Year 5 Paediatrics Residency Assessment

Student Name: Mr James Sanjay Samarasekara CID: 548674

Attachment: Paediatrics Residency Northwick Park Hospital

Date: 26 November 2012 to 7 December 2012



Supervisor / Tutor's feedback:

Borderline

Below Expectations (You MUST give comments)

Signature:

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 t	ne student's strengths:	
	Please comment	on s	uggested areas of improvement:	
	If unable to comm	nent	please give reasons:	
Pl	ease indicate the stu	uden	's overall performance during residency	
	Above Expectations		Supervisor / Tutor's Name:	Student Signature
	Meets Expectations			

Date:

Year 5 Paediatrics Residency Assessment

Student Name: Miss Oshini Shivakumar CID: 707085

Attachment: Paediatrics Residency
St Mary's 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 Rebecca Thoibi Singh CID: 549367

Attachment: Paediatrics Residency
St Mary's Hospital

Date: 26 November 2012 to 7 December 2012



Supervisor / Tutor's feedback:

Diseas comment on the student's strangther	
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 David John Fergus Smith CID: 507656

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:	
DI	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 Viknesh Sounderajah CID: 549435

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:	
	l
If unable to comment, please give reasons:	
	/

Year 5 Paediatrics Residency Assessment

Student Name: Miss Tharanny Srisatkunam CID: 552914

Attachment: Paediatrics Residency

Hospital: Milton Keynes General 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 Shivanee Tharmalingam CID: 508592

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:		

Year 5 Paediatrics Residency Assessment

Student Name: Miss Eno Umotong CID: 555400

Attachment: Paediatrics Residency Pilgrim 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 Sean Warburton CID: 555142

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:	
in unable to comment, prease 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 Wood CID: 549296

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:		

Year 5 Paediatrics Residency Assessment

Student Name: Miss Sarah Rachael Young CID: 642002

Attachment: Paediatrics Residency

Borderline

Below Expectations

You MUST give comments)

Signature:

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.

/ I	Please comment	on t	ne student's strengths:	
	Please comment	on s	uggested areas of improvement:	
	If unable to comm	ant	please give reasons:	
		10110	picuse give reasons.	
Plea	ase indicate the stu	ıden	s overall performance during residency	
А	bove Expectations		Supervisor / Tutor's Name:	Student Signature
١	Meets Expectations			

Date:

Year 5 Paediatrics Residency Assessment

Student Name: Miss Jade Chen Zhao CID: 549882

Attachment: Paediatrics Residency
West Middlesex 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:		
	1	
Please comment on suggested areas of improvement:		
If unable to comment, please give reasons:		