

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Markus Ludwig Sagmeister
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 13 May 2013 to 31 May 2013

CID: 553128



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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Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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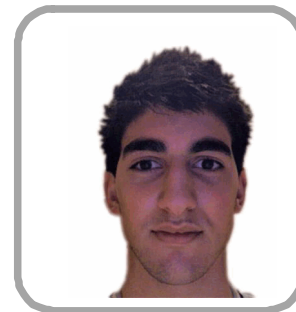
Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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"/>		
	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

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

CID: 551988



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 Mantej Singh Sehmbhi
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 13 May 2013 to 31 May 2013

CID: 551712



Please tick grade for each domain

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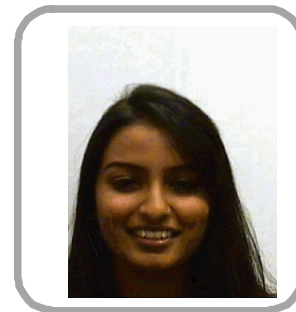
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Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Aarohi Shah
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 13 May 2013 to 31 May 2013

CID: 553371



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr. Mohammad Shahzad
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 13 May 2013 to 31 May 2013

CID: 642196



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Buddhi Maneesha Silva
Attachment: GUM/HIV/ID
Hospital: Ealing Hospital
Date: 13 May 2013 to 31 May 2013

CID: 548457



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Joseph Andrew Simmonds

CID: 509520

Attachment: GUM/HIV/ID

Hospital: Ealing Hospital

Date: 13 May 2013 to 31 May 2013



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

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

CID: 552515



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

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

CID: 548589



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

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

CID: 548914



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Dev Hitesh Thakker
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 13 May 2013 to 31 May 2013

CID: 508014



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

Year 5 GUM/Infectious Diseases/HIV Assessment Form

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

CID: 553338



Please tick grade for each domain

Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment			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>															
Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment			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>															
Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment			Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>															
Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment			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>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Yes</th> <th style="width: 25%;">Borderline</th> <th style="width: 25%;">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															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>
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 Juliet Cristina Maria Zani
Attachment: GUM/HIV/ID
Hospital: St Mary's Hospital
Date: 13 May 2013 to 31 May 2013

CID: 707088



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.

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"/>		