

## 2019 AFRM Fellowship Written Examination (General)

### MEQ Feedback Report

#### OVERVIEW

The 2019 AFRM Fellowship Written Examination MEQ was held on 28 May 2019. The examination was presented using the Modified Essay format and covered 8 main topic areas based on the RACP AFRM curriculum learning objectives as outlined in the *Rehabilitation Medicine Advanced Training Curriculum Australasian Faculty of Rehabilitation Medicine RACP*.

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

Overall, candidates who performed well on the examination provided responses that demonstrated they had read the question and ensured that their responses were targeted to what was being asked. Candidates who performed poorly gave incorrect or inadequate responses. Candidates are reminded that only the first responses are marked and there is nothing to be gained by providing more responses than requested. Poor handwriting should be avoided because marks cannot be rewarded for unintelligible responses.

The Modified Essay format is used to assess the candidate's contextualised knowledge of rehabilitation medicine at a specialist level. Routine clinical scenarios are used to examine the candidate's ability to apply their specialist knowledge to patients in their specified biopsychosocial contexts. Based on the information provided in the scenarios, the candidates are asked to provide specific and best-evidence knowledge at a specialist level.

In order to pass the exam, candidates must achieve a total score equal to, or greater than, the overall passmark **AND** pass a minimum of five (5) of the eight (8) questions. The minimum requirement of passing five of the eight questions and the minimum passmark ensure candidates meet the standard with regard to both breadth of topic and depth of the responses, respectively.

In 2019, the overall passmark was determined to be 59.2%. The passmark is set using the Modified Angoff method. In this approach, a group of subject matter experts review the examination and determine the performance of a minimally competent candidate. The minimally competent candidate is defined as the candidate who demonstrates the minimum level of competence against each area to be assessed as suitable for specialist practice.

In 2019, 48 candidates sat the examination, with a pass rate of 68.75% of candidates. This rule assures that at minimum, candidates meet the standard in at least  $5/8 = 62.5\%$  of the questions.

## **EXAMINER FEEDBACK**

### **QUESTION 1 – Parkinson Disease / Falls**

This question examined the curriculum learning objective of the knowledge of the clinical assessment and management of Parkinson disease and falls.

Questions (a) – (c) examined the medical and rehabilitation investigation and management of postural hypotension and falls prevention. This was generally well done. Weak candidates confused management techniques with investigative tests.

Questions (d) – (f) examined the medical and rehabilitation management of Parkinson disease. This was generally well done. Weak candidates confused postural instability of Parkinson disease with autonomic instability. Candidates are advised to read the question with care.

### **QUESTION 2 – Multiple Sclerosis / Neurogenic Bladder / Return To Work**

This question examined the curriculum learning objective of the investigations and rehabilitation options for multiple sclerosis.

Questions (a) – (c) examined the anatomy, goals of disease-modifying therapies and neurogenic bladder of multiple sclerosis. Weak candidates were unable to provide correct and specific responses for the urodynamic study. Candidates should take care when providing diagnoses based (e.g. the diagnosis of detrusor-sphincter dyssynergia (DSD) requires an EMG recording to be included in the urodynamic study).

Questions (d) – (g) examined disability management in multiple sclerosis. Most candidates identified key barriers to sexual functioning and workplace adjustments for multiple sclerosis. Weak candidates confused 'reasonable adjustments' / 'reasonable accommodation' with a general return to work plan. Candidates generally performed poorly in identifying best-evidence prognostic indicators of long-term disability which is relevant to the rehabilitation planning and disability management in multiple sclerosis.

### **QUESTION 3 – Spinal Cord Injury / Neurogenic Bowel / Pressure Injury**

This question examined the curriculum learning objectives of diagnosis and the management of spinal cord injury and its complications.

Questions (a) – (d) examined core assessment methods and differential diagnoses in spinal cord injury. Candidates generally performed well in this section. Weak candidates provided non-specific responses which did not address the information provided. For example, motor and sensory examination findings including specific areas of sensory loss were included in the question. Therefore, the correct response needed to include the nerve or the level (i.e. 'median neuropathy', not 'peripheral neuropathy'; or 'C6 radiculopathy', not 'radiculopathy').

Question (e) – (h) examined the management options for neurogenic bowel and pressure areas. Weak candidates confused therapy options for improving stool consistency with therapy options for improving bowel evacuation.

#### **QUESTION 4 – Orthopaedic / Pain / Amputation / Prosthesis**

This question examined the curriculum learning objectives rehabilitation assessment and management of orthopaedic, pain and lower limb amputations.

Question (a) – (c) examined orthopaedic and pain management following a joint replacement. Candidates generally did well in this section.

Question (d) – (h) examined amputation and prosthetic rehabilitation knowledge. Weak candidates provided non-specific or incorrect responses for pre-amputation counselling, prosthesis prescription and identifying barriers to prosthesis use. Weak candidates were unable to name an appropriate prosthesis for the clinical scenario provided. Weak candidates confused prostheses for transtibial amputations with transfemoral amputations.

#### **QUESTION 5 – Cancer / Pain / Indigenous Health / Rural**

This question examined the curriculum learning objective of cancer rehabilitation and cancer pain management in an indigenous person living in a rural area.

Question (a) – (e) examined cancer rehabilitation and pain management knowledge. Weak candidates provided incorrect or non-specific responses for the mechanism of action for analgesics. Weak candidates were unable to provide multimodal therapies for cancer.

Question (f) – (h) examined indigenous and rural rehabilitation issue. This was generally well done.

#### **QUESTION 6 – Stroke / Return To Work & Driving**

This question examined the curriculum learning objective of assessment and management of disability in stroke and community reintegration following stroke.

Question (a) – (d) examined specific rehabilitation knowledge including therapy options for dysphasia and dysphagia. This was generally well done.

Question (e) – (g) examined specific rehabilitation knowledge relevant to persons living with a stroke in the community (for return to work and driving). Weak candidates lacked a structured approach for return to work and driving.

#### **QUESTION 7 – Workplace Trauma / Psychological Adjustment**

This question examined the curriculum learning objective of physical and psychological issues in the rehabilitation of persons with traumatic injuries.

Question (a) – (e) examined workplace trauma and rehabilitation. Most candidates provided correct responses for heterotopic ossification. Weak candidates were unable to provide specific responses for aquatic physiotherapy as a rehabilitation intervention.

Question (f) – (g) examined psychological adjustment and possible post-traumatic stress disorder (PTSD) which is a common concern in the rehabilitation setting after traumatic injuries. The question regarding the diagnosis of PTSD was done well. However, the question was removed in response to the candidate feedback. No candidate was disadvantaged by this decision.

### **QUESTION 8 – Acquired Brain Injury / Administration**

This question examined the curriculum learning objective of pathophysiology and complications of acquired brain injury, and medical administration.

Question (a) – (e) examined pathophysiology and complications of acquired brain injury. Weak candidates were unable to identify anatomical regions and processes involved in acquired brain injury.

Question (f) – (g) examined medical administration and capacity assessment. Weak candidates provided answers which were not relevant to the question.