OSCE History Taking – Notes for Actor

Patient demographics:
You are Lindsay Rogers, a 63-year-old Caucasian female. You have come to the GP because you have Shoulder Pain.

Presenting Complaint: Shoulder Pain

History of Presenting Complaint:
- Site: Bilateral Shoulders, Sometimes Upper thighs
- Quality: Continuous ache
- Intensity: 4/10
- Timing: Started 7 months ago, Occurs Nights and most mornings
- Aggravating: None
- Relieving: Gets better as day goes on

Other symptoms + Negative history (ONLY IF ASKED)
- Fatigue, Some stiffness in Mornings around Shoulders + Upper Thighs
- No Headache/ Scalp tenderness, No Vision disturbance, No Muscle weakness
- No Vomiting, No Urinary/ Stool changes, No other symptoms in any organ system

ICE
I: Could it be the same as what my aunt had?
C: None
E: Wants to know what's going on

PMH + Surgical History:
- Peptic Ulcer Disease 2 years ago

Drug History
- Paracetamol, Ibuprofen help a bit
- No Allergies

Family History
- Aunt had Polymyositis

Social History
- Smokes 5 a day, Glass of Wine on weekends, Only leaves house to shop, Lives alone
- Retired, No illicit drug use, No travel history, No caffeine intake

Diagnosis: POLYMYALGIA RHEUMATICA

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OSCE History Taking – Notes for Candidate

Role: GP Trainee
Presenting complaint: Shoulder Pain

This is Lindsay Rogers, a 63-year-old Caucasian Female who has presented to the GP with Shoulder Pain.

Please take a history in 8 minutes
There will be 2-minute further questions from examiner at the end

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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 (GCA)
- 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?
Polymyalgia Rheumatica: Typical history, Appropriate demographics, No Muscle weakness

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

- FBC, U&Es, CRP, ESR, LFTs, Bone Profile, RhF, CKase, Urinalysis

Q3: How would you manage this patient?

- Low dose steroids tapered gradually, PPI, Bone protection

Q4: How would you manage this patient if they said they had noticed some Visual loss and Headache?

- IV Methylprednisolone/ High dose steroids urgently tapered down gradually

Global Impression: **Patient Impression/comments:**

- **Excellent**
- **Good**
- **Pass**
- **Borderline**
- **Fail**

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