

**2023 AFRM Fellowship Written Examination
(General Rehabilitation)
Paper A – Modified Essay Questions (MEQs)
General Feedback Report**

OVERVIEW

The 2023 Australasian Faculty of Rehabilitation Medicine (AFRM) Fellowship Written Examination Paper A – Modified Essay Questions was held on Wednesday, 1 March 2023. The examination was presented using the modified essay format. It covered eight (8) main topic areas based on the RACP AFRM curriculum learning objectives outlined in the RACP *Rehabilitation Medicine Advanced Training Curriculum – Australasian Faculty of Rehabilitation Medicine*.

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.

The modified essay format assesses candidates' **contextualised knowledge of rehabilitation medicine at a specialist level**. Candidates are examined on their application of knowledge to clinical scenarios in a 'real life' context.

Scenarios

The MEQ scenarios usually include more information than necessary for answering the questions. However, this reflects the discipline of rehabilitation medicine, where important information must be gleaned from the biopsychosocial context of the patient. For examination purposes, every effort is made to present the case succinctly but with sufficient details to allow candidates to make appropriate clinical decisions.

Specialist-level knowledge

Candidates are asked to provide specific knowledge supported by the best available evidence as expected of a minimally competent rehabilitation medicine physician.

Contextualised questions

Candidates are expected to demonstrate an ability to apply their knowledge to the relevant case scenarios in their specific clinical contexts. Candidates must pay close attention to the clinical scenarios for 'real life' assessment and decision-making.

Specific responses

Questions are designed to test a candidate's ability to provide specific responses. The marking guides are designed to provide marks for demonstrating specific knowledge, with no marks allocated for generic responses.

Result

To pass the exam, candidates must achieve, at a minimum, a total score equal to, or greater than, the overall pass mark AND must pass at least five (5) of the eight (8) questions. This minimum requirement for passing ensures that candidates meet the standard regarding the depth of the responses and the breadth of the topics.

In 2023, the overall pass mark for this examination was 61.9%. The pass mark is set using the Modified Angoff method. Questions where no candidate achieved the maximum allocated score for a question were reviewed to ensure their feasibility. In cases where the number of correct responses required for a question was not achievable, the total allocated mark was decreased, and the Modified Angoff adjusted proportionally. No candidate was disadvantaged by this process. No question was misinterpreted or had wording problems requiring their removal.

In 2023, 43 candidates sat the examination, with a pass rate of 51.2% of candidates.

EXAMINER FEEDBACK

QUESTION 1 – CARDIAC CONDITIONS

Theme 1.3	Administration and Leadership
Learning Objective	1.3.4 Design, implement and monitor service delivery

Theme 2.1	Cardiac Disease
Learning Objective	2.1.4 Provide acute/subacute hospital (phase I) care to a patient with cardiac disease 2.1.5 Provide post-discharge (phase II) care to a patient with cardiac disease

Candidates performed well in outlining the medical and surgical precautions for cardiac rehabilitation and multidisciplinary education in cardiac rehabilitation.

Weak candidates missed important issues for returning to sexual activity following cardiac surgery. Weak candidates missed the psychosocial elements of multidisciplinary education in cardiac rehabilitation. Weak candidates confused patient outcome indicators with service process indicators.

QUESTION 2 – MUSCULOSKELETAL CONDITIONS

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

Theme 2.5	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

Theme 2.8	Musculoskeletal Medicine
Learning Objective	2.8.2 Complete a comprehensive assessment of a patient presenting with musculoskeletal disease or injury, and evaluate the potential for rehabilitation 2.8.3 Formulate a rehabilitation management plan specifying appropriate modalities of assessment and treatment

Theme 2.9	Neurological Disease
Learning Objectives	2.9.8 Assess and manage the rehabilitation of a patient with myopathy and neuropathy

Candidates performed well in equipment prescription, leg-length discrepancy assessment, and carpal tunnel syndrome management in arthritic conditions.

Weak candidates used incorrect terminology for equipment. Weak candidates also used incorrect terminology when describing pathological findings for rheumatoid arthritis. Weak candidates gave incorrect FIM™ scores. Weak candidates missed key aspects of the multidisciplinary intervention.

QUESTION 3 – STROKE

Theme 1.6	Clinical Research
Learning Objective	1.6.1 Apply principles of clinical research

Theme 2.9	Neurological Disease
Learning Objectives	2.9.3 Formulate a rehabilitation management plan that specifies appropriate modalities of assessment and treatment 2.9.4 Assess and manage the rehabilitation of a patient with cerebrovascular disease

Candidates performed well in medical investigations for hypertension and identifying the psychosocial factors in sexual dysfunction following stroke. Candidates also performed on return-to-work management plans.

Weak candidates gave incorrect responses for neuroanatomy in stroke. Weak candidates did not draw on the clinical scenario when addressing shopping and money-handling difficulties following a stroke. Weak candidates misinterpreted the research findings presented to the candidates.

QUESTION 4 – PAIN

Theme 1.2	Patient Management
Learning Objectives	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.

