



ACP Academy

Otoscopy & Hearing Assessment – Step-by-Step OSCE Guide ACP Academy Format (Refreshed Edition)

GETTING STARTED

1. Perform hand hygiene and don PPE if required.
2. Introduce yourself: “Hi, I’m Jamie, one of the advanced clinical practitioners.”
3. Confirm the patient’s full name and date of birth.
4. Briefly explain the examination: “I’d like to assess your hearing and examine your ears today. It will involve listening to some sounds and a look inside your ear canals.”
5. Gain verbal consent and offer a chaperone.
6. Ask if the patient currently has any ear pain or discomfort.
7. Position the patient sitting comfortably on a chair.
8. Gather the necessary equipment:
 - Otoscope with disposable specula
 - 512 Hz tuning fork

GENERAL INSPECTION

9. Observe the patient for any hearing aids or visible deformities.
10. Inspect both pinnae and surrounding areas (pre- and post-auricular) for scars, swelling, discharge or skin changes.

GROSS HEARING ASSESSMENT

11. Ask if the patient has noticed any recent changes in hearing.
12. Mask one ear by rubbing the tragus, then whisper a number or word 60 cm from the unmasked ear.
13. Ask the patient to repeat what they hear.
14. Repeat on the other side.

WEBER'S TEST

15. Tap a 512 Hz tuning fork and place it firmly on the midline of the forehead.
16. Ask, "Where do you hear the sound – in the middle or to one side?"
 - Central = normal or bilateral hearing loss.
 - Lateralisation = may suggest unilateral conductive or sensorineural loss.

RINNE'S TEST

17. Strike the tuning fork and place it on the mastoid process.
18. Ask the patient to tell you when the sound stops.
19. Once stopped, move the fork next to the external ear canal.
20. Ask if they can still hear the sound.
 - Air conduction > bone = Rinne positive (normal).
 - Bone > air = Rinne negative (conductive hearing loss).

OTOSCOPY

21. Ask again about ear discomfort – always examine the non-painful side first.
22. Gently pull the pinna upwards and backwards to straighten the canal.
23. Hold the otoscope like a pen, brace your hand against the cheek.
24. Advance the otoscope slowly under direct vision.
25. Inspect the canal for wax, discharge or foreign bodies.
26. Examine the tympanic membrane:
 - Colour, cone of light, perforation, fluid levels or scarring.
27. Carefully withdraw the otoscope and discard the speculum in clinical waste.

TO COMPLETE THE EXAM

28. Let the patient know the exam is finished and thank them.
29. Offer assistance if needed.
30. Dispose of PPE and perform hand hygiene.
31. Summarise your findings.
32. Suggest further assessment as appropriate:
 - Cranial nerve exam, tympanometry, formal audiometry, ENT referral.

Otoscopy and hearing tests can reveal subtle signs of pathology. A systematic approach improves diagnostic confidence and guides appropriate onward referral.