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INTERNATIONAL JOURNAL OF CLINICAL SKILLS

A Peer Reviewed International Journal for the Advancement of Clinical Skills - 'docendo ac discendo' - 'by teaching and learning'



In this issue:

The art of basic wound suturing

Prescribing skills of trainee medical staff Insight as a measure of educational efficacy The mental state examination myPaediatrics

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The International Journal of Clinical Skills looks forward to contributing positively towards the training of all members of the healthcare profession.

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Foreword



As we head into the New Year of 2010, the International Journal of Clinical Skills (IJOCS) can feel justifiable pride that it has fulfilled its ambition to provide the international healthcare community with an arena for clinical skills education and research. For almost all the healthcare professions, clinical skills form the basic foundations and therefore a combined approach is absolutely what is needed for the future provision of a high quality health service.

The role of the ePortfolio in both education and continuing professional development of healthcare professionals continues to evolve as training and revalidation become increasingly important. Clinical skills are an essential element of this process and in 2010 the IJOCS will be proud to publish abstracts and papers from the 8th international ePortfolio conference hosted by ElfEL London Learning Forum 2010. Further information can be found at www.ijocs.org/eportfolio

This year will also see the launch of the new and exciting 'CliniTube' website – a free resource providing a single portal for accessing and sharing an array of information. It should be a valuable resource for students and should give teachers of numerous disciplines the opportunity to share educational materials. I'm certainly looking forward to seeing the 'Clinical Skills Lab' which should become an integral component of CliniTube and will comprise information on a variety of clinical skills.

The International Journal of Clinical Skills is a unique publication in its devotion to clinical skills. I encourage professionals all over the world to continue contributing to its on-going success. After all, our patients deserve nothing less than the best.

David Haston.

Professor David Haslam FRCGP FRCP FFPH FAcadMed (Hon) CBE Immediate Past-President of the Royal College of General Practitioners (RCGP) National Clinical Adviser to the Care Quality Commission United Kingdom

A technique for removing rings from swollen fingers

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Abstract

The removal of a ring from a swollen finger can prove difficult, for example, following trauma. We present a simple technique for removing a ring from a swollen finger using a length of suture material, which in our experience is a simple and effective procedure.

Introduction

It is not uncommon that a patient requires the removal of a ring or wedding band during their stay in hospital. Occasionally this can prove to be remarkably difficult. We present a technique for removing a ring from a swollen finger.

Method

The removal of a ring is often warranted in hospital, for example, should a patient be going for hand surgery or following hand trauma. Occasionally injury or surgery to a limb is an indication for ring removal. Removing a ring from a swollen finger can prove difficult. Various techniques to aid removal include lubrication of the finger, elevation of the hand to reduce swelling, and submersing the hand in cold water. Often if these or other similar techniques fail, the ring is cut off using a ring cutter. Occasionally, in emergency situations, this is the most appropriate action and other techniques should not be attempted.

Please note, the method described in this article will only work if there is oedema of the digit. It will not overcome bony prominences.

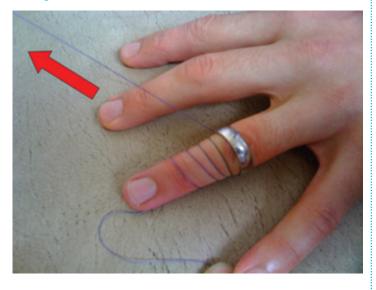
Figure 1: An appropriate suture is selected (e.g. $2.0\,\text{Vicryl}^{\text{\tiny (B)}}$) and passed under the ring



Figure 2: The distal suture end is wound around the digit distal to the ring

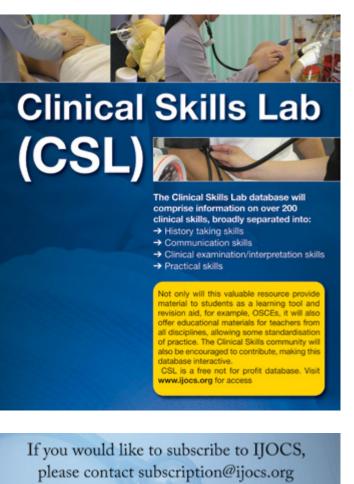


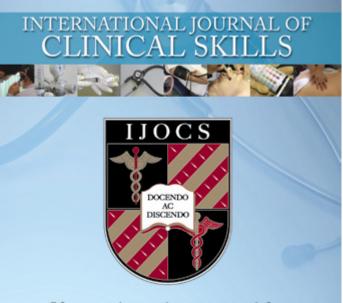
Figure 3: The proximal end of the suture is unwound from the digit. As this occurs the ring should simultaneously slide along the digit



Discussion

In this article we have described a technique for removing a ring from a swollen digit. This technique should be simple to learn and safe if used appropriately. By gently squeezing the digit with the suture, the ring is allowed to slide off the finger. It is important to emphasise that certain digits may be too swollen for this technique to work, or patients may find it too painful. Also this technique would be contraindicated in digital trauma, as it may exacerbate the underlying condition. This said, in our experience the method described is an effective and useful tool, and has been used in our institution without adverse effect.

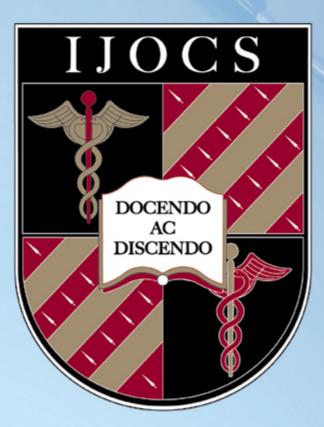




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Clinical Skills Lab





The Clinical Skills Lab database will comprise information on over 200 clinical skills, broadly separated into:

- → History taking skills
- → Communication skills
- → Clinical examination/interpretation skills
- → Practical skills

Not only will this valuable resource provide material to students as a learning tool and revision aid, for example, OSCEs, it will also offer educational materials for teachers from all disciplines, allowing some standardisation of practice. The Clinical Skills community will also be encouraged to contribute, making this database interactive.

CSL is a free not for profit database. Visit **www.ijocs.org** for access