

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

**Student Name:** Mr James Sanjay Samarasekara  
**Attachment:** GUM/HIV/ID  
**Hospital:** Ealing Hospital  
**Date:** 8 October 2012 to 26 October 2012

**CID:** 548674



**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 Oshini Shivakumar  
**Attachment:** GUM/HIV/ID  
**Hospital:** Ealing Hospital  
**Date:** 8 October 2012 to 26 October 2012

**CID:** 707085



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

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

**Student Name:** Miss Rebecca Thoibi Singh  
**Attachment:** GUM/HIV/ID  
**Hospital:** Ealing Hospital  
**Date:** 8 October 2012 to 26 October 2012

**CID:** 549367



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

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

**Student Name:** Mr David John Fergus Smith  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 17 September 2012 to 5 October 2012

**CID:** 507656



**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 Viknesh Sounderajah  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 8 October 2012 to 26 October 2012

**CID:** 549435



**Please tick grade for each domain**

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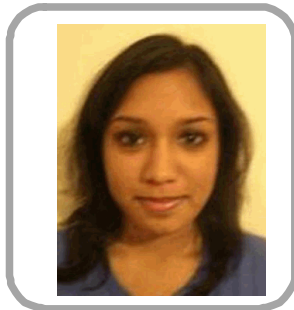
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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

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

**Student Name:** Miss Tharanny Srisatkunam  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 8 October 2012 to 26 October 2012

**CID:** 552914



**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:** Miss Shivane Tharmalingam  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 8 October 2012 to 26 October 2012

**CID:** 508592



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

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

**Student Name:** Miss Eno Umotong  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 8 October 2012 to 26 October 2012

**CID:** 555400



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



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

**Student Name:** Mr Sean Warburton  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 8 October 2012 to 26 October 2012

**CID:** 555142



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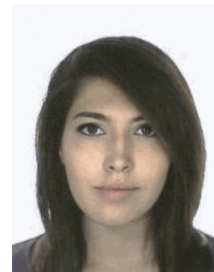
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Below Expectations	<input type="checkbox"/>		

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

**Student Name:** Miss Charlotte Wood  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 8 October 2012 to 26 October 2012

**CID:** 549296



**Please tick grade for each domain**

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**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 Sarah Rachael Young  
**Attachment:** GUM/HIV/ID  
**Hospital:** Northwick Park Hospital  
**Date:** 8 October 2012 to 26 October 2012

**CID:** 642002



**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>															
Above Expectations  Meets Expectation  Borderline  Below Expectations  Unable to Comment			<p><b>Communication Skills</b>                  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><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></p>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Yes</th> <th style="width: 33%;">Borderline</th> <th style="width: 33%;">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><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></p>
Yes	Borderline	No																

**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:**

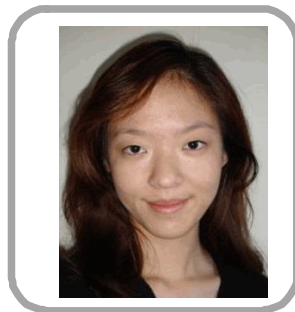
Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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 Jade Chen Zhao  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 8 October 2012 to 26 October 2012

**CID:** 549882



**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:**

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