

MULTI-SOURCE FEEDBACK: 360° Team Assessment of Behaviour (TAB)

Trainee's Name: _____ GMC No: _____ Current post: _____ Date started present post: _____

Please use the comments boxes to commend good behaviour and to describe any behaviour causing you concern. Give specific examples. This form will be sent to the trainee's educational supervisor, who may ask you privately to enlarge on any concern behaviour you report. At least 9 other forms will also be considered. The trainee will receive private feedback, but you will not be identified in person without advance discussion with you.

ATTITUDE AND/OR BEHAVIOUR	<i>No concern</i>	<i>You have some concern</i>	<i>You have a major concern</i>	COMMENTS: <i>Anything especially good?</i> <i>If you cannot give an opinion due to lack of knowledge of the trainee say so here.</i> You must specifically comment on any concern behaviour, and this should reflect the trainee's behaviour over time – not usually just a single incident.
Maintaining trust / Professional relationship with patients <small>Listens. Is polite and caring. Shows respect for patients' opinions, privacy, dignity and confidentiality. Is unprejudiced.</small>				Leave the form blank if you do not know the person well enough
Verbal communication skills <small>Gives understandable information. Speaks good English, at the appropriate level for the patient.</small>				
Team-working / Working with colleagues <small>Respects others' roles, and works constructively in the team. Hands over effectively, and communicates well. Is unprejudiced, supportive and fair.</small>				
Accessibility <small>Accessible. Takes proper responsibility. Only delegates appropriately. Does not shirk duty. Responds when called. Arranges cover for absence.</small>				
Name of assessor:	Post/ designation:	Signature:	Date:	

Please send the completed form, straight away, in a sealed envelope, to **ENTER NAME OF EDUCATIONAL SUPERVISOR**