

or nursing colleagues (PONC) in an intoxicated state; 66% of PONC in inappropriate photographs; and 73% of PONC with inappropriate posts. Residents were more likely to post PONC in an intoxicated state compared to PD-noted NRPONC ($p=0.0004$). PD-noted NRPONC were more likely to post inappropriately compared to residents ($p=0.04$).

Conclusions: EM faculty and residents are at personal and professional risk with use of SM occasionally leading to termination or reprimand. Awareness of this risk should prompt responsible SM utilization and use of CORD's SM guidelines.

44 Procedure Logging - What's Old is New Again

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Background: Residents must be able to competently perform all medical, diagnostic and surgical procedures considered essential for the area of practice. Each resident must maintain, in an accurate and timely manner, a record of all major resuscitations and procedures performed throughout the entire educational program. The program director must verify each resident's records of major resuscitations and procedures as part of the semiannual evaluation. While the advent of the electronic residency management systems (RMS) has improved compliance and ease of documentation of evaluations and storage of information, limitations in resident access to point of care documentation of procedures has led to inaccurate and incomplete documentation of ED procedures. Our hypothesis was that the addition of point of care Procedure Documentation Cards will improve the resident's ability to capture more of the procedures and resuscitations performed in the ED.

Objectives: Our hypothesis was that the addition of point of care Procedure Documentation Cards will improve the resident's ability to capture more of the procedures and resuscitations performed in the ED.

Methods: This was a prospective quasi-experimental pre-post design conducted in an urban, community based academic emergency department with 110,000 visits annually. Our EM program has 30 residents over three years. Study subjects were EM residents from the Class of 2013 and the Class of 2015. Intervention - in the 2014 academic year we introduced the availability of point of care Procedure Documentation Cards (PDC). These cards were available in the ED and collected in a lock box at our documentation station. Information regarding resident, supervising attending, procedures performed (including resuscitations) were transcribed into our electronic RMS. Variables evaluated include annual patient volume, average number of encounters per resident, average number of procedures documented, and resuscitations recorded for each graduating resident.

Outcome of interest was the average numbers of graduate resident procedures/resuscitations logged before and after the implementation of the availability of point of care Procedure Documentation Cards. We provide descriptive statistics, comparisons using paired-sample t-tests (statistical significance was determined at $\alpha < 0.05$). The study was approved by our IRB with a waiver of consent.

Results: There were 11 graduated residents in the pre-group (RMS only) and 9 graduated residents in the post-group (PDC+RMS). The average number of patient encounters and admission rates were equivalent in the two study populations. The average total number of RRC required procedures recorded by graduating residents were 341 and 399, pre and post group respectively ($p=0.67$). Many of the RRC required procedures showed statistical improvement in number documented, however the infrequently encountered procedures showed no difference.

We found that the documentation of the average number of resuscitations recorded by a graduating resident increased after the intervention, 216 and 497, respectively. Adult medical resuscitations increased from 133 to 314 documented ($P=0.001$) and pediatric medical resuscitations from 19 to 43 in the post-intervention group ($p=0.019$). Adult trauma resuscitations increased 51 to 111 documented ($p=0.02$) and pediatric trauma resuscitations from 13 to 29 ($p=0.044$).

Conclusions: Controlling for patient encounters per resident and patient acuity index, we found that resident documentation of RRC required procedures and major resuscitations improved with the addition of point of care Procedure Documentation Cards. Off-loading the data entry into the RMS to clerical staff costs approximately 4 hours per week, the look on program directors face during the semi-annual review - priceless.

45 Qualitative Analysis of Medical Student Reflections of Inter-Professional Experiences During Their Emergency Medicine Clerkship.

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Background: Introduction to the roles, responsibilities, and contributions of individual team members early in professional development is critical to fully embracing the value that teamwork adds to patient care outcomes.

Objectives: Gaining insight into medical student inter-professional experiences in emergency medicine(EM) settings is crucial for the assessment of inter-professional competencies in medical education.

Methods: We used a grounded theory approach to perform a content analysis of student reflective narratives about inter-professional experiences during an EM clerkship. Using Kirkpatrick's expanded outcomes typology as a conceptual framework, experiences were coded for themes and learning impact for students. Methods of analysis included counting comments within themes and Kirkpatrick learning outcome categories as well as identifying exemplar quotes to illustrate major themes. Inter-rater reliability was calculated.

Results: Four major themes related to inter-professional experiences in emergency departments were identified in the analysis: 1) an understanding the roles, responsibilities, and expertise of team members, 2) an appreciation of the establishment of a climate of mutual respect, trust, and integrity in successful inter-professional teams, 3) a recognition of the importance of encouraging ideas and opinions from other health care team members, and 4) an awareness that teamwork achieves improved patient outcomes through a coordination of individual efforts within a team. Learners describe individual reactions (66.8%) and modifications of attitudes or perceptions (65.3%) most commonly, but acquisition of knowledge or skills (20.5%) and behavioral change (12.3%) are also described. Nurses (59%), pharmacists (35.4%), emergency medicine technicians (EMT) (36.7%) and emergency medicine service (EMS) providers (33.3%) are the most commonly reported health care professionals in narratives.

Conclusions: Qualitative analysis of student reflective narratives about inter-professional experiences during an EM clerkship can be used to understand the range of inter-professional experiences occurring within emergency departments and can potentially be used to assess what students learn from these experiences.

46 Reflections of First Year Medical Students in the Emergency Department

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Background: The Initial Clinical Experience is an innovative course designed to give 1st-year medical students the opportunity to experience a variety of clinical settings early in their medical education. In the Emergency Department (ED), these students work with multiple professionals, including physicians, nurses, pharmacists, social workers, and PAs, to develop awareness and understanding of the complex interactions that create a viable healthcare model. Currently, the majority of IPE occurs by chance in the clinical setting.

Objectives: The aim of this study is to understand 1st-year medical students' experiences in the ED through reflective journaling.

Methods: Every other week students spent \hat{A} ½ day in the

ED actively observing a health professional and subsequently wrote reflections regarding their experience. The authors performed a qualitative analysis using grounded theory on the reflections to determine common themes.

Results: 17 reflections were coded by 17 1st year medical students. Thirty codes were identified with the most common themes being Interprofessional Practice (65%), Communication (71%), and Patient Family Centered Care (53%). One student wrote, "With so many medical professionals interacting with and obtaining information from patients, the quality of the patient's care is contingent on the discussion between [providers]," which is coded as interprofessional practice and communication.

Conclusions: Placing students in the ED early introduces students to Interprofessional Practice and the role of other health professions. Reflective journaling reveals students' experiences and views of healthcare roles. One limitation of this study is only 59% of the reflections were labeled as "reflective." This may be due to the phrasing of prompts or lack of understanding of being reflective. Comments were provided to students each week regarding how to make their reflections more reflective.

47 Resident Education on Misdiagnosis and Quality Assurance in Emergency Medicine (EM) Training Programs

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Background: Diagnostic errors occur in up to 12% of ED patients. In addition to patient harm, misdiagnosis is a leading source of medical malpractice claims. Current ACGME requirements call for resident participation in quality improvement and patient safety activities. However, the methods residency programs use to educate residents on these topics are unknown.

Objectives: To determine the prevalence and current methods used to educate EM residents on diagnostic errors, quality assurance (QA), malpractice, and risk management. We hypothesize there is much variation in education on these topics.

Methods: This was an email survey of EM residency programs. An 11-item questionnaire was emailed to EM program directors via the CORD listserv. Questions pertained to the prevalence and modalities of resident education on misdiagnosis, diagnostic errors, QA, and malpractice. Follow-up emails were sent to non-responders. Proportions and 95% CI were calculated.

Results: Of the 168 ACGME-accredited EM residency programs, 82 programs (49%) completed the questionnaire. The proportion of programs with formal, required didactics on