### SAIL(OH)1 (Sheffield Assessment Instrument for Letters (OH))

### First referral from a manager

**INSTRUCTIONS**

This assessment form relates to a **trainee's first letter to a manager in response to a management referral.** Please see notes for guidance below. Use the back of this leaflet to make any other comments about the letter.

* Please ensure that it is obvious which response is marked, using black pen. (e.g. check or colour in or tick ✓the appropriate boxes).
* Mark any changes to your choice as clearly as possible.
* **Case complexity** - Please give your own subjective opinion of the complexity of the case. (Different judges tend to rate complexity similarly on this scale.)
* **Items 1, 2 and 5, next page:** Need to be scored after reading the manager’s original referral note.
* **Item 8, next page:** Does this letter comply with Good Medical Practice for occupational Physicians?

**BASIC DATA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Assessor's GMC No.** | | | | | | |  | **Trainee's GMC No.** | | | | | | |  | **Year of training** | | | |  | **Date of assessment** | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 | 2 | 3 | 4 |  |  |  | / |  |  | / |  |  |

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| --- |
|  |

**Nature of problem**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case Complexity:** | Low | Moderate | High |

Clinical supervisor

Peer

Self

Consultant (other)

Other

**Checklist**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Problems | | | | | Unsatisfactory | | | | | Satisfactory | | | Above expectations | | | | Don't know/not applicable | |
| 1. Are the manager’s identified concerns acknowledged? | | | | | 1 | | | | | 2 | | | 3 | | | |  | |
| 1. Are all obvious and significant aspects of the case covered? | | | | | 1 | | | | | 2 | | | 3 | | | |  | |
| 1. Does the narrative clearly outline the occupational health issues, voiced in the context of the client’s work? | | | | | 1 | | | | | 2 | | | 3 | | | |  | |
| Response | | | | |  | | | | |  | | |  | | | |  | |
| 1. Is there either a clear OH action plan (e.g. further investigation/ referral) or a specific set of recommendations put to the business? | | | | | 1 | | | | | 2 | | | 3 | | | |  | |
| 1. Are the manager’s questions addressed directly, or in terms of the proposed plan? | | | | | 1 | | | | | 2 | | | 3 | | | |  | |
| 1. Are the OH review arrangements clear (including, where appropriate, the conscious decision not to offer follow-up)? | | | | | 1 | | | | | 2 | | | 3 | | | |  | |
| **Professional issues** | | | | |  | | | | |  | | |  | | | |  | |
| 1. Where appropriate, are any legal and/or ethical issues of the case highlighted (e.g. DDA, consent)? | | | | | 1 | | | | | 2 | | | 3 | | | |  | |
| 1. Adherence to contractual, ethical and legal boundaries? | | | | | 1 | | | | | 2 | | | 3 | | | |  | |
| **Clarity** | | | | |  | | | | |  | | |  | | | |  | |
| 1. Discharge duty of care to management and/or client? | | | | | 1 | | | | | 2 | | | 3 | | | |  | |
| 1. Is unnecessary information kept to a minimum? | | | | | 1 | | | | | 2 | | | 3 | | | |  | |
| 1. Does the structure of the letter flow logically? | | | | | 1 | | | | | 2 | | | 3 | | | |  | |
| 1. Are all sentences clear and understandable to the intended readership? | | | | | 1 | | | | | 2 | | | 3 | | | |  | |
| **Overall assessment** | | | | | |  | |  | | | |  | | |  | | |  |
| This letter clearly conveys the information I would like to have if I were the primary addressee *(mark one number)*. | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | | | 6 | | 7 | | 8 | | | 9 | | 10 | | |

***Not at all*** ***Completely***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Good points*** | |  | ***Points that could be improved*** | | |
| *(Expand boxes to add more text if necessary)*  Trainee's signature | |  | Assessor's signature | |  |
|  | |  |  | |  |
| Date: |  |  | Date: |  |  |