Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Evaluate the student’s pre and post-rotation comfort level in evaluating a patient with abdominal pain, altered mental status, chest pain, suspected sepsis, and shortness of breath. 3. Evaluate how the virtual curriculum affected EM students’ COMAT scores compared to the national average, and to the scores of prior students from the same university who had a standard, in-person curriculum.

Methods: 24 students participated in a one-month rotation in the virtual EM curriculum between March-May 2020. Pre-rotation surveys were conducted prior to the start of their rotation. Post-rotation surveys were conducted within three days following the last day of the students’ respective rotations.

Results: Primary outcome: Evaluate students’ perceptions on ability to perform key aspects of emergency medicine following a one-month virtual curriculum. 24 students completed the pre-rotation survey and 20 students completed the post-rotation survey assessing comfort level with common emergency medicine scenarios. In total, there was a statistically significant improvement in students’ comfort level in a majority of scenarios (8/14) Secondary outcome: Evaluate virtual-EM students’ COMAT scores compared to prior students’ scores from the same university in years prior. All 24 students attended the same DO program and sat for the COMAT exam at the end of the rotation. Data is being analyzed comparing the performance of the 24 students participating in the virtual curriculum.

Conclusions: Students’ comfort level significantly improved between the pre and post rotation survey in many emergency medicine aspects. This included the comfort in assessing abdominal pain, altered mental status, SEPSIS, and shortness of breath. A statistically significant improvement was found in students’ comfort in EKG interpretation and airway management. The inability to rotate in-person for emergency medicine likely impacted the learning experience for medical students. Our study found that students’ comfort level in key procedural aspects of emergency medicine was not significantly higher than prior to the rotation. Our current academic year COMAT score data is in the process of being analyzed.

38 Posttraumatic Stress in Emergency Department Health Care Workers During the COVID-19 Outbreak in Brooklyn, New York

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Study Objectives: Emergency department (ED) health care workers (HCW) have experienced extensive mental health burden in the fight against COVID-19. This study measured symptoms of post-traumatic stress disorder (PTSD) in ED HCW in Brooklyn, New York, experienced during the peak of the COVID-19 pandemic.

Methods: An email-distributed survey of ED HCW at Maimonides Medical Center was conducted September 8–December 31, 2020, with reference period March–May 2020. Posttraumatic stress symptoms were measured by the PTSD checklist for DSM-5 (PCL-5). A PCL-5 score >32 was deemed clinically relevant. Our primary predictor was HCW status, which was dichotomized as clinical (MD/DO, nurses, ED technicians) vs non-clinical. Covariates included sex, age, race, SARS-CoV-2 testing status (not tested vs tested vs tested), social support (range: 0–4 people to talk to), number of COVID-related home problems (range: 0–9), mental health care disruption during COVID-19 (yes/no), 3-item Loneliness Brief Survey (LBF) score (range: 0–20), and survey date. General linear regression and logistic regression analyses were used to predict PCL-5 score (β-coefficient, p-value) and clinically relevant posttraumatic stress symptoms (odds ratio (OR), 95% confidence interval (95% CI)), respectively. A p-value <0.05 was considered significant.

Results: Among 247 HCW respondents, 67.1% were between 25–44 years old, 56.8% were White, 51.4% were male, 79.7% were clinical HCW (30.5% MD/DO, 22.7% nurses, 25.2% ED technicians), and 63.2% had been tested for SARS-CoV-2. The median PCL-5 score was 10. A higher mean PCL-5 score was observed for clinical vs non-clinical HCW (p<0.0001). Lower PCL-5 scores were observed for males (β=−4.31, p=0.0061), while higher scores were observed in association with an increased number of COVID-19-related home problems (β=2.13, p=0.04), LBF score (β=4.09, p<0.0001) and higher number of people to talk to (β=6.97, p=0.04). A clinically relevant PTSD symptom burden was reported by 16.0% of HCW - 18.3% of clinical HCW vs 5.6% of non-clinical HCW (p=0.0084). Higher odds of clinically relevant PTSD symptoms were observed for ED technicians compared to non-clinical HCW (OR 1.69, 95% CI 1.53-170.46). A clinically relevant PTSD symptom burden was also observed among those reporting increasing COVID-19-related home problems (OR 1.69, 95% CI 1.31-2.83) and LBF score (OR 1.85, 95% CI 1.38-2.44).

Conclusions: Almost one in five clinical HCW experienced a clinically relevant PTSD symptom burden during the peak of the COVID-19 pandemic. To deepen our understanding of mental health outcomes, create effective interventions, and promote mental health-related policy changes, such as expanding insurance coverage for mental health care and developing more effective wellness programs for HCW, temporal associations between mental health outcomes and associated factors must continue to be investigated.