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of sexually transmitted infections (STI) at a large, urban ED in the Bronx to identify how to improve the sexual health services available to our patients.

Methods: A retrospective, cross-sectional study using data from the EMR at a public hospital in the Bronx, New York. Included patients were aged 13 and over that had STI testing from Aug. 1, 2019 to Feb. 1, 2020 (Period 1) and Aug. 1, 2020 to Feb. 1, 2021 (Period 2) in the adult or pediatric ED. Periods 1 and 2 are 6 month periods before and after the SARS-CoV-19 pandemic in NYC, respectively. Counts and percents were used to quantify STI tests (HIV point of care, HIV 4th generation serum, Gonorrhea Amplification, Chlamydia Amplification, and Treponema Pallidum Ab screen) and positive results during Period 1 vs. Period 2. A chi-squared test of independence determined significance of positivity rates in Period 1 vs Period 2 with a p-value of .05.

Results: In Period 1, there were 2386 distinct patients accounting for 5445 STI tests with 54% female, 30% male and 18% unknown or other self-identified sex. The average age of all patients was 37 years (S.D. ± 15). In Period 2, 2218 distinct ED patients accounting for 5816 STI tests with 52% female, 24% male, 24% unknown or other self-identified sex. The average age for Period 2 was 37 years (S.D. ± 15). Our data (Table 1) show that more STI diagnostic tests were performed in Period 2 than Period 1 for chlamydia, gonorrhea, and syphilis in our ED. There were fewer HIV tests performed in Period 2. There were no significant differences in positivity rates between Periods 1 and 2 for HIV, chlamydia, gonorrhea, or syphilis, although there was a trend towards significance for gonorrhea and syphilis.

Conclusion: A higher absolute number of chlamydia, gonorrhea, and syphilis tests were performed in our ED in the post-SARS-CoV-19 time period. This overall increase in testing may be due to an increased utilization of emergency services given oversubscribed outpatient resources. The decrease in HIV testing could be due to patients opting out of testing, or providers having a lower suspicion of HIV infection in the context of the pandemic. A stable positivity rate could imply that despite newly imposed SARS-CoV-19 guidelines on social behavior, patients in our population continued to engage in condomless sexual encounters. STI testing panels incorporated into the electronic medical record may facilitate complete STI testing that includes HIV as an opt-out reminder for providers.

	Period 1			Period 2			Period 1 vs. Period 2	
	Tests (n)	Positive results (n)	Percent positive	Tests (n)	Positive results (n)	Percent positive	Percent difference of number of tests performed	Percent positive, p-value
STI								
HIV	1063	16	1.51%	913	14	1.53%	-14.11%	0.96
Chlamydia	1861	115	6.18%	2055	140	6.81%	+10.42%	0.42
Gonorrhea	1869	66	3.53%	2056	97	4.71%	+10.01%	0.06
Syphilis	576	35	6.08%	691	26	3.76%	+19.97%	0.06

106 Learning from the Long Term Experiences of Patients Recovering from COVID-19: Utilizing a Novel Approach to a Transition of Care Curriculum to Benefit Students and Patients



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Study Objective: Medical students interviewed and longitudinally followed COVID-19 patients after discharge from hospitalization and ED settings. Utilizing telehealth, students participated in care, provided support and learned about the disease burden of COVID-19. Students improved care by providing feedback from themes identified from these interviews to improve the transition of care process with care teams. In March 2020 medical students were removed from their clinical experiences due to COVID-19. This disruption to the traditional method of medical education was an impetus to explore new creative approaches to clinical education. Transitions of care are an important component of patient care and pose significant risks for complex patients. The use of telehealth grew exponentially during the pandemic and is an important skill set for future physicians. Telehealth allowed medical students to participate in care in meaningful and safe ways.

Methods: Patients who either visited the ED or were hospitalized for a COVID-19 infection at two large hospitals from March-September 2020 were identified for inclusion in the study. Medical students contacted these patients over the telephone and administered a questionnaire. Students inquired about symptoms, impact on mental health, impact on financial stability and positive or negative experiences while in the hospital. Students followed up with patients who were still experiencing symptoms every 2 weeks or until symptoms were stable for 4 weeks. Students participated in a weekly meeting with care team leaders and provided feedback with themes related to the patient experience. Improvements to the transition of care and follow up with patients were made in real time based on this feedback. At the end of the project, a structured interview with medical students was collected about the impact of participation.

Results: 112 patients were contacted for participation. Of those, 64 individuals consented and completed the interview. 14 patients were interviewed multiple times due to ongoing symptoms. Students noted multiple benefits across Kirkpatrick's Scale on the structured interview. Benefits included learning about a novel disease, collaborating with care teams and creating student led performance improvement projects. Qualitative themes of long COVID patients reflected emotional impact of recovery and resulted in interventions to improve mental health care for recovering patients.

Conclusion: A wide variety of disease processes could be applied to transition of care curriculum to simultaneously provide another avenue of support for patients while exposing medical students to the vast complexity of disease burden.

Program Evaluation		
Student Achievements		
Benefit to Students	Theme of Benefit	Kirkpatrick Scale
Participation in the care of patients despite public safety limitations on the clinical environment	Overcoming barriers to learning	II
Learn about a novel disease during a pandemic	Novel education	II
Learn about long term patient outcomes of a novel pandemic	Novel education	II
Longitudinal patient follow-up	Hands-on education	II
Created a model to learn about rare and infectious conditions remotely	Novel education	II
Improve skills to connect to patients with empathy and compassion utilizing telehealth platform	Clinical skills training	III
Developing skill of creating connections through the phone and cold-calling patients	Clinical skills training	III
Benefits of listening to the patient's experience free from time constraints	Patient experience education	II
Understanding patient experience through chart review and the actual patient narrative	Patient experience education	II
Presenting results of study to regional hospital executive leadership	Empowering student as expert	IV
Conducting interviews with the local press	Empowering student as expert	III
Patient education videos QI project	Student-led projects	IV
Patient support groups QI project	Student-led projects	IV