

Ask: “how do you think that went?”

Tell: “I thought that was ... “

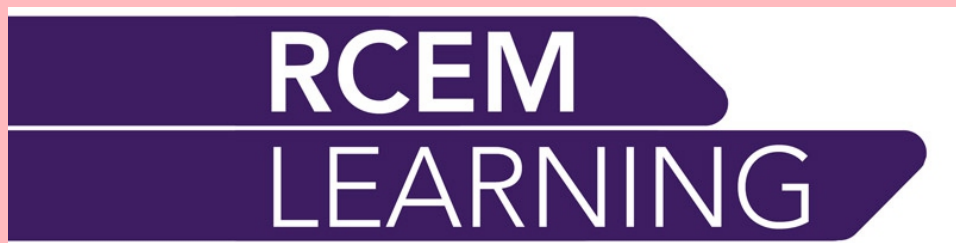
Ask: “what you think went well.”

“Why?” “How?”

Ask: “What would you like to improve”

“Why?” “How?”

Ask: “What is your Action Plan:
What will you do to take this
forward?”



Four Stage Teaching Approach

SILENT run through

TEACHER commenting

STUDENT commentates

PERFORMANCE from student

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MEASURE

Groin to one section length below foot

GROIN:

Apply black groin strap

This should be as high up as possible



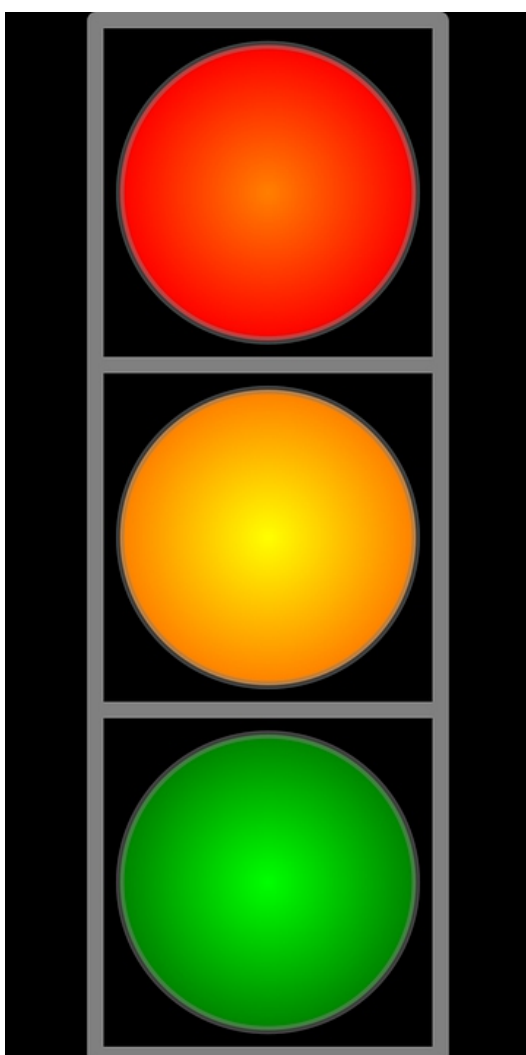
ANKLE:

Apply ankle strap

Padded part sits behind the ankle

Hook the yellow end over pole end

Tighten with the green strap



TRACTION:

Pull the red ankle strap

Analgesia may be needed

STRAP:

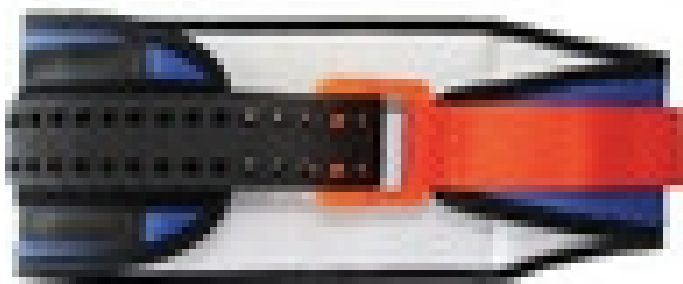
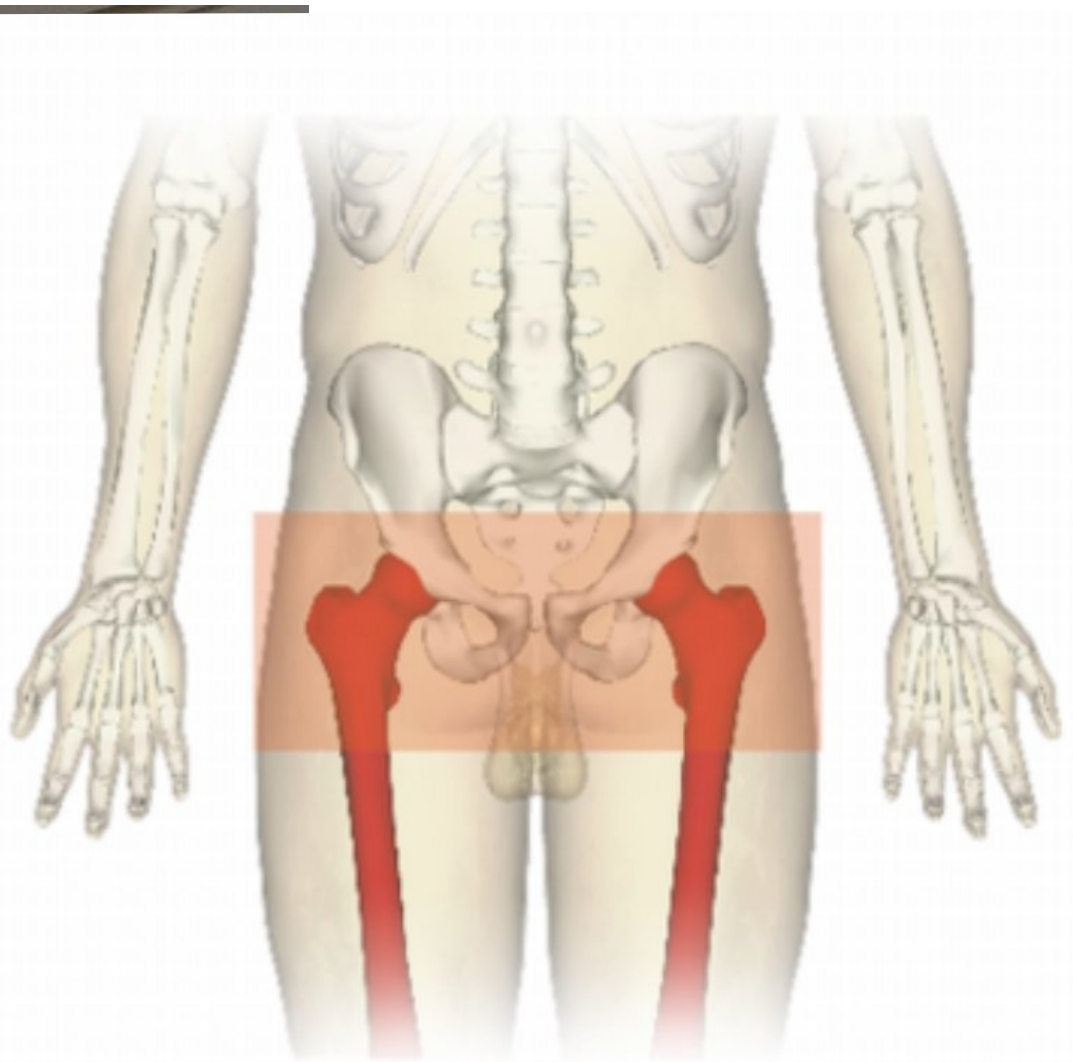
Apply the other Velcro straps

Red at the top of the thigh

Yellow above the knee

Green on the lower leg

Splint to Skin



SAM Splint

Clicks when its tight enough

T-pod

Measure for a 6 - 8 cm gap

Cut the excess

Attach the velcro

Pull on the cord

Wrap the cord around the hooks



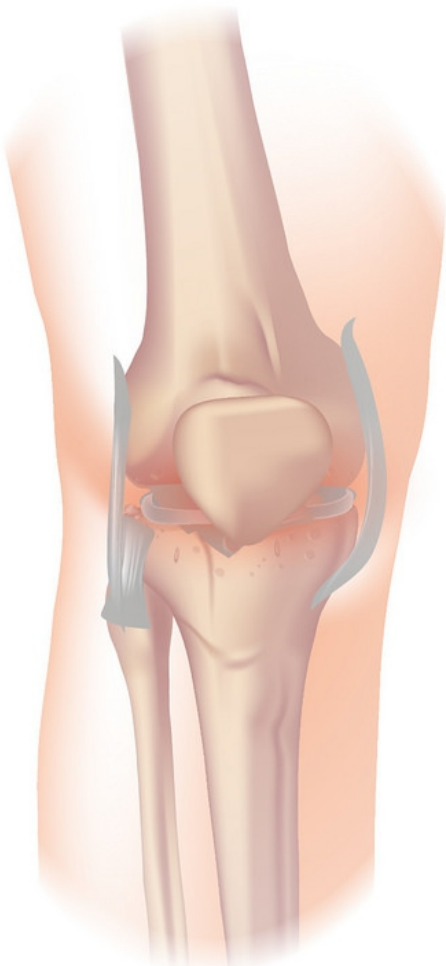


HUMERUS

ADDUCT elbow

FEEL for surgical neck of humerus
(slide up anterior shaft, feel a bump)

1cm above

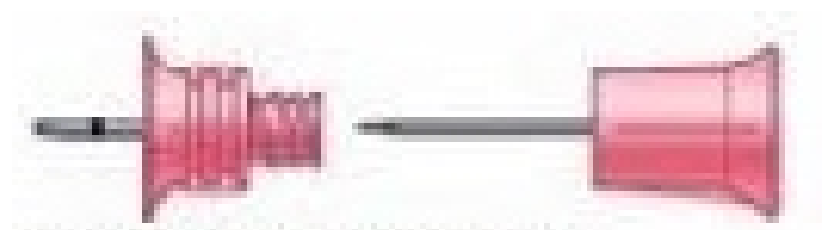
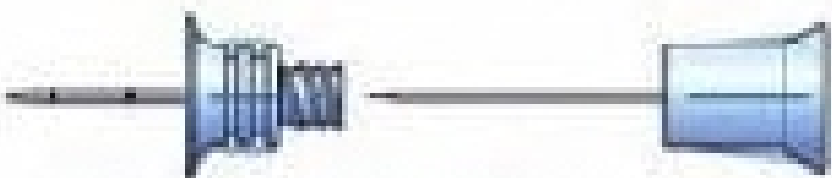


TIBIA

BEND knee

2 finger breadths below patella
1-2 cm medial to tibial tuberosity

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Joberg Knot

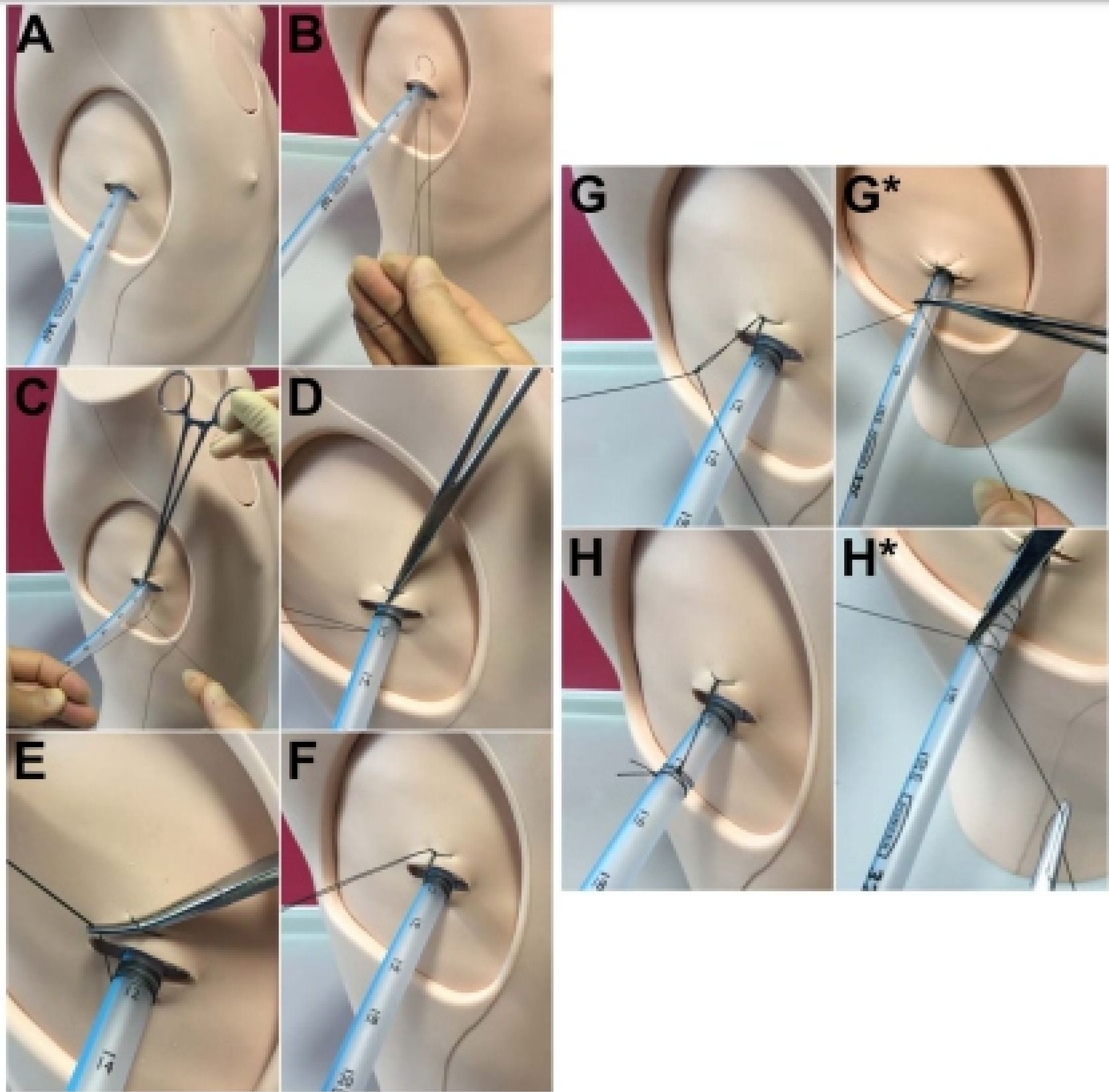


Figure 2 The modified Joberg technique for securing an intercostal chest drain (ICD). (A) Insert the intercostal drain in the standard manner. (B) Using an appropriately robust suture, insert a horizontal mattress suture (incorporating the drain) with the extracorporeal loop positioned superiorly. Pull the two ends of the suture so that they are equal in length and remove the needle. (C) Place the tips of haemostatic forceps (held by an assistant) under the loop and tie the suture tightly inferior to the drain with a single throw. (D) Wrap both lengths of the suture tightly several times around the drain at the level of the skin. (E) Ensuring that tension is maintained, grasp both of the lengths of suture with the haemostatic forceps. (F) Again, ensuring that tension is maintained, pull the sutures under the loop. (G) Tie a floating knot approximately 2–3 cm from the skin level. (H) Wrap the sutures around the drain several times and tie tightly. Cut the suture and then apply a suitable air-tight dressing. Alternative technique (for medical personnel preferring to instrument tie). (G*) Hold the suture with the forceps, maintaining tension, while performing an instrument tie to create the floating knot. (H*) Hold the first throw of the suture with the forceps while instrument tying the suture on to the ICD.