

# Documenting Dominance: Doctors vs. ENPs

## Aims

Documentation of handedness is an important part of assessing patients with upper limb injuries. We noticed our ENPs were more diligent about recording handedness than doctors, and decided to quantify this as a baseline for a quality improvement project.

## Method

The notes of 238 ED cases (a convenience sample of mountain casualties with upper limb injuries) were scrutinised.

## Results

- Hand dominance was documented in only 41/238 (17%) of cases.
- Most cases in the sample were seen by doctors (222/238 – 94%) with only 16 being seen by ENPs.
- Handedness was documented more reliably by the ENPs (13/16, 81%) than the doctors (28/222, 13%),  $p < 0.0001$  (Fishers Exact Test)
- Handedness in isolated upper limb injuries was recorded more often (31/89, 35%) than when upper limb injuries were associated with other injuries (10/149, 7%),  $p < 0.0001$  (Fishers Exact Test)
- 62/241 cases in this sample were received by the Major Trauma Team. None of them had handedness recorded by EM clinicians (although 3 were recorded by orthopaedic clinicians).

## Discussion

The documentation of handedness by doctors in our ED appears to be extremely poor, especially in patients presenting as possible major trauma or with co-existing injuries.

In contrast, our ENPs (who see the majority of extremity injuries) demonstrated impressive performance. That said, they are more likely to see patients with isolated upper limb injuries, who may have fewer competing priorities in management.

## Conclusion

This audit has demonstrated an important training need in our ED, and we have amended our major trauma chart to prompt documentation of handedness.

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