



# **2022 Australasian Faculty of Occupational and Environmental Health Medicine (AFOEM) Stage B Practical Examination**

## **Feedback to Candidates**

### **Overview**

The 2022 Stage B Practical Examination was delivered at the Royal North Shore Hospital on Saturday 19 November.

The AFOEM Practical Examination is a summative assessment that tests a trainee's clinical skills across domains of the [Occupational and Environmental Medicine Advanced Training Curriculum](#). The examination consists of three categories:

1. Exhibit-based assessments (EBAs)
2. Objective structured clinical examinations (OSCEs)
3. Clinical stations.

Each category is made up of two stations, making a total of six assessments per candidate.

Each station is developed by AFOEM Fellows. All examiners participate in pre-examination calibration sessions to ensure that an equivalent standard is applied across the related stations in each category of the examination.

At each station, a candidate's score is awarded by consensus of two examiners. If the consensus score arrived at by the two examiners is greater than the predetermined pass mark, the candidate is deemed to have passed that station.

Candidates must pass a minimum of four stations, including at least one pass in each of the three categories, in order to pass the examination.

This document provides generic feedback from the examiners about candidate performance across the AFOEM Stage B Practical Examination. Please note that these are pooled comments from all examiners and may not all apply to every candidate.

Fourteen candidates sat the examination and the pass rate was 42.9%.

## **EBA 1**

### **Candidates performed well in the following areas:**

- Clinical aspects (ECG, dermatitis)
- Hazard identification
- Identification of personal protective equipment (PPE)
- Knowledge of equipment
- Overall candidates seemed to have good grasp of content at each individual station and marks generally reflected that.
- Most managed the CXR and interpretation well.

### **Candidates performed poorly in the following areas:**

- Biological monitoring analysis and follow up
- Variation in occupational hygiene knowledge
- Poor knowledge of biological monitoring requirement for substance(s)
- Candidates who performed poorly tended to give detailed descriptions of hierarchy of controls when not required, or gave answers not relevant to the question.
- When asked to describe PPE and their suitability for tasks, candidates frequently would mention the item most suitable, but not state that other items were or were not.
- Often no appreciation of the actual question being asked, with time wasted in an initial generic answer
- Repetition of points already made several times
- Changing their mind in terms of diagnoses
- Consider differential diagnosis – the potential for a benign pulmonary lesion on CXR
- Unable to definitively determine fitness for work for rate-controlled AF. Several candidates said they would defer to cardiology opinion.

### **Other comments**

- Strong candidates displayed a systematic approach directed to the scenarios.
- Weaker candidates gave broad non-specific responses.

## EBA 2

### Candidates performed well in the following areas:

- MSDS
- Hearing
- PPE and how to use it, as well as SDS interpretation.

### Candidates performed poorly in the following areas:

- Not answering the specific question
- Radiation equipment and interpretation of radiation results.

## OSCE 1

### Candidates performed well in the following areas:

- Clinical history taking
- Patient engagement.

### Candidates performed poorly in the following areas:

- Relating clinical information to specific work site and duties
- Summarising the history
- The weaker candidates tended to lose most marks in summary and answering specific questions. These candidates gave the impression that they were not well experienced in the process of returning to work and who to engage to deliver this.

### Other comments

- Candidates need to focus on the occupational practicalities of occupational medicine.
- Candidates were patchy on occupational history and past medical/psychosocial history.

## OSCE 2

### **Candidates performed well in the following areas:**

- History taking
- Management
- Showing empathy
- Good awareness of commercial vehicle guidelines
- Good feedback to patient and dealing with conflict.

### **Candidates performed poorly in the following areas:**

- Synthesising information
- Occupational history taking lacked detail
- Insufficient detailed history of mental health symptoms and their relevance to work.

### **Other comments**

- Management questions should include GP liaison and a work site visit.
- Variable performance in overall summary of key findings and relevance to fitness for work.

## Clinical Case 1

### Candidates performed well in the following areas:

- Introduction to patient
- Washing hands
- Relevant exposure of patient
- Majority addressed patient comfort but not all.

### Candidates performed poorly in the following areas:

- Limited interpretation of CT scan (morning candidates)
- Some struggled with lack of clinical findings
- Failed to identify the cardinal signs despite being checked after each candidate assessment for its presence (afternoon candidates)
- Some candidates had structured approach for the respiratory system, but others did not.
- Some candidates omitted to include diagnosis in their differential diagnoses.

### Other comments

- Always read the stem
- Technique is examined more than findings
- Become practiced
- Always examine what is requested first
- Candidates are not examining the requested system competently and effectively to critically identify any cardinal signs that are present/obvious.

## Clinical Case 2

### Candidates performed well in the following areas:

- Sanitation and introduction
- Professional. All washed hands.

### Candidates performed poorly in the following areas:

- Disjointed examinations and interpretations
- General lack of differentials
- Most had difficulty completing structured examination and struggled to synthesise clinical finding and offer appropriate different diagnoses.
- Missed obvious aids in the room (afternoon candidates).

### Other comments

- Need to practice systematic examinations and take cues from provided equipment
- Need more practice in examination and succinct clinical presentation. If you see equipment you know you need to move quickly and efficiently.