OSCE History Taking – Notes for Actor

Patient demographics:

You are Mike Stevens, a 67-year-old Caribbean male. You have come to the GP because you are having trouble urinating

Presenting Complaint: URINARY HESITANCY

History of Presenting Complaint:

- **Site:** N/A
- **Quality:** You feel like going for a wee, but every time you try to initiate a stream, it takes a very long time
- **Intensity:** affecting your life quite a lot because of how many times you have to go to the toilet.
- **Timing:** You have had this problem for the last 4 months, and it has gradually gotten worse.
- **Aggravating:** No aggravating factors
- **Relieving:** No relieving factors

Other symptoms (ONLY IF ASKED):

- You often get woken up in the night due to urinary urge
- Your urinary stream is quite weak
- You have to go to wee quite often because you can't ever fully empty your bladder

Negative history:

Deny the following symptoms IF ASKED: skin changes, change in bowel habit, painful micturition, urethral discharge, haematuria, weight loss, night sweats, abdominal pain, flank or back pain, fever.

ICE

I: You think this could be prostatitis again
C: You're not really worried, but want a definitive solution this time.
E: Antibiotics for prostatitis

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PMH + Surgical History

- You have hypertension
- You have had prostatitis multiple times in the past
- You have not had anything like this before
- No surgeries

Drug History

- You take amlodipine 10mg per day – you sometimes forget to take it but you take it at the appropriate dose whenever you can remember to do so.
- No herbal remedies
- No allergies

Family History

- Father had prostate cancer

Social History

- You smoke 20 cigarettes per day and have done so for the last 15 years
- You do not drink alcohol
- You have never used recreational drugs
- Occupation: retired, used to be a maths teacher
- Living arrangements: you live in a house with your wife.
- Mobility and support: you can get around fine with no extra support
- You have a balanced diet, exercise sometimes and get enough sleep.
- Recent foreign travel: none

Sexual History:

- You are not sexually active and have no urethral discharge.

Diagnosis: BENIGN PROSTATIC HYPERPLASIA

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OSCE History Taking – Notes for Candidate Template

Role: GP trainee

Presenting complaint: urinary hesitancy

This is Mike Stevens, a 67-year-old Caribbean male who has presented to the GP with problems urinating

Please take a history in 8 minutes

There will be 2-minute further questions from examiner at the end

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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, asks about related LUTS symptoms and elicits timeframe + progression of symptoms. Asks about fever to rule out infective causes.
- Asks questions to rule out various forms of incontinence such as overflow.
- Red flags:
    - Weight loss + haematuria (prostate cancer)
    - Constipation (faecal impaction)
- ICE
- Uses clear language and avoids jargon

Systemic enquiry:
- Screens for relevant symptoms in other body systems
- Asks about symptoms of diabetes such as polyuria, polydipsia, weight loss, neuropathy.

PMH/Surgical history
- Asks about any medical conditions – BPH and prostatitis
- Asks about relevant surgical procedures – catheterisation and trans-urethral procedures which could lead to urethral strictures.

Drug History, Social and Family History:
- Asks about both prescribed and over the counter medication – specifically about use of anticholinergics and diuretics.
- Allergies and what happens during allergy
- Substance misuse
- Alcohol and Smoking history
- **Caffeine intake**
- Occupation
- Support at home/mobility
- Relevant Family History – prostate cancer, BPH
- **Asks about sexual history and urethral discharge in a sensitive manner (urethritis and urethral strictures).**

Ending consultation:
- Summarises and clarifies any points
- Thanks Patient
- Signposting

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EXAMINER FOLLOW UP QUESTIONS:

1. What is your top differential diagnosis and why?

    Benign prostatic hyperplasia – patient presenting with progressive LUTS and difficulty initiating a stream, with BPH risk factors like age, gender and ethnicity, with the absence of signs and symptoms to suggest other causes such as prostate cancer, urethral strictures, or overflow incontinence.

2. What initial investigations/examinations would you order for this patient?

    Digital rectal examination – smooth and enlarged prostate
    International prostate symptom score – to quantify severity
    PSA levels – elevated
    U&Es – check renal function in case of chronic urinary retention
    Urinalysis – leucocytes, microscopic haematuria
    Post-void bladder scan – urinary retention
    HbA1c + capillary glucose - diabetes

3. What is your initial management plan?

    Reduce fluid and caffeine intake, and watchful waiting
    If symptoms persist or worsen then a trial of tamsulosin can be initiated

4. One of the medications that can be used to treat BPH is finasteride, how does this medication work?

    BPH is known to be induced and aggravated by dihydrotestosterone, finasteride reduces the conversion of testosterone to DHT and thereby reduces its levels. This then reduces the prostate volume.

5. The patient represents with worsening symptoms despite being on medication. He is looking for a more definitive management, what would you now suggest?

    Transurethral resection of the prostate

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments:

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