

Team assessment of behaviour (TAB)

Assessor's position:	CT/ST1 or above/SpR <input type="checkbox"/>	Consultant/ GP <input type="checkbox"/>	Senior nurse (Band 5+) <input type="checkbox"/>	Allied health professional (please specify)	Other team member (please specify)
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Name of foundation doctor:		GMC number:	
Training period From:		To:	
Local education provider :		Specialty:	

Please use the comments box to commend good behaviour and to describe any behaviour which is causing you concern. Give specific examples. This form will be sent to the foundation doctor's educational supervisor, who may ask you privately to enlarge on any concern about behaviour you report. At least nine other forms will also be considered. The foundation doctor will receive private feedback but you will not be identified in person without an advanced discussion with you.

<i>Attitude and/or behaviour</i>	<i>No concern</i>	<i>Some concern</i>	<i>Major concern</i>	COMMENTS: <i>Anything especially good? If you cannot give an opinion due to lack of knowledge of the foundation doctor say so here. You must specifically comment on any concern about behaviour and this should reflect the trainee's behaviour over time – not usually just a single incident.</i>
Maintaining trust/professional relationship with patients <ul style="list-style-type: none"> • Listens • Is polite and caring • Shows respect for patients' opinions, privacy, dignity, and is unprejudiced 				
Verbal communication skills <ul style="list-style-type: none"> • Gives understandable information • Speaks good English, at the appropriate level for the patient 				

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Team-working/working with colleagues <ul style="list-style-type: none"> • Respects others' roles, and works constructively in the team • Hands over effectively, and communicates well • Is unprejudiced, supportive and fair 				
Accessibility <ul style="list-style-type: none"> • Accessible • Takes proper responsibility. Only delegates appropriately. • Does not shirk duty • Responds when called. Arranges cover for absence 				

Name of assessor: _____

Signature: _____

Date: _____

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