



The Royal Australian and New Zealand College of Radiologists®

The Faculty of Clinical Radiology

Mini-Individual Patient Exercise (Mini-IPX)

The Mini-IPX assessment must be completed satisfactorily and must meet expectations for the stage of training. Failing this, the trainee will need to undertake the Mini-IPX again until a satisfactory score has been achieved.

The Mini-IPX Tool is a form of mini-viva assessment, designed to assess a trainee's skills in interpreting diagnostic medical images for an individual patient, and to provide rapid and prompt feedback to a trainee in a particular area of diagnostic imaging. Suitable patients will vary in difficulty with the progression of training and should be mutually agreed upon between the trainee and the assessor before commencing. The Mini-IPX can be confined to a single imaging examination, or a series of imaging studies that lead to a specific diagnosis.

The process should be trainee-led (identifying the activity to be assessed and appropriate assessor). In general, however, the assessor should be responsible for selecting a case of appropriate difficulty and complexity prior to the Mini-IPX exercise. The assessor directly observes the trainee performing the activity.

This form is to be completed by both the Trainee and Assessor. Please refer to the [Mini-Individual Patient Exercise \(Mini-IPX\) Instructions](#) on the [College website](#) for further information on this assessment and its submission requirements. The College will manage your personal information in accordance with its [Privacy Policy](#).

Trainee is to retain the completed assessment and return to the College using the [Trainee Assessment Summary Submission Form](#) between 21 January 2022 - 31 March 2022.

| Trainee's full name | Student Identification Number | Date of assessment (DD/MM/YY) |
|---------------------|-------------------------------|-------------------------------|
| | | |

Year of specialty training: 1 2 3 4 5 Other

Modality: Plain Film Fluoroscopy Ultrasound
 CT MRI Interventional Radiology
 Other, please specify:

System: Neuro/ENT Thoracic (CV/Resp) GI/HPB
 Genito-Urinary Musculoskeletal Obstetrics/Gynaecology
 Other, please specify:

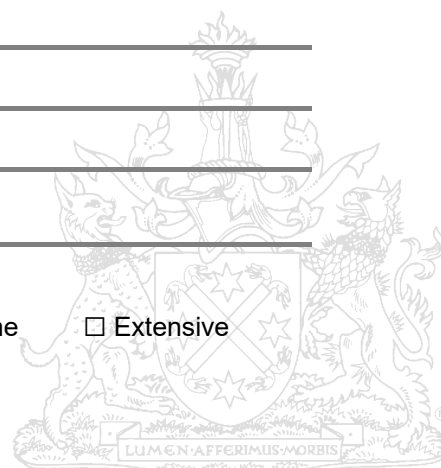
Assessor Details

| | |
|------------|--|
| Full Name: | |
| Title: | |
| Position: | |

Case Description/Setting: _____

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

Difficulty of Case(s): Low Medium High



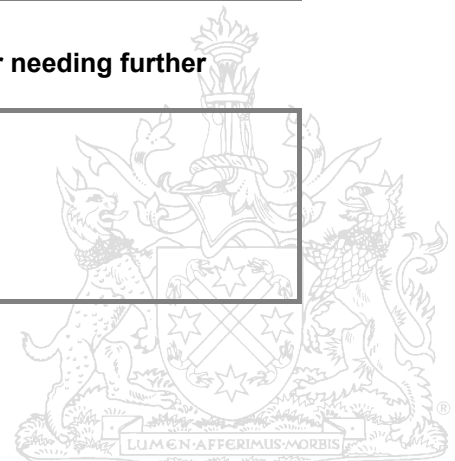


IPX Rating Scale

| Below expectations for stage of training | Borderline expectation for stage of training | Meets expectation for stage of training | Above expectation for stage of training | Well above expectation for stage of training | Unable to comment |
|---|---|--|--|---|--------------------------|
| 1. Demonstrates knowledge of indications, relevant anatomy, and technique | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Demonstrates knowledge of clinical content | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Image protocol | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Observation of findings | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Image interpretation | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Appropriate reference to previous investigators | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Clarity of report | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Judgement/insight | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Trainee's comments:

Assessor's comments, if you have noticed anything especially good or needing further development, please note it here:





To be completed by Assessor

As the assessor, how long did this process take?

<10 Mins 10 – 20 Mins 20 – 30 Mins >30 mins

Assessor satisfaction with Mini-IPX documentation and process as a method of assessing trainees:

LOW 1 2 3 4 5 6 HIGH

Assessor's comments on Mini-IPX documentation and process:

To be completed by Trainee

Trainee satisfaction with Mini-IPX documentation process:

LOW 1 2 3 4 5 6 HIGH

Trainee's comments on Mini-IPX documentation and process.

Signature of Assessor

Date

Signature of Trainee

Date

