History taking

Assessment of competences for ANP / ACP / SCP

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note: Practitioners can add DOPS, PBAs and CEXs as evidence.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NOT competent** | **Competent** | **Signature and date** |
| History taking |
| 1 | Presenting history* Professional’s introduction to the patient
	+ ‘End of the bed test’
	+ Questioning direct/indirect
	+ Interpretation of information
	+ Use of recognised scoring systems for angina/dyspnoea
 |  |  |  |
| 2 | Past medical history* Medical
* Surgical
* Hospital admissions
* Anything else of note
* Documentation
 |  |  |  |
| 3 | Social history* Married/single/support network
* Home circumstances
* Disabilities
* Employment
* Smoking
* Alcohol
* Allergies
* Documentation
 |  |  |  |
| 4 | Family history* Parents/siblings/relevant relations
* Major illnesses; cardiac, respiratory, strokes, diabetes, inherited
* Documentation
 |  |  |  |
| 5 | Medication prescribed/over the counter/alternative* Pharmacological name, dose and time of administration
* Documentation
 |  |  |  |
| 6 | Examination of the patient; systems review* CVS
* Resp
* GIT
* GU
* CNS
* Endocrine
* JACCOL
 |  |  |  |
| 7 | Review of investigations/imaging; baseline observation* CXR or relevant radiology
* ECG
* Angio
* Echo
* Carotid USS
* Leg Doppler studies
* Any other investigations
* Previous medical notes; referral letters
* Anything else of note
 |  |  |  |
| 8 | Diagnosis/differential diagnosisManagement planFurther investigations/interventions |  |  |  |
| **Assessor’s comments** – to include rationale for all areas of questioning, an approach that elicits meaningful answers in a timely fashion, demonstrates that the procedure is mindful of patient confidentiality and dignity, and meets with the legal and ethical aspects of the NMC code of conduct (or other professional body): |
|  |
| **This practitioner has completed these outcomes to the appropriate standard.****Assessor’s name:****Signature and date:** | **Practitioner’s signature:****Date:** |