# **Year 5 Paediatrics Residency Assessment**

Student Name: Mr Imran Ahmed CID: 549796

Attachment: Paediatrics Residency Ealing Hospital

**Date:** 8 October 2012 to 19 October 2012



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
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Please comment on suggested areas of improvement:	
If unable to comment, please give reasons:	
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Please indicate the student's overall performance during residency					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations (You MUST give comments)				Date:	

# **Year 5 Paediatrics Residency Assessment**

Student Name: Dr. Hind Al-Qassab CID: 401200

Attachment: Paediatrics Residency

Hospital: Chelsea and Westminster Hospital

Date: 8 October 2012 to 19 October 2012



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	\
Please comment on suggested areas of improvement:	
If unable to comment, please give reasons:	

Please indicate the student's overall performance during residency					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations (You MUST give comments)				Date:	

# **Year 5 Paediatrics Residency Assessment**

Student Name: Miss Arvinder Athwal CID: 548458

**Attachment:** Paediatrics Residency

Hospital: Chelsea and Westminster Hospital

Date: 8 October 2012 to 19 October 2012



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	1	
Please comment on suggested areas of improvement:		
If unable to comment, please give reasons:		

Please indicate the student's overall performance during residency					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations (You MUST give comments)				Date:	

# **Year 5 Paediatrics Residency Assessment**

Student Name: Mr Inmook Bae CID: 467114

Attachment: Paediatrics Residency Good Hope Hospital

**Date:** 8 October 2012 to 19 October 2012



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
Please comment on suggested areas of improvement:	
If unable to comment, please give reasons:	

Please indicate the student's overall performance during residency					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations (You MUST give comments)				Date:	

# **Year 5 Paediatrics Residency Assessment**

Student Name: Mr Bardia Barimani CID: 549474

Attachment: Paediatrics Residency Hillingdon Hospital

**Date:** 8 October 2012 to 19 October 2012



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
Please comment on suggested areas of improvement:	
If unable to comment, please give reasons:	

Please indicate the student's overall performance during residency					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations (You MUST give comments)				Date:	

# **Year 5 Paediatrics Residency Assessment**

Student Name: Mr Stefan Bauer CID: 513482

Attachment: Paediatrics Residency Ealing Hospital

**Date:** 8 October 2012 to 19 October 2012



#### Supervisor / Tutor's feedback:

F	Please comment on the student's strengths:
F	Please comment on suggested areas of improvement:
It	f unable to comment, please give reasons:

Please indicate the student's overall performance during residency					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations (You MUST give comments)				Date:	

# **Year 5 Paediatrics Residency Assessment**

Student Name: Miss Grace Elisabeth Emily Britton CID: 512676

Attachment: Paediatrics Residency Royal Berkshire Hospital

**Date:** 8 October 2012 to 19 October 2012



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
Please comment on suggested areas of improvement:	
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If unable to comment, please give reasons:	
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Please indicate the student's overall performance during residency						
Above Expectations		Supervisor / Tutor's Name:		Student Signature		
Meets Expectations						
Borderline		Signature:	Date:			
Below Expectations (You MUST give comments)				Date:		

# **Year 5 Paediatrics Residency Assessment**

Student Name: Miss Hannah Bryars CID: 452285

Attachment: Paediatrics Residency Ealing Hospital

**Date:** 8 October 2012 to 19 October 2012



#### Supervisor / Tutor's feedback:

,	Please comment on the student's strengths:	1
	Please comment on suggested areas of improvement:	
	If unable to comment, please give reasons:	

Please indicate the student's overall performance during residency						
Above Expectations		Supervisor / Tutor's Name:		Student Signature		
Meets Expectations						
Borderline		Signature:	Date:			
Below Expectations (You MUST give comments)				Date:		

# **Year 5 Paediatrics Residency Assessment**

Student Name: Mr Samuel Byrne CID: 551899

Attachment: Paediatrics Residency Horton Hospital

**Date:** 8 October 2012 to 19 October 2012



#### Supervisor / Tutor's feedback:

7	Please comment on the student's strengths:	1	
	Please comment on suggested areas of improvement:		
	If unable to comment, please give reasons:		

Please indicate the student's overall performance during residency						
Above Expectations		Supervisor / Tutor's Name:		Student Signature		
Meets Expectations						
Borderline		Signature:	Date:			
Below Expectations (You MUST give comments)				Date:		

# **Year 5 Paediatrics Residency Assessment**

Student Name: Mr Samuel Chee CID: 470599

Attachment: Paediatrics Residency Northwick Park Hospital

**Date:** 8 October 2012 to 19 October 2012



#### Supervisor / Tutor's feedback:

7	Please comment on the student's strengths:	1	
	Please comment on suggested areas of improvement:		
	If unable to comment, please give reasons:		

Please indicate the student's overall performance during residency						
Above Expectations		Supervisor / Tutor's Name:		Student Signature		
Meets Expectations						
Borderline		Signature:	Date:			
Below Expectations (You MUST give comments)				Date:		

# **Year 5 Paediatrics Residency Assessment**

**Student Name:** Miss Elise Yi Jin Chua CID: 554029

Attachment: Paediatrics Residency Northwick Park Hospital

Date: 8 October 2012 to 19 October 2012



#### Supervisor / Tutor's feedback:

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,	Please comment on the student's strengths:
	Please comment on suggested areas of improvement:
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	If unable to comment, please give reasons:

Please indicate the student's overall performance during residency						
Above Expectations		Supervisor / Tutor's Name:		Student Signature		
Meets Expectations						
Borderline		Signature:	Date:			
Below Expectations (You MUST give comments)				Date:		

# **Year 5 Paediatrics Residency Assessment**

Student Name: Miss Katerina Constantinou CID: 554474

Attachment: Paediatrics Residency Ealing Hospital

**Date:** 8 October 2012 to 19 October 2012



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
Please comment on suggested areas of improvement:	
If unable to comment, please give reasons:	
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Please indicate the student's overall performance during residency						
Above Expectations		Supervisor / Tutor's Name:		Student Signature		
Meets Expectations						
Borderline		Signature:	Date:			
Below Expectations (You MUST give comments)				Date:		

# **Year 5 Paediatrics Residency Assessment**

**Student Name:** Miss Lauren Crook CID: 549354

Attachment: Paediatrics Residency St Mary's Hospital

**Date:** 8 October 2012 to 19 October 2012



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
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Please comment on suggested areas of improvement:	
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If unable to comment, please give reasons:	
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Please indicate the student's overall performance during residency					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations (You MUST give comments)				Date:	

# **Year 5 Paediatrics Residency Assessment**

Student Name: Miss Harriet Claire Davidson CID: 707045

Attachment: Paediatrics Residency
Stoke Mandeville Hospital

**Date:** 8 October 2012 to 19 October 2012



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
Please comment on suggested areas of improvement:	
If unable to comment, please give reasons:	

Please indicate the student's overall performance during residency						
Above Expectations		Supervisor / Tutor's Name:		Student Signature		
Meets Expectations						
Borderline		Signature:	Date:			
Below Expectations (You MUST give comments)				Date:		

# **Year 5 Paediatrics Residency Assessment**

**Student Name:** Miss Frances E M Dixon CID: 512538

Attachment: Paediatrics Residency
Hospital: Stoke Mandeville Hospital

**Date:** 8 October 2012 to 19 October 2012



#### Supervisor / Tutor's feedback:

	Please comment on the student's strengths:	
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	Please comment on suggested areas of improvement:	
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	If unable to comment, please give reasons:	
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Please indicate the student's overall performance during residency					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations (You MUST give comments)				Date:	

# **Year 5 Paediatrics Residency Assessment**

Student Name: Mr Agneish Dutta CID: 552878

Attachment: Paediatrics Residency St Mary's Hospital

**Date:** 8 October 2012 to 19 October 2012



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:		
Please comment on suggested areas of improvement:		
If unable to comment, please give reasons:		
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Please indicate the student's overall performance during residency						
Above Expectations		Supervisor / Tutor's Name:		Student Signature		
Meets Expectations						
Borderline		Signature:	Date:			
Below Expectations (You MUST give comments)				Date:		