

OSCE History Taking – Notes for Actor

Patient demographics:

You are Lucas Carlton, a 30-year-old Caucasian male. You have come to the GP because you have a Headache.

Presenting Complaint: HEADACHE

History of Presenting Complaint:

- Site: Behind left eye
- Quality: Stabbing sensation, Constant once it starts
- Intensity: 8/10, so intense that it is unable to be still when it comes on
- Timing: Quick onset every evening, lasts 30 minutes, Happened 2 and 4 months ago as well
- Aggravating: Worse after Drinking or Working
- Relieving: None, Paracetamol and Ibuprofen not working

Other symptoms (ONLY IF ASKED)

- Nasal congestion
- Red watery eyes

Negative history:

- No Patterns, No Radiation of Pain, No Vertigo, No visual disturbance, No Vomiting, No Fever, Not worse on Bending, No issues with any other Organ Systems

ICE

I: No ideas

C: Worried that it's something serious

E: Wants to stop having episodes

PMH + Surgical History:

- None

Drug History

- Sometimes takes Cannabis to ease pain, provides some relief
- No Allergies

Family History

- Dad has same issue, but never diagnosed with anything

Social History

- Smoker, pack a day for past 12 years. Drinks 2-3 Whisky glasses every evening before bed.
- Painter. Lives with ex-wife and daughter
- Doesn't use any other illicit drugs, 2 cups of coffee a day
- Balanced diet, not much time for exercise, get enough sleep
- Not sexually active, No travel in last year

Diagnosis: Cluster Headache

OSCE History Taking – Notes for Candidate

Role: GP Trainee

Presenting complaint: Headache

This is Lucas Carlton, a 30-year-old Caucasian Male who has presented to the GP with a Headache.

Please take a history in 8 minutes

There will be 2-minute further questions from examiner at the end

OSCE History Taking- Examiner Marksheet

Opening:

- Introduces themselves
- Confirms Patient demographics
- Explains and gains consent from patient about consultation
- ***Demonstrates relevant and spontaneous empathy at APPROPRIATE times***

Presenting complaint and History of presenting complaint:

- Open questioning to begin
- Structured approach
- Red flags: Weight loss (Cancer), Visual disturbance, Worse on Bending (Raised ICP)
- ICE
- Uses clear language and avoids jargon

Systemic enquiry:

- Screens for relevant symptoms in other body systems

PMH/Surgical history:

- Asks about any Medical Conditions or Surgical Procedures

Drug History, Social and Family History:

- Asks about both prescribed and over the counter medication – specifically about Analgesics
- Allergies and what happens during allergy
- Substance misuse, Alcohol and Smoking history, Caffeine intake
- Occupation, Relevant Family History

Ending consultation:

- Summarises and clarifies any points
- Thanks Patient
- Signposting

EXAMINER FOLLOW UP QUESTIONS:

Q1: What is your top differential diagnosis and why?

Cluster Headache: Episodic recurrent headache, Typical demographics, Painting is a Risk factor, Possible Family History, Nasal congestion + Watery eyes

Q2: What initial investigations/examinations would you order for this patient?

- **Fundoscopy to rule out Ocular pathology**
- **Bloods: FBC (Anaemia, Infection), ESR (Temporal Arteritis), HbA1c (Diabetes Mellitus)**

Q3: What is your management plan to prevent future episodes?

- **Stop Smoking, Reduce Alcohol, Reduce exposure to strong paint smell**
- **Consider Verapamil during bouts of episodes**

Q4: Despite your advice, Lucas has more episodes. How would you manage him?

- **Sumatriptan Nasal Spray OR Subcutaneous Sumatriptan/ Zolmitriptan**

- Consider High flow O2 non-rebreathe mask if Severe

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: