

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Eman Malhas
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 8 October 2012 to 26 October 2012

CID: 508516



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.

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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 Amy Ellena Katharine Mallorie
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 8 October 2012 to 26 October 2012

CID: 510230



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 the student's strengths:

Please comment on suggested areas of improvement:

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

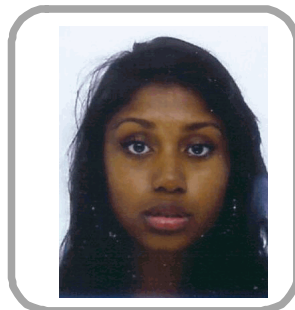
Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

| | | | |
|--------------------|--------------------------|------------------------------|-------------------|
| 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 Ramya Manoharan
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 8 October 2012 to 26 October 2012

CID: 548434



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 the student's strengths:

Please comment on suggested areas of improvement:

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

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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 Isabel Victoria McLuskie
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 8 October 2012 to 26 October 2012

CID: 508968



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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| 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 Benjamin Luke Milne
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 8 October 2012 to 26 October 2012

CID: 549169



Please tick grade for each domain

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

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Maleeha Munnawwar
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 8 October 2012 to 26 October 2012

CID: 508964



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. Huy Quang Nguyen
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 8 October 2012 to 26 October 2012

CID: 550027



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 the student's strengths:

Please comment on suggested areas of improvement:

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

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Kalliste Anna Ronghui Oh
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 8 October 2012 to 26 October 2012

CID: 644349



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 Jemma Oyenuga
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 8 October 2012 to 26 October 2012

CID: 549970



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 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 Jennifer Priti Patel
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 8 October 2012 to 26 October 2012

CID: 549388



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> | | | | | | | | | | | | | | | |
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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.

| | | | |
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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 Radheka Puja Tushar Patel
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 8 October 2012 to 26 October 2012

CID: 513680



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.

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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 Melissa Nicole Petronikolos
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 8 October 2012 to 26 October 2012

CID: 454735



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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| 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> | | | | | | | | | | | | | | | |
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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.

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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: Mr. Alexander Presland
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 8 October 2012 to 26 October 2012

CID: 643986



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

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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 Iniya Rajendran
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 8 October 2012 to 26 October 2012

CID: 513479



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:

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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 Kate Margaret Richmond
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 8 October 2012 to 26 October 2012

CID: 555427



Please tick grade for each domain

| | | | |
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| 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 | <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> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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Please comment on the student's strengths:

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

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Toby Alan Rowland
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 8 October 2012 to 26 October 2012

CID: 549490



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 the student's strengths:

Please comment on suggested areas of improvement:

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