

PHC

432 Team

#

OSCE - History Taking



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COLOR GUID :

Not important **Important** Explanation Extra information

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Important notes:

For all stations, don't forget to:

- 1) **Meet, greet & introduce yourself**
- 2) Start with **open-ended question** for chief complaint (eg: what do you have?..)
- 3) Apply **ICE**: Idea, Concern & Expectation.

Do you **know** what are these symptoms might be?

Do you have any **concerns** regarding your symptom?

What are your **expectations** from the treatment I will provide you?

- 4) At the end you should tell the patient **the summary** and ask him if he has **anything to add**.
- 5) **Thank the patient** and offer a further course of action

***don't forget the good eye contact, showing respect, sympathy...**

General History form:

1- **Introduction** (greet the patient, introduce yourself and take permission)

2- **Personal History** (Name, age, marital status, occupation)

3- **Chief Complaint:** (What, When, Where, How (Continues/intermittent, gradual/sudden, progressive/regressive))

4- **Problem analysis:** (depends on the problem)

5- **Associated symptoms**

6- **Constitutional symptoms:**

- Weight & appetite change (food)
- Fever, night sweat (fever)
- Fatigue, headache (fatigue)

7- **Previous Hx** of the same symptoms ? Hospital admission?

8- **MMSS:**

- **Medical:** Chronic Diseases (DM, HTN, IHD, Hyperchlestremia)
- **Medication** (include herbal medications)
- **Surgical**
- **Social:** smoking, alcohol, diet, physical activity, stress

9- **FPI:**

- **Family Hx:** same problem, any?
- **Pregnancy & Gyn hx** (LMP , regularity of menses , OCPs ...) (For female pts)
- **Imuuno** (allergy)

11- Counseling:

- ICE :
 - What do you **know** about your disease / symptoms?
 - Any **concerns** regarding your disease / symptoms?
 - **Expectation** from treatment?

- Disease information (education & management)
- Any question or anything you would like to add ?
- Take pamphlets to give it to the pt
- Give appointment

12- Thank the patient

Upper Respiratory Tract Infection (URTI):

1. Greet the patient, introduce yourself and take permission

2. Personal Hx (name, age, marital status, occupation)

3. CC: what, when, where, how

4. Problem Analysis:

Character

Aggravating & relieving factors: hot or cold drinks, rest.

Severity

5. Associated Sx:

Headache, cough, rash, abdominal pain, dysphagia, vomiting, muscle pain, nasal congestion or discharge, ear pain, hoarseness, conjunctivitis, dyspnea.

6. Const. Sx:

- wt & appetite change, sweat, fever, fatigue

7. Previous Hx

8. MMSS:

- Medical: Chronic Diseases (Asthma & Immunodeficiency)

- Medication

- Surgical (dental or nasal procedures).

- Social: (Animal contact, travel, recent infection, smoking, hx of seasonal flu)

9. FPI:

- Family Hx: Similar Symptoms, asthma or allergy

- Pregnancy + GYN hx (for female pt)

- Immuo (allergy): allergic symptoms, history of Allergic Rhinitis.

10. ICE:

(Idea, Concerns, Expectations)

11. Education & treatment

- According to your symptoms , you most likely have an acute infection which involves your upper respiratory tract, it can be viral (80%) or bacterial (20%).
- Antibiotics not given for viral infection (mainly it will not help and can cause resistance), if the problem still not improve, come again.
- Treatment mainly analgesics & antibiotics (for bacterial only)

12. Any Q or add?

13. Give appointment

14. Thank the patient

Sore Throat (commonly caused by Pharyngitis or Tonsillitis).

The most common URTI , can be viral/bacterial. Hard to differentiate b/w the two clinically, duration is important (viral usually less than 3 days while bacterial is longer). It's associated with tender throat, pain while swallowing, congestion and neck swelling.

Sinusitis

Inflammation of the paranasal sinuses, which may follow an Upper Respiratory Tract Infection or an Allergic Reaction (previous hx). Patients usually present with Nasal Congestion, a Purulent Nasal Discharge, headache, facial pain or pressure, Tenderness, and Swelling over the Sinuses.

