OSCE checklist for ENT examination

An OSCE checklist for ENT examination covers consent, inspecting the ears, nose, mouth and neck, otoscopy, a simple hearing test, anterior rhinoscopy, examining the throat with a tongue depressor, neck palpation and a short summary with escalation.

OSCE checklist for ENT examination: steps to practise

1. Clean your hands, introduce yourself, confirm the patient's name and date of birth (and wristband if an inpatient), explain the examination and gain consent.
2. Ask about symptoms, such as earache, hearing loss, blocked nose, nosebleeds, sore throat, difficulty swallowing and voice change.
3. Inspect the face, ears and neck for asymmetry, swelling and scars, and check facial movements.
4. Do otoscopy on both ears, starting with the better ear, and look at the canal and eardrum.
5. Test hearing roughly with a whisper test or tuning fork tests, and say you would arrange formal hearing tests.
6. Inspect the nose from the front, and then use the otoscope or a nasal speculum to look at the septum and turbinates.
7. Check nasal airflow, for example by gently occluding each nostril in turn.
8. Put on gloves. Ask the patient to open the mouth and look at the lips, teeth, gums, tongue, floor of the mouth and palate.
9. Use a single-use tongue depressor and a light to look at the tonsils and the back of the throat. Do not use a tongue depressor if the patient has drooling, stridor or cannot swallow; call a senior at once.
10. Palpate the neck from behind for lymph nodes and the thyroid.
11. Escalate worrying features, such as a persistent neck lump, persistent hoarseness, a non-healing mouth ulcer or one-sided symptoms, following the local suspected cancer pathway.
12. Remove gloves, clean your hands, thank the patient and summarise your findings with the next steps.

What candidates commonly forget

- Not examining both ears
- Forgetting the neck
- Not testing hearing
- Not wearing gloves for the mouth
- Using a tongue depressor in a patient with drooling or stridor
- Not summarising or saying when to escalate

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 Earache and fever in a child. Back to the medicine OSCE for MBBS students page: medicine OSCE for MBBS students, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for ENT examination?

Introduce, consent, inspect, otoscopy, test hearing, examine the nose, examine the mouth and throat with gloves, palpate the neck, escalate red flags and summarise.

Do I need a tuning fork?

Know how to do Rinne's and Weber's tests if your course teaches them. Otherwise say you would arrange formal hearing tests.

How do I look at the tonsils safely?

Use a good light and a single-use tongue depressor placed gently on the front two-thirds of the tongue to avoid gagging. Never do this in a patient with drooling or

stridor, as it can block the airway.

Sources

- NICE NG91: otitis media (acute)
- GMC: good medical practice
- NICE NG12: suspected cancer recognition and referral

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