

OSCE History Taking – Notes for Actor

Patient demographics:

You are Steven Chambers, a 70-year-old African-American male. You have come to the GP because you have some Back Pain.

Presenting Complaint: BACK PAIN

History of Presenting Complaint:

- Site: Lower Back only
- Quality: Dull
- Intensity: 6/10
- Timing: Started 1 month ago, present constantly
- Aggravating: None
- Relieving: None

Other symptoms and Negative History (ONLY IF ASKED)

- Difficulty urinating for the past 1.5 years with a weak flow
- You wake at night to use the toilet, but feels incomplete
- Haven't weighed yourself, BUT clothes feel looser than before
- No Blood in Urine/ Semen. No Fever. No changes in other Organ Systems
- No Pain around Perineum, No Sensory Disturbance

ICE

I: Friend was diagnosed with a large prostate, could it be that?

C: Worried about "the big C" (Cancer)

E: Would like to know what's going on mainly, but also pain relief

PMH + Surgical History:

- Obesity, Type 2 Diabetes

Drug History

- None other than Paracetamol and Ibuprofen for pain (not helping much)

Family History

- Mother and Grandmother had Breast Cancer

Social History

- Smoking half pack a day for past 25 years. Drink a bottle of Whisky every weekend. No Caffeine
- Retired, you were an investment banker in younger years.
- Lives with wife in a flat, require a walking frame to get around

Diagnosis: Prostate Cancer

OSCE History Taking – Notes for Candidate

Role: GP Trainee

Presenting complaint: Back Pain

This is Steven Chambers, a 70-year-old African-American Male who has presented to the GP with Back Pain.

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 (Cancer)
- Explores Other Symptoms and Negatives (e.g Prostatitis, Sensory loss)
- 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?

Metastatic Prostate Cancer: Numerous risk factors in Family + Social History, Weight loss, LUTS present

Q2: What Investigations/ Examinations would you to order?

FBC, U&Es, CRP, PSA, MRI (Allow Bone Scan in addition), Biopsy (TRUS or Template/ Perineal)

Q3: Staging results show the cancer to be High Grade (8). How would you manage this patient?

Radical Prostatectomy/ Radiotherapy/ Brachytherapy + Chemotherapy +/- Anti-hormonal agent

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: