

## OSCE History Taking – Notes for Actor

### **Patient demographics:**

You are James May, a 62-year-old male presenting to orthopaedics with toe pain. When asked you will tell the doctor that you have had toe pain for a few days but it's getting worse so you thought it better to get it checked out.

### **Presenting Complaint: TOE PAIN**

### **History of Presenting Complaint:**

- **Site:** The pain is localised to your left big toe, there is no radiation and no symptoms in any other toes or the right foot.
- **Quality:** The toe is very tender, and you have a constant pain, you find it hard to describe as sharp or dull.
- **Intensity:** 10/10, extremely bad pain
- **Timing:** Pain has been present for 5 days now and has been getting worse. You have never had anything like this before. The pain is constant
- **Aggravating:** Anytime you move your toe the pain becomes unbearable.
- **Relieving:** Nothing has helped

### **Other symptoms (ONLY IF ASKED):**

- Reduced range of motion of the toe
- **The toe appears very red and swollen**
- **You have had a fever for the last 2 days**
- **Your walk has been affected because you can't put pressure on the toe**

### **Negative history:**

Deny the following symptoms IF ASKED: weight loss, night sweats, recent trauma to the toe, pain in other joints, early morning stiffness, tachycardia, tachypnoea, confusion, insect bites, discharge from the toe, gouty tophi, **hot joint**.

### **ICE**

I: You think that you have gout because your dad had a similar thing

C: You are not really that worried because you've read about gout and it's not that serious

E: Some medication to settle everything down

## **PMH + Surgical History**

- You have never had anything like this before
- No trauma to the toe
- No surgeries
- No chronic medical conditions
- No immunosuppressive conditions

## **Drug History**

- You take no medications regularly
- No herbal remedies
- Allergic to NSAIDs – develop anaphylactic reaction

## **Family History**

- Father had gout

## **Social History**

- You do not smoke
- You drink a bottle of wine per week
- You have never used recreational drugs
- Occupation: retired, formerly a tv presenter
- Living arrangements: you live alone in a bungalow
- Mobility: you can get around okay, but recently you have been unable to walk because of the pain
- Vaccinations: you are up to date on all vaccinations
- You enjoy building model airplanes and rambling
- You have an relatively good diet, get good exercise and sleep 7 hours per night, although the pain has recently been interfering with your sleep a lot.

## **Diagnosis: OSTEOMYELITIS**

## **OSCE History Taking – Notes for Candidate**

**Role: Foundation Year 1 doctor in Orthopaedics Outpatients**

**Presenting complaint: Toe Pain**

**This is James, a 59-year-old white male presenting to orthopaedics with toe pain.**

**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: SQITARS
- Elicits that this is a progressive, severe, unilateral toe pain, associated with reduced range of movement, swelling, and erythema.
- Red flags features screened for:
  - trauma (fractures)
  - weight loss, night sweats (malignancy)
  - **fever (osteomyelitis/septic arthritis)**
  - **Asks if the joint is hot to touch**
- ICE
- Uses clear language and avoids jargon
- Elicits the acute nature of the problem
- **Elicits that the pain has accompanying fever**
- Good, systematic negative history to exclude common differentials

### Systemic enquiry:

- Screens for relevant symptoms in other body systems, here mainly signs and symptoms of gout and rheumatoid/osteoarthritis.

### PMH/Surgical history

- Asks about any medical conditions and trauma to the toes + previous episodes
- Asks about an existing diagnosis of gout
- Asks about immunosuppressive conditions
- Asks about relevant surgical procedures

### Drug History, Social and Family History:

- Asks about both prescribed and over the counter medication + adherence
- Asks about immunosuppressive medication
- Allergies and what happens during allergy
- Substance misuse
- **Alcohol** and Smoking history
- Occupation and hobbies
- Support at home/mobility
- **Relevant Family History – elicits gout FHx**
- Sleep + exercise + diet

### Ending consultation:

- Summaries and clarifies any points
- Thanks Patient
- Signposting

### EXAMINER FOLLOW UP QUESTIONS:

1. What is your top differential diagnosis and why?  
**Osteomyelitis – acute, progressive, severe toe pain associated with swelling, fever, and erythema, in the absence of symptoms suggestive of traumatic or rheumatological causes. Fever is not in keeping with gout.**  
  
Accept Septic arthritis, but follow up questions and justification must be consistent with this answer.
2. What initial investigations would you order for this patient?  
**FBC, CRP, ESR**  
**Blood cultures**  
**MRI of the foot**  
**Bone biopsy can be suggested**
3. What is your initial management plan?  
**Since the patient is clinically stable, Abx therapy according to local guidelines (flucloxacillin/vancomycin) for more than 4 weeks**
4. State one complication of osteomyelitis  
**Chronic osteomyelitis**  
**Recurrence of acute osteomyelitis**  
**Sepsis**  
**Future arthritis**
5. Name two risk factors for osteomyelitis (doesn't have to be present in this patient)  
**Poorly controlled diabetes mellitus**  
**Immunosuppressive conditions or medications**  
**Excess alcohol consumption**  
**IVDU**

### Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

### Patient Impression/comments: