OSCE-Aid Presents:

History Taking

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We will cover...

- The short station history
- The long station history
- History taking tips along the way
The short station history

• Usually 5 minutes
• You have done this all before!
  – 5 minutes is not enough time to take a full history so don’t attempt this
  – **Read the question carefully;** focus your history on this
  – Always be kind to the patient
  – Leave time to check understanding and for concerns (the patient usually has some)!
  – Starting and ending well leaves a good impression
The short station history

Mrs S is a 59 year old lady who presents with rectal bleeding. Please take a short history.

Introduction
• Lead it

PC/HPC
• Open then closed questioning
• Consider your differentials before you start
• Rule them out as you go with focussed questions
  – Consider most common & most sinister causes. Your questioning should demonstrate you are thinking of these
Mrs S is a 59 year old lady who presents with rectal bleeding. Please take a history.

PMH
• Had bowel cancer before? Or inflammatory bowel disease?

DH

SH
• Have you ever or do you smoke?

FH
• Do you know of any family member ever having bowel or rectal cancer?

SR
The short station history

Mrs S is a 59 year old lady who presents with rectal bleeding. Please take a history.

Summary

Ideas, concerns, expectations

Closing
The long station OSCE

• 30 minutes
  – 5 minutes to read question & write notes
    • Write a differentials list
    • Generate a written structure for your history taking including key points you want to cover
  – 20 minutes to take a history
  – 10 minutes for presentation, discussion & questions (patient leaves)

*Students can fail their exam if they royally fail this station*
The long station OSCE

• Real patients with chronic long standing disease(s)
  – E.g.: Diabetes, epilepsy, rheumatoid arthritis
  – *Know the common chronic diseases well*

• May present with a chronic or acute on chronic problem
The long station OSCE

A holistic approach is key

- Home and social life
- Environment
- Cultural and religious beliefs
- Finances & resources
- Knowledge & understanding
- Support (non medical & medical)
Mr P is a 45 year old gentleman with type 1 diabetes. He presents to you with tiredness. Please take a full history.

Introduction

PC/HPC

• 5 minutes

• Address acute issue first e.g.: classic ‘tired all the time’ history

• Then history of the chronic disease:
  1. The systems affected by the disease (eyes, feet, kidneys, nerves in DM)
  2. Conditions linked to / complicating the disease (e.g.: cardiovascular & cerebrovascular disease)
  3. The patient’s feelings about the disease
     • Understanding
     • Effect on self, lifestyle, job, family
     • General management – clinics, therapists, doctors, medicines
     • Mood
Mr P is a 45 year old gentleman with type 1 diabetes. He presents to you with tiredness. Please take a full history.

**PMH**

- If they have multiple problems, Which bothers them the most? Why?

**DH**

- Allergies and type of reaction
- Drugs and their side effects
- Management of medications
  - Compliance
  - Dossett box?
  - Previous therapies?
Mr P is a 45 year old gentleman with type 1 diabetes. He presents to you with tiredness. Please take a full history.

SH

- 5 minutes
- Alcohol, smoking
- Living situation
  - Social
    - Families, friendships, relationships
  - Psychological
  - Financial
    - How has illness affected their occupation?
- Activities of daily living
The long station history

Mr P is a 45 year old gentleman with type 1 diabetes. He presents to you with tiredness. Please take a full history.

FH
SR
• Can be really helpful in the long station
Closing
The long station history

Presenting your patient

• Provide a **focused problem list**. Include the patient’s concerns here if applicable.

I have taken a history from this 45 year old gentleman. His problem list is as follows;

1. **Tiredness all the time.** This may be due to renal failure as I note his type 1 diabetes has been poorly controlled. Other differentials I am considering are hypothyroidism (as this runs in his family) and low mood.

2. **Poorly controlled diabetes.** This seems to be due to lack of compliance which may also be due to his low mood.

3. **His largest concern is financial trouble** caused by being unable to work at present.
The long station history

• Questions from the examiner:
  – In an ideal world this would be based around investigation and further management
  – Not always the case!
  – Don’t worry if you don’t know the answers
Other tips on history taking

• The patients are experts of their conditions (and also of being in the long station OSCE)
• Pick up on & question patient queues
  – The patient will help you if they can
• Don’t worry if you don’t finish your history - I didn’t!
• Be holistic, holistic, & then more holistic
Other tips on history taking

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• Be holistic, holistic, & then more holistic
Thank you