

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

**Student Name:** Mr Vasileios Acheimastos  
**Attachment:** GUM/HIV/ID  
**Hospital:** Northwick Park Hospital  
**Date:** 25 February 2013 to 15 March 2013

**CID:** 552700



**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															

**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 Shahjahan Ali  
**Attachment:** GUM/HIV/ID  
**Hospital:** Northwick Park Hospital  
**Date:** 25 February 2013 to 15 March 2013

**CID:** 552179



**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>
<p>Above Expectations</p> <p>Meets Expectation</p> <p>Borderline</p> <p>Below Expectations</p> <p>Unable to Comment</p>		<p><b>Practical Skills</b></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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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

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

**Student Name:** Mr. James Jonathan Arthur  
**Attachment:** GUM/HIV/ID  
**Hospital:** Northwick Park Hospital  
**Date:** 25 February 2013 to 15 March 2013

**CID:** 642604



**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 Neha Bansal  
**Attachment:** GUM/HIV/ID  
**Hospital:** Northwick Park Hospital  
**Date:** 25 February 2013 to 15 March 2013

**CID:** 549978



**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>		
Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment	<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>		
Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment	<b>Communication Skills</b>		
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	<i>Comment:</i>		
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	<i>Comment:</i>		
<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>
			<i>Comment:</i>
			<b>Reliability and attendance</b>
			<b>Respect for patients</b>
			<b>Working with colleagues</b>

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



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

**Student Name:** Miss Ruby Blevings  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 25 February 2013 to 15 March 2013

**CID:** 548468



**Please tick grade for each domain**

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

**Student Name:** Ms. Esther Ern-Hwei Chan  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 25 February 2013 to 15 March 2013

**CID:** 552410



**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 LiYan Chow  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 25 February 2013 to 15 March 2013

**CID:** 551644



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

**Student Name:** Mr Edward James Hamilton Collier  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 25 February 2013 to 15 March 2013

**CID:** 548665



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

**Student Name:** Mr Dominic Cottrell  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 25 February 2013 to 15 March 2013

**CID:** 552367



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

**Student Name:** Mr Sahil Nishit Dadia  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 25 February 2013 to 15 March 2013

**CID:** 549909



**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 Prathiba Madhubasha De Silva  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 25 February 2013 to 15 March 2013

**CID:** 554763



**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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<p><b>Yes</b></p> <p><b>Borderline</b></p> <p><b>No</b></p>		<p><b>Professionalism</b></p> <p>Has the student met the requirements for the following areas of professionalism:</p> <p><b>Appearance</b></p> <p><b>Reliability and attendance</b></p> <p><b>Respect for patients</b></p> <p><b>Working with colleagues</b></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"/>		

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

**Student Name:** Miss Teesta Dey  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 25 February 2013 to 15 March 2013

**CID:** 549687



**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															

**Continued overleaf**

**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.

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 Thomas Durrands  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 25 February 2013 to 15 March 2013

**CID:** 550359



**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																

**Continued overleaf**

**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.

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. Terry John Evans  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 18 March 2013 to 12 April 2013

**CID:** 598076



**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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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 Nour El Halim Fourali  
**Attachment:** GUM/HIV/ID  
**Hospital:** Ealing Hospital  
**Date:** 25 February 2013 to 15 March 2013

**CID:** 510102



**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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**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"/>		