

# Foundational COVID Knowledge Module Set

## Lesson Subject 1: Virology and Immunology (MK1 and MK2)

Content Reviewer: Dr. Margaret Bauer

Group members: Maritza Gómez, Rebekah Roll, Megan Chiu

### Course Learning Objectives:

- CLO 1: Explain the principles of virology and immunology as they relate to COVID-19 (MK1)
- CLO 3: Explain the clinical presentation and the pathophysiology of the COVID-19 pandemic. (MK3)
- CLO 5: Use principles of evidence-based medicine, including biostatistics, to evaluate the efficacy and potential for therapeutic and diagnostic interventions for COVID-19 infection. (MK5)

### Session Level Objective(s):

- Explain the basic virology of COVID-19 and its causative agent, SARS-CoV-2
- Understand the classification and genome of SARS-CoV-2
- Explain the viral structure of SARS-CoV-2
- Understand the pathogenesis and its transmission dynamics of SARS-CoV-2 Infection
- Explain the immune response to SARS-CoV-2, with an emphasis on COVID-19 symptoms
- Describe the methods of SARS-CoV-2 transmission
- Apply quarantine considerations in context of an epidemic
- Critically appraise a research article

### Materials:

- Lancet 2020; 395: 565-74
  - [https://www.nejm.org/doi/full/10.1056/NEJMoa2001017?query=featured\\_home](https://www.nejm.org/doi/full/10.1056/NEJMoa2001017?query=featured_home)
- Canvas module adapted from the Harvard module and have content experts from IUSM
- Dr. Andy Yu video
- PBLI form

### Sequence:

1. Read Lancet 2020 [article](#)
2. Read the Canvas [module](#)
  - a. Supplemental slides to this module
3. View Dr. Andy Yu video
4. Choose a research article regarding virology or immunology through a validated source to discuss with your teammates. Then, it is *optional* to fill out the [PBLI form](#).
  - a. It is *optional* to submit it to Canvas.

5. Attend PBLI session on Zoom where people will break out into their designated group of 6 and present for no more than 5 minutes to their teammates.
  - a. Instructions: Students will choose a team leader to create a zoom link invitation with a date and time that best suits their needs. Then, the team leader will send it out to their team members.
6. Every member will certify that they have attended the Zoom session

**Assessment:**

- Attestation Statement

## Lesson Subject 2: Epidemiology of Disease

Content Reviewer: Dr. Brad Allen

Group members: Maritza Gómez, Rebekah Roll, Megan Chiu

### Course Learning Objective(s):

- CLO 6: Apply the science of epidemiology and analyze the management of epidemics and pandemics historically and in modern medicine. (MK6)
- CLO 9: Identify at risk populations for poor outcomes with COVID-10 and preventative measures for these people. (PC4)
- CLO 10: Engage in self-directed learning by identifying a research question, appraising the quality and credibility of sources to answer the question, and synthesizing the relevant information to advance the understanding of pandemic responses. (PBL11)
- CLO 14: Evaluate the impact of population health and social determinants of health in the context of a pandemic, and in particular for COVID-19. (SBP2)

### Session Level Objective(s):

#### Student will be able to:

- Review key epidemiological terms from population health statistics (incidence, prevalence, mortality rate)
- Recall epidemiologic methods and study design
- Apply epidemiological concepts as they relate to global pandemics
- Determine risk factors for contracting disease
- Appraise content of research article from a primary literature search
- Compose a critical appraisal of a research article of their choosing as it relates to the COVID-19 pandemic

### Materials:

- Overview of Epidemiological Studies (<https://youtu.be/Jd3gFT0-C4s>) - 10 min
- CDC Cases, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>
- Indiana Cases, <https://coronavirus.in.gov/> (ISDH)
- Johns Hopkins Coronavirus Research Center, <https://coronavirus.jhu.edu/map.html>
- University of Washington Projection Site, <https://covid19.healthdata.org/united-states-of-america/indiana>
- [Flattening the Curve of Coronavirus Infections](#) (Dr. Aaron Carroll) - 5 minutes
- Simulating an Epidemic (<https://youtu.be/gxAaO2rsdIs>) - 23 minutes
- Interview with Dr. Virginia Caine (not recorded yet, ~20 minutes)

### Sequence:

1. If the student wants to review epidemiological studies, then they will [watch YouTube](#) video regarding epidemiological studies for high-yield review.
2. Review CDC, ISDH, Johns Hopkins, and University of Washington COVID-19 websites for most up-to-date information regarding cases numbers and deaths. They will use

information from these sources to calculate the following: US prevalence, Indiana prevalence, US mortality rate, Indiana mortality rate. Students should know how to calculate these based on Transitions 1, Step 1, and Step 2 content review.

3. Watch [Coronavirus video from Dr. Aaron Carroll](#) for an introduction to the importance of social distancing and other preventative measures.
4. All students will watch [Simulating an Epidemic](#) video.
5. Answer thought questions available in the discussion board for above tasks.
6. Watch interview with Dr. Virginia Caine.
7. Students will then choose an at-risk population or risk factor that they want to learn more about and will conduct a primary literature search surrounding that question. Once students have found an article, they will be asked to write a brief critical appraisal and conclusion of the article. This will be posted in a separate discussion board for primary literature searches with a citation.

### **Assessment:**

- 4 thought questions: These questions will be answered after watching the assigned videos and reviewing the CDC+ISDH websites for COVID information. The questions will aim to stimulate higher order thinking. Thought questions to be provided in a discussion board format:
  - Using the most up-to-date numbers from the CDC and ISDH websites, please calculate the following: 1) prevalence of COVID-19 in the United states and Indiana and 2) mortality rate of COVID-19 in the United States and Indiana. How might the prevalence be affected as the mortality rate increases? How might the prevalence be affected if medical interventions slow mortality rate?
  - You have a family member who doesn't understand why they need to stay away from other people during this pandemic. How would you word your response to their question?
  - When/how do you think we will know it is safe to go "back to normal" as a country (i.e. schools re-opening, restaurants open for dine-in services)?
  - How do the rates in Indiana compare to the projections in the University of Washington projection model? How does Indiana stack up compared to surrounding states and can you propose an explanation to why Indiana is either out- or under-performing the projections compared to neighboring states?
- Critical appraisal: As stated in sequence item 7, students will conduct a primary literature search, read and article, critically appraise the article, and then post their appraisal in a Canvas discussion board with the citation.

Dr. Caine Interview Questions (Infectious disease physician and county health department director):

- In what ways are social determinants of health affecting COVID-19 patients?

- In your opinion, why did it take so long for states to start collecting and publishing demographic data related to COVID-19 infections? How can we use this data moving forward to help our most vulnerable populations?
- Has COVID-19 revealed new insights into health disparities or diseases beyond this disease?
- What are some of the structural issues in our society that come into play? Which are the most prevalent? Do you have thoughts on social distancing in marginalized communities?
- In addition to the social distancing measures, how can we keep ourselves and our communities safe and decrease our exposure risk?

## Lesson Subject 3: History of Epidemics and Pandemics in Modern Medicine

Content Reviewer: Dr. Brad Allen

Students: Abby Brenner, Christina Huang, Eric Galante, Ibrahim Khan

### Course Learning Objective(s):

- CLO 2: Identify the causal agents and the management of epidemics and pandemics, including the process of vaccine development in modern medicine (MK2)
- CLO 6: Apply the science of epidemiology and analyze the management of epidemics and pandemics historically and in modern medicine (MK6)

### Session Level Objective(s):

- Describe past pandemics and their effect on the world.
- Explain the ways by which pandemics start, spread and are managed.
- Understand the impact of pandemics outside of medicine .

**Materials:** Laptops, word document

- Visual: <https://www.visualcapitalist.com/history-of-pandemics-deadliest/>
- <https://www.cdc.gov/flu/pandemic-resources/>
- <https://www.healthline.com/health/worst-disease-outbreaks-history#1>
- <https://www.health.com/condition/infectious-diseases/worst-pandemics-in-history>
- <https://www.history.com/news/pandemics-end-plague-cholera-black-death-smallpox>

### Sequence:

Group members will each choose a unique pandemic/epidemic listed here, or choose another one that might not be listed: SARS (2002), MERS, influenza (1918, 1956, 1968), cholera (1852, 1910), bubonic plague, smallpox, yellow fever

- Each person will do their own self-directed learning to answer the following questions regarding the pandemic/epidemic that they selected:
  - Where and how did the pandemic start?
  - How fast and far did it spread and how many people died as a result of the outbreak?
  - How was the outbreak stopped/contained and what were some of its repercussions (economics, laws, etc)?
  - In your opinion, what would happen if we were to get this disease now?
    - How would it be different? Would it be more or less devastating and why?
- Groups should meet over zoom to teach their fellow group members what they learned about the specific topic they chose.
- After their zoom meeting, they should compile their answers into one word document, and one group member will submit this document to canvas on behalf of their group

**Assessment:** Documents will be reviewed for completeness, relative accuracy and appropriate sources. The group will be given a “pass” if their document meets these criteria.

# COVID in the Clinic Module Set

## Lesson Subject 4: Patient Care

Reviewer: Dr. Brad Allen

Student: Mariel Luna Hinojosa, Megan Chiu, Kaydra Bailey, Cameron Brown

### Course Learning Objective(s):

- CLO 3: Discuss the clinical presentation, diagnosis and the pathophysiology of Covid-19. (MK3)
- CLO 4: Discuss the use of Evidence Based Medicine (EBM) in emergent diseases. (MK5)
- CLO 6: Formulate treatment and disease management options using EBM. (MK4, MK6)
- CLO 8: Recognize common laboratory, radiologic and clinical presentation of disease of COVID-19 patients. (PC3)

**Session Level Objective(s):** *Students will be able to understand the presentation and differential of a patient scenario with COVID-19.*

- Analyze a clinical presentation and pathologic findings, determine the disease entity, outline a treatment course and justify their findings to their peers.
- Expand on Current medical knowledge to identify a problem, treatment course, and adjust to any possible sequelae of choices.
- Construct a differential diagnosis for possible causes of fever and cough in a given patient based on clinical presentation and associated information.
- Define COVID, understand how it is transmitted, and know the typical patient populations that may develop this condition.
- Identify at risk populations for poor outcomes with COVID and preventative measures for these people
- Identify basic diagnostic test findings associated with COVID-19 and analyze the use of radiologic studies in COVID-19 patient management.

