

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Munraj Gill
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 22 April 2013 to 10 May 2013

CID: 549026



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:

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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 Hannah Gould Brown
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 22 April 2013 to 10 May 2013

CID: 452219



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 Christopher Graham
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 22 April 2013 to 10 May 2013

CID: 552602



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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Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Graham Hantman
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 22 April 2013 to 10 May 2013

CID: 552702



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. Nicholas Mark Edward Hayward

CID: 635917

Attachment: GUM/HIV/ID

Hospital: Ealing Hospital

Date: 22 April 2013 to 10 May 2013



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Nader Henry
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 22 April 2013 to 10 May 2013

CID: 549902



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 Alexandra Carmen Ho
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 22 April 2013 to 10 May 2013

CID: 509121



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 Ali Hosin
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 22 April 2013 to 10 May 2013

CID: 551083



Please tick grade for each domain

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Borderline			
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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Paramdeep Singh Jandu
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 22 April 2013 to 10 May 2013

CID: 509371



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 Zhaosheng Jims Jin
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 22 April 2013 to 10 May 2013

CID: 549514



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Nathan Philip Jones
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 22 April 2013 to 10 May 2013

CID: 548825



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Sarah Ho Jen Law
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 22 April 2013 to 10 May 2013

CID: 551204



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 Rebecca Aroha Le Vay
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 22 April 2013 to 10 May 2013

CID: 551430



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>															
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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 Huanghuan Li
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 22 April 2013 to 10 May 2013

CID: 553472



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>	
Yes	Borderline	No	<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: Mr Wing-Kin Liu
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 13 May 2013 to 31 May 2013

CID: 548594



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 <i>Comment:</i></p> <p>Reliability and attendance</p> <p>Respect for patients</p> <p>Working with colleagues</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.

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