Asthma (Use of Inhaler in Asthma):

1. Greet the patient, introduce yourself and take permission

2. Personal Hx (name, age, marital status, occupation)

3. CC: what, when, where, how

4. Problem Analysis:

Character

Aggravating & relieving factors

Severity

5. Associated Sx:

Headache, cough, rash, dyspnea.

6. Const Sx:

- wt & appetite change, sweat, fever, fatigue

7. Previous Hx

8. MMSS:

- Medical: Chronic Diseases (Asthma)

- Medication

- Surgical.

- Social: Animal contact, travel , infection, smoking (how long? how much per day?)

9. FPI:

- Family Hx

- Pregnancy + GYN hx (for female pt)

- Imuuno (allergy): allergic symptoms.

10. ICE:


(Idea, Concerns, Expectations)

11. Education & treatment

- According to your symptoms, you most likely have Asthma, which is chronic inflammation and narrowing of the airways.
- Treatment mainly bronchodilator (relief the sx) & corticosteroids (for long control of the disease).
- Corticosteroids can be inhalers or pills, (inhaler has no systemic side effects and less severe than oral therapy. It has rapid onset and the doses are less than oral to achieve relief of symptoms (Emphasis that it is not habit forming or end stage treatment).
- However, oral medication has systemic side effects that affect your bones and immunity and it usually takes time to achieve its effect.

12. Explain the instructions:

A. Shake the inhaler.



<https://www.youtube.com/watch?v=Rdb3p9RZoR4>

B. Remove the cap.

C. Prime the inhaler. This will insure that the next dose will deliver the proper amount of the medication.

D. Breathe out all the way.

E. Insert into the mouth and seal lips around mouthpiece.

F. Start breathing in and as you are inhaling press the canister and continue inhaling for at least 3\5 seconds more.

G. Exhale slowly and completely.

Note: To have a second puff wait at least 1 minute between the two puffs.

H. Place the cap back for storage.

13. Any Q?

14. Give pamphlets with the instructions + appointment.

15. Thank the patient

Irritable Bowel Syndrome (IBS)

1. Greet the patient, introduce yourself and take permission

2. Personal Hx (name, age, marital status, occupation)

3. CC: what, when, where, how

4. Problem Analysis:

Frequency of bowel movement

Urgency or feeling of incomplete evacuation

Character of stool (liquid/solid)

Color of stool

Mucus or fat excretion

Aggravating & relieving factors: defecation, eating, sleep.

Severity

5. Associated Sx:

Bloating, pain, nausea, vomiting, bladder symptoms, bleeding.

6. Const Sx:

- wt & appetite change, sweat, fever, fatigue

7. Previous Hx, admission?

8. MMSS:

- Medical: Chronic Diseases (DM, HTN, IHD, IBS, Celiac disease, cancers..)

- Medication

- Surgical.

- Social: smoking, stress, alcohol

9. FPI:

- Family Hx

- Pregnancy + GYN hx (for female pt)

- Immuo (allergy): allergic symptoms.

10. ICE:

(Idea, Concerns, Expectations)

11. Education & treatment

- According to your symptoms, you might be suffering from IBS which is diagnosed based on clinical symptoms only. IBS is a chronic condition of the large intestine in which the food moves either too slowly or more rapidly.

- IBS criteria: Recurrent abdominal pain or discomfort at least 3 days/month in the last 3 months associated with two or more of the following:

- 1) Improvement with defecation
- 2) Onset associated with a change in frequency of stool
- 3) Onset associated with a change in form (appearance) of stool

-We can do some investigations like FOB (for colorectal ca), inflammatory markers + WBCs (for Celiac and IBD) and Lactose breathing test (Lactose intolerance).

-Treatment: many options like learning to manage stress and making changes in your diet and lifestyle, eating diet rich with fiber for constipation and drinking more water, moreover you can avoid food that causes your symptoms to increase and there might be relieving medications like laxatives , paracetamol for the pain.

12. Any Q?

13. Give appointment.

14. Thank the patient

Urinary Tract Infection (UTI):

1. Greet the patient, introduce yourself and take permission

2. Personal Hx (name, age, marital status, occupation)

3. CC: what, when, where, how

4. Problem Analysis:

Frequency, urgency, nocturia,

Amount of urine

Color of urine

Dysuria (pain while urinate)

Hematuria.

Aggravating & relieving factors.

Severity

5. Associated Sx:

Loin pain, nausea, vomiting (more with pyelonephritis), sexual sx , itching

6. Const Sx:

- wt & appetite change, sweat, fever, fatigue

7. Previous Hx, admission?

8. MMSS:

- Medical: Chronic Diseases (DM - ask about Rfx - , HTN, Renal diseases ..)

- Medication

- Surgical.

- Social: STDs, travel, smoking , alcohol

9. FPI:

- Family Hx: Similar Symptoms.

- Pregnancy + GYN hx

- Imuuno (allergy): allergic symptoms.

10. ICE:

(Idea, Concerns, Expectations)

11. Education & treatment

- According to your symptoms, you might be suffering from urinary tract infection and it will be clear to you using some tests like urine analysis and culture.
- UTIs are very common and are caused by bacteria. The bacteria travel up the irritated urethra. Common irritants are bubble bath and shampoos. Careless wiping after a bowel movement might also cause irritation.
- With treatment, your symptoms should be better by 48 hours after starting the antibiotics.
- The management plan includes antibiotic (Trimethoprim) and Increase fluid intake. To prevent further infections you might want to urinate frequently, increase your fluid intake and wipe from front to back.

12. Any Q? add?

13. Give appointment.

14. Thank the patient

Headache:

1. Greet the patient, introduce yourself and take permission

2. Personal Hx (name, age, marital status, occupation)

3. CC: what, when, where, how

4. Problem Analysis:

Site

Radiation

Character

Aggravating & relieving factors.

Severity

5. Associated Sx:

Aura, visual symptoms, photophobia, neck muscle tension, tears/ runny nose, nausea, vomiting.

6. Const Sx:

- wt & appetite change, sweat, fever, fatigue

7. Previous Hx, admission?

8. MMSS:

- Medical: Chronic Diseases (DM, HTN, Migraine, Obesity, URTIs..)

- Medication

- Surgical.

- Social: smoking , alcohol, stress

9. FPI:

- Family Hx: Similar Symptoms or migraine.

- Pregnancy + GYN hx (for female pt)

- Imuuno (allergy): allergic symptoms.

10. ICE:

(Idea, Concerns, Expectations)

11. Education & treatment

- According to your symptoms they might be headache. Headache is a very common disease and some headache types have symptoms like flashes, teary eyes and runny nose.
- Management plan includes pain medication, stress relief and exercise can also help.

12. Any Q?

13. Give appointment.

14. Thank the patient

Depression

1. Greet the patient, introduce yourself and take permission
2. Personal Hx (name, age, marital status, occupation)
3. How are you feeling lately?

4. Problem Analysis:

For how long

Possible triggers

Early morning waking and morning depression

Current symptoms:

Core: low mood, energy, enjoyment, hopeless, worthless, guilty.

Biological: sleep, appetite, libido.

Cognitive: poor memory or concentration.

Psychotic: hallucinations, delusions

Self-esteem, self confidence, guilt feeling and pessimism

Assess risks: Suicide, self-harm, academic failure, isolation

Severity: (affecting his life or not)

5. Associated Sx:

Psychotic depression: hallucinations, delusions, and mania.

6. Const Sx:

- wt & appetite change, fatigue

7. Previous Hx, admission?

8. MMSS:

- Medical: Chronic Diseases (DM, HTN, Migraine, Obesity, URTIs..)
- Medication
- Surgical.
- Social: Drug abuse, smoking , alcohol, stress

9. FPI:

- Family Hx: **Similar Symptoms.**
- Pregnancy + GYN hx (for female pt)
- Imuuno (allergy): allergic symptoms.

