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Australasian Faculty of
Rehabilitation Medicine

Australasian Faculty of Rehabilitation Medicine (AFRM) 2024 Module 2 Clinical Assessment

Examiner Feedback

The 2024 AFRM Module 2 Clinical Assessment was conducted at Gold Coast University Hospital on Saturday, 24 August 2024.

This document provides generic feedback from the examiners about candidate performance in the 2024 AFRM Module 2 Clinical Assessment. Candidates were examined across 6 clinical live stations and 1 static station.

Strong candidates demonstrated empathy and rapport with the role player, linked the stem to the specific patient to provide individualised answers, answered the questions with as many relevant answers as possible and did not just provide generic lists. They also considered a biopsychosocial model, had exposure to learning from the whole multidisciplinary rehabilitation team and had obviously experienced a wide range of rehabilitation settings, and were structured and organised in their responses.

Stations 1, 11, 21, 31 – Rheumatoid arthritis

Theme	2.5 - Illness and Injury in Older People
Learning Objective	2.5.1 Outline the basis and management of illness and injury in older people

Theme	2.8 Musculoskeletal Medicine
Learning Objective	2.8.1 Recall basic anatomy and physiology of the musculoskeletal system

Candidates performed well in the following areas:

- Recommendations to minimise falls risk
- Fall prevention
- Identifying rheumatoid manifestation
- Non-pharmacological measures.

Candidates performed poorly in the following areas:

- Interpreting a DEXA scan
- Osteoporosis management.

Other comments

- Be mindful of body language and gestures; when interpreting images, remember to keep eye contact with clients; speak slowly, clearly and concisely; avoid mumbling.
- Try to answer the questions specifically; for example, when asked what the abnormalities are, do not include negative findings.
- When no set number of answers is required, provide as many answers as possible.
- Be sure about the answers provided. Providing incorrect answers such as swan neck in Q2 may lead to being marked down in the professional behavioural rating.
- Mechanism and side effects of denosumab.

Stations 2, 12, 22, 32 – Urinary incontinence

Theme	1.1 Patient evaluation
Learning Objective	1.1.1 Describe the potentially disabling consequences of disease, disorders and injury

Theme	2.9 Illness and Injury in Older People
Learning Objective	2.5.2 Complete a comprehensive patient assessment that identifies disability resulting from illness and/or injury in old age and evaluate the potential for rehabilitation

Candidates performed well in the following areas:

- Pharmacological management of urinary incontinence
- Good communication skills overall
- Understanding of different types of urinary incontinence
- Knowledge of additional clinical examination.

Candidates performed poorly in the following areas:

- Environment and mobility
- Other symptoms/investigations
- Time management
- Transfer and mobility
- Function and impact on lifestyle
- Lack of understanding of ICF model
- History taking, asking expected questions
- Bladder diary
- Medication management of urinary incontinence.

Other comments

- Overall poor performance
- Variable performance in history taking – some candidates gave systematic approach and others lacked structure
- Candidates should consider functional aspects and environmental aspects
- Despite not asking the extended history, candidates were generally able to accurately understand the clinical presentation.

Stations 4, 14, 24, 34 – Neurology lower limb

Theme	1.1 Patient evaluation
Learning Objective	1.1.1 Describe the potentially disabling consequences of disease, disorders and injury

Theme	1.4 Prevention
Learning Objective	1.4.1 Promote preventive strategies with regard to diseases and injuries that may cause significant disability

Theme	Theme 2.9 Neurological Disease
Learning Objective	2.9.1 Recall basic knowledge of neurological disease
Learning Objective	2.9.8 Assess and manage the rehabilitation of a patient with myopathy and neuropathy

Candidates performed well in the following areas:

- Introduction
- Washing hands
- Muscle power examination
- Tone testing
- Testing strength and sensation
- Inspection
- Examinations were generally well performed.

Candidates performed poorly in the following areas:

- Peripheral neurophysiology differentials – didn't answer specific to question
- Balance and stance tests
- No candidates did vibration check on tibial tuberosity
- Not standing the patient
- Co-ordination
- Timely completion of physical examination
- Identifying the most likely cause for neuropathy
- Completing list of DDs
- Stance and gait
- Poorly coordinated examination reflecting lack of practice
- Timing to complete exam in 7 minutes. Fluency of exam.
- Large focus on dermatomes in sensory exam, not glove and stocking; confusing peripheral and central causes for peripheral neuropathy.

Other comments

- Timing of the examination should be quick and technique should improve. Practice fluent examination to complete in 7 minutes.
- Improving efficiency in systematic neuro exam
- Generally good performance by most candidates.

