



AUSTRALIAN INSTITUTE OF RADIOGRAPHY

ABN 26 924 779 836

*The national professional organisation representing radiographers,
radiation therapists and sonographers*

Registered Office:
1st Floor
32 Bedford Street
Collingwood Vic 3066

Professional Accreditation and Education Committee

- VICTORIA -

INTERN ASSESSMENT FORM

Diagnostic Radiography

Confidential

Intern's Name:

Assessor's Name:

Period of Assessment	Year:	Qtr 1	Qtr 2	Qtr 3	Qtr 4
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Hospitals attended during quarter.

Date

.....	From	To
.....	From	To
.....	From	To

EXPERIENCE GAINED DURING QUARTER

Please indicate number of weeks.

General Radiography		Computed Tomography	
Casualty		Ultrasound	
Fluoroscopic Procedures		Angiography	
Theatre		Annual Leave	
Mobile		Sick Leave	

This document forms part of the formal assessment of Interns by the Professional Accreditation and Education Committee of Victoria. Through these quarterly reports the P.A.E.C. will determine whether an Intern, at the end of the Intern Programme, is eligible to enter the Australian Institute of Radiography as an ordinary member, and hence be eligible to be registered as a suitably qualified practitioner in the State of Victoria.

IMPORTANT

Four of these assessments must be completed on each Intern, representing each quarter of the twelve month programme.

The assessments must be completed by the nominated person in charge of the Intern, AND FORWARDED THROUGH THE BASE HOSPITAL TO THE HONORARY SECRETARY OF THE P.A.E.C. (VIC).

Assessments must be returned to the P.A.E.C. no later than:

Qtr 1: 13th week **Qtr 2:** 26th week **Qtr 3:** 39th week **Qtr 4:** 48th week

This document is **confidential** and is not to be open for general exhibition or discussion. It is not to be used as a general reference or interpreted as a reference.

GUIDELINES FOR ASSESSMENT

This assessment represents a three month period and not a specific examination. Each assessment should be given after consideration of the following points.

- A. **INTERPRETATION AND UNDERSTANDING OF THE REQUEST FORM**
Does the intern know what he/she is doing? Does he/she know the appropriate views to demonstrate the required anatomy/pathology?

- B. **ACCURACY OF POSITIONING, CENTRING AND EXPOSURE FACTORS**
Is the intern able to demonstrate the necessary skills to achieve appropriate projections? Does he/she demonstrate sufficient care in the use of equipment and consumables?

- C. **CRITIQUE OF RADIOGRAPHS**
Is the intern able to evaluate the technical aspects of the examination e.g. if a projection is incorrect, do they know a) Why? b) What needs to be done to improve it? Does the intern demonstrate an understanding of the radiological findings, and how they affect subsequent films?

- D. **CARE OF THE PATIENT**
Is the intern able to complete the examination within acceptable levels of patient care, radiation safety, and in an appropriate and reasonable time?

- E. **ABILITY TO ADAPT, MODIFY AND SUPPLEMENT BASIC TECHNIQUE**
When the occasion arises, has the intern demonstrated an ability to be able to adapt techniques? Is the intern developing an ability to recognise abnormal from normal, and act upon it?

AREAS OF REQUIRED COMPETENCE

1. General Radiography.

Comment:

2. Casualty.

Comment:

3. Fluoroscopic Procedures.

Comment:

4. Theatre.

Comment:

5. Mobile.
Comment:

AREAS OF REQUIRED EXPERIENCE

6. Computed Tomography.
Comment:

7. Ultrasound.
Comment:

8. Angiography.
Comment:

PROGRESSIVE SUMMARY

	BELOW SATISFACTORY DEPARTMENTAL STANDARD
	SHOWING CONSISTENT IMPROVEMENT
	ACHIEVED ACCEPTED STANDARD

Assessors Signature:

Date:

Intern: I have seen the above assessment, and

	I have no comment to make.
	I intend to comment directly to the P.A.E.C.
	I wish to make the following comment.

Interns Signature:

Date:

OFFICE USE ONLY	DATE RECEIVED:
<hr/>	
ACTION:	