

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