

OSCE History Taking – Notes for Actor

Patient demographics:

You are Adi, a 42-year-old male who has presented with haematuria 3 weeks after a throat infection.

Presenting Complaint: BLOOD IN URINE

History of Presenting Complaint:

- **Site:** You have noticed blood in your urine every time you urinate. There is no bleeding from anywhere else.
- **Quality:** The haematuria is not painful
- **Intensity:** N/A
- **Timing:** The bleeding started yesterday evening. You have never had anything like this before.
- **Aggravating:** No aggravating factors
- **Relieving:** You don't know what to do for this so you haven't tried anything.

Other symptoms (ONLY IF ASKED):

- Only if asked about recent infections, state that you had a throat infection around 3 weeks ago but that got better by itself.
- You still feel quite under the weather despite the throat infection clearing up.

Negative history:

Deny the following symptoms IF ASKED: shortness of breath, skin changes, change in bowel habit, change in urinary frequency, painful micturition, urethral discharge, weight loss, night sweats, nosebleeds, confusion, abdominal pain, flank or back pain, fever.

ICE

I: You have no idea what to do for this.

C: You are quite worried that this could be something sinister, online you read about bladder cancer.

E: You want reassurance that this is treatable.

PMH + Surgical History

- No known medical conditions (no diabetes or hypertension)
- No coagulopathies

Drug History

- You have not taken any medication recently
- No herbal remedies
- You are allergic to penicillin – you develop a full body rash if you take it

Family History

- Father has Gilbert's disease
- If asked – no family history of autosomal polycystic kidney disease

Social History

- You smoke 5 cigarettes per day and have done so for the last 5 years
- You do not drink alcohol
- You have never used recreational drugs
- Occupation: electrician
- Living arrangements: you live in a house with your wife and son.
- Vaccinations: you are up to date on all vaccinations
- You have a balanced diet, exercise regularly and get 8 hours of sleep per night.
- Recent foreign travel: none

Sexual History

- You are sexually active with your partner
- Neither you nor your partner have had any new sexual partners in the last 5 years
- You have no discharge

Diagnosis: POST-STREPTOCOCCAL GLOMERULONEPHRITIS

OSCE History Taking – Notes for Candidate

Role: Foundation Year 1 doctor in Nephrology outpatients

Presenting complaint: Haematuria

This is Adi, a 42-year-old Indian male who has presented with haematuria

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, asking about timing, LUTS, amount of blood, etc.
- Asks about features of UTI
- Red flags features screened for:
 - weight loss, night sweats(malignancy)
 - fever (pyelonephritis)
 - Back/Flank pain (pyelonephritis)
- ICE
- Uses clear language and avoids jargon
- **Elicits that the haematuria has occurred 3 weeks after an URTI**

Systemic enquiry:

- Screens for relevant symptoms in other body systems, such as discharge, bleeding from other areas, fever, recent infections, changes in bowel habit, headaches, peripheral neuropathy.

PMH/Surgical history

- Asks about any medical conditions and trauma
- Asks about diabetes and hypertension
- Asks about coagulopathies and ADPKD
- Asks about relevant surgical procedures

Drug History, Social and Family History:

- Asks about both prescribed and over the counter medication
- Enquires about the use of anticoagulants
- Allergies and what happens during allergy
- Substance misuse
- Alcohol and Smoking history
- Occupation and hobbies
- Relevant Family History – **coagulopathies and ADPKD**
- Recent travel – enquires due to the possibility of schistosomiasis

Sexual History:

- Asks sensitively about sexual activity, sexual partners, and discharge.

Ending consultation:

- Summaries and clarifies any points, Thanks Patient, Relevant signposting.

EXAMINER FOLLOW UP QUESTIONS:

1. What is your top differential diagnosis and why?
Post-streptococcal glomerulonephritis – individual presenting 3 weeks after an URTI with haematuria and no symptoms of UTI, trauma, or malignancy.
2. What initial investigations would you order for this patient?
Anti-streptolysin antibody titres – positive
Complement levels – low C3
Urine dipstick – leucocytes and proteinuria
USS KUB – checking for ADPKD and masses
FBC, G+S, coagulation profile, and CRP – to check for anaemia, blood group in case of transfusion and for any coagulopathies
HbA1c and capillary glucose to check for diabetes
Blood pressure for hypertensive nephropathy
3. What is your initial management plan?
Reassurance that this condition will self-resolve. Advise to book another appointment if the problem persists beyond 3-4 weeks.
Encourage good hydration
4. If this patient had presented instead 2 days after an URTI with haematuria, what would your suspected diagnosis be?
IgA nephropathy
5. Explain the pathophysiology of post-streptococcal glomerulonephritis
Deposition of immune complexes in the basement membrane, leading to an immune response within the basement membrane which effaces podocytes. This allows blood into the urine by disrupting filtration.

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: