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



In this issue:

When are bowel sounds most reliable in the diagnosis of small bowel obstruction?

Teaching professionalism in the medical program

A reliable way to clinically assess for compartment syndrome in the leg

Foreword

Welcome to the latest edition of the International Journal of Clinical Skills (IJOCS), Volume 6, Issue 1, November 2012.

A research group in Saskatchewan, Canada discuss whether bowel sounds are reliable in the diagnosis of small bowel obstruction. Their evidence suggests that the auscultation of bowel sounds alone does not appear to be reliable in diagnosing this condition, presenting some interesting research data. Their work emphasizes one of the most important aspects of medical diagnosis – that 'each physical sign is only a portion of the bigger picture'.

Some of our educational colleagues in Melbourne, Australia have conducted research regarding some of the most fundamental issues in medical practice: professionalism and ethics. They have focused on enhancing the understanding of current teachings of professionalism and ethics. Their research will no doubt aid better preparation of future graduates for a truly ethical and professionally rewarding career.

Mr Alun Yewlett and his orthopaedic team, Swansea, United Kingdom, discuss compartment syndrome – a clinical diagnosis which causes significant morbidity if not recognised and treated promptly. The authors present a clinical method for helping clinicians diagnose this potentially limb and life threatening condition. Could this be a significantly reliable method to allow an evolving compartment syndrome to be recognised early in its natural history?

This issue also includes a review of Alasdair K. B. Ruthven's book 'Essential Examination'. The aim of this book is to provide easy access to the key points of clinical examination for senior medical students and junior doctors. Professor Jean Ker (Professor of Medical Education, University of Dundee, Scotland) gives her expert analysis of what the book provides for its readers.

As always, your feedback is invaluable for the continued development of the International Journal of Clinical Skills – the only peer reviewed international journal devoted to clinical skills (e-mail: feedback@ijocs.org).

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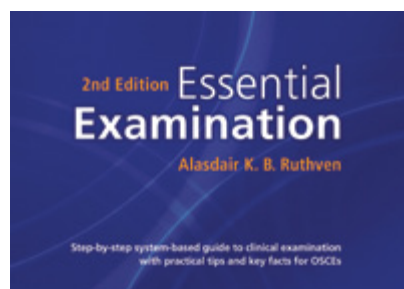
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Book Review: Essential Examination



Essential Examination

By Alasdair K. B. Ruthven
2nd Edition
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The aim of this book is to provide easy access to the key points of clinical examination for senior medical students and foundation doctors. It uses a system based approach listed under the two broad headings of medicine and surgery. The author identifies its particular use in helping senior students to prepare for Objective Structured Clinical Examinations (OSCEs).

It can be considered as a very helpful "aide-memoire" as practitioners build up their confidence and clinical experience. Although developed with medics in mind, it could be very useful for advanced nurse practitioners and physician assistants; in fact, any health care professional would find it useful as a revision aid particularly when learning with peers.

The book is clearly and succinctly written. It is not designed to teach students how to carry out examinations, but in a systematic way it links clinical examination (what you do) to pathophysiology and diagnosis (what you may find and what it means).

It is produced in a landscape format in a ring binder which makes it easy to access when on a busy attachment or shift. It very helpfully lists the abbreviations at the beginning.

Each system is set out in a similar way with a step by step guide on how to examine the system, followed by further explanations related to findings. In particular systems it does review key examinations, i.e. heart murmurs. It is very much a book you would make your own with space at the end of each chapter for adding notes. Essential Examination presumes knowledge of anatomy, physiology, pathophysiology and clinical skills. It very usefully highlights what often comes up in OSCEs. There are some 'useful gems' based on the authors own experience which reflect the craft side of medicine. For example, using the diaphragm of the stethoscope to listen to breath sounds unless the patient is "skinny or very hairy" and providing advice on how to instruct patients during the examination process or ask questions in relation to their symptoms. The inclusion of the examination of a stoma will be welcomed by readers, who if they have no clinical experience, often find this information difficult to find summarized in this way. In addition, where used, diagrams and pictures enhance the text.

One of the challenges, as the book highlights, is that many patients have co-morbid disease and therefore it is important to develop a coordinated patient centred approach to clinical examination.

The division of the book into medicine and surgery seems arbitrary in terms of practicality where so many patients have co-morbid disease. It may have been helpful to have had a separate section on recognizing the acutely unwell patient as this is often what most senior students and junior doctors lose sleep over. In addition, there is no section on clinical assessment of cognitive function which may be beyond the books scope. There is no section on mental state examination. It would also have been helpful to have highlighted

some of the ethical considerations, such as chaperoning, and referred to codes of conduct in the introduction to the book.

Although there are many lists, it does not provide the reader with 'OSCE checklists', but endeavors to engage the reader in thinking about what they are doing and why, which is only to be encouraged.

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