

Digital Literacy from High School to Residency

Vincent Fu, University of Colorado School of Medicine

[@vincefox8](#) | [drvincentfu.com](#)



Adobe Creative Campus | 13 April 2022



Vincent Fu

University of Colorado School of Medicine
Founder & Designer, **arctcfx**



THREE CORE PILLARS



DESIGN

arctcfx



FITNESS

#fitfox

MEDICINE

MD



My Adobe Story



PART ONE

Humble Beginnings



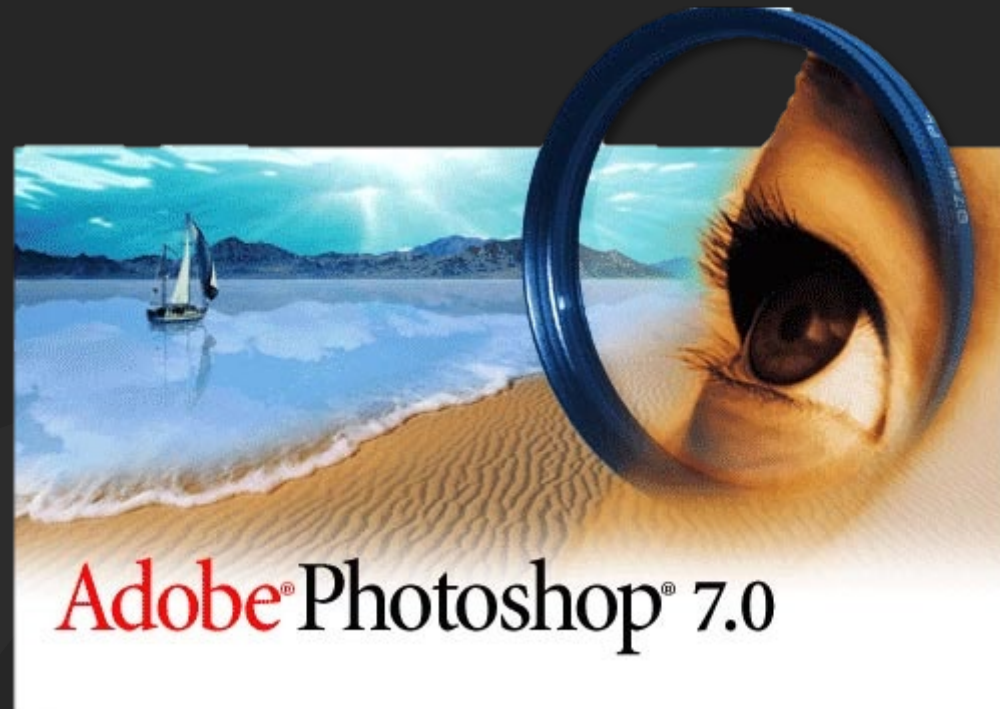
HUMBLE BEGINNINGS

The Early Years

2005-2013



THE EARLY YEARS



THE EARLY YEARS



THE EARLY YEARS



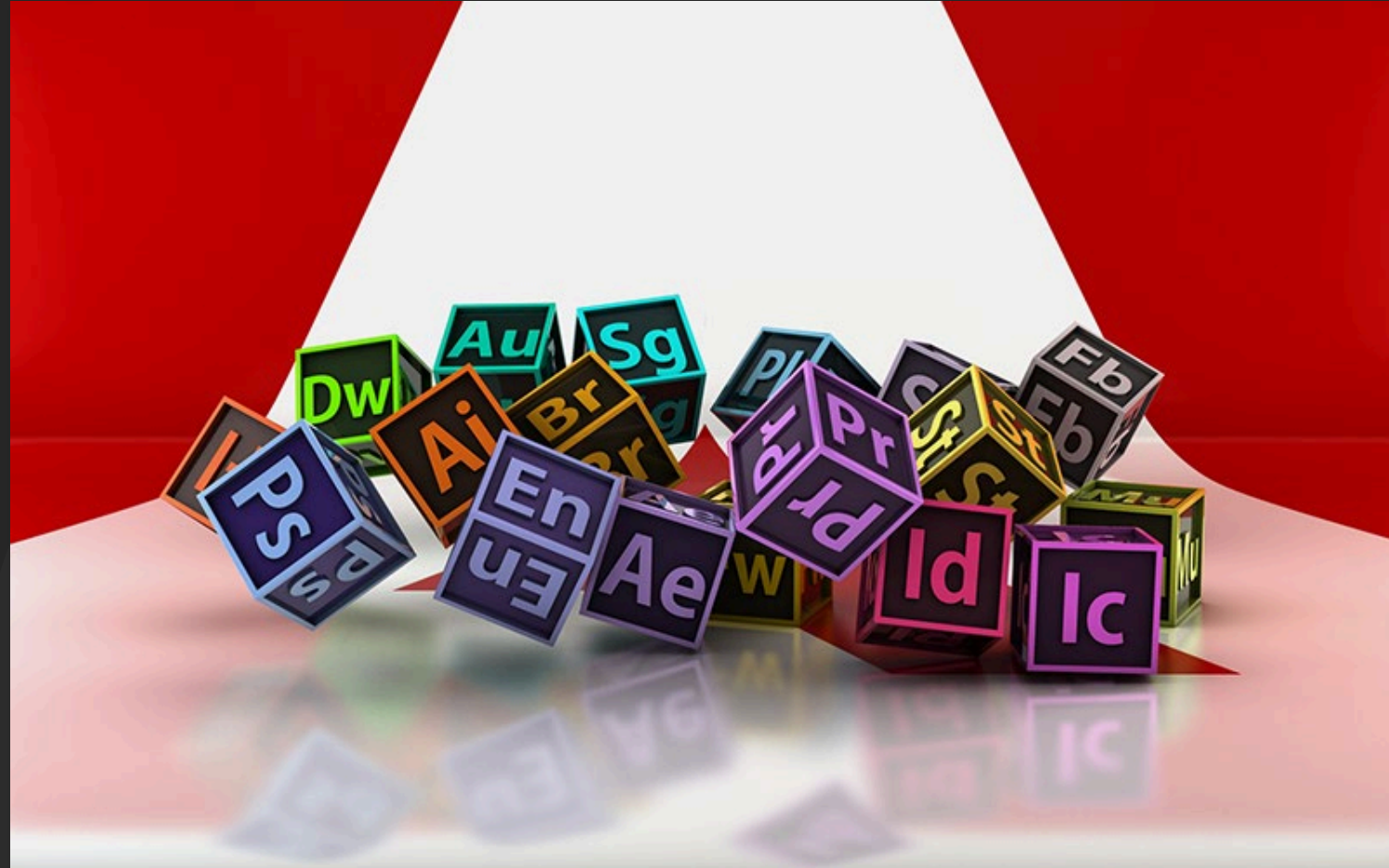
HUMBLE BEGINNINGS

The Undergraduate Years

2013-2017



THE UNDERGRADUATE YEARS





Adobe Customer Story

Transferring creative skills to the workplace.

University of Utah graduate finds success in the workplace using skills gained through Adobe Creative Cloud.



"Having access to Adobe Creative Cloud throughout college opened doors for me in ways that I never could have imagined."

Vincent Fu, Digital Marketing Manager, ProLung

SOLUTION

Adobe Creative Cloud

RESULTS



Successfully communicated **COMPLEX** ideas visually



Met any **CHALLENGE** to contribute to the company



Found success in a competitive **WORKFORCE**



OPENED DOORS to new career options





University of Utah '17
Biology Honors BS

DIGITAL LITERACY IN A NON-TRADITIONAL DISCIPLINE



It's a **way of thinking.**



LAMININS AS A POTENTIAL ENHANCER OF BETA CELLS

PROLIFERATION AND SUBSEQUENT GENE EXPRESSION FOR THERAPEUTIC TREATMENT OF DIABETES MELLITUS



VINCENT FU, UNIVERSITY OF UTAH; IN ASSOCIATION WITH SYMBIOCELLTECH, UNIVERSITY OF UTAH RESEARCH PARK

INTRODUCTION

Type I Diabetes Mellitus (T1DM), previously known as insulin-dependent or juvenile diabetes, is characterized by deficient insulin production caused by autoimmune attacks on insulin-producing pancreatic islet beta cells. The mechanism of this autoimmunity is not fully clear nor preventable with current clinical knowledge.

Despite available insulin therapies to reduce the burden of diabetes, many patients still develop complications that compromise multiple organs and ultimately result in early death.

The number of people with diabetes has risen from 108 million in 1980 to 422 million in 2014.

World Health Organization, 2016



SymbioCellTech has developed a therapeutic that, after a single treatment, has been shown in pre-clinical testing to be a lifelong functional cure for T1DM without immunosuppressive agents or even external insulin treatment. Based on laboratory tests performed both in parallel and as a result of my research at SCT in 2015 and 2016, we have received FDA approval to

SymbioCellTech has successfully combined mesenchymal stem cells with islet cells for our therapeutic.



conduct pilot studies in insulin-dependent diabetic pet dogs and clinical trials in humans.

The key to successful development of the SCT therapeutic has been to produce islet cells *in vitro* resulting in a large quantity of cells and cells with high potency, i.e. the expression of relevant genes for curing T1DM (namely insulin, glucagon, and others). These islets are then grown together with mesenchymal stem cells to form "neo-islet" aggregates with properties of both cell types (SymbioCellTech, 2017).

Although islet beta cells are known to be difficult to culture and retain *in vitro*, a number of studies have demonstrated the enhancing effects of laminins on proliferation rates and potency of cell types that are usually difficult to culture. This led to the hypothesis that growing islet cells in laminin-enhanced cultures will improve 1) proliferation rates and 2) gene expression.

METHODS

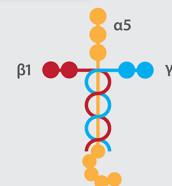
Islet beta cells from two dogs that grew well in previous experiments were selected for the treatment. These islets were cultured in parallel in identical culture flasks, half with human recombinant laminin-511 coatings that were manually applied to the flasks prior to seeding. After allowing all cultures ample time to achieve the necessary adhered cell density for passaging (sequential cell expansion), each culture was passaged for about one week per passage. Cultures were passaged continuously until the cells took an extended amount of time to reach ideal confluence, or failed to

reach confluence at all, which usually occurred around the fourth passage. A sample of cells from each culture and passage was prepared for Real-Time PCR analysis throughout the culturing and passaging process, and cell counts were also documented.

Both parts of our hypothesis were thus tested through our parallel culturing protocol. Cell counts and culture expansion rates served as a measure of beta cell proliferation, while the RT-PCR analysis measured gene expression across sixteen canine gene primers.

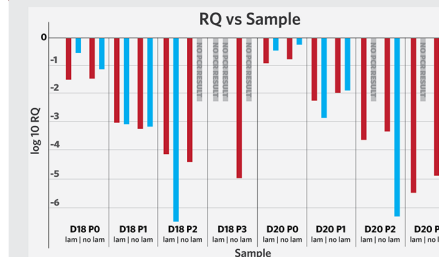
OVERVIEW OF LAMININS

Laminins are a naturally-occurring group of heterotrimeric proteins found in the extracellular matrix, and play a major role in forming the basal lamina protein network in the basement membranes of most cells in the body. Colloquially called "the glue of life", they are biologically active, influencing the adhesion, migration, and cell differentiation processes of their surrounding cells.



The domain diagram above shows laminin-511, which has been found to enhance growth in mouse embryonic stem cells and thus was hypothesized as an enhancer of islet beta cells in this study.

RESULTS



Proliferation Rate

Cell counts were approximately equal between laminin-enhanced cultures and unenhanced cultures. Laminin enhancement only yielded greater cell counts in 2 out of 16 cultures (all grown for 7 days). All other cultures showed slower proliferation rates with laminin.

Gene Expression (above)

RT-PCR data were approximately equal between laminin-enhanced cultures and unenhanced cultures; for each passage, relative quantitation data (above) showed an approximately equal level of **insulin (INS)** and **glucagon (GCG)** gene expression between cultures.

CONCLUSIONS

r-Laminin-511 does not bear significant effects or enhancing effects on the growth of our dog islet cultures.



In aggregate, the present data demonstrate that there is no statistically significant difference in the growth rate, gene expression, or potency between cultures expanded from the same dog islets, disproving our hypothesis about laminins.



Vincent Fu
University of Utah | Department of Biology | v.fu@utah.edu

Study conducted with funding and laboratory assistance from SymbioCellTech, LLC. www.symbiocelltech.com
All dog tissues were the generous gift of Dr. Frank Sachse through an NIH sharing agreement.



HUMBLE BEGINNINGS

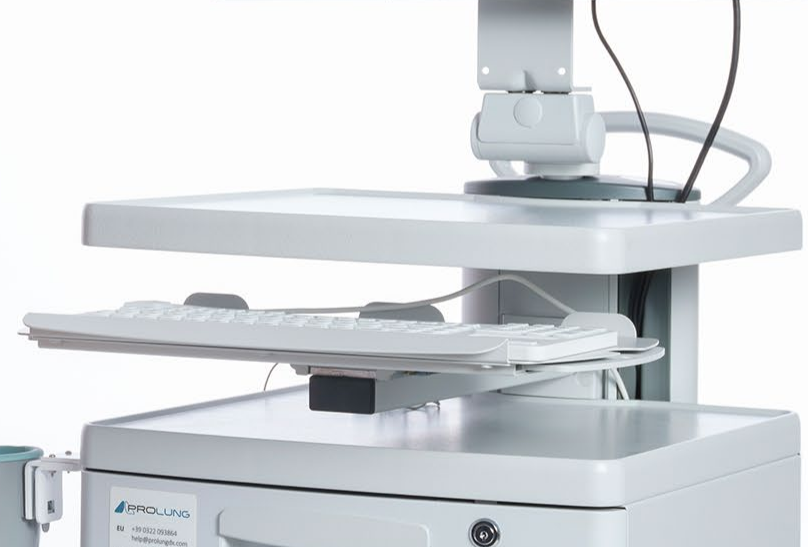
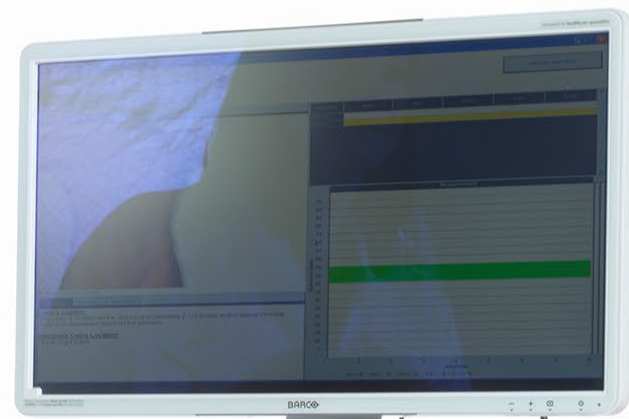
Year of Adulting

2017-2018

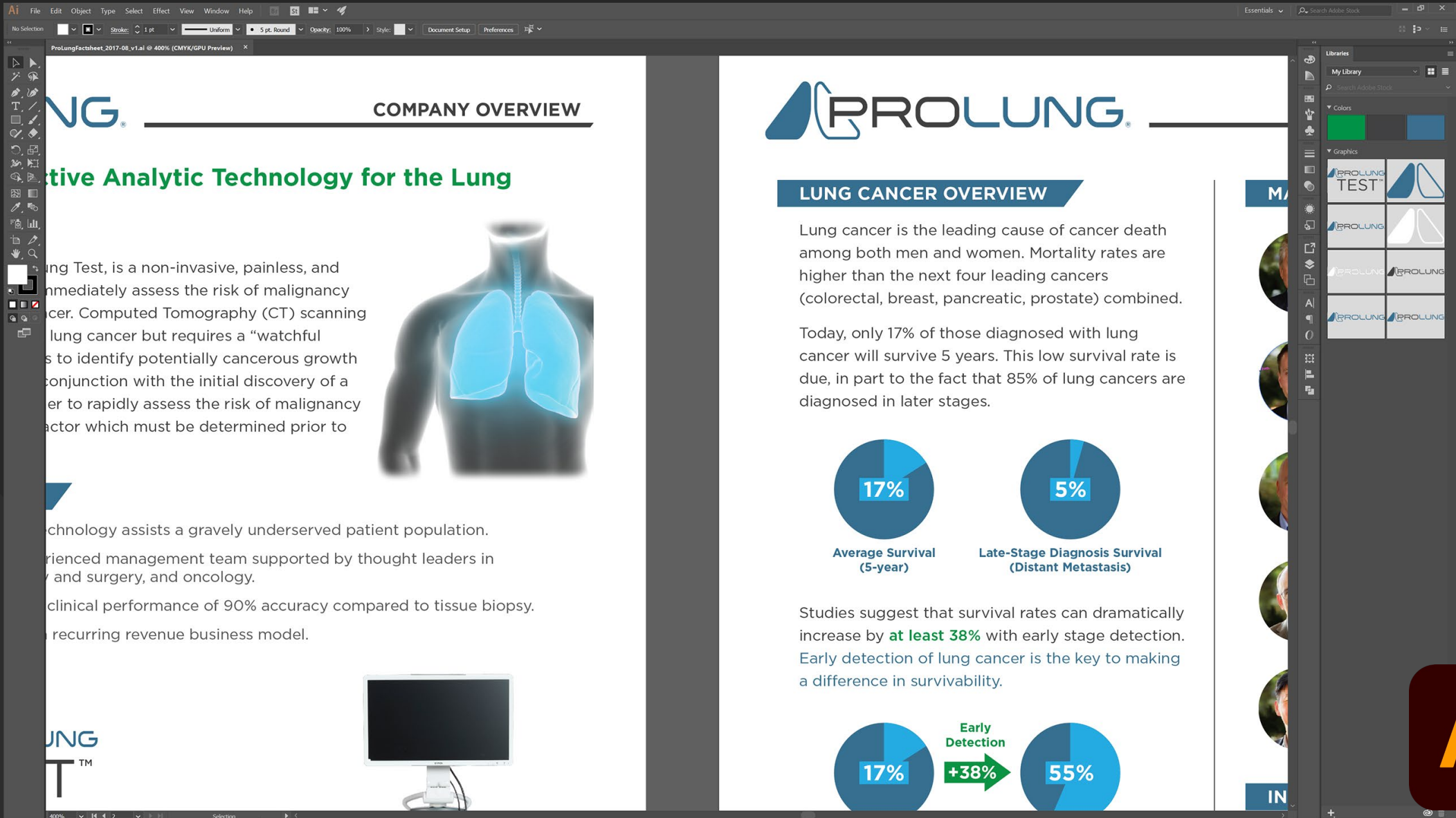




BRONCHITIS



YEAR OF ADULTING



YEAR OF ADULTING



THE PROLUNG TEST REPORT

The value of knowing now.

- Borderline score: repeat test
- Decreased risk of lung cancer

ProLung Test Report

Patient Information
 Patient ID: 12345678
 Patient Initials: F, L
 Birth Date: MM/DD/YYYY
 Scan Received On: MM/DD/YYYY
 Date of Report: MM/DD/YYYY

Clinic Information
 Ref Doctor: Dr. Doctor
 Ref Doctor Email: doctor@clinic.com
 Ref Nurse Email: nurse@clinic.com
 Clinic:
 Drg:
 Address: 1234 Street
 ZIP: City, Country: 12345, City, Country
 Phone: +1234.567.890

Test Score: 0.15

ProLung Test Description
 The ProLung System is indicated for use in patients who have undergone computed tomography in which a preliminary lesion of indeterminate significance has been detected. The ProLung Test is indicated for use as an aid in the risk stratification of such patients for the occurrence of lung cancer. Patients with elevated ProLung Test Scores are at an increased risk of developing lung cancer.

Results
 ProLung Test Score Chart
 Reference Interval 0.00 - 1.00
 Decreased Risk for Lung Cancer < 0.20 | 0.20 - 0.40 | 0.40 - 0.60 | 0.60 - 0.80 | 0.80 - 1.00 | Increased Risk for Lung Cancer > 0.80
 0.15 is highlighted in the green section.

Caution:
 The ProLung Test is not intended for all patients or all circumstances. Disregarding the Patient Selection Tool Criteria or using the ProLung Test outside of approved parameters may involve real-world or overoperation. The results of this test cannot be used as absolute evidence for the presence of a lung tumor and are to be interpreted in the context of all available clinical data. The information contained in this report should be shared exclusively by the respective recipients and contain confidential information, privileged and undisclosed.

ProLung Test Score (composite score)

Increased risk of lung cancer



VALUE MEDICINE: STAKEHOLDERS



REIMBURSEMENT

Estimated \$16B in cost savings when deployed as adjunct to LDCT screen*

*Source: CMS codes G0296 and G0297 for annual LDCT lung cancer screening and NCCN Lung Cancer Screening Guideline version 1.2017

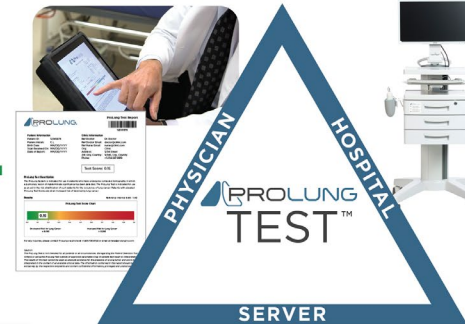


BUSINESS MODEL

PHYSICIAN REPORT

- Digital Test Report
- Quality Check
- Patient Summary

HOSPITAL-PHYSICIAN REVENUE



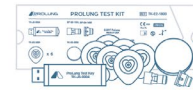
SERVER
PROLUNG CLINICAL DATABASE
DATA ACQUISITION
 Accumulate Data in Clinical Database for Research
ONGOING RESEARCH VALUE

CAPITAL EQUIPMENT

ProLung Test™ Scan System
SALES REVENUE

DISPOSABLES

ProLung Test Kit
RECURRING REVENUE





**All this was great, but I
wanted to do more.**

arctcfx

ARCTIC FOX DESIGN, LLC



PART TWO

How It's Going



HOW IT'S GOING

Medical School

2018-present



STILL HOOKED ON ADOBE



DESIGN THINKING IN THE MED SCHOOL CLASSROOM



ESSENTIALS OF NEUROLOGY

Ocular Cranial Nerve Palsies

Double vision and ocular misalignment are caused by dysfunction of the extraocular muscles. This often results from an abnormality of the motor nerves to these muscles (cranial nerves III, IV, and VI).

Neuroanatomy Overview

Three cranial nerves supply motor control to the six extraocular muscles which control the eye, the major eyelid elevator, and the pupillary constrictor.

After travelling through the superior orbital fissure in the skull, all three cranial nerves for ocular movement traverse the cavernous sinus near the internal carotid artery and pituitary gland, accompanied by the ophthalmic nerve (V1) and maxillary nerve (V2). The sinus, enveloped by dura, is situated superior to the sphenoid bone and inferior to the optic chiasm.

Image: Ento Key

CN IV: Trochlear nerve = Superior Oblique muscle
 CN VI: Abducens nerve = Lateral Rectus muscle
 CN III: Oculomotor nerve = all other extraocular muscles

These muscles pull on the globes to direct gaze in every direction and provide coordinated movement.

Image: Springer

Structural pathologies (e.g. metastases or infections) involving the cavernous sinus may lead to a cranial polyneuropathy primarily presenting with diplopia. Notably, the abducens nerve runs in close proximity to the internal carotid artery, identifying the possibility of isolated sixth nerve palsy due to vascular disease.

AN OVERVIEW OF ANTIDEPRESSANTS

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

- frequently used as **first-line** antidepressants
- highly effective, tolerable, and generally safe in overdose
- potent treatment for **anxiety**; also effective for panic, OCD, social anxiety, PTSD, body dysmorphia, and eating disorders

PHARMACODYNAMICS selectively increase serotonergic activity by decreasing action of presynaptic serotonin reuptake pumps (60-80%), leading to prolonged postsynaptic serotonin receptor occupancy

CONTRAINDICATIONS patients with hypersensitivity; patients who have taken a monoamine oxidase inhibitor (MAOI) in the previous two weeks due to interaction with SSRIs; patients taking other serotonergic medications

Celexa
(citalopram)

Lexapro
(escitalopram)

Prozac
(fluoxetine)

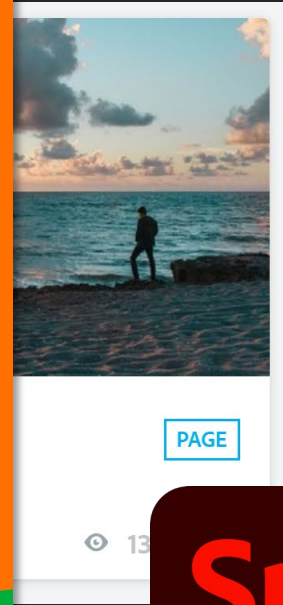
Paxil
(paroxetine)

Zoloft
(sertraline)

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

- primarily used for **depressive disorders** and **anxiety disorders**
- secondarily used for **chronic pain syndromes**
- can be effective for **body dysmorphia, OCD, and PTSD**; menopausal hot flashes, urinary incontinence, and vulvodynia may also respond to SNRIs

PHARMACODYNAMICS block presynaptic serotonin and norepinephrine reuptake pumps, leading to prolonged postsynaptic serotonin and norepinephrine receptor occupancy; SNRIs vary in affinity for each type of pump

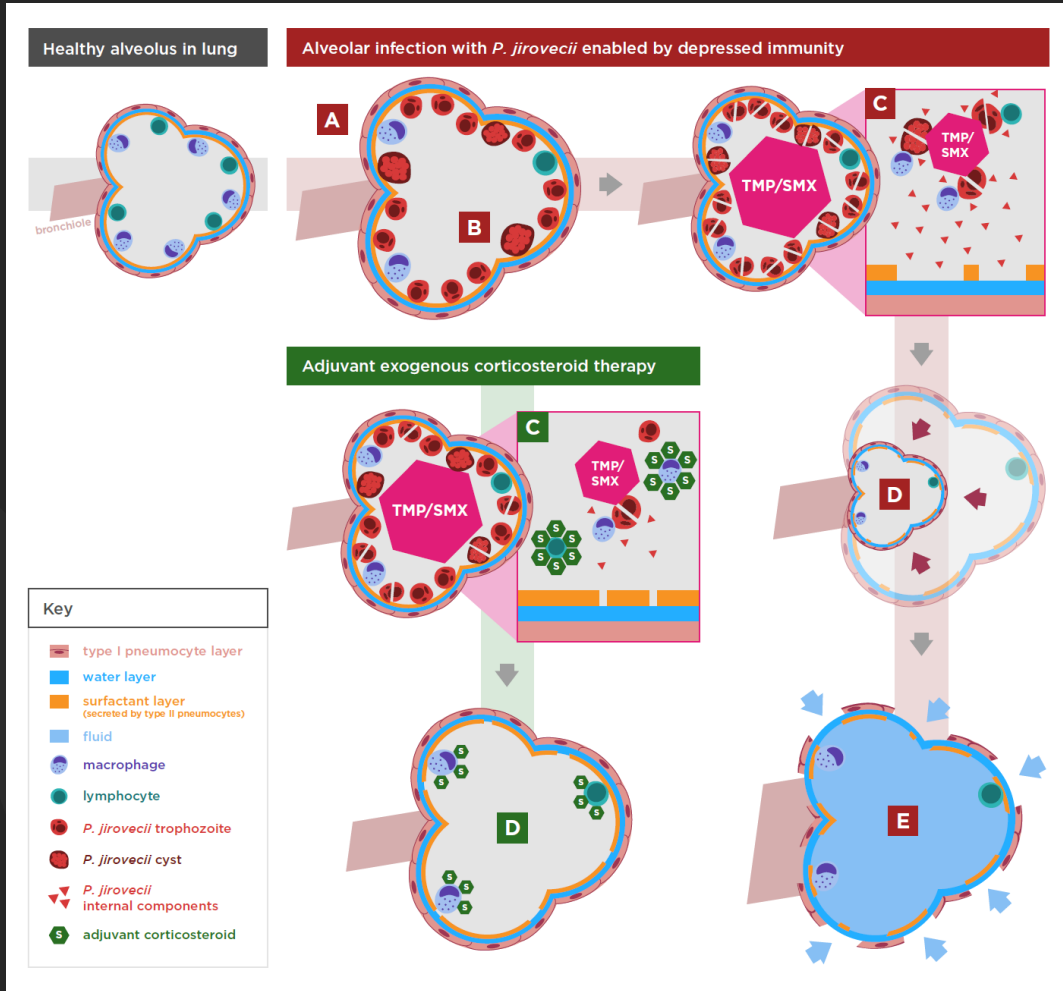


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DESIGN THINKING IN RESEARCH AND CLINICAL PRACTICE



Community & Primary Care

Live your life and don't hold back

Pain Management in Pueblo

Care in Our Community

Pueblo is a small city with big potential. As our neighborhoods continue to grow, our healthcare needs become increasingly complex. Fortunately, there are an ever-expanding number of resources available within minutes—and even more specialists located in Colorado Springs and Aurora. Through the UHealth App and My Health Connection online, care is always on hand.

Pain is Complex

Although pain can be caused by numerous conditions, there are just as many management options. Your resources in Pueblo offer a large variety of treatments to help you feel better.

Routine pain management visits and procedures are easily accessible at Parkview Medical Center*, just west of Mineral Palace Park. For more specialized care, the UHealth Pain Management, Physical Medicine and Rehabilitation Clinic in Colorado Springs and Pain Management Clinic at Anschutz Medical Campus are both a short drive away.

In all UHealth clinics, every effort is made to achieve the best possible outcome in the shortest and most cost-effective treatment plan for you. Rest easier knowing your health and well-being are the highest priority.

*Parkview Medical Center is not affiliated with or part of UHealth

Learn more at uhealth.org

Options

and Relaxation

is reduce heart rate and blood to a feeling of calm.

tions

as (Tylenol® or NSAIDs) block pain might be used for severe chronic pain.

rapy

ovement is accomplished using exercise, stretches, and massage.

ms and Ointments

ucts such as Voltaren®, capsaicin, creams absorb through the skin.

cluding regular activity, weight a healthy diet—may improve pain.

ics

with Pain Management Clinic Medical Center Point, Suite 215 Colorado Springs, CO 80907 5.7130

with Pain Management - Anschutz Medical Center 16th Ave, 1st Floor CO 80045 3.1970

uhealth

uhealth

Living with pain is not the only option. Feel better, get out there, and enjoy the natural beauty of Southern Colorado.

[Flip to explore options and resources >>](#)



FROM THE EDITORS

Dear Class of 2023,

Congratulations and welcome to medical school! We are genuine about you're here and look forward to meeting you all.

At this time in your life, you are likely facing a great deal of uncertainty. Don't panic! Whether you're moving down the street or across the street, we hope this guide will be helpful in answering some of your questions. Our goal is to minimize the stress of your transition into the best years of your life.

Part A of the Medical Student Guide (available digitally) covers things you should have arranged by the time you arrive on campus.

Part B (what you are reading now) covers things you should know about exploring around the Anschutz campus and becoming an experienced student. In addition to digital distribution, you will receive a printed edition of this guide.

Putting together this guide would not have been possible without the contributions from past editors, interest group leaders, our class members, and the entire Office of Student Life—with special thanks to Hailey K. We want you, the incoming class, to have the most relevant and useful information as you begin your journey at the University of Colorado School of Medicine.

So, whether you're feeling nervous, or anxious, or maybe even a little excited, know that we take care of each other here at CU. You're going to have an awesome and unforgettable first year experience, so enjoy it and make the most of it.

Onward!



Vincent Fu
@vincefox8 | Class of 2022



Saori Lillian Haigo
@slhaigo | Class of 2022

ORIENTATION WEEK

Be sure to read Part A for important information about things to complete before you get to campus and what to expect for orientation week!



CAMPUS & BEYOND

Guide to Navigating Denver

Ten years ago, this section was relevant. In 2019, however, Google Maps is a far more detailed and customized resource than we could ever prepare.



Pearl

Maps is especially useful for live traffic, since your typical commute route may be affected by construction or an incident. Even after commuting for a year, I find that it's still useful to consult Maps before I head out.

Be safe out there!

Campus Coffee & Eats

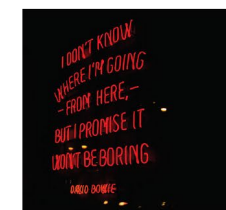
ED2N Woodgrain Bagels - artisan bakery, breakfast fare, and coffee conveniently located on the east side of the quad

Fitzsimons Cafeteria - new vendor coming Fall 2019

Children's Hospital Cafeteria - coffee and cafeteria with numerous options

RC2 Etai's Café - coffee and deli-style soup, salad, and sandwich selections

UCH Strip - features chain shops including Dazbog coffee and Subway



Off-Campus Eats & Happy Hours

Again, Google Maps is better than any list we could put here!

If you're looking for recommendations though, check out [Vincent's Top Eats in Denver](#). This city offers so much to taste and explore!





WELCOME
TO



MATCH
DAY

2022



Au

Ae

Pr

#socialmedia | #digitalscholarship

DIGITAL MD

new elective this fall @ CUSOM

limited spots — sign up now



DIGITAL MD CURRICULUM

Needs Assessment

Student Survey





Exploring Attitudes

“Do you agree...?”



I would like to be able to create digital educational content such as infographics, videos, posters, and animations.

Agree 50%

Neutral 32%

18% Disagree

TOTAL SURVEYED: 131



I know how to create digital educational content such as infographics, videos, posters, and animations.

Agree 20%

Neutral 23%

57% **Disagree**

TOTAL SURVEYED: 131



I would like to create digital educational content.

Agree: 65

I know how to create digital educational content.

Agree 23%

Neutral 23%

54% Disagree

DIGITAL MD CURRICULUM

Overview of Modules





1

What is Social Media and Digital Scholarship?



2

Legal and Ethical Pitfalls of Online Citizenship



3

Transitioning from Lurker to Contributor / Social Media Activism



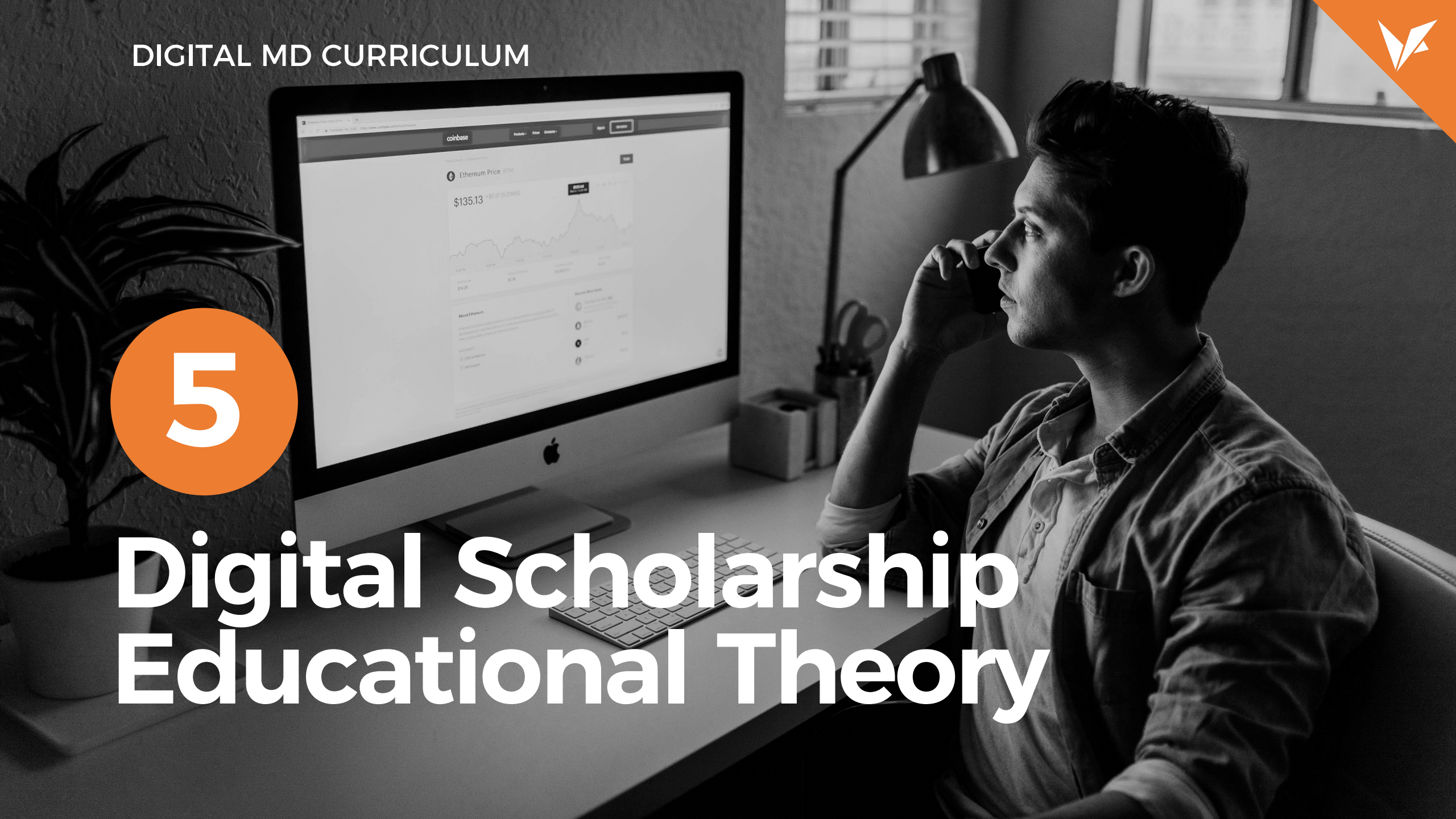
4

Developing a Professional Identity / Personal Branding



5

Digital Scholarship Educational Theory





6

Lab: Everyone is Creative with Adobe



7

Capstone Presentations, Reflections, and Review

DIGITAL MD: STUDENT CAPSTONES



COVID-19: MYTH VS FACT

- MYTH:** "Coronavirus is a brand new type of virus that we have never seen before."

FACT: We have seen many different types of coronaviruses, just like different types of influenza viruses. This is a family of viruses that can cause respiratory infections, many are fairly mild like a common cold. SARS is another example of a Coronavirus.
- MYTH:** "Having Coronavirus is just like having a bad cold or the flu."

FACT: COVID-19 and the flu both have symptoms of cough and fever. COVID-19 can also cause shortness of breath. Current data shows that COVID-19 is more infectious than the flu. Each person with the Coronavirus infects 2.5 other people on average versus the flu which infects about 1.3. The fatality rate of COVID-19 is estimated to be between 1-3.7%, whereas the seasonal flu is about 0.1%.
- MYTH:** "I don't need to socially distance myself because I'm young and have no pre-existing health conditions."

FACT: Social distancing is a group effort- everyone has to do their part for it to be effective. Even if you are not afraid of contracting the virus because you are young and healthy, you may end up passing it to someone who is in contact with the elderly, immunocompromised, or someone with heart disease.
- MYTH:** "I can't pass Coronavirus if I don't feel sick."

FACT: Studies have shown that you can still be contagious with COVID-19 in the early stages of disease, before you start to show symptoms. This is why it is so important to practice social distancing, even if you don't think you are carrying the virus.
- MYTH:** "I should go get tested immediately if I suspect that I have Coronavirus."

FACT: You should first call your primary care doctor and they will direct you on the best course of action. In about 80% of cases, symptoms of this virus are mild and can be taken care of at home. There is no medication to treat Corona virus. If you are sick, it is best to stay home and avoid public areas so that you don't spread this virus to other people. If you are experiencing trouble breathing, confusion, chest pain, or blue lips, seek medical care immediately.

FOR MORE INFORMATION ON COVID-19: VISIT [HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/INDEX.HTML](https://www.cdc.gov/coronavirus/2019-ncov/index.html)

IMPORTANCE OF MENTAL WELLBEING *an overview for medical students*

STRESSING ABOUT THE FUTURE



In a study of medical students, **41.2%** had anxiety rating in clinically significant range.

Pickard, et. al, 2000

UTILIZE RESOURCES AT CUI



From fitness to therapy, the Wellness Center has many services to promote well-being. Build a support system of peers, family, and faculty to share concerns and thoughts.

TIRED & UNMOTIVATED



49.6% of medical students in 7 U.S. medical schools had scores qualifying them for burnout.

Dyrbye, et. al, 2008

THINK LONG TERM



Use the first semester of school to explore study strategies. Implement a planner to space out activities and goals & a mood tracker to track your feelings over time!

COMMUNITY IMPACT



Student wellness & connectedness affect **patient safety** and **quality of care**.

Sibingo & Wu, JAMA 2010

EXPLORE YOUR COMMUNITY!



Take time to go on a local hike or partake in community service events. Integrating yourself in a new environment can help you appreciate the people you are serving!

COVID-19 HAS KILLED 280,000+ AMERICANS.

COUNTLESS SURVIVORS STILL SUFFER.
HERE'S WHAT THE NUMBERS SAY.

FOR EVERY 1 PERSON THAT DIES OF COVID-19,



SOURCES:

- <https://pubmed.ncbi.nlm.nih.gov/32838236/>
- <https://pubmed.ncbi.nlm.nih.gov/32644129/>
- <https://www.acpjournals.org/doi/10.7326/M20-5661>
- <https://jamanetwork.com/journals/jamacardiology/fullarticle/2768916>

Vijay Shimoga
@vijay_shimoga



DIGITAL MD: STUDENT CAPSTONES



Pinned Tweet

Vijay Shimoga @vijay_shimoga · Dec 15, 2020

Thanks for the RT, @meganranney! I believe it's critical for the conversations around COVID to better capture adverse outcomes besides mortality that many in the media are neglecting to discuss.

Megan Ranney MD MPH @meganranney · Dec 15, 2020

Myth: it's more dangerous than covid

Fact: 1% of all ppl who catch #covid19 die. Another 10-20% are hospitalized. Another 30+% have long lasting symptoms. The vaccine is far safer, with only minor temporary side effects.

[Show this thread](#)

[https://pubmed.ncbi.nlm.nih.gov/32644129/](#)
[https://www.acpjournals.org/doi/10.7326/M20-5661](#)
[https://jamanetwork.com/journals/jamacardiology/fullarticle/2768916](#)

Vijay Shimoga

6:40 AM · Dec 15, 2020 · Twitter for Android

386 Retweet

386 Retweets **31 Quote Tweets** **1,759 Likes**

Tweet your reply Reply

Digital
literacy is a
way of
thinking.

PRACTICE WHAT YOU PREACH



DIGITAL MD: A Novel Social Media and Digital Scholarship Elective

Vincent Fu, BS | MD Student, University of Colorado School of Medicine
Matthew Zuckerman, MD | Assistant Professor of Emergency Medicine, University of Colorado



BACKGROUND

75% of medical students use social media.
1 in 5 medical students create and use **online educational resources** and **connect with peers and mentors** through social networks.
Current medical curriculum **lacks coursework to support medical students in digital scholarship** and educate them about online professionalism.

METHODS

Digital MD is an **online curriculum** utilizing pre-existing materials, guest speakers, zoom discussions, and tiered assignments.
Students use Adobe Creative Cloud to create a **digital media capstone** at course completion.

MODULES

- 1 What is Social Media and Digital Scholarship?
- 2 Legal and Ethical Pitfalls of Online Citizenship
- 3 From Lurker to Contributor/Social Media Activism
- 4 Developing a Professional Identity/Personal Branding
- 5 Digital Scholarship Education Theory
- 6 Everyone is Creative: Adobe Creative Cloud (Guided Lab)
- 7 Capstone Presentations, Review, and Feedback

RESULTS

We enrolled 9 students over 3 course sessions.
100% of respondents agreed the course helped:
- Define concepts
- Understand online advocacy
- Make them more likely to use social media and digital scholarship in their education

CONCLUSIONS

Social media is an **important and increasingly critical part of physician communication and professionalism**.
Resources are **available, expanding, and proven to be feasible** within MedEd.
Digital MD has **meaningful impact** on students through the creation of capstone projects and **enhanced social media engagement with real-time, real-world influence**.

OUTCOMES

Student-made infographics generated more than 20,000 **online impressions** and over 3,000 **engagements**.

The infographic is divided into two main sections. The top section, 'COVID-19: MYTH VS FACT', lists several common misconceptions and provides evidence-based facts. The bottom section, 'IMPORTANCE OF MENTAL WELLBEING', offers strategies for maintaining mental health during the pandemic.

COVID-19: MYTH VS FACT

- MYTH:** COVID-19 is a brand new type of virus with never seen before.
- FACT:** We have seen many different types of coronaviruses in the past, including SARS and MERS-CoV. COVID-19 is a new coronavirus, but it is not a new type of virus.
- MYTH:** You can get COVID-19 from the toilet.
- FACT:** COVID-19 and the flu both have symptoms and fever. COVID-19 can also cause shortness of breath. Current data shows that COVID-19 is more contagious than the flu. Each person with the Coronavirus can infect about 2.3 other people on average versus the flu at about 1.1. The fatality rate of COVID-19 is 1.9% to 6.6%, whereas the seasonal flu is about 0.1%.
- MYTH:** I don't need to socially distance myself because I'm young and healthy.
- FACT:** Social distancing is a group effort - everyone's part for it to be effective. Even if you're healthy, you may end up passing it to someone who is elderly, immunocompromised, or someone with heart disease.
- MYTH:** I can't pass Coronavirus if I don't have COVID-19.
- FACT:** Studies have shown that you can still be contagious with COVID-19 in the early stages of illness, even before you start to show symptoms. This is why it's important to practice social distancing, even if you don't think you are carrying the virus.
- MYTH:** I should get tested immediately if I have symptoms.
- FACT:** You should first call your primary care doctor. They will direct you to the best course of action. In about 80% of cases, symptoms of this virus will not last long enough to require medical attention. The best course of action is to stay home and avoid public places so that you don't spread the virus to others. If you are experiencing trouble breathing, chest pain, or blood sputa, seek medical care.

