

## ACTING INTERNSHIP REMOTE LEARNING PLAN FOR BLOCK 13 AS OF 3/19/20

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Dear AI-ers!

I am sure you are feeling a bit overwhelmed with all that has transpired, and I am here to offer support and direction. First, we will do all we can to ensure that you are graded fairly for this rotation. We will factor in both your clinical work and your work on our Virtual AI curriculum (you must get Honors in this part of the curriculum to get Honors for the course). Please reach out to me if you have concerns about your grade at this time.

Second, I would like to be thoughtful about providing you a good education while being mindful of the outside distractions and pressures. Please reach out to me at anytime if you have concerns about completing the assignments.

For the next two weeks we will move to a Virtual AI curriculum. Some of the content will be developed from me, some will be self-directed based on your needs. As you are all fourth year students (YAY!), you should have some of the lifelong learning skills that are required to be a physician. If you do not, I can help you develop them.

Here is a break-down of the curriculum.

**Part 1: This is self-directed learning.** You will need to start a **Journal document that covers 5 entries**. Each entry should be based on 2-4 hours of reading, reflecting, and writing. Your Journal should document key learning points and reflection.

Pick resources (journals, books--your HSL Librarian Sarah Wright can help if you need direction) to help you explore clinical questions or important research in your field.

For example, if this was me:

I get journals monthly from the American College of Physicians and the American Geriatrics Society. I would read the latest journals that had accumulated in my

pile looking for articles that are relevant to my practice. I would consider how they would change my practice with patients or consider how they contribute to my current knowledge of the topic.

I would then consider some patients I have seen lately. For example, my delightful patient, Mr. X, was incidentally found to have on an abdominal CT scan a small tumor on his kidney that was read to be likely RCC. I do not know the latest recommendations on surveillance or the natural history of these findings. I would read about this in UptoDate or another legitimate source and make note of how I will counsel Mr. X on next steps.

Then, perhaps, I would read a text book. As I am in my master's in medical education, I would choose to read my course's required text book. You guys might have text books or other specialty-specific texts that would be good to read.

Finally, I might read about coronavirus and the public health implications.

Then, I would summarize my findings in my Journal submission (each day should be <1 page) and would submit to the Discussion Board **This will need to be submitted by March 25th.**

You will then need to provide feedback to one of your colleagues on their Journal under the discussion board. Please write this in a response rather than in the document itself. Ask questions, suggest resources, etc. **Please provide feedback to a peer (ensure everyone gets feedback) by March 27th.**

You must provide quality feedback as well as submit a quality Journal to receive Honors credit for this assignment.

## **Part 2:**

You will be expected to complete three of the four of the AI assignments (the other one has been done or will need to be done in your other AI so keep this in mind and plan accordingly!) Reminder that the four assignments are the Wellness Assignment, Discharge Summary, Hand-Off Assignment, and End-of-Life Assignment.

1. **The Wellness Assignment:** This will not need to be modified for the Virtual curriculum. You can submit this to the main Assignment tab submission on Sakai. This will not be shared on the Discussion Board. You will be graded on the quality of the reflection. **This will be due on March 27th.**

2. **Discharge Summary:** Please choose a discharge summary from a patient you have seen and submit to the Discussion Board (Sakai is HIPAA compliant). Provide

a fellow student with feedback on their discharge summary by replying to their submission. You will be graded on the quality of your discharge summary and feedback to a peer. **Please submit this discharge summary (or a comparable transition of care document) to the Discussion Forum by March 20th. Provide feedback to your peers by March 27th. If your rotation does not lend to submitting a discharge summary, please provide feedback to at least two students for credit for this assignment.**

**3. Hand-off Assignment:** Submit either the original assignment or the Virtual Hand-off Assignment (see below) to Sakai. Provide a fellow student with feedback on their submission. You will be graded on your work as well as your feedback to a peer. **Please submit the Hand-off Assignment by March 23rd. Please provide feedback to another student by March 27th.**

**4. End-of-Life:** We will aim to have a **45-60 minute Zoom lecture/discussion on End-of-Life care on 3/24.** If you wish to participate, please email me with times you are NOT available as soon as possible ([lwilson3@unch.unc.edu](mailto:lwilson3@unch.unc.edu)). You will be expected to participate in this lecture and engage for full credit.

**Note all feedback is due by March 27th but please do not wait until then to provide it if possible!**

Let me know if questions [-lwilson3@unch.unc.edu](mailto:lwilson3@unch.unc.edu) and stay well!  
Lindsay

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### **Virtual Hand-off Assignment**

You are a tired resident who has just finished a long shift on the wards.

