



Australasian Faculty of Rehabilitation Medicine (AFRM) 2019 Fellowship Clinical Examination

The 2019 AFRM Fellowship Clinical Examination was conducted at Royal North Shore Hospital on Sunday, 25 August 2019.

This document provides some generic feedback from the examiners about candidate performance across the AFRM Fellowship Clinical Examination. Candidates were examined across 10 clinical stations, including written stations.

Stations 2, 14 and 26: Lower Limb Amputation

Candidates performed well in the following area:

- Knowledge of theoretical aspects of the suspension system
- Basic Examination technique

Candidates performed poorly in the following areas:

- Candidates have limited knowledge of the Liner type
- Limited knowledge of donning techniques
- Prosthetic knowledge was variable

Other comments

- Some candidates attempted to perform a neurological or vascular examination though the instructions clearly asked a musculoskeletal examination be performed.

Stations 3, 15 and 27: Administration and Neurological Disease

Candidates performed well in the following areas:

- Communication skills
- Defining spasticity
- Knowledge of other methods that can be used to reduce spasticity

Candidates performed poorly in the following area:

- Knowledge of beneficial effects of spasticity
- Explanation of the benefit of clinical service to wider community

Stations 4, 16 and 28: Gait Examination

Candidates performed well in the following areas:

- Identification of the type of ankle foot orthosis

Candidates performed poorly in the following area:

- Recalling the normal biomechanics of gait.
- Knowledge of the components and parameters of the gait cycle
- Analysis of an abnormal gait.
- Contraindications to use of a specific orthosis

Stations 5, 17 and 29: Neurological Disease

Candidates performed well in the following area:

- All candidates polite, introduced self. Maintained appropriate eye contact
- Provision of Memory Strategies

Candidates performed poorly in the following areas:

- Understanding of use of Functional Electrical Stimulation (FES)
- Neurovascular anatomy & pathophysiology of subarachnoid haemorrhage
- Explaining common neurological dysfunction & giving appropriate examples

Other comments

- Poor structure in answering and lack of confidence
- Need to appropriately address patient's question directly when the patient asks about their own risk, as many candidates answered by referring to a third person eg "people usually get..."
- Suggesting non modifiable factors to patients requesting information about disease prevention is not helpful

Stations 6, 18 and 30: Illness and Injury in Older People

Candidates performed well in the following areas:

- Understanding of the incontinence & focused on the targeted questions
- Professional & pleasant in manner
- Many candidates started with open ended questions

Candidates performed poorly in the following areas:

- Poor time management
- Impact of polypharmacy on clinical scenario
- Not considering patients physical status in the setting of the clinical scenario
- Explanation of principles of management of incontinence

Other comments

- Need to be more organised and systematic in patient evaluation
- Review very basic history taking skills

Stations 8, 20 and 32: Illness and Injury of the Child and Adolescent

Candidates performed well in the following areas:

- Basic science knowledge
- Recognising psychological implications of disability
- Most understood the transition process & reasons to see rehabilitation specialist

Candidates performed poorly in the following area:

- Identifying issues relevant to transition
- Depth of knowledge of the specific issues involved

Other comments

- Information provision often disorganised and seeming to lack familiarity of subject
- Careful to be non-judgemental eg with regards to sexual function, and issues of adolescence

Stations 9, 21 and 33: Assessment of Patient with Cerebrovascular Disease

Candidates performed well in the following areas:

- Knowledge of Modified Constraint Induced Movement Therapy (mCIMT)
- Patient interaction
- Routine of power testing
- Hand washing

Candidates performed poorly in the following areas:

- Examination technique with poor flow
- How to test for specific aspects of higher cortical dysfunction
- Interpretation of clinical findings.
- Interpretation of manual muscle testing results where reduced joint ROM is present

Other comments

- Practice of examination technique under supervision from a colleague or consultant

Stations 10, 22 and 34: Management of Post-polio Syndrome

Candidates performed well in the following area:

- Specific diagnostic criteria of post-polio syndrome
- Orthotic description
- Communicated well

Candidates performed poorly in the following area:

- Other symptoms related to clinical syndrome
- Reduced knowledge of rehabilitation principles in post-polio syndrome

Other comments

- Listen to the question & answer specifically
- Need to demonstrate specific knowledge rather than provide general knowledge

Stations 11, 23 and 35: Chronic Pain

Candidates performed well in the following area:

- Candidates were professional, polite and respectful
- Able to ask specific questions that were individual to the patient & express empathy

Candidates performed poorly in the following areas:

- understanding the specific nature of clinical evaluation that was required
- Defining the role of an individual allied health disciplines in a Chronic Pain service
- Fully answering question on role of ongoing investigations in chronic pain

Other comments

- Listen carefully to question asked & relate it to the clinical scenario given
- Limited knowledge about the breadth of assessment needed in chronic pain

Stations 12, 24 and 33: Cardiac Disease

Candidates performed well in the following areas:

- Non pharmacological strategies for management
- Sleep hygiene

Candidates performed poorly in the following areas:

- Energy conservation techniques
- Other precautions to Permanent Pacemaker (PPM)
- Austroads guidelines for return to driving

Other comments

- Avoid Acronyms/jargon and talk clearly

- Please analyse the clinical scenario to provide the appropriate amount of information/education