OSCE checklist for otoscopy

An OSCE checklist for otoscopy covers consent, inspecting the outer ear, holding the otoscope correctly, straightening the ear canal, looking at the canal and eardrum of both ears starting with the better one, and saying what you see.

OSCE checklist for otoscopy: 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 ear pain, discharge, hearing loss and recent ear surgery. Sit the patient with their head slightly turned away.
3. Inspect the outer ear and the area behind it for swelling, redness, discharge or scars.
4. Start with the better ear if only one ear is painful or infected.
5. Fit a new single-use speculum, choosing the largest that fits comfortably, and check the light works.
6. Hold the otoscope like a pen, with the hand resting on the patient's cheek so that it moves with the head. Use the right hand for the right ear and the left hand for the left ear.
7. Gently pull the pinna up and back in an adult, or down and back in an infant or young child, to straighten the canal.
8. Insert the speculum only a short way into the canal, watching as you go. Stop if it is painful.
9. Look at the canal for wax, debris, foreign bodies, swelling and discharge.
10. Identify the eardrum and describe its colour, whether it is intact, the light reflex and any bulging, retraction or fluid.
11. Examine the other ear in the same way, with a fresh speculum if there is infection.
12. Escalate urgently to a senior if there is swelling, redness or tenderness behind the ear or the ear is pushed forward, as this can be mastoiditis.
13. Dispose of the speculum, clean your hands, thank the patient and summarise your findings.

What candidates commonly forget

- Holding the otoscope without resting the hand
- Not straightening the canal
- Looking at the painful ear first
- Pushing the speculum in too far
- Using a speculum that is too small or too large
- Not describing the eardrum

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 paediatrics OSCE for MBBS students page: paediatrics OSCE for MBBS students, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for otoscopy?

Introduce, consent, inspect the outer ear, start with the better ear, hold the otoscope correctly, straighten the canal, look at the canal and the eardrum, repeat on the other side, and summarise.

Which way do I pull the ear in a child?

Down and back for an infant or young child, and up and back for an adult.

What does an infected eardrum look like?

Often red and bulging, and it may have lost its light reflex. Use the description your course teaches.

Sources

- NICE NG91: otitis media (acute)
- GMC: good medical practice

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