The GP Exam Coach

Timelines and Taking a History

Taking a history

Taking a history is NOT a tick box exercise, like a hospital clerking sheet. As the clinician in the room with complete focus on your patient, it can instead be helpful to think about a timeline of events. Once you have all your events in order, you can develop a differential diagnosis smoothly and logically.

It starts with basics:

Did the rash start yesterday or has it been months?

Is the pain in the knee in the past 48 hours or has it been there for years?

Is this cough acute/minor, or is it something that's developed over time?

Think about the history from your patient being a chronological timeline – from beginning to end. When you take a history using this approach, you can get most of the salient points (e.g. onset, timing, triggers, alleviators, duration, progression, and impact).

So – how can you get this chronological timeline smoothly and confidently? The following 5-point plan can steer you through many consultations:

1

Start with one strong opening question

Use your starting question to unlock the patient's story, and let them naturally give you the timeline.

"Talk me through what's been happening?"

"Tell me your story from the beginning."

"What was the first moment you noticed something wasn't right?"

"How did it start?"

Your aim – let the patient speak uninterrupted for 20 to 40 seconds. If this is done well, you might get 70% or more of your timeline right here.

2

Listen for the timeline anchors

As your patient talks, you can mentally note the following key points – trying not to interrupt unless necessary.

Onset - When did it all start?

Progression - Is it getting better? Worse? Fluctuating?

Inflection points - When did something *change*?

Triggers - Food, movement, stress, exertion, infections, trauma

Patterns - Constant? Intermittent? Related to the time of day?

Impact - Sleep, work, school, ADLs, mood

Past episodes - Has this happened before?

3

Use closed questions to tidy the gaps in your timeline

Keep your questions short, sharp, and specific:

"Was the fever at the start, or only later?"

"Any red flags at any point—weight loss, vomiting, bleeding, collapse?"

"Has it ever fully settled between episodes?"

"Did the pain move suddenly or gradually?"

Closed questions **after** the timeline means faster, clearer consultations.

4

Sense check with 3 quick clarifiers

Use this on yourself towards the end of your history:

DO I UNDERSTAND the order of events?

DOES THE STORY MAKE SENSE from a clinical standpoint?

Is there anything that DOES NOT FIT THE PATTERN?

5

Use a quick 'SCA-safe' wrap up line

You can do this to show the examiners that you have heard the narrative accurately:

"Just to check I've understood – it started around [TIME], then [EVENT], and in the last few days [EVENT]. Does that sound right?"

This takes 10 seconds but it immediately shows clarity, structure, and rapport with your patient.

What this method can instantly give you is:

- A logical and clean differential diagnosis
- Less backtracking
- Time left for a shared management plan to be formed
- A calmer, more human consultation
- A structure that your examiner can see

Introducing your ICE

ICE – Ideas, Concerns, Expectations. Using this to understand your patient helps to make sure you are both working towards the same goal. However it can sound very clunky if not done correctly.

Try to do ICE without using the words IDEAS, CONCERNS, or EXPECTATIONS.

❌ **"What are your ideas about this?"**

Use the following when you want to understand beliefs, interpretations, or self-diagnosis.

- ✓ *"What do you think might be going on?"*
- ✓ *"What's crossed your mind about what this could be?"*
- ✓ *"Have you had any thoughts about what's causing it?"*
- ✓ *"Does it remind you of anything you've had before?"*

❌ **"What are your concerns?"**

Use the following when you want to understand fears, worries, or risk perception.

- ✓ *"Is there anything in particular you've been worried about?"*
- ✓ *"What's been bothering you most about this?"*
- ✓ *"What's the worst-case scenario that's been playing on your mind?"*
- ✓ *"Has anything you've read or heard concerned you?"*

- ✓ *"What made you decide to book the appointment today?"*

❌ **"What are your expectations?"**

Use the following when you want to align the consultation with an outcome.

- ✓ *"What were you hoping we might do today?"*
- ✓ *"What would a helpful outcome look like for you?"*
- ✓ *"Is there something specific you were hoping I could help with?"*
- ✓ *"By the end of the appointment, what would feel most useful for you?"*

You don't always need to ask all three directly. Often they emerge naturally if you ask:

"What made you come in today rather than waiting?"

"What's changed since this first started?"

"How is this affecting you day-to-day?"

These questions often reveal **IDEAS + CONCERNS + EXPECTATIONS** in one answer.

More SCA Tips

If you sound like you're ticking a box, you probably are.

Examiners don't want the words *ICE*.

They want evidence that you've:

explored understanding

acknowledged worry

aligned a plan with the patient

Use one or two well-chosen questions, not all three every time.

Common mistakes I see with trainees

- Over-medicalising early

- Jumping to diagnosis before the timeline is clear
- Asking every red flag “just in case”
- Forgetting to summarise
- Not sharing thinking out loud
- Running out of time for management

Consultation Example

“Good morning, I’m Dr G. How can I help?”

“It’s this cough doctor.”

➔ **Opening**

“Tell me more about it”

(You stop talking. You listen.)

➔ **Patient narrative (you’re listening)**

“It started about three weeks ago with a mild cough. At first I thought it was just a cold.
Then after about a week I started feeling really tired, and last weekend I developed a fever.
The cough has got worse since then, especially at night, and yesterday I felt short of breath walking upstairs, which is why I booked in.”

Already, you have:

onset

progression

turning point

reason for attendance

This has given you the timeline after asking only a single question

➔ **You reflect the timeline back**

“OK, so it began three weeks ago with a mild cough, then about a week in you became more tired, and over the last week you’ve developed a fever and worsening breathlessness. Is that right?”

This does three things:

checks accuracy

shows you're listening

signals structure to the examiner

➔ **Now you fill the gaps (closed questions, in order)**

Notice how the following questions follow time, not a checklist.

"At the very start, did you have any fever or chest pain?"
"When the cough worsened, was there any sputum at that point?"
"Since the breathlessness started, have you noticed wheeze, chest tightness or pain?"

You're moving along the timeline, not jumping around.

➔ **Impact and meaning (still timeline-aware)**

"How has this affected your sleep or work over the last week?"
"What made you decide to come in now rather than earlier?"

This often reveals:

concern

expectations

risk

all without saying "ICE".

➔ **Past history placed in context**

"Have you ever had anything like this before?"
"Any asthma or lung problems in the past?"

Past history comes after the story, not before.

➔ **One-line structured summary**

"So just to summarise — this started three weeks ago with a cough, gradually worsened, then in the last week you developed fever and shortness of breath, which is now affecting your day-to-day activities."

That is a timeline history.

➔ **What examiners are seeing here**

Your examiner will see:

clear chronology

good listening

clinical reasoning

efficient use of time

no random questioning

➔ **What an unstructured history looks like**

“Any fever?”
“Any chest pain?”
“Any weight loss?”
“Any travel?”
“Any past medical history?”
“Any allergies?”

There’s nothing wrong with the questions — but they’re not part of a story, in no real order. Even if it appears to make sense in your head it may come across very random to the patients and your examiner.

Quick reference – Timeline prompts for tricky presentations

Pain -	Onset, location, movement, pattern, red flags
Breathlessness -	Sudden vs gradual, triggers, associated symptoms
Abdo symptoms -	Food patterns, red flags, bowels, previous episodes
Children -	Feeding, sleep, behaviour, fever timeline, hydration, school impact
Mental health -	Trigger timeline, functional impact, risk points
Rashes -	When it appeared, spread, fever, exposures