# Assessment Tool 2 - Coaching

CanMEDS Communicator

## Consultation Letter Rating Scale[[1]](#footnote-1)

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### 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  • Identified chief problem/reason for referral  • Described the chief complaint  • Identified relevant past history | | | • 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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  • Provided diagnosis and/or differential diagnosis  • Provided a management plan  • Provided a rationale for the management plan (education) | | | • 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  • Words used:  short (less than 3 syllables)  active voice  minimal medical jargon; minimal filler words/phrases  no word or phrase repetition | | | • 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  No headings. No white space.  No bulleted or numbered lists.  No tables.  Difficult to scan. | BORDERLINE  2 | ACCEPTABLE  3  Some headings used. Some white space. Some bulleted and numbered lists. Generally easy to scan.  Most key info  easy to find. | GOOD  4 | EXCELLENT  5  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  Letter not helpful. Lacking key content. Lacking style  elements to make the letter easy to scan  Key info hard to find. | BORDERLINE  2 | ACCEPTABLE  3  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). | GOOD  4 | EXCELLENT  5  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:

1. Dojeiji S, Keely E, Myers K. Used with permission. [↑](#footnote-ref-1)