

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Amogh Acharya
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 7 January 2013 to 25 January 2013

CID: 549240



Please tick grade for each domain

<p>Above Expectations</p> <p>Meets Expectation</p> <p>Borderline</p> <p>Below Expectations</p> <p>Unable to Comment</p>		<p>Clinical Skills</p> <p>Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study?</p> <p><i>Comment:</i></p>															
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Yes	Borderline	No															

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Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains, please give reasons below:

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations	<input type="checkbox"/>	Consultant Name:	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	Date: _____
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Riaz Ali
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 7 January 2013 to 25 January 2013

CID: 552308



Please tick grade for each domain

<p>Above Expectations</p> <p>Meets Expectation</p> <p>Borderline</p> <p>Below Expectations</p> <p>Unable to Comment</p>		<p>Clinical Skills</p> <p>Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study?</p> <p><i>Comment:</i></p>	
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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Nicholas Andreou
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 7 January 2013 to 25 January 2013

CID: 507440



Please tick grade for each domain

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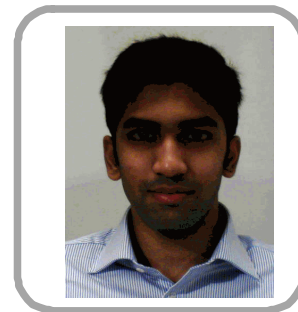
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Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	Date: _____
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Sathyan Balaji
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 7 January 2013 to 25 January 2013

CID: 549426



Please tick grade for each domain

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Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Richard Barlow
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 28 January 2013 to 15 February 2013

CID: 551150



Please tick grade for each domain

<p>Above Expectations</p> <p>Meets Expectation</p> <p>Borderline</p> <p>Below Expectations</p> <p>Unable to Comment</p>		<p>Clinical Skills</p> <p>Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study?</p> <p><i>Comment:</i></p>	
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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Paige Barrows
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 7 January 2013 to 25 January 2013

CID: 642038



Please tick grade for each domain

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Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Hetvi Chaitanya Bhatt
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 7 January 2013 to 25 January 2013

CID: 548639



Please tick grade for each domain

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Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Tom Burgess
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 7 January 2013 to 25 January 2013

CID: 552606



Please tick grade for each domain

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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Hyoung-Jin Cho
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 7 January 2013 to 25 January 2013

CID: 550645



Please tick grade for each domain

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Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Charlotte Sarah Colley
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 7 January 2013 to 25 January 2013

CID: 548612



Please tick grade for each domain

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Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Suny Coscione
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 7 January 2013 to 25 January 2013

CID: 549360



Please tick grade for each domain

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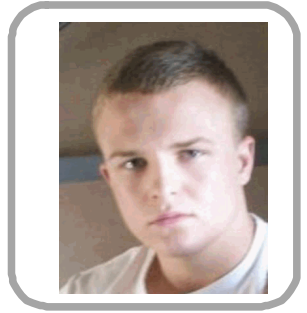
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Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	Date: _____
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Rory Cuthbert
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 7 January 2013 to 25 January 2013

CID: 549108



Please tick grade for each domain

Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment		<p>Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i></p>															
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Yes	Borderline	No															

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Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains, please give reasons below:

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations	<input type="checkbox"/>	Consultant Name:	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	Date: _____
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Abbas Merali Dewji
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 7 January 2013 to 25 January 2013

CID: 549223



Please tick grade for each domain

Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment		<p>Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i></p>															
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Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	Date: _____
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Payal Mukul Dube
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 7 January 2013 to 25 January 2013

CID: 707047



Please tick grade for each domain

Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment			Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>															
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Yes	Borderline	No																

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Please comment on suggested areas of improvement:

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Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	Date: _____
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Ali Eker Moustafa
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 7 January 2013 to 25 January 2013

CID: 555839



Please tick grade for each domain

Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment			<p>Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i></p>															
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Please comment on suggested areas of improvement:

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Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	Date: _____
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Michael Anthony Foster
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 7 January 2013 to 25 January 2013

CID: 508519



Please tick grade for each domain

Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment		<p>Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i></p>															
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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Kristen Foxwell
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 7 January 2013 to 25 January 2013

CID: 502439



Please tick grade for each domain

Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment		<p>Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i></p>															
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