

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Shadi Abdel-Gadir
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 17 September 2012 to 5 October 2012

CID: 513377



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: Mr Sayed Iftekhhar Al-Aidarous
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 17 September 2012 to 5 October 2012

CID: 551944



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: Miss Riya Amin
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 17 September 2012 to 5 October 2012

CID: 549309



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. Edward Peter Jack Amiry
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 17 September 2012 to 5 October 2012

CID: 642869



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 Sophie Aylett
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 17 September 2012 to 5 October 2012

CID: 643273



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 Hari Sunil Babu
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 17 September 2012 to 5 October 2012

CID: 548553



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 Rosanna Baker-Wilding
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 17 September 2012 to 5 October 2012

CID: 644718



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 Tristan Douglas Hamilton Brown
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 17 September 2012 to 5 October 2012

CID: 554148



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: Mr Ufuk Cengel
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 17 September 2012 to 5 October 2012

CID: 553261



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: Mr. Johnson Yi Hao Chen
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 17 September 2012 to 5 October 2012

CID: 644537



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Long Yin Cheung
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 17 September 2012 to 5 October 2012

CID: 552289



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Emily Bridine Clifford
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 17 September 2012 to 5 October 2012

CID: 508923



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>
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<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: Miss Frances Conti-Ramsden
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 17 September 2012 to 5 October 2012

CID: 638865



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:

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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 Christina Keshini Crossette-Thambiah	CID: 549991
Attachment: GUM/HIV/ID	
Hospital: Chelsea and Westminster Hospital	
Date: 17 September 2012 to 5 October 2012	



Please tick grade for each domain

Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment			<p>Clinical Skills</p> 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 Rhys John Davies
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 8 October 2012 to 26 October 2012

CID: 551096



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: Dr. Anthony Dorr
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 17 September 2012 to 5 October 2012

CID: 504633



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: Mr Thomas Edwards
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 17 September 2012 to 5 October 2012

CID: 553771



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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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Oliver Geoffrey Flannery
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 17 September 2012 to 5 October 2012

CID: 510069



Please tick grade for each domain

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