#

**PEER ASSISTED LEARNING: WRITING CLINICAL LETTERS (B/C PLACEMENT)**

**Aim**: To enable learners to improve their clinical letter writing skills

**Learning Objectives:** After completion of this activity learners should;

* Be able to draft an appropriate clinical letter to a referring agent
* Have an awareness of to whom clinical letters need to be sent
* Be familiar with the standard clinical letter templates used by the dietetic department

**Process:**

# Individually, learners will observe a dietetic consultation in clinic or on the ward and discuss the care plan with the dietitian.

* Using the template below (or equivalent from the setting), learners will draft a clinical letter to the referring agent, including a summary of the findings and planned action.
* Learners will consider who else, if anybody, would need a copy of the letter and why.
* Learners will compare their clinical letters and discuss the content with their learner peer. (e.g. consider why information such as NHS number and reason for referral need to be included).
* Learners will share their findings with their facilitating dietitian and make improvements to the clinical letter as necessary.
* The supervising dietitian will facilitate a general discussion with the learners about what was learnt, highlighting any missing information and enabling learners to reflect and formulate an action plan to develop their clinical letter writing skills further during their placement.

Learners should also familiarise themselves with the standard clinical letter templates used in the placement setting.

As their placement progresses, learners should take the time to read clinical letters written by dietitians in order to familiarise themselves with the process and their content.

**Time scale:**

A morning or afternoon

**Placement capabilities demonstrated:** To be completed by supervising dietitian

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | K1 | C1 | CP1 | CP2 | CP3 | CP4 | P1 | P2 |
| Insert 🗸 (yes, met this time), NI (needs improvement) or NA (not applicable)  |  |  |  |  |  |  |  |  |
| Supervisor’s signature: Date: |

*CLINICAL LETTER TEMPLATE - EXAMPLE – New patient*

Dr

Date

Dear Dr

Re:

Hospital Number:

Reason for Referral:

Clinic date:

Thank you for referring this patient to our department for dietary advice.

His / Her intake (or other assessment details as appropriate) was

I have advised him / her on

(Any other key points to report back to referrer)

I have arranged to see him / her again in months’ time to review progress.

 Or

I have not arranged to see him / her again.

Yours sincerely

DIETITIAN

*CLINICAL LETTER TEMPLATE - EXAMPLE – Follow-up patient*

Dr

Date

Dear Dr

Re:

DOB:

NHS Number:

Reason for Referral:

Clinic date:

The above patient was referred to the dietetic department in…………I reviewed him / her today in clinic.

His / Her intake *(or other assessment details as appropriate)* was

I have advised him / her on

*(any other key points to report back to referrer)*

I have arranged to see him / her again in………..months’ time to review progress.

 Or

I have discharged him / her but please refer in the future if you feel this is necessary.

Yours sincerely,

Dietitian

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