OSCE Histories

Systems-based
- Focused history-taking
- Presentation / management
- Respiratory
- Cardiovascular
- Gastrointestinal
- Neurological

Specialist
- Paediatrics
- Psychiatry
- Obstetrics
- Gynaecology

Condition-focused
- Thyroid disease
- Depression
- Suicide risk assessment
- MMSE
Focused History

- Presenting complaint(s) / history of each
  - CVS: chest pain, palpitations, dyspnoea, syncope, orthopnoea, PND, oedema, exercise tolerance, risk factors
  - RS: chest pain, dyspnoea, cough, wheeze, sputum, haemoptysis, atopy, orthopnoea, PND, oedema, TB
  - GIS: dyspepsia, dysphagia, appetite / weight changes, nausea, vomiting, haematemesis, anaemia, abdominal pain / swellings, bowel habit, melaena / PR bleed, jaundice, tattoos, blood transfusions, needle use
  - NS: headache, dysarthria, dysphasia, weakness, paraesthesia, seizures, CV risk factors + AF, bowel habit
  - Key general symptoms: appetite / weight changes, fevers, fatigue, mood changes, any other changes

- Past medical / family history
  - do you have any other health problems now or in the past?
  - do you visit your GP for anything regularly?
  - have you been to hospital for anything (else) before?
  - are there any illnesses that run in the family to your knowledge?

- Specific co-morbidities
  - have you ever been diagnosed with a heart attack, high blood pressure or cholesterol, blood clots, asthma, TB, stroke, epilepsy, diabetes, anaemia, arthritis, anxiety or depression?

- Drug history
  - do you regularly take any medications?
  - are you allergic to anything?

- Social history
  - residence: type, independence, cohabitants
  - family: proximity, dependence
  - occupation or daily activities inc. exposure e.g. asbestos
  - foreign travel
  - smoking, alcohol, recreational drug use

- ICE

- "Have you ever had any particular problems with chest pain, palpitations; faints, fits, or falls; slurring of speech; cough, shortness of breath, wheeze; heartburn, difficulty swallowing, or vomiting; yellowing of the skin or rashes; change in the normal pattern of your bowels or waterworks; significant changes in appetite or weight; weakness, pain, or stiffness of the joints, bones or muscles; anxiety, stress, or low mood?"
Presentation and Management

➡ Summarise history
- “I spoke to [name], a [age] [sex] presenting with a [duration] history of [focal symptoms] associated with [constitutional symptoms] on a background of past [select PMH], [smoking / alcohol intake]”

➡ Summarise examination
- “I examined [name]’s [system examined]. From the end of the bed [he/she] seemed [global assessment] [on oxygen if any] with [relevant paraphernalia] noted around the bedside; [relevant obs]; on inspection there were [findings]; on palpation/percussion/auscultation there were [findings]; there were no [salient negatives]”

➡ Differential diagnosis
- “My preferred diagnosis at this stage is [diagnosis]. I would need to rule out [serious diagnoses]. Other differentials include [differentials by system]”
- “This clinical picture may be caused by [relevant systems] conditions. The commonest causes of this presentation include [common diagnoses]. Important causes to rule out include [serious diagnoses]. Other causes to consider include [differentials by system]”

➡ Investigations
- Full history (inc. relevant collateral) and examination
- Observations - temperature, oxygen saturations, HR, BP (lying / standing)
- Bedside tests - BM, urine dip / CS, pregnancy test, peak flow, ECG
- Bloods - ABG, biochemistry, cultures, PCR; also stool culture / FOB
- Imaging
- Referrals
- Other tests - MMSE

➡ Management
- Immediate - ABC inc. oxygen, IV access
  - sepsis six - oxygen, bloods inc. lactate, blood cultures, antibiotics, IVT, catheterisation
  - inform seniors / ITU as appropriate
- General measures - side-room / barrier nursing, regular obs, NBM, VTE prophylaxis
- Ongoing management - plans formulated in partnership with patients and with informed consent throughout
  - multidisciplinary approach where appropriate e.g. physiotherapy, OT, SALT, specialist nurses
  - conservative - simple analgesia, anti-emetics, anti-diarrhoea / laxatives, hydration
  - medical
  - surgical
- Discharge planning - start early, explore social issues, liaise with homes / carers / social workers / GP
  - lifestyle measures - exercise, dietary changes, smoking cessation / alcohol reduction
  - detail monitoring / follow-up / ongoing care arrangements in discharge summary for GP
Respiratory System

Symptoms

- **Breathlessness (dyspnoea)**
  - **acute** e.g. pneumonia, PE, pneumothorax, anaphylaxis
  - **chronic** e.g. COPD, pleural effusion, pulmonary fibrosis
  - **acute-on-chronic** e.g. exacerbations of asthma or COPD

- **Chest pain**
  - Pleuritic (sharp, worse on inspiration) e.g. PE, pneumonia
  - Mediastinal (dull, retrosternal) e.g. lung cancer

- **Cough**
  - Acute (less than 3 weeks) e.g. viral URT infection
  - Chronic (more than 8 weeks) e.g. COPD

- **Added breath sounds**
  - Wheeze e.g. asthma
  - Stridor e.g. laryngeal obstruction

- **Sputum production**
  - Serous (clear, watery) e.g. pulmonary oedema (may be pink/frothy - CCF)
  - Mucoid (white, viscid) e.g. COPD, asthma
  - Purulent (yellow/green) e.g. infection, pneumonia

- **Haemoptysis** e.g. PE, lung cancer, TB, Good-pasture's syndrome, Wegener's, endometriosis

Additional history

- **Exercise tolerance** identify changes; quantify distances
- **Paroxysmal nocturnal dyspnoea** waking up acutely breathless
- **Orthopnoea** whether extra pillows are required (heart failure)
- **Oedema** e.g. difficulty putting on shoes due to foot swelling
- **Previous TB, whooping cough**
- **Atopy** hay-fever, eczema, asthma

Signs

- **Clubbing** e.g. chronic suppurative lung conditions, lung cancer, fibrosing alveolitis, sepsis
- **Tobacco staining**
- **Cyanosis** peripheral / central
- **Asterixis** e.g. CO₂ retention
- **Cervical lymphadenopathy** e.g. metastatic lung cancer
- **Raised JVP** e.g. pulmonary hypertension, tension pneumothorax
- **Conjunctival pallor** e.g. anaemia
Cardiovascular System

Symptoms

- **Chest pain**
  - Sudden, tearing e.g. dissecting aortic aneurysm
  - Dull, crushing e.g. MI, ACS - with sweating, nausea / vomiting
  - On exertion e.g. angina, aortic stenosis

- **Breathlessness** (dyspnoea) e.g. LVF, MI, angina, aortic stenosis

- **Palpitations** regular / irregular e.g. arrhythmias

- **Dizziness** / **syncope** e.g. aortic stenosis, arrhythmias

- **Claudication** inc. rest / night pain

Additional history

- **Risk factors** hypercholesterolaemia, hypertension, diabetes, family history, smoking

- **Exercise tolerance** identify changes; quantify distances

- **Claudication** site; impact on ADLs; erectile dysfunction (if bilateral buttock pain - *Leriche syndrome*)

- **Orthopnoea** whether extra pillows are required (heart failure)

- **Paroxysmal nocturnal dyspnoea** heart failure

- **Oedema** e.g. difficulty putting on shoes due to foot swelling, ascites (RVF)

- **Epistaxis** RVF

- **Rheumatic fever** in childhood may predispose to carditis, valvular heart disease

Signs

- **Clubbing** e.g. congenital heart disease, endocarditis

- **Tobacco staining**

- **Cyanosis** peripheral / central

- **Palmar erythema** e.g. polycythaemia

- **Splinter haemorrhage** e.g. infective endocarditis

- **Prolonged capillary refill time** e.g. peripheral vascular disease

- **Collapsing pulse** aortic regurgitation, PDA

- **Slow-rising pulse** aortic stenosis

- **Narrow/wide pulse pressure** aortic stenosis / regurgitation

- **Radio-radial delay** subclavian artery stenosis

- **Radio-femoral delay** aortic coarctation

- **Raised JVP** e.g. pulmonary hypertension, heart failure, SVC obstruction

- **Corrigan’s sign** (visible carotid pulse) aortic regurgitation

- **De Musset’s sign** (systolic head-nodding) aortic regurgitation

- **Conjunctival pallor** e.g. anaemia

- **Petechial haemorrhage** e.g. hypertension, vasculitis

- **Xanthelasma** e.g. hyperlipidaemia

- **Corneal arcus** e.g. hyperlipidaemia
Gastrointestinal System

Symptoms

- **Abdominal pain**
  - Epigastric e.g. oesophageal / gastric / duodenal inflammation or ulceration, pancreatitis
  - Right upper quadrant e.g. cholecystitis, biliary obstruction
  - Loin e.g. renal colic, pyelonephritis, AAA
  - Right iliac fossa e.g. appendicitis
- **Abdominal distention** e.g. fat, flatus, fluid, faeces, foetus
- **Change in bowel habit**
  - Diarrhoea e.g. gastroenteritis (acute), IBD, IBS, coeliac disease (chronic)
  - Constipation e.g. IBS, obstruction
- **Change in appetite / weight loss** e.g. malabsorption, cancer
- **Dysphagia** e.g. strictures, upper GI cancer, achalasia
- **Dyspepsia** e.g. oesophageal / gastric / duodenal inflammation or ulceration, GORD
- **Nausea / vomiting** e.g. gastroenteritis, poisoning, obstruction
- **Haematemesis / melaena** e.g. oesophageal / gastric / duodenal inflammation or ulceration, varices
- **Rectal bleed** e.g. haemorrhoids, ulcerative colitis, lower GI cancer

Additional history

- **Travel to tropical countries** e.g. exposure to hepatitis
- **IV drug use / blood transfusions / tattoos** e.g. blood-borne viruses
- **Last menstrual period** e.g. ectopic pregnancy
- **Think of potential endocrine causes** (e.g. Addison’s)

