

**FACULTY OF MEDICINE****AL-AZHAR UNIVERSITY****HISTORY TAKING STATION (SIMULATED PATIENT)**

EXAMINERS NAME.....STUDENT NAME .....

*Greet the student and give him/her the written instructions.**Please encircle the appropriate mark for each criterion.*

| Criteria                                                                                        | Performed competently | Performed but not fully competent | Not performed or incompetent |
|-------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|------------------------------|
| Initial approach to the patient<br>(introduces him-herself, explains what he/she will be doing) | 1                     | 0.5                               | 0                            |
| <b>Main C/O: bleeding P/R.. Duration</b>                                                        | 1                     | 0.5                               | 0                            |
| <b>HPI:</b>                                                                                     | 1                     | 0.5                               | 0                            |
| <b>Associated symptoms</b>                                                                      |                       | 0.5                               | 0                            |
| Constipation                                                                                    | 1                     | 0.5                               | 0                            |
| Diarrhea, character,...                                                                         | 1                     | 0.5                               | 0                            |
| Abdominal pain, character                                                                       | 1                     | 0.5                               | 0                            |
| Tenesmus                                                                                        | 1                     | 0.5                               | 0                            |
| Loss of body weight                                                                             | 1                     | 0.5                               | 0                            |
| Other related systemic c/o                                                                      | 1                     | 0.5                               | 0                            |
| <b>Past History:</b>                                                                            |                       |                                   |                              |
| Hypertension & DM                                                                               | 1                     | 0.5                               | 0                            |
| Drug history                                                                                    | 1                     | 0.5                               | 0                            |
| Haemorrhoidectomy                                                                               | 1                     | 0.5                               | 0                            |
| <b>Family History:</b>                                                                          | 1                     | 0.5                               | 0                            |
| <b>Diagnosis</b>                                                                                |                       |                                   |                              |
| - Ca L colon                                                                                    | 2                     | 0.5                               | 0                            |
| - Hypertension, DM                                                                              | 1                     | 0.5                               | 0                            |
| <b>Investigations</b>                                                                           |                       |                                   |                              |
| CBC, Blood group                                                                                | 0.5                   | 0                                 | 0                            |
| U & Es, LFTs                                                                                    | 0.5                   | 0                                 | 0                            |
| Tumour markers, CEA                                                                             | 1                     | 0.5                               | 0                            |
| Endoscopy (colonoscopy, biopsy)                                                                 | 1                     | 0.5                               | 0                            |
| Imaging (Ba Enema; DC), U/S, CT                                                                 | 1                     | 0.5                               | 0                            |
| <b>Total (max 20)</b>                                                                           |                       |                                   |                              |

**Overall rating of the station**

Clear Pass&gt;12

Borderline10-12

Clear Fail&lt;10

Name: ... Signature: ..... Date: .....