

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Gregory Manning
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 13 May 2013 to 31 May 2013

CID: 555903



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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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"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Timothy James Marshall
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 13 May 2013 to 31 May 2013

CID: 552501



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 Eve-Elizabeth McDermott
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 13 May 2013 to 31 May 2013

CID: 551652



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Sami Michaels
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 13 May 2013 to 31 May 2013

CID: 467124



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Kush Naker
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 13 May 2013 to 31 May 2013

CID: 552250



Please tick grade for each domain

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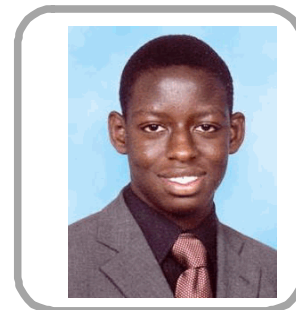
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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr William Ocen
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 13 May 2013 to 31 May 2013

CID: 509711



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Chinenye Doris Oparah
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 13 May 2013 to 31 May 2013

CID: 553945



Please tick grade for each domain

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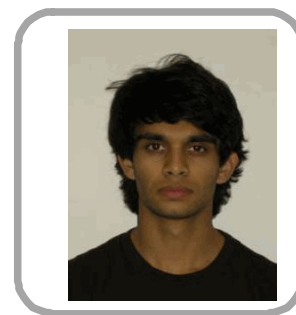
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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Amish Patel
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 13 May 2013 to 31 May 2013

CID: 552282



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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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Nisha Patel
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 13 May 2013 to 31 May 2013

CID: 549627



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Steven Peebles
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 13 May 2013 to 31 May 2013

CID: 551742



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Karan Prakash
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 13 May 2013 to 31 May 2013

CID: 513715



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Chandni Radia
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 13 May 2013 to 31 May 2013

CID: 511903



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>															
Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment		<p>Knowledge 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>															
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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		Consultant Name:	Student Signature
Meets Expectations		Signature: _____ Date: _____	Date: _____
Borderline			
Below Expectations			

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Suzanne Catherine Rayner
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 13 May 2013 to 31 May 2013

CID: 511261



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>

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 Frances Rose
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 13 May 2013 to 31 May 2013

CID: 549341



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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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"/>		