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Headlamp Ear Nose Throat and Neck Examination

Practical 01 / Supervised clinical examination

Aim

Elicit an ENT history and demonstrate a focused external and anterior examination.

Principle

Laterality, time course and symptom combinations guide examination. Appropriate lighting, positioning and gentle inspection improve visualisation.

Materials and Requirements

- Consenting volunteer or simulator, headlamp and tongue depressor
- Nasal speculum trainer and neck model

Procedure

1. Ask about symptoms, laterality, duration, hearing or smell changes, discharge, voice and swallowing. Screen for airway or other urgent concerns.
2. Seat the patient upright in good light if stable. Verify identity, permission, affected side and any pain, then check that the headlamp illuminates the intended field before contact.
3. Inspect external ears and nose and use the approved headlamp position. Observe anterior nasal structures and state septal and mucosal findings as taught.

Continue with step 4 on the next page.

Procedure Continued

Headlamp Ear Nose Throat and Neck Examination

4. Compare both pinnae, canal entrances and adjacent skin. Inspect the external nose and front of each nostril on the model or under supervision and identify septum, mucosa and visible discharge.
5. Position the approved instrument under direct vision and support the hand. Pause with pain or restricted view and record which nasal areas were visible and why the examination was limited.
6. With consent inspect the mouth, tonsillar areas and visible pharynx and examine relevant neck regions and nodes gently.
7. Use suitable lighting to inspect lips, tongue, palate, tonsils and visible pharynx. Compare side and symmetry, then examine the appropriate cervical node groups with gentle palpation.
8. Document findings and suggest the targeted test or supervised referral for the remaining question.
9. Present each region and side in order, including visible changes and areas not examined. Relate the chief concern to one focused investigation or referral under the supervising team.

Precautions

- Use the smallest appropriate examination scope and stop for pain or distress.
- Escalate stridor or inability to handle secretions immediately.

Observations and Interpretation

Headlamp Ear Nose Throat and Neck Examination

Observations and Record

Item	What to record	What it tells you
ENT history	Time course, side and functional impact	Prioritises examination
Anterior assessment	Site, symmetry and visible anatomy	Provides localised findings
Neck and next step	Nodes or masses and escalation	Supports a focused handover

Worked Example

A record of persistent hoarseness with a new neck lump warrants supervised specialist assessment. Record both findings and when each began.

Result and Interpretation

Present a side-specific examination and one justified follow-up investigation or referral question.

Viva Questions and Answers

Why use a headlamp?

It directs light along the examiner's view while leaving hands available.

Why ask localization and duration?

They shape examination and urgency.

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