OSCE History Taking – Notes for Actor

Patient demographics:
You are Ryan Andrews, a 43-year-old Male. You have come to the GP because you have some Upper Abdominal Pain

Presenting Complaint: Abdominal Pain

History of Presenting Complaint:

- Site: Upper Abdomen. Spreads through to the Back
- Quality: Aching
- Intensity: 8/10
- Timing: Started this morning when waking up with a hangover, Never happened before
- Aggravating factors: Bending forward help
- Relieving factors: Worse when flat on back

Other symptoms and Negative History (ONLY IF ASKED)

- Fever + Vomiting started this morning
- No Jaundice, No Stool or Urinary changes, No Breathlessness, No Rashes, No recent Weight loss

ICE
I: None
C: Worried about a Peptic Ulcer- Friend had one
E: Would like the pain to stop

PMH + Surgical History:

- Previously admitted with Delirium Tremens

Drug History

- Paracetamol and Ibuprofen don't help
- No allergies

Family History

- None

Social History

- Doesn’t smoke, Half a Whisky bottle alone most days but Full bottle when with friends
- Lives with roommate but they don’t get along, Frozen food main intake, Unemployed

Diagnosis: Acute Pancreatitis

OSCE History Taking – Notes for Candidate

Role: GP Trainee
Presenting complaint: Abdominal Pain

This is Ryan Andrews, a 43-year-old Male who has presented to the GP with Abdominal Pain

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), Abdominal distension
- Explores Other Symptoms and Negatives
- 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
- 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?
Pancreatitis

Q2: What Investigations/ Examinations would you to order?
FBC, CRP, U&Es, LFTs, Serum Amylase + Lipase, Urine Dipstick, Abdo USS

Q3: How would you manage him?
Analgesia (IV Opioid), Anti-emetic, Aggressive IV Fluid therapy
Catheterise, Fluid Balance chart
Consider NG Tube, Treat any other cause found on imaging

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: