

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Mahi Pal Singh Gill
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 25 February 2013 to 15 March 2013

CID: 552213



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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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:

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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 Sarah Hancox
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 25 February 2013 to 15 March 2013

CID: 555444



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 Minato Hata
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 25 February 2013 to 15 March 2013

CID: 550800



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Kalon Hewage
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 25 February 2013 to 15 March 2013

CID: 553278



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 Nizar Ahmed Ismail
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 25 February 2013 to 15 March 2013

CID: 469147



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Hayley Elizabeth Jones
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 25 February 2013 to 15 March 2013

CID: 707067



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 Monil Karia
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 25 February 2013 to 15 March 2013

CID: 548927



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 Emma Mary Kenney-Herbert
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 25 February 2013 to 15 March 2013

CID: 640049



Please tick grade for each domain

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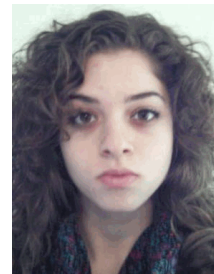
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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Christina Niovi Kontoghiorghe
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 25 February 2013 to 15 March 2013

CID: 548937



Please tick grade for each domain

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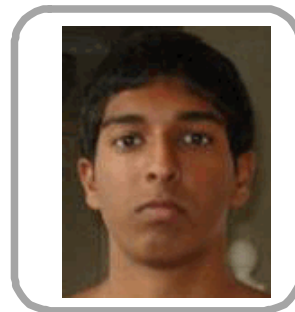
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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Dean Ajanthan Kulendran
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 18 March 2013 to 12 April 2013

CID: 548771



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Victoria Laxton
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 18 March 2013 to 12 April 2013

CID: 554525



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Robert Ley Greaves
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 18 March 2013 to 12 April 2013

CID: 548759



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>
<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>

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"/>		