



2021 Australasian Faculty of Occupational and Environmental Medicine (AFOEM) Stage B Practical Examination

Feedback to Candidates

Overview

The 2021 Stage B Practical Examination was delivered over two days. On Saturday, 13 November, the OSCEs and EBAs were held as virtual examinations. On Sunday, 14 November and Sunday, 5 December, the clinical stations were delivered live at venues across Australia and New Zealand.

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 locations and may not all apply to every location. This is particularly the case for the feedback for the clinical stations where there were different clinical cases examined at each location.

Seventeen candidates sat the examination and the pass rate was 52.9%.

Exhibit-based assessments (EBAs)

Candidates completed two EBA stations, each 20 minutes in duration, in which they viewed a range of photographic exhibits related to occupational and environmental medicine and had to respond to questions related to the exhibits.

EBA 1

Candidates performed well in the following areas:

- Systematic worksite hazard assessment (commercial kitchen)
- Control measures to reduce noise risk in a commercial kitchen
- Advantages and disadvantages of ear muffs and hearing plugs
- Interpretation of material safety data sheet (MSDS)

Candidates performed poorly in the following areas:

- Identifying additional ways to assess noise hazards in a commercial kitchen
- Providing recommendations on gloves, including justification
- Applying understanding to the scenario sufficiently – a number of candidates were too generic in their approach

EBA 2

Candidates performed well in the following areas:

- Hazard identification and classification system
- Identifying routes of exposure – this was mostly done well, although some candidates missed the dermal route
- Identifying muscarinic and nicotinic organophosphate health effects
- Safety data sheets and where to find relevant information – although some candidates just read this information without demonstrating knowledge

Candidates performed poorly in the following areas:

- Identifying the CNS effects of organophosphate exposure
- Health monitoring and biological testing – candidates displayed limited understanding of these aspects
- Biological test interpretation – many candidates didn't understand the significance of a drop in RBC cholinesterase
- Applying workplace knowledge to the relevant situation – poorer candidates demonstrated a lack of workplace experience
- Prioritising their answers to keep to time despite prompting by examiners

Other comments

- Candidates are advised to address the specific requirements of each question.

Objective structured clinical examinations (OSCEs)

Candidates completed two OSCE stations, each 30 in duration. Candidates had 18 minutes to take an occupational medicine history from a simulated patient and 12 minutes to respond to questions regarding the case. Their history-taking and communication skills were examined.

OSCE 1

Candidates performed well in the following areas:

- Obtaining a reasonable and thorough history
- Interrupting the patient appropriately to facilitate good time management
- Introduction and rapport – all candidates introduced themselves well, developed a good rapport with the patient and were respectful
- Interacting with the role player

Candidates performed poorly in the following areas:

- Obtaining explicit consent – some candidates did not obtain explicit consent, particularly when talking to the patient's GP
- Interactions with the patient's GP – some candidates struggled in general in this section
- Understanding issues relating to change management – these questions were often handled poorly
- Presenting with clarity and confidence in conflict resolution
- Presenting relevant findings in their summary despite these being obtained during history taking
- Time management

Other comments

Candidates are advised to:

- explore patient perception and concerns
- explore details of the occupational history in greater detail
- provide a more complete summary or presentation of the case
- focus on their expertise and professionalism when interacting with GPs
- provide more details on factors impacting return to work.

OSCE 2

Candidates performed well in the following areas:

- Taking further history associated with presenting symptoms
- Addressing past medical history

Candidates performed poorly in the following areas:

- Addressing some aspects of the occupational history in sufficient detail, including:
 - hazardous materials control measures in the current workplace
 - follow-up questions to clarify exactly how the patient may have been exposed to lead or mercury at work (beyond just the fact that they worked with it)
 - relationships with other colleagues
 - previous occupational history and educational history
- Asking the patient about lead-related hobbies

Other comments

Better candidates:

- took a comprehensive occupational history
- interpreted the test results beyond just stating the levels given
- gave comprehensive return to work plans, and
- carefully handled the confrontation that the worker presented at the end.

Candidates are advised to:

- listen closely to the question being asked by the examiner and answer that question (not another question)
- seek opportunities to visit hazardous waste sites to gain a better understanding of this work environment
- practice conflict resolution discussions.

Clinical stations

Candidates completed two clinical stations during the examination. They had 10 minutes to examine the patient at each station, and 5 minutes to present their findings and respond to examiners' questions.

Candidates were assessed on their physical examination technique, ability to elicit physical signs and interpretation of the findings.

Clinical 1 (Upper Limb Examination)

Comments on better candidate performance:

- Generally physical examinations were performed to reasonable standard and in organised manner.
- Candidates were polite and communicated well with the patients and were mindful of patient discomfort.
- Mostly competent with a reasonable system.
- 'Soft Skills' were a strong point in many candidates.

Comments on poor candidate performance:

- Some candidates need more practice in performing a systematic and confident examination, and presenting systematic and polished clinical findings.
- Some candidates needed to improve their interpretation of clinical signs and their development of a prioritised list of diagnoses.

Clinical 2 (Lower Limb Examination)**Comments on better candidate performance:**

- Many candidates performed reasonable exams.
- Most candidates were polite and related well to the patients.
- The patients found most candidates were comfortable to deal with.
- Most candidates spoke clearly to patients and examiners.
- Candidates were noted to display good hand hygiene.

Comments on poor candidate performance:

- Some candidates focused quickly on one system – neurological or musculoskeletal – leaving limited time for the other system of main relevance. This could have been improved with a more planned/systematic approach and better time management.
- Some candidates need further practice performing a systematic examination.