

Sheffield Assessment Instrument for Letters (SAIL)

Trainee's Name:

Trainee's GMC Number:

(must be completed)

Type: new patient follow up referral other

Sample: selected random **Letter Identifier:**

Case complexity: low average High

Please complete the questionnaire by circling the appropriate option

Problem List

- | | | | | |
|----|---|--------|-------|----|
| 1. | Is there a medical problem list? | Yes(1) | No(0) | |
| 2. | Are any obvious and significant problems omitted? | Yes(0) | No(1) | NA |
| 3. | Are any irrelevant problems listed? | Yes(0) | No(1) | NA |

History

- | | | | | |
|----|---|--------|-------|--|
| 4. | Is there a record of the family's current concerns being sought of clarified? | Yes(1) | No(0) | |
| 5. | Is the document history appropriate to the problems and questions? | Yes(1) | No(0) | |

Examination

- | | | | | |
|----|--|--------|-------|--|
| 6. | Is the documented examination appropriate to the problems and questions? | Yes(1) | No(0) | |
|----|--|--------|-------|--|

Overall Assessment

- | | | | | |
|----|--|--------|-------|----|
| 7. | Is the current state of health or progress clearly outlined? | Yes(1) | No(0) | |
| 8. | Are the family's problems or questions addressed? | Yes(1) | No(0) | NA |
| 9. | Is/are the referring doctor's questions addressed? | Yes(1) | No(0) | NA |

Management

- | | | | | |
|-----|--|--------|-------|----|
| 10. | Is a clear plan of investigation or non-investigation recorded? | Yes(1) | No(0) | |
| 11. | Are the reasons for the above plan adequately justified? | Yes(1) | No(0) | NA |
| 12. | Are all the known treatments, or absence of treatment, recorded clearly? | Yes(1) | No(0) | |
| 13. | Are all the doses clearly stated in formal units? | Yes(1) | No(0) | NA |
| 14. | Is adequate justification given for any changes to treatment? | Yes(1) | No(0) | NA |
| 15. | Is there an adequate record of information shared with the family? | Yes(1) | No(0) | |

Follow Up

- | | | | | |
|-----|---|--------|-------|----|
| 16. | Is it clear whether or not hospital follow-up is planned? | Yes(1) | No(0) | |
| 17. | Is the purpose of follow up adequately justified? | Yes(1) | No(0) | NA |

Clarity

- | | | | | |
|-----|--|--------|-------|--|
| 18. | Is there much unnecessary information? | Yes(0) | No(1) | |
| 19. | Does the structure of the letter flow logically? | Yes(1) | No(0) | |
| 20. | Are there any sentences you do not understand? | Yes(0) | No(1) | |

Global Rating - Please mark how much you agree with the statement

"This letter clearly conveys the information I would like to have about the patient if I were the next doctor to see him or her"

1	2	3	4
No, insufficient detail	No, would require a lot more detail	No, would require some more detail	Yes, the letter conveys the information



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Anything especially good?

Suggestions for development

Agreed Action:

Assessor's Name:

Status: Consultant GP peer self

Signature:

Date: