

## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Mr Kshitiz Gandhi  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 20 August 2012 to 7 September 2012

**CID:** 549536



**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><b>Clinical Skills</b></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															

**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"/>		

## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Miss Charlotte Louise Godfrey  
**Attachment:** GUM/HIV/ID  
**Hospital:** Ealing Hospital  
**Date:** 30 July 2012 to 17 August 2012

**CID:** 548640



**Please tick grade for each domain**

Above Expectations  Meets Expectation  Borderline  Below Expectations  Unable to Comment			<p><b>Clinical Skills</b>                  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:** Mr David Grainger  
**Attachment:** GUM/HIV/ID  
**Hospital:** Ealing Hospital  
**Date:** 30 July 2012 to 17 August 2012

**CID:** 549189



**Please tick grade for each domain**

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

## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Mr Sonal Brindley Hapuarachi  
**Attachment:** GUM/HIV/ID  
**Hospital:** Ealing Hospital  
**Date:** 30 July 2012 to 17 August 2012

**CID:** 551293



**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 Annie Pan He  
**Attachment:** GUM/HIV/ID  
**Hospital:** Ealing Hospital  
**Date:** 30 July 2012 to 17 August 2012

**CID:** 549884



**Please tick grade for each domain**

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## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Miss Guiyi Ho **CID:** 554344  
**Attachment:** GUM/HIV/ID  
**Hospital:** Ealing Hospital  
**Date:** 30 July 2012 to 17 August 2012



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

## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Mr. James William Iliff  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 30 July 2012 to 17 August 2012

**CID:** 596802



**Please tick grade for each domain**

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## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Mr Azharhusein Janmohamed  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 30 July 2012 to 17 August 2012

**CID:** 554630



**Please tick grade for each domain**

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## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Mr Devavrata Joshi  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 30 July 2012 to 17 August 2012

**CID:** 548741



**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

<b>Student Name:</b> Mr Anushka Chethiya Bandara Karunaratne	<b>CID:</b> 511954
<b>Attachment:</b> GUM/HIV/ID	
<b>Hospital:</b> St Mary's Hospital	
<b>Date:</b> 30 July 2012 to 17 August 2012	



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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 Husain Khaki  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 30 July 2012 to 17 August 2012

CID: 549224



**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><b>Clinical Skills</b></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															

**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"/>		

## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Miss Jalpa Kotecha  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 30 July 2012 to 17 August 2012

**CID:** 700961



**Please tick grade for each domain**

Above Expectations  Meets Expectation  Borderline  Below Expectations  Unable to Comment		<p><b>Clinical Skills</b>                  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><b>Practical Skills</b>                  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															

**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"/>		



## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Miss Avni Kothari  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 30 July 2012 to 17 August 2012

**CID:** 551647



**Please tick grade for each domain**

Above Expectations  Meets Expectation  Borderline  Below Expectations  Unable to Comment		<p><b>Clinical Skills</b>                  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><b>Practical Skills</b>                  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															

**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"/>		

**Year 5 GUM/Infectious Diseases/HIV  
Assessment Form**

**Student Name:** Miss Melanie Laura Kwan  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 30 July 2012 to 17 August 2012

**CID:** 553973



**Please tick grade for each domain**

Above Expectations			<b>Clinical Skills</b> Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>
Meets Expectation			
Borderline			
Below Expectations			
Unable to Comment			
Above Expectations			<b>Practical Skills</b> 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>
Meets Expectation			
Borderline			
Below Expectations			
Unable to Comment			
Above Expectations			<b>Communication Skills</b> Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>
Meets Expectation			
Borderline			
Below Expectations			
Unable to Comment			
Above Expectations			<b>Knowledge</b> 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>
Meets Expectation			
Borderline			
Below Expectations			
Unable to Comment			
<b>Yes</b>	<b>Borderline</b>	<b>No</b>	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b> <i>Comment:</i>

**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"/>		

## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Mr Min-Ho Lee  
**Attachment:** GUM/HIV/ID  
**Hospital:** Northwick Park Hospital  
**Date:** 20 August 2012 to 7 September 2012

**CID:** 549936



**Please tick grade for each domain**

Above Expectations  Meets Expectation  Borderline  Below Expectations  Unable to Comment			<p><b>Clinical Skills</b>                  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 suggested areas of improvement:**

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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 Lydia Lilis  
**Attachment:** GUM/HIV/ID  
**Hospital:** Northwick Park Hospital  
**Date:** 20 August 2012 to 7 September 2012

**CID:** 548562



**Please tick grade for each domain**

Above Expectations  Meets Expectation  Borderline  Below Expectations  Unable to Comment			<b>Clinical Skills</b> 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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Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	Date: _____
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		