



The issue of
**THE FUTURE
OF MEDICAL
EDUCATION**

GRAND ROUNDS



SAINT LOUIS
UNIVERSITY.

Saint Louis University School of Medicine

SPRING 2022

TO FULLY PREPARE THE NEXT GENERATION OF CLINICIANS AND RESEARCHERS, THE FACULTY AT THE SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE IS PIONEERING A NEW CURRICULUM—AND PAVING THE WAY FOR THE FUTURE OF MEDICAL EDUCATION.

As students begin their career at the SLU School of Medicine, they're met with a new educational philosophy: One that elevates each student's voice, gives them the opportunity to embody the role of a clinician, and empowers every student to foster lifelong connections with their peers.

Embodied by the Jesuit value *Cura Personalis*—*Care for the Whole Person*—the evolving medical education ensures care and concern for each patient, for the self in community, in contemplation, and in the world.

CURA PERSONALIS— CARE FOR THE WHOLE PERSON

THIS IDEA IS ONE THAT THE FACULTY AT SLU HOPE TO INSTILL IN THE NEXT GENERATION OF STUDENTS—ALONG WITH THE NOTION THAT A LIFE IN MEDICINE IS A LIFE ENDLESSLY IN SERVICE TO OTHERS. WITH THE NEW INNOVATIVE CHANGES TO THE SCHOOL OF MEDICINE'S CURRICULUM, STUDENTS ARE ENCOUNTERING WHAT IT MEANS TO BECOME SUPPORTIVE, NURTURING, AND RESPECTFUL SERVANT LEADERS. THEY ARE LEARNING TO STEP INTO THE ROLE OF CLINICIAN—LED BY THE MISSION OF HEALING—WHOLE PERSON TO WHOLE PERSON; WORKING IN PURSUIT OF TRUTH FOR THE GREATER GLORY OF GOD AND FOR THE SERVICE OF HUMANITY.



SAINT LOUIS
UNIVERSITY.
— EST. 1818 —

2 Saint Louis University
School of
Medicine News



3 Leading the Journey Toward
a New Learning Environment

4 THE JOURNEY
TOWARD A
NEW LEARNING
ENVIRONMENT



10 Documenting History



12 All in the
Family



STUDENT EXPERIENCES

15 / Ahuja

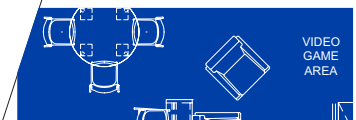
16 / Xu

17 / Wells

18 / Apeah

19 TOP 10 SPECIALTIES &
MATRICULANTS BY GENDER

20 Creating a New
Wellness Space
for Students



STUDENT
SPOTLIGHTS



23 / Odeh



24 / Lewis

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SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE

NEWS



CHRISTINE JACOBS, NEW VICE PRESIDENT FOR MEDICAL AFFAIRS AND DEAN OF THE SCHOOL OF MEDICINE, APPOINTED

After a national search, Christine Jacobs, M.D., F.A.A.F.P., was appointed Vice President for Medical Affairs

and Dean of the School of Medicine on February 17, 2022.

Dr. Jacobs had served as interim in that role since February 1, 2021.

“Dr. Jacobs is a talented, mission-centered leader who, as interim dean and vice president, has demonstrated her ability to effectively lead the medical enterprise,” said University President Fred P. Pestello, Ph.D. “Dr. Jacobs is a leader who will inspire our faculty, staff, students, partners, alumni, and other stakeholders to take SLU’s School of Medicine to higher levels of excellence in research, teaching, and patient care.”

Dr. Jacobs holds an M.D. from Vanderbilt University, completed a family medicine residency at Brown University, and is Board-certified in Family Medicine and Geriatrics. She joined Saint Louis University in 2008, in 2011 founded the SLU Family Medicine Residency in St. Louis, and since 2017 served as Chair of the Department of Family and Community Medicine.

Dr. Jacobs has a deep dedication to the mission, expressing, “I enthusiastically embrace the opportunity to build on my current role to advance SLU School of Medicine in our Jesuit mission of education, patient care, research, and community service.”

SSM HEALTH AND SAINT LOUIS UNIVERSITY FULLY INTEGRATE SLUCARE PHYSICIAN GROUP

On Friday, May 6, 2022, SSM Health and Saint Louis University signed a definitive agreement to fully integrate SLUCare with SSM Health. SLUCare’s integration with SSM Health will create one of the region’s leading integrated healthcare networks. It will expand access to quality Catholic health care to more patients across the St. Louis region and allow SLUCare to grow and flourish.

The SLUCare-SSM Health integration results from a partnership that has grown since 2015 between the School of Medicine, SLUCare, and SSM Health, which led to the \$550 million SSM Health Saint Louis University Hospital and SLUCare’s Center for Specialized Medicine on South Grand Boulevard in 2020.

The agreement will establish the SLUCare Physician Group as the academic practice of SSM, alongside the community SSM Medical Group practice. The agreement includes a substantial contribution that will enable SLU to establish a new transformational endowment for the School of Medicine. This endowment will strengthen and support our core education and research missions, provide resources for the appointment of permanent chairs, and help develop new state-of-the-art educational facilities.



LEADING THE JOURNEY TOWARD A NEW LEARNING ENVIRONMENT

Creating and maintaining an innovative learning environment takes the knowledge, effort, and skill of highly engaged staff. To develop the next generation of clinicians and researchers into supportive, nurturing, and respectful servant leaders, faculty must be leaders and mentors who emulate the same qualities.

THE SCHOOL OF MEDICINE DEAN'S STAFF IS FULLY ENGAGED
IN PAVING THE WAY FOR THE FUTURE OF MEDICAL EDUCATION.



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THE JOURNEY

TOWARD A NEW LEARNING ENVIRONMENT

IMAGINING WHAT THE PHYSICIANS OF TOMORROW WILL BE DEMANDS DYNAMIC CURRICULAR CHANGE AT THE FOREFRONT OF MEDICAL EDUCATION. WHILE MANY ASPECTS OF MEDICAL EDUCATION REMAIN ROOTED IN TRADITION, AT THE SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE, THE PAST FEW YEARS HAVE BROUGHT ABOUT SEVERAL INNOVATIVE AND COMPELLING CURRICULAR CHANGES—including the introduction of new “LEARNING COMMUNITIES,” A TRANSITION TO PEER- AND TEAM-BASED LEARNING, AND LESS RELIANCE ON THE DIDACTIC LECTURE.

Led by Chad Miller, M.D., senior associate dean for undergraduate medical education and professor of internal medicine, recent medical students at SLU have encountered a much different education experience—one that accounts for a wide range of learning preferences and provides students with a deeper sense of what being a doctor means.

From studying the ethics of care and racial bias in medicine to promoting a growth mindset in students, the new curriculum at the School of Medicine paints an inventive and energizing portrait of where medical education is headed.

The Changing Landscape of Medical School

When Dr. Miller began in his current role at SLU in 2017, he faced a significant journey: to modernize the School of Medicine curriculum and ensure it was aligned with the forward direction of medical education.

After a careful evaluation of the curricula, Miller realized that didactic lectures weren't the most effective use of time—for both students and faculty—and this realization led to the

creation of new programs in support of active learning.

“We’ve shifted away from live lectures to ‘active learning,’ which is rooted in adult learning theory,” Miller explains. “These are hands-on activities representing how a doctor might think, behave, or act in a given scenario. Students bring their knowledge and apply them to clinical scenarios where they are actively engaged in thinking through the problem. It is significantly different from the didactic lecture, which can be much more passive.”

Neal Weber, former director of instructional design and assessment, prioritized active learning and a learner-centered curriculum due to the sheer amount of content that is presented and expected to be retained. “I had to instructionally rethink how we do things because we had a lecture-centered focus for the curriculum in the past,” he says. “Instead of giving them all this content, we need to help them convert their information sustainably.”

Curriculum changes instill the importance of collaboration, mutual support, and lifelong learning—an arsenal of skills that serve clinicians throughout their entire careers.

“Medicine is a team sport, regardless of what specialty you go into,” Weber says. “We want to get students to be able to work in a team on many different levels.”

Engaging with the expertise of colleagues requires respect, humility, and active listening skills—traits Weber believes that many of SLU’s active learning programs will nurture. Through this collaborative coaching process, Weber emphasizes the importance of a growth mindset. To foster this, however, students must be presented with the opportunity to fail: “When you’re uncomfortable, you learn. When you say, ‘I don’t know the answer,’ that’s okay.”

By giving students opportunities to have “small failures,” Weber explains, they build the capacity to adapt, adjust, and return to their notes to fill any gaps with knowledge. This process, Weber says, is one that clinicians do every day—and it’s one that translates to added confidence for students.

A FRESH START

For new students beginning their first foray into medicine, the entire first year of medical school has been reimaged. Traditionally, medical students would take a series of classes centered on the standard structure and function of the human body—and these classes were typically organized by their various subdivisions: anatomy, histology, embryology, physiology, and so on.

However, the updated course curriculum transforms this approach and organizes each class section by organ. “Anatomy, physiology, histology, and embryology all align in such a way so when we’re teaching the anatomy of the heart, we’re also teaching the physiology, the embryology, and the histology,” Miller says.

Miller hopes that this shift will make the content more resonant for students to retain as they transition to the next phase of their education—and eventually evolve into practicing clinicians.

“What is it that we want when we have a student graduate from SLU?” Miller asks. “We want them to be able to transition seamlessly into an internship. We want them to have the clinical skills to do that and to have a career in medicine—not only today, but for how medicine will evolve tomorrow.”

For many students, that means an ability to engage in self-directed learning, to improve and design their own projects, to use the social determinants of health to inform their work, and to approach medicine from a lens of healthcare ethics. To adequately prepare students for long-term success, Miller and the entire SLU faculty have devoted their energy to developing innovative new courses and frameworks: team-based learning, peer instruction, and patient interactions, among others.

TEAM-BASED LEARNING & PEER INSTRUCTION

One of the newest initiatives at the School of Medicine—team-based learning—prioritizes hands-on collaboration and mutual discussion between classmates.

In these scenarios, an entire class is brought into one room and split into small groups of six to walk through a clinical case. Led by a faculty member, students work together to learn the nuances of clinical medicine. “It’s very different from just passively receiving the information from a lecturer. In team-based learning, they are actively engaged working through clinical problems,” says Miller.



A second recent curriculum transformation is peer instruction, whereby students are tested on a series of questions, which helps the instructor get a baseline for student comprehension. If the class threshold is below 70 percent, students consult their classmates for support and explanations. Once they discuss the question with their peers, students are reassessed. “If we cross the threshold at that point, we move on to the next question,” says Miller. “If not, then the faculty member slows down and teaches that gap in knowledge to the entire class.”

Peer instruction serves as a powerful, effective way to see gaps in student knowledge—while also ensuring that any well-understood concepts are not overtaught.

PREPARING FOR HANDS-ON PATIENT INTERACTION

With the help of artificial intelligence (AI) and virtual reality (VR), the SLU School of Medicine is embracing the future of technology—and preparing students for a lifetime of patient-doctor interactions.

One new initiative is a partnership with PCS Spark, a VR and AI program that allows students to interact with a virtual patient and receive an automated performance assessment. “The student will open up the patient scenario on the computer and see a patient sitting across the room,” says Miller. “Through natural language processing and artificial intelligence, they can talk to the computer and take a medical history from the avatar.” Since the process is virtual, students can practice this patient-doctor interaction many times. “A student can work on this computer program at any time and get numerous repetitions taking a patient history,” says Miller.

Students at SLU also gain hands-on and team-based live training at the Simulation Center (SIM), using rubberized dummies. “You can listen to the heart and lungs and get vital signs from them,” says Miller. “We also have task trainers where you can practice putting in an IV line, doing a lumbar puncture, or intubating a patient. We can create a physical simulation scenario to replicate real medicine and allow the students to work through clinical problems in a safe environment where they receive real-time feedback.”

Dr. Tina Chen, assistant dean of simulation, has been key in building a robust curriculum in simulation at SLU.

The Clinical Skills Center (CSC) brings in paid actors—many of whom are former medical professionals—to help train students. “They’ll take on the role of a patient and give the history to the student who does the exam. Then, they’ll coach them on what they did right, what they did wrong, and how comfortable they made the patient feel,” says Miller.

UPHOLDING SLU’S MISSION

Miller believes SLU’s recent changes in curriculum go hand-in-hand with elevating the SLU mission, particularly when it comes to the pursuit of truth in the service of humanity.

“The truth in medicine is fundamental,” says Miller. “What’s the truth from the patient? What is the actual history of what’s going on? What is the truth of the disease, and how is it behaving to cause these manifestations?”

For SLU medical graduates, Miller hopes that these questions serve as a frequent touchpoint—and a reminder to pursue the truth relentlessly as they serve humanity. “We want SLU graduates to provide a unique set of skills



and a unique outlook on medicine that is different from a non-Jesuit medical school,” he says.

“We promote service in everything we do, and we expect it of our students. They will engage in community service while they’re here at SLU and approach medicine from a service mindset. We’re here to help others—and if those things aren’t for the glory of God, I don’t know what is.”

At the Intersection of Ethics and Communication

For Kimbell Kornu, M.D., Ph.D., assistant professor, and Kyle Karches, M.D., associate professor, medical ethics is not only a profound field of study—but one that is a moral imperative for medical students on the journey to becoming clinicians.

To help students grasp the existential and often unwieldy concepts presented in medical ethics, Dr. Kornu and Dr. Karches developed a new three-year program loosely based on the model of classical education. While today’s modern education system focuses on information transfer and technical competence, the classical tradition includes three distinct stages: the grammar stage, the logic stage, and the rhetoric stage.

THE LANDSCAPE OF MEDICAL ETHICS

For first-year medical students, the introduction to medical ethics begins with a course devoted to the norms that govern the practice of medicine. Featuring one-hour lectures followed by small group discussions, students become acquainted with new concepts that will eventually become ubiquitous throughout their careers: informed consent, decision-making capacity, withholding or withdrawing treatment, treating minors, and other topics essential to the practice of medicine.

The second year of medical ethics focuses on the logic stage: complex cases centered on different organ systems, which raise new ethical questions and considerations. Based on their foundation in the first year, students become increasingly confident in applying the lens of medical ethics to complicated clinical situations.

Once students reach their third year at SLU, they’re asked to practice “micro-ethics,” which bridges the divide between technical proficiency and empathetic communication.

Students learn how to best communicate with their patients, both verbally and nonverbally. “A big part of being a good physician is knowing how to speak, communicate, and attend to suffering with compassion,” says Kornu.

DEVELOPING MORALLY GOOD PHYSICIANS

The goal of medicine, of course, is “to bring about healing,” says Karches. “We talk about a good physician as someone who has virtues—which are habits of action that allows them to bring about that healing act in new and challenging circumstances.”

This concept extends beyond technical competence: “You have to be able to respond to each patient’s unique needs,” says Karches. “Some may need certain things from you that others don’t, and being able to discern that is part of being a good physician.”

“We think of communication today as information going from one source to another source,” Kornu adds. “But real communication entails receptivity, and you have to be able to read body language.” At its core, medicine is a physician-patient relationship with “two moral agents at work with the singular goal of healing.”

EMBODYING THE JESUIT ETHOS

The study of medical ethics is deeply intertwined with SLU’s Jesuit understanding of service. “The Jesuits don’t do a lot of contemplative prayers,” says Karches. “They’re supposed to be out in the world doing thoughtful things and consistently trying to go into all areas of life and bring thoughtfulness.”

While many students early in their careers may feel that their attention should be directed entirely to technical proficiency, studying ethics often leads students to reevaluate this inclination: “You actually have to be just as attentive—and maybe even more so—to the living patient in the room and how you’ll communicate with them, how you’ll share yourself with them, and how you’ll share what you know with them,” says Karches.

By broadening the study of medical ethics at SLU, Karches and Kornu hope to narrow the gap between contemplation and action—and make ethics a longitudinal understanding for the duration of a student’s career. “Ethics is actually at the heart of what we do as physicians,” says Karches. “You can’t separate it from learning cardiology or pulmonology or gastroenterology. It’s at the heart of it all.”

“/” WHAT IS IT THAT WE WANT WHEN WE HAVE A STUDENT GRADUATE FROM SLU? WE WANT THEM TO BE ABLE TO TRANSITION SEAMLESSLY INTO AN INTERNSHIP. WE WANT THEM TO HAVE THE CLINICAL SKILLS TO DO THAT AND TO HAVE A CAREER IN MEDICINE—NOT ONLY TODAY, BUT FOR HOW MEDICINE WILL EVOLVE TOMORROW.

—CHAD MILLER, M.D.

From Students to Clinicians to Advocates

In his landmark course providing an overview of medicine and society, Josh Arthur, M.D., associate professor, offers students a deeper understanding of how the social determinants of health—including income, race, housing, and education—affect a patient’s overall health and quality of life.

HELPING STUDENTS GAIN A DEEPER UNDERSTANDING OF PLACE

A pediatrician at SLU, Dr. Arthur recently developed a new course designed for M1 and M2 students, which combines one-hour lectures from subject matter experts followed by a small group discussion session led by a faculty member.

For students new to SLU, Arthur’s course provides an in-depth exploration of the history, culture, and access to medical care in St. Louis—and how a patient’s health is predetermined by their environment.

The course begins with the history of racism in St. Louis, helping students understand how it creates and perpetuates health disparities. From microaggressions to conscious and unconscious bias, the course unpacks the complicated history of medicine for people of color—and empowers students to gain a deeper understanding and empathy for the challenges and barriers to health that so many patients face.

Arthur hopes that the course will enable students to enter their clinical years, recognizing that if they’re not attentive to their patient’s social environment, they may find it difficult to improve the patient’s health. “That’s step one—for them to understand the impact of society and environment on health, and have the tools to build trusting relationships with patients by coming in with compassion, humility, and empathy,” says Arthur.

BECOMING AN ADVOCATE

Advocacy work is intertwined with many of the core themes presented in Arthur’s course—and he hopes that his students will leave medical school with the confidence and knowledge to successfully advocate for their patients.

To show students how to speak up as clinicians, Arthur brings a panel of physician advocates to his course. “They speak to the students about how they can take their knowledge, voice, and platform as physicians to act on behalf of patients—at the individual bedside level and at the systemic and institutional level,” says Arthur.

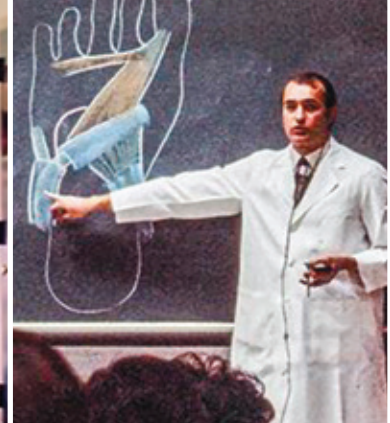
“I want them to start having a lens that, when they see an issue with the patient, they can act on behalf of the patient—but they can also think, ‘What are the factors that drove this health outcome? And how can I be a voice there?’”

Throughout the course, Arthur includes several different assignments for students. “Some students explore assigned neighborhoods and then come back and report on social determinants of health and health factors they saw in those areas,” he says.

Others expanded their awareness by reflecting on the difficulties of accessing proper medical care through the public transportation system; some students opted to write to their local legislators on meaningful topics, such as COVID-19, mask mandates, or reproductive health.

Through these assignments, Arthur hopes students learn to identify a problem, ask the right questions, and remember that their job doesn’t end when a patient leaves the room.

“This is a course,” he says. “So, it won’t teach them everything about the society they live in, but I hope that it will give them a curiosity and a humility that will grow as they become practicing physicians.”



DOCUMENTING HISTORY

WHEN THE SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE HELD A VIRTUAL FIFTIETH-YEAR REUNION FOR THE CLASS OF 1970, PEDIATRIC CARDIOLOGIST PAUL PITLICK, M.D., (SOM '70) WAS STRUCK WITH AN IDEA: TO RECONNECT WITH HIS GRADUATING CLASS, CREATE A BOOK OF THEIR STORIES, AND MEMORIALIZE THE UNIMAGINABLE PROGRESS MADE IN MEDICINE OVER A HALF-CENTURY.

The finished project, *Our Stories: Journeys of the Class of 1970*, features input from nearly 30 physicians, clinicians, and scientists—all of whom called the SLU School of Medicine home through the tumultuous years from 1966 to 1970.

RECORDING THE CAREERS OF THE CLASS OF 1970

From shifting social values to innovative advancements in medicine, Dr. Pitlick was inspired to document the changing face of medicine as told through his classmates' professional biographies. "I'd lost track of most of my

graduating class, and I got to thinking, 'I bet a lot of these people had interesting lives,'" Pitlick remembers. "It's been an amazing 50 years to be in medicine."

To bring his vision to life, Pitlick reached out to his former roommate, William Gruber, M.D. (SOM, '70), an