

A comparison of care rendered by ED physicians with varying medical backgrounds

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This prospective study compared the quality of the history (Hx), physical examination (PE), diagnosis, and treatment (Tx) of patients with hand injuries as performed by emergency department (ED) physicians with varying training backgrounds. There were 465 cases reported by 93 physicians. No differences between residency-trained and legacy practice-track EM board-certified physicians were found. Physicians of lesser training were found to be more meticulous about documenting history and following tetanus protocols, but they ordered more tests and were less likely to perform or document adequate treatment.

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EMERGENCY MEDICINE

A COMPARISON OF CARE RENDERED BY ED PHYSICIANS WITH VARYING MEDICAL BACKGROUNDS. Lawrence M. Lewis, MD, Tom Heston, Carol Rush, St. Louis Emergency Physicians' Association, St. Louis, Missouri.

This prospective study compared the quality of the history (Hx), physical examination (PE), diagnosis and treatment (Tx) of patients with hand injuries as performed by emergency department (ED) physicians with varying training backgrounds. Physicians were identified by number and a code letter which designated their background training status. The Hx and PE were separated into subgroups to better define deficiencies. History deficiencies were divided into past medical Hx and specification of the following: dominant hand, penetrating object, blood loss, clean vs. contaminated wound and wrist involvement. Physical examination deficiencies were divided into: general, circulation, motor and sensory (general and 2 point). Diagnostic accuracy was determined by comparing the ED physician's diagnosis to that of the radiologist (if x-rays were obtained) or the consulting physician. Adequacy of treatment was determined by two ED physicians and an orthopedic surgeon. There were 465 cases reported by 93 physicians, divided into four groups: (A) emergency medicine (EM) board certified (n = 20), (B) primary care specialty board certified (n = 30), (C) non-board certified (n = 24), and (D) moonlighting residents (n = 19). No differences between residency trained and "grandfathered" EM board certified physicians were found. Significant differences were found among the above group in five categories. Group D documented the Hx better and also followed Centers for Disease Control tetanus prophylaxis guidelines closer than Groups A or B. Group A obtained x-rays less often than any other group, significantly less than Group B. Group A had a better Tx score than any other group, but this did not reach statistical significance. Physicians of lesser training are more meticulous about documenting a Hx and following "tetanus" protocols than are residency trained or board certified ED physicians, but they order more tests and are less likely to perform or document adequate Tx.

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