

Professional Competencies Rating Scale – History Taking Station Sample

ASSESSMENT DOMAINS	VERY POOR PERFORMANCE	WELL BELOW EXPECTED STANDARD	BELOW EXPECTED STANDARD	EXPECTED STANDARD	BETTER THAN EXPECTED STANDARD	EXCELLENT PERFORMANCE
	0 marks	1 mark	2 marks	3 marks	4 marks	5 marks
QUALITY AND SAFETY OF HISTORY TAKING (EPA 4)* Physicians practice in a safe, high-quality manner within the limits of their expertise. Document history findings, and synthesise with clarity and completeness	<ul style="list-style-type: none"> Unable to accurately elicit any relevant components of history No clear structure Most details would require clarification or correction 	<ul style="list-style-type: none"> Many components of history poorly covered Omission of many key points Major inaccuracies or significant lack of detail Repetitive, poorly structured Would need to spend substantial time clarifying details 	<ul style="list-style-type: none"> Some important components of history poorly covered Omission of some key issues Some inaccuracies Has some structure, but overall poorly organised Would need to clarify important details 	<ul style="list-style-type: none"> Complete and accurate history All important issues covered, only peripheral issues omitted Minimal inaccuracies Timely and well structured Minimal need to clarify details 	<ul style="list-style-type: none"> Focused and efficient history taking skills Appropriate emphasis on key aspects of history Good mix of open and closed questioning No inaccuracies Information presented with a clear structure and summary 	<ul style="list-style-type: none"> Highly skilled history taking Shows maturity in extracting difficult information All key aspects covered well Able to succinctly present information and synthesise findings
COMMUNICATION (EPA 4 & 7) Physicians collate information, and share this information clearly, accurately, respectfully, empathetically and in a manner that is understandable to patients, families, carers, and professionals.	<ul style="list-style-type: none"> Explanations not organised or inappropriate Dismissive of communication partner Very poor non-verbal communication 	<ul style="list-style-type: none"> Explanations difficult to follow and understand, very poorly organised Frequent inaccuracies in information provided Frequent use of jargon without explanation Poor non-verbal communication with limited eye contact or poor body language 	<ul style="list-style-type: none"> Some structure to explanation but overall difficult to follow or understand Some inaccuracies in key components of explanations Used jargon/inappropriate terminology without explanation too often Instances of poor non-verbal communication, lack of empathy 	<ul style="list-style-type: none"> Information provided is mostly correct and presented clearly Minimal inaccuracies Used appropriate terminology most of the time Checked for understanding Appropriate non-verbal communication Candidates use collaborative, effective, respectful, and empathetic communication with patients, families, carers and professionals 	<ul style="list-style-type: none"> Provided organised, clear explanation to questions Used appropriate terminology Evidence of active listening skills Clearly demonstrated empathy and respect for communication partner 	<ul style="list-style-type: none"> Provided well organised, clear and detailed explanations and answers Confident and skilful at giving information Uses a broad range of verbal and non-verbal skills including active listening Attentive to communication partner, consistently checked for understanding

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JUDGEMENT AND DECISION MAKING Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice.	<ul style="list-style-type: none"> • Demonstrates very poor diagnostic reasoning • Makes poor or unsafe decisions • Fixed, false and harmful beliefs on the subject of the questions asked 	<ul style="list-style-type: none"> • Unclear, illogical diagnostic reasoning • Evidence of inaccurate or potentially unsafe decisions • Unable to provide coherent, consistent advice, that may be contradictory • Does not recognise own limitations, demonstrates poor judgement 	<ul style="list-style-type: none"> • Demonstrates some diagnostic reasoning, but lacks logic at times • Some safety concerns identified • Provides advice that is consistent but incomplete • Lacks confidence in decision making or concerns about judgement identified 	<ul style="list-style-type: none"> • Demonstrates sound diagnostic decision making • No significant safety concerns identified • Provides advice that is accurate, consistent and complete • Applies good judgement and has confidence in opinions 	<ul style="list-style-type: none"> • Demonstrates clear and logical diagnostic decision making the majority of the time • No safety concerns identified • Advice is tailored to the context of the clinical scenario • Applies good judgement that takes into consideration the patient or role player's individual needs 	<ul style="list-style-type: none"> • Demonstrates excellent diagnostic decision with high degree of logic and understanding • No safety concerns identified • Provides advice using language that is readily understandable to the patient or role player • High level of judgement demonstrated with consideration of all important factors
MEDICAL EXPERTISE Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations.	<ul style="list-style-type: none"> • Very poor level of requisite knowledge, unaware of most key details • Management plan is unsafe, or harmful 	<ul style="list-style-type: none"> • Large gaps in requisite knowledge, aware of very basic details only • Unable to generate a reasonable list of differential diagnoses • Management plan is poorly developed, lacks most important details 	<ul style="list-style-type: none"> • Demonstrates important gaps/errors in requisite knowledge • Has difficulty with differential diagnosis, misses important conditions • Management plan outlined has errors, omissions or is poorly constructed 	<ul style="list-style-type: none"> • Demonstrates a sound level of requisite knowledge • Able to generate a reasonable list of differential diagnoses, most important conditions covered • Able to outline an adequate management plan, with only minor errors 	<ul style="list-style-type: none"> • Demonstrates detailed understanding of requisite knowledge • Detailed list of differential diagnoses with some evidence of ability to prioritise • Able to outline an organised, logical management plan 	<ul style="list-style-type: none"> • Demonstrates a very high level of requisite knowledge • Detailed list of differential diagnoses with comprehensive applicability to context • Able to outline a highly developed, well-structured management plan