

OSCE History Taking – Notes for Actor Template

Patient demographics:

22-year-old female
Location: GP practice

Presenting Complaint:

Headache

History of Presenting Complaint:

S – On the left side of the face/head

Q – sharp pain

I – 9 out of 10

T – started 2 weeks ago and progressively got worse – comes and goes

A – Alcohol

R – Lying down and going to dark room, paracetamol doesn't help

S – sometimes get some visual blurring

No trauma and triggers

Other history:

Only say if asked: sometimes before headache I get spots in front of my eyes

Say no to red flags such as worse in morning or leaning forward

ICE

Concerned because affecting job and doesn't know what it is. Worried about vision. Wants some sort of test

PMH + Surgical History

No surgical history
Has hypothyroidism

Drug History

Levothyroxine
No allergies

Family History

No significant

Social History

Smoker started 1 year ago – 20 a day
Never had alcohol
Uni student lives with flatmates

Diagnosis

Migraine with aura

OSCE History Taking – Notes for Candidate Template

Role: FY1 in GP

Presenting complaint: Headache

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

Presenting complaint and History of presenting complaint:

- Open questioning to begin
- Structured approach e.g. SQITARS
- Red flags
- ICE
- Uses clear language and avoids jargon
- Asks about symptoms before headaches

Systemic enquiry:

- Screens for relevant symptoms in other body systems

PMH/Surgical history

- Asks about any medical conditions
- Asks about relevant 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
- Occupation
- Support at home/mobility
- Relevant Family History

Ending consultation:

- Summaries and clarifies any points
- Thanks Patient
- Signposting

EXAMINER FOLLOW UP QUESTIONS:

1. What is your top differential diagnosis and why?

Migraine with aura – one sided, gets better in dark rooms. The spots in front of eyes before headache represent aura.

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

None required clinical diagnosis – CRP
Cranial nerve exam

3. What is your initial management plan?

Lifestyle – sleep hygiene, avoiding certain foods that may trigger
Analgesics – ibuprofen and aspirin during attack
Triptans can be considered if painkillers not helping along with anti-emetics

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: