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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:

Should surgical training start with the medical student?

Lend me your watch and I'll tell you the time...

Effectiveness of online clinical skills education

Transferring hand hygiene skills to clinical practice

Examination of the gastrointestinal system

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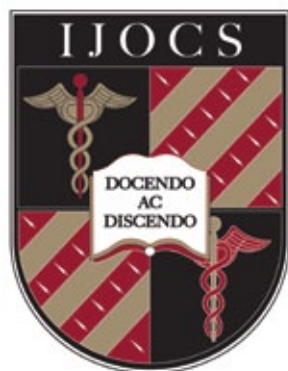
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The International Journal of Clinical Skills looks forward to contributing positively towards the training of all members of the healthcare profession.

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# Foreword

## Surviving the Global Economic Crisis in the World of Clinical Skills

After a tremendously successful beginning, the International Journal of Clinical Skills (IJOCS) has had the pleasure of bringing together the international clinical skills community. Throughout 2008 the extremely positive response from both students and teachers has demonstrated the need for this quality peer reviewed Journal, whose remit is not only to publish research, but also to provide a centre point in the world of clinical skills.

The variety of papers published in IJOCS to date is in itself unique, many of which have been changing the way all healthcare professionals practice within the clinical arena. Only time will tell whether such change does ultimately lead to improved patient outcomes and quality healthcare; however, the remarkable feedback received from the many doctors, nurses and other professionals who read the IJOCS, encourages us to continue developing this exceptional resource.

As 2009 begins, countries all over the globe face what may be the worst economic outlook since the 1950's, hence it is prudent not only to be conscious of our spending habits, but also to consider how this may impact the teaching and learning of clinical skills – a vital part of healthcare. Many healthcare institutions have had to significantly reduce their educational budgets, which no doubt has a detrimental impact on the training of all professionals. Moreover, it is important not to lose sight of the fact that quality healthcare delivery is required to maintain healthy nations, which, in turn, can reduce financial burden.

Following the global financial crisis, the in-house publishing company for the IJOCS (SkillsClinic Ltd) has decided to launch the website [www.clinitube.com](http://www.clinitube.com) in 2009. This will be a free website where professionals will not only be able to download clinical skills guidelines (the aim of the originally proposed Clinical Skills Lab – CSL), but also upload their own information and files onto [clinitube.com](http://clinitube.com) so that other professionals can share these materials for free. At a time when resources are limited, [clinitube.com](http://clinitube.com) will build an online community for the sharing of much needed resources.

In addition to our colleagues at [clinitube.com](http://clinitube.com), the IJOCS will continue to publish many articles which present novel research and offer readers comprehensive guidance on a variety of clinical skills subject areas, including effective teaching methodology. We hope our readers take advantage of this knowledge by disseminating the information, putting it into practice and benefiting from the numerous incentives.

We reflect with much enthusiasm, for what the IJOCS has achieved so far and look forward to what has begun.



**Dr Alison Anderson**  
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# A technique for a solo operator to reduce ankle fracture dislocations

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## Keywords:

Ankle fractures  
Reduction  
Technique

## Introduction

Ankle fracture-dislocations are serious injuries that present to Accident and Emergency (A & E) departments and are frequently managed by junior staff. A fracture dislocation represents a significant traumatic insult both to the bone and surrounding soft tissues and should be reduced immediately, before an x-ray is taken [1]. It should subsequently be immobilised prior to definitive bony stabilisation. In a busy A & E department this task is frequently left to a solo operator without skilled assistants.

Although there are a number of methods to reduce an ankle, this paper presents a technique that we believe is the simplest to perform unaided.

## Technique

Controlling rotation in a fracture dislocation by holding the leg from the end of the bed is difficult. Rotation arises from both the fracture site and the hip in this position:

Figure 1:



## Positioning

The knee on the affected side is flexed over the edge of a raised couch. The operator sits low enough for the leg to be vertical. Gravity provides longitudinal traction (see Figure 2 on the next page).

Figure 2:



Using gravity as a guide the operator can concentrate solely on correcting the rotational and lateral deformities. Note the elevated position of the couch and lowered position of the operator

### Method

Anterior traction to the calcaneus is applied to reduce the dislocated tibio-talar joint. The rotational displacement is then controlled directly with the foot resting on the operators lap. A below knee back slab is applied and moulded in this position until it sets.

### Discussion

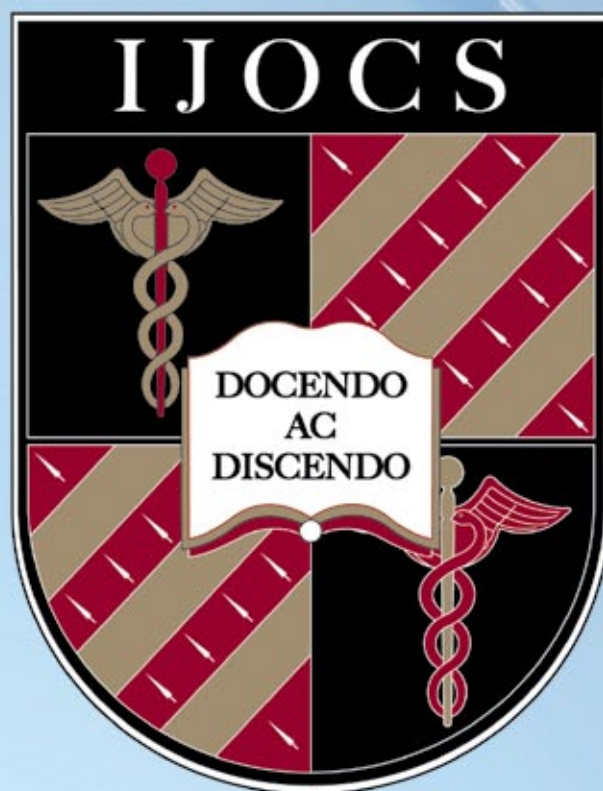
The anatomical basis of this technique is attributable to the relaxation of the gastrocnemius-soleus complex in this position [2]. Rotation from the femur on the knee will be immediately apparent as it will throw the tibia off a vertical plane which can be easily rectified. This method of reduction has been easily learned and used with good success by junior staff in our emergency department. This is an effective method of achieving a reduction that has not been described previously to the best of our knowledge.

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1. Gibb S and Abraham A. (2005). A reliable technique for early reduction of ankle fracture dislocations. *Annals of The Royal College of Surgeons of England*. **87**:208-209
2. Payne R, Kinmont J C, Moalypour S M. (2004). Initial management of closed fracture-dislocations of the ankle. *Annals of The Royal College of Surgeons of England*. **86**:177-181

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**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.

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