

Purpose and Standard:

The EPE assesses trainee readiness for progression from the Specialty Entry Phase to the Specialty Foundation Phase of the Adult Rehabilitation Medicine Advanced Training program. Candidates must demonstrate an understanding and competence in foundational rehabilitation concepts, clinical skills, and knowledge relevant to the early stages of training.

Examination content is drawn from the [Rehabilitation Medicine curricula](#) and assumes candidates possess the medical and anatomical knowledge of a doctor with 2 years post-graduate experience. The examination focuses on the application of general medical and surgical knowledge to a rehabilitation caseload as expected of a first-year advanced training registrar. The question difficulty and pass standard of the EPE takes this level of experience and time in training into consideration. A comprehensive knowledge and understanding of subspecialty rehabilitation medicine concepts is not expected for this exam.

There are several priority areas of the curriculum aligned to this Phase of training that we suggest trainees focus on in preparation for sitting the EPE (refer to the 'Prepare' tab of the [EPE webpage](#)), although please be mindful that any AFRM (Adult) curriculum content, at the appropriate standard, is potentially assessable.

10 station
OSCE

4-min reading
time
10-min station
time

6 - 7 live
stations
3 - 4 static
stations

To pass:
Achieve
required
minimum total
score (depth)
and pass 6+
stations
(breadth)

What you can do to prepare:

- Familiarise yourself with the [new Curriculum Standards](#), especially Learning Goals which are listed as a focus of the EPE. If you're a PREP trainee, you may also find this a helpful resource to act as a checklist when studying.
- Read the [AFRM EPE webpage](#) for important information on how to apply, the format, focus assessment areas, how to prepare, and what to expect on exam day and results.
- Speak with your supervisor about opportunities for learning in your clinical context.
- Study the AFRM Knowledge Guides and foundational rehabilitation concepts, especially those identified as a [focus](#) for the EPE.
- Review the [Professional Competencies Rating Scales](#) and regularly seek and act on feedback on your clinical skills and professional behaviours in your clinical workplace. This could include feedback associated with work-based assessments:
 - In Training Long Case Assessments (new and PREP curricula trainees)
 - Observation Captures (new Curriculum trainees only)
 - Learning Captures (new Curriculum trainees only)
- Practice your exam technique with your peers and supervisor using the [EPE Sample Stations](#).

The below table is intended as a guide to help you understand examples of potentially assessable station components. Each station in the EPE will be made up of a combination of components which formulate the scenario. **Live and static stations** will often include one (1) focused clinical task (DO) in the context of a primary condition (KNOW). Only live stations are awarded marks for [Professional Competencies](#). Stations may also include secondary conditions. An understanding of the 'foundational rehabilitation concepts' (see the '[Prepare](#)' tab on the [EPE webpage](#)) is essential to a trainee's success in the EPE and general rehabilitation training.

NB: Use for educational purposes only. This list is not exhaustive nor in any intentional/priority order. Full details are on the [EPE webpage](#) and [Rehabilitation Curricula](#).

KNOW	DO			
Knowledge	Communication, counselling & history-taking	Physical Examination	Clinical reasoning / Use and interpretation of diagnostic tests	Management / use of pharmacological and non-pharmacological therapies
<p>Anatomy, neuroanatomy, pathology, and physiology of common conditions such as:</p> <ul style="list-style-type: none"> Stroke Other neurological conditions such as: <ul style="list-style-type: none"> Multiple sclerosis Parkinson's disease Myopathy Polyneuropathy Guillain-Barré syndrome Common orthopaedic conditions and procedures Musculoskeletal medicine and rheumatology Common geriatric syndromes including: <ul style="list-style-type: none"> Falls Delirium Cognitive decline Components of deconditioning How medical and surgical illness affects function Cardiopulmonary medicine Pain 	<ul style="list-style-type: none"> Take a relevant medical history Take a functional history Take a focussed mental health history Professional patient/relative/carer communication, interaction, education and consultation about: <ul style="list-style-type: none"> Diagnosis of a disease Explain findings Investigations Procedures Management plan Health promotion Disease prevention strategies Discharge plan 	<ul style="list-style-type: none"> Perform common examinations such as: <ul style="list-style-type: none"> Neurological Musculoskeletal Cardio-respiratory Speech and cognitive Perform a wound +/- vascular assessment 	<ul style="list-style-type: none"> Develop differential diagnosis according to clinical presentations Arrange appropriate investigations to assess for related differential diagnosis Integrate information to develop a case-specific differential diagnoses list Interpret scans such as: <ul style="list-style-type: none"> MRI CT X-rays Bone mineral density. Interpret information from pathology tests such as: <ul style="list-style-type: none"> General pathology tests Blood gasses Interpret common clinical assessment and investigations such as: <ul style="list-style-type: none"> ECG Lung function tests Understand the impact of illness and injury on patients and family 	<ul style="list-style-type: none"> Understand pharmacology of medications encountered in rehabilitation medicine Describe interdisciplinary management approach to medical and surgical conditions Describe various roles within the rehabilitation team Understand and manage important medical deteriorations experienced on rehabilitation wards