RCPCH
Royal College of
Paediatrics and Child Health
Leading the way in Children's Health

SAIL Guidance notes

General Points

- Please ensure that it is obvious which response is circled.
- Please complete the top section of the sheet in full.

Specific Points

Case Complexity – please give your own opinion of the complexity of the clinical case.

History

Is there a record of the family's current concerns being sought of clarified? – A clear statement of issues raised by the family of a comment that the family has no current problems or concerns scores 'Yes'. Otherwise scores 'No'.

Is the document history appropriate to the problems and questions? – Does the documented history answer the questions you would have about the patient given the problem list and any issues raised by the family?

Examination

Is the documented examination appropriate to the problems and questions? – does the documented examination provide the positive and negative physical findings you would want to know about, given the problem list and issues raised by the family

Overall Examination

Are the family's problems or questions addressed? – if there is no record of issues raised by the family score 'NA' for this item

Is/are the referring doctor's questions addressed? – if this is a new patient, does the letter answer the question(s) raised in the referral letter? If this is a follow up appointment, or if this is a new patient but there are no questions or the referral letter is missing, score 'NA'

Management

Is a clear plan of investigation or non-investigation recorded? – Is it clear whether or not tests are being performed? If so it is clear what they are? If the letter gives the impression that no tests are planned but does not explicitly say so, score 'No'

Are the reasons for the above plan adequately justified? – Some tests are self-explanatory. There are differences of opinion about others. Score 'No' if you couldn't justify the planned investigation/non-investigation to the patient from this letter.

Are all the known treatments, or absence of treatment, recorded clearly? – a clear summary rather than scattered mention is required to score 'Yes'. Completeness can only be assessed against treatments mentioned elsewhere in the letter. If the letter gives the impression that the patient is on no treatment score NA

Are all the doses clearly stated in formal units? – statements such as '2 tablets', '2 spoons' or '2 puffs' are not acceptable unless the strength is stated . If there are no treatments, score 'NA'.

Is adequate justification given for any changes to treatment? – some changes are self-explanatory. There are differences of opinion about others. Score 'No' if you could not justify the planned treatment changes to the patient fro this letter. Score 'NA' if there are no changes

Is there an adequate record of information shared with the family? – this includes all information that you would wish to know if they had been told, if you were one of a team of doctors caring for them

Follow Up

Is the purpose of follow up adequately justified? – if you were the next doctor to see this child an out patient, would you be clear why they were coming back to you? If no follow up is planned score 'NA'.

Clarity

Is there much unnecessary information? – Score yes if the majority of the information is unnecessary.

SCORING

The checklist score is the proportion of all scored items that are given the score 1 i.e.

$20*(n_1/(n_1+n_0))$ where n_1 = total number items scored as 1 and n_0 = total number of items scored as 0

This is a very simple calculation once the data is entered into a database

The scale score is simply the number nearest to the mark on the scale. The total score is the sum of the checklist and the scale score.

We have shown that the scale score alone gives the most reproducible and discrimination indication of a doctor's performance, but the checklist adds face validity, and allows for excellent structured feedback to be given to the doctor.