OSCE checklist for lump and ulcer examination

An OSCE checklist for a lump or ulcer examination covers consent, a short history, a clear description of the site, size, shape, surface and edge, palpation for tenderness and fixity, checking the nearby lymph nodes and giving a structured summary with escalation.

OSCE checklist for lump and ulcer 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 duration, change, pain, bleeding, general health and risk factors.
3. Offer a chaperone if the area is intimate, expose the area with privacy and make sure the light is good.
4. Look at the lump or ulcer and describe its site, size, shape, colour, surface and edge, and any pulsation or discharge.
5. Ask about tenderness before you touch. Wear gloves for an ulcer, broken skin or discharge.
6. For a lump, palpate for temperature, consistency, fluctuation and whether it is fixed to the skin or deeper tissues. Note whether it is pulsatile and check if it transilluminates.
7. For a neck lump, check whether it moves with swallowing or tongue protrusion.
8. For an ulcer, describe the edge (sloping, punched out, rolled or everted), the base, the depth, any discharge and the surrounding skin.
9. For a leg ulcer, check the foot pulses, sensation and capillary refill, look for varicose veins and swelling, and say you would check the ankle brachial pressure index before any compression.
10. Examine the regional lymph nodes that drain the area, and check for other lumps or ulcers and relevant general signs.
11. Escalate features that need urgent review, such as a lump that is growing, hard, fixed or bleeding, a non-healing ulcer with a rolled or everted edge, or a cold, pulseless foot. Follow the local suspected cancer pathway.
12. Remove gloves, clean your hands, thank the patient and give a summary with a differential diagnosis and the tests you would arrange.

What candidates commonly forget

- Not describing in a set order
- Forgetting the edge and the base of an ulcer
- Not examining lymph nodes
- Not checking pulses and sensation in a leg ulcer, or forgetting the ankle brachial pressure index before compression
- Not wearing gloves for an open wound
- Not giving a differential diagnosis 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 Lump in the front of the neck. 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 a lump or ulcer examination?

Introduce, consent, take a short history, expose, inspect and describe site, size, shape, surface and edge, palpate, check fixity, examine nodes, look for other lesions, escalate worrying features and summarise.

How do I describe an ulcer?

Site, size, shape, edge, base, depth, discharge and surrounding skin. Then say the likely cause.

Why check the ankle brachial pressure index for a leg ulcer?

Compression helps venous ulcers but can harm a leg with poor arterial blood flow. Arterial supply must be checked before compression is used.

Why check lymph nodes?

They can show infection or spread, which changes the next step.

Sources

- NICE CKS: leg ulcer, venous
- 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.