SPECIFIC INFORMATION REGARDING THE ROYAL COLLEGE PHYSICAL MEDICINE AND REHABILITATION EXAMINATIONS

Comprehensive objective examinations make it possible to obtain a more complete evaluation of the candidate’s strengths and weaknesses. Success or failure is based on consideration of all components of the examination. The comprehensive objective examinations are considered a "whole" and cannot be fragmented.

a. Written Component

The written component consists of two 3 hour papers of short-answer questions. Both papers assess knowledge in the areas considered necessary for the practice of PM&R, as specified in the Objectives of Training Questions are designed to assess basic knowledge of conditions commonly encountered in physiatry, as well as test the ability to synthesize information and problem solve. The questions are largely derived from standard physiatry textbooks, review articles in rehabilitation journals, and national clinical guidelines on various aspects of physiatry, care and management as well as medical care relevant to the practice of Physiatry (such as primary and secondary stroke prevention, diabetes management and complications, etc).

For some short answer questions, a clinical scenario is provided to give context or provide information necessary to answer the question. Questions may have multiple stems related to a scenario, and there may be pictures or figures. Marks are only given for correct answers; no marks are deducted for incorrect responses. If a specific number of answers is requested (e.g. list FOUR), candidates are advised not to provide more than the requested number answers as they will not be marked. Candidates are strongly encouraged to write or print as legibly as possible. Be as brief and as direct as possible, making use of the space provided after each question.

Sample Textbooks relevant to PM&R (not all inclusive)

- Braddom, Physical Medicine & Rehabilitation, 2nd ed; E-edition online
- Downey and Darling, Physiological Basis of Rehabilitation Medicine, 3rd edition
- Kurtz, Silverman, Draper, Teaching and Learning Communication Skills in Medicine and Skills for Communicating with patients, 2nd edition
- RCPSC, The CanMEDS Physician Competency Framework, 2005 (available on RCPSC website)
- Alexander, Michael, Pediatric Rehabilitation

Sample Journals relevant to PM&R (not all inclusive)

- Archives of Physical Medicine and Rehabilitation
- American Journal of Physical Medicine and Rehabilitation
- Disability and Rehabilitation
- PM&R Clinics of North America
- Neurorehabilitation
- Spine
OSCE Component

The OSCE component consists of multiple stations in the objective structured clinical examination format. The OSCE component consists of 12 stations, each 15 minutes in duration, and typically occurs during a morning or afternoon session of approximately 4 hours duration, with a mid-way break and often an additional rest station. The candidate will be informed of the exact timetable closer to the examination date.

For each OSCE station, there will be announcements when the station begins and when the candidate may enter the room. Candidates will have 2 minutes to read the “Instructions to the Candidate” outside of each assessment room; a subsequent announcement will indicate when the candidate may enter the room. The “Instructions to the Candidate” are available in the assessment room as well. Candidates will have 15 minutes to complete each station.

When the station is over, candidates exit the room and move to the next station. There will be time allocation between stations to allow examiners to complete their marking and candidates to move to the next station. Note that no feedback will be given by the examiners.

The OSCE station is designed so that specific objectives can be assessed, including medical expert and the other CanMeds competencies. Each station has a written “Instructions to Candidates”, which clearly indicates the task(s) of the station. Background information about the scenario or other required components of the station may also be provided in the written instructions. Candidates should read the Instructions carefully and attend to the tasks of the station as directed. They can refer back to the instructions at any time during the station.

There will typically be an examiner in the room. The examiner will observe and mark your performance, and may interact with you by questioning or providing further information. Some stations may not have an examiner in the room, and the instructions will clearly indicate the task to be completed. Standardized patients are often utilized when clinical skills are being evaluated, and examination skills will be graded according to how well they are performed. You may also be requested to indicate verbally what you are examining in certain situations.

Candidates will be asked to demonstrate their competence in areas of professional practice commonly encountered in Physical Medicine and Rehabilitation. Most of the stations will consist of traditional clinical problems encountered in PM&R practice. The following are examples of possible station scenarios (not all inclusive):

- team meeting or interaction with health professional
- joint examination
- neurological examination
- joint injection skills
- dictation of discharge summary
- counseling patient / family
- structured oral (case review)
- prepare and present a teaching seminar
- CanMeds roles
- rehabilitation goal setting
- musculoskeletal examination
- functional assessment
- chronic pain or disability assessment
- anatomy review
- interpretation of gait deviation
- dictation of consultation note
- x-ray interpretation
- ethics station
- informed consent

The candidates overall pass/fail on the examination is determined by the examination board by evaluating the combined performances on the written and OSCE components, after completion and evaluation of both components.

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