

**Australian Institute of Radiography
Professional Accreditation and Education Board**

Interim and Final Professional Development Year Report Medical Imaging

Graduate Radiographer's Name	Clinical Centre	
Supervising Senior Radiographer	Report Period	Weeks

Clinical Skills Assessment	INTERIM RATING 24 weeks	FINAL RATING 48 weeks
Ability in radiography of the thoracic anatomy (inc. Ribs)		
Ability in radiography of abdominal anatomy		
Ability in radiography of the cranium/spinal column/pelvis		
Ability in radiography of upper & lower limbs		
Ability in fluoroscopic procedures		
Ability in minor contrast procedures (I.V.P.'s etc)		
Ability in theatre and mobile radiography		
Ability in angiography		
Ability in computed tomography		
Ratings should be provided in at least in 6 of the 9 categories		
Ratings scale:		
1. Unsatisfactory. available 2. Progressing but needs skills reinforcement. 3. Competent. 4. N/A - modality not available		

Professional Attributes Assessment	INTERIM RATING 24 weeks	FINAL RATING 48 weeks
Demonstrates a professional approach to patient care		
Communication and interaction with patients and staff		
Conforms to professional code of practice		
Ability to work independently		
These items are to be assessed as either:		
1. Unsatisfactory. 2. Progressing but needs improvement. 3. Satisfactory		

COMMENTS – INTERIM REPORT:

COMMENTS – FINAL REPORT:

A photocopy of interim report should be forwarded to Secretary PAEC after 24 weeks. Original of final report to be forwarded after 48 weeks. Both require the signatures of the graduate and supervisor.

I verify that the above is a true and accurate reflection of the graduate's clinical skills during this period. I verify that the requirements for the Professional Development Year have been followed. I understand that this report will be used as part of the requirements of the Australian Institute of Radiography's Professional Development Year.

24 Week Report:

Signature of Supervising Radiographer

Date:

I agree/disagree (delete the inappropriate statement) with the assessment given.

Signature of Graduate Radiographer

Date:

Date received by PAEC:	Signature of PAEC Secretary:	State of PAEC:
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48 Week Report:

Signature of Supervising Radiographer

Date:

I agree/disagree (delete the inappropriate statement) with the assessment given.

Signature of Graduate Radiographer

Date:

Date received by PAEC:	Signature of PAEC Secretary:	State of PAEC:
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Recommended for a Statement of Accreditation

Yes / No

Signature of member of State PAEC

Date:

