# 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. |
| POOR1Missing relevant data | BORDERLINE2 | ACCEPTABLE3Most of relevant data present | GOOD4 | EXCELLENT5All relevant data present |

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| --- |
| 2. PHYSICAL EXAMINATION• Described physical examination findings relevant to presenting problem |
| POOR1Missing relevant physical exam | BORDERLINE2 | ACCEPTABLE3Most of relevant physical exam present | GOOD4 | EXCELLENT5All 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) |
| POOR1Key issues not addressed.Did not answer referring physician’s question.No rationale forrecommendations. No education provided. No indication of who will do what. | BORDERLINE2 | ACCEPTABLE3Most 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. | GOOD4 | EXCELLENT5All 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

|  |  |
| --- | --- |
| 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 |
| POOR1Wordy. Message unclear Redundant words/phrases Lots of jargon and fillers.Mostly passive tone. Long sentences.Long paragraphs. | BORDERLINE2 | ACCEPTABLE3Concise. Minimal jargon and fillers. Some active tone. Some short sentences.Some sentences with one idea/sentence. Some short paragraphs. | GOOD4 | EXCELLENT5Concise. 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 |
| POOR1No headings.No white space.No bulleted or numbered lists.No tables. Difficult to scan. | BORDERLINE2 | ACCEPTABLE3Some headings used. Some white space. Some bulleted and numbered lists. Generally easy to scan. Most key infoeasy to find. | GOOD4 | EXCELLENT5Headings clear and appropriate Lots of white space. Numberedand 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 |
| POOR1Letter not helpful. Lacking key content. Lacking styleelements to make the letter easy to scanKey info hard to find. | BORDERLINE2 | ACCEPTABLE3Generally 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). | GOOD4 | EXCELLENT5Informative 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)