### SAIL(OH)2 (Sheffield Assessment Instrument for Letters (OH))

**First referral to another health care professional**

**INSTRUCTIONS**

This assessment form relates to a **trainee's first letter to another health care professional (e.g. secondary care physician) requesting advice on/referring a client.** 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 [x] 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.)

**BASIC DATA**

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

|  |
| --- |
|  |

**Nature of problem**

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

Clinical supervisor [ ]

Peer [ ]

Self [ ]

Consultant (other) [ ]

Other [ ]

**Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Problems and clinical narrative | Unsatisfactory | Satisfactory | Above expectations | Don't know/not applicable |
| 1. Is the *purpose* of the correspondence clear? Are the *questions being asked* (e.g. advice on treatment, request for investigation, view on prognosis) clearly stated?
 | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  |
| 1. Is the relevant clinical background given (including exam findings, where appropriate)?
 | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  |
| Work context |  |  |  |  |
| 1. Is the work context given, including the concerns of the managers and/or perceived work limitations?
 | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  |
| 1. Where appropriate, does the letter identify any support measures that the company can offer?
 | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  |
| 1. Where appropriate, does the letter identify any special rules that the letter's recipient is unlikely to know and which are material to the case (e.g. rules for ill-health early retirement, DDA)?
 | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  |
| **Professional issues** |  |  |  |  |
| 1. Does the letter confirm that informed consent has been obtained, and does it refer to the Access to Medical Reports Act?
 | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  |
| **Clarity** |  |  |  |  |
| 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 (circle one number). |
| 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  | 6[ ]  | 7[ ]  | 8[ ]  | 9[ ]  | 10[ ]  |

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

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