

CanMEDS Communicator
Assessment tool A2
Coaching

**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**

|  |  |
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| **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 |

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| **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 |

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| --- | --- |
| **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 forrecommendations. No education provided. No indication of who will do what. | **BORDERLINE****2** | **ACCEPTABLE****3**Most key issues identified and addressed. Answeredreferring physician’squestion. Some rationale for recommendations.No education provided.Some indication of who isresponsible 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 recommendationsmade. Provided education. Clear plan for who will do what and who is responsible for follow-up. Noted what patient was told. |

**STYLE**

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| --- | --- |
| **4. CLARITY AND BREVITY**• Words used:short (less than 3 syllables)active voiceminimal medical jargon; minimal filler words/phrasesno word or phrase repetition | • Length of sentences:one idea per sentenceeach sentence less than 3 lines long• Length of paragraphs:one topic per paragrapheach 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. |

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| **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 infoeasy to find. | **GOOD****4** | **EXCELLENT****5**Headings clear and appropriate Lots of white space. Numberedand bulleted lists. Use of graphics or tables. Very easy to scan. |

OVERALL RATING OF LETTER

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| Degree to which the letter is helpful to the referring physician |
| **POOR****1**Letter not helpful. Lacking key content. Lacking styleelements to make the letter easy to scanKey info hard to find. | **BORDERLINE****2** | **ACCEPTABLE****3**Generally helpful as key content available. Limited or no education incorporated.Some style elementsincorporated. 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. |

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| **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)