

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Ewan MacKay
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 18 March 2013 to 12 April 2013

CID: 555077



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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<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 Jasmine Kaur Mann
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 18 March 2013 to 12 April 2013

CID: 554519



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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Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Edward Middleton **CID:** 553792
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 25 February 2013 to 15 March 2013



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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Zahira Sultan Mohamed
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 18 March 2013 to 12 April 2013

CID: 549332



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. Anas Nader
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 18 March 2013 to 12 April 2013

CID: 598984



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 Christie Catherine Alice Noble

CID: 552566

Attachment: GUM/HIV/ID

Hospital: Chelsea and Westminster Hospital

Date: 18 March 2013 to 12 April 2013



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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Folasade Onakoya
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 18 March 2013 to 12 April 2013

CID: 640762



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 Aarti Patel
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 18 March 2013 to 12 April 2013

CID: 548970



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Miraj Patel
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 18 March 2013 to 12 April 2013

CID: 551836



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Jack Pearce
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 18 March 2013 to 12 April 2013

CID: 553637



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Joanna Danielle Poole
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 18 March 2013 to 12 April 2013

CID: 551663



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Moiz Tariq Qureshi
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 18 March 2013 to 12 April 2013

CID: 553598



Please tick grade for each domain

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<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>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>
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:

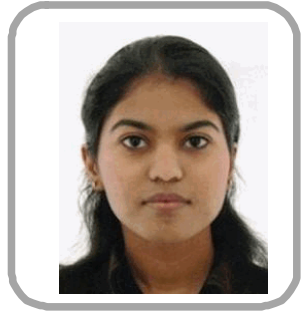
Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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 Mohana Ratnapalan
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 18 March 2013 to 12 April 2013

CID: 643965



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															

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 William Roffey
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 18 March 2013 to 12 April 2013

CID: 555076



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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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.

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