



CanMEDS Best Practices Submission Form
The Royal College of Physicians and Surgeons of Canada
 774 Echo Drive, Ottawa, ON, Canada, K1S 5N8
 T: 613- 730-8177 F: 613- 730-3707
<http://rcpsc.medical.org> • canmeds@rcpsc.edu

AUTHOR CONTACT INFORMATION

Name: Dr. Erin Keely		Phone (h): (613) 738-8400 ext.81938
Address: University of Ottawa, Ottawa Hospital Riverside Campus, 1967 Riverside Drive		Phone (b):
City: Ottawa		Fax: (613) 738-8327
Province: ON	Postal Code: K1H 7W9	Email: ekeely@ottawahospital.on.ca

CATEGORY

- Curriculum** — a design for education around the CanMEDS competencies.
- Teaching Tool** — a submission that will assist the teaching the specific CanMEDS competencies.
- Assessment Tool** — a submission that will assist in the assessment/evaluation of the CanMEDS competencies.

TYPE OF TOOL

- ITER Manual or Module OSCE Rotation specific objectives Workshops Facilitated Discussions
- FITER Group exercise Rotation Portfolios & Logbooks Website **Other: Rating Scale**

CanMEDS ROLES

- Medical Expert **Communicator** Collaborator Manager Health Advocate Scholar Professional General

TITLE Limit of 100 characters

IMPROVING THE WRITTEN COMMUNICATION SKILLS OF SPECIALISTS – AN OVERLOOKED CORE COMPETENCY.

AUTHOR(S)

1) E. Keely	4)	7)
2) S. Dojeiji	5)	8)
3) K. Myers	6)	9)

PRIMARY INSTITUTIONAL AFFILIATION

Name: University of Ottawa	Web site
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ABSTRACT Limit of 500 words

Effective written communication is an important, but often neglected part of the CanMEDS communicator role. In a 1996 survey, only 25% of specialists in Eastern Ontario had received formal education and only 8% had received feedback on consultation letters during their training. In 1993, a Canadian Task Force on the relationship between family physicians and specialists highlighted the role of written communication in the consultation process but did not provide any guidelines on how to teach or evaluate this skill. In response to this need, we have developed and implemented a structured program for residents focusing on the role of the letter in enhancing the consultation-referral process, and specific content and style issues that improve the readability of the letter. This program has been used with internal medicine, obstetrics/gynecology, neonatology, surgery, palliative care and physical medicine trainees. We have received excellent feedback from these sessions.

To evaluate letters, a 34-item rating scale including items on content and style was developed and evaluated for reliability and validity. It has been used in clinic-generated and OSCE generated letters. It has helped provide structured, detailed feedback on individual letters.

For practicing physicians, we have presented an abbreviated program at workshops and rounds with excellent feedback. A peer assessment program for continuing education, using a revised 9 item rating scale, has been piloted. Nine internists received feedback on 10 letters from 2 family physicians and 2 specialists. There was evidence of sustained changes in the participants' letters by follow-up email survey 6 months later.

In summary, consultation letter writing is a core clinical skill for specialists which should be included formally in all training programs. Structured teaching sessions can supplement clinical training. Evaluation and feedback is essential and feasible for trainees and practicing physicians.

REFERENCES

- 1) Myers K, Keely E, Dojeiji S, Norman G. Development of a rating scale to evaluate written communication skills of residents Acad Med 1999;74:S111-113
- 2) Keely E, Myers K, Dojeiji S. Can written communication skills be tested in an objective structured clinical examination format? Acad Med 2002 77:82-86.
- 3) Keely E, Dojeiji S, Myers K. Writing Effective Consultation Letters: 12 tips for Teachers. Medical Teacher. 2002; 24(6): 585-9

Thank you for your submission. We will be contacting you shortly.