IMPORTANCE OF MENTAL WELLBEING
an overview for medical students

- STEREOTYPING ABOUT THE FUTURE:** In a study of medical students, 41% had anxiety ranging in severity.
- UTILIZE RESOURCES AT OUR DISPOSAL:** From Brown to Brown, the Wellness Center has many services to promote wellness. Build a support system of peers, family, and faculty to share concerns and struggles.
- TREK & INMOTIVATED:** Use the first semester of school to explore study strategies, implement it, evaluate, and adjust. Get a good night's sleep and eat well.
- THINK LONG TERM:** Use the first semester of school to explore study strategies, implement it, evaluate, and adjust. Get a good night's sleep and eat well.
- COMMUNITY IMPACT:** Student culture & communication affect professional and quality of care.
- EXPLORE YOUR COMMUNITY:** This time to begin to build a network of peers & community service events. Integrating yourself in the environment can help you experience the people and help you see things!

FOR MORE INFORMATION ON COVID-19: VISIT [HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/INDEX.HTML](https://www.cdc.gov/coronavirus/2019-ncov/index.html)

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PART THREE

Take Flight





Vincent Fu, MD
University of Colorado



Kelsey Bacidore, MD
Chicago Medical School



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University of New England



**LOYOLA
MEDICINE**

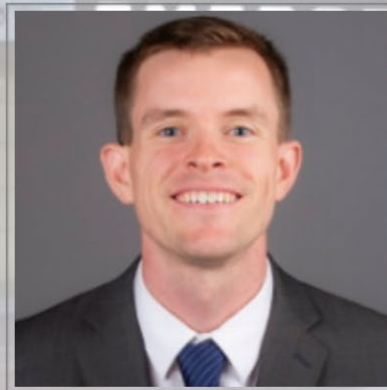
**Emergency Medicine Residency Program
Class of 2025**



Obinna Onyeukwu, MD
Wayne State



Crystal Pun, DO
Western University of Health Sciences College



Phillip Williams, MD
Chicago Medical School



TAKE FLIGHT

Who Am I?



VINCENT FU, MD



DESIGN

arctcfx



FITNESS

#fitfox

MEDICINE

MD

ADOBE CREATIVE CAMPUS

Final Thoughts



FINAL THOUGHTS

The Secret Sauce

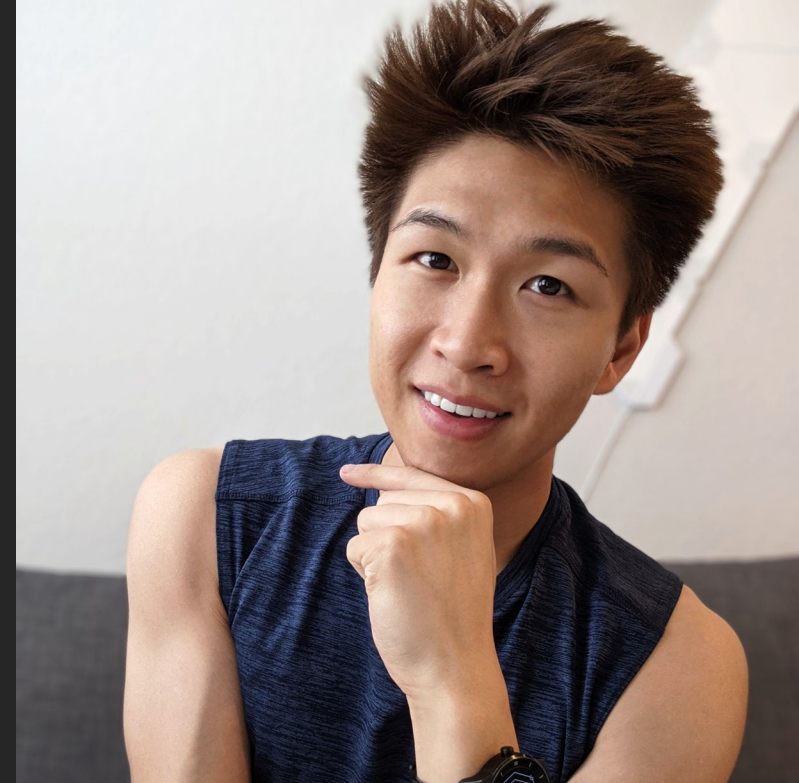
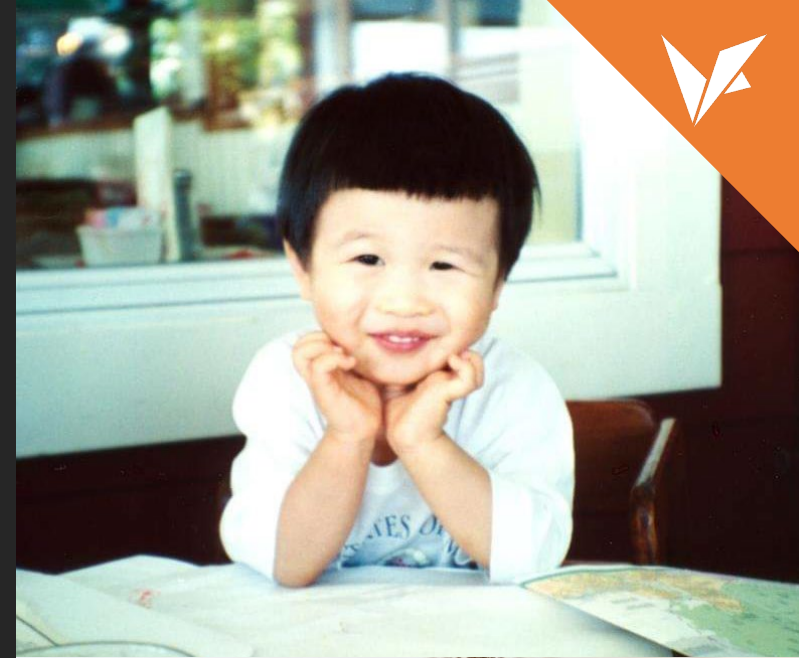


54 INNOVATIVE INSTITUTIONS

Leading the way



"We do not change
as we grow older,
we simply become
more clearly
ourselves." - Lynn K Hall





Let's Connect

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