

# The Observed History Taking

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**POSTGRADUATE INSTITUTE OF MEDICINE  
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**Prospectus**

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and  
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#### 12.4. The observed history-taking/communication skills component

This component has 2 stations, each with a patient or surrogate, lasting 20 minutes each, and observed by two examiners. One station will assess history-taking skills, and the other will assess communication skills.

1. **The observed history-taking station** will assess for the following competencies: Introduction and permission; use of open-ended questions, questions with options and leading questions; analysis of presenting complaint and other complaints in a chronological order; obtaining other relevant information in the past medical history and social history etc.; making a tentative diagnosis; professional attitudes; and ability to evaluate the information gathered for reliability and usefulness.
2. **The communication station** will assess for the following competencies: Introduction and explanation; explore present understanding; tone of voice, non-verbal cues; explanation in simple language; pauses and pace of the interview; checks understanding; explores and addresses patient's/surrogate's concerns adequately; thanks patient and concludes; professional attitude; empathy; demonstrates adequate knowledge of the issues related to the encounter; demonstrates good insight into the success, failure and difficulties in the encounter.

**Marks:** The observed history-taking and the communication stations will contribute equally to the observed history-taking/communications component. The marks will be allocated independently by each examiner. The final total mark is 100%.

# Why This Station Exists?

- Assess ability to take a **focused, clinically relevant history**
- Evaluate **communication skills**, empathy, and rapport building
- Test **diagnostic reasoning** through history alone
- Demonstrate ability to provide a **coherent summary and differential diagnosis**

# Station Format

## What You Will Face

- **05 minutes** for the candidate to read the scenario
- **14 minutes:** Take history from the patient
- **01 minute** to organize your thoughts
- **05 minutes:** Discuss your findings with the examiners
- No physical examination is required
- Examiners assess both **content** and **communication**

# Core Skills Required

## What Examiners Look For

- Establishing rapport quickly
- Taking a **relevant and logical** history
- Exploring **symptoms thoroughly**
- Assessing **impact on life / functional status**
- Identifying **red flags**
- Explaining reasoning clearly in the discussion
- Structuring diagnosis + differential + management

# Structure of an Excellent History

- **A Focused, Efficient Approach**
- **Open**
  - Introduce yourself, confirm patient identity, open question
- **Symptom Exploration**
  - Timeline & progression
- **Targeted Systems Review**
- **Functional Impact**
- **Relevant Past Medical / Drug / Social History**
- **Patient Concerns, Ideas, Expectations**

# Communication Essentials

## How to Demonstrate Professionalism

- Warm, respectful, calm tone
- Allow the patient to speak; avoid interrupting too early
- Use open questions first → focused questions later
- Respond to emotional cues
- Check understanding and summarise periodically
- Avoid jargon unless explained

# The Examiners' Questions

## **Expect to Be Asked:**

- “What is the most likely diagnosis?”
- “What features support this?”
- “What else might this be?”
- “What further history/examination/investigations are needed?”
- “How would you manage this patient?”
- “What complications are you worried about?”

# Scoring Domains

## How You Are Marked

- Clinical Communication Skills
- History Taking Skills
- Clinical Judgement & Reasoning
- Organisation & Summarisation
- Professionalism

# Common Mistakes

## Avoid These Pitfalls

- Jumping into closed questions too early
- Focusing on irrelevant details
- Missing red flags
- Not exploring patient concerns
- Poor structure during the summary
- Giving vague or non-committal diagnoses
- Forgetting safety-netting in the discussion

# Tips for Success

- Use a **14-minute template** and practise timed histories
- Listen actively — the patient often gives the diagnosis
- Start broad → narrow quickly
- Signpost your approach to the examiners
- Stay calm and think aloud clearly during the discussion
- Practise summarising **in under 60 seconds**

# Key Takeaways

- Focus on relevance, structure, and clarity
- Demonstrate empathy and professional communication
- Present a clear diagnosis + differential
- Practise timed histories regularly
- The station rewards **clarity, confidence, and clinical reasoning**

**Thank You**

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