GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

SKILLS
CONSULATION SKILLS

History taking skills

Taking a good history is a core clinical skill. Regardless of whether a complete history truly leads to the diagnosis 80% of the time, as the old aphorism states, it remains the cornerstone of safe and effective clinical practice. The unique nature of general practice means that history taking in this setting has some key differences to other clinical environments. History taking needs to be a) sufficiently comprehensive in order to support formulation of a working diagnosis and/or management plan, as well as to exclude potentially serious causes, but also b) 'focussed' and not overly inclusive, in order to ensure time efficiency. The context of general practice also requires history taking to be conducted in a biopsychosocial framework to genuinely include the patient's perspective. Balancing all these demands may be difficult for registrars. The GP supervisor can therefore play an important role in demonstrating and teaching general practice history taking skills.

TEACHING AND LEARNING AREAS		• Red flag symptoms for common undifferentiated problems e.g. headache, back pain • How to conduct an efficient systems review • Identification of the patient agenda, including asking about ICE (ideas, concerns, expectations) • Use of silence • Common cognitive biases that impact history taking • Approach to history taking for specific scenarios e.g. mental health, sexual history • Use of common assessment tools e.g. IPSS, DAS21
PRE- SESSION ACTIVITIES		• Read the chapter in Murtagh's General Practice on consulting skills, including the section on 'the history'
ACTIVITIES		• Consultation observation and role play are ideal methods to teach history taking • See over page for activities
TEACHING TIPS AND TRAPS		• Encourage the registrar to sit in with you while you consult (reverse direct observation) and discuss your history taking after the encounter • Look for cognitive biases in history taking e.g. premature closure • Undertake mini role play during problem case discussions e.g. *'Pretend I'm the patient and ask me about the abdominal pain'*
RESOURCES	**Read**	• Review relevant sections of the Consultation Skills toolbox
FOLLOW UP & EXTENSION ACTIVITIES		• Read the 2012 AFP paper A is for aphorism - Is it true that 'a careful history will lead to the diagnosis 80% of the time'?

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Activities

ROLE PLAY

1. Role play the following case with the registrar

CASE SCENARIO

You are Kim, aged 45, and present with headaches. You are a new patient to the practice. You have had intermittent headaches over the past few weeks which are generalised, moderately severe and dull in nature. There are no other associated features. You are generally well with no significant PMHx and take no regular medications. You are a manager at a large retail store and work is busy and stressful, but no different to usual. You are married with two children, 13 and 15 years of age. You do not smoke and drink about 4 standard drinks/week. You are not too concerned about anything serious but wonder if it might be from your sinuses.

2. Discuss the process of history taking, with a focus on
    - Establishing rapport
    - Letting the patient talk uninterrupted
    - Use of silence
    - Open ended questioning
    - Exploration of red flag symptoms
    - Systems review
    - Exploration of patient agenda – ideas, concerns, expectations
    - Summarising the history back to the patient

REVERSE DIRECT OBSERVATION

1. Invite the registrar to sit in in one (or more) of your consultations
2. Ask them to critically appraise your history taking, including writing down quotes of what you and the patient say
3. Discuss your approach to history taking, in particular considering the balance between a 'focussed' and more comprehensive history.

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