Theme 2.2	Chronic Pain
Learning Objectives	2.2.1 Recall basic knowledge of chronic pain 2.2.2 Complete a comprehensive assessment of a patient presenting with chronic pain and determine the potential for rehabilitation 2.2.3 Formulate a rehabilitation management plan specifying appropriate modalities of assessment and treatment

Theme 2.8	Musculoskeletal Medicine
Learning Objectives	2.8.2 Complete a comprehensive assessment of a patient presenting with musculoskeletal disease or injury, and evaluate the potential for rehabilitation

Candidates performed well in identifying adverse medication effects affecting rehabilitation after an injury.

Weak candidates could not define opioid-induced hyperalgesia. Weak candidates missed information in the clinical history suggestive of substance use disorder. Weak candidates missed important aspects of multidisciplinary rehabilitation interventions on the rehabilitation ward and for return to study.

QUESTION 5 – NEUROLOGICAL CONDITIONS

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 expectations of the patient and family

Theme 2.2	Chronic Pain
Learning Objective	2.2.2 Complete a comprehensive assessment of a patient presenting with chronic pain and determine the potential for rehabilitation

Theme 2.5	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 2.5.3 Formulate a rehabilitation management plan in consultation with the patient, family and general practitioner

Candidates performed well in multidisciplinary interventions to prevent falls, identifying outcome measures for balance and the benefits of a tilt table in rehabilitation.

Weak candidates missed risk factors for developing intensive care unit-acquired weakness in a patient undergoing rehabilitation. Weak candidates could not specify clinical findings associated with the levodopa dose increase. Weak candidates could not specify non-pharmacological techniques to overcome the freezing of gait.

QUESTION 6 – AMPUTATION OF LIMB AND PROSTHETICS

Theme 2.2	Chronic Pain
Learning Objectives	2.2.2 Complete a comprehensive assessment of a patient presenting with chronic pain and determine the potential for rehabilitation

Theme 2.6	Lower Limb Amputation
Learning Objectives	2.6.3 Prescribe appropriate temporary and definitive prostheses 2.6.4 Formulate an interdisciplinary rehabilitation management plan including review and coordination of patient care

Candidates performed well in defining the functional level (K level) for the potential prosthetic user.

Many candidates provided incorrect mechanisms of action for adjunct analgesic medications. Many candidates could not specify the biomechanical advantages of the various prosthetic components. Many candidates could not specify clinical considerations for keeping or changing the current knee components in a limited community ambulator. Many candidates could not list the key components of a multidisciplinary clinic review for a prosthetic user.

QUESTION 7 – SPINAL CORD DYSFUNCTION

Theme 2.11	Spinal Cord Injury and Disease
Learning Objectives	2.11.1 Recall basic knowledge of spinal cord injury and disease 2.11.2 Complete a comprehensive assessment of a patient with stable spinal cord injury/disease and evaluate the potential for rehabilitation 2.11.3 Formulate a management plan that specifies necessary medical, physical and functional rehabilitation goals and treatments in inpatient, outpatient and community settings

Candidates performed well in defining the neurological level of injury and zone of partial preservation, identifying the causes of a blocked indwelling catheter, and identifying evidence-based interventions to prevent complications in spinal cord injuries.

Weak candidates confused the sympathetic and parasympathetic features of autonomic dysreflexia and whether the clinical feature would be seen above or below the level of injury as asked in the question. Weak candidates provided incorrect investigation findings consistent with heterotopic ossification.

QUESTION 8 – REHABILITATION OF OLDER PEOPLE

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

Theme 2.5	Illness and Injury in Older People
Learning Objective	2.5.1 Outline the basis and management of illness and injury in older people 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 2.5.3 Formulate a rehabilitation management plan in consultation with the patient, family and general practitioner

Theme 2.8	Musculoskeletal Medicine
Learning Objective	2.8.2 Complete a comprehensive assessment of a patient presenting with musculoskeletal disease or injury, and evaluate the potential for rehabilitation 2.8.3 Formulate a rehabilitation management plan specifying appropriate modalities of assessment and treatment

Candidates performed well in describing key features of delirium and interpreting a dual-energy X-ray absorptiometry (DEXA) scan result in the context of a fall and fracture. Candidates performed well in identifying key considerations for return to driving. It is important to note that driving considerations come well before the occupational therapist driving assessment.

Weak candidates had difficulty with X-ray interpretation and could not specify the correct medication advice for osteoporosis. Weak candidates demonstrated limited understanding of upper limb exercises following a fracture. Weak candidates could not identify the broad categories of supports and services relevant for discharge to home.

General comments

It is best to provide specific responses with relevant timeframes or specifiers as requested.

Candidates are encouraged to check that they use correct or standard terminology, especially in anatomy, pathology, pharmacology and equipment prescription.

Candidates are encouraged to read the question carefully and give their responses based on the clinical scenarios.

It is important to know and demonstrate the current evidence for causes, prognostic factors or therapeutic interventions related to rehabilitation medicine.

Candidates will find it helpful to prepare for many aspects of the examination through appropriate clinical exposures, including multidisciplinary prosthetic clinics. Candidates are also encouraged to familiarise themselves with various contexts for rehabilitation medicine, challenges in rehabilitation service delivery, and opportunities for multidisciplinary interventions across various settings.