

OSCE History Taking – Notes for Actor

Patient demographics:

You are Nicole Jenkins, a 38-year-old female who has presented to surgery outpatients with painful defecation.

Presenting Complaint: DYSCHIZIA

History of Presenting Complaint:

- **Site:** The pain is localised around the anus, and does not radiate anywhere.
- **Quality:** An extremely sharp pain, which is sometimes accompanied by itchiness.
- **Intensity:** 10/10 at its worst
- **Timing:** The pain has been present for 2 weeks now but is not getting worse.
- **Aggravating:** Defecation makes the pain unbearable. The pain lasts for a few hours after every time you go to the toilet.
- **Relieving:** Nothing has relieved the pain

Other symptoms (ONLY IF ASKED):

- **Bright red blood mixed in with stools every time you go to the toilet**
- You had 2 weeks of constipation around 2 weeks ago, now resolved

Negative history:

Deny the following symptoms IF ASKED: current constipation/diarrhoea, fever, weight loss, discharge from the area, LUTS, the feeling of a prolapsed haemorrhoid, any trauma to the area.

ICE

I: You think that you have haemorrhoids because it is something you read about

C: Worried about an infection developing

E: Pain medication

PMH + Surgical History

- No long term medical conditions
- Never had haemorrhoids
- (IF ASKED) Constipation around 2 weeks ago – now resolved
- You have never had anything like this before

Drug History

- You have been taking the maximum dose of paracetamol but it isn't doing anything
- No herbal remedies
- No Allergies

Family History

- No FHx of note

Social History

- You have never smoked
- You do not drink
- You have never used recreational drugs
- Occupation: accountant
- Living arrangements: you live alone in an apartment
- Vaccinations: you are up to date on all vaccinations
- Your hobbies include running and yoga, both of which have been affected by the pain
- You have a poor diet, but exercise regularly and get 8 hours of sleep per night.

Diagnosis: ANAL FISSURE

OSCE History Taking – Notes for Candidate

Role: Foundation Year 1 doctor in Orthopaedics Outpatients

Presenting complaint: Back Pain

This is Nicole, a 38-year-old white female presenting to surgery outpatients with dyschezia

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 sharp nature of the pain + itching, its severity, and its association with defecation
- Red flags features screened for:
 - Fever: abscess/other local infection
 - Weight loss: (malignancy)
- ICE
- Uses clear language and avoids jargon
- Elicits that the patient had a recent episode of constipation
- **Asks about haematochezia and determines characteristics**

Systemic enquiry:

- Screens for relevant symptoms in other body systems, such as urinary retention, LUTS, symptoms of IBD, and symptoms of haemorrhoids.

PMH/Surgical history

- Asks about any medical conditions and trauma to the area
- **Asks about constipation**
- 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 and hobbies → elicits that the pain is interfering with hobbies
- Support at home/mobility
- Relevant Family History
- **Asks about diet and elicits poor diet**

Ending consultation:

- Summaries and clarifies any points
- Thanks Patient
- Signposting

EXAMINER FOLLOW UP QUESTIONS:

1. What is your top differential diagnosis and why?
Anal fissure – typical post-defecation sharp pain you would expect with an anal fissure, accompanied by itching and PR bleeding only on defecation, with a recent episode of constipation and the absence of symptoms suggestive of malignancy, haemorrhoids, infection, or IBD.
2. What initial investigations/examinations would you order for this patient?
Examination under anaesthesia + proctoscopy
Accept FBC to check blood count and other reasonable suggestions
3. What is your initial management plan?
Dietary optimisation with more fibre and fluids
Short term topical analgesia
Oral analgesia
4. What surgical intervention can be performed to treat chronic anal fissure?
Lateral sphincterotomy
5. What is the difference between a primary and secondary anal fissure?
Primary – no underlying disease
Secondary – anal fissure has occurred due to underlying disease such as inflammatory bowel disease.

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: