OSCE History Taking – Notes for Actor

Patient demographics:

You are James Lutterworth, a 62-year-old male who has presented to the GP with a rash

Presenting Complaint: RASH

History of Presenting Complaint:

- **Site:** The rash is present all over your body, but nothing on your face. You do not know where the rash started but it has spread over the last few days. The rash is particularly bad around your hands.
- **Quality:** Not painful, but extremely itchy (only volunteer if asked how it feels). The rash is flat/slightly raised in most places.
- **Intensity:** Itchiness is waking you up at night.
- **Timing:** You have had the rash for the last 3 days, in which time it has spread and got worse. You have not had anything like this before.
- **Aggravating:** No aggravating factors.
- **Relieving:** Itching the rashes helps a bit but then it comes back even worse.

Other symptoms (ONLY IF ASKED):

- The rash is beginning to scale and crust in some places.

Negative history:

Deny the following symptoms IF ASKED: Fever, bleeding, discharge from rashes, features of meningism, no recent infections. You have not seen any insects crawling around the house or on your skin.

ICE

I: You think that you are having some kind of allergic reaction.
C: Getting quite worried because you can't sleep properly anymore.
E: You want some cream or medication to relieve the itching.

PMH + Surgical History

- Type 2 diabetes mellitus
- No surgeries

Drug History

- You take Gliclazide for the diabetes. ONLY IF ASKED: you adhere poorly to the medication and frequently have very high blood glucose levels.
- No herbal remedies
- No Allergies

Family History

- Your partner and son have developed a similar rash to you. Your son developed it first.
- No relevant medical conditions in the FHx

Social History

- You have never smoked
- You drink a bottle of wine every 2 days
- You tried cocaine once when you were a student
- Occupation: retired – used to be a gardener
- Living arrangements: you live in a small bungalow with your wife.
- Vaccinations: you are up to date on all vaccinations
- Your hobbies include going on walks and woodworking.
- You have a poor diet, do not exercise very much and recently have been struggling to sleep
- You do not have any pets
- Recent foreign travel: none

Diagnosis: SCABIES

OSCE History Taking – Notes for Candidate

Role: Foundation Year 1 doctor in Orthopaedics Outpatients

Presenting complaint: Rash

This is James, a 62-year-old white male presenting to the GP with a Rash.

Please take a history from this patient, you have 8 minutes to do so.

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 e.g. SQITARS
- Elicits the location and progression of the rash, as well as asking how it feels.
- Red flags features screened for:
    - Fever, discharge, bleeding (infected rash)
    - Meningism features (meningococcal sepsis)
- ICE
- Uses clear language and avoids jargon
- There should be a good detailed history of the rash, and all it's features. Incomplete history of the rash will make it difficult to determine the diagnosis.

Systemic enquiry:

- Screens for relevant symptoms in other body systems
- Asks about insect bites/any insects visualised in the home

PMH/Surgical history

- Asks about any medical conditions and previous episodes of similar rash
- Elicits T2DM
- Asks about common rash differentials like eczema and psoriasis

Drug History, Social and Family History:

- Asks about both prescribed and over the counter medication + adherence
- Allergies and what happens during allergy
- Substance misuse
- Alcohol and Smoking history
- Occupation and hobbies
- Support at home/mobility
- Relevant Family History – **very important to ask if anyone in the household has a similar rash.**

Ending consultation:

- Summaries and clarifies any points
- Thanks Patient
- Signposting

EXAMINER FOLLOW UP QUESTIONS:

1. What is your top differential diagnosis and why?

   Scabies – pruritic and erythematous rash with other members affected in the household, in the expected full body distribution with higher concentration of rash in the interdigital webspaces. No insects have been seen making this unlikely to be something like lice or insect bites. The rash being worse at night also supports this diagnosis since the scabies mites are more active at night.

2. What is your initial management of this patient?

   Treat ALL household members and close contacts with 5% permethrin cream. Instruct them to wash bedding, clothing, and towels in water of at least 60 degrees Celsius.

3. If this patient kept representing with scabies and general poor health, what might you need to consider?

   Immunocompromised state due to poor diabetes control/other undiagnosed condition
   Possibility of neglect, either from himself or from family members

4. How would you advise the patient to use 5% Permethrin cream?

   Cover the entire body and wash it off after 8-12 hours
   Repeat in one week's time
   For all household members

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: