Welcome to MedLinks Training Fall 2022

Nov 6, 2022

Please sign in: tinyurl.com/medlinksssignin
Intros
Organizational Structure

Exec

Residential Directors

MedLinks

Senior Program Manager
Community Wellness at MIT Medical
Greg Baker
Meet the Exec Board!

Contact Us!

email: medlinks-exec@mit.edu
website: medlinks.mit.edu
instagram: @mit_medlinks
<table>
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<th>Name</th>
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MedLinks Roles & Responsibilities

- **Stay Healthy!** Take care of yourself so that you can take care of others.
- Connect & inform students about Medical and other MIT resources (physical and mental support)
- Help students determine when to seek medical attention
- Students may email dorm mailing list for assistance
  - Provide OTC/medical supplies for people in your dorm
- Participate in MedLinks events (e.g. virtual study breaks, social movie nights)
- Meet the points requirements! :)
Requirements

- 32 Points
- 4 Con-Eds

Regularly 1 ConEd + Registration Day Meeting
What are points for?

- Allows us to track participation and maintain a list of active MedLinks
- Can earn points by doing something in service to MedLinks
- Will be placed on probation for a semester if you fail to meet points requirement. Failure to meet the requirement twice in a row will result in your membership being revoked.
- *Please email if you have any questions or concerns!*
  
  medlinks-exec@mit.edu
- More about how to earn points at the end of today’s training!
## Today’s Schedule

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<tr>
<th>Time</th>
<th>Session_description</th>
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<tbody>
<tr>
<td>9:00-9:15</td>
<td>Breakfast &amp; Attendance</td>
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<tr>
<td>9:15-9:30</td>
<td>Exec intros, What is MedLinks, Overview of the Day</td>
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<td>9:30-10:15</td>
<td>Resources on campus / MIT Medical</td>
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<td>10:15-11:45</td>
<td>Common Medical Concerns / What’s In Your Kit</td>
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<td>11:45-12:00</td>
<td>Break</td>
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<td>12:00-12:45</td>
<td>Karen Singleton, SMH&amp;C</td>
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<td>12:45-1:15</td>
<td>Lunch with RDs</td>
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<td>1:15-1:35</td>
<td>Logistics</td>
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<td>1:35-2:05</td>
<td>Dots activity (DEI)</td>
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<td>2:05-2:15</td>
<td>MedLinks greatest hits</td>
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<tr>
<td>2:15-2:25</td>
<td>Break</td>
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<td>2:25-3:55</td>
<td>Zan Barry - Community Wellness</td>
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<td>3:55-4:10</td>
<td>Kahoot/recap</td>
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<td>4:10-4:40</td>
<td>Training scenarios led by Exec</td>
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MIT Medical
Where Is Medical?
Services

- Urgent Care
- Primary Care
- Student Mental Health & Counseling
- Community Wellness
- OB/GYN
- Optometry
- Laboratory/Radiology
- Pediatrics
- Dental
What’s covered by tuition?

- Access to many parts of MIT Medical with no fee at point of service (and regardless of insurance):
  - Primary Care
  - Urgent Care
  - Student Mental Health & Counseling
  - STI testing
  - Basic x-rays, some lab work
Student Health Insurance Plan

- Meets Massachusetts requirements for insurance coverage
- Covering things MIT Medical does not have on site
  - Emergency room visits
  - Surgeries
  - Specialist visits
Community Wellness

- getfit
- 253-CALM
- Sleep, stress management, relaxation
- MedLinks!
Confidentiality

- It is illegal for MIT Medical to disclose your personal health information except in cases of imminent harm to self or others
Other Resources on Campus
Phone Lines

- MIT Medical Mental Health: 617-253-2916 (24/7)
- MIT Medical Urgent Care: 617-253-1311 (24/7)
- Violence Prevention and Response: 617-253-2300 (M-F 9am-5pm)

Numbers available for reference on MIT Medical website
Emergency Resources

- MIT Police: 617-253-1212
- MIT EMS: 617-253-1212
- Anonymous Sexual Assault Form

Form for Anonymous Reporting of Sexual Assault to the MIT Police Department

This form is for reporting a sexual assault anonymously to the MIT Police Department. A person who has been assaulted may complete this form themselves and send it to the MIT Police Department, or they may ask a third party (such as a friend or counselor) to do so. In completing the form, while more information is better for MIT police purposes, you do not need to complete all questions.
Dean on Call

- For after-hours emergencies that **do not require police or EMS**
- Call 617-253-1212 and ask to speak to the Dean on Call
- Staffed by DSL
- Available M-F 5 pm-9 am, weekends, and holidays
Good Samaritan Amnesty Policy at MIT

The Good Samaritan Amnesty Policy (GSAP) is an exception to MIT’s alcohol and prohibited substances policies. MIT aims to encourage students and student organizations to call for help in cases of alcohol incapacitation, drug overdose, or other substance-related medical emergencies. In addition, this policy applies to any students who report in good faith that they witnessed or were the victim of a crime or significant policy violation while under the influence of alcohol or prohibited substances.

For Emergencies Call
617-253-1212

Did you or someone in your organization call for or try and get help?

- **Yes**
  - Did you or others in your organization violate any of the following policies: sexual assault, healing, weapon possession, manufacture and/or distribution of drugs?
    - **Yes**
      - You ARE NOT protected by the GSAP.
      - You or others in your organization will be contacted by staff for follow-up with the Committee on Discipline.
    - **No**
      - You ARE protected by the GSAP.
      - You or others in your organization will be contacted by the Office of Community Development and Substance Abuse to engage in educational and counseling programming.
  - **No**
    - **Yes**
      - You are a bystander and will not face disciplinary action.
    - **No**
      - Were you intoxicated?
        - **Yes**
          - You are a bystander and will not face disciplinary action.
        - **No**
          - Were you the intoxicated person in need of transport?
            - **Yes**
              - You are a bystander and will not face disciplinary action.
            - **No**
              - You ARE NOT protected by the GSAP.
              - You or others in your organization will be contacted by staff for follow-up with the Committee on Discipline.

For more information about this policy and the related policies listed above, scan here.
Student Support Offices

Private

Required to report sexual misconduct to Institute Discrimination & Harassment Response (IDHR)

Confidential

Keep conversations confidential unless imminent threat of harm
Student Support Services (S³)

For all student advocacy and resource referrals

- **Ways to contact**
  - Office open @ 9am - 5pm on weekdays
  - Virtual drop-ins Monday-Friday, 10:00 AM-12:00 PM and 2:00 PM-4:00 PM
  - Call 617-253-4861, appointment request online

- **Academic challenges**
  - Pset extensions, reschedule exams
  - Excused absence (OX) classes

- **Leaves of absence**
  - Transition funds
  - Leave and return mentors
Student Support Services (S³)

For all student advocacy and resource referrals

- Financial difficulties
  - Emergency support fund (ie: winter coats, emergency trips)
  - SwipeShare for meals
- Healthy lifestyle
  - Referrals to ENGINEERyourHEALTH+ with MIT Recreation
    - Covers nutrition/massage/PT or group exercise
- Undocumented/DACA students
  - Group meetings, legal consultation

5-104
Accessing Resources at MIT (ARM Coalition)

Connections for financial resources

- Find at studentlife.mit.edu/arm or email arm-coalition@mit.edu;
- Costs of living, academic, food, health, student activities, emergency travel
- Connections to on-campus jobs
Violence Prevention & Response (VPR)

For support related to sexual violence or relationships (CONFIDENTIAL)

- 9am - 5pm, Monday-Friday
  - call (617) 253-2300
  - Number on back of student ID
- Email VPRadvocate@mit.edu
- Call if...
  - Something happened on/off campus
  - Something happened before/during MIT
  - Concerned for a friend
  - Investigating further options
Disability and Access Services

For long-term accommodations for students with disabilities

● Ways to access
  ○ Call (617) 253-1674 or email das-student@mit.edu

● Physical challenges
  ○ Accessibility in buildings, transportation via police
  ○ Dictated exams, notes for classes

● Learning disabilities
  ○ Extended time on exams
  ○ Printed lecture notes for vision/dyslexia
  ○ Microphone professors for hearing
Institute Discrimination & Harassment Response Office (IDHR)

For reporting and resolving cases of bias, discrimination, and harassment

- Ways to access
  - Email idhr@mit.edu or call 617-715-4080
  - Office open @ 9am-5pm
- Follow up on reports from private resources
  - Present full array of options
- Informal resolutions (95%)
  - Academic extensions & excuses
  - Housing transfers
  - Restraining orders
- Formal investigations (5%)

IDHR | Institute Discrimination & Harassment Response Office

W31-223
Alcohol & Other Drugs Services (AODS)

For education and concerns about drug and alcohol use

- Controlled use support
  - Online & in-person screening
  - Alcohol & narcotics anonymous

- Ongoing education
  - Prescription drug abuse prevention
  - AlcoholEDU

- Alternate activities
  - Weekends@MIT, SaveTFP

- Contact
  - Email aods@mit.edu
  - Call 617-258-6499
Office of Minority Education (OME)

For academic support and networking opportunities

- Ways to access
  - Call 617-253-5010 or email omemit@mit.edu
- Mentorship for first-years
- Talent Scholars Resource Rooms (TSR^2)
  - GIR tutoring, review sessions, and study space
- Laureates and Leaders
  - Subsidies for grad/med school apps, networking opportunities
- Much more at ome.mit.edu
Chaplains

For advice and support from a religious leader (CONFIDENTIAL)

- 20+ chaplains from across range of different faiths
  - Email chaplains directly!
  - Under Office of Religious, Spiritual, and Ethical Life (ORSEL)
- Religious groups on campus meet regularly
Other Peer Groups

For Q&A, listening, and resource referrals

- **PLEASURE**
  - Sexual and relationship education
  - Trained by VPR

- **Residential Peer Mentors (RPMs)**
  - Upperclassmen resources based in living groups

- **Lean on Me**
  - Text hotline @ 617-500-4004

- **Class Awareness, Support, and Equality**
  - Hosts events and develops resource guides

- **Wellbeing Ambassador**
  - Promoting wellbeing and community, providing self-care supplies
For one-on-one academic support

- **Office of the First Year**
- **TSR^2**
  - Physics, math, chemistry, and biology nights
- **Math Learning Center**
  - Monday-Thursday @ 3:30-5:30pm, 7:30-9:30 pm
- **Writing Center**
- **Departmental tutoring**
- **Class resources**
  - Office hours, TAs, professors
Living Group Resources

For supporting residents of living communities

- **To access:**
  - Call, text, email, or knock on their doors!

- **All have extensive training in the resources available at MIT**
  - GRA = graduate student
  - Area Director = MIT staff
  - Head of House = professor

- **Not confidential!**
Ombuds

For conflict resolution with a trained adult (CONFIDENTIAL)

- Ways to access
  - Call 617-253-5921 or email kalina_s@mit.edu
- Ombudsman = investigator of complaints
- Conflict resolution between...
  - Thesis advisors/professors and students
  - Roommates
  - Collaborators
How are you DoingWell?

At MIT, focusing on your wellbeing by caring for your mind and body, fostering meaningful relationships, and finding purpose will help you to thrive not only in the classroom but in all aspects of your life. What wellbeing looks and feels like is different for everyone. Your starting point does not determine your limits. No matter where you are on your wellbeing journey, the resources throughout this page will help you discover your path.
What’s in the MedLinks Box?
OVERVIEW

- Over-The-Counter (OTC) Medications
- First Aid Essentials
- Symptom Analysis Sheets
- Miscellaneous
ACETAMINOPHEN
AKA TYLENOL, PARACETAMOL

- Analgesic
- Temporary relief of minor aches & fever; Component of many cold/headache meds
- **Side effects**: Rare at low doses; liver toxicity at high doses
- **Do not use**: If serious liver disease; more than 3 drinks daily; alcohol poisoning
IBUPROFEN
AKA MOTRIN, ADVIL

- NSAID (nonsteroidal anti-inflammatory drugs)
- Reduce Pain, fever, **swelling**
  - Better for inflammation
- **Side effects**: Can affect kidney function
- **Do not use**: If person has stomach ache; kidney failure; allergy to aspirin or ibuprofen
ACETAMINOPHEN VS IBUPROFEN

Temporary relief of minor aches (headache, backache, toothache, menstrual cramps etc.) and common cold symptoms, including fever

**Acetaminophen**
- Relieves pain & fever but not inflammation
- Do NOT use if liver is compromised (e.g. alcohol)

**Ibuprofen**
- Reduces inflammation as well as pain & fever
  - Better for swelling, cramps, etc.
- Can be problematic for kidney
ANTACIDS
AKA TUMS

- Soothe heartburn, stomach ache
- Calcium carbonate, chewable
- Neutralize stomach acidity; relief of indigestion, upset stomach, or heartburn
- **Side effects**: Can reduce absorption of other meds
- **Do not use if**: kidney stones, renal failure
BISMUTH SUBSALICYLATE
AKA PEPTO BISMOL

- Temporary relief of upset stomach, indigestion, nausea, heartburn and diarrhea
- **Side effects**: Neurotoxic at high doses
- **Do not use if**: Allergy to bismuth or salicylates (e.g. aspirin); have flu or chickenpox (Reye’s syndrome)
DIPHENHYDRAMINE
AKA BENADRYL, SOMINEX

- Antihistamine for relief of allergy symptom: itchy, watery eyes, itchy nose/throat, sneezing, hay fever, or other respiratory allergy symptoms
- **Side effects**: May cause drowsiness. Do *not* give as sleep aid
- **Do not use**: If acute asthma
  - Increases effects of alcohol
HYDROCORTISONE CREAM
AKA CORTAID, ALACORT

- Temporary relief of itching from minor skin irritations, inflammation, or rashes due to insect bites, eczema, poison ivy, or soaps
- **Side effects**: Thinning of skin, susceptibility to local fungal infection
- **Do not use if**: Allergy to hydrocortisone
GUAIFENESIN DM
AKA ROBITUSSIN

- Cough suppressant and expectorant (reduce thickness of mucus)
- **Side effects:** dizziness and sleepiness
- **Do not use:** allergy to guaifenesin

**COUGH DROPS**
Relief of sore throat and cough from common cold
PHENYLEPHRINE
AKA SUDAFED

- Nasal decongestant:
  Temporary relief of nasal/sinus congestion and pressure

- Side effects: Anxiety and tachycardia

- Do not use if: Hypertension, asthma, tachycardia
BACITRACIN
AKA NEOSPORIN

- Prevent infection in minor cuts and scrapes
- Suitable for use in place of burn cream
If you ever have questions (about which medication, possible interactions, etc.)...

Contact MIT Medical!
617-253-1311
FIRST AID ESSENTIALS

Your supplies may not look exactly the same!

Non-adherent Gauze Pads

Elastic Bandage

Rolled Gauze

First aid tape

Antiseptic wipes
FIRST AID ESSENTIALS

- Bandaids
  - Small, Large, Knuckle
- Splinter Removal Kit
- Instant Cold Pack
- Instant Hot Pack
- Gloves
  - Use with any encounter with blood
SYMPTOM ANALYSIS SHEETS

- Pain Symptom Analysis Sheet
- Cold & Flu Analysis Sheet
- Individual Analysis Sheets
  - Acetaminophen, Bismuth Subsalicylate, Diphenhydramine, Guaifenesin, Ibuprofen, Phenylephrine
- Use these to help guide your interactions
Pain Symptom Analysis
(Headaches, Abdominal Pain or Cramps)

Brought to you by: MedLinks
MedLinks is sponsored by Community Wellness at MIT Medical.

Place the NexTemp or digital thermometer under your tongue. While waiting at least 45 seconds for the thermometer to register, please answer the following questions:

Sometimes what seems like a common headache or stomachache might be a more serious problem. The following questions will help you determine if you need medical attention.

If you answer YES to any of the questions below, please call MIT Medical at 3-1311 to make arrangements to see a health care provider.

If you answer NO to the following questions, then you can safely self-care. Of course, you can always see a nurse or your PCP if you have additional concerns. Feel free to ask a MedLink about accessing care at MIT Medical.

QUESTIONS IF YOU ARE EXPERIENCING A HEADACHE:

Yes No
☑ ☐ Do you have a fever over 101 degrees in addition to a headache?
☑ ☐ Have you experienced a stiff neck or do you have a rash accompanying the headache?
☑ ☐ Have you or are you currently experiencing any confusion, seizures, double vision, weakness, nausea, numbness or difficulty speaking and/or understanding?
☑ ☐ Is the headache severe and not responding to traditional home treatment?
☑ ☐ Was the onset of the headache sudden and more severe than you have experienced in the past?
☑ ☐ Would you describe it as the worst headache of your life?
☑ ☐ Do your headaches occur during or after physical exertion, sexual activity, coughing or sneezing?
☑ ☐ Do your headaches awaken you from a sound sleep and/or are they particularly worse first thing in the morning?

QUESTIONS IF YOU ARE EXPERIENCING ABOMINAL PAIN:

Yes No
☑ ☐ Do you have a fever over 101 degrees in addition to abdominal pain?
☑ ☐ Have you experienced diarrhea that lasts longer than one week?
☑ ☐ Has diarrhea or illness caused you to become dehydrated? Symptoms include little or no urination, weakness or dizziness and an excessively dry mouth.
☑ ☐ Are stools thin and pencil-like or is there any blood in your stool?
☑ ☐ Have you experienced constipation for more than three weeks?
☑ ☐ Are you reliant on laxatives for bowel movements?
☑ ☐ Is gas accompanied by cramping or squeezing chest pain or pain that spreads to the upper abdomen, back, jaw or arms?
☑ ☐ (female students) – Are you experiencing menstrual cramps that cause sharp and/or intense pain that is not responding to traditional home treatment or getting progressively worse?

If 45 seconds have elapsed, remove the thermometer and read it. What is your temperature now? If it is above 100, please make arrangements to be seen at MIT Medical.

Turn Page Over

IMPORTANT: If you have answered NO to all of the questions on the previous page and you do NOT have a temperature over 100, you probably have basic aches and pains that may be treated with some home remedies. Your symptoms may be lessened by taking over-the-counter medications. We have medications that can help. Read the description of each option and check which one you would like.

If you have answered YES to ANY of the questions on the front of the page, you may have an illness more severe than a cold. You can contact a health care provider (nurse or doctor) at 617-253-1311 (24 hours a day, every day) to discuss your symptoms, or contact MIT EMS at (617) 253-1212 if you are concerned about an emergency. Remember that the MIT Medical building is open from 8am-8pm; however, someone is always available by telephone.

It is important that you follow-through and call or go to MIT Medical and request to see a provider. Your MedLink can help you do this.

Please read the descriptions carefully. If you are allergic to any medication or have any questions or concerns about taking any over-the-counter medications, you should contact MIT Medical at 3-1311.

Acetaminophen (aka Tylenol): To provide temporary relief of minor muscle aches and pains, headaches, backache, common cold, toothaches, menstrual cramps, minor arthritis pain and for the reduction of fever. Dosage is 1-2 tablets every 4 hours.

Ibuprofen (aka Advil, Motrin): To provide temporary relief of minor muscle aches and pains, headaches, backache, common cold, toothaches, menstrual cramps, minor arthritis pain and for the reduction of fever. May cause stomach upset. Individuals that experience reactions due to digestive aspirin may have similar reactions to ibuprofen and should NOT take this medication. Use one tablet every 4-6 hours, or two tablets may be used, but do not exceed 6 tablets in 24 hours, or as directed by a doctor. If pregnant or breastfeeding, consult health practitioner before use.

Bismuth Subsalicylate (aka Pepto-Bismol): Temporarily relieves upset stomach, indigestion, nausea, heartburn and diarrhea. Adults: Take 2 tablets every 1/2 to 1 hour as needed. No more than 8 doses in 24 hours.

MedLinks
GUAIFENESIN/DEXTROMETHORPHAN (aka ROBITUSSIN DM)
Use with Cold & Flu Symptom Analysis Sheet

Reason for use: Take student's temperature if necessary.
☐ Cough due to minor throat and bronchial irritation
☐ Other

Please ask the following questions before proceeding:
Do you currently take ANY prescription medications (other than birth control)?
☐ Yes
☐ No
Is your cough chronic such as occurs with smoking, asthma, chronic bronchitis or emphysema?
☐ Yes
☐ No
Are you now taking or have you recently discontinued use of a prescription monoamine oxidase inhibitor (MAOI) (found in certain drugs for depression, psychiatric or emotional conditions, or Parkinson’s disease)?
☐ Yes
☐ No

If you answered YES to any of the questions, I CANNOT give you an OTC. You will need to contact a health care provider (triage nurse or doctor) at 3-1311 (24 hours a day, every day) to discuss your symptoms.

If you answered NO to ALL of the questions I can provide you with a single dose of guaifenesin/dextromethorphan.

Dextromethorphan HBr USP 20 mg; Guaifenesin USP 200 mg per tube (10ml). Do not take more than 6 doses in a 24-hour period.
- Adults and children 12 years and over: 1 tube (2 teaspoonsfuls) every 4 hours

Seek medical help right away if:
- If cough lasts more than 7 days or comes back
- If cough is accompanied by a fever, rash or persistent headache
- Any new or unexpected symptoms occur

You can speak to a health care provider at 3-1311 (24 hours a day, every day) if you have any questions.
MISCELLANEOUS

- Digital Thermometer with Covers
- NexTemp Disposable Thermometers
- Prescription Disposal System
- Tampons & Maxi Pads
- Your Door Sign!
Things to remember...

-You are not the personal pharmacy of your living group!
Things to remember...

-You are not obligated to make medication available if you are not sure!
Things to remember...

-Your MedLinks box should be under your watch (i.e. not left in a common area)!
Things to remember...

-We operate on the honor system when it comes to refills!
Things to remember...

-Only give out supplies from the box (i.e. not your own), and only give out a single dose as a time!
Things to remember...

-If needed, you can MedLink yourself!
Common Medical Concerns

What to expect, day-to-day
The kits do not have a comprehensive cold medicine.

Ask for particular symptoms and provide them with the medication to treat the specific issue (ex. congestion, cough, headache, etc.)
ALLERGIC REACTIONS

Milder Reactions: Swelling, rash, redness, itchiness
Treat with: Diphen, hydrocortisone cream, ice pack, painkiller

Severe Reaction (Anaphylaxis): Wheezing, dizziness, confusion
*Call MIT EMS (617-253-1212), check for EpiPen
INTOXICATION

1. QUIET PLACE
   Secure a place for person to lie down

2. PROTECT
   Keep them on their side to keep airway open, especially if vomiting

3. HYDRATION
   Keep water nearby if they’ll take it

4. CALL FOR HELP
   Call ambulance if unresponsive or not breathing
SIGNS OF ALCOHOL POISONING

CONFUSION

VOMITING

SEIZURES

IRREGULAR BREATHING

UNRESPONSIVENESS

< 8 BREATHS/MIN

PALE/BLUE SKIN

LOW BODY TEMP

If any of these 8 signs are present, then 1 call could save a life.
YOU SHOULD BE TREATING ONLY MINOR BURNS

TL;dr – CALL FOR HELP
TYPES OF BURNS

1ST

REDNESS
SWELLING
PAIN
TYPES OF BURNS

HOLD UNDER COOL RUNNING WATER FOR 10-15 MINUTES TO REDUCE SWELLING AND PREVENT HEAT FROM BEING TRAPPED

1ST

REDNESS
SWELLING
PAIN
TYPES OF BURNS

1ST

HOLD UNDER COOL RUNNING WATER FOR 10-15 MINUTES TO REDUCE SWELLING AND PREVENT HEAT FROM BEING TRAPPED

DON'T USE ICE OR VERY COLD WATER -- IT WILL FURTHER DAMAGE THE TISSUE!
TYPES OF BURNS

1ST

- REDNESS
- SWELLING
- PAIN

HOLD UNDER COOL RUNNING WATER FOR 10-15 MINUTES TO REDUCE SWELLING AND PREVENT HEAT FROM BEING TRAPPED.

DON'T USE ICE OR VERY COLD WATER -- IT WILL FURTHER DAMAGE THE TISSUE!

TREAT BROKEN SKIN WITH BACITRACIN AND PROTECT INJURY WITH STERILE, NON-ADHESIVE BANDAGE OR CLEAN CLOTH.
TYPES OF BURNS

1ST
- Redness
- Swelling
- Pain

2ND
- Blisters
- Severe swelling

1ST
- Redness
- Swelling
- Pain
TYPES OF BURNS

1ST DEGREE BURNS
- Redness
- Swelling
- Pain

2ND DEGREE BURNS
- Blisters
- Severe swelling

CALL FOR HELP, FOLLOW SAME PROTOCOL AS 1ST DEGREE BURNS
TYPES OF BURNS

1ST
- REDNESS
- SWELLING
- PAIN

2ND
- BLISTERS
- SEVERE SWELLING

CALL FOR HELP, FOLLOW SAME PROTOCOL AS 1ST DEGREE BURNS

DO NOT PEEL OFF BURNED CLOTHING
TYPES OF BURNS

1ST
- REDNESS
- SWELLING
- PAIN

2ND
- BLISTERS
- SEVERE SWELLING

CALL FOR HELP, FOLLOW SAME PROTOCOL AS 1ST DEGREE BURNS

DO NOT PEEL OFF BURNED CLOTHING

DO NOT POP BLISTERS
SEE A DOCTOR
TYPES OF BURNS

1ST
- REDNESS
- SWELLING
- PAIN

2ND
- BLISTERS
- SEVERE SWELLING

3RD
- CHARRED BLACK / DRY AND WHITE SKIN
TYPES OF BURNS

1ST
REDNESS
SWELLING
PAIN

2ND
BLISTERS
SEVERE SWELLING

3RD
CHARRED BLACK / DRY AND WHITE SKIN

CALL FOR HELP
**TYPES OF BURNS**

1st
- Redness
- Swelling
- Pain

2nd
- Blisters
- Severe swelling

3rd
- Charred black / dry and white skin

**CALL FOR HELP**

**DO NOT PEEL OFF BURNED CLOTHING**
TYPES OF BURNS

1ST
- REDNESS
- SWELLING
- PAIN

2ND
- BLISTERS
- SEVERE SWELLING

3RD
- CHARRED BLACK / DRY AND WHITE SKIN

CALL FOR HELP

DO NOT PEEL OFF BURNED CLOTHING

DO NOT IMMERSE BURN IN COLD WATER
TYPES OF BURNS

1ST
REDNESS
SWELLING
PAIN

2ND
BLISTERS
SEVERE SWELLING

3RD
CHARRED BLACK / DRY AND WHITE SKIN

CALL FOR HELP
DO NOT PEEL OFF BURNED CLOTHING
DO NOT IMMERSE BURN IN COLD WATER
PROTECT BURN AREA WITH NONSTICK STERILE BANDAGE
FOR ALL BURNS

REMOVE CONSTRICTIVE CLOTHING

REMOVE SOURCE OF HEAT
Sunburns

SIGNS: After sun exposure, redness, pain, swelling, blisters, peeling

TREATMENT: Cold bath/shower, bacitracin, pain relievers

Don’t pop blisters! This may cause infection
BLISTERS

SMALL
COVER WITH SMALL BANDAGE

LARGE
COVER WITH NON-ADHERENT PAD

POPPED
CLEAN WITH WIPE (IN KIT)
COVER WITH BACITRACIN THEN BANDAGE
SPLINTERS

OUR KITS HAVE SPLINTER REMOVAL KITS

*CLEAN AREA BEFORE/AFTER WITH WIPES

USE STERILE SPLINTER REMOVER: LOOSEN SKIN COVERING THE SPLINTER UNTIL THE OBJECT IS EXPOSED
CUTS & SCRAPES

Blood? Glove up
TREATING FRESH WOUNDS

**Stop Bleeding**
Apply pressure with gauze/clean bandage; elevate affected area

**Clean Wound**
Rinse with running water and use BZK wipes

**Apply Bandage**
Multiple types of bandages available

**Apply Ointment**
Antibiotic ointment included in kit

**Change Dressing**
Provide extra to patient to change when wet/dirty

**Watch Out**
Signs of infection: redness, pain, drainage (pus), heat, chills, swelling
BRUISES

ELEVATE AREA

ICE (15 MIN)

IBUPROFEN FOR SWELLING/PAIN,
ACETAMINOPHEN FOR PAIN
NOSEBLEEDS

DO:
- SIT UPRIGHT
- LEAN FORWARD
- PINCH NOSE (5-10 minutes, or till bleeding stops)

DON'T:
- BLOW NOSE OR PICK NOSE
- TILT HEAD BACKWARDS

*CALL MEDICAL IF BLEEDING PERSISTS FOR 30-45 MINUTES
Sprains

Ice for 15 minutes at a time every ~2 hours, elevate area

Ice to reduce swelling for first couple days

Compress using bandage

Decreases swelling, should be done early after injury, max 2 days

Heat pack for increased circulation in the area

Assists natural healing process, start on ~day 3 of injury
YOU'RE NOT ALONE!

CONSULT/ASK FOR HELP TO OTHER MEDLINKS
While I have your attention...

Send a text to 81010

Text this message @medlinks

https://www.remind.com/join/medlinks
# How to Earn Points

<table>
<thead>
<tr>
<th>Activity</th>
<th>Points</th>
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<tbody>
<tr>
<td>Completing Training (Weekend Training + Con-Eds)</td>
<td>24 pts</td>
</tr>
<tr>
<td>Attend RD meeting</td>
<td>2 pts/each</td>
</tr>
<tr>
<td>• 1 mandatory; offered 3 per semester</td>
<td></td>
</tr>
<tr>
<td>Interactions (virtual or in-person)</td>
<td>1 pt/each</td>
</tr>
<tr>
<td>Volunteer for an RD / community event</td>
<td>4 pts/hour</td>
</tr>
<tr>
<td>Social media contributions</td>
<td>1-2 pts/each (varies, max 3pts)</td>
</tr>
<tr>
<td>Quick volunteering for MedLinks events (i.e. hanging posters)</td>
<td>1-2 pts/each</td>
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<td>Activity</td>
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<td>Volunteering at flu shot clinic, COVID testing, or other medical sanctioned event (if announced as a MedLinks event)</td>
<td>4 pts/hour</td>
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<tr>
<td>Attend an additional Con-Ed</td>
<td>4 pts/each</td>
</tr>
<tr>
<td>Email exec with ideas for MedLinks</td>
<td>1 pt</td>
</tr>
<tr>
<td>Attend exec meeting</td>
<td>4 pts/each</td>
</tr>
<tr>
<td>Attending Registration Day meeting (once per sem)</td>
<td>8 pts</td>
</tr>
<tr>
<td>Be a Residential Director</td>
<td>24 pts</td>
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How do I keep track of points?

- The website!
  - medlinks.mit.edu
- Many activities (volunteering, attending meetings, etc.) will be logged by exec.

Things that must be logged by YOU:

- Interaction logs
- Social media contributions
After the successful completion of 2022 Fall training

Need 8 more Points!

Read monthly MedLinks Links Letters to look out for points opportunities, fun social events, and other campus-wide events!
Next week (plus)

- 13 continuing education sessions
- Must attend at least 4 to complete training
- Attend more if you wish (two further sessions = the remaining 8 points you need!)
## Con-Ed Schedule

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*registration required*

Zan Barry - Create With Cake and Connect

PDR 1 4-5pm
Hello, I'm Sara! I am a sophomore majoring in course 6-9. I am the social chair for Medlinks and the residential director for students living in FSILGs, so I hope to meet you around campus and at Medlinks social events this year :)

EMAIL

CALL
Making Your Profile (part 2)

1. Login (may need to restart browser) > My account in top right corner > Edit

2. You should now have the ability to add your residence, bio, etc.

3. Please add the following:
   a. Your room information so that people can find you.
   b. other ways to contact you
   c. a photo + bio :)

4. Be sure that the “On Campus” box is checked (even if you live in Boston or Brookline) - this is how the website knows to display your profile on the Find Us page

5. Click save at the bottom of the page!!
Green:
2 categories that relate most closely with your identity

Blue:
2 categories that do NOT relate closely with your identity

Yellow:
2 categories where you feel the most oppressed or stigmatized

Red:
2 categories where you feel you have the most power and privilege
Our Favorite MedLinks Interactions

Disclaimer: While it’s highly likely that you will never encounter any of these situations, one of your former MedLinks colleagues claimed that it happened to them.
“Got hit by a car on the way back to dorm. I asked him to rate his pain on a scale of 1-10 with 1 being the pain of a papercut and 10 not being able to think about anything other than his pain, and he ranked it about a 3 or 4.”
“A concerned friend of the afflicted freshman came to my room and told me that his friend was allergic to white board dry-erase markers, and that he was having an allergic reaction from being written on by one.”
“Accidentally punched tree. Tree won and gave him lots of cuts.”
“Tripped and fell down the stairs, wearing high heels, at the Justin Bieber concert.”
“Got thrown into a trash can and fell out.”
“Friend ate a leftover sandwich that was left out for too long and had stomach issues the next morning.”
“My friend decided to be stupid and fell off the hammock and scraped his arm on the concrete walls of Simmons Hall.”
“Girlfriend broke up with him on his birthday. Thought she was the one. He cried. For a while. We had a bro talk.”
“To quote the individual when I asked them what happened, ‘I scraped my left asscheek.’”
“She fell down a mountain that weekend and needed to get her elbow retaped.”
Our MedLinks Family

- Two former MedLinks volunteers were part of a team that developed a CRISPR-based diagnostic test for COVID-19 capable of producing results within an hour
- One former MedLinks president was profiled in *The New Yorker* for her work in water quality management and elevated risks of COVID-19 based on race, ethnicity and socioeconomic status
- 3 Rhodes Scholars, 5 Fulbright Fellows, 4 Marshall Scholars
- 1 Jeopardy College Championship winner
- 1 Summer Olympian
- 1 Primary Care Clinician at MIT Medical
Those are just a few of the amazing things MedLinks have done, and we look forward to seeing your impact soon!
Training Scenarios
You notice that your friend seems down and you ask her what’s up. She says she has relationship problems and isn’t sure what to do. She and her partner are constantly getting into fights and taking their stress from school out on each other. When they fight, it’s highly emotional and they feel as though they want to break up in the moment. It seems like a toxic relationship but neither are willing to break up because they’re scared of being alone. How do you talk to her?
Your friend comes to you clearly upset but isn’t saying much. They tell you that they want to talk to you about something that happened last night, but they’re worried they might get in trouble.

.....

After talking some more, you realize that your friend had an unwanted sexual encounter after going on a date last night.
C. COVID

Someone on your floor messages you and says they are unsure about getting tested, even though they have symptoms. How do you approach this conversation?
D. Severe Allergic Reaction

A hallmate finds you and says that her friend is having an allergic reaction. As you walk to the person, you try to get more information, and find out she is having trouble breathing.
E. Eating Disorders

You notice that your friend has begun to work out several times a day and is constantly complaining about her body. She is not underweight, but her weight constantly fluctuates. She often skips meals, but when she does eat, she immediately excuses herself to the bathroom. She has very low self-esteem and always seems tired.
F. Nausea

Someone comes to you and say they're feeling nauseous.

- what are some questions you should ask?
- what medicine can you provide?
- should they visit MIT Medical?
G. Headache + Alcohol

Someone comes to you at midnight on Saturday saying they have a pretty bad headache and feel kind of nauseous. What do you do??
H. Roommate Problems

You frequently hear two freshmen roommates on your floor fighting over the space in their room. They are both very angry and refuse to talk to each other. They are pushing people on your hall to pick sides between the two of them. What do you do?
I. Gauze vs. Bandaids

You see somebody wipe out on their skateboard in front of your dorm as you’re walking home. Their knees are clearly scraped up, smeared with dirt, and dripping blood. You offer to give them help, but should you give them gauze or a Band-Aid? Should you give them anything else in addition?
Multiple people need your attention at the same time - one is clearly very drunk, the other has a severe burn and his eyes are glassy and he seems to be unaware of the severity of the burn and is just asking you for a bandaid. How do you handle both simultaneously?
K. Pregnancy

Someone on your floor says that she’s worried she’s pregnant. Her period is late and she doesn’t know what to do. How would you help?
Active Listening and Wellness Skills
MedLinks Training 2022

Susanna (Zan) Barry, PsyD
Community Wellness at MIT Medical
Essential skills and knowledge

• Coaching and active listening
• Preventing burnout
• Stress and sleep management
• Wellness resources
coaching and listening
OARS
OARS

• Open-ended questions
• Affirmations
• Reflections
• Summary
Nonverbal communication

• Calm, unhurried, friendly voice tone
• Don’t multitask
• Use open posture with uncrossed arms

On camera:
• Try to have your face well-lit and centered
OARS

open-ended questions
OARS

• Open-ended questions
  • Prepare for awkward silences
  • Don’t jump to problem-solving
  • Nonverbal / metacommunication
Open-ended questions

• What’s been on your mind lately?
• What stands out to you from today/this week?
• And what else has been going on?
OARS

affirmations
OARS

• Open-ended questions
• Affirmation
  • Say thank you
  • Identify strengths or values
• Reflections
• Summary
Affirmations

• Thanks for coming to me / letting me know what’s going on.
• It’s smart that you’re taking care of this.
• Sounds like you’ve got a great plan to take care of yourself.
OARS reflections
OARS

• Open-ended questions
• Affirmations
• Reflections
  • Let me know if I got this right...
  • Repeat, slightly rephrase, continue the sentence with empathy
• Summary
OARS

summary
OARS

- Open-ended questions
- Affirmations
- Reflections
- Summary
  - Gather a bouquet
Summary

• “You mentioned X, Y, and Z. Should we start with X? Do you need more information about Y?”
when you have to wrap up, summarize
When you have to wrap up

• “Well, we’re getting close to the end of our time, and you mentioned X, Y, and Z. Do you want to find another time to talk more?”

• If needed, interrupt and use their name: “Zan, I’m interrupting you here because I’m aware that our time is running out...”
OK to say “I don’t know”

I don’t know all the details of how that works, but I know someone who does; I/we can follow up with them.
Referring a Reluctant Student

• Present the referral as a help to you: This is an area that I’m not really well-versed in – can I help you find someone who is better for you to talk to?

• Dispel any myths that surround help-seeking: It’s smart/strong to reach out.
Referring a Reluctant Student

• **Help with the appointment:** Offer to help look up and connect with resources.

• **Referral is not rejection:** “I’ll check back in about how your meeting goes; you don’t have to tell me details, but I want to know if it was helpful.”
WAIT

(Why am I talking?)
intermission
Essential skills and knowledge

• Coaching and active listening
• Preventing burnout
• Stress and sleep management
• Wellness resources
burnout
Caregiver burnout

• You start to shift from feeling positive and caring to negative and unconcerned or resentful.

• You feel all alone, like you are not getting enough help.
Caregiver burnout

• You may feel **guilty** if you spend time on yourself rather than a friend in need.

• You are **not getting your own work done** or are missing important deadlines.
how to recover from burnout
Essential skills and knowledge

• Coaching and active listening
• Preventing burnout
• Stress and sleep management
• Wellness resources
stress profile
Autonomic Nervous System

**Fight / flight response**
- Blood pressure
- Heart rate
- Rapid, shallow breathing
- Cortisol and adrenaline
- Digestion, reproduction

**Relaxation response**
- Blood pressure
- Heart rate and breath pattern
- Brain waves
- Downregulation of hormones
- Digestion, reproduction
What can decrease cortisol?

• Caring physical presence
• Appropriate exercise for your conditioning level
• Music and regular dancing
• Laughter and humor
• Relaxation practices
• Mindfulness meditation
• Yoga
the relaxation response
Q. How can I tell if low motivation or exhaustion is due to temporary stress...
...or if it's indicative of some longer-term distress like an undiagnosed mental health condition?
If in doubt, get checked out

MIT Medical

• Student Mental Health & Counseling Service

• Primary Care
Sleep
Sleep self-assessment

• How regular is your sleep schedule?
• Do you work, eat, or do hobbies in bed?
• Do you get outside in daylight most days?
What is your chronotype?

• Morning lark
• Night owl
• “Third bird”
sleep: why?
we need to be offline
2:1 ratio

• For every 2 hours awake, our brain needs an hour to turn off self-consciousness, disconnect, and decrease demands on the body

When Brains Dream (Zadra & Stickgold, 2021)
sleep is an active time for health

- Physical rebuilding
- Emotional health
- Waste removal
- Memory consolidation
Housekeeping functions

• Most growth hormone is secreted
• Regulation of insulin and appetite hormones
• Antibody production
• Cleanse waste and brain plaques

*When Brains Dream* (Zadra & Stickgold, 2021)
Sleep architecture – 1.5 hour sleep cycles

Hypnogram adapted from Goril & Shapiro (2011)
5% are wired for 6 hours of sleep per night

He, Y. et al. (2009), *Science* 325(5942)

dreams: why?
memory and pattern
Memory reprocessing

- Dreams don’t replay exact memories, they extract “gist” – a dream and a recent memory could have the same movie title.
- Dreams capture emotion much more than detail.

*When Brains Dream* (Zadra & Stickgold, 2021)
Nighttime therapy

• Weave emotional concerns into existing memory within the safety of the sleep process

When Brains Dream (Zadra & Stickgold, 2021)
Memory for the future

• Sleep consolidates emotional memories and prunes less interesting ones

• Helps us extract patterns from the world to give us a head start next time we encounter a challenge
strengthen your circadian system
early sunlight
consistent wake time
Napping

• Power nap

• Sleep cycle nap

• Consolidated sleep
make the most of your melatonin
dim light
at night
Melatonin optimization

• Morning and midday light
• Dim lights an hour or two before bed
• No screens
• Small screens, dim screens, distant screens, nightshift mode
increase your sleep efficiency
wind-down routine
warm shower 60-90 mins before sleep
150 minutes per week of physical activity
cool, dark, quiet
How can I stay alert without caffeine?
prioritize your sleep
Alerting system

• Light
• Dynamic breathing
• Physical activity or change in temperature
• Power nap (15-20 mins)
How can I make getting up easier?
prioritize your sleep
How to get out of bed: RISE UP

• Refrain from snoozing.
• Increase activity in the first hour upon waking.
• Shower immediately or wash face and hands with cold water.
• Exposure to sunlight if possible: open blinds and shades. Turn on bright light if needed.
How to get out of bed: RISE UP

• Upbeat music – create a morning playlist for this purpose.

• Phone a friend, or plan to have a conversation with housemates within first hour of waking.

eating and drinking for better sleep
caffeine
Caffeine

• Speeds up brain waves
• May elevate cortisol levels and blood pressure
• Causes lighter, more fragmented sleep, even if we don’t notice
• Takes average of 5 hours to reach its half-life
Alcohol

• Increases cortisol
• Changes sleep architecture, resulting in more fragmented, less restorative sleep
changing the clock and seasonal changes
what are my takeaways?
Essential skills and knowledge

- Coaching and active listening
- Preventing burnout
- Stress and sleep management
- Wellness resources
support for wellbeing
Resources available

• Student Support Services (S³)
• Student Mental Health & Counseling 617-253-2916
• doingwell.mit.edu
live and recorded mindfulness and relaxation

wellness.mit.edu

the MIT Sleep Line

617-253-CALM (2256)

CALL 253-CALM AND CARRY ON
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5-7pm |                                   |                                   |               |             |
Please offer feedback at:

https://tinyurl.com/medlinkstraining