### Materials:

- Computer with Zoom access
- Radiology quiz
- Autopsy/Lung findings
  - PowerPoint
  - Recorded lecture
- Assigned groups

### Sequence:

- **Pre GR Day 1 Work:**
  - Will have finished the Radiology module prior to this GR Case.
    - Students will take a pre-quiz covering the basic radiological findings associated with COVID-19 and some basic pulmonary radiological

findings in general. They will then work with their group to discuss the content of the quiz and research learning gaps before finally submitting one post-quiz per group.

- SDL to answer on COVID:
  - Signs and Symptoms
  - DDX and Dx
- Watch [Dr. Carlos video on diagnosis and monitoring of covid patients](#)
  
- **Pre GR Day 2 work:**
  - SDL on the following topics for COVID19:
    - Management
      - Labs
      - Imaging
      - Pharmacotherapy
    - Complications
  - Watch [Dr. Carlos Medical Management](#)
  - Optional reading  
<https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management>
  - Watch [Dr. Carlos ICU basics videos](#)
  
- 2 day of Grand Rounds led by volunteer faculty
  - [Grand Rounds Patient Case](#)
  - Students will work on 1 COVID case (there will be a powerpoint presentation) and answer questions live through TopHat (course code needs to be created)
  - **POSSIBLE QUESTIONS TO ASK STUDENTS**
    1. What else would you like to ask this patient?
      - a. PMH, Social history, family history
      - b. Med list, any concerns for these meds?
    2. What's your next step?
      - a. Vitals, Physical exam, labs, imaging?
    3. What is your differential diagnosis for this patient?
    4. How do the labs and other studies change your ddx?
    5. What other diseases have the same imaging presentation
    6. How would you like to manage this patient?
    7. Special populations
      - a. If this patient were to have HIV, how does it change your management ?
      - b. If this patient were pregnant?
    8. Have you heard of any treatments being tried for COVID?
      - a. Then, we will provide current studies being done
  - Facilitator Guide will be provided a document with case and questions
  - Websites for reference:
    - [https://static1.squarespace.com/static/5e6d5df1ff954d5b7b139463/t/5e77d975e08d1b666d1472f9/1584912792215/ICU\\_one\\_pager\\_COVID\\_v2.6.pdf](https://static1.squarespace.com/static/5e6d5df1ff954d5b7b139463/t/5e77d975e08d1b666d1472f9/1584912792215/ICU_one_pager_COVID_v2.6.pdf)
    - <https://emcrit.org/ibcc/covid19/>

**Assessment:** This objective will be based on attendance and participation through TopHat. The radiology TBL will be assessed by the score on the group quiz.

**Modules**

1. Powerpoint presentation with case and questions through TopHat.
2. Radiology TBL

## **Lesson Subject 9: Specialty Consideration during the COVID19 Pandemic**

**Content Reviewer: Dr. Ko**

**Students: Abby Brenner, Christina Huang, Eric Galante, Ibrahim Khan**

### **Course Learning Objective(s):**

- CLO 5: Use principles of evidence-based medicine, including biostatistics, to evaluate the efficacy and potential for therapeutic and diagnostic interventions for COVID-19 infection (MK5)
- CLO 7: Analyze clinical presentation and pathologic findings, determine the disease entity, outline a treatment course for suspected COVID19 patients (PC2).
- CLO 9: Identify at risk populations for poor outcomes with COVI-19 and preventative measures for these people (PC4).
- CLO 14: Evaluate the impact of population health and social determinants of health in the context of a pandemic, and in particular for COVID-19.(SBP2)
- CLO 16: Describe disaster medicine principles, including the processes and policies by which community and international agencies interact to coordinate safe and effective disaster/pandemic response. (SBP4)
- CLO 17: Describe the utilization and preservation of finite resources during disaster/pandemic responses (SBP5)
- CLO 20: Debate the legal, psychosocial, and ethical aspects that impact COVID-19 patients, providers, and the community during the pandemic, in particular the issues surrounding resource utilization. (P3)

### **Session Level Objective(s):**

- Explore the effect of the COVID19 pandemic on various specialties and marginalized group within the field of medicine.
- Explore ethical considerations that must be made during a pandemic, in particular the COVID19 pandemic.

### **Materials:**

See "Sequence"

### **Objective 1**

- Canvas page with discussion boards based on specialty and on various marginalized or underserved groups.

### **Objective 2**

- Canvas modules with specialty specific cases (free response)

### **Sequence:**

#### **Objective 1**

- IM
- Pediatrics

- Surgery
- OB-GYN
- Neuro
- Psych
- Radiology
- Undocumented Immigrants
- Women seeking abortion care
- Homeless population
- Elderly population, population that requires home care
- Incarcerated persons
- Racial Inequities in Care
- Other

Students will pick one of the above headings and find a news article or study over the effects of COVID19 on their population or specialty of interest. They will then post the article or study onto a group discussion board with a brief summary statement of their article as well as a comment on something interesting they learned from their article. They will then read and reply to at least one other posting on their topic board. Students should assign a group member to compile their list of answers to the questions.

*Example: IM: "Effects of COVID 19 on cardiology clinic" I learned ...*

## Objective 2

Cases by specialty (making sure not to overlap with LO4, Patient Care cases)

- **OB-GYN** (Dr. Meng, Dr. McHugh)
  - Students will be given access to the [ACOG COVID-19 practice recommendations](#) site and the [COVID-19 triage resource](#).
  - The student will have to answer questions based on the practice and triage recommendations.
    - Case: Routine OB visit in HEALTHY patient
      - 28 yo G1P0 at 32wk without significant past medical history who has been receiving routine prenatal care before the outbreak. She is wondering if it is safe for her and her significant other to attend their appointments and continue care.
        - 1) Based on the practice recommendations, what would you do for this patient?
        - 2) How can you best decrease exposure risk for this patient?
        - 3) Are pregnant patients more susceptible to the virus? Do they have more severe symptoms?
- **Neuro-oncology (Dr. Kathryn Nevel, neuro oncologist)**
  - Resource, [China's adaptations in cancer care in response to COVID-19](#):
  - Case: A 55 year old man with glioblastoma is being treated with concurrent chemoradiation. He presents to a neuro-oncology clinic for an appointment.

- The patient asks if he needs to wear a mask in everyday life, however, the CDC has been recommending that private citizens do not wear masks because of the current shortage of PPE. How do you respond?
    - What strategies could be used to minimize the risk of transmission of COVID-19 to oncology patients in the clinic?
    - How could you, as a healthcare provider, advocate for the immunocompromised population in your community?
- **Pediatrics (Dr. Scott)**
  - AAP Management of Infants with Suspected or Confirmed COVID19 FAQs and [Guidelines](#):
  - Case: You are a neonatologist at your local hospital. A 34 year old mom who tested positive for COVID19 one day ago and whose last fever was 24 hours ago delivers a premature newborn baby girl. Her newborn was rapidly taken to your NICU for care.
    - The mother is upset that she cannot visit her baby in the NICU since her last fever was <72 hours ago, and she insists that you let either her, or her partner who is currently asymptomatic but under investigation for COVID19 and whose test results are currently pending, be allowed to visit their baby. How do you explain the AAP guidelines to them?
    - How can you help this new mother feel connected to her infant without being able to visit her? Can you encourage her to breastfeed?
- **Psychiatry (Dr. Patel)**
  - Case: You are a psychiatrist that, given the current pandemic, are now seeing outpatient consults via telemedicine. Your first patient is a 61yo F who requested an appointment because she states that she has felt “very down” lately and is not sure what to do about it. She states that her 86yo father has been in the hospital for around 2 months with heart failure refractory to pharmacotherapy and that, up until a little over a month ago, she was able to visit him every day. Since the pandemic began, the hospital has not allowed visitors in order to keep patients safe from anyone possibly carrying the virus. The current patient states that over the past month she has not been able to sleep and has felt very lazy and unmotivated. She states she no longer even enjoys knitting or doing puzzles. She worries about not being able to see her father, as he has called her multiple times asking her to please come visit her.
    - What is your main concern with the patient, and are there any specific questions that you want to ask to elicit a more thorough history?
    - What would be your most likely diagnosis and why, and would you treat the patient at this time? If so, with what? If not, why not?
    - What are some other scenarios similar to this patient that may have surfaced during the pandemic?
    - How do you think mental health has been/will be affected by the COVID-19 crisis? List examples to support your reasoning.

- **Ethics- Race (Dr. Vu, IM)**
  - Case: You are a resident seeing a patient in an internal medicine clinic with your attending, who is Asian American. While you are alone in the room with the patient, the patient makes a remark about how he refuses to be seen by your attending because “Chinese people all have the virus”.
    - How do you respond in this situation?
    - How do you approach education of the patient?
    - Cultural Humility and Meeting People where they are:  
<https://curriculum.covidstudentresponse.org/module-4-communicating-information-about-covid-19/cultural-humility>
    - Communication Skillsets during public health emergencies:  
<https://curriculum.covidstudentresponse.org/module-4-communicating-information-about-covid-19/skillset-review>
  
- **Ethics-Abortion (Dr. Meng, Dr. McHugh)**
  - Case: You are a medical student currently working on your family planning rotation at Planned Parenthood. The Governor of Indiana recently declared abortion care as “nonessential” healthcare to preserve PPE and the President specifically excluded Planned Parenthood in the non-profit and small business stimulus package. You are worried for your patients and the time-sensitive nature of these procedures.
    - In what ways could you still provide care for these patients?
    - How can you advocate for those most affected by this mandate?
  