Signs

- **Clubbing** e.g. IBD, cirrhosis
- **Tobacco staining**
- **Palmar erythema** e.g. cirrhosis
- **Koilonychia** e.g. iron deficiency anaemia
- **Leuconychia** e.g. hypoalbuminaemia
- **Dupuytren’s contracture** e.g. alcoholic liver disease
- **Spider naevi** e.g. cirrhosis
- **Asterixis** e.g. liver failure
- **Raised JVP** e.g. pulmonary hypertension, heart failure, SVC obstruction
- **Virchow’s node** e.g. gastric cancer
- **Conjunctival pallor** e.g. anaemia
- **Jaundice** e.g. biliary obstruction, hepatitis, cirrhosis, PSC, PBC
- **Xanthelasma** e.g. hyperlipidaemia, PBC
- **Corneal arcus** e.g. hyperlipidaemia
- **Angular stomatitis** e.g. iron deficiency anaemia
- **Mouth ulcers** e.g. Crohn’s disease, coeliac disease
- **Glossitis** e.g. B₁₂ / folate deficiency
- **Telangiectasia** e.g. hereditary haemorrhagic telangiectasia
Endocrine System

Symptoms

- **Weight change**
  - Gain - hypothyroidism, Cushing’s
  - Loss - hyperthyroidism, Addison’s, DM
- **Bowel habit change** e.g. Addison’s, hypothyroidism (constipation), hyperthyroidism (diarrhoea)
- **Fatigue** e.g. hypothyroidism, Addison’s, Conn’s
- **Mood changes** e.g. Addison’s, Cushing’s, hypothyroidism (low mood), hyperthyroidism (irritability)
- **Temperature intolerance** e.g. heat / sweating (hyperthyroidism), cold (hypothyroidism)
- **Tremor** e.g. hyperthyroidism, phaeochromocytoma
- **Menstrual changes** e.g. menorrhagia (*hypothyroidism*), oligomenorrhea (*hyperthyroidism*, Cushing’s)
Specialist Histories

Paediatrics

- Infants - feeding, stools, alertness, weight
- Birth - pregnancy, gestation, labour, delivery, birthweight, SCBU
- Neonatal period - jaundice, fits, fevers, bleeding, feeding
- Postnatal period - illness, surgery, allergies, vaccinations
- Development
  - Gross motor - sits unsupported / crawls (9m), walks with support (12m), walks unsupported (18m)
  - Fine motor - reaches for objects (4m), pincer grip (12m), overhand throw (2yr)
  - Speech and language - vocalises (2m), first words (1yr), simple sentences (2yr)
  - Social and behavioural - smiles (6wk), stranger anxiety (9m), recognises faces (18m)
- Family tree
- Social - play, eating, sleeping, schooling, socialising

Obstetrics

- Present pregnancy - gestation, EDD (by LMP / scan)
  - Symptoms - pain, bleeding, nausea / vomiting, headache, blurred vision, urinary symptoms, pica
  - History - contraception, conception (spontaneous / assisted), folic acid, LMP, confirmation of pregnancy
  - Antenatal care - blood tests, scans, invasive procedures
  - Foetal movements
- Previous pregnancies - gravidity / parity
  - Dates, pregnancy complications, gestation at labour, labour, delivery, birthweight, SCBU; PND
  - Development, illness
- Gynaecology - menstruation, vaginal discharge, fertility, smears, incontinence, surgery

Gynaecology

- Menstruation - LMP, menarche, cycle, regularity, heaviness, protection, pain, IMB; menopause, PMB
- Sexual history - active, dyspareunia, PCB, fertility
- Obstetric history
- Contraception
- Cervical smears / treatment also HPV vaccine
- Urinary symptoms - frequency, urgency, dysuria, haematuria, recurrent UTI, nocturia, incontinence
- Vaginal discharge
- Prolapse

Psychiatry

- Current psychiatric symptoms - low mood, mania, psychosis, suicidal ideation, DSH
- Past psychiatric history inc. previous DSH, suicide attempts
- Forensic history
- Substance use / misuse - alcohol, illicit drugs
- Premorbid personality
- Childhood and upbringing
Mini-mental state examination (MMSE)

- **Orientation**
  - Ask the year, month, day of the week, date, season / time (5 points)
  - Ask which country, region, town, hospital, floor they are on (5 points)

- **Registration** - ask patient to remember ‘apple, table penny’; check registration (3 points)

- **Attention** - spell ‘world’ backwards, or repeatedly subtract 7 from 100 (5 points)

- **Recall** - ask patient to recall ‘apple, table, penny’ (3 points)

- **Language**
  - Name two nearby objects (2 points)
  - Repeat ‘no ifs and buts’ (1 point)
  - Obey three-stage command (e.g. fold paper, tear in half, put on floor) (3 points)
  - Obey written command; write a sentence; replicate a drawing of intersecting pentagons (3 points)

Abbreviated mental test (AMT)

- **Age**
- **Time**
- **Year**
- **Location**
- **Address** - 42 West Street (repeat back to verify comprehension)
- **Identify two people**
- **Prime-minister**
- **Date of birth**
- **Year of World War II**
- **Count backwards from 20**
- **Recall address**