### 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 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 |  |  |  | / |  |  | / |  |  |

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**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***