OSCE checklist for speculum examination

An OSCE checklist for speculum examination covers explaining and gaining consent, offering a chaperone, positioning, inspecting the vulva, inserting a warmed and checked speculum gently, viewing the cervix and vaginal walls, removing it without pinching, then explaining, escalating and documenting.

OSCE checklist for speculum 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 what the examination involves and why it is needed, gain consent and make clear the patient can ask you to stop at any time.
3. Offer a chaperone and record their name or that the patient declined. Ensure privacy and ask the patient to empty their bladder.
4. Ask about latex allergy, previous difficult examinations and, if relevant, the last period and pregnancy.
5. Ask the patient to undress from the waist down behind a curtain and lie on their back, heels together and knees bent and falling apart, with a sheet covering them.
6. Clean your hands, put on gloves and an apron, and choose the right size of speculum. Check the light and that the speculum opens and locks.
7. Warm the speculum with warm water. If a lubricant is needed, use a small amount of water-based lubricant on the sides of the blades, as your policy says when a sample will be taken.
8. Inspect the vulva for lesions, discharge or other changes.
9. Gently part the labia, warn the patient and insert the speculum with the blades closed, angled down and back along the vagina, rotating it as you go. Open the blades slowly until the cervix is seen, then lock it.
10. Look at the cervix and vaginal walls for discharge, bleeding, growths or ulcers, and take samples if needed.
11. Unlock the speculum and withdraw it slightly so the blades clear the cervix before you let them close. Remove it gently, rotating back, without pinching the cervix or vaginal walls.
12. Dispose of the speculum and gloves, clean your hands and allow the patient to dress in private.

13. Explain the findings. A cervix that looks abnormal or bleeds on contact needs escalation and urgent referral as local pathways say. Document the findings and the chaperone.

What candidates commonly forget

- Not explaining first or not saying they can stop
- Forgetting the chaperone or not recording their name
- Not checking the speculum works before you start
- Using cold or dry equipment
- Closing the blades on the cervix or pinching the vaginal wall on removal
- Not escalating an abnormal looking cervix

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 Spotting years after the periods stopped. Back to the obstetrics and gynaecology OSCE for MBBS students page: obstetrics and gynaecology OSCE for MBBS students, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for speculum examination?

Confirm identity, explain and gain consent, offer a chaperone, position, check and warm the speculum, inspect the vulva, insert gently, view the cervix, remove without pinching, explain, escalate any concern and document.

What if the patient wants to stop?

Stop at once. Consent can be withdrawn at any time.

Will I need to take a cervical sample?

Only if your station asks. Know the sampling steps your course teaches and follow the national screening programme guidance.

Sources

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

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