

2022 AFRM Fellowship Written Examination (General Rehabilitation)

Paper A – Modified Essay Questions (MEQs)

Feedback Report

OVERVIEW

The 2022 Australasian Faculty of Rehabilitation Medicine (AFRM) Fellowship Written Examination Paper A – Modified Essay Questions (main examination) was held on Tuesday, 1 March 2022. 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 might be considered 'necessary'. However, this is reflective of the discipline of rehabilitation medicine where important information must be gleaned from the whole biopsychosocial context. 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 asked to demonstrate an ability to apply their knowledge to the relevant case scenarios in their specific clinical contexts. This requires candidates to 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 overly generic responses.

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 both depth of the responses and breadth of the topics, respectively.

In 2022, the overall pass mark for this main examination was determined to be 57.4%. The pass mark is set using the Modified Angoff method. Following post-examination analysis, questions that were misinterpreted by candidates or had wording problems were removed. Where questions were removed, their impact on each candidate's performance was examined to ensure that candidates were not disadvantaged.

In 2022, 34 candidates sat the main examination, with a pass rate of 70.6% of candidates.

Note that a separate reserve examination was held for candidates affected by the floods in New South Wales and Queensland.

EXAMINER FEEDBACK

QUESTION 1 – Geriatric rehabilitation / frailty

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 Objectives	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

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 generally performed well in the area of delirium assessment and management.

Weaker candidates could not apply the International Classification of Functioning, Disability and Health to describe the patient's health and functioning in the case scenario. Also, weaker candidates repeated responses and did not display an adequate knowledge of specific therapies and evidence-based approaches in geriatric rehabilitation.

QUESTION 2 – Trauma / brachial plexus injury

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

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

Theme 2.9	Neurological Disease
Learning Objectives	2.9.1 Recall basic knowledge of neurological disease 2.9.3 Formulate a rehabilitation management plan that specifies appropriate modalities of assessment and treatment 2.9.8 Assess and manage the rehabilitation of a patient with myopathy and neuropathy

Stronger candidates displayed their understanding of nerve injury classifications and brachial plexus anatomy. Weaker candidates misread the question and were not able to score high marks.

Candidates should be familiar with prognostic factors for various health conditions – they are important for rehabilitation planning and goal setting.

QUESTION 3 – Amputation / intellectual disability

Theme 2.3	Developmental and Intellectual Disability in Adults
Learning Objective	2.3.3 Form a rehabilitation plan in consultation with Persons Responsible and carers who are able to facilitate the patient's participation in the plan
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

Most candidates answered the part of the question on prescriptions for prostheses well.

It was noted that most candidates misinterpreted the part on clinical factors to consider for the prosthetic prescription. This part of the question was removed during the post-examination analysis.

In the part on advance care planning for intellectual disability, weaker candidates provided general responses that did not relate to the scenario provided.

QUESTION 4 – Traumatic brain injury (TBI) / participation

Theme 2.12	Traumatic Brain Injury
Learning Objectives	2.12.2 Complete a comprehensive assessment of a patient with traumatic brain injury and evaluate the potential for rehabilitation 2.12.3 Formulate a management plan that specifies necessary medical, physical and functional rehabilitation goals and treatments in inpatient, outpatient and community settings

Most candidates demonstrated adequate knowledge regarding severity markers in TBI.

Candidates were asked to identify clinical challenges/risks in post-traumatic amnesia (PTA) and nursing recommendations for the management of those challenges/risks from a rehabilitation physician perspective. This part of the question examined a candidate's ability to recognise and prevent complications associated with PTA. Weaker candidates could not identify the spectrum of clinical challenges in PTA and the corresponding nursing management approaches for those challenges.

Candidates experienced similar difficulties with the parts of the question that involved returning to activities following TBI.

Candidates should be familiar with key impairments associated with an illness and their impact on functioning and participation.

QUESTION 5 – Motor neurone disease (MND)

Theme 2.9	Neurological Disease
Learning Objective	2.9.6 Assess and manage the rehabilitation of a patient with motor neurone disease

Most candidates were able to identify management options for impairments associated with MND. Weaker candidates confused symptoms with signs and confused investigations for establishing a diagnosis with investigations for continuing management of a known illness.

The part of the question regarding respiratory failure management was removed in the post-examination analysis, after considering that the decision to initiate non-invasive ventilation involves other specialties.

QUESTION 6 – Spinal cord injury (SCI) / First Nations

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 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

Professional Qualities Curriculum	
Domains	Domain 4: Cultural competency Domain 9: The broader context of health

Most candidates correctly described clinical findings in SCI when provided with the American Spinal Injury Association (ASIA) International Standards for Neurological Classification of Spinal Cord Injury (ISNCSCI) level and grade. Weaker candidates missed aspects of the ASIA examinations, which should have been included in their responses.

Candidates were asked to provide the advantages or clinical limitations of specific management options in SCI. Weaker candidates could identify correct management options but could not identify the correct advantages or clinical limitations of those options.

Candidates should be familiar with the strengths and weaknesses of management options in rehabilitation – this is important for patient-centred clinical decision-making in day-to-day practice.

QUESTION 7 – Pain management / complex regional pain syndrome (CRPS)

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 2.2.3 Formulate a rehabilitation management plan specifying appropriate modalities of assessment and treatment 2.2.4 Coordinate and review team-based interdisciplinary patient management, including the integration of appropriate physical and psychological interventions

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

Weaker candidates offered advanced imaging as initial investigations and inappropriately high doses of pain medications for the initial management of pain. Despite reaching the correct diagnosis, weaker candidates found it difficult to provide appropriate justifications for diagnosing CRPS. They also found it difficult to describe the various principles or components of a multidisciplinary pain management program.

Considering that rehabilitation medicine involves coordinating the rehabilitation program, candidates are encouraged to be familiar with the components of rehabilitation interventions for various health conditions and any evidence in support of these interventions.

QUESTION 8 – Stroke

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

Candidates generally performed well in identifying the correct cerebral lesion and the diagnostic investigations for the stroke. Weaker candidates provided incorrect names for screening tools or medications while providing potentially correct abbreviations. **Candidates are reminded to always provide the answer in full as abbreviations are rarely accepted.**

Due to unclear wording in the part of the question involving combined cortical sensations, the part was removed in the post-examination analysis.