

OSCE Exam Sample Station – Acute Abdominal Pain

Printable sample OSCE station for practice (10–12 minute history-taking station)

Information for the Candidate

Scenario: Acute abdominal pain

Location: Medical admissions unit

Patient: Mr Alex Shah, 34-year-old man

Your role: Junior doctor in the admissions unit

Station length: 10 minutes for history, followed by 2 minutes for summary to the examiner

Task: Take a focused history from the patient to identify likely causes of his abdominal pain, assess for red flags, and outline initial investigations. You are not required to examine the patient.

Door Stem (what you would see before entering)

"You are the junior doctor in the medical admissions unit. The triage nurse has asked you to see Mr Alex Shah, a 34-year-old man who has presented with sudden onset abdominal pain. Please take a focused history to assess the severity, likely cause and any red-flag features. You will not be asked to examine the patient. After 10 minutes the examiner will ask you to summarise your findings and suggest the most likely diagnosis and initial investigations."

Structured Approach for the Candidate

1. Introduction and opening question (about 1 minute)

- Introduce yourself, confirm name and age, check comfort and obtain consent to talk.
- Open with: "Can you tell me in your own words what has brought you in today?"

2. History of presenting complaint – SOCRATES adapted for abdominal pain (4–5 minutes)

- **Site:** Where exactly is the pain? Can you point with one finger?
- **Onset:** When did it start? Sudden or gradual? What were you doing at the time?
- **Character:** How would you describe it – cramping, sharp, dull, burning?
- **Radiation:** Does the pain go anywhere else (back, shoulder tip, groin)?
- **Associated symptoms:** Nausea, vomiting (blood or bile), diarrhoea, constipation, bloating, fever or rigors, urinary symptoms, jaundice.
- **Timing:** Constant or colicky? Has this happened before?
- **Exacerbating/relieving factors:** Eating, movement, passing stool or flatus, antacids, simple analgesia.
- **Severity:** Pain score out of 10 and impact on movement (e.g. able to lie still or writhing).

3. Red-flag screening and systems review (2–3 minutes)

- Ask specifically about:
 - Inability to pass urine or stool, or absolute constipation with vomiting.
 - Black or blood-stained vomit or stool.
 - Syncope, chest pain or shortness of breath with the pain.
 - Unintentional weight loss or night sweats.
 - Previous abdominal surgery or known abdominal aortic aneurysm.
- Screen respiratory and urinary systems briefly (cough, dysuria, frequency, haematuria).

4. Past medical, drug and social history (2–3 minutes)

- Past episodes of similar pain, peptic ulcer disease, gallstones, pancreatitis, IBD, diverticular disease.
- Operations: previous abdominal surgery (especially appendicectomy, cholecystectomy, bowel surgery).
- Medications: NSAIDs, anticoagulants, steroids, recent antibiotics; over-the-counter remedies.
- Allergies, including to antibiotics and contrast.
- Alcohol intake and smoking history.
- Occupation, support at home and whether anyone else is unwell with similar symptoms.

5. Summary and initial impression (2 minutes – usually to the examiner)

- Give a concise one-sentence summary including age, key symptoms, duration and main red-flag findings.
- Offer a short problem list and 2–3 differentials (e.g. appendicitis, biliary colic, renal colic, non-specific abdominal pain).
- Outline initial investigations: basic observations, blood tests (FBC, U&E, LFTs, CRP, amylase/lipase), urinalysis, pregnancy test for women of child-bearing age, and appropriate imaging (e.g. ultrasound or CT depending on local policy).

Practice Notes

Use this station to practise timing. Set a 10–12 minute timer, follow the structure above without looking at the sheet, and then check which questions or red flags you missed. Repeating this several times will make your abdominal pain history smoother and more exam-ready.