OSCE checklist for digital rectal examination

An OSCE checklist for digital rectal examination covers explaining and gaining consent, offering a chaperone, positioning, inspection, gentle examination of the anal canal, rectum and prostate, checking the glove, and explaining, escalating and documenting the findings.

OSCE checklist for digital rectal examination: steps to practise

1. Clean your hands, introduce yourself and confirm the patient's identity: full name and date of birth, checked against the wristband for inpatients.
2. Explain why the examination is needed and what it involves, gain verbal consent and make clear they can ask you to stop at any time.
3. Offer a chaperone whatever your gender or theirs, and record the chaperone's name or that the patient declined. Ensure privacy and a warm room.
4. Ask about latex allergy and any pain in the back passage.
5. Ask the patient to lie in the left lateral position with knees drawn up and buttocks near the edge of the couch, covered except for the area you need.
6. Clean your hands, put on gloves and an apron, part the buttocks and inspect the perianal skin for fissures, haemorrhoids, fistulae, skin changes, blood and prolapse.
7. Lubricate your gloved index finger and tell the patient what is about to happen.
8. Insert the finger gently, stopping if there is pain. Assess anal tone and ask the patient to squeeze on your finger.
9. Palpate the rectal wall all the way round for masses, tenderness and stool.
10. In a patient with a prostate, palpate it for size, shape, surface, consistency, tenderness and the central groove.
11. Withdraw gently and look at the glove for blood, mucus or the colour of stool.
12. Give the patient tissue, remove gloves, clean your hands and allow them to dress in private.
13. Explain what you found and the next step. A hard irregular prostate, a rectal mass or fresh or black blood needs escalation to a senior and urgent referral as local pathways say. Document the

findings and the chaperone.

What candidates commonly forget

- Not offering a chaperone or not recording their name
- Not explaining before you start or not saying they can stop
- Not inspecting first
- Not assessing anal tone
- Not checking the glove
- Not escalating a suspicious finding

Local policy comes first

This is our own practice checklist. Your college, hospital or country may do some steps differently. Where local policy and this list disagree, follow local policy.

Practise the hands-on steps with a classmate or in a skills lab, because an AI patient cannot watch your technique. You can practise the talking part with an AI patient, and try one station free with no sign-up. Next, try Bleeding when opening the bowels. Back to the surgery OSCE for MBBS students page: surgery OSCE for MBBS students, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for digital rectal examination?

Confirm identity, explain and gain consent, offer a chaperone, left lateral position, gloves, inspect, gentle insertion, assess tone, palpate the rectum and prostate, check the glove, let the patient clean up, explain, escalate and document.

What if the patient is in pain?

Stop, reassure and tell a senior. Do not force the examination.

Is this done on a manikin?

In many OSCEs it is. Treat the manikin as a real patient and explain each step aloud.

Sources

- GMC: good medical practice
- GMC: decision making and consent

Checked 2026-11-13. Fees and rules change, so confirm them with the regulator before you book.