

mini-Imaging Interpretation Exercise (mini-IPX)

Assessor's Registration Number
(e.g GMC, NMC)

--	--	--	--	--	--	--	--

Trainee's GMC Number

--	--	--	--	--	--	--	--

Date of Assessment (DD/MM/YY)

--	--	--	--	--	--	--	--

Assessor's Name

--

Year of specialty training: 1 2 3 4 5

Modality: Plain Film Fluoroscopy Ultrasound CT
 MRI Interventional Radiology Radionuclide Imaging

System: Neuro/ENT Thoracic (CV/Resp) GI/HPB
 Genito-urinary Musculoskeletal Obstetrics/Gynaecology/Breast

Case description:

--

Setting:

--

Trainee previous experience of case(s): None Little Average Extensive

Difficulty of case(s): Low Medium High

	<i>Well below expectation for stage of training</i>	<i>Below expectation for stage of training</i>	<i>Borderline for stage of training</i>	<i>Meets expectation for stage of training</i>	<i>Above expectation for stage of training</i>	<i>Well above expectation for stage of training</i>	<i>Unable to comment*</i>
1. Understanding of relevant anatomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Understanding of clinical context	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Infection prevention and control	<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Not applicable		
4. Usage of equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Observation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Image interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Appropriate reference to previous investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Clarity of report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Interaction with patient/staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Judgement/Insight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. OVERALL CLINICAL JUDGEMENT

	Rating	Description
<input type="checkbox"/>	Trainee requires additional support and supervision	<i>Demonstrates little knowledge and lacking ability to evaluate issues resulting in only a minimal contribution to the radiology report and management plan</i>
<input type="checkbox"/>	Trainee requires direct supervision	<i>Demonstrates some knowledge and limited evaluation of issues resulting in a limited report and management plan</i>
<input type="checkbox"/>	Trainee requires minimal/indirect supervision	<i>Demonstrates satisfactory knowledge and logical evaluation of issues resulting in an acceptable report and management plan consistent with early higher training</i>
<input type="checkbox"/>	Trainee requires very little/no senior input and able to practise independently	<i>Demonstrates detailed knowledge and good evaluation of issues resulting in a succinct report and clear management plan</i>

*Unable to comment – Please mark this if you have **not observed** the behaviour and feel unable to comment.

Further mandatory questions on the following page

Assessor's comments – state areas of good practice and areas for development *(mandatory field)*

Trainee's comments – comment on your performance and any actions required *(mandatory field)*

Trainee's Signature

Assessor's Signature