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Australasian Faculty of Rehabilitation Medicine (AFRM) 2023 Module 2 Clinical Assessment

Examiner Feedback

The 2023 AFRM Module 2 Clinical Assessment was conducted at Peter MacCallum Cancer Centre, Melbourne on Sunday 27 August 2023.

This document provides generic feedback from the examiners about candidate performance in the 2023 AFRM Module 2 Clinical Assessment. Candidates were examined across 5 clinical live stations and 1 static station.

Stations 1, 11, 21, 31 – Dementia

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

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

Candidates performed well in the following areas:

- MRI atrophy, dementia syndromes and strategies
- Dementia syndromes – possible diagnosis
- Purpose of MMSE – MRI brain scan was interpreted reasonably well.

Candidates performed poorly in the following areas:

- Advantages and disadvantages of MMSE
- Interpreting the result of the report
- Knowledge of anatomy and radiology.

Other comments

- Candidates need to improve their knowledge about a standard ward test. Be organised and have a range of strategies in matching conditions. Answer the questions directly without elaboration. Be succinct. Avoid a nervous laugh or giggle – remain professional.
- When answering the question, expand on strategies of care for someone with dementia.
- Read up on cognitive assessment tools in dementia and their applications.

Stations 2, 12, 22, 32 – Foot and ankle

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	2.8.2 Complete a comprehensive assessment of a patient presenting with musculoskeletal disease or injury, and evaluate the potential for rehabilitation

Candidates performed well in the following areas:

- Introduction, manner
- Observation of ankle
- Washing of hands
- Introduction palpation / movement / osteoporosis lifestyle modifications.

Candidates performed poorly in the following areas:

- Anatomy, detailed palpation, classes of drugs
- Ankle joint exam, gait, anatomy questions
- Knowledge of anatomy, muscles, and nerves
- *Classes of medications* – most recognised drugs but didn't listen for classes. Few candidates provided a running commentary.
- Local inspection, gait analysis, neurological sensory examination, vascular examination, muscles and nerves of dorsiflexion and plantar flexion.

Other comments

- Candidates need to work on time management and practice a structured examination.
- Systematic ankle joint examination. Gait exam. Describe findings.
- Improve on anatomy knowledge.
- Listen to questions. Many spent time on muscle power rather than passive / active ROM.
- Deep perineal nerve is now named deep fibular nerve.

Stations 4, 14, 24, 34 – Frontal 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

Theme	2.9 – Neurological disease
Learning objective	2.9.4 Assess and manage the rehabilitation of a patient with cerebrovascular disease

Candidates performed well in the following areas:

- Developing rapport and consent
- Interpretation of CT brain (radiology)
- Answering the stroke work up TOE question.
- Almost all tested attention.

Candidates performed poorly in the following areas:

- Systematic approach to cognitive examination: many unprepared; poor CT interpretation; not many did frontal assessment. Only 2 candidates did Luria sequencing.
- Listening to the question and answering 'psychosocial' difficulties. Answered only general difficulties – time management.
- Clear instructions to perform the clinical tests. Organisation in their approach to a focused frontal lobe examination.
- Understanding the word 'psychosocial' in question 2
- Describing psychosocial difficulties. Many described patient impairments.
- Difficulty narrowing examination to executive function.
- Difficulty focusing on executive rather than other domains.
- Difficulty using provided materials in a standard way. Some tests were made up.
- Had trouble with psychosocial issues and tended to focus on deficits.
- Developing rapport with the patient.

Other comments

- Candidates need more practical ward / clinic experience, not just relying on radiology reports and testing by allied health.
- Keep calm. Practice your examinations.
- CT interpretation question was discriminating. Generally, those who did well overall did well in this question.
- Some candidates were thrown by the examination cards in the room.
- Spend time doing cognitive assessments with therapists.
- Most were familiar with TMT (b).

Stations 5, 15, 25, 35 – Refeeding

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:

- Recognising the risk factors of refeeding syndrome and osteoporosis
- Identifying answers already listed in the stem.
- Electrolyte manifestation of refeeding syndrome
- Osteoporosis risk factors.

Candidates performed poorly in the following areas:

- Knowing the symptoms of refeeding syndrome
- Areas that required synthesis or thinking
- Shaky on clinical manifestations and management of refeeding
- Clinical manifestation of refeeding syndrome and DEXA definition of osteoporosis and osteopenia.

Other comments

- Most completed the questions on time.
- Overall good standard.

Stations 6, 16, 26, 36 – Respiratory

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

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

Candidates performed well in the following areas:

- Greeting, consent, sanitising hands. Knowing investigation and treatment of PE. Basic flow of respiratory exam.
- Recognising VQ scan and interpretation of findings. They were generally ok with their exam techniques but not in a systematic manner and did not fully describe their findings.
- Performed well on respiratory physical examination. Good bedside manners and communication skills.

Candidates performed poorly in the following areas:

- Complications of PE
- Adequate demonstration of signs (varied according to candidate)
- They were generally ok with their exam techniques but not in a systematic manner and did not fully describe their findings.

Other comments

- Most were anxious. Organisation of approach varied.
- Listen to instructions. Candidates were explicitly asked to describe their findings.
- Overall candidates performed well on station.

Stations 8, 18, 28, 38 – Cardiac

Theme	2.1 – Cardiac disease
Learning objective	2.1.2 Complete a comprehensive assessment of a patient presenting with cardiac disease and evaluate the potential for rehabilitation

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

Candidates performed well in the following areas:

- Introduction, exposure, hand hygiene, comfort of patient
- Overall good bedside manner
- Attention to detail on peripheral signs.
- Face inspection, auscultation
- Medication for orthostatic hypotension
- Clinical and examination techniques.

Candidates performed poorly in the following areas:

- Wasting time on over-analysing ECG
- Timely management
- Pathophysiology of orthostatic hypotension
- Non-pharmacological management
- Mechanisms of postural hypotension
- Depth of knowledge on management of postural hypotension
- General inspection, pulse character and manoeuvres for murmurs – often didn't reposition patient to 45 degrees.
- Poor ECG interpretation (many didn't comment on rate)
- Indicate additional assessments that should be done after cardiac examination.
- Listen to the question. Wasted time having it repeated. Requesting information on vital signs.

Other comments

- Practice examining
- Communication while examining
- Overall candidates did very well at this station.

Stations 9, 19, 29, 39 – Traumatic brain injury

Theme	2.9 – Neurological disease
Learning objective	2.9.2 Complete a comprehensive assessment of a patient with neurological disease and evaluate the potential for rehabilitation

Theme	2.12 – Traumatic brain injury
Learning objective	2.12.2 Complete a comprehensive assessment of a patient with traumatic brain injury and evaluate the potential for rehabilitation

Candidates performed well in the following areas:

- Cranial nerve examination
- Eye movement, facial nerve, hearing
- Hand washing and introduction.

Candidates performed poorly in the following areas:

- Poor understanding of electrolyte imbalance, diabetes insipidus, unable to identify MRI changes and reasoning skills.
- Hypernatremia
- Knowledge of ward management of fluid intake and electrolytes
- General inspection; e.g. IV fluid chart and thickened fluid.

Other comments

- Poor knowledge overall
- Refine cranial nerve examination skills.
- General inspection before examination
- Improve knowledge in the areas of electrolyte imbalances and identifying changes on MRI brain. Improve understanding and management of hypernatremia.