
The CanMEDS 2005 Framework

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As **Communicators**, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.
As Communicators, physicians are able to...

1. Develop rapport, trust and ethical therapeutic relationships with patients and families;
2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals;
3. Accurately convey relevant information and explanations to patients and families, colleagues and other professionals;
4. Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care;
5. Convey effective oral and written information about a medical encounter.
The Consult Letter: Teaching Written Communication Skills to Trainees

Moyez Ladhani, MD, FRCPC
Good work deserves good notes, and good notes are the cornerstone of a good defense

CMPA newsletter, 2001
Objectives

- To review the role of the consult letter
- To highlight the important content elements
- To highlight the important style elements

Overall goal: To provide a framework for teaching written communication skills.
Outline

- Small Group Interactive
- Review of essential content and style
Acknowledgements

- 2006 Royal College of Physicians and Surgeons of Canada Annual Conference
- Session: Teaching and evaluating effective consultation letters
- Erin Keely, MD and Susan Kojeiji, MD
Why teach written communication Skills?

- Standard mode of communication
- CanMEDS role of communicator and collaborator emphasis the need for interaction between primary physician and specialists
- Transcription time
- Editing time
Example #1

- Please review letter, with group, discuss what’s good about it, what could be better?
What needs to be taught?

- Role
- Content
- Style
- Practical aspects
Role

- Multiple readers
- Timely fashion
- Referring physician needs the letter to contain recommendations
- Consultant uses letter as record of assessment
Content


- 5 most highly rated content items:
  - Diagnosis
  - Specialist’s understanding of the problem
  - Treatment and management
  - What parents were told
  - Date of assessment
Complaints
- Rarely told what information the parents had been given
- Their role in relation to the family

5 top content in Audited reports:
- Treatment and management (81%)
- Follow-up arrangements (82%)
- Psychiatrist’s understanding of the problem (72%)
- Description of presenting problem (60%)
- Child behavior observations (52%)
Writing to referring doctors after a new patient consultation. What is wanted and what was contained in letters from one medical oncologist? Australian New Zealand Journal of Medicine 1995: 25:479-482

- Survey of 108 referring physicians
- Response rate of 88%
- 42% wanted a phone call too
- 69% wanted letter within one week of the consultation
Content

- “Essential” content:
  - Treatment options and recommendations (91%)
  - Diagnosis (88%)
  - Prognosis (71%)
  - Clinical findings, test results, further tests, benefits and risks of treatment (65-69%)

- Content of “Little or no use”
  - Presenting history, drug history, social history
## Content

- Communication between general practitioners and consultants; What should their letters contain? BMJ. 1992. 304:821-824
- Views of doctors on clinical correspondence: questionnaire survey and audit of content of letters. BMJ. 2004.328:1060-1061

- 1992; response rate of 73% (GPs) and 80% (CPs)
- 2004; response rate of 84%; 304/360 GPs and 174/208 CPs
<table>
<thead>
<tr>
<th>Content</th>
<th>GP</th>
<th>CP</th>
<th>Audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>98%</td>
<td>99%</td>
<td>91-99%</td>
</tr>
<tr>
<td>Management</td>
<td>96%</td>
<td>97%</td>
<td>100%</td>
</tr>
<tr>
<td>Tests</td>
<td>95%</td>
<td>89%</td>
<td>44-88%</td>
</tr>
<tr>
<td>Exam</td>
<td>90%</td>
<td>87%</td>
<td>84-92%</td>
</tr>
<tr>
<td>F/U</td>
<td>89%</td>
<td>86%</td>
<td>96%</td>
</tr>
<tr>
<td>Who saw</td>
<td>88%</td>
<td>91%</td>
<td>100%</td>
</tr>
<tr>
<td>What told</td>
<td>86%</td>
<td>84%</td>
<td>46-53%</td>
</tr>
<tr>
<td>HPI</td>
<td>73%</td>
<td>89%</td>
<td>99-100%</td>
</tr>
</tbody>
</table>
Content Summary

- For referring physician
  - Diagnosis/Impression
  - Management Plan (who, what, where, when and why)
  - What the patient or family were told

- For Consultant Physician
  - Record of HPI, physical, investigations
Use of problem lists in letters between hospital doctors and general practitioners. BMJ 1993; 306:247

93/100 practitioners responded

90% preferred the letter with the problem list

Audited 100 letters; 10% contained problem list
Style

- Improve communication between hospital doctors and general practitioners. BMJ. 1993:307:1044
- Problem list letter OR problem list and management proposal list
- 92/100 Practitioners responded
- 88% preferred more structured
- 5/100 audited letter had both lists

Sent three twinned examples of dictated clinic letters and computer-generated letters to 120 GPs

Response rate of 77.5%
80.6% preferred the computer generated letter

Reasons

- Ease of access to information under headings
- Clear presentation
- Concise
- More information
Style

- Negatives of the computer-generated letter:
  - Rigid format
  - Impersonal
  - Too much negative information

- Negatives of dictated letter:
  - Too long
  - Extract information from text
Style

- Computer generated letter scored higher on clarity, content and readability

- Usually letter was faxed the same day the patient was referred.
Style


- 126/160 responded (78.8%)

- Standardized summaries preferred by 53.9%, 29.4% preferred narrative

- 25/32 preferred structured letter
- Median reading time unstructured to structured letter was 65s: 63s
- Identified items unstructured to structured letter was 5/8 vs 6/8
Style Summary

- Concise
- Structure
To improve “Readability”

- Headings
  - 1-4 per page, bold or underlined

- Paragraphs
  - 4-5 sentences long

- Sentences
  - Short, one idea per sentence, limit words
    - < 3 syllables, remove redundancies
“Readability”

- Consider
  - Point form
  - Bullets
  - Lists
  - tables
Elements to Avoid

- “Padding” (i.e., as you know...)
- Long sentences and paragraphs
- Lack of organization
- Excessive linking (concepts that do not belong together)
Example #2

- Review letter in new format
tips for effective letter

1. Who is potential reader
2. Emphasize specific diagnostic and therapeutic recommendations and clear follow up
3. Tool for educating
4. Templates for common problems?
5. Succinct
tips for effective letter

6. Visual layout
7. Style i.e. shorten sentences, limit words > 3 syllables etc
Ten Commandments

1. Determine the question
2. Establish urgency
3. Look for your self
4. Be as breif as appropriate
5. Be specific
Ten Commandments

6. Provide contingency plans
7. Honor thy turf
8. Teach with tact
9. Talk is cheap
10. Follow up