

OSCE History Taking – Notes for Actor

Patient demographics:

You are Benjamin Flowers, a 32-year-old Male. You have come to the GP because you have noticed Blood in your Stool

Presenting Complaint: Haematochezia

History of Presenting Complaint:

- Blood: Only on Wiping, not in Stool
- Pain: Painless, but Itchy
- Timing: First noticed 1 week ago
- Aggravating:
- Relieving:

Other symptoms and Negative History (ONLY IF ASKED)

- No Pain, No weight loss, No abdominal distension, No other Bowel changes
- No Vomiting, No Fever, No Urinary changes

ICE

I: None

C: Worried about “the big C” (Cancer)

E: Would like to know what’s going on

PMH + Surgical History:

- Was recently Constipated for a few days

Drug History

- Occasionally uses Cannabis, No Allergies

Family History

- None

Social History

- Smoking 12 a day for last 12 years, Teetotal, Lives alone, Mostly eats Meal Deals
- Bus driver, No travel history, 1 cup of Coffee a day

Diagnosis: Haemorrhoids

OSCE History Taking – Notes for Candidate

Role: GP Trainee

Presenting complaint: Haematochezia

This is Benjamin Flowers, a 32-year-old Male who has presented to the GP with Blood in his Stool.

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), Pain (Fissure), No Abdominal distension
- Explores Other Symptoms and Negatives
- 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?

Haemorrhoids: Painless itching, Recent constipation

Q2: What Investigations/ Examinations would you to order?

**FBC, LFTs, U&Es, CRP, Faecal Calprotectin to exclude IBD
DRE**

Q3: Examination shows Grade 1 Haemorrhoids. How would you manage this patient?

Increase Fibre + Fluid intake, Avoid Strain, Can try Laxatives

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments:

