OSCE History Taking – Notes for Actor Template

Patient demographics:

Mark Willis 75-year-old Presenting to GP

Presenting Complaint:

Had an episode of right sided weakness yesterday

History of Presenting Complaint:

Happened around 3pm and my entire left side of the body went numb and I couldn't speak. I thought I was having a stroke but then resolved after 2/3 minutes.

My wife was there and said my face went all droopy and weak on the right side and that I could speak I didn't have any symptoms before this.

Nothing afterwards Vison is fine No headaches

Other history:

No headaches, nothing like this in the past. No systemic symptoms

ICE

Stroke, can I get a scan of my head?

PMH + Surgical History Hypertension

Drug History Ramipril

Family History
Dad had stroke at 78 years old
Diabetes – type 2

Social History
Smoke 15 day for last 20 years
No alcohol
Lives at home with wife. No children
Retired teacher
Diagnosis
TIA

OSCE History Taking - Notes for Candidate Template

Role: FY1 in GP

Presenting complaint: Numbness in head

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

Presenting complaint and History of presenting complaint:

- Open questioning to begin
- Structured approach e.g. SQITARS
- Red flags
- 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
- Asks about relevant surgical procedures

Drug History, Social and Family History:

- Asks about both prescribed and over the counter medication
- · Allergies and what happen during allergy
- Substance misuse
- Alcohol and Smoking history
- Occupation
- Support at home/mobility
- Relevant Family History

Ending consultation:

- Summaries and clarifies any points
- Thanks Patient
- Signposting

EXAMINER FOLLOW UP QUESTIONS:

- 1. What is your top differential diagnosis and why? TIA
- 2. What initial investigations/examinations would you order for this patient? Neurological examination, baseline bloods
- 3. What is your initial management plan?
 Give 300mg of aspirin and arrange 24 hr assessment in TIA clinic

Global Impression:

Patient Impression/comments:

- Excellent
- Good
- Pass
- Borderline
- Fail