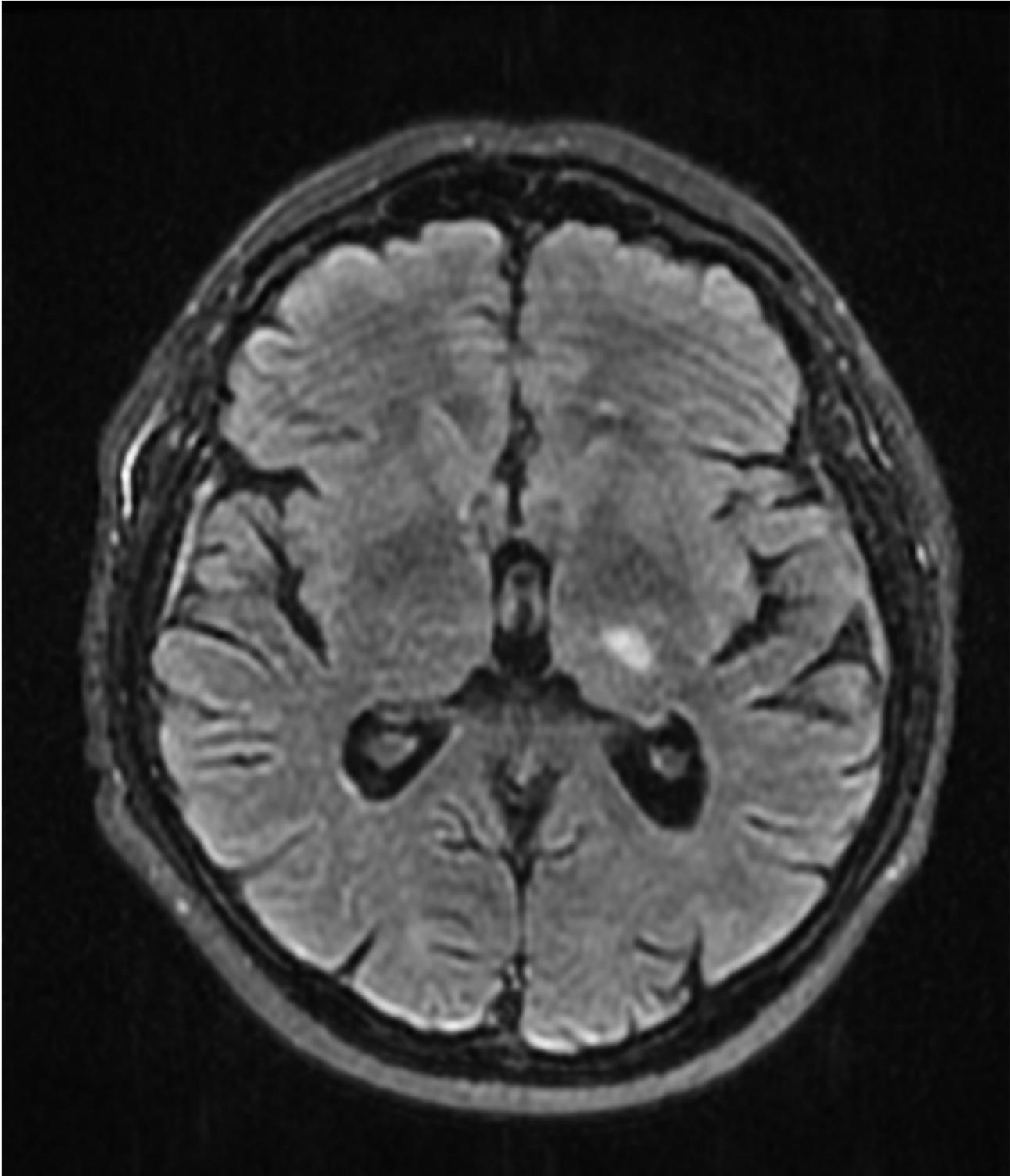
<p>Palpation</p> <ul style="list-style-type: none"> • Muscle bulk • Excessive warmth • Sternoclavicular joint • Clavicle • AC joint • Acromion • Spine of scapula • Supraspinatus • Infraspinatus • Sub-acromial space • Coracoid process • Greater tuberosity. <p><i>Note: Prompt candidates to specify what they are palpating</i></p> <p><i>(1 mark for 1–3 items; 2 marks for 4–6 items; 3 marks for 7–9 items; 4 marks for 10–12 items; maximum of 4 marks)</i></p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
Total for Palpation	/4
<p>Range of motion</p> <ul style="list-style-type: none"> • Assess for scapulohumeral rhythm • Screening / compound movement (e.g. hands behind back or head) • Flexion • Extension • Abduction • Adduction • External rotation • Internal rotation • Performing both active and passive range. <p><i>(1 mark per item to a maximum of 9 marks)</i></p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p>
Total for Range of motion	/9

<p>Special tests</p> <ul style="list-style-type: none"> • Empty can test (supraspinatus) • Neer test (impingement) • Hawkins test (impingement) • Drop arm test (for rotator cuff tear) • Gerber lift-off test (for subscapularis) • Scarf test (AC joint) • Press against the wall and lean forward (scapular winging) • Apprehension test (shoulder stability) • Speeds or Yergasons test (biceps tendinitis). <p><i>(1 mark per item to a maximum of 2 marks)</i></p>	<p>0</p> <p>1</p> <p>2</p>
Total for Special tests	/2
Total for PHYSICAL EXAMINATION	/24

QUESTIONS	
<p>Question 1</p> <p>Name two (2) shoulder movements first affected in shoulder pathologies demonstrating ‘capsular pattern’.</p> <ul style="list-style-type: none"> • External rotation • Abduction (accept flexion or forward flexion). <p><i>(1 mark per item to a maximum of 2 marks)</i></p>	<p>0</p> <p>1</p> <p>2</p>
<p>Question 2</p> <p>Name five (5) differential diagnoses for post-stroke shoulder pain.</p> <ul style="list-style-type: none"> • Adhesive capsulitis • Complex regional pain / shoulder-hand syndrome • Central Post stroke shoulder pain • Subluxation • Heterotopic ossification • Hypertonicity / spasticity • Suprascapular neuropathy • Osteoarthritis • Fibromyalgia • Bursitis • Rotator cuff tear • Rotator cuff impingement. <p><i>(1 mark per item to a maximum of 5 marks)</i></p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>

<p>Question 3</p> <p>“What are five (5) activity limitations or participation restrictions you could ask Lee about to assess the impact of shoulder pain on daily function?”</p> <ul style="list-style-type: none"> • Dressing • Eating • Grooming – oral care, hair combing or brushing, washing hands, washing face, shaving • Toileting • Bathing/showering • Cooking • Cleaning • Laundry • Vacuuming • Driving • Gardening • Recreational/leisure/sporting activity. <p><i>Note: Any reasonable activity that involves the use of the shoulder will be awarded a mark.</i></p> <p><i>(1 mark per item to a maximum of 5 marks)</i></p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>
Total marks for QUESTIONS	/12
TOTAL MARKS FOR THIS STATION	/36

Figure 1



Professional Competencies Rating Scale – Shoulder Examination						
ASSESSMENT DOMAINS	VERY POOR PERFORMANCE	WELL BELOW EXPECTED STANDARD	BELOW EXPECTED STANDARD	EXPECTED STANDARD	BETTER THAN EXPECTED STANDARD	EXCELLENT PERFORMANCE
	0 marks	1 mark	2 marks	3 marks	4 marks	5 marks
<p>QUALITY AND SAFETY OF PHYSICAL EXAMINATION (EPA 4)*</p> <p>Physicians practice in a safe, high-quality manner within the limits of their expertise. Document physical examination findings and synthesise with clarity and completeness.</p>	<ul style="list-style-type: none"> Cannot perform appropriate examination of system No clear structure Makes multiple mistakes Unable to coherently synthesise findings 	<ul style="list-style-type: none"> Many key components of examination poorly performed or not completed Minimal structure with disorganised approach Major mistakes are made that would clearly affect diagnostic decision making Misses essential signs or finds major abnormalities that are not present Experiences significant difficulty with coherent synthesis of findings 	<ul style="list-style-type: none"> Some key components of examination poorly performed or not completed May not consider potential safety risks to patient Lacks fluency or systematic approach Mistakes would have some impact on diagnostic decision making Misses some important signs or finds some signs that are not present Able to coherently present simple findings, but lacks clarity overall 	<ul style="list-style-type: none"> Undertakes systematic and safe examination, without unnecessary duplication Clear structure to examination technique Any mistakes were minor and did not affect the overall examination Detects the majority of essential signs Does not find signs that are not present Able to coherently present examination findings 	<ul style="list-style-type: none"> Fluent, accurate and timely examination Logical flow with sense of purpose Demonstrates confidence Demonstrates self-awareness of any errors and corrects All essential signs are clearly demonstrated Coherent and logical presentation with some synthesis of findings 	<ul style="list-style-type: none"> Fluent, accurate and within time Makes adjustment to routine where appropriate Purposeful, integrated examination All signs are expertly demonstrated Able to succinctly present information and synthesise findings
<p>COMMUNICATION (EPA 4 & 7)</p> <p>Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically and in a manner that is understandable to patients, families, carers, and professionals.</p>	<ul style="list-style-type: none"> Explanations not organised or inappropriate Dismissive of communication partner Very poor non-verbal communication 	<ul style="list-style-type: none"> Explanations difficult to follow and understand, very poorly organised Frequent inaccuracies in information provided Frequent use of jargon without explanation Poor non-verbal communication with limited eye contact or poor body language 	<ul style="list-style-type: none"> Some structure to explanation but overall difficult to follow or understand Some inaccuracies in key components of explanations Used jargon/ inappropriate terminology without explanation too often Instances of poor non-verbal communication, lack of empathy 	<ul style="list-style-type: none"> Information provided is mostly correct and presented clearly Minimal inaccuracies Used appropriate terminology most of the time Checked for understanding Appropriate non-verbal communication Candidates use collaborative, effective, respectful, and empathetic communication with patients, families, carers and professionals 	<ul style="list-style-type: none"> Provided organised, clear explanation to questions Used appropriate terminology Evidence of active listening skills Clearly demonstrated empathy and respect for communication partner 	<ul style="list-style-type: none"> Provided well organised, clear and detailed explanations and answers Confident and skilful at giving information Uses a broad range of verbal and non-verbal skills including active listening Attentive to communication partner, consistently checked for understanding

