

**Example Multi Source Feedback Form - Team Assessment of Behaviour (TAB)**

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| --- | --- | --- | --- | --- | --- |
| **Assessor’s position:** | **Trainee Junior or Senior doctor** | **Consultant/GP or equivalent** | **Senior nurse (Band 5+) or equivalent** | **Allied Health Professional (please specify)** | **Other team member (please specify)** |

|  |  |  |
| --- | --- | --- |
| **Name of doctor:** |  | **GMC Number (if applicable):** |
| **Training period from:** | **From:** | **To:** |
| **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 doctor’s supervisor, who may ask you privately to enlarge on any concern about behaviour you report. At least seven other forms will also be considered. The doctor will receive private feedback and you will not be identified in person without an advanced discussion with you.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Attitude and/or behaviour*** | ***No concern*** | ***Some concern*** | ***Major concern*** | ***COMMENTS: anything especially good? If you cannot give an opinion due to lack of knowledge of the 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.*** |
| **Maintaining trust/professional relationship with patients*** **Listens**
* **Is polite and caring**
* **Shows respect for patients’ opinions, privacy, dignity and is unprejudiced**
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| **Verbal communication skills*** **Gives understandable information**
* **Speaks good English, at the appropriate level for the patient**
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| ***Attitude and/or behaviour*** | ***No concern*** | ***Some concern*** | ***Major concern*** | ***COMMENTS: anything especially good? If you cannot give an opinion due to lack of knowledge of the 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.*** |
| **Team-working/working with colleagues*** **Respects others’ roles and works constructively in the team**
* **Hands over effectively and communicates well**
* **Is unprejudiced, supportive and fair**
 |  |  |  |  |
| **Accessibility*** **Accessible**
* **Takes proper responsibility. Only delegates appropriately**
* **Does not shirk duty**
* **Responds when called. Arranges cover for absence**
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**Name of assessor: .......................................................................................................................**

**Signature: ....................................................................................................................... Date: ..................................................**

**This sheet should be used to collect the Multi Source feedback and should not be included uploaded as part of the evidence folder**