

OSCE STATION No. (6)

HISTORY TAKING MARK SHEET

EXAMINERS NAME.....

STUDENT NAME

Greet the student and give him/her the **written instructions**.**Please circle** the appropriate mark for each criterion

	Performed competently	Performed but not fully competent	Not performed or incompetent
Initial approach to the patient (introduces him-herself, explains what he/she will be doing)	2	1	0
Personal history : Age occupation ,diet ..	2	1	0
Present complaint and its history	2	1	0
Neck symptoms : Other lumps , Dysphagia local pain , Hoarseness, stridor	2	1 .05	0
Nervous system, Cardiovascular Metabolic and GIT symptoms	2	1 0.5	0
Past history :Operations , illness B. asthma DM, HTN Family , Social , Drug, Allergy Hx	1	0.5	0
Diagnosis	2	1	0
Investigations 1. Thyroid function tests, S.Ca 2. US / ? CT scan 3. FNAB	2	2 1	0
Overall approach to task, including next step in management	5 4	3 2	1 0
TOTAL (max 20)			

Overall rating of station

Clear pass >12	Borderline 10-12	Clear failure <10
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Name

Signature.....Date