# **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Mr Mahi Pal Singh Gill CID: 552213

Attachment: Paediatrics Core Hospital

Hospital: Ealing Hospital

**Date:** 22 April 2013 to 7 June 2013



### Supervisor / Tutor's feedback:

Please comment on the student's strengths:		
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	- 1	
	- 1	
Please comment on suggested areas of improvement:	- 1	
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If unable to comment, please give reasons:	- 1	
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Please indicate the student's overall performance during the core rotation					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations You <u>MUST</u> give comments)				Date:	

# **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Miss Sarah Hancox CID: 555444

Attachment: Paediatrics Core Hospital
Hospital: North West London Hospitals
Date: 22 April 2013 to 7 June 2013



### 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:	
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Please indicate the student's overall performance during the core rotation				
Above Expectations		Supervisor / Tutor's Name:		Student Signature
Meets Expectations				
Borderline		Signature:	Date:	
Below Expectations You <u>MUST</u> give comments)				Date:

# **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Miss Minato Hata CID: 550800

Attachment: Paediatrics Core Hospital

Hospital: Chelsea and Westminster Hospital

Date: 22 April 2013 to 7 June 2013



### 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:	
Ple	ease indicate the student's overall performance during the core rotation	

Please indicate the student's overall performance during the core rotation					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations You <u>MUST</u> give comments)				Date:	

# **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Mr Kalon Hewage CID: 553278

**Attachment:** Paediatrics Core Hospital

Hospital: Chelsea and Westminster Hospital

Date: 22 April 2013 to 7 June 2013



### Supervisor / Tutor's feedback:

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

Please indicate the student's overall performance during the core rotation				
Above Expectations		Supervisor / Tutor's Name:		Student Signature
Meets Expectations				
Borderline		Signature:	Date:	
Below Expectations You <u>MUST</u> give comments)				Date:

# **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Mr. Julian Zhen Yu Hong CID: 644074

**Attachment:** Paediatrics Core Hospital

Hospital: Chelsea and Westminster Hospital

Date: 22 April 2013 to 7 June 2013



### 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 the core rotation					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations You <u>MUST</u> give comments)				Date:	

# **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Mr Nizar Ahmed Ismail CID: 469147

Attachment: Paediatrics Core Hospital St Mary's Hospital

**Date:** 22 April 2013 to 7 June 2013



### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
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Please comment on suggested areas of improvement:	ı
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Please indicate the student's overall performance during the core rotation				
Above Expectations		Supervisor / Tutor's Name:		Student Signature
Meets Expectations				
Borderline		Signature:	Date:	
Below Expectations You <u>MUST</u> give comments)				Date:

# **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Miss Hayley Elizabeth Jones CID: 707067

Attachment: Paediatrics Core Hospital St Mary's Hospital

**Date:** 22 April 2013 to 7 June 2013



#### 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 the core rotation				
Above Expectations		Supervisor / Tutor's Name:		Student Signature
Meets Expectations				
Borderline		Signature:	Date:	
Below Expectations You <u>MUST</u> give comments)				Date:

# **Year 5 Paediatrics Core Rotation Assessment**

CID: 548927

Student Name: Mr Monil Karia

Attachment: Paediatrics Core Hospital

Hospital: Chelsea and Westminster Hospital

Date: 22 April 2013 to 7 June 2013



### 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:	
ΡΙ	ease indicate the student's overall performance during the core rotation	
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Please indicate the student's overall performance during the core rotation				
Above Expectations		Supervisor / Tutor's Name:		Student Signature
Meets Expectations				
Borderline		Signature:	Date:	
Below Expectations You MUST give comments)				Date:

# **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Miss Emma Mary Kenney-Herbert CID: 640049

**Attachment:** Paediatrics Core Hospital

Hospital: Chelsea and Westminster Hospital

Date: 22 April 2013 to 7 June 2013



### 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 the core rotation				
Above Expectations		Supervisor / Tutor's Name:		Student Signature
Meets Expectations				
Borderline		Signature:	Date:	
Below Expectations You <u>MUST</u> give comments)				Date:

Meets Expectations

Below Expectations
You MUST give comments)

Borderline

Signature:

# **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Miss Christina Niovi Kontoghiorghe CID: 548937

**Attachment:** Paediatrics Core Hospital

Hospital: Chelsea and Westminster Hospital

Date: 22 April 2013 to 7 June 2013



### Supervisor / Tutor's feedback:

May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.

	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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PI	Please indicate the student's overall performance during the core rotation  Above Expectations  Supervisor / Tutor's Name:  Student Sig	nature
	Supervisor / rutors rvaine.	

Date:

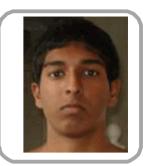
Date:

# **Year 5 Paediatrics Core Rotation Assessment**

**Student Name:** Mr Dean Ajanthan Kulendran CID: 548771

Attachment: Paediatrics Core Hospital
St Mary's Hospital

**Date:** 22 April 2013 to 7 June 2013



### Supervisor / Tutor's feedback:

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

## **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Miss Victoria Laxton CID: 554525

Attachment: Paediatrics Core Hospital
St Mary's Hospital

**Date:** 22 April 2013 to 7 June 2013



#### 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 stu	uder	t's overall performance during the co	ore rotation	
Above Expectations		Supervisor / Tutor's Name:		Student Signature
Meets Expectations				
Borderline		Signature:	Date:	
Below Expectations You <u>MUST</u> give comments)				Date:

# **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Mr Robert Ley Greaves CID: 548759

Attachment: Paediatrics Core Hospital St Mary's Hospital

**Date:** 22 April 2013 to 7 June 2013



### 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 the core rotation				
Above Expectations		Supervisor / Tutor's Name:		Student Signature
Meets Expectations				
Borderline		Signature:	Date:	
Below Expectations You <u>MUST</u> give comments)				Date: