# OBTAIN A PATIENT HISTORY FROM AN ALERT AND ORIENTED PATIENT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

| SCORING | |
|---|---|
| N/A | Not applicable for this patient |
| 0 | Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent |
| 1 | Not yet competent, marginal or inconsistent, this includes partial attempts |
| 2 | Successful; competent; no prompting necessary |

| **Actual Time Started: _____** | **SCORE** |
|---|---|
| **Demographic data** | |
| Age | N/A |
| Weight – estimated/translated to kg | N/A |
| Sex | N/A |
| Ethnic origin | N/A |
| Source of referral | |
| "Who called EMS?" | N/A |
| Source of historical information | |
| Who is telling you the information? | N/A |
| Reliability | |
| Do you believe the patient? | N/A |
| Does the patient have appropriate decision-making capacity to consent for care? | N/A |
| Is the patient oriented appropriately? | N/A |
| **Chief complaint** | |
| "Why did you call us?" | N/A |
| Duration of this episode/complaint | N/A |
| **History of the present illness** | |
| Onset | |
| "When did this begin?" | N/A |
| "Was it sudden or gradual?" | N/A |
| Provocation | |
| "What brought this on?" | N/A |
| "Is there anything that makes it better or worse?" | N/A |
| Quality | |
| "How would you describe your pain or symptoms?" | N/A |
| "Has there been any change in your pain or symptoms since it began?" | N/A |
| Region/Radiation | |
| "Can you point and show me where your pain or symptoms are located?" | N/A |
| "Does the pain move or radiate anywhere else?" | N/A |
| Severity | |
| "How would you rate your level of discomfort right now on a 0 – 10 scale?" | N/A |
| "Using the same scale, how bad was your discomfort when this first began?" | N/A |
| Timing | |
| "When did your pain or symptoms begin?" | N/A |
| "Is it constant or how does it change over time?" | N/A |

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| | |
|---|---|
| Setting | |
| Is there anything unique to place or events with this episode? | N/A |
| Treatments | |
| “Have you taken anything to treat this problem?” | N/A |
| Pertinent negatives | |
| Notes any signs or symptoms not present | N/A |
| Converges | |
| Moves history from broad to focused to field impression | N/A |
| **Past medical history** | |
| General health status | |
| What does the patient say about his/her health? | N/A |
| Current medications | |
| “What prescribed medications do you currently take?” | N/A |
| “What over-the-counter medications or home remedies do you currently take?” | N/A |
| “When did you take you last dose of medications?” | N/A |
| “Do you take all your medications as directed?” | N/A |
| Adult illnesses | |
| “What other similar episodes were present?” | N/A |
| “Is this an acute or chronic illness?” | N/A |
| “What medical care do you currently receive for this illness?” | N/A |
| “What medical care do you currently receive for other illnesses?” | N/A |
| Allergies | |
| “Do you have any allergies to any medications, foods or other things?” | N/A |
| Operations | |
| “What previous surgeries have you had?” | N/A |
| Environmental | |
| Patient nutritional status | N/A |
| “Do you have any habitual activities, such as drugs, alcohol or tobacco use?” | N/A |
| **Family history** | |
| Questions patient about pertinent family medical history | N/A |
| **Psychological history** | |
| Asks appropriate related history questions based upon patient presentation | N/A |
| **Verbal report** | |
| Completes succinct report | N/A |
| Identifies pertinent findings | N/A |
| Identifies pertinent negatives | N/A |
| Organization | |
| Organizes report in logical sequence | N/A |
| **Affective** | |
| Makes the patient feel comfortable | N/A |
| Uses good eye contact | N/A |
| Establishes and maintains proper distance | N/A |
| Uses techniques that show interest in the patient | N/A |
| Professional appearance | N/A |
| Takes notes of findings during history | N/A |
| Preferably uses open-ended questions | N/A |
| Follows patient lead to converge questions | N/A |

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| | |
|---|---|
| Uses reflection to gain patient confidence | N/A |
| Shows empathy in a professional manner | N/A |

**Actual Time Ended:** _____

**TOTAL** 0 /112

**Critical Criteria**

___ Failure to take or verbalize appropriate PPE precautions
___ Failure to complete an appropriate history
___ Failure to obtain vital information necessary for the proper assessment, management and diagnosis of the patient's condition
___ Failure to receive a total score of 86 or greater

| **Comments:** |
|---|
| |

**STUDENT SELF-EVALUATION** (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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