

## Team assessment of behaviour (TAB)

Anonymised data may be used for research, audit or evaluation

### Foundation doctor

Name of Foundation Doctor	
GMC No	
Training period from	
Training period to	
Local education provider	
Specialty	

### Assessor's position/role

Select one only

		<i>Consultant / Trained GP</i>
<input type="radio"/>		Educational supervisor
<input type="radio"/>		Clinical supervisor
<input type="radio"/>		Educational and clinical supervisor
<input type="radio"/>		Other consultant
<input type="radio"/>		GP principal
<input type="radio"/>		Sessional GP
<input type="radio"/>		GP associate
<input type="radio"/>		SAS doctor (trained to GMC supervisor standards)

		<i>Senior nurse (band 5 or above)</i>
<input type="radio"/>		Sister / charge nurse
<input type="radio"/>		Specialist nurse sister
<input type="radio"/>		Staff nurse
<input type="radio"/>		Practice nurse
<input type="radio"/>		District nurse
<input type="radio"/>		Midwife
<input type="radio"/>		Other nurse (please specify)

		<i>Pharmacist</i>
<input type="radio"/>		Pharmacist

		<i>Foundation doctor</i>
<input type="radio"/>		F1
<input type="radio"/>		F2

		<i>Doctor (more senior than F2)</i>
<input type="radio"/>		CT/ST1
<input type="radio"/>		CT/ST2
<input type="radio"/>		SpR/ST3+
<input type="radio"/>		Staff Grade, Associate Specialist and Specialty (SAS) doctor
<input type="radio"/>		Trust grade doctor
<input type="radio"/>		GP registrar
<input type="radio"/>		Other trainee GP (please specify)

		<i>Allied Healthcare Professional / Other team member</i>
<input type="radio"/>		Administrator/clerk
<input type="radio"/>		Arts therapist (art, drama, music therapist)
<input type="radio"/>		Chiropodist / podiatrist
<input type="radio"/>		Dietitian
<input type="radio"/>		Healthcare assistant
<input type="radio"/>		Occupational therapist
<input type="radio"/>		Operating department practitioner
<input type="radio"/>		Orthoptists
<input type="radio"/>		Orthotists
<input type="radio"/>		Paramedic
<input type="radio"/>		Pharmacy technician
<input type="radio"/>		Physiotherapist
<input type="radio"/>		Phlebotomist
<input type="radio"/>		Porter
<input type="radio"/>		Practice manager
<input type="radio"/>		Prosthetist
<input type="radio"/>		Radiographer
<input type="radio"/>		Receptionist
<input type="radio"/>		Secretary
<input type="radio"/>		Social worker

<input type="radio"/>	Speech and language therapist
<input type="radio"/>	Student nurse
<input type="radio"/>	Other team member (please specify)

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.

**Attitude and/or behaviour**

Maintaining trust/professional relationship with patients: \*

- Listens.
- Is polite and caring.
- Shows respect for patients' opinions, privacy, dignity, and is unprejudiced.

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Comments: 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 if you have concerns about their performance or behaviour** and this should reflect the foundation doctor's behaviour over time – not usually just a single incident.

Verbal communication skills: \*

- Gives understandable information.
- Speaks good English, at the appropriate level for the patient.

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Comments: 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 if you have concerns about their performance or behaviour** and this should reflect the foundation doctor's behaviour over time – not usually just a single incident.

Teamworking / working with colleagues: \*

- Respects others' roles, and works constructively in the team.
- Hands over effectively, and communicates well.
- Is unprejudiced, supportive and fair.

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Comments: 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 if you have concerns about their performance or behaviour** and this should reflect the foundation doctor's behaviour over time – not usually just a single incident.

Accessibility: \*

- Accessible.
- Takes proper responsibility. Only delegates appropriately.
- Does not shirk duty.
- Responds when called. Arranges cover for absence.

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Comments: 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 if you have concerns about their performance or behaviour** and this should reflect the foundation doctor's behaviour over time – not usually just a single incident.

Date:

**Assessor's Details**

Assessor's name:   
Assessor's email:   
Assessor's signature: