

OSCE History Taking – Notes for Actor

Patient demographics:

You Susan Little, a 55-year-old Female. You have come to the GP because you are feeling Short of Breath

Presenting Complaint: Shortness of Breath

History of Presenting Complaint:

- 9 months of Progressive Breathlessness
- Worse with Activity, Better with Rest
- Can manage to walk short distances
- No relief from Granddaughter's Blue Inhaler

Other symptoms + Negative History (ONLY IF ASKED)

- Also noticed a Cough for 9 months; No Sputum, No Blood
- No Weight loss, No Night sweats, No Bone Pain, No Mental changes, No Constipation
- No Cushingoid Features (Fat, Purple stretch marks, Face Puffiness)
- No Travel history

ICE

I: None

C: Worried about Cancer

E: To know what's going on

PMH + Surgical History:

- None

Drug History

- None

Family History

- None

Social History

- Smoking a pack a day since 20s, Teetotal, No Pets, Lives alone, Retired- Was a teacher

Diagnosis: Idiopathic Pulmonary Fibrosis

OSCE History Taking – Notes for Candidate

Role: GP Trainee

Presenting complaint: Shortness of Breath

This is Susan Little, a 55-year-old Female who has presented to the GP with Shortness of Breath.

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, Cushingoid Features, Hypercalcaemic symptoms, Sputum
- Asks about Pain, Fever
- 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,
- Occupation, Relevant Family History

Ending consultation:

- Summarises and clarifies any points
- Thanks Patient
- Signposting

FOLLOW UP QUESTIONS:

Q1: What is your top differential diagnosis and why?

Idiopathic Pulmonary Fibrosis: Typical Hx- SoB with Dry Cough, No clear cause of Fibrosis

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

FBC, ESR, CRP, ANA, RhF, ABG, Spirometry, CXR, High Resolution CT

Q3: How would you manage this patient?

**Smoking cessation, Pulmonary Rehabilitation, LTOT, Antifibrotic (Pirfenidone)
Lung transplant only cure**

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments:

