



Peer Teaching OSCE Guide – Phase 2b (2024)

General Overview

12 stations in total:

- 5 History taking stations
- 5 Physical Examination stations
- Communication skills stations (2 of):
 - Assessment of Chronic Disease Control
 - Risk Assessment
 - Prescribing Station

+ 3 rest stations

History Taking stations:

- 7 minutes
- **Take a history during these 7 minutes**
- You will be given a prompt, usually with the patient's main presenting complaint, one minute before entering the station; use this time to think of differentials, associated symptoms and different areas of the history to cover
- Remember ICE!! If you feel like you might forget to do ICE, do it after asking history of presenting complaint
- If you get stuck – SUMMARISE what the patient has said so far and check this is correct; this gives you time to think of the next question and makes you look more put together
- Seems obvious but show empathy if the patient reveals something like a recent bereavement or that they are struggling – most students will not receive all three patient marks, these are not automatically given to everyone - you need to earn them!
- Still wash your hands and ask for consent for histories
- **1 minute of questions from the examiner** – these could include:
 - Summarise findings

- Provide differential diagnosis
- Next steps – investigations
- Appropriate management plan

Physical Examination stations:

- 7 minutes
- **Perform the examination within 7 minutes**
- Possible physical examinations:
 - Cardiovascular examination
 - Respiratory examination
 - Abdominal examination
 - Upper and lower limb peripheral nervous system examination
 - Cranial Nerve examination
 - Cerebellar examination
 - Hip, knee, shoulder, hand or spine
 - Can have combination of exams e.g. shoulder and cervical spine or hip and lumbar spine
 - Examination of the hands is not combined with any other examination
 - GALS examination – can be combined with another joint
 - Diabetic foot examination
 - Thyroid examination
 - Peripheral vascular examination
 - Varicose vein and chronic venous insufficiency examination
- **1 minute to present your findings** – make this slick, and remember to say what extra tests/exams you would do to complete this examination
- Equipment will be provided if needed e.g. tendon hammer, tuning fork
- Remember ‘look, feel, move’ for MSK examinations and ‘inspection, palpation, (percussion) and auscultation’ for cardio/resp/abdo examinations
- Pay attention to scars!! Especially in cardiovascular, respiratory and abdominal examinations – report this in examination findings
- Remember to ask for a chaperone

Assessment of Chronic Disease Control Station:

- Analyse given data and ask targeted questions to assess how well a patient’s chronic disease is currently controlled or any other changes to circumstances, living condition, medication, compliance with medication
- Establish impact of illness on patients’ life – mood, ability to work, quality of sleep, social interactions

- Ask questions to establish the patient's adherence with treatment regime and any factors influencing this; be specific, for example with asthma ask when their technique was last assessed in clinic or when they last had an asthma review.
- **1 minute for examiner questions** - usually related to possible treatments for that condition, try to think holistically.
- Topics include:
 - INR
 - Peak flow and spirometry data
 - HbA1c
 - Inflammatory markers – ESR/CRP
 - LFTs

Risk Assessment Station:

- Identify risk factors by taking history
 - Presenting complaint
 - Past medical history
 - Family history
 - Drug and social history
- Risk scores include:
 - Diabetes – Diabetes UK (<https://riskscore.diabetes.org.uk/start>)
 - Cardiovascular risk – QRISK2
 - Stroke risk in atrial fibrillation - CHA₂DS₂-VASc
 - Osteoporosis risk – FRAX
 - Risk of stroke after TIA – ABCD²
 - DVT – Well's Criteria
- Use the risk score questions when taking history; you do not need to calculate the score however
- **1 minute of questions from examiner:**
 - May be given the patient's risk factor score and asked what would you do next?
 - May be asked what risk tool to use
 - May be asked about next investigation or treatment, or recommended lifestyle changes based on the history

Prescribing Station:

- 7 minutes to take a normal history from the patient and then explain to them what medication you think would help them; more time management required for this type of history station

- **1 minute to write the prescription on a FP10 form**
- There will be a **paper BNF**
- Common conditions:
 - UTI
 - Respiratory tract infections
 - Pain relief
 - Skin infection
 - Asthma
 - Chest pain
 - GORD
 - LUTS
 - Constipation
 - Diarrhoea

GOOD LUCK YOU'VE GOT THIS!! 😊

The **Sheffield OSCE handbook** is the best resource to use for revision. Follow these mark schemes over any others.

**This is a student-made resource, and to the best of our knowledge is accurate however there may be some errors – if you notice any please contact us on peerteaching@sheffield.ac.uk. There may also be changes to the OSCE format from year to year that we as students are not aware of or can predict. Please refer to Minerva and medical school documents first and foremost as these will be most accurate. PTS is not liable for false or misleading information.*

Resource made by Hannah Bissoon, edited by Madeleine Carling & Amber Dabill, October 2024.

