Year 5 Paediatrics Residency Assessment

Student Name: Miss Sandy Ghattas CID: 553483

Attachment: Paediatrics Residency Southend Hospital

Date: 26 November 2012 to 7 December 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:	
Ple	lease indicate the student's overall performance during residency	

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 Zhong Min Goh CID: 552498

Attachment: Paediatrics Residency
West Middlesex Hospital

Date: 26 November 2012 to 7 December 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:	
	The state of the s	
Ρl	lease indicate the student's overall performance during residency	

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:		

Meets Expectations

Below Expectations (You MUST give comments)

Borderline

Signature:

Year 5 Paediatrics Residency Assessment

Student Name: Miss Sarah Anna Grover CID: 549339

Attachment: Paediatrics Residency

Hospital: Chelsea and Westminster Hospital

Date: 26 November 2012 to 7 December 2012



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 o	n the student's strengths:		
	Please comment o	n suggested areas of impr	ovement:	
	If unable to comme	ent, please give reasons:		
Ple	ease indicate the stud	lent's overall performance de	uring residency	
	Above Expectations	Supervisor / Tutor's Name:		Student Signature

Date:

Meets Expectations

Below Expectations (You MUST give comments)

Borderline

Signature:

Year 5 Paediatrics Residency Assessment

Student Name: Miss Lindsay Hennah CID: 508302

Attachment: Paediatrics Residency
Hospital: St Mary's Hospital

Date: 26 November 2012 to 7 December 2012



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:	
ΡΙ	ease indicate the student's overall performance during residency	
	Above Expectations Supervisor / Tutor's Name:	Student Signature

Date:

Year 5 Paediatrics Residency Assessment

Student Name: Miss Danielle Wei Ling Ho CID: 551426

Attachment: Paediatrics Residency Ealing Hospital

Date: 26 November 2012 to 7 December 2012



Supervisor / Tutor's feedback:

Please comment on the student's streng	gths:	
Please comment on suggested areas of	improvement:	
If unable to comment, please give reaso	ons:	
Please indicate the student's overall performan	nce during residency	

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 Marie Houdmont CID: 507115

Attachment: Paediatrics Residency Ealing Hospital

Date: 26 November 2012 to 7 December 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:		

Meets Expectations

Below Expectations

(You MUST give comments)

Borderline

Signature:

Year 5 Paediatrics Residency Assessment

Student Name: Miss Hannah Chu-Han Huang CID: 554460

Attachment: Paediatrics Residency Northwick Park Hospital

Date: 26 November 2012 to 7 December 2012



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 o	n the student's strengths:		
	Please comment o	n suggested areas of impr	ovement:	
	If unable to comme	ent, please give reasons:		
Ple	ease indicate the stud	lent's overall performance de	uring residency	
	Above Expectations	Supervisor / Tutor's Name:		Student Signature

Date:

Year 5 Paediatrics Residency Assessment

Student Name: Mr Abhishek Kakkar CID: 507326

Attachment: Paediatrics Residency
Hospital: Queen Alexandra Hospital

Date: 26 November 2012 to 7 December 2012



Student Signature

Date:

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 indicate the student's overall performance during residency

Signature:

Supervisor / Tutor's Name:

Above Expectations

Meets Expectations

Below Expectations

(You MUST give comments)

Borderline

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:	

Year 5 Paediatrics Residency Assessment

Student Name: Mr Neeraj Kalra CID: 553375

Attachment: Paediatrics Residency Hillingdon Hospital

Date: 26 November 2012 to 7 December 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 Rajit Khosla CID: 548869

Attachment: Paediatrics Residency Medway Hospital

Date: 26 November 2012 to 7 December 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 Marie Kubo CID: 510112

Attachment: Paediatrics Residency Royal Berkshire Hospital

Date: 26 November 2012 to 7 December 2012



Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
. reade comment on the statement of the original	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 Charlotte Lake CID: 510645

Attachment: Paediatrics Residency Hillingdon Hospital

Date: 26 November 2012 to 7 December 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:	
\		
Pl	lease indicate the student's overall performance during residency	
	Above Expectations Student Signature	

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 Philippa Lee CID: 548566

Attachment: Paediatrics Residency Northwick Park Hospital

Date: 26 November 2012 to 7 December 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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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 Benjamin Blake Lindsey CID: 549709

Attachment: Paediatrics Residency Ninewells Hospital

Date: 26 November 2012 to 7 December 2012



Supervisor / Tutor's feedback:

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ent on the student's strengths.
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omment, 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:	