

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Vinothini Manivasagam
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 28 January 2013 to 15 February 2013

CID: 707079



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>															
Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment		<p>Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOP's), patient safety and infection control)? <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:

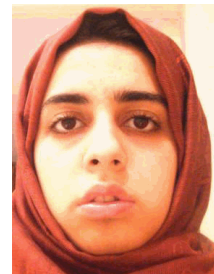
Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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: Miss Soudeh Mashayekhi
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 28 January 2013 to 15 February 2013

CID: 513445



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 Sara Mehr
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 28 January 2013 to 15 February 2013

CID: 514036



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr. Foad Mohamed
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 28 January 2013 to 15 February 2013

CID: 513357



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

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

CID: 554104



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: Miss Seethalakshmi Muthalagappan
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 28 January 2013 to 15 February 2013

CID: 549873



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 Uzoma Nnajiuba
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 28 January 2013 to 15 February 2013

CID: 548735



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 Aislinn O'Malley
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 28 January 2013 to 15 February 2013

CID: 552929



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 Alice Victoria Emily Page
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 28 January 2013 to 15 February 2013

CID: 555372



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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Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Krishan Patel
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 28 January 2013 to 15 February 2013

CID: 555157



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 Priyadarshini Paul
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 28 January 2013 to 15 February 2013

CID: 508928



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

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

CID: 552987



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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: Miss Alexa Jasmine Prichard
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 28 January 2013 to 15 February 2013

CID: 548645



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>															
Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment			<p>Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOP's), patient safety and infection control)? <i>Comment:</i></p>															
Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment			<p>Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i></p>															
Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment			<p>Knowledge Has the student applied an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc.) as deemed necessary for the firm? <i>Comment:</i></p>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Yes</th> <th style="width: 25%;">Borderline</th> <th style="width: 25%;">No</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Yes	Borderline	No															<p>Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Reliability and attendance Respect for patients Working with colleagues <i>Comment:</i></p>
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 Karan Rangarajan
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 28 January 2013 to 15 February 2013

CID: 551102



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>	
<p>Above Expectations</p> <p>Meets Expectation</p> <p>Borderline</p> <p>Below Expectations</p> <p>Unable to Comment</p>		<p>Practical Skills</p> <p>Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOP's), patient safety and infection control)?</p> <p><i>Comment:</i></p>	
<p>Above Expectations</p> <p>Meets Expectation</p> <p>Borderline</p> <p>Below Expectations</p> <p>Unable to Comment</p>		<p>Communication Skills</p> <p>Has the student demonstrated good communication skills (towards patients, relatives and colleagues)?</p> <p><i>Comment:</i></p>	
<p>Above Expectations</p> <p>Meets Expectation</p> <p>Borderline</p> <p>Below Expectations</p> <p>Unable to Comment</p>		<p>Knowledge</p> <p>Has the student applied an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc.) as deemed necessary for the firm?</p> <p><i>Comment:</i></p>	
<p>Yes</p>	<p>Borderline</p>	<p>No</p>	<p>Professionalism</p> <p>Has the student met the requirements for the following areas of professionalism:</p> <p>Appearance</p> <p>Reliability and attendance</p> <p>Respect for patients</p> <p>Working with colleagues</p> <p style="text-align: right;"><i>Comment:</i></p>

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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: Ms. Anna Robinson
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 28 January 2013 to 15 February 2013

CID: 644414



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>	
<p>Above Expectations</p> <p>Meets Expectation</p> <p>Borderline</p> <p>Below Expectations</p> <p>Unable to Comment</p>		<p>Practical Skills</p> <p>Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOP's), patient safety and infection control)?</p> <p><i>Comment:</i></p>	
<p>Above Expectations</p> <p>Meets Expectation</p> <p>Borderline</p> <p>Below Expectations</p> <p>Unable to Comment</p>		<p>Communication Skills</p> <p>Has the student demonstrated good communication skills (towards patients, relatives and colleagues)?</p> <p><i>Comment:</i></p>	
<p>Above Expectations</p> <p>Meets Expectation</p> <p>Borderline</p> <p>Below Expectations</p> <p>Unable to Comment</p>		<p>Knowledge</p> <p>Has the student applied an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc.) as deemed necessary for the firm?</p> <p><i>Comment:</i></p>	
<p>Yes</p>	<p>Borderline</p>	<p>No</p>	<p>Professionalism</p> <p>Has the student met the requirements for the following areas of professionalism:</p> <p>Appearance</p> <p>Reliability and attendance</p> <p>Respect for patients</p> <p>Working with colleagues</p> <p style="text-align: right;"><i>Comment:</i></p>

Continued overleaf

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"/>		