- **Ethics- Patient experiencing Homelessness (Dr. Venis)**
  - Case: You are a hospitalist at a local community hospital and you are preparing to discharge Joe, a 52 year old male recovering from COVID19. His last fever ended approximately 24 hours ago, and his respiratory symptoms have improved. It has been 5 days since his symptoms first appeared. While preparing for discharge and reviewing the CDC recommendations for home isolation, you recall that Joe is a person experiencing homelessness and who, prior to admission, was living in a shelter. You are worried about where to tell Joe to go to complete his isolation, and you are worried about his ability to access food during this time.
    - What resources can you provide to Joe to help him find a safe place for isolation? What is your role in ensuring that both Joe, and other persons experiencing homelessness, remain safe?
    - How can you use your role as a physician to advocate for Joe and for other persons experiencing homelessness?
    - What can we learn from the COVID19 pandemic about some of the barriers that our patients experiencing homelessness may face in their routine healthcare? What can we learn from this pandemic about the barriers our country faces in our fight to end homelessness?

- Resources
  - Dr. Sanjay Gupta. Coronavirus Fact vs Fiction. Without a Home: Crisis within a Crisis:  
<https://open.spotify.com/episode/2Gtx8VG1W1NjunEuV7Rlcn?si=-gkW2dYoQoKCSsXAlaRZYw>
  - CDC Resources for People Experiencing Homelessness  
<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>
  - “Interim guidance for homeless service providers to plan and respond to coronavirus disease 2019 (COVID-19)”  
<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>
  - One in Three Among Boston Homeless have Tested Positive for Coronavirus, City Officials say  
<https://www.wgbh.org/news/local-news/2020/04/07/one-in-three-among-boston-homeless-have-tested-positive-for-coronavirus-city-officials-say>
- **Case Addressing Racial Inequities in Patient Care (Dr. Tori)**
  - Case: You are a physician and just read an article on the racial inequities of COVID-19 outcomes--specifically how there is not an increased rate of COVID-19 infectivity amongst African Americans, yet there is a disproportionately high mortality rate amongst African Americans compared to other races.
    - What are some of the systematic barriers in care that could cause these differences in mortality?
    - Acknowledging these barriers, what are some changes in your practice that you could implement to prevent perpetuating these problems?

**Assessment:**

**Objective 1.** Posting an article into the discussion board with their comment, and commenting on at least one other reading.

**Objective 2.** Meet with your TBL group over zoom to discuss cases and questions. Students can create one answer document to submit, but all students must submit this document to Canvas. Only one group member’s submission will be checked on behalf of the group. Once each member submits their group’s document, the faculty responses to each case will be released to them.

**Supplemental Options:**

- Case 2- routine GYN visit in HEALTHY patient
  - 26 yo nulliparous women who is currently not pregnant has her yearly appointment at your outpatient clinic. She needs a refill on her birth control and is worried about STD screening.
    - 1) Based on practice recommendations, what would you do for this patient?

- 2) Do you believe STD screening asymptomatic patients are still considered “essential” at this time? Why or why not.
- Case 3- delivery of potential COVID-19+ patient
  - 34 yo G3P2 at 40wk presents to Eskenazi in labor. She also has experienced fevers, dry cough, shortness of breath and has a known immediate family member that recently tested positive for COVID-19.
    - 1) Based on the COVID testing algorithm, how would you treat this patient?
      - \*\*remember that you still have to treat her pregnancy!\*\*
    - 2) How would you admit this patient and manage her labor, when there is a high likelihood she is positive for the disease?

## **Lesson Subject 10: Telehealth**

**Content Reviewer: Dr. Mensz**

**Students: Abby Brenner, Christina Huang, Eric Galante, Ibrahim Khan**

### **Course Learning Objective(s):**

- CLO 11: Identify ways of modifying communication strategies based on the context (ICS3)
- CLO 12: Share information accurately in oral presentations and written documentation (ICS5)

### **Session Learning Objectives:**

- Introduce principles of telemedicine, including how to appropriately identify patients and encounter types
- Describe how telemedicine and telehealth can be essential aspects of the response to a pandemic and of future clinical practice more broadly
- Describe the steps and process for conducting a telehealth interview
- Identify the communication challenges that practitioners might face and strategies to mitigate those challenges
- Synthesize patient information into an appropriate telehealth note
- Explore strategies for exchanging information with patients in electronic environments

### **Materials:**

<https://www.youtube.com/watch?v=Cj0s3alpZKI> - youtube video on Telehealth and COVID-19

<https://www.aamc.org/news-insights/bedside-webside-future-doctors-learn-how-practice-remotely> - article describing the importance of telemedicine

<https://evisit.com/resources/what-is-telemedicine/> - good overview of what telemedicine is

<http://www.caltrc.org/telehealth/why-are-telemedicine-and-telehealth-so-important-in-our-healthcare-system/> - pros of telemedicine

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Aascds%3AUS%3A0d91e7fa-2617-4bcf-b864-94f267a02bcc> - article on communication tips on telehealth from the patient perspective

Dr. Rebecca Galante will be providing a video recording on different aspects of telehealth, including the important pearls of telehealth, how to conduct an interview and how to write a note.

Students will be encouraged to use the online medical library to access the First Aid for Step 2 CS book and will also be provided with a write-up template for a telehealth visit.

**Sequence:**

- Students will first receive access to modules on canvas regarding telehealth. They are to read these modules/watch the video in order to gain a better understanding of what telemedicine is and how it works.
- Students will then watch the recording from Dr. Galante.
- Students can then practice their telehealth interview skills by using the online medical library to access practice CS cases via the First Aid for Step 2 CS book. Students can either contact friends/peers to practice or identify their need to be paired with another student via a canvas response. Students will be encouraged to practice for their teleOSCE and Step 2 CS and they will be provided with note templates to practice write-ups as well. These mock telehealth interviews will not be assessed.
  - Case 3 on page 158
  - Case 14 on page 272
  - Case 20 on page 333
  - Case 35 on page 495
  - Other cases as are necessary

**Assessment:** Students will type responses to questions in canvas related to the readings/video recording as noted below:

- Questions directly from the "Telehealth and COVID-19" video
  - What are two examples of "low-hanging fruit" visits?
  - What are some physical exam features you can still assess via telemedicine?
  - What is one way to determine if a patient should be seen via telemedicine vs in person?
- Describe 3 benefits and 3 pitfalls of telemedicine
- Describe how telemedicine would be important for the specialty/specialties in which you are considering for your future career path
- For which specialties do you see telemedicine being most impactful for in the future?
- Being that you will likely be a patient yourself in the future, do you think that you would be as comfortable speaking to your doctor via phone/video rather than in person? Why or why not?

## Learning on the Fly Module Set

### Lesson Subject 5 : Communication Considerations during COVID-19

Content Reviewer: Dr. Hoffman-Longtin (complete)

Students: Kaydra, Mariel, Cameron.

#### Learning Objective(s):

- CLO 11: Identify ways of modifying communication strategies based on the context. (ICS3)
- CLO 12: Share information accurately in oral presentations and written documentation. (ICS5)

**Session Learning Objectives:** *Overall, Students will gain an understanding of the impact of communication during an epidemic and determine effective strategies of communication to the general public*

1. Gather information on how the lay public obtains information about COVID-19 and other health crises
2. Investigate appropriate strategies for sharing information with the lay public during a health crisis.
3. Identify trustworthy sources to obtain information on health crises
4. Evaluate the role of social media on public understanding of health crises

#### Materials

- Laptops with Canvas Access

#### Sequence

**(This is the Original Framework, the Canvas Module will be a shortened version)**

1. Communicating in Public Settings
  - a. Frameworks for communication in crisis are not new. In the early 2000, Covello developed a literature review and series of best practices designed to help practitioners offer information in a way that was easy to understand and culturally relevant. First, review the Covello article.
    - i. VINCENT T. COVELLO (2003) Best Practices in Public Health Risk and Crisis. *Communication, Journal of Health Communication*, 8:S1, 5-8, DOI: 10.1080/713851971
  - b. Many public health agencies operationalize these best practices in a variety of ways. For example, the CDC developed this wallet card based on the CERC framework. Review The CERC framework for public messaging.  
([https://emergency.cdc.gov/cerc/resources/pdf/cerc\\_wallet-card\\_english.pdf](https://emergency.cdc.gov/cerc/resources/pdf/cerc_wallet-card_english.pdf))

- i. The theme of the CERC framework is to “Be First. Be Right. Be Credible”. In what ways have you seen this carried out well, and what ways was this carried out poorly?
  - ii. If you are a spokesperson, how can you balance transparency, honesty and empathy?
  - iii. How can you utilize this framework to educate your circle of influence?
- c. Utilize another resource to come up with your own framework for educating the public. You may start here <https://www.ncbi.nlm.nih.gov/books/NBK143063/>, WHO Outbreak Communication planning guide <https://www.who.int/ihr/elibrary/WHOOutbreakCommsPlanngGuide.pdf> or find your own.
  - i. Scholars of health communication study the way in which people share and respond to information about health. Consider "calling a consult" from a health communication expert when speaking to the media or producing information for the lay public.
  - ii. Based on these evidence based methods, imagine yourself as a physician consultant at a state level (State Health Department Director, State Medical Association Public Health Officer), you're being interviewed by a reporter to discuss the public health outbreak. How do you respond to the reporter's questions in a way that incorporates these principles?

## 2. Social Media's role and pitfalls

- a. Social media can be a source of misinformation. Rumors and Exaggeration can lead to xenophobia and public confusion.
  - i. Create a poll to your friends/followers on a social media platform asking participants to comment on some of the myths they have heard about the virus.
    1. Example: Coronavirus can be prevented by taking a few sips of water every 15minutes vs. Avoid NSAIDs if you have been exposed.
    2. Utilize this WHO resource to debunk the myths. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>
  - ii. The following article states, “Erroneous beliefs are difficult to correct”. Take notice of how the WHO graphics present the myths they debunk. This is in an effort to streamline their message to the public. Explain how important presentation of material is in reducing further perpetuation of myths. [https://behavioralpolicy.org/wp-content/uploads/2017/05/BSP\\_vol1is1\\_Schwarz.pdf](https://behavioralpolicy.org/wp-content/uploads/2017/05/BSP_vol1is1_Schwarz.pdf)
- b. Communicating with kids - Children obtain most of their information from social media or non-evidence based sources. It is important that we determine how to reveal information in an age appropriate manner. The CDC has an article on

Helping Children Cope with Emergencies, utilize this article to answer the following questions.

<https://www.cdc.gov/childrenindisasters/helping-children-cope.html>.

- i. Imagine being a child again and hearing about this scary virus that is killing people world wide. In this difficult time, Kids are concerned if they will be able to have a birthday party or if they can go outside to play. Come up with a unique and age appropriate method of delivering the news of the pandemic to a group of children.
    1. For example. Norway's prime minister held a press conference to solely address childhood concerns.  
[https://www.huffpost.com/entry/norway-coronavirus-press-conference\\_n\\_5e7108d4c5b60fb69ddf303a](https://www.huffpost.com/entry/norway-coronavirus-press-conference_n_5e7108d4c5b60fb69ddf303a)
  - ii. Create a deliverable for the community - provide examples of things parents can be doing during this time to aid their kids in understanding. And a couple ideas of fun things that kids can do to avoid boredom.
3. Communicating at the Bedside with Families and Patients during Crisis
- a. Medical professional education - being a medical professional during this time can be scary. As mentioned in other Modules, the CDC and WHO are important sources of information. Another example is  
<https://www.cdc.gov/coronavirus/2019-ncov/php/index.html>  
What are some other good sources of education for this group?
  - b. As rising 3rd and 4th year students we have had the opportunity to interact with standardized as well as real patients. Give an example of good communication and poor communication in a health care setting. It can be one that you have witnessed or one that someone else has witnessed.
  - c. A resource that can be used for communication during COVID is the resource Vital Talks. This resource tackles goals of care, fundamental communication skills, and family conferences. Though they may seem unimportant and trivial to us, the way a physician handles these difficult conversations can impact how a family views healthcare. Vital Talks - How to respond to a patient that asks difficult questions. Triage, etc.  
<https://docs.google.com/document/d/1uSh0FeYdkGgHsZqem552iC0KmXlgaGKoHl7SoeY2UXQ/mobilebasic>
- i. Ex. question. Marcus is a 26 yo male who presents with his wife, Ruth, and child for a routine EGD for a year of abdominal discomfort. When he arrives at the hospital you have the opportunity to greet him and his family and prepare them for the procedure. Before going back to the OR, you discover Marcus has had a fever and SOB for 5 days. You perform a CXR, and discover \_\_\_\_ and admit him to the hospital, doing appropriate testing. Despite the team's best efforts, Marcus tests positive for COVID and succumbs to the disease. Ruth asks what went wrong and blames the hospital for being negligent to Marcus and through tearful eyes, says

healthy young men are not supposed to die from COVID. How do you respond?

1. Consider the values of the patient and determine how your communication with the patient will meet these. \*\*\*Makoul Framework\*\*

**Assessment:** Quiz will be reviewed for completeness. A score of “pass” will be given for meeting this criteria.

## Lesson Subject 7: EBM: Review of Literature on Disease

**Content Reviewers: Laura Menard, MLS**

**Students: Abby Brenner, Christina Huang, Eric Galante, Ibrahim Khan**

### Course Learning Objective(s):

- CLO 5: Formulate treatment and disease management options using latest Evidence-Based Medicine (EBM) data for suspected and confirmed COVID-19 patients. (MK4, MK6)

### Session Learning Objectives:

- Explore the use of Evidence Based Medicine (EBM) in emergent diseases.
- Learn the steps of conducting a systematic review..
- Explore methods in collecting the most up to date information on evolving treatments and management plans in a pandemic setting.

### Materials:

Laptops

#### Objective 1

- **Article:** [“Treating COVID-19—Off-Label Drug Use, Compassionate Use, and Randomized Clinical Trials During Pandemics”](#)
- **Article:** [Chest Computed Tomography for Detection of Coronavirus Disease 2019 \(COVID-19\): Don't Rush the Science \(Hope, 2020\)](#)
- Supplemental article: [A Rush to Judgement?: Rapid Reporting and Dissemination of Results and Its Consequences Regarding the Use of Hydroxychloroquine for COVID-19 \(Kim, 2020\)](#)

#### Objective 2

- **Systematic Review Article:** [“Clinical, Laboratory and imaging features of COVID-19: a systematic review and meta-analysis”](#)
- **Reference:** Systematic Review Guide (word document provided in folder)
- **Reference:** [PRISMA checklist](#)
- Supplemental Reference: [JAMA Systematic Review Appraisal Worksheet](#)
- Additional resources affiliated with quiz questions listed in hyperlinks below

#### Objective 3

- Physician Panel: Dr. Michael Ober (Pulmonary & Critical Care), Dr. Haley Pritchard (ID), Dr. Kimberly Chernoby (EM Resident)

### Sequence:

**Objective 1:** As part of this module, students will read “Treating COVID-19—Off-Label Drug Use, Compassionate Use, and Randomized Clinical Trials During Pandemics” (Kalil 2020) to develop a framework for the role and implementation of randomized controlled trials during pandemics. Students will also read "Chest Computed Tomography for Detection of Coronavirus Disease 2019 (COVID-19): Don't Rush the Science" (Hope, 2020) to learn about the potential consequences of significantly accelerating the peer-review process.

**Objective 2:** Students will take a pre-survey evaluating their knowledge of the creation and development of systematic review. They will then read the Systematic Review Guide. Using skills from the guide, they will then critically appraise an article by identifying components of the article that fulfill the PRISMA checklist. Students will submit their appraisal via canvas. They will then take a post-survey evaluating their knowledge of the systematic review process.

**Objective 3:** Students will participate in a physician panel discussing the methods various physicians use to get real-time information on evolving treatments. It will begin with pre-selected questions about how each physician approaches collecting information, the role of social media and word of mouth in treatment implementation, and the role of EBM in real-time decision making in a pandemic setting. There will then be a short period of open questions with students.

**Assessment:**

**Objective 1:** Canvas Quiz

1. Short answer: After reading this article, if you had a patient that was requesting an experimental therapy (e.g. hydroxychloroquine for COVID-19 treatment), how would you respond?
2. Short answer: After reading Hope et al, what do you think are some of the potential clinical consequences of rushing to publish science too quickly and "ultra-rapid peer review"?

**Objective 2:**

Assessment (Google forms are an example of surveys/quiz and will be converted to Canvas):

1. Pre-module survey
2. Canvas Quiz (questions and answers listed below)
3. Post-module survey

Read article, "[Clinical, laboratory, and imaging features of COVID-19: A systematic review and meta-analysis](#)" and identify components of the article that fulfill [PRISMA checklist](#):

Canvas Quiz

1. What does PICO stand for? Refer to this guide: Systematic Review Guide
2. Briefly describe the objectives for the review (PRISMA Checklist #4)
3. What database holds this study's protocol? (PRISMA Checklist #5)
4. What is their protocol number? (PRISMA Checklist #5)
5. Briefly list the study's inclusion (including date range) and exclusion criteria (PRISMA Checklist #6):
6. List the databases used (PRISMA Checklist #8):
7. List the search terms used (PRISMA Checklist #8):
8. Follow up question: The authors included terms that associated the COVID-19 virus with a geographic location to ensure a thorough search of the literature. What are the

dangers of associating a geographic location with a disease name in scientific writing?  
[WHO Names COVID-19](#) and [WHO guidelines on naming diseases](#)

9. How many authors independently evaluated the search results? (PRISMA Checklist #10)
10. How many studies were identified through PubMed in the authors' initial search? How many studies were ultimately included in their meta analysis? (PRISMA Checklist #6, #8, #9, #17)
11. How was risk of bias assessed? (PRISMA Checklist #12, #15, #19, #20)
12. What are the limitations of the study? (PRISMA Checklist #25)
13. Briefly, what can you conclude after reading this study? (PRISMA Checklist #26)
14. Are there any components of the PRISMA checklist that you think this article fails to meet?
15. How can a librarian help in conducting a systematic review? Refer to the Systematic Review Guide

**Answers: Graded for completion;** feedback will be given to students after submission (within 30 days after course)

ANSWER KEY REMOVED

### **Objective 3:**

Suggested Panel Questions:

- Do you have any past stories/experiences of using EBM to create treatment plans?
- Do you use social media or other forms of information/anecdotes as a reliable source for treatment plans, and, if so, how do you determine which sources are reliable?
- What recommendations have you come across regarding treatment for COVID, and have you seen more EBM treatments or more anecdotal treatments be implemented
- For future physicians, what resources or strategies would you recommend to gather information on ways to best treat our patients?

Assessment: Attendance at Zoom session

**Lesson Subject 13: Identifying Specific Leadership and Teamwork Traits and Behaviors Needed during a Pandemic**

**Reviewer: Dr. Gunderman**

**Students: Rolando Gerena, Joseph Baker, and Brandon Francis**

**Learning Objectives:**

- CLO 18: Outline the traits and behaviors of leaders within the medical field (P2)

**Session Objectives:**

1. Establish essential leadership behaviors
2. Understand the importance of leadership in healthcare
3. Assess different ways in which individuals can serve as leaders in medicine

**Materials:**

- Zoom/Kaltura Access
- Dr. Gunderman will be giving a 33 min didactic on leadership in medicine; content likely coming from his Leadership in Medicine course
- Will provide additional resources and articles
  - <https://www.bbc.com/worklife/article/20200326-covid-19-what-makes-a-good-leader-during-a-crisis>
- Practice questions provided by Dr. Gunderman

**Sequence:**

- Watch the prerecorded lecture given by Dr. Gunderman
- Answer practice questions and submit results on canvas

**Assessment:**

**Who was the physician Dr. Gunderman used for his lecture? What epidemic was he most active in?**

**Reflection: Choose a person in history/ or present date that you believe made a great leader. Why have you selected this person?**

# Disaster Response Module Set

## **Lesson Subject 8: Principles of Disaster Management and Disaster Medicine**

**Content Reviewer: Chad Priest, JD, MSN**

**Students: Abby Brenner, Christina Huang, Eric Galante, Ibrahim Khan**

### **Learning Objective(s):**

- CLO 2: Identify the causal agents and the management of epidemics and pandemics, including the process of vaccine development in modern medicine (MK2)
- CLO 6: Apply the science of epidemiology and analyze the management of epidemics and pandemics historically and in modern medicine. (MK6)
- CLO 13: Outline the roles of medical professionals and non-medical professionals in responding during epidemics/pandemics. (SBP1)
- CLO 15: Identify ways in which individuals and organizations can advocate at the state and national level during epidemics/pandemics. (SBP3)
- CLO 16: Describe disaster medicine principles, including the processes and policies by which community and international agencies interact to coordinate safe and effective disaster/pandemic response. (SBP4)
- CLO 17: Describe the utilization and preservation of finite resources during disaster/pandemic responses. (SBP5)
- CLO 20: Debate the legal, psychosocial, and ethical aspects that impact COVID-19 patients, providers, and the community during the pandemic, in particular the issues surrounding resource utilization. (P3)

### **Learning Goals:**

- Gain an understanding of the different governmental bodies that aid during a pandemic.
- Discuss the interactions between different governmental bodies during the COVID19 pandemic.
- Explore the application of epidemiological and public health principles to emerging health crises.

### **Materials:**

- Laptops
- **Objective 1**
  - **CDC National Pandemic Strategy:**  
<https://www.cdc.gov/flu/pandemic-resources/national-strategy/index.html>
  - **HHS Pandemic Influenza Plan:**  
<https://www.cdc.gov/flu/pdf/professionals/hhspandemicinfluenzaplan.pdf>
  - **HHS Coronavirus Updates:**  
<https://www.hhs.gov/about/news/coronavirus/index.html>
  - **HHS Secretary Alex M. Azar II:**  
<https://www.hhs.gov/about/leadership/secretary/alex-m-azar/index.html>

- **CDC In Action:**  
<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cdc-in-action.html>
- **CDC Director Dr. Robert Redfield:**  
<https://www.cdc.gov/about/leadership/director.htm>
- **Interview with CMMS Administrator Seema Verma:**  
<https://www.npr.org/sections/health-shots/2020/03/31/824484234/to-stop-the-pandemic-seema-verma-is-getting-rid-of-a-lot-of-regulations>
- **CMS Administrator Seema Verma:**  
<https://www.cms.gov/About-CMS/Leadership>
- **FDA Press Announcements and Coronavirus Updates:**  
<https://www.fda.gov/news-events/fda-newsroom/press-announcements>
- **FDA on Facilitation of Treatment Development:**  
<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-continues-facilitate-development-treatments>
- **FDA Commissioner Dr. Stephen M Hahn:**  
<https://www.fda.gov/about-fda/fda-organization/stephen-hahn>
- **NIH Coronavirus Updates:** <https://www.nih.gov/health-information/coronavirus>
- **NIH Director Dr. Francis S Collins:**  
<https://www.nih.gov/about-nih/who-we-are/nih-director/biographical-sketch-francis-s-collins-md-phd>
- **NIAID Director Dr. Anthony Fauci:**  
<https://www.niaid.nih.gov/about/anthony-s-fauci-md-bio>
- **NIAID and COVID19:**  
<https://www.niaid.nih.gov/diseases-conditions/coronaviruses>
- **HHS Office of the Assistant Secretary for Preparedness and Response:**  
<https://www.phe.gov/about/aspr/Pages/default.aspx>
- **HHS Strategic National Stockpile:**  
<https://www.phe.gov/about/sns/Pages/default.aspx>
- **Assistant Secretary for Preparedness and Response Dr Robert Kadlec:**  
<https://www.phe.gov/newsroom/bio/Pages/kadlec.aspx>
- **FEMA Coronavirus Response:** <https://www.fema.gov/coronavirus>
- **FEMA Coronavirus Rumor Control:**  
<https://www.fema.gov/coronavirus/rumor-control>
- **FEMA Administrator Peter T. Gaynor:** <https://www.fema.gov/peter-gaynor>
- **WHO Coronavirus Updates:**  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>
- **WHO Director General Dr. Tedros Adhanom Ghebreyesus:**  
<https://www.who.int/dg>
- **Objective 2**
  - <https://www.cdc.gov/mobile/applications/sto/web-app.html>

### **Sequence:**

**Objective 1:** Group members will each select a group/governing body to research related to the COVID-19 response from the list below and report their findings to their team via a zoom call. Students should use the links provided for each resource to find the necessary information. A broad overview of many of the organizations' proposed roles in a pandemic is outlined in Table 3 of the HHS Pandemic Influenza Plan. Students should answer the following questions:

- A brief explanation of the department, office, or organizations role in the response to pandemics, including, if possible, an explanation of their response to the COVID19 pandemic.
- A short bio of an influential person from the organization, examples could include the director of each organization or a particular individual who has played a significant role in the COVID19 response
- The department or organization under which the group is housed or reports to if applicable
- Knowing the role this organization was meant to play in a pandemic, do you believe that they fulfilled their role during the COVID19 pandemic? If so, why, and, if not, where do you think their response fell short?
- Zoom discussion should center on the relationship between the different organizations and their role fulfillment, or lack thereof, during the COVID19 pandemic. Explore whether the proposed functions of each organization were achieved, where groups succeeded or fell short, and which groups successfully worked together and which did not.

### **Resources and Organization List:**

#### **General Resource:**

- **CDC National Pandemic Strategy:**  
<https://www.cdc.gov/flu/pandemic-resources/national-strategy/index.html>
- **HHS Pandemic Influenza Plan--** Table 3 "Summary of Major Pandemic Response Roles of HHS Officials, Agencies, and Divisions" explains the proposed role of each group housed under the DHHS:  
<https://www.cdc.gov/flu/pdf/professionals/hhspandemicinfluenzaplan.pdf>

#### **Governing Bodies/ Organizations:**

- **Department of Health and Human Services**
  - **HHS Coronavirus Updates:**  
<https://www.hhs.gov/about/news/coronavirus/index.html>
  - Secretary: [Alex Azar II](#)
- **Centers for Disease Control**
  - CDC In Action:  
<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cdc-in-action.html>
  - Director: Dr. Robert Redfield (<https://www.cdc.gov/about/leadership/director.htm>)
- **Center for Medicare and Medicaid Services**
  - Coronavirus and the CMMS:  
<https://www.npr.org/sections/health-shots/2020/03/31/824484234/to-stop-the-pandemic-seema-verma-is-getting-rid-of-a-lot-of-regulations>

- Administrator: Seema Verma (<https://www.cms.gov/About-CMS/Leadership>)
- **Food and Drug Administration**
  - FDA Press Announcements and Coronavirus Updates: <https://www.fda.gov/news-events/fda-newsroom/press-announcements>
  - FDA on Facilitation of Treatment Development: <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-continues-facilitate-development-treatments>
  - Commissioner: Dr. Stephen M Hahn (<https://www.fda.gov/about-fda/fda-organization/stephen-hahn>)
- **National Institutes of Health**
  - NIH Coronavirus Updates: <https://www.nih.gov/health-information/coronavirus>
  - Director: Dr. Francis S Collins (<https://www.nih.gov/about-nih/who-we-are/nih-director/biographical-sketch-francis-s-collins-md-phd>)
  - NIAID and COVID19: <https://www.niaid.nih.gov/diseases-conditions/coronaviruses>
  - Director: Dr. Anthony Fauci (<https://www.niaid.nih.gov/about/anthony-s-fauci-md-bio>)
- **Office of Preparedness and Response within the Office of Global Affairs**
  - Include Strategic National Stockpile
  - HHS Office of the Assistant Secretary for Preparedness and Response: <https://www.phe.gov/about/aspr/Pages/default.aspx>
  - HHS Strategic National Stockpile: <https://www.phe.gov/about/sns/Pages/default.aspx>
  - Assistant Secretary for Preparedness and Response: Dr. Robert Kadlec (<https://www.phe.gov/newsroom/bio/Pages/kadlec.aspx>)
- **Federal Emergency Management Association**
  - FEMA Coronavirus Response: <https://www.fema.gov/coronavirus>
  - FEMA Rumor Control: <https://www.fema.gov/Coronavirus-Rumor-Control>
  - Administrator: Peter Gaynor (<https://www.fema.gov/peter-gaynor>)
- **World Health Organization**
  - WHO Coronavirus Updates: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>
  - Director General: Dr. Tedros Adhanom Ghebreyesus (<https://www.who.int/dg>)

**Objective 2:** Students will use the CDC “solve the outbreak” virtual simulator and go through 2 cases of their choosing. Through these cases they will learn how to think critically through crises from the perspective of epidemiologists, physicians and lab scientists. This program will allow students to have fun while learning how to think about pandemics from a problem-solving point of view. After each case is completed, students should screenshot their results and upload them to canvas. The top score to receive is 1,500 points per case.

The first link is to the interactive cases. Only level 1 cases can be played. The second link is a page consisting of all of the cases, images, questions and answers. The first page would be ideal for students to be able to have a more interactive experience, while the second page offers the ability to do the level 2 cases (Dengue fever, Ebola, influenza, etc)

Game link: <https://www.cdc.gov/mobile/applications/sto/web-app.html>

Game summaries: <https://www.cdc.gov/mobile/applications/sto/508STO.html>

### **Assessment:**

Objective 1: Students will discuss their answers via zoom and submit a document compiling their responses.

Objective 2: See that students' scores are at or near 1,200 points per game to ensure that they are paying attention to the information provided and properly using the site

## Lesson Subject 11: Appropriate PPE Needed and Proper Technique for PPE Usage

Reviewer: Dr. Allen

Students: Joseph Baker, Brandon Francis, and Rolando Gerena

### Course Learning Objective(s):

- CLO 16: Describe disaster medicine principles, including the processes and policies by which community and international agencies interact to coordinate safe and effective disaster/pandemic response. (SBP4)
- CLO 17: Describe the utilization and preservation of finite resources during disaster/pandemic responses (SBP5)

### Session Level Objectives:

1. Review CDC and OSHA precaution guidelines and appropriate PPE use
2. Review Donning and Doffing PPE
3. Understanding current PPE shortages
4. Understanding Reusing/Alternative PPE
5. How to help hospitals acquire PPE

### Materials:

- Laptop with Canvas access

### Sequence:

1. Students will read through a Canvas page reviewing CDC and OSHA precaution guidelines and PPE use:
  - a. What is PPE?
    - i. CDC [PDF PPE picture](#)
  - b. CDC and OSHA precaution [guidelines](#) 2019
    - i. PPE for Healthcare Workers ([HCW](#)) treating suspected Covid-19 case, from CDC
    - ii. Optional: IU Health's Center for Physician Education ([CPE](#)) [Isolation module](#)
      1. Mount Sinai [PPE Picture](#)
    - iii. Patient and HCW PPE [table](#)
  - c. Dr. Dbeibo's "Airborne or Droplet?" voice-over PowerPoint (we have permission to use and we are awaiting her voiceover for the PowerPoint)
2. Students will read through a Canvas page reviewing Donning and Doffing PPE and will then watch video(es) of it:
  - a. CDC's Donning and doffing [PPE CDC PDF pictorial](#):
    - i. IU Health [CPE donning and doffing](#) video
    - ii. Understanding current PPE shortages:
  - b. Students will listen to a pre-recorded Q&A session with Dr. Allen
  - c. Students are also provided optional, supplemental articles to read if they are wanting further details:
    - i. National Stockpile and distribution

1. [About](#) the Strategic National Stockpile
  2. The Nation's Medical [Countermeasure Stockpile](#) (2016): The Strategic National Stockpile - Origin, Policy Foundations, and Federal Context
  3. The Hill: Federal stockpile of emergency medical equipment [depleted](#), House panel says
  - ii. PPE production and acquisition: Domestic and International
    1. NPR article: Borders Didn't Stop The Pandemic. But They Might [Block The Trade Of Medical Goods](#)
    2. Politico: '[Lord of the Flies: PPE Edition](#)': U.S. cast as culprit in global scrum over coronavirus supplies
    3. [JD Supra: Precautions](#) for Healthcare Providers Sourcing Personal Protective Equipment From Foreign Suppliers
    4. [FBI](#) Warns Health Care Professionals of Increased Potential for Fraudulent Sales of COVID-19-Related Medical Equipment
  - iii. Ethical Question: physicians being reprimanded for personal PPE use and/or speaking out
    1. Medscape: Amid PPE Shortage, Clinicians Face [Harassment, Firing for Self-Care](#)
    2. NPR: Doctors Say Hospitals Are Stopping Them From Wearing Masks
    3. NY Times: '[I Do Fear for My Staff.](#)' a Doctor Said. He Lost His Job.
    4. AMA urging hospitals to allow [personal PPE](#) use
    5. [Joint Commission Statement](#) on Use of Face Masks Brought From Home
3. Understanding Reusing/Alternative PPE
- a. Students will read through the PPE Reuse module taken [directly from Harvard](#) modules on PPE Reuse
    - i. [JAMA 3.28.20](#) comprehensive article sourcing PPE during pandemic
    - ii. [FDA](#) recommendations
  - b. CDC recommends cloth face coverings in public setting
    - i. [Dr. Jerome Adams](#) making own cloth mask
  - c. Frequently asked questions about PPE
    - i. FDA FAQs [about PPE](#)
    - ii. FDA FAQs [about surgical masks and gowns](#)
4. Helping Hospitals acquire PPE: students are provided with resources to help combat PPE shortages
- a. National:
    - i. <https://getusppe.org/>
    - ii. <https://masksfordocs.com/>
  - b. Local:
    - i. <https://iuhealth.org/news-hub/process-established-for-donations-and-new-suppliers>

- ii. <https://www.getmeppeindiana.com/take-action>

**Assessment/Evaluation:** Interactive Quiz (drag-and-drop) created with help of IU Health CPE

- [Quiz](#)
  - It is currently being updated to adhere to IUSM policy
  - Completion of the quiz will be recorded for attendance

## **Lesson Subject 6: Laboratory Science**

*Kaydra, Mariel, Cameron.*

*Content Reviewer: Dr. Inman and team (incomplete) and Student Reviewer: Cameron*

### **Learning Objective(s):**

- CLO 2: Identify the causal agents and the management of epidemics and pandemics, including the process of vaccine development in modern medicine (MK2)
- CLO 3: Explain the clinical presentation and the pathophysiology of the COVID-19 pandemic. (MK3)
- CLO 5: Use principles of evidence-based medicine, including biostatistics, to evaluate the efficacy and potential for therapeutic and diagnostic interventions for COVID-19 infection (MK5)
- CLO 8: Recognize common laboratory, radiologic and clinical presentation of disease of COVID-19 patients. (PC3)
- CLO 13: Outline the roles of medical professionals and non-medical professionals in responding during epidemics/pandemics (SBP1)

### **Session Objective:**

- Review general infectious disease surveillance and diagnostic testing strategies and evaluate how physicians contribute to these strategies.
- Analyze current challenges facing the tracking of infectious diseases and explore possible solutions.
- Explore previous work on various coronavirus vaccines and apply that knowledge to current challenges directly and indirectly impacting the development of a COVID-19 vaccine.
- Gain a better understanding of the regulation and economics of vaccine production.
- Describe methods that are currently used by clinical laboratories to aid the diagnosis of COVID-19; compare and contrast molecular diagnostics and immunoserological tests; and list the benefits and detriments of COVID-19 testing methods.
- Correlate radiologic, clinical, and progressive features of COVID-19.
- Appreciate the significance of clinical background for surgical and autopsy specimen evaluation.
- Gain understanding of possible pathophysiologic mechanisms contributing to COVID-19 disease.
- Identify both non-specific and unusual histopathological features associated with COVID-19.

### **Materials**

- Computer
- Combined Vaccine/Surveillance lecture
  - PowerPoint
- SDL vaccine resources

- <https://publichealthonline.gwu.edu/blog/producing-prevention-the-complex-development-of-vaccines/>
- <https://www.theguardian.com/world/2020/mar/27/inside-the-race-to-develop-a-coronavirus-vaccine-covid-19>
- <https://www.nejm.org/doi/full/10.1056/NEJMp2005630>
- <https://www.npr.org/2020/03/06/812943907/episode-977-wheres-the-vaccine>
- <https://www.youtube.com/watch?v=P3qrokf9038>
- Clinical laboratory testing lecture
  - PowerPoint
  - Recorded lecture
- Histopathology lecture
  - PowerPoint
  - Recorded lecture
- Optional resources
  - CDC public health surveillance YouTube video (<https://www.youtube.com/watch?v=kATQimRXcs4>)
  - Article addressing ethical concerns with current efforts in tracking infectious diseases (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6590736/>)

## Sequence

- **A particular order is not needed.**
- **SDL vaccine research**
  - Students will have the option to listen to a podcast on the economics of vaccine development, read various articles on COVID19 vaccine development, or watch a video on vaccine production. They will then answer a free response question and briefly discuss some of the barriers to vaccine development they discovered in the resource(s) of their choice.
- **Vaccine/Surveillance Lecture**
  - Students should review this lecture discussing general public health surveillance strategies, current issues facing health officials in the tracking of infectious disease, and work, both previous and current, on the development of coronavirus vaccines.
- **Clinical Laboratory Testing Lecture**
  - Students should watch this lecture describing current COVID-19 diagnostic methods, comparing/contrasting the diagnostic methods, and discussing the pros/cons of each.
- **Histopathology Lecture**
  - Students should watch this lecture discussing the histopathology of SARS-Cov-2 associated disease.
- **Optional Resources**
  - Students will be provided with a CDC public health surveillance YouTube lecture and an article addressing ethical concerns with current efforts in tracking infectious diseases so they can further explore these topics if desired.

**Assessment:**

- Students will submit a Canvas quiz after completing the module attesting that they completed each section of this module, which includes exploring at least one SDL resource and watching each lecture. The quiz will also contain a free response question for students to respond to the prompt, “What are some barriers to the development of vaccines?” Students should answer this utilizing the SDL resource of their choice.

# The Educated Physician Module Set

**Lesson Subject:** Ethics and Healthcare Workforce Concerns

**Reviewer:** Dr. Mensz

**Students:** Joseph Baker, Rolando Gerena, and Brandon Francis,

## **Course Learning Objectives:**

1. Outline the roles of medical professionals and non-medical professionals in responding during epidemics/pandemics. (SBP1)
2. Identify ways in which individuals and organizations can advocate at the state and national level during epidemics/pandemics. (SBP3)
3. Describe the utilization and preservation of finite resources during disaster/pandemic responses. (SBP5)
4. Debate the legal, psychosocial, and ethical aspects that impact COVID-19 patients, providers, and the community during the pandemic, in particular the issues surrounding resource utilization. (P3)

## **Session Learning Objectives:**

1. Analyze the ethical and legal implications of necessary resource allocation during the COVID-19 pandemic.
2. Understand the valuable roles that medical students can serve in fighting the COVID-19 pandemic.
3. Discuss the most pressing concerns of the healthcare workforce during the COVID-19 pandemic.

**Materials:** Laptop with Canvas access

## **Sequence:**

1. **Utilization of Resources** (Total time: 20 min - 40 max)
  - a. Please do one of the following:
    - i. A Framework for Rationing Scarce Ventilators and Critical Care Beds During the COVID-19 Pandemic (20 min)
    - ii. <https://www.youtube.com/watch?v=3xEsnPHPOfg&list=LLLLDztEkFJmTVxG0kG-yYZkg&index=3> (40 min)
  - b. Additional Resources
    - i. Facing Covid-19 in Italy — Ethics, Logistics, and Therapeutics on the Epidemic's Front Line

- ii. [Fair Allocation of Scarce Medical Resources in the Time of Covid-19](#)
- iii. [The Toughest Triage — Allocating Ventilators in a Pandemic](#)
- iv. [Risk of Legal Liability for Withdrawing or Withholding Ventilators From COVID-19 Patients](#)

2. **Learner Roles** (Total time: 40 min)

1. Protecting Medical Students (5 mins)
  1. In accordance with with the AAMC recommendations, IUSM continues to suspend all clinical rotations until June 29th
  2. For more details:
    1. Guidance on Medical Students' Participation in Direct Patient Contact Activities ([4.14.2020](#))
    2. [LCME](#) COVID-19 Updates and Resources
  3. IUSM Specific Updates
2. Current Medical Student Involvement (15 mins)
  1. [How Learners Can Help in the Wake of COVID-19](#)
  2. Guest Speaker - Reilly Bealer, a medical student at University of Washington who has been leading student initiatives in Washington state. (10-15 minutes)
3. Medical Student Education in the Time of COVID-19 (20 mins)
  1. Alternative Teaching:
    1. [No classrooms, no clinics: Medical education during a pandemic](#)
    2. [iCollaborative](#): Clinical Teaching and Learning Experiences without Physical Patient Contact
  2. Early Medical Student Graduation: for this section we will provide news articles that display the possible pros and cons of early medical school graduation
    1. AAMC: ["Itching to get back in": Medical students graduate early to join the fight](#)
    2. Forbes: [Doctors In Training Are Dying, And We Are Letting Them Down](#)
    3. Indiana Daily Student: [IU School of Medicine students graduate early, prepare to confront COVID-19](#)
    4. AAMC: [I'm a fourth-year medical student. I don't want to graduate early.](#)
    5. NY Times: [Medical Students, Sidelined for Now, Find New Ways to Fight Coronavirus](#)
      - a. Will set up an anonymous, ungraded "Yes or No" poll asking medical students if they would have graduated early if they were in the class of 2020
      - b. Optional addition: have the students write at least one sentence about why they would graduate early or not
4. Additional Resources
  1. AAMC: [Coronavirus \(COVID-19\) Resource Hub](#)

2. [AMA: Resident & medical student COVID-19 resource guide](#)
3. Harvard's [Current Student Involvement](#) course module
4. [A Medical Class 'Minted by the Pandemic'](#)

### 3. Healthcare Workforce Concerns

1. Students will read at least one of the four articles presented then provide a brief reflection on the subject matter. These articles provide unique concerns facing healthcare providers.
  1. [Am I Part of the Cure or Am I Part of the Disease? Keeping Coronavirus Out When a Doctor Comes Home](#)
    1. This article is mostly focused on concern about exposing one's family to COVID-19.
  2. [Harnessing Our Humanity - How Washington's Healthcare Workers Have Risen to the Pandemic Challenge](#)
    1. Focuses on how to provide a "good death" to COVID-19 patients.
  3. [Personal Risk and Societal Obligation Amidst COVID-19](#)
    1. Focuses on a resident with high-risk health conditions.
  4. [Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic](#)
2. Additional Resources
  1. [Supporting the Healthcare Workforce During the COVID-19 Global Pandemic](#)

**Assessment:** Once students have completed the reading(s), they will write a reflection of at least one paragraph answering the following prompts:

1. Please describe your emotions/thoughts/feelings as you read through your selected article. Also, what would you do if you found yourself in the same position as the author?
2. How do you balance your responsibility as a future physician with your responsibility to keep yourself, your family, and your loved ones safe?
3. What do you think can be done to help address the concerns the author raised and how would you proceed with implementing this action?

## **Lesson: Public Policy**

**Reviewer: Dr. Mensz**

**Students: Brandon Francis, Joseph Baker, and Rolando Gerena**

### **Course Learning Objectives:**

1. Outline the roles of medical professionals and non-medical professionals in responding during epidemics/pandemics (SBP1)
2. Identify ways in which individuals and organizations can advocate at the state and national level during epidemics/pandemics (SBP3)
3. Describe disaster medicine principles, including the processes and policies by which community and international agencies interact to coordinate safe and effective disaster/pandemic response. (SBP4)
4. Describe the utilization and preservation of finite resources during disaster/pandemic responses (SBP5)
5. Debate the legal, psychosocial, and ethical aspects that impact COVID-19 patients, providers, and the community during the pandemic, in particular the issues surrounding resource utilization. (P3)

### **Session Objectives:**

1. Analyze state and federal policy's impact on COVID-19, patients, and the healthcare workforce.
2. Understand how state and federal policies work together to address COVID-19 pandemic.
3. Evaluate the legal/ethical consequences legislation and executive orders utilized to address COVID-19.
4. Understand how physicians can successfully advocate at the state and national level for their patients, peers, and colleagues.
5. Evaluate the effectiveness of the United States of America and Indiana response to COVID-19.

**Materials:** See Sequence below.

### **Sequence:**

*Instructions: Please submit questions for our guest speakers about local, state, or federal policies that will impact healthcare workers and/or patients. Following the first week of the course, questions will be collected, and content experts will respond to as many as possible. In the second week of the course, please view the interviews linked below. In addition, there are text summaries of the major legislative/executive orders along with links to more detailed information for those interested.*

1. Federal Policy
  - a. What has been done so far?

- i. [Phase 1: H.R. 6074 Coronavirus Preparedness and Response Supplemental Appropriations Act](#)
  - 1. “This bill provides \$8.3 billion in emergency funding for federal agencies in response to the coronavirus outbreak.” This bill was signed into law by President Trump on March 6, 2020 and is considered Phase 1 of the government response to the coronavirus pandemic. Specifically, this bill provides funding to the Department of Health and Human Services, the State Department, and the Small Businesses Administration to accomplish the following: “developing, manufacturing, and procuring vaccines and other medical supplies; grants for state, local, and tribal public health agencies and organizations; loans for affected small businesses; evacuations and emergency preparedness activities at U.S. embassies and other State Department facilities; and humanitarian assistance and support for health systems in the affected countries.”
- ii. [Phase 2: H.R. 6201 Families First Coronavirus Response Act](#)
  - 1. “This bill responds to the COVID-19 (i.e., coronavirus disease 2019) outbreak by providing paid sick leave, tax credits, and free COVID-19 testing; expanding food assistance and unemployment benefits; and increasing Medicaid funding.” This bill was signed into law by President Trump on March 18, 2020 and is considered Phase 2 of the government response to the coronavirus pandemic.
- iii. [Phase 3: H.R. 748 Coronavirus Aid, Relief, and Economic Security Act](#)
  - 1. Also known as the CARES Act, “this bill responds to the COVID-19 (i.e., coronavirus disease 2019) outbreak and its impact on the economy, public health, state and local governments, individuals, and businesses.” This bill was signed into law by President Trump on March 27, 2020 and is considered Phase 3 of the government response to the coronavirus pandemic. Specifically, this “bill funds various loans, grants, and other forms of assistance for businesses, industries, states, local governments, and hospitals; provides tax rebates of up to \$1,200 per individual and an additional \$500 per child, subject to limits based on adjusted gross income; temporarily expands unemployment benefits; and suspends payments and interest on federal student loans. The bill includes several other provisions that modify a wide range of programs and requirements, including those regarding oversight of the activities and funding authorized by this bill; the tax treatment of withdrawals from retirement accounts, business income, losses, and charitable contributions; medical product supplies; health insurance coverage for

COVID-19 testing and vaccinations; the health care and aviation workforces; mortgage payments, evictions, and foreclosures for properties with federally backed mortgages; student loans and financial aid; aviation excise taxes; Medicare and Medicaid; the Food and Drug Administration drug approval process; the emergency paid sick leave program; banking and accounting rules; and the U.S. Postal Service's borrowing authority.” For more details, please see the attached summary [here](#).

iv. [Defense Production Act of 1950](#)

1. “The Defense Production Act (DPA) of 1950 (P.L. 81-774, 50 U.S.C. §§4501 et seq.), as amended, confers upon the President a broad set of authorities to influence domestic industry in the interest of national defense. The authorities can be used across the federal government to shape the domestic industrial base so that, when called upon, it is capable of providing essential materials and goods needed for the national defense. Though initially passed in response to the Korean War, the DPA is historically based on the War Powers Acts of World War II. Gradually, Congress has expanded the term national defense, as defined in the DPA. Based on this definition, the scope of DPA authorities now extends beyond shaping U.S. military preparedness and capabilities, as the authorities may also be used to enhance and support domestic preparedness, response, and recovery from natural hazards, terrorist attacks, and other national emergencies. Some current DPA authorities include, but are not limited to

**Title I: Priorities and Allocations**, which allows the President to require persons (including businesses and corporations) to prioritize and accept contracts for materials and services as necessary to promote the national defense.