Stations 5, 15, 25, 35 – Loose stool

Theme	1.1 Patient Evaluation
Learning Objective	1.1.1 Describe the potentially disabling consequences of disease, disorders and injury

Theme	1.3 Administration and Leadership
Learning Objective	1.3.3 Relate appropriate management principles to effective staff and team management

Candidates performed well in the following areas:

- Most candidates were able to attempt all questions within the available time.
- Candidates appreciated severity and need for management of electrolyte abnormality
- Management of hypokalaemia
- Fair with ECG, *C. difficile* retesting
- Knowledge of potential causes of diarrhoea besides *C. diff*
- Features of ECG.

Candidates performed poorly in the following areas:

- Answering specific questions, such as explaining why something is not required
- Potential causes of diarrhoea besides *C. diff*
- Diagnosis, risk factors and identification for toxic megacolon
- General approach to persistent diarrhoea
- Knowledge of acute management of severe hypokalaemia.

Other comments

- Avoid repetition/paraphrasing.

Stations 6, 16, 26, 36 – Covid/interstitial lung disease

Theme	1.1 Patient Evaluation
Learning Objective	1.1.2 Determine the nature and extent of disability and activity limitation or participation restriction

Theme	2.10 Occupational Injury
Learning Objective	2.10.1 Complete a comprehensive evaluation of an injured worker that identifies the nature and severity of injury

Candidates performed well in the following areas:

- Establishing rapport
- Hand hygiene
- Identifying relevant findings on CT chest
- Identifying differentials for pulmonary fibrosis
- Covered salient points in history generally; systems review and associated symptoms less so
- Emphasis on function
- General communication manner is good
- Functional history and other symptoms.

Candidates performed poorly in the following areas:

- Many didn't adopt a structured approach to history taking, missing key areas such as medication, allergies and vaccination status. Very few asked about vaccination history, none asked about allergies. Disorganised approach to history taking in those candidates who didn't perform as well. Candidates need a systematic approach to history taking, reading imaging and interpretation of blood gases.
- Some candidates were slow to progress through questions and ran out of time. Several misread the stem/didn't listen to instructions and commenced physical exam. Approximately half didn't adopt a structured approach to interpreting the ABG. Difficulty interpreting imaging and ABG. Most candidates unable to recognise fibrotic changes.
- History of covid infection.

Other comments

- Be prepared for a structured history taking task. Develop a structured approach for interpreting ABG. Listen to instructions. Focus on reading the question (some thought it was an exam despite stating it was history).
- Revise ABG interpretation. Systems review and associated symptoms in SOB in respiratory history taking. Study blood gases and causes of lung conditions.
- Time management and practice of a good systematic approach towards clinical work would be helpful.
- If running out of things to ask think what may have been missed that may be relevant.

Stations 8, 18, 28, 38 – Shoulder

Theme	1.1 Patient Evaluation
Learning Objective	1.1.1 Describe the potentially disabling consequences of disease, disorders and injury

Theme	2.8 Musculoskeletal Medicine
Learning Objective	2.8.1 Recall basic anatomy and physiology of the musculoskeletal system

Theme	2.9 Neurological Disease
Learning Objective	2.9.1 Recall basic knowledge of neurological disease

Candidates performed well in the following areas:

- Introduction, inspection, range of motion, capsular pattern
- Shoulder examination, special tests, post-stroke shoulder pain generally well done
- Examination and special test
- Inspection, palpation, muscle and special tests.

Candidates performed poorly in the following areas:

- Special tests and palpation for some candidates
- Unable to mention flair sequence
- Some did not know the difference between MRI and CT.
- Differential diagnoses in Q3 – only superior candidates came up with 5 correct answers.
- Poor candidates did not describe findings as they went through their examination.
- Dd of shoulder pain in stroke quite slow beyond early responses.

Other comments

- Overall candidates did well on shoulder examinations within 7 minutes.
- Describe findings during examination as you are testing. Speak loudly and clearly.
- Only four candidates specifically palpated supra and infraspinatus.
- Several candidates a bit disorganised, jumping between palpation, movements, special tests.

Stations 9, 19, 29, 39 – Stroke

Theme	1.2 - Patient Management
Learning Objective	1.2.1 Plan and implement a realistic and appropriate rehabilitation program that is problem oriented, goal-driven, time-limited and directly addresses the needs and expectation of the patient and family.

Candidates performed well in the following areas:

- Secondary stroke prevention
- Gerstmann 4 points, assessing capacity
- Gerstmann syndrome, secondary prevention of stroke.

Candidates performed poorly in the following areas:

- Interpretation of CT scan
- Contraindications for thrombolysis
- Capacity assessment
- Non-pharmacological management of mood and thrombolysis contraindications
- CT brain interpretation, thrombolysis CI, non-pharmacological mx of depression lacking detail and specific recommendations.

Other comments

- Improve interpretation of imaging and how to explain the result using both medical and layman terminology.
- Consider cultural aspects of the patient's background and application to the scenario questions. Apply the patient stem to the questions.
- When communicating with family, aim to use appropriate language to help them understand medical conditions, etc.