

<b>Competency</b>		<b>Patient Care</b>					
<b>Sub Domain</b>		<b>History Taking</b>					
<b>Learning Objective</b>		Performs complete or focused histories tailored to individual patient presentations and clinical settings, including patient's cultural background and communication skills					
<b>Milestones</b>							
<b>Year I</b>		<b>Year II</b>		<b>Year III</b>		<b>Year IV</b>	
<b>Mid</b>	<b>End</b>	<b>Mid</b>	<b>End</b>	<b>Mid</b>	<b>End</b>	<b>Mid</b>	<b>End</b>
<ul style="list-style-type: none"> <li>• Describes the role of history taking in the Doctor-Patient encounter</li> <li>• Describes the influence of culture on the patient illness experience</li> </ul>	<ul style="list-style-type: none"> <li>• Obtains a comprehensive history from a standardized patient with minimal complexity, or in supervised encounter with a real patient, while developing appropriate patient rapport</li> <li>• Explains basic vocabulary related to history taking *</li> </ul>	<ul style="list-style-type: none"> <li>• Explains how pathophysiology and patient factors are used in history taking</li> <li>• Gives examples of how culture shapes communication style</li> </ul>	<ul style="list-style-type: none"> <li>• Utilizes a differential diagnosis and understanding of pathophysiology in taking a patient history</li> <li>• Obtains a thorough history while developing appropriate patient rapport which is tailored to the presenting problems, including at least one complicating factor **</li> </ul>	<ul style="list-style-type: none"> <li>• Explains system factors that can constrain or facilitate history taking †</li> <li>• Conducts a time-limited history based on the differential diagnosis while maintaining patient rapport and without premature closure</li> </ul>	<ul style="list-style-type: none"> <li>• Obtains a problem focused, organized history that is appropriate to the practice setting</li> <li>• Utilizes varying interview techniques to improve rapport and establish therapeutic relationships with patient ††</li> </ul>	<ul style="list-style-type: none"> <li>• Uses techniques to obtain a history under more challenging circumstances **, †</li> </ul>	<ul style="list-style-type: none"> <li>• Obtains a patient-centered, problem focused, organized, and culturally sensitive history that is appropriate to the practice setting</li> </ul>

## APPENDIX:

\* **Basic history-taking vocabulary examples:** sign, symptom, objective, subjective, PQRST, open- or close-ended, pedigree, empathy, active listening, reflective statements.

### \*\**Examples of Complicating Factors in History Taking:*

- Medical barriers (patient with physical or psychiatric disabilities, poor recall, dementia)
- Communication barriers (using interpreters, proxy informants, or difficult communicators)
- Cultural differences (in communication or with the illness experience)
- Low health literacy
- Professionalism challenges (boundary issues, inappropriate behavior)
- Medically emergent situations

### †*Examples of System Factors that Facilitate/Complicate History Taking:*

- Electronic Health Records
- Time constraints
- Competing demands on attention
- Privacy issues

†† **Therapeutic Relationship:** Communicating with the patient using empathic and supportive interviewing techniques