**Title III: Expansion of Productive Capacity and Supply**, which allows the President to incentivize the domestic industrial base to expand the production and supply of critical materials and goods. Authorized incentives include loans, loan guarantees, direct purchases and purchase commitments, and the authority to procure and install equipment in private industrial facilities.

**Title VII: General Provisions**, which includes key definitions for the DPA and several distinct authorities, including the authority to establish voluntary agreements with private industry; the authority to block proposed or pending foreign corporate mergers, acquisitions, or takeovers that threaten national security; and the authority to employ persons of outstanding experience and ability and to establish a volunteer pool of industry executives who could

be called to government service in the interest of the national defense.”

2. These are not the exclusive authorities of the DPA, but rather some of the most pertinent because of their historical or current use.
  3. On April 2, 2020, President Trump issued an official [Presidential Memorandum](#) where he enforced the Defense Production Act in order to manufacture and retain ventilators necessary for the coronavirus pandemic. Although personal protective equipment (PPE) was mentioned in the official White House Memorandum, there was no directive to utilize the Defense Production Act to manufacture PPE. However, in a separate [Presidential Memorandum](#) released on April 3, 2020, President Trump directed the Secretary of Homeland Security and the Secretary of Health and Human Services to allocate PPE for domestic use.
- v. [Robert T. Stafford Disaster Relief and Emergency Assistance Act](#)
1. “The Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act) authorizes the President to issue two types of declarations that could potentially provide federal assistance to states and localities in response to a terrorist attack: a “major disaster declaration” or an “emergency declaration.” Major disaster declarations authorize a wide range of federal assistance to states, local governments, tribal nations, individuals and households, and certain nonprofit organizations to recover from a catastrophic event. Major disaster declarations also make Small Business Administration (SBA) disaster loans available to eligible businesses and households. Emergency declarations authorize a more limited range of federal assistance to protect property and public health and safety, and to lessen or avert the threat of a major disaster. Only private nonprofit organizations are eligible for disaster loans under an emergency declaration.”
  2. President Trump [issued a letter](#) to the Secretary of Homeland Security, the Secretary of the Treasury, the Secretary of Health and Human Services, and the administrator of FEMA on March 13, 2020 ordering that the coronavirus pandemic warrants an emergency declaration.
- vi. [Opening Up America Again Guidelines](#)
1. On April 16, 2020, President Trump released the “Guidelines for Opening Up America Again, a three-phased approach based on the advice of public health experts. These steps will help state and local officials when reopening their economies, getting people back to work, and continuing to protect American lives.” These guidelines include specific criteria states are required to meet prior

to advancing to less stringent regulations outlined in each of the individual phases. Please see the [attached file](#) for more detailed information.

- b. What advocacy efforts have been utilized?
  - i. [The American Medical Association \(AMA\)](#) – “Every day, the AMA is fighting to remove the obstacles physicians face while confronting the COVID-19 pandemic. The AMA is listening to physicians and will continue to channel their collective voices into action.”
  - ii. [American College of Physicians \(ACP\)](#) – “ACP is committed to doing everything possible to prevent and slow the spread of COVID-19 virus to ensure that our patients get the care they need.”
  - iii. [American Academy of Pediatrics \(AAP\)](#) – “As the COVID-19 pandemic evolves, the AAP has been staying abreast of all confirmed developments related to its global spread and will continue to be vigilant in efforts to develop and share information and guidance with members.”
- c. Content Expert - *Video will be uploaded once the interview has been conducted.*
- d. Additional Resources - If you are interested, the following articles provide different viewpoints on the role of the federal government during outbreaks of infectious disease as well as how to appropriately balance public health and individual freedom. Some articles also provide contextual information, discussing lessons learned from past outbreaks of infectious diseases and the challenges that were faced. Please keep in mind that these are not the only federal laws/executive orders impacting the United States and healthcare community response to the coronavirus pandemic and that this is a constantly evolving situation.
  - i. [COVID-19 - The Laws and Limit of Quarantine](#)
  - ii. [COVID-19 and the Stiff Upper Lip - The Pandemic Response in the United Kingdom](#)
  - iii. [Diagnostic Testing for the Novel Coronavirus](#)
  - iv. [Feeding Low-Income Children During the COVID-19 Pandemic](#)
  - v. [Government Public Health Powers During the COVID-19 Pandemic](#)
  - vi. [Presidential Powers and Response to COVID-19](#)
  - vii. [Securing the Safety Net and Protecting Public Health During a Pandemic](#)
  - viii. [US Emergency Legal Response to Novel Coronavirus](#)

## 2. State Policy

- a. What has been done so far?
  - i. Governor Holcomb’s Executive Orders - Provided below is a list of the most pertinent executive orders from Governor Holcomb to the healthcare industry and our patients with brief summaries.
  - ii. [Executive Order 20-02: Declaration of Public Health Emergency for Coronavirus Disease 2019 Outbreak](#) - Declared a public health disaster emergency in Indiana and designated the Indiana State Department of

Health (ISDH) as the lead state agency. The order was signed on March 6, 2020.

- iii. [Executive Order 20-04: Further Orders for Public Health Emergency](#) - The Indiana National Guard was activated. Individuals were instructed to follow CDC guidance for appropriate sizes of gatherings. Food service establishments were closed to in-person patrons, but are allowed to continue drive-through, take-out, and delivery services. Elective and non-urgent surgical procedures were to be canceled immediately. The order was signed on March 16, 2020.
  - iv. [Executive Order 20-08: Directive for Hoosiers to Stay at Home](#) - All individuals living in Indiana are ordered to stay at home except for essential activities, essential government functions, or essential business and operations. When out in public, individuals are required to follow social distancing guidelines. The executive order may be enforced by state and local law enforcement. The order was signed on March 23, 2020.
  - v. [Executive Order 20-13: Directives to Manage Indiana's Healthcare Response for Hoosiers with COVID-19 During the Public Health Emergency](#) - If a medical student is in their last semester of a 4 year program or has completed their 4th year in the last 90 days, they can be granted a limited scope temporary medical permit to practice under indirect supervision. Medical residents can be temporarily granted authority to practice under a full medical license without supervision at the order of the State Health Commissioner. "Elective and non-urgent" procedures were more clearly defined and are to be canceled in order to conserve PPE. Prohibitions against forms of telemedicine are waived. The order was signed on March 30, 2020.
  - vi. [Executive Order 20-18: Continued Directive for Hoosiers to Stay at Home; Extension of Continuity of Operations of Government; and Extension of Executive Orders Pertaining to Restaurants and Alcoholic Beverages](#) – This executive order essentially extended the currently existing stay at home order until April 20, 2020. The order was signed on April 6, 2020.
- b. What advocacy efforts have been utilized?
    - i. The Indiana State Medical Association (ISMA) has compiled together a list of valuable up-to-date resources for both physicians and the public. Please see the link below.
    - ii. [ISMA COVID-19 Resources webpage](#)
  - c. Content Expert - *Video will be uploaded once the interview has been conducted.*
  - d. Additional Resources - If you are interested, the following article discusses how state expansion of Medicaid could prove very timely during the coronavirus pandemic.
    - i. [Paying for Medicaid - State Budgets and the Case for Expansion in the Time of Coronavirus](#)

**Assessment:** Students are to look up their government representatives for the corresponding offices: State of Indiana House of Representatives, State of Indiana Senate, United States House of Representatives, and United States Senate. **(20 minutes)**

## **Lesson Subject 14: Wellness and Self-care of healthcare providers**

*Students: Kaydra, Mariel, and Cameron. Content Reviewer: Dr. Walvoord (complete)*

### **Learning Objective(s):**

- CLO 19: Identify basic strategies for mental health and wellbeing promotion for providers in the face of a healthcare emergency, and understand their importance to overall health (P2)

**Session Learning Objectives:** *Overall, Students will understand the importance of taking time for self-care and implement some of the principles into their daily lives.*

- Distinguish between good self-care practices and poor self-care practices.
- Identify and Apply the basic principles of Wellness

### **Sequence**

1. Students demonstrate their daily wellness activity while at home
  - a. What has been keeping you grounded during this time of uncertainty?
  - b. Upload a picture or video of you doing something that keeps you well.
    - i. Discussion board for class so that people can see what others are doing for wellness.
2. Optional Formulate their own creative project (painting, journaling exercise, gratitude practice/journal, visual art, poem, song) t
3. Optional: Students will be provided with a series of optional articles on physician well-being on the front-line as well as information on strategies to take care of their own mental health such as intro to meditation.
4. Optional: Peer-facilitated guided discussions on well-being and mental health will be offered during the course
5. Optional: Walvoord/Haywood/Hasan 5 minute meditation moment video. Reflect

### **Assessment**

Students upload images or videos of what has been keeping them grounded for completion. Choose one of the 4 optional portions and complete it. Completion of the above will be considered a pass.