

Assessment Tool 2 - Coaching

CanMEDS Communicator

Consultation Letter Rating Scale¹

THE UNMODIFIED CONTENT BELOW WAS CREATED BY S. DOJEIJI, E KEELY AND K. MYERS. YOU MAY USE, REPRODUCE AND MODIFY THE CONTENT FOR YOUR OWN NON-COMMERCIAL PURPOSES PROVIDED THAT YOUR MODIFICATIONS ARE CLEARLY INDICATED AND YOU PROVIDE ATTRIBUTION TO THE AUTHORS. THE PRIME AUTHOR SHOULD BE NOTIFIED (CANMEDS@ROYALCOLLEGE.CA) OF ANY CHANGES THAT ARE MADE TO THIS TOOL AND THE IMPACT OF ITS USE IN THE USERS INDIVIDUAL PROGRAM. THE AUTHORS MAY REVOKE THIS PERMISSION AT ANY TIME BY PROVIDING WRITTEN NOTICE.

NOTICE: THE CONTENT BELOW MAY HAVE BEEN MODIFIED FROM ITS ORIGINAL FORM AND MAY NOT REPRESENT THE OPINION OR VIEWS OF THE ROYAL COLLEGE.

Instructions for Assessor:

- Written communication competencies can be developed over time. Using the form below, please help this learner gain insight into and improve his/her written communication skills by providing valuable feedback on the consultation letter content and style.
- Circle your answer for each component of the consultation letter and for the global rating at the end.
- Use this rating scale with the letter you've reviewed as a springboard for discussion on how to improve future consultation letters.

Resident's Name: _____

PGY Level: _____

Supervisor's Name: _____

Date: _____

CONTENT

1. HISTORY <ul style="list-style-type: none">• Identified chief problem/reason for referral• Described the chief complaint• Identified relevant past history		<ul style="list-style-type: none">• Listed current medications, as appropriate• Provided other history appropriate to presenting problem: Psychosocial history, functional history, family history, review of systems, etc.		
POOR 1 Missing relevant data	BORDERLINE 2	ACCEPTABLE 3 Most of relevant data present	GOOD 4	EXCELLENT 5 All relevant data present

¹ Dojeiji S, Keely E, Myers K. Used with permission.

2. PHYSICAL EXAMINATION				
• Described physical examination findings relevant to presenting problem				
POOR 1 Missing relevant physical exam	BORDERLINE 2	ACCEPTABLE 3 Most of relevant physical exam present	GOOD 4	EXCELLENT 5 All relevant physical exam present

3. IMPRESSION AND PLAN				
<ul style="list-style-type: none"> • Provided diagnosis and/or differential diagnosis • Provided a management plan • Provided a rationale for the management plan (education) 			<ul style="list-style-type: none"> • Stated whether the management plan was discussed with patient • Stated who would be responsible for elements of the management plan and follow-up • Answered the referring physicians question (if present) 	
POOR 1 Key issues not addressed. Did not answer referring physician's question. No rationale for recommendations. No education provided. No indication of who will do what.	BORDERLINE 2	ACCEPTABLE 3 Most key issues identified and addressed. Answered referring physician's question. Some rationale for recommendations. No education provided. Some indication of who is responsible for management plan elements and follow-up.	GOOD 4	EXCELLENT 5 All key issues identified and addressed. Answered referring physician's question. Provided rationale for recommendations made. Provided education. Clear plan for who will do what and who is responsible for follow-up. Noted what patient was told.

STYLE

4. CLARITY AND BREVITY				
<ul style="list-style-type: none"> • Words used: short (less than 3 syllables) active voice minimal medical jargon; minimal filler words/phrases no word or phrase repetition 			<ul style="list-style-type: none"> • Length of sentences: one idea per sentence each sentence less than 3 lines long • Length of paragraphs: one topic per paragraph each paragraph less than 4-5 sentences long 	
POOR 1 Wordy. Message unclear Redundant words/phrases Lots of jargon and fillers. Mostly passive tone. Long sentences. Long paragraphs.	BORDERLINE 2	ACCEPTABLE 3 Concise. Minimal jargon and fillers. Some active tone. Some short sentences. Some sentences with one idea/sentence. Some short paragraphs.	GOOD 4	EXCELLENT 5 Concise. Clear and organized. No redundant words/phrases. No jargon and fillers. Active tone primarily. Short sentences. One idea/sentence. Short paragraphs.

5. ORGANIZATION OF LETTER

- Use of headings
- Layout visually appealing with lots of white space
- Use of bulleted or numbered lists, tables, or graphics as appropriate
- Information easy to scan

POOR 1	BORDERLINE 2	ACCEPTABLE 3	GOOD 4	EXCELLENT 5
No headings. No white space. No bulleted or numbered lists. No tables. Difficult to scan.		Some headings used. Some white space. Some bulleted and numbered lists. Generally easy to scan. Most key info easy to find.		Headings clear and appropriate Lots of white space. Numbered and bulleted lists. Use of graphics or tables. Very easy to scan.

OVERALL RATING OF LETTER

Degree to which the letter is helpful to the referring physician				
POOR 1	BORDERLINE 2	ACCEPTABLE 3	GOOD 4	EXCELLENT 5
Letter not helpful. Lacking key content. Lacking style elements to make the letter easy to scan Key info hard to find.		Generally helpful as key content available. Limited or no education incorporated. Some style elements incorporated. Most key information easy to find (impression and plan at a minimum).		Informative letter. Element of education incorporated. Key information easy to find.

Areas of strength (continue to do)	Areas for improvement (consider adding, consider modifying, or consider stopping)
1.	1.
2.	2.
3.	3.

Comments: