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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the pandemic using Google Forms. Surveys were anonymous to promote honesty. Residents were asked about the three factors that had the greatest negative impact on their wellness. They were also asked to identify the three features that did most to improve wellness. Demographic information was collected.

Results: 23 of 27 residents (85%) completed the survey. 91% (95% CI 80-100) said the negative impact of the pandemic affects them more socially than professionally. The factors identified most commonly contributing negatively to a resident’s wellness were “decreased socialization/isolation” (74%) and “concerns for family safety” (70%). “Changing hospital protocols” (55%), “feeling under-appreciated at work” (30%), and “public not doing enough to stop the spread” (30%) were also identified frequently as having a negative effect. “Concerns for my own safety” was only identified by 17% of residents as being a top-three issue. The features most commonly identified as helping wellness were “ability to socialize in small groups” (65%), “team mentality” (57%), and “free food” (44%).

Conclusions: Overwhelmingly, residents cite the social impact of the pandemic as having a more negative effect on their wellness than work did. Concerns for their own safety are not identified frequently as having a significant impact. Interventions that are social and decrease the sense of isolation appear to be especially important in improving wellness.

Identifying Factors that Contribute to Joy and Gratitude for Emergency Medicine Health Care Providers Amidst the COVID-19 Pandemic

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Study Objectives: During COVID-19, emergency medicine (EM) providers have labored to protect the health of their patients, often at the expense of their own well-being. Increased demands imposed on providers without intentional efforts to evaluate and improve wellness can lead to burnout, attrition, and compromise patient care. Practices that promote mindfulness, reflection and gratitude have been shown to reduce burnout. The Institute for Healthcare Improvement (IHI) Framework for Improving Joy In Work provides an approach to restore joy and engagement by first identifying elements that “matter most” to health care workers. The objective of this study was to identify common themes and associations that contribute to EM provider and staff (1) joy in work, (2) gratitude, and (3) personal wellness.

Methods: A descriptive study used an electronic survey tool with open-ended questions adapted from the IHI framework to assess what matters most. Q1: What brings you joy in your work? Q2: Thinking back to what matters most, what are you grateful for? Q3: What do you do to maintain your personal wellness? In Nov. 2020, email listservs were used to recruit a voluntary sample of emergency physicians, advanced practice providers APPs, residents, fellows, nurses and staff from 10 academic and community hospitals. Data were managed in Qualtrics and Excel. Qualitative analysis used inductive thematic coding by two authors independently, with verification by a third. Information redundancy signaled saturation for common themes. Pivot tables examined themes across demographics. Associations were analyzed using chi-square, Fisher’s exact test, and odds ratios (95% CI).

Results: Over 900 applications were received, and 199 applicants interviewed for positions in the residency program. Applicants were chosen through routine methods, and this study had no impact on candidate selection. 32.2% of interviewees were female, 67.3% were male, and 1 was not recorded. In terms of impact on their professional lives, over a third of students felt that their education had lagged as a result of the pandemic (36.7%), and 22.1% expressed concern for inability to perform at their audition rotations. In their personal lives, the biggest impacts of COVID-19 were feelings of isolation (36.3%), feelings of frustration and helplessness (9%), concerns about personal safety (4.5%), and general fear and worry (4%). Male and female applicants responded similarly in all categories except in feelings of frustration and helplessness, in which female applicants were much more likely to express those feelings than male applicants (18.8% vs. 4.5%, p=0.002).

Conclusions: Medical students applying to residency perceive significant personal and professional disruption as a result of the COVID-19 pandemic. The most common personal barrier reported was isolation, while impact on education was the biggest professional concern. Women expressed feelings of frustration and helplessness more frequently than men.

Potential Solutions For Screening, Triage, And Severity Scoring Of Suspected COVID-19 Positive Patients In Low-Resource Settings: A Scoping Review

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Study Objectives: Purposefully designed and validated screening, triage, and severity scoring tools are needed to reduce mortality of COVID-19 in low-resource settings (LRS). This review aimed to identify currently proposed and/or implemented methods of screening, triaging, and severity scoring suspected COVID-19 patients upon initial presentation to the health care system, and to evaluate the utility of these tools in LRS. A scoping review was conducted to identify studies describing acute screening, triage, and severity scoring of suspected COVID-19 patients published between 12 December, 2019 and 01 April, 2020. Extracted information included clinical features, use of laboratory and imaging studies, and relevant tool validation data. The initial search strategy yielded 15232 articles; 124 met inclusion criteria.

Results: Most studies were from China (n=41, 33.1%) or the United States (n=23, 18.5%). In total, 57 screening, 54 severity scoring, and 23 triage tools were described. A total of 23 tools–16 screening, four triage, and three severity scoring–were identified as feasible for use in LRS. A total of 37 studies provided validation data: four prospective and 33 retrospective, with none from low-income and lower-middle-income countries.

Conclusions: This study identified a number of screening, triage, and severity scoring tools implemented and proposed for suspected COVID-19 patients. No tools were specifically designed and validated in LRS. A tool specific to resource limited context is crucial to reducing mortality in the current pandemic.