10. ICE:

(Idea, Concerns, Expectations)

11. Education & treatment:

- According to your symptoms, you most likely have depression. Depression is a common condition that will affect one in three people at some time in their life. Don't worry, depression is treatable and treatment outcome is high.
- Counseling is effective in treating mild to moderate depression (psychotherapy), and is often combined with medication (like SSRI) in more severe cases, which is sometimes known as clinical depression. Exercise and stress avoiding are recommended to help combat the effects of depression.

12. Any Q or add?

13. Give appointment.

14. Thank the patient

Breaking Bad News:

1. Greet the patient, introduce yourself and take permission.
2. Did anyone come along with you to the clinic? If so, ask about the name and relation.
3. What do you **know** about your current condition?
4. Would **like to know** further information about it?
5. What are you **concerned** about at this moment? Why are you concerned?
6. What do you **expect** to happen with such disease?
7. I am sorry to tell you that I came here carrying bad news.
8. Pause with appropriate eye contact.
9. Unfortunately, your lab results show that you have (Name of the disease)
10. Do you know what is (Name of the disease) and its affect?
11. Tell the patient the most appropriate **management** (drugs , surgery, behavioral therapy)
12. As for now, I will **refer** you to a specialist for assessment and to discuss your management plan.
13. Fortunately, with the proper management plan you would have a good outcome and relief the symptoms.
14. Ask the patient if he has any questions or anything to say.
15. Assures the patient of his/her availability/ follow up
16. Thank the patient.

Diabetes Mellitus:

1. Greet the patient, introduce yourself and take permission

2. Personal Hx (name, age, marital status, occupation)

3. What brought you here today?

- Duration of DM, Care and Control
- Self monitoring at home , Last HbA1C? What is it? When?

4. Problem Analysis (for new case):

Polyuria, polydipsia, polyphagia, blurred vision, paresthesia, yeast infections

5. Associated Sx (for known case):

Sx of hypoglycemia, nephropathy , chest pain, heart attack , claudications , stroke, foot ulcer and skin changes

6. Const Sx:

- wt & appetite change, sweat, fever, fatigue

7. Previous Hx, admission?

8. MMSS:

- Medical: (HTN, CVD, chronic kidney disease, endocrine diseases, obesity)
- Medication
- Surgical.
- Social: smoking , alcohol, stress

9. FPI:

- Family Hx
- Pregnancy + GYN hx (for female pt)
- Imuuno (allergy): allergic symptoms.

10. ICE

(Idea, Concerns, Expectations)

11. Education & treatment

-Foreshadow , pause and break the bad news (for new case)

-Ask about what he knows about the disease & its complications

-Talk about management (life style, Oral hypoglycemic drugs , insulin) & refer him to the specialist.

12. Any Q?

13. Thank the patient

Hypertension:

1. Greet the patient, introduce yourself and take permission

2. Personal Hx (name, age, marital status, occupation)

3. What brought you here today?

- For how long you have you been diagnosed with hypertension?
- What is the last known blood pressure?
- Is your blood pressure regulated?

4. Problem Analysis:

Onset of Sx

Aggravating & relieving factors.

Severity

5. Associated Sx:

Symptoms of Secondary Causes:

Muscle Weakness, Palpitation , Sweating and Tremor

Symptoms of Target Organ Damage:

Headache, Transient Weakness or Dizziness, Blindness or Loss of Visual Acuity, Chest Pain, Dyspnea and Claudication.

6. Const Sx:

- wt & appetite change, sweat, fever, fatigue

7. Previous Hx, admission?

8. MMSS:

- Medical: (DM, CVD, chronic kidney disease, endocrine diseases, Obesity)
- Medication: (Corticosteroids, OCPs, NSAIDs)
- Surgical.
- Social: (Smoking, alcohol, cocaine, physical activity, life stressors, diet (Sodium Intake, High Cholesterol & Calorie Intake))

9. FPI:

- Family Hx: (HTN, DM, CVD, Familial Diseases, Dyslipidemia, Obesity.)
- Pregnancy + GYN hx (for female pt)
- Immuuno (allergy): allergic symptoms.

10. ICE:

(Idea, Concerns, Expectations)

11. Education & treatment:

- Hypertension is a very common disease in our country; it is measured by wrapping an inflatable hand cuff around your arm. If hypertension is not controlled there would be long term complications like chronic kidney disease, heart attack, heart failure and stroke.
- However, give up smoking, maintaining the normal body weight, change of diet by reducing sodium intake, undertake regular aerobic exercise and medication can control it.

12. Any Q or add?

13. Give appointment.

14. Thank the patient

Management of HTN:

The main aim of treatment is to reduce the risk of clinically overt cardiovascular disease.

Blood pressure should be reduced to less than 140/90 mmHg in the absence of comorbidities, including diabetes mellitus, chronic kidney disease, or existing coronary heart disease.

Blood pressure should be reduced to less than 130/80 mmHg in patients with diabetes, chronic kidney disease, or established cardiovascular disease.

Lifestyle modifications are indicated in all hypertensive patients.

Antihypertensive medications should generally be begun if the systolic pressure is persistently ≥ 140 mmHg and/or the diastolic pressure is persistently ≥ 90 mmHg in the office and at home despite attempted non-pharmacologic therapy.

British Guidelines Suggest in Absence of Compelling Indications or Contraindications

If age < 55 years ; ACE Inhibitors or ARBs

If age > 55 years ; Calcium Channel Blockers or Diuretics (Thiazide)

Smoking:

1. Greet the patient, introduce yourself and take permission.
2. Take a personal, social and medical history.
3. Ask about smoking status:
 - Do you smoke?
 - For how long have you been smoking?
 - How many packs a day?
4. What do you **know** about smoking affect on health?
5. Are you **concerned** about its effect?
6. What are your **expectations** towards quitting smoking?
7. Have you ever thought of quitting smoking? If so, what was the reason?
8. Smoking increases your chance of having lung cancer, CFD, stroke and hypertension. Smoking cessation reduces heart disease and saves money, decreases the discoloration of your teeth, and lips, and your family would appreciate your willingness for quitting smoking.
9. What do you think that might go against your cessation of smoking? "Correct the wrong ideas"
10. Are you willing to quit smoking? "Encourage him"
11. Specify a date with you patient to stop smoking and assess his level of depends and give nicotine patches or gum for craving. Explain other treatment agents "eg: bupropion" and withdrawal symptoms.
12. Arrange follow up appointment, and assign to a smoking cessation program.
13. Do you have any questions or anything to say?
14. Thank the patient.

Obesity:

1. Greet the patient, introduce yourself and take permission.
2. Take a personal, social and medical history.
3. You're a bit overweight and it is important to change that.
4. It's also important that you know why (ask patient what does he know about the complications). Excess weight or obesity is associated with a lot of problems: CVD, Stroke, DM, HTN.
5. Have you ever tried losing weight? (What did you do?)
6. What made you want to lose weight? What you made you come here today?
7. How much weight do you expect to lose?
8. How beneficial will your weight reduction be?
9. For your weight loss target: It's best that you lose around 10 of your weight in the next 6 months, after you maintain you weight, this loss will reduce the risk of getting those diseases we talked about earlier.
10. What do you think might go against your weight loss program?
11. Ok, so the best way to do this is to get you doing **regular exercises**, and you have to do this regularly, doing regular exercises will make you lose weight, increase muscle mass, and improve your health overall. To Start off: I would like you to do exercises 3 – 5 days a week (Walking, Light Cycling) 30 – 60 mins. As far as your **diet**, you have to do a few changes. The basic principle is that you have to burn more than you take in by food. To do that, I want you to reduce your daily calorie intake by around 500 – 700 calorie by doing this you are looking at losing almost 1Kg every week, at least at the beginning. Of course you have to stay away from fast/junk food, sweets, fried foods, and high carb food. You should try to replace those with fruits/vegetables, foods that are high in fiber/ fish. Those foods will make you full without giving you too much calories.

12. I can refer you to a dietitian, if you think that might help. The most important thing is for you lose weight.

13. Do you have any questions? Do you have anything you want to say?

14. I'm also going to give you a few pamphlets that have specific diet regimens that might help.

15. I will book an appointment for you next week, would that be okay with you?

16. Thank you.

Joint Pain:

1. Greet the patient, introduce yourself and take permission

2. Personal Hx (name, age, marital status, occupation)

3. CC: what, when, where, how

4. Problem Analysis:

Number of joints involved

Pattern of joints involved (symmetrical vs. asymmetrical, large vs. small joints)

Character

Aggravating & relieving factors (inflammatory better with activity, degenerative worse)

Severity

5. Associated Sx:

Morning stiffness, swelling and erythema (inf).

Rash, nail abnormalities, myalgia, GI and GU symptoms

6. Const Sx:

- wt & appetite change, sweat, fever, fatigue

7. Previous Hx, admission?

8. MMSS:

- Medical: (Renal disease, psoriasis, myeloma, osteoporosis, obesity)

- Medication (steroids, diuretics)

- Surgical or trauma

- Social: smoking, alcohol, stress

9. FPI:

- Family Hx: **Similar Symptoms or arthritis.**
- Pregnancy + GYN hx (for female pt)
- Imuuno (allergy): allergic symptoms.

10. ICE:

(Idea, Concerns, Expectations)

11. Education & treatment:

- According to your symptoms you most likely have inflammation of your joints, which can lead to pain, stiffness and other symptoms, for the treatment; you should start with non-pharmacological therapy (Wt loss , rest & low exercise with physiotherapy) if no improvement occur we can move to the pharmacological therapy (analgesics, NSAIDS , steroids and DRMAS..)

12. Any Q?

13. Give appointment.

14. Thank the patient

Breastfeeding:

1. Greet the patient, introduce yourself and take permission.
2. What brought here today?

3. Social History:

What do you do for living?

What does your husband do for living?

Do you smoke or live around someone who smokes?

Do you drink alcohol?

4. Do you have any difficulty with breastfeeding?
5. What is your baby feeding on currently?
6. How's your baby's general health? What about yours?
7. Did you have any complications during pregnancy?
8. Have you ever tried breastfeeding before?
9. Do you **know** the importance of breastfeeding?
10. Do you have any **concerns** regarding breastfeeding?
11. What do you **expect** to happen if you start breastfeeding?

12. Benefits of breastfeeding:

It reduces allergies, diabetes, obesity, celiac disease childhood leukemia and infections. As for the mother, it reduces breast cancer, ovarian cancer, and osteoporosis. It also enhances mother\ baby bonding.

13. Risks of milk formula:

Prone to infections, gastrointestinal problems, allergies, lower IQ, chronic diseases like HTN, DM and mortality.

14. Are you willing to breastfeed your baby? For how long?

15. What do you think might go against breastfeeding your baby?

16. **Techniques of breastfeeding:**

A. The mother has to sit comfortably supporting her back and supports the baby's head, neck and back during breastfeeding.

B. The Baby's mouth should be covering the areola, at start of feeding, compress the nipple and areola between your thumb and index finger to help the baby's suckling.

C. During the first 2 weeks, feed on demand.

D. Alternate each breast you start with each time. No more than 5 hours should pass without feeding.

E. Clean sore nipples with water and use nursing pads.

17. Ask the patient if she have any **questions**.

18. I'm also going to give you a few **pamphlets** that have specific information about breastfeeding so you can read more about it.

19. I will book an **appointment** with you during next week, would that be okay?

20. **Thank** the patient.

* ختاماً: العمل عبارة عن جهد شخصي لأهم المواضيع المطلوبة وقد يحتمل الخطأ
إن أصبنا فمن الله وإن أخطأنا فمن أنفسنا والشيطان

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