

OSCE History Taking – Notes for Actor

Patient demographics:

You are Sally Rogers, a 43-year-old white female. You have come to the GP because you are having some trouble walking due to a pain in your right foot.

Presenting Complaint: FOOT PAIN + WALKING DIFFICULTY

History of Presenting Complaint:

- **Site:** Right foot, 'sort of near the middle of your foot'. The pain does not radiate anywhere and you have no symptoms in the left foot or further up the right leg.
- **Quality:** Sharp pain, always feels like you have a stone in your shoe.
- **Intensity:** 7/10 when you put pressure on the foot, but at rest it's a bearable 2/10. (Only if asked): This is why you are having trouble walking, because you cannot properly weight bear on the right.
- **Timing:** You have had this problem for the last 2 months, and it has gradually gotten worse. You have not had anything like this before.
- **Aggravating:** Putting pressure on the foot.
- **Relieving:** Foot massage

Other symptoms (ONLY IF ASKED):

This case has no other symptoms.

Negative history:

Deny the following symptoms IF ASKED: skin changes, recent trauma, absent sensation, muscle weakness, paraesthesia.

ICE

I: You think this could be a nerve problem, because your friend had something like this, although they had pain throughout their entire leg.

C: You're not really worried but want a definitive solution this time.

E: Steroid injection to relieve the pain, it is something you read about online.

PMH + Surgical History

- Recurrent UTIs
- You have not had anything like this before
- No surgeries

Drug History

- You take D-Mannose for recurrent UTIs.
- No herbal remedies
- No allergies

Family History

- Nothing that you know of

Social History

- You do not smoke
- You do not drink alcohol
- You have never used recreational drugs
- Occupation: estate agent, (IF ASKED) you're on your feet a lot.
- Living arrangements: you live in a house with your husband.
- Mobility and support: you can get around the house unassisted, but it is becoming quite difficult.
- You have a balanced diet, exercise sometimes and get enough sleep.
- Recent foreign travel: none
- Vaccines: up to date

Diagnosis: MORTON'S NEUROMA

OSCE History Taking – Notes for Candidate Template

Role: GP trainee

Presenting complaint: Difficulty Walking

This is Sally Rogers, a 43-year-old white female who has presented to the GP with problems trouble walking.

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 – asks **how long and the walking difficulty has been present and WHY**
- Structured approach, transitions into SQITARS
- Red flags:
 - Fever (osteomyelitis)
 - Recent trauma (fractures)
 - Motor weakness
 - Absent sensation (neuropathy)
- 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 – previous episodes and previous trauma
- Asks about relevant 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
- Occupation – are they on their feet a lot if the day
- Support at home/mobility
- Relevant Family History

Ending consultation:

- Summarises and clarifies any points
- Thanks Patient
- Signposting

EXAMINER FOLLOW UP QUESTIONS:

1. What is your top differential diagnosis and why?
Morton's neuroma – patient presenting with typical pain and pain distribution expected in Morton's neuroma (sharp pain + pebble feeling in the 3rd intermetatarsal space) which is aggravated by walking. Additionally there is a risk factor of being female and the absence of any history to suggest an alternate diagnosis like a fracture or osteomyelitis.
2. What initial investigations/examinations would you order for this patient?
Gait and foot examination
If there is diagnostic uncertainty, an ultrasound scan or MRI can be ordered, but usually this is a clinical diagnosis
3. What is your initial management plan?
NSAIDs for the pain + referral to orthotics for footwear optimisation
4. Give an example of an activity which might precipitate the development of Morton's neuroma
Any repetitive, high impact activity like running, dancing, or athletics.
5. If this patient had presented with foot pain, fever, and a necrotic rash over the dorsum of the foot, what would be your new management plan?
Hx suggestive of necrotising fasciitis:
Urgent hospital admission for surgical debridement and IV antibiotics.

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: