**DEVELOPING KNOWLEDGE AND SKILLS**

**Practice assessment: Otoscopy Examination**

**Candidate Name (please print) …………………………………………**

|  |  |
| --- | --- |
| **General**  | **Capability demonstrated**  |
| Introduces self to the patient, confirms patient identity and confirms patients preferred name |  |
| Explains the procedure and gains consent  |  |
| Clinical area cleaned and ventilated |  |
| Washes hands and ensures patient is comfortable and in the correct position for examination |  |
| Equipment safe and wiped down |  |
| Appropriate PPE worn |  |
| Maintains dignity and communicates with patient  |  |

|  |  |  |
| --- | --- | --- |
| Examination | Abnormal findings  | Possible significance of abnormal findings  |
| Ask relevant questions about ear related symptoms e.g. discharge, pain, discomfort, hyperacousis, previous surgery etc. |  |  |
| Give clear instructions and information to subjects (including those with hearing impairment), ensuring they are understood for informed consent.  |  |  |
| Perform safe and thorough ear examination using an otoscope ensuring patient safety and comfort in a thorough and systematic way. |  |  |
| Effectively communicate information to other professionals. |  |  |

**Patient Summary – Otoscopy Examination**

|  |  |
| --- | --- |
| Significant aspects of patient history  |  |
| Significant examination findings with possible causes |  |
| Management Plan |  |
| Reflection  |  |

**OUTCOME:**

Successful demonstration of required skills and knowledge: (please complete using the codes in the relevant box)

Key: **I** -Independent **S**- Supervised (1-2 verbal ques) **A**- Assisted (1-2 physical ques) **D**- Dependent

|  |  |  |  |
| --- | --- | --- | --- |
| PASS(I) |   | Requires further development (S, A or D) |  |

Recommendations for further development (please document in box below)

|  |
| --- |
|  |

Supervisors Name (please print)……………………….. Supervisors signature………………………………

Supervisors professional PIN/ Registration number e.g. HCPC, GMC etc ………………..

Supervisors contact email ……………………………………………………………………………………………………

Students Signature …………………………………………

Date …………………………………………