Before leaving today, you need to handoff your patients (R. Miller, E. Houseman, and J. Williams) to one of your fellow residents who will be covering for you overnight.

Your job is to use the information provided on the sign - out form to successfully transfer care of these patients to another provider. This includes providing all of the pertinent information about these patients, along with relevant action items.

**Please create a voice-over ppt of your hand-off that you would give to the resident receiver. As you do so, be mindful of your communication skills. Submit your ppt to the discussion board. Provide written feedback reply to another student on their hand-offs. You must submit your ppt as well as your feedback to receive credit for the assignment.**

Remember: The key elements of a successful handoff are:

- Patient assessment including illness severity
- Summary of patient stay to date
- Action items, specific (i.e.; if K 3 - 3.5, then give 40 mEq)
- Current status of patient
- Contingency Plans \*\*when to escalate
- Allergies/Meds/Age/Weight
- Date of admission
- Patient and hospital identifiers
- Code status

Identifying information	Clinical scenario	Medications	If....then...	To Do:
Miller, Robert 1234567 TS317 Allergies: PCN Date of Admit: 6/16/14 Code Status: FULL PCP: Altkorn	47 - y/o M with h/o <i>Crohn's disease s/p            resection p/w partial            SBO and AKI</i>  1. <i>partial            SBO</i> àsurgery actively following, NGT to LIS d/ced today, starting clears 2. <i>AKI</i> à3d h/o N/V, Cr 1.7 from baseline of 0.9, with hydration 1.2 this morning, off IVF 3. <i>Prophylaxis</i> àLMW H SQ, NPO, IV PPI	Tylenol 650mg po q4 - 6hr PRN	If worsening pain or abdominal distension, make NPO and please page IBD and surgery	[] follow up 8 pm CR, if > 1.3, give 500 cc bolus
Houseman, Erma 4567890 TN518 NKDA	68 - y/o F with end <i>stage COPD on 3L home            O2, here with community            acquired pneumonia            newly hypoxic and            hypotensive</i>	Ceftriaxone 1gm IV q24hr  Azithro 500mg IV q24hr	If worsening SOB, hypotension (<80/50) and decreased SaO2 (90% 6L), consider ICU transfer	[] follow - up on repeat CXR to confirm pneumonia  [] family meeting to

<p>Date of Admit: 6/17/14</p> <p>Code Status: FULL PCP: Vela</p>	<ol style="list-style-type: none"> <li>1. SOB due to pneumonia and COPD, increased work of breathing, desat to 82% now 100% on 5l O2, on IV antibiotics, continuous pulse ox, repeat CXR pending</li> <li>2. Hypotension 90/70 from baseline 140/80, holding BP meds, concerns for sepsis, cultures pending</li> <li>3. DM2 continue home medications and SSI</li> <li>4. Prophylaxis LM WH SQ, PPI</li> <li>5. Code status currently FULL</li> </ol> <p>but family coming in to discuss goals of care</p>	<p>Prednisone 60mg po daily</p> <p>Insulin glargine 20 units SQ qHS</p> <p>Novolog 8 units TID w/ meals</p> <p>Sliding scale insulin</p> <p>Albuterol/atrovent nebs q4hours</p> <p>Nexium 30mg po qday Lisinopril 5mg po daily (held)</p>	<p>If worsening hyperglycemia in setting of steroids, can tighten SSI</p>	<p>discuss goals of care/possible ICU transfer</p>
<p>Williams, Jennifer 5678901 TS367 NKDA</p>	<p>28 - y/o F with h/o uterine fibroids p/w vaginal bleeding and</p>	<p>Tylenol 650mg po q4 - 6hr PRN</p>	<p>If worsening bleeding, hypotension, or Hgb falling, please page</p>	<p>80</p>
<p>Date of Admit: 6/19/14</p>	<p>symptomatic anemia</p> <ol style="list-style-type: none"> <li>1. Vaginal bleeding likely related to uterine fibroids, Hgb on presentation 4.5 and patient</li> </ol>	<p>3.</p>	<p>ob/gyn to evaluate for embolization/surgery</p>	

Code Status: FULL PCP: Lee	symptomatic, transfused 3U PRBC's in the ED, await repeat CBC; has 2 large bore peripheral IVs 2. <i>Prophylaxis</i> SCD's		
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