

Team Assessment of Behaviour (TAB) SUMMARY FOR APPRAISAL MEETING

Name of Trainee _____ Training No. _____ Present post No: _____ Present speciality /attachment:: _____

ATTITUDE AND/OR BEHAVIOUR	How many <i>'No concern'</i>	How many <i>'Some concern'</i>	How many <i>'Major concern'</i>	How many <i>No response</i>	SUMMARY OF COMMENTS
Maintaining trust / Professional relationship with patients Listens. Is polite and caring. Shows respect for patients opinions, privacy, dignity and confidentiality. Is unprejudiced.					
Verbal communication skills Gives understandable information. Speaks good English, at the appropriate level for the patient.					
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.					
Totals					NB: This summary, and any other evidence of performance, must be made available to the trainee at the appraisal meeting.
Name of Supervisor:	Signature:			Date of appraisal meeting:	

