Year 5 Paediatrics Residency Assessment

Student Name: Miss Eman Malhas CID: 508516

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:

Above Expectations

Meets Expectations

Below Expectations

(You MUST give comments)

Borderline

Year 5 Paediatrics Residency Assessment

Student Name: Miss Amy Ellena Katharine Mallorie CID: 510230

Attachment: Paediatrics Residency Horton 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.

Supervisor / Tutor's Name:

Signature:

	Please comment on the student's strengths:	
	Please comment on suggested areas of improvement:	
	If unable to comment, please give reasons:	
PΙθ	ease indicate the student's overall performance during residency	

Year 5 Paediatrics Residency Assessment

Student Name: Miss Ramya Manoharan CID: 548434

Attachment: Paediatrics Residency Northwick Park 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 Isabel Victoria McLuskie CID: 508968

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:	

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 Luke Milne CID: 549169

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 Maleeha Munnawwar CID: 508964

Attachment: Paediatrics Residency Hillingdon 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:	
Please comment on suggested areas of improvement:	
If unable to comment, please give reasons:	

Year 5 Paediatrics Residency Assessment

Student Name: Mr. Huy Quang Nguyen CID: 550027

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 Kalliste Anna Ronghui Oh CID: 644349

Attachment: Paediatrics Residency
Hospital: Stoke Mandeville Hospital

Date: 26 November 2012 to 7 December 2012



Supervisor / Tutor's feedback:

Disease somewhat are the atrial anti-saturanting.	
Please comment on the student's strengths:	
Please comment on suggested areas of improvement:	
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 Jedda Oyenuga CID: 549970

Attachment: Paediatrics Residency Southend Hospital

Date: 26 November 2012 to 7 December 2012

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



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

Meets Expectations

Below Expectations

(You MUST give comments)

Borderline

Signature:

Year 5 Paediatrics Residency Assessment

Student Name: Miss Jennifer Priti Patel CID: 549388

Attachment: Paediatrics Residency Hammersmith 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:	
PΙε	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 Radheka Puja Tushar Patel CID: 513680

Attachment: Paediatrics Residency St Mary's 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 strongths:	
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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Year 5 Paediatrics Residency Assessment

Student Name: Miss Melissa Nicole Petronikolos CID: 454735

Attachment: Paediatrics Residency Kingston 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:

Above Expectations

Meets Expectations

Below Expectations

(You MUST give comments)

Borderline

Year 5 Paediatrics Residency Assessment

Student Name: Mr. Alexander Presland CID: 643986

Attachment: Paediatrics Residency
Hospital: Good Hope 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.

Supervisor / Tutor's Name:

Signature:

	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

Meets Expectations

Below Expectations

(You MUST give comments)

Borderline

Year 5 Paediatrics Residency Assessment

Student Name: Miss Iniya Rajendran CID: 513479

Attachment: Paediatrics Residency

Hospital: Chelsea and Westminster 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.

Supervisor / Tutor's Name:

Signature:

	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 residency	

Year 5 Paediatrics Residency Assessment

Student Name: Miss Kate Margaret Richmond CID: 555427

Attachment: Paediatrics Residency Hammersmith Hospital

Date: 26 November 2012 to 7 December 2012

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



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

Year 5 Paediatrics Residency Assessment

Student Name: Mr Toby Alan Rowland CID: 549490

Attachment: Paediatrics Residency

Hospital: Chelsea and Westminster 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	

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:	