ASSESSMENT DOMAINS	VERY POOR PERFORMANCE	WELL BELOW EXPECTED STANDARD	BELOW EXPECTED STANDARD	EXPECTED STANDARD	BETTER THAN EXPECTED STANDARD	EXCELLENT PERFORMANCE
	0 marks	1 mark	2 marks	3 marks	4 marks	5 marks
<p>JUDGEMENT AND DECISION MAKING</p> <p>Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice.</p>	<ul style="list-style-type: none"> • Demonstrates very poor diagnostic reasoning • Makes poor or unsafe decisions • Fixed, false and harmful beliefs on the subject of the questions asked 	<ul style="list-style-type: none"> • Unclear, illogical diagnostic reasoning • Evidence of inaccurate or potentially unsafe decisions • Unable to provide coherent, consistent advice, that may be contradictory • Does not recognise own limitations, demonstrates poor judgement 	<ul style="list-style-type: none"> • Demonstrates some diagnostic reasoning, but lacks logic at times • Some safety concerns identified • Provides advice that is consistent but incomplete • Lacks confidence in decision making or concerns about judgement identified 	<ul style="list-style-type: none"> • Demonstrates sound diagnostic decision making • No significant safety concerns identified • Provides advice that is accurate, consistent and complete • Applies good judgement and has confidence in opinions 	<ul style="list-style-type: none"> • Demonstrates clear and logical diagnostic decision making the majority of the time • No safety concerns identified • Advice is tailored to the context of the clinical scenario • Applies good judgement that takes into consideration the patient or role player's individual needs 	<ul style="list-style-type: none"> • Demonstrates excellent diagnostic decision with high degree of logic and understanding • No safety concerns identified • Provides advice using language that is readily understandable to the patient or role player • High level of judgement demonstrated with consideration of all important factors
<p>MEDICAL EXPERTISE</p> <p>Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations.</p>	<ul style="list-style-type: none"> • Very poor level of requisite knowledge, unaware of most key details • Management plan is unsafe, or harmful 	<ul style="list-style-type: none"> • Large gaps in requisite knowledge, aware of very basic details only • Unable to generate a reasonable list of differential diagnoses • Management plan is poorly developed, lacks most important details 	<ul style="list-style-type: none"> • Demonstrates important gaps/errors in requisite knowledge • Has difficulty with differential diagnosis, misses important conditions • Management plan outlined has errors, omissions or is poorly constructed 	<ul style="list-style-type: none"> • Demonstrates a sound level of requisite knowledge • Able to generate a reasonable list of differential diagnoses, most important conditions covered • Able to outline an adequate management plan, with only minor errors 	<ul style="list-style-type: none"> • Demonstrates detailed understanding of requisite knowledge • Detailed list of differential diagnoses with some evidence of ability to prioritise • Able to outline an organised, logical management plan 	<ul style="list-style-type: none"> • Demonstrates a very high level of requisite knowledge • Detailed list of differential diagnoses with comprehensive applicability to context • Able to outline a highly developed, well-structured management plan



AFRM Entry Phase Examination – Sample Station 1

SHOULDER EXAMINATION (LIVE)

Station 1

Candidate Number

Examiners: Please **FILL IN** the bubble below the rating/score of your consensus decision.

Global assessment rating

CLEAR FAIL	BORDERLINE FAIL	BORDERLINE PASS	CLEAR PASS	VERY GOOD
<input type="radio"/>				

Infection control

<input type="checkbox"/> Y
<input type="checkbox"/> N

Introduction

a	b	c
<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N

PHYSICAL EXAMINATION

Inspection

0	1	2	3	4	5	6	7
<input type="radio"/>							

Palpation

0	1	2	3	4
<input type="radio"/>				

Range of motion

0	1	2	3	4	5	6	7	8	9
<input type="radio"/>									

Special tests

0	1	2
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



AFRM Entry Phase Examination – Sample Station 1

SHOULDER (LIVE)

Question 1

0	1	2
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 2

0	1	2	3	4	5
<input type="radio"/>					

Question 3

0	1	2	3	4	5
<input type="radio"/>					

Professional competency – quality of physical examination

0	1	2	3	4	5
<input type="radio"/>					

Professional competency – communication

0	1	2	3	4	5
<input type="radio"/>					

Professional competency – judgement and decision making

0	1	2	3	4	5	
<input type="radio"/>						

Professional competency – medical expertise

0	1	2	3	4	5
<input type="radio"/>					



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AFRM Entry Phase Examination – Sample Station 1

SHOULDER (LIVE)

Comments: _____

Examiner 1 (signature) _____

Examiner 2 (signature) _____

Station supervisor (signature) _____

(Please hand this completed form to your station supervisor)

AFRM Entry Phase Examination – Sample Station 2



AFRM Entry Phase Examination – Sample Stations – Refeeding (static)

Candidate Information Sheet	2 (laminated, one outside room)
Examiner/Staff Information Sheet	1 (laminated)
Examiner Marking Sheet	2/trainee
Candidate Question and Answer Sheet	1/trainee
Consensus Scoresheet	1/trainee
Supporting Materials	N/A
Equipment required in room	2 desks

Station description

The aim of this station is to assess the candidate's ability to recognise, evaluate, and manage deconditioning and refeeding syndrome in the context of frailty and recent hospitalisation, within the context of older person rehabilitation.

Candidates must demonstrate knowledge related to the pathophysiology of disease, the interpretation of diagnostic tests, clinical reasoning, and problem-solving.

Candidates must also demonstrate an understanding of the intersection between rehabilitation medicine physicians and other professions within the interdisciplinary team, including allied health and nursing roles.

AFRM Entry Phase Examination – Sample Station 2



Relationship to New Curriculum and Station Structure	
Focused clinical task/s	Diagnostic decision making Interpretation of diagnostic tests Clinical reasoning and problem solving
Primary system component	Physiology and biochemistry
Primary presentation/ condition	Re-feeding syndrome
Related presentation	Frailty; COPD; deconditioning, electrolyte management
Professional competencies	Clinical assessment and management of function (EPA), Medical expertise, Judgement and decision-making
Knowledge guide	<ul style="list-style-type: none"> • Musculoskeletal conditions • Rehabilitation of older people
Foundational rehabilitation concepts	<ul style="list-style-type: none"> • Biomedical sciences • Applied anatomy and physiology • Understanding and applying a biopsychosocial approach to holistic patient management • The intersection between rehabilitation medicine physicians and other professions within the interdisciplinary team, including allied health and nursing roles.

Relationship to PREP Curriculum and Syllabuses
<p>Domain 2 Clinical syllabuses</p> <p>Theme 2.5 Illness and injury in older people</p> <p><i>Learning objective 2.5.1</i> Outline the basis and management of illness and injury in older people.</p> <p>Theme 2.8 Musculoskeletal medicine</p> <p><i>Learning objective 2.8.1</i> Recall the basic anatomy and physiology of the musculoskeletal system</p>

Candidate Information Sheet

This is a static station.

Maya is an 85-year-old woman who has been admitted to the rehabilitation unit for reconditioning post-acute exacerbation of chronic obstructive pulmonary disease (COPD).

Maya reports ongoing nausea and bloating since her admission to the hospital. She also reports that she has been suffering from chronic diarrhoea for the past six months and has been self-limiting her oral intake to control the symptoms. She reports significant weight loss over the past few months. Her other comorbidities include rheumatoid arthritis, type 2 diabetes and depression. Her medications include pantoprazole, prednisolone, Seretide, pioglitazone, furosemide (frusemide) and sertraline.

Maya has been living in a retirement village for one year. Staff at the village report a gradual deterioration in her mobility over the past six months, during which she has demonstrated poor balance and had a few near falls. She has continued to smoke cigarettes and consume alcohol on a daily basis while residing in the retirement village.

On examination, Maya appears frail, with a body mass index (BMI) of 16. Her current weight is 40 kg. Her last recorded weight in the community, six months ago, was 46 kg.

Her observations include:

- a heart rate of 110 beats per minute (BPM)
- a seated blood pressure (BP) of 100/60 mmHg
- a standing BP of 80/45 mmHg
- oxygen saturation of 92% on room air
- a respiratory rate of 25 breaths per minute.

AFRM Entry Phase Examination – Sample Station 2



A referral for Maya has been made to the ward dietitian secondary to the poor oral intake and weight loss of the patient. The dietitian approaches you with concerns about refeeding syndrome.

You will be asked five (5) questions.

Read the questions carefully and answer in the lined spaces provided for you in the Candidate Question and Answer Sheet.

Time management: It is recommended that you complete four (4) questions by the 7-minute alert to complete the remaining one (1) question.

You are responsible for managing your time; the staff/examiners will not prompt you to move on.

Note: Once you have left the room, you are not permitted to re-enter.

Candidate Number

Candidate Question and Answer Sheet

There are five (5) questions to answer, which relate to the following scenario in the Candidate Information Sheet:

Maya is an 85-year-old woman who has been admitted to the rehabilitation unit for reconditioning post-acute exacerbation of chronic obstructive pulmonary disease (COPD).

Maya reports ongoing nausea and bloating since her admission to the hospital. She also reports that she has been suffering from chronic diarrhoea for the past six months and has been self-limiting her oral intake to control the symptoms. She reports significant weight loss over the past few months. Her other comorbidities include rheumatoid arthritis, type 2 diabetes and depression. Her medications include pantoprazole, prednisolone, Seretide, pioglitazone, furosemide (frusemide) and sertraline.

Maya has been living in a retirement village for one year. Staff at the village report a gradual deterioration in her mobility over the past six months, during which she has demonstrated poor balance and had a few near falls. She has continued to smoke cigarettes and consume alcohol on a daily basis while residing in the retirement village.

On examination, Maya appears frail, with a body mass index (BMI) of 16. Her current weight is 40 kg. Her last recorded weight in the community, six months ago, was 46 kg.

Her observations include:

- a heart rate of 110 beats per minute (BPM)
- a seated blood pressure (BP) of 100/60 mmHg
- a standing BP of 80/45 mmHg
- oxygen saturation of 92% on room air
- a respiratory rate of 25 breaths per minute.

A referral for Maya has been made to the ward dietitian secondary to the poor oral intake and weight loss of the patient. The dietitian approaches you with concerns about refeeding syndrome.

Read the questions carefully and answer on the lined spaces provided.



Question 1

List five (5) factors that put Maya at high risk of developing refeeding syndrome.
(5 marks)

1. _____
2. _____
3. _____
4. _____
5. _____

/5 marks

Question 2

List three (3) electrolyte disturbances that are expected to occur with refeeding syndrome.
(3 marks)

1. _____
2. _____
3. _____

/3 marks



Question 3

List six (6) clinical manifestations of refeeding syndrome. (6 marks)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

/6 marks

AFRM Entry Phase Examination – Sample Station 2



Question 4

Name five physiological effects of deconditioning on the cardiovascular system. (5 marks)

1. _____
2. _____
3. _____
4. _____
5. _____

/5 marks



Question 5

Name five (5) strategies for the management of orthostatic hypotension. (5 marks)

1. _____
2. _____
3. _____
4. _____
5. _____

/5 marks

TOTAL MARKS

/24

Examiner/Staff Information Sheet

At this station, the candidate will be asked to read the Candidate Information Sheet and answer five (5) questions.

Direct the candidate to the desk where a Candidate Question and Answer Sheet is located. This sheet is single-sided and provides the candidate with lined spaces to answer the questions.

Say to the candidate:

“Please answer the five (5) questions on the Candidate Question and Answer Sheet.”

End of the station:

When the bell rings to end the 10-minute station, if the candidate does not stop writing, instruct the candidate:

“Please stop writing now and exit the station.”

The candidates are to hand you their Candidate Question and Answer Sheets as they leave the room.

Time management: Candidates are responsible for managing their time; do not prompt the candidate at the 7-minute alert. This signals to the candidate that they have 3 minutes remaining.



Candidate Number

Refeeding (Static)

Examiner Marking Guide	Marks (circle)
<p>Question 1</p> <p>List five (5) factors that put Maya at high risk of developing refeeding syndrome. (5 marks)</p> <ul style="list-style-type: none"> • < 70% ideal body weight • Low BMI, less than 16 • Patients with severe recent weight loss (<i>need to specify > 10% weight loss in six months</i>) • Prolonged period of little or no nutritional intake • Chronic disease (COPD/T2DM) (<i>maximum 1 mark for this category</i>) • Chronic alcohol consumption • Malnutrition (secondary to chronic diarrhoea and reduced nutritional intake) (<i>maximum 1 mark for any of malnutrition, chronic diarrhoea and reduced nutritional intake</i>) • Long-term use of antacids (binds phosphate) • Long-term use of diuretics (depletes electrolytes) • Frailty. <p>(1 mark per item to a maximum of 5 marks)</p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>
<p>Question 2</p> <p>List three (3) electrolyte disturbances that are expected to occur with refeeding syndrome. (3 marks)</p> <ul style="list-style-type: none"> • Hypophosphataemia • Hypokalaemia • Hypomagnesaemia • Sodium retention. <p>(1 mark per item to a maximum of 3 marks)</p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p>



<p>Question 3</p> <p>List six (6) clinical manifestations of refeeding syndrome. (6 marks)</p> <p>Neurological:</p> <ul style="list-style-type: none"> • Weakness • Confusion / altered mental state • Seizures • Peripheral neuropathy • Restlessness / agitation • Neuromuscular instability / tremor • Coma / death. <p>Musculoskeletal:</p> <ul style="list-style-type: none"> • Muscle weakness • Rhabdomyolysis • Respiratory failure. <p>Cardiac:</p> <ul style="list-style-type: none"> • Cardiac arrhythmia • Tachycardia • Heart failure • Hypotension. <p>Haematological:</p> <ul style="list-style-type: none"> • Haemolytic anaemia • Thrombocytopaenia. <p>Gastrointestinal:</p> <ul style="list-style-type: none"> • Paralytic ileus • Nausea and vomiting • Abdominal discomfort. <p><i>The answers above have been classified according to physiological systems to provide a comprehensive list. The candidates are not expected to respond according to such classifications.</i></p> <p><i>(1 mark per item to a maximum of 6 marks)</i></p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p>
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AFRM Entry Phase Examination – Sample Station 2



Question 4	
Name five physiological effects of deconditioning on the cardiovascular system. (5 marks)	0
<ul style="list-style-type: none">• Reduced stroke volume	1
<ul style="list-style-type: none">• Increased heart rate	2
<ul style="list-style-type: none">• Reduced cardiac output	3
<ul style="list-style-type: none">• Reduced blood volume	4
<ul style="list-style-type: none">• Reduced vascular tone	5
<ul style="list-style-type: none">• Orthostatic (postural) hypotension	
<ul style="list-style-type: none">• Reduced cardiac muscle mass	
<ul style="list-style-type: none">• Reduced maximal oxygen uptake (VO_2 max).	
<i>(1 mark per item to a maximum of 5 marks)</i>	

AFRM Entry Phase Examination – Sample Station 2



<p>Question 5</p> <p>Name five (5) strategies for the management of orthostatic hypotension. (5 marks)</p> <ul style="list-style-type: none"> • Optimise medical conditions (e.g. heart failure or cardiac arrhythmia) • Increase fluid intake • Increase sodium (salt) intake • Postural strategies (<i>each individual strategy can be awarded a mark</i>): <ul style="list-style-type: none"> – stand up slowly – avoid prolonged standing, crossing legs or tensing calves when standing (to improve venous return) • Compression garments: abdominal binder or compression stockings • Small frequent meals to avoid post-prandial hypotension • Medication (<i>each of the following can be awarded a mark</i>): <ul style="list-style-type: none"> – removing or reducing medications that could be contributing to postural hypotension – medication to increase volume (e.g. fludrocortisone) – medication to increase vascular tone (e.g. midodrine), or – medication to increase sympathetic tone (droxidopa, pyridostigmine) • Strengthening lower limb muscles to improve venous return. <p><i>(1 mark per item to a maximum of 5 marks)</i></p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>
<p>TOTAL MARKS FOR THIS STATION</p>	<p>/24</p>



AFRM Entry Phase Examination – Sample Station 2

REFEEDING (STATIC)

Station 2

Candidate Number

Examiners: Please **FILL IN** the bubble below the rating/score of your consensus decision.

Global assessment rating

CLEAR FAIL	BORDERLINE FAIL	BORDERLINE PASS	CLEAR PASS	VERY GOOD
<input type="radio"/>				

Question 1

0	1	2	3	4	5
<input type="radio"/>					

Question 2

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 3

0	1	2	3	4	5	6
<input type="radio"/>						

Question 4

0	1	2	3	4	5
<input type="radio"/>					

Question 5

0	1	2	3	4	5
<input type="radio"/>					



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Australasian Faculty of
Rehabilitation Medicine

AFRM Entry Phase Examination – Sample Station 2

REFEEDING (STATIC)

Comments: _____

Examiner 1 (signature) _____

Examiner 2 (signature) _____

Station supervisor (signature) _____

(Please hand this completed form to your station supervisor)

AFRM Entry Phase Examination – Sample Stations – Respiratory History Taking (live)

Candidate Information Sheet	2 (laminated, one outside room)
Examiner Information Sheet	1 (laminated)
Role Player Information Sheet	2 (laminated)
Professional Competencies Rating Scale	2 (laminated)
Examiner Marking Sheet	2/trainee
Consensus Scoresheet	1/trainee
Role Player Specifications	Male, early 50s
Supporting Materials	2 of each (laminated, inside room only) <ul style="list-style-type: none"> • Figure 1 • Figure 2
Equipment required in room	N/A

Station description

The aim of this station is to assess the candidate's ability to perform a focused clinical history of the respiratory system in the context of persistent respiratory symptoms following Covid infection and Interstitial Lung Disease.

The candidate must demonstrate appropriate professional competencies, including the ability to identify relevant clinical history, interpret diagnostic tests, and understand key differential diagnoses.

The candidate must also demonstrate knowledge of restrictive respiratory conditions and key presentations in respiratory rehabilitation, including the functional impact of illness.

Relationship to New Curriculum and Station Structure	
Focused task	Clinical history taking
Primary system component	Respiratory system
Primary presentation/ condition	Persistent respiratory symptoms post-Covid infection
Related presentation	Interstitial lung disease
Professional competencies	<ul style="list-style-type: none"> • Identifying relevant clinical history • Interpretation of diagnostic tests • Understanding differential diagnoses • Communication • Quality and safety • Judgement and decision-making • Medical expertise
Knowledge	Cardiac and respiratory conditions
Rehabilitation concepts	<ul style="list-style-type: none"> • Applied anatomy and physiology • Understanding and applying a biopsychosocial approach to holistic patient management • How medical illness can affect function across multiple domains

Relationship to PREP Curriculum and Syllabuses
<p>Domain 1: Physician competencies</p> <p>Theme 1.1 Patient evaluation</p> <p><i>Learning objective 1.1.2</i> Determine the nature and extent of disability and activity limitation or participation restriction</p> <p>Domain 2: Clinical syllabuses</p> <p>Theme 2.10 Occupational injury</p> <p><i>Learning objective 2.10.1</i> Complete a comprehensive evaluation of an injured worker that identifies the nature and severity of injury</p>

Candidate Information Sheet

You are a rehabilitation registrar in an outpatient clinic. The following patient's GP has asked you to review their case.

Dear Doctor,

Kindly review Mr Frank Long, aged 52 years. Three months ago, he was hospitalised for eight (8) days due to a Covid infection, and he is experiencing ongoing shortness of breath.

He has a background history of hypercholesterolaemia and previously worked as a stone benchtop cutter.

His usual medication includes:

- *Atorvastatin 40 mg one tablet nocte.*

I look forward to hearing the result of the assessment.

Yours sincerely,

Dr General Practice

Your clinic nurse has just completed a set of observations:

- blood pressure (BP) 150/84 mmHg
- heart rate 96 beats per minute (BPM) regular
- temperature 36.9 °C
- respiratory rate (RR) 22 breaths per minute
- oxygen saturation (SAO₂) 90% room air
- height 175 cm
- weight 55 kg
- BMI 17.9

You are required to perform a focused respiratory and functional history on Mr Frank Long.

At the end of the history, the examiners will ask you three (3) questions.



Time management: It is recommended that you complete the history taking by the 7-minute alert to complete the three (3) questions.

You are responsible for managing your time; the examiners will not prompt you or tell you when to move on.

Note: You are not permitted to return to the history-taking element once you have moved on to the questions.

When you have progressed to Question 3, you are not allowed to amend your answer to Question 1. Otherwise, you are permitted to return to an earlier question, request that questions be repeated and/or revise or modify your answers while remaining in the station. Once you have left the room, you are not permitted to re-enter.

Role Player Information Sheet

The purpose of this station is to test the candidate's ability to take a focused patient history within seven minutes. The candidate will not have time to address all the information below; however, questions may be asked in any order.

You should respond to each question only with information directly related to the question asked. Any supplemental information provided may pre-empt a subsequent line of questioning and disadvantage the candidate in demonstrating their ability to take the history.

After approximately seven minutes, the candidate will stop the history taking, and the examiners will ask the candidate **three (3)** questions.

You are Frank Long, a 52-year-old man presenting to the rehabilitation service today for physiotherapy.

The candidate will ask you several questions regarding your current level of function and your respiratory history. The following are scripted answers for you in response to questions from the candidate related to the issues in the bold headings below.

Why you went to hospital recently

Three months ago, you had viral symptoms (fever, blocked nose, sore throat, non-productive cough, headache and generalised muscle ache). You became more unwell, really struggling to breathe, and your wife called the ambulance. You were sent to the emergency department, where you were diagnosed with Covid.

In the hospital

In the hospital, the doctors told you that your blood oxygen reading was very low (85%) on room air and that you had Covid pneumonia. Doctors told you that you might need to go to the intensive care unit if you got worse, but you ended up staying in the medical ward. You were in hospital for eight days.

You have slightly improved but still experience the following symptoms:

- Lack of energy: you are so tired that you have to take an afternoon siesta. You are not able to work.
- Generalised weakness: you can't do what you used to do. You initially struggled to walk from your bed to the kitchen. You cannot walk around the supermarket without resting.
- Persistent dry cough: your cough is there all the time, although it is less at night. It is worse if you exert yourself. Nothing really makes it better. You do not cough up anything (no sputum, no blood).
- Shortness of breath on exertion: your severity of shortness of breath is the same all day and has not improved. Exercise worsens your shortness of breath; rest relieves it. You become short of breath having a shower and getting dressed.
- Weight loss: you have lost a lot of weight in the past 3 months, dropping from 75 kg before Covid to 55 kg.

Current symptoms during physiotherapy

- Shortness of breath (worse with the exercise during the physiotherapy session today)
- struggling to exercise
- dry cough (no sputum, no blood).

You *do not* have any of the following:

- fever, sweats, weight loss
- heartburn
- sore throat/runny nose
- nausea, vomiting, diarrhoea, abdominal pain
- pain in chest.

Your health and general fitness

You consider your health to be reasonable. You have a touch of cholesterol for which you take a tablet at night. You don't have any other medical conditions, nor are you aware of any illnesses that run in the

family. Before you became sick with Covid, you were independent in all activities of daily living. You were able to manage shopping, cooking, appointments and household finances. You have been driving a motor vehicle since you were 17 years old.

You had the usual childhood vaccinations. Being relatively healthy before Covid, you did not see the need for flu or pneumonia vaccinations, although you did receive 2 Covid vaccinations. You have no allergies.

You have smoked since the age of 17 years, but you don't smoke that much. You usually roll your cigarettes and smoke around five cigarettes a day. You continue to smoke despite feeling short of breath. Rolling cigarettes and smoking relaxes you.

Before you had Covid, you had a good exercise capacity. On a flat surface, you could walk without rest as far as you wanted. You played golf once a week. You don't run, and there are no stairs in your house.

More about yourself

You grew up on a farm in New South Wales and left home at the age of 17. You have held several jobs in your adult life, including a 5-year stint in a coal mine, followed by approximately 20 years as a stone benchtop cutter and fitter. You then purchased the business from your retiring boss and transitioned into management in the kitchen manufacturing industry.

You are not aware of having any lung problems while working on the farm, nor have you had any exposure to asbestos or heavy metals. You did not tend to use a respirator when cutting benchtops and may have inhaled silica dust.

You have been married for 30 years. Your 2 adult daughters are married, live interstate, and have careers and families. You and your wife have had 3 dogs and 2 cats over the years but never birds. As far as you know, your pets have never caused you any health problems.



Examiner Information Sheet	Time
<p>Read the following to the candidate:</p> <p>“This is Frank, please take a focused respiratory and functional history from him. Indicate to us when you have completed the history-taking. We will then ask you three (3) questions.”</p>	<p>Total time = 10 minutes</p> <p>7 minutes for history taking</p>
<p>Question 1</p> <p>[Hand Figure 1 to the candidate] “This is Frank’s imaging study. Please describe the salient findings.”</p>	<p>1 minute</p>
<p>Question 2</p> <p>[Hand Figure 2 to the candidate] “These are the results of the arterial blood gas tests you ordered for Frank. What acid or base disorders does he have?”</p>	<p>1 minute</p>
<p>Question 3</p> <p>“Apart from Covid infection, list five causes of pulmonary fibrosis.”</p>	<p>1 minute</p>
<p><i>If the candidate is finished and still has plenty of time, please say:</i></p> <p><i>“You have completed the station. Is there anything else you wish to add?”</i></p>	
<p>Time management: Candidates are responsible for managing their time; do not prompt the candidate at the 7-minute alert. This signals to the candidate that they have 3 minutes remaining.</p>	
<p>Note: The candidate is not permitted to return to the history-taking element once they have moved on to the questions.</p> <p>Once the candidate has progressed to Question 3, they are not allowed to amend their answer to Question 1. Otherwise, the candidate is permitted to return to an earlier question, request that questions be repeated and/or revise or modify their answers while remaining in the station.</p> <p>Once they have left the room, the candidate is not permitted to re-enter.</p>	



**Candidate
Number**

Respiratory History Taking (live)

Examiner Marking Sheet	Marks (circle)
INTRODUCTORY SKILLS	
Infection control <ul style="list-style-type: none"> • Washes/sanitises hands 	Y / N
Introduction <p>(a) Introduces self and establishes rapport</p>	Y / N
HISTORY TAKING	
History of presenting illness <ul style="list-style-type: none"> • Uses open questions to elicit from the patient a description of his ongoing symptoms, including shortness of breath. <p><i>(1 mark per item to a maximum of 1 mark)</i></p>	0 1
Follow-up questions on presenting illness: shortness of breath <ul style="list-style-type: none"> • Onset (when first noticed it) • Course (getting better, getting worse) • Timing (morning/night) • Exacerbating factors (e.g., exercise/changes in temperature) • Relieving factors. <p><i>(1 mark per item to a maximum of 5 marks)</i></p>	0 1 2 3 4 5



<p>Functional impacts</p> <ul style="list-style-type: none"> • Current occupation/previous occupations • Current work capacity • Exercise tolerance – mobility distance • Exercise tolerance – PADLs • Activities now avoided in comparison with pre-illness • Associated incontinence • Sleep • Mood • Current driving status • Leisure interests/hobbies. <p><i>(1 mark per item to a maximum of 6 marks)</i></p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p>
<p>Other associated respiratory + Covid symptoms</p> <ul style="list-style-type: none"> • Cough • Sputum • Haemoptysis • Wheeze • Sore throat • Changes in voice • Chest pain • Presyncope • Weight loss • Fatigue • Diarrhoea • Rash • Nausea/vomiting • Abdominal pain. <p><i>(1 mark per item to a maximum of 5 marks)</i></p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>



<p>Medication</p> <ul style="list-style-type: none"> Asks the role player about medications he is taking Asks about prescribed medication as well as over-the-counter/ non-prescribed medication. <p><i>(1 mark per item to a maximum of 1 mark)</i></p>	<p>0</p> <p>1</p>
<p>Allergies</p> <ul style="list-style-type: none"> Asks about allergy. <p><i>(1 mark per item to a maximum of 1 mark)</i></p>	<p>0</p> <p>1</p>
<p>Smoking</p> <ul style="list-style-type: none"> Current or ex-smoker Years of smoking Quantity of smoking. <p><i>(1 mark per item to a maximum of 2 marks)</i></p>	<p>0</p> <p>1</p> <p>2</p>
<p>History of Covid infection</p> <ul style="list-style-type: none"> Vaccination status: Covid/influenza/pneumococcal Onset of symptoms Reason for hospitalisation ICU admission/treatment in hospital (oxygen/dexamethasone/ remdesivir) Review of risk for re-infection (e.g. close contacts). <p><i>(1 mark per item to a maximum of 3 marks).</i></p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p>



<p>Exposure history</p> <ul style="list-style-type: none"> • Exposure to work-related toxins (e.g. asbestos, coal dust, crystalline silica) • Exposure to hard metal • Exposure to farm activities/moulds • Pets/birds. <p><i>(1 mark per item to a maximum of 2 marks)</i></p>	<p>0</p> <p>1</p> <p>2</p>
<p>Systems review – inquire about the presence/history of:</p> <ul style="list-style-type: none"> • Heart disease (e.g. IHD/CCF/AF) • Asthma • Anaemia • Pulmonary embolism • History of cancer • History of allergy • Family history • Recent travels • Respiratory infections • Rheumatological illness (RA/SLE). <p><i>(1 mark per item to a maximum of 5 marks)</i></p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>
<p>Total for HISTORY TAKING</p>	<p>/31</p>



QUESTIONS	
<p>Question 1</p> <p>“This is Frank’s imaging study. Please describe the salient findings.”</p> <ul style="list-style-type: none"> • CT chest/axial view (<i>either answer worth 1 mark</i>) • Widespread hyperdensities • Predominantly peripheral • Reticular opacity • Pleural thickening • Septal thickening • Architectural distortion • Honeycomb lung • Consistent with fibrotic changes. <p>(1 mark per item to a maximum of 4 marks)</p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
<p>Question 2</p> <p>“These are the results of the arterial blood gas tests you ordered for Frank. What acid or base disorders does he have?”</p> <ul style="list-style-type: none"> • Respiratory alkalosis • Compensatory (1 mark) metabolic acidosis (1 mark). <p>(1 mark per item to a maximum of 2 marks)</p>	<p>0</p> <p>1</p> <p>2</p>



<p>Question 3</p> <p>“Apart from Covid infection, list five causes of pulmonary fibrosis.”</p> <ul style="list-style-type: none"> • Idiopathic pulmonary fibrosis • Drug-induced pulmonary fibrosis, e.g. amiodarone, nitrofurantoin, chemotherapy, methotrexate • Environmental: hypersensitivity pneumonitis or extrinsic allergic alveolitis (exposure to mould, hay, dust, fungus, bird or poultry excreta or proteinaceous material, animals, grain/flour processing, lumber milling, plastic manufacture, textile, cotton mill just) • Autoimmune disease, e.g. rheumatoid arthritis • Occupational (pneumoconiosis) – asbestos, coal, silica, toxic fumes and vapours • Radiation induced. <p><i>Note: Accept broad categories and specific diseases; accept multiple answers from the same category (e.g. asbestos and silica).</i></p> <p><i>(1 mark per item to a maximum of 5 marks)</i></p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>
<p>Total marks for QUESTIONS</p>	<p>/11</p>
<p>TOTAL MARKS FOR THIS STATION</p>	<p>/42</p>

Figure 1: Frank Long's imaging study

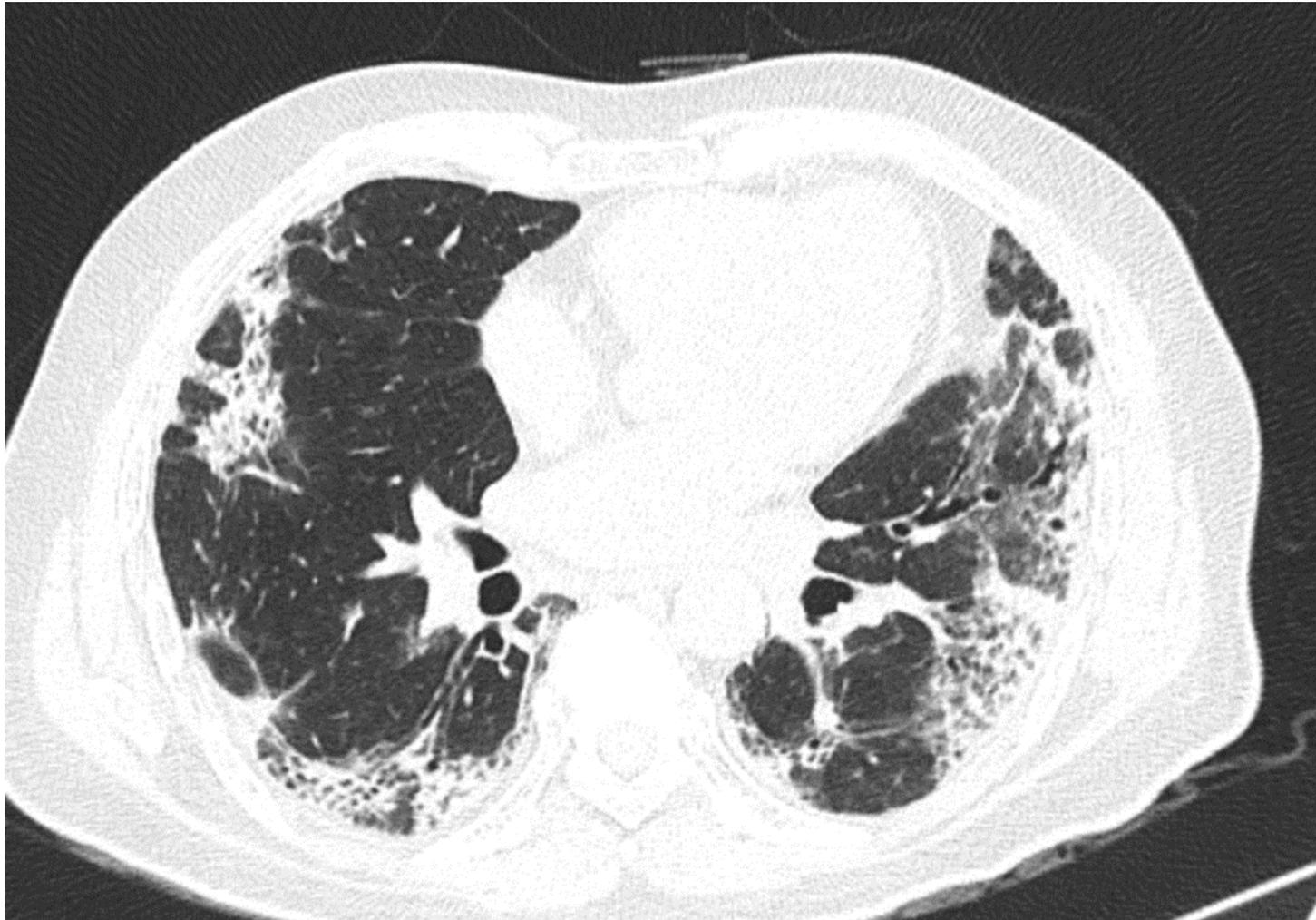




Figure 2: Frank Long's arterial blood gas

	Result	Range
FiO ₂	0.21	
Acidity (pH)	7.45	7.37–7.43
Arterial partial pressure of oxygen (PaO ₂)	60 mmHg	83–108
Partial pressure of carbon dioxide (PaCO ₂)	30 mmHg	35–48
Bicarbonate (HCO ₃ ⁻)	18 mmol/L	24–34
Base excess	-5 mmol/L	-1.5–3.0

Professional Competencies Rating Scale – Respiratory History Taking						
ASSESSMENT DOMAINS	VERY POOR PERFORMANCE	WELL BELOW EXPECTED STANDARD	BELOW EXPECTED STANDARD	EXPECTED STANDARD	BETTER THAN EXPECTED STANDARD	EXCELLENT PERFORMANCE
	0 marks	1 mark	2 marks	3 marks	4 marks	5 marks
<p>QUALITY AND SAFETY OF HISTORY TAKING (EPA 4)*</p> <p>Physicians practice in a safe, high-quality manner within the limits of their expertise. Document history findings, and synthesise with clarity and completeness</p>	<ul style="list-style-type: none"> Unable to accurately elicit any relevant components of history No clear structure Most details would require clarification or correction 	<ul style="list-style-type: none"> Many components of history poorly covered Omission of many key points Major inaccuracies or significant lack of detail Repetitive, poorly structured Would need to spend substantial time clarifying details 	<ul style="list-style-type: none"> Some important components of history poorly covered Omission of some key issues Some inaccuracies Has some structure, but overall poorly organised Would need to clarify important details 	<ul style="list-style-type: none"> Complete and accurate history All important issues covered, only peripheral issues omitted Minimal inaccuracies Timely and well structured Minimal need to clarify details 	<ul style="list-style-type: none"> Focused and efficient history taking skills Appropriate emphasis on key aspects of history Good mix of open and closed questioning No inaccuracies Information presented with a clear structure and summary 	<ul style="list-style-type: none"> Highly skilled history taking Shows maturity in extracting difficult information All key aspects covered well Able to succinctly present information and synthesise findings
<p>COMMUNICATION (EPA 4 & 7)</p> <p>Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically and in a manner that is understandable to patients, families, carers, and professionals.</p>	<ul style="list-style-type: none"> Explanations not organised or inappropriate Dismissive of communication partner Very poor non-verbal communication 	<ul style="list-style-type: none"> Explanations difficult to follow and understand, very poorly organised Frequent inaccuracies in information provided Frequent use of jargon without explanation Poor non-verbal communication with limited eye contact or poor body language 	<ul style="list-style-type: none"> Some structure to explanation but overall difficult to follow or understand Some inaccuracies in key components of explanations Used jargon/inappropriate terminology without explanation too often Instances of poor non-verbal communication, lack of empathy 	<ul style="list-style-type: none"> Information provided is mostly correct and presented clearly Minimal inaccuracies Used appropriate terminology most of the time Checked for understanding Appropriate non-verbal communication Candidates use collaborative, effective, respectful, and empathetic communication with patients, families, carers and professionals 	<ul style="list-style-type: none"> Provided organised, clear explanation to questions Used appropriate terminology Evidence of active listening skills Clearly demonstrated empathy and respect for communication partner 	<ul style="list-style-type: none"> Provided well organised, clear and detailed explanations and answers Confident and skilful at giving information Uses a broad range of verbal and non-verbal skills including active listening Attentive to communication partner, consistently checked for understanding

ASSESSMENT DOMAINS	VERY POOR PERFORMANCE	WELL BELOW EXPECTED STANDARD	BELOW EXPECTED STANDARD	EXPECTED STANDARD	BETTER THAN EXPECTED STANDARD	EXCELLENT PERFORMANCE
	0 marks	1 mark	2 marks	3 marks	4 marks	5 marks
<p>JUDGEMENT AND DECISION MAKING</p> <p>Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice.</p>	<ul style="list-style-type: none"> • Demonstrates very poor diagnostic reasoning • Makes poor or unsafe decisions • Fixed, false and harmful beliefs on the subject of the questions asked 	<ul style="list-style-type: none"> • Unclear, illogical diagnostic reasoning • Evidence of inaccurate or potentially unsafe decisions • Unable to provide coherent, consistent advice, that may be contradictory • Does not recognise own limitations, demonstrates poor judgement 	<ul style="list-style-type: none"> • Demonstrates some diagnostic reasoning, but lacks logic at times • Some safety concerns identified • Provides advice that is consistent but incomplete • Lacks confidence in decision making or concerns about judgement identified 	<ul style="list-style-type: none"> • Demonstrates sound diagnostic decision making • No significant safety concerns identified • Provides advice that is accurate, consistent and complete • Applies good judgement and has confidence in opinions 	<ul style="list-style-type: none"> • Demonstrates clear and logical diagnostic decision making the majority of the time • No safety concerns identified • Advice is tailored to the context of the clinical scenario • Applies good judgement that takes into consideration the patient or role player's individual needs 	<ul style="list-style-type: none"> • Demonstrates excellent diagnostic decision with high degree of logic and understanding • No safety concerns identified • Provides advice using language that is readily understandable to the patient or role player • High level of judgement demonstrated with consideration of all important factors
<p>MEDICAL EXPERTISE</p> <p>Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations.</p>	<ul style="list-style-type: none"> • Very poor level of requisite knowledge, unaware of most key details • Management plan is unsafe, or harmful 	<ul style="list-style-type: none"> • Large gaps in requisite knowledge, aware of very basic details only • Unable to generate a reasonable list of differential diagnoses • Management plan is poorly developed, lacks most important details 	<ul style="list-style-type: none"> • Demonstrates important gaps/errors in requisite knowledge • Has difficulty with differential diagnosis, misses important conditions • Management plan outlined has errors, omissions or is poorly constructed 	<ul style="list-style-type: none"> • Demonstrates a sound level of requisite knowledge • Able to generate a reasonable list of differential diagnoses, most important conditions covered • Able to outline an adequate management plan, with only minor errors 	<ul style="list-style-type: none"> • Demonstrates detailed understanding of requisite knowledge • Detailed list of differential diagnoses with some evidence of ability to prioritise • Able to outline an organised, logical management plan 	<ul style="list-style-type: none"> • Demonstrates a very high level of requisite knowledge • Detailed list of differential diagnoses with comprehensive applicability to context • Able to outline a highly developed, well-structured management plan



AFRM Entry Phase Examination – Sample Station 3

RESPIRATORY HISTORY TAKING (LIVE)

Station 3

Candidate Number

Examiners: Please **FILL IN** the bubble below the rating/score of your consensus decision.

Global assessment rating

CLEAR FAIL	BORDERLINE FAIL	BORDERLINE PASS	CLEAR PASS	VERY GOOD
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Infection control

<input type="checkbox"/> Y
<input type="checkbox"/> N

Introduction

<input type="checkbox"/> a
<input type="checkbox"/> Y
<input type="checkbox"/> N

HISTORY TAKING

History of presenting illness

<input type="checkbox"/> 0	<input type="checkbox"/> 1
<input type="radio"/>	<input type="radio"/>

Follow-up questions on presenting illness: shortness of breath

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="radio"/>					

Functional impacts

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="radio"/>						

Other associated respiratory + Covid symptoms

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="radio"/>					



AFRM Entry Phase Examination – Sample Station 3

RESPIRATORY HISTORY TAKING (LIVE)

Medication

0	1
<input type="radio"/>	<input type="radio"/>

Allergies

0	1
<input type="radio"/>	<input type="radio"/>

Smoking

0	1	2
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

History of Covid infection

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exposure history

0	1	2
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Systems review

0	1	2	3	4	5
<input type="radio"/>					

Question 1

0	1	2	3	4
<input type="radio"/>				

Question 2

0	1	2
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 3

0	1	2	3	4	5
<input type="radio"/>					

Professional competency – quality and safety of history taking

0	1	2	3	4	5
<input type="radio"/>					



AFRM Entry Phase Examination – Sample Station 3

RESPIRATORY HISTORY TAKING (LIVE)

Professional competency – communication

0	1	2	3	4	5
<input type="radio"/>					

Professional competency – judgement and decision making

0	1	2	3	4	5
<input type="radio"/>					

Professional competency – medical expertise

0	1	2	3	4	5
<input type="radio"/>					

Comments: _____

Examiner 1 (signature) _____

Examiner 2 (signature) _____

Station supervisor (signature) _____

(Please hand this completed form to your station supervisor)

AFRM Entry Phase Examination – Sample Station – Stroke Communication (live)

Candidate Information Sheet	2 (laminated, one outside room)
Examiner Information Sheet	1 (laminated)
Role Player Information Sheet	2 (laminated)
Professional Competencies Rating Scale	2 (laminated)
Examiner Marking Sheet	2/trainee
Consensus Scoresheet	1/trainee
Role Player Specifications	Male, mid-30s
Supporting Materials	2 of each (laminated) a. Figure 1
Equipment required in room	N/A

Station description

The aim of this station is to assess the candidate's ability to communicate with patients in the context of stroke on a background of type I diabetes and vertigo.

Candidates must demonstrate professional competencies, including communication, judgement and decision-making, and medical expertise.

Candidates must also demonstrate relevant knowledge related to secondary stroke prevention, interpretation of diagnostic tests, pathophysiology of alcohol and hypoglycaemia, and foundational rehabilitation concepts, including the roles of allied health professionals.



Relationship to New Curriculum and Station Structure	
Focused task	Communication and counselling
Primary system component	Neurological conditions
Primary presentation/ condition	Stroke
Related presentations	<ul style="list-style-type: none"> • Vertigo • Diabetes and hypoglycaemia
Professional competencies	<ul style="list-style-type: none"> • Communication • Judgement and decision-making • Medical expertise
Knowledge	<ul style="list-style-type: none"> • Interpretation of investigations • Stroke prevention • Pathophysiology of alcohol and hypoglycaemia • Roles of allied health professionals
Foundational rehabilitation concepts	Role description and responsibilities of allied health professionals.

Relationship to PREP Curriculum and Syllabuses
<p>Domain 1: Communication</p> <p>Theme 1.1 Physician-patient communication</p> <p><i>Learning objective 1.1.1</i> Describe the potentially disabling consequences of disease, disorders and injury</p> <p>Domain 2: Clinical syllabuses</p> <p>Theme 2.9 Neurological disease</p> <p><i>Learning objective 2.9.4</i> Assess and manage the rehabilitation of a patient with cerebrovascular disease</p>

Candidate Information Sheet

You will meet Joe, a 36-year-old advertising executive and type 1 diabetic. Joe was brought by ambulance to the emergency department (ED) a week ago after being found sweaty and unresponsive with myoclonic jerking in the bathroom at a social event. Relevant brain imaging was performed and confirmed a diagnosis of stroke. After spending 5 days in the acute ward, Joe was transferred to the rehabilitation ward where you are the treating registrar.

Before Joe attended the social event at which he collapsed, he administered his usual insulin but did not eat following insulin administration. During his ambulance journey to the ED, the ambulance crew documented the following observations on initial assessment:

Blood sugar level (BSL)	3.1
Heart rate	90 bpm
Blood pressure (BP)	150/90 mmHg
Temperature	37.2 °C

In the ED, witnesses from the social event described Joe's behaviour immediately before he collapsed as erratic. His drug and alcohol screen was positive for cocaine.

Joe's partner reported that he has been neglecting his general health, including checking his BSLs or attending regular medical appointments. Joe drinks a stubbie of light beer most nights and smokes 20 cigarettes a day, all of which he puts down to having a stressful job.

On transfer to the rehabilitation ward, your examination of Joe confirms he has balance deficits resulting in poor mobility. The right upper limb examination reveals incoordination, as demonstrated by past pointing and slowed rapid alternating movements, causing impaired upper limb control.

Joe has asked for a meeting with you. He has **six (6)** questions to ask you today.

Time management: It is recommended that you complete four (4) questions by the 7-minute alert to complete the six (6) questions.

You are responsible for managing your time; the examiners will not prompt you or tell you when to move on.

Note: You are permitted to return to an earlier question, request questions to be repeated and/or revise or modify your answers while you remain in the station. Once you have left the room, you are not permitted to re-enter.

Role Player Information Sheet

You are Joe, an advertising executive and a type 1 diabetic who recently collapsed at a social event and was taken to the emergency department. You were assessed as having had a stroke and are currently in the rehabilitation ward.

You have asked to see the treating registrar of the rehabilitation ward.

You have **six (6)** questions to ask the treating registrar today.

1. [Examiner will hand Figure 1 to candidate] “I see you have a copy of my scan. Please describe what it shows.”
2. “I was told that I have a hole in my heart. How may this condition have caused my stroke?”
3. “Apart from fixing the hole in my heart, what can I do to try to prevent another stroke?”
4. “What other conditions may cause vertigo besides the stroke?”
5. “I have two different psychologist appointments, one with a clinical psychologist and the other a neuropsychologist. What is the difference between these two psychologists?”
6. “I was told my blood sugar level was low at the time that I was having the stroke. How might the alcohol I was drinking that night have contributed to this hypoglycaemic episode?”

Examiner Information Sheet	Time
<p>Please hand Figure 1 to the candidate and read the following to the candidate:</p> <p>“This is Joe. He has six (6) questions for you today.”</p>	<p>Total = 10 minutes</p>
<p>Question 1</p> <p>“I see you have a copy of my scan. Please describe what it shows.”</p>	<p>1 minute</p>
<p>Question 2</p> <p>“I was told that I have a hole in my heart. How may this condition have caused my stroke?”</p>	<p>2 minutes</p>
<p>Question 3</p> <p>“Apart from fixing the hole in my heart, what can I do to try to prevent another stroke?”</p>	<p>2 minutes</p>
<p>Question 4</p> <p>“What other conditions may cause vertigo besides the stroke?”</p>	<p>2 minutes</p>
<p>Question 5</p> <p>“I have two different psychologist appointments, one with a clinical psychologist and the other a neuropsychologist. What is the difference between these two psychologists?”</p>	<p>1 minute</p>
<p>Question 6</p> <p>“I was told my blood sugar level was low at the time that I was having the stroke. How might the alcohol I was drinking that night have contributed to this hypoglycaemic episode?”</p>	<p>2 minutes</p>



If the candidate is finished and still has plenty of time, please say:

“You have completed the station. Is there anything else you wish to add?”

Time Management: Candidates are responsible for managing their time; do not prompt the candidate at the 7-minute alert. This signals to the candidate that they have 3 minutes remaining.

Note: The candidate is permitted to return to an earlier question, request questions to be repeated and/or to revise or modify their answers while remaining in the station. Once they have left the room, the candidate is not permitted to re-enter.



Candidate
Number

Stroke Communication (live)

Examiner Marking Sheet	Marks (circle)
INTRODUCTORY SKILLS	
Infection control Washes/sanitises hands	Y / N
Introduction a. Introduces self and establishes rapport	Y / N
QUESTIONS	
Question 1 “I see you have a copy of my scan. Please describe what it shows.” (4 marks) <ul style="list-style-type: none"> • CT brain • Infarct / ischaemia / hypodensity • Location: right-sided • Location: cerebellum. (1 mark per item to a maximum of 4 marks)	0 1 2 3 4
Question 2 “I was told that I have a hole in my heart. How may this condition have caused my stroke?” (5 marks) <ul style="list-style-type: none"> • Patent foramen ovale (PFO) • A hole between the left and right atria of the heart that usually, but not always, closes before birth. • Abnormal blood flow between the atria through the flaps in PFO • Blood clots travel from the right atrium to the left atrium and out to the blood vessels of the body. • Increase risk of stroke for younger patients. (1 mark per item to a maximum of 5 marks)	0 1 2 3 4 5

Question 3

“Apart from fixing the hole in my heart, what can I do to try to prevent another stroke?” (10 marks)

- Diabetes control
- Blood pressure control
- Cholesterol management
- Antiplatelet/anticoagulant medication
- Healthy diet (*accept*: low salt and low sugar diet; *or* low saturated fat diet; *or* Mediterranean diet)
- Weight control
- Exercise (*accept*: physically active)
- Eliminate cocaine/illicit drugs
- Decrease/eliminate alcohol
- Stop smoking
- General health maintenance
- Adherence to medication
- Manage stress proactively.

0

1

2

3

4

5

6

7

8

9

10

(1 mark per item to a maximum of 10 marks)

Question 4

“What other conditions may cause vertigo besides the stroke?”

(6 marks)

- Benign paroxysmal positional vertigo
- Ménière disease
- Vestibular neuritis or labyrinthitis
- Herpes zoster oticus/Ramsay Hunt syndrome
- Otitis media
- Vestibular migraine or migraine with vestibular aura or recurrent vestibulopathy
- Anxiety (*accept*: phobic postural vertigo)
- Aminoglycoside toxicity
- Labyrinthine concussion
- Perilymphatic fistula
- Semicircular canal dehiscence syndrome
- Cogan syndrome
- Chiari malformation
- Multiple sclerosis
- Episodic ataxia type 2.

0

1

2

3

4

5

6

(1 mark per item to a maximum of 6 marks)



<p>Question 5</p> <p>“I have two different psychologist appointments, one with a clinical psychologist and the other a neuropsychologist. What is the difference between these two psychologists?” (5 marks)</p> <p>Clinical psychologist:</p> <p><i>(1 mark per item to a maximum of 2 marks)</i></p> <ul style="list-style-type: none"> • A clinical psychologist is an expert in mental health • Trained in the assessment, diagnosis, formulation and psychological treatment of behavioural and emotional disorders (or equivalent) <p>Neuropsychologist:</p> <p><i>(1 mark per item to a maximum of 3 marks)</i></p> <ul style="list-style-type: none"> • A neuropsychologist is trained in the assessment, diagnosis and treatment planning of brain or cognitive disorders • That affect memory, learning, attention, language, reading, problem-solving and decision-making <i>(3 of the bold words required for the 1 mark)</i> • Assessment provides a detailed baseline profile of strengths and weaknesses to guide treatment <p><i>(Maximum of 5 marks. Marks awarded for key concepts in bold.)</i></p>	<p>0</p> <p>1</p> <p>2</p> <hr/> <p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>___/5</p>
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<p>Question 6</p> <p>“I was told my blood sugar level was low at the time that I was having the stroke. How might the alcohol I was drinking that night have contributed to this hypoglycaemic episode?” (6 marks)</p> <ul style="list-style-type: none"> • Alcohol can lower blood glucose level (BGL) and cause a hypoglycaemic episode, especially in diabetics taking insulin. • Sugars in alcohol will initially raise your BGL. • Worsened by Joe not eating following insulin administration: reliant on liver for sugar production • Liver will prioritise elimination of alcohol over production of glucose • Blood sugar level will then decrease while the alcohol is cleared by the liver – the liver is ‘busy’ doing other things • Any long-acting insulin in the body keeps BGLs low and can cause a hypo. • The liver does not have the ability to release enough glucose during this time. <p><i>(1 mark per item to a maximum of 6 marks)</i></p>	<p style="text-align: center;">0</p> <p style="text-align: center;">1</p> <p style="text-align: center;">2</p> <p style="text-align: center;">3</p> <p style="text-align: center;">4</p> <p style="text-align: center;">5</p> <p style="text-align: center;">6</p>
<p>TOTAL MARKS FOR THIS STATION</p>	<p>/36</p>

Figure 1



Professional Competencies Rating Scale – Stroke Communication						
ASSESSMENT DOMAINS	VERY POOR PERFORMANCE	WELL BELOW EXPECTED STANDARD	BELOW EXPECTED STANDARD	EXPECTED STANDARD	BETTER THAN EXPECTED STANDARD	EXCELLENT PERFORMANCE
	0 marks	1 mark	2 marks	3 marks	4 marks	5 marks
<p>COMMUNICATION (EPA 4 & 7)</p> <p>Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically and in a manner that is understandable to patients, families, carers, and professionals.</p>	<ul style="list-style-type: none"> • Explanations not organised or inappropriate • Dismissive of communication partner • Very poor non-verbal communication 	<ul style="list-style-type: none"> • Explanations difficult to follow and understand, very poorly organised • Frequent inaccuracies in information provided • Frequent use of jargon without explanation • Poor non-verbal communication with limited eye contact or poor body language 	<ul style="list-style-type: none"> • Some structure to explanation but overall difficult to follow or understand • Some inaccuracies in key components of explanations • Used jargon/ inappropriate terminology without explanation too often • Instances of poor non-verbal communication, lack of empathy 	<ul style="list-style-type: none"> • Information provided is mostly correct and presented clearly • Minimal inaccuracies • Used appropriate terminology most of the time • Checked for understanding • Appropriate non-verbal communication • Candidates use collaborative, effective, respectful, and empathetic communication with patients, families, carers and professionals 	<ul style="list-style-type: none"> • Provided organised, clear explanation to questions • Used appropriate terminology • Evidence of active listening skills • Clearly demonstrated empathy and respect for communication partner 	<ul style="list-style-type: none"> • Provided well organised, clear and detailed explanations and answers • Confident and skilful at giving information • Uses a broad range of verbal and non-verbal skills including active listening • Attentive to communication partner, consistently checked for understanding
<p>JUDGEMENT AND DECISION MAKING</p> <p>Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice.</p>	<ul style="list-style-type: none"> • Demonstrates very poor diagnostic reasoning • Makes poor or unsafe decisions • Fixed, false and harmful beliefs on the subject of the questions asked 	<ul style="list-style-type: none"> • Unclear, illogical diagnostic reasoning • Evidence of inaccurate or potentially unsafe decisions • Unable to provide coherent, consistent advice, that may be contradictory • Does not recognise own limitations, demonstrates poor judgement 	<ul style="list-style-type: none"> • Demonstrates some diagnostic reasoning, but lacks logic at times • Some safety concerns identified • Provides advice that is consistent but incomplete • Lacks confidence in decision making or concerns about judgement identified 	<ul style="list-style-type: none"> • Demonstrates sound diagnostic decision making • No significant safety concerns identified • Provides advice that is accurate, consistent and complete • Applies good judgement and has confidence in opinions 	<ul style="list-style-type: none"> • Demonstrates clear and logical diagnostic decision making the majority of the time • No safety concerns identified • Advice is tailored to the context of the clinical scenario • Applies good judgement that takes into consideration the patient or role player's individual needs 	<ul style="list-style-type: none"> • Demonstrates excellent diagnostic decision with high degree of logic and understanding • No safety concerns identified • Provides advice using language that is readily understandable to the patient or role player • High level of judgement demonstrated with consideration of all important factors

ASSESSMENT DOMAINS	VERY POOR PERFORMANCE	WELL BELOW EXPECTED STANDARD	BELOW EXPECTED STANDARD	EXPECTED STANDARD	BETTER THAN EXPECTED STANDARD	EXCELLENT PERFORMANCE
	0 marks	1 mark	2 marks	3 marks	4 marks	5 marks
<p>MEDICAL EXPERTISE</p> <p>Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations.</p>	<ul style="list-style-type: none"> • Very poor level of requisite knowledge, unaware of most key details • Management plan is unsafe, or harmful 	<ul style="list-style-type: none"> • Large gaps in requisite knowledge, aware of very basic details only • Unable to generate a reasonable list of differential diagnoses • Management plan is poorly developed, lacks most important details 	<ul style="list-style-type: none"> • Demonstrates important gaps/errors in requisite knowledge • Has difficulty with differential diagnosis, misses important conditions • Management plan outlined has errors, omissions or is poorly constructed 	<ul style="list-style-type: none"> • Demonstrates a sound level of requisite knowledge • Able to generate a reasonable list of differential diagnoses, most important conditions covered • Able to outline an adequate management plan, with only minor errors 	<ul style="list-style-type: none"> • Demonstrates detailed understanding of requisite knowledge • Detailed list of differential diagnoses with some evidence of ability to prioritise • Able to outline an organised, logical management plan 	<ul style="list-style-type: none"> • Demonstrates a very high level of requisite knowledge • Detailed list of differential diagnoses with comprehensive applicability to context • Able to outline a highly developed, well-structured management plan



AFRM Entry Phase Examination – Sample Station 4

STROKE COMMUNICATION (LIVE)

Station 4

Candidate Number

Examiners: Please **FILL IN** the bubble below the rating/score of your consensus decision.

Global assessment rating

CLEAR FAIL	BORDERLINE FAIL	BORDERLINE PASS	CLEAR PASS	VERY GOOD
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Infection control

<input type="checkbox"/> Y
<input type="checkbox"/> N

Introduction

<input type="checkbox"/> a
<input type="checkbox"/> Y
<input type="checkbox"/> N

Question 1

0	1	2	3	4
<input type="radio"/>				

Question 2

0	1	2	3	4	5
<input type="radio"/>					

Question 3

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>										



AFRM Entry Phase Examination – Sample Station 4

STROKE (LIVE)

Question 4

0	1	2	3	4	5	6
<input type="radio"/>						

Question 5

0	1	2	3	4	5
<input type="radio"/>					

Question 6

0	1	2	3	4	5	6
<input type="radio"/>						

Professional competency – communication

0	1	2	3	4	5
<input type="radio"/>					

Professional competency – judgement and decision making

0	1	2	3	4	5
<input type="radio"/>					

Professional competency – medical expertise

0	1	2	3	4	5
<input type="radio"/>					



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AFRM Entry Phase Examination – Sample Station 4

STROKE (LIVE)

Comments: _____

Examiner 1 (signature) _____

Examiner 2 (signature) _____

Station supervisor (signature) _____

(Please hand this completed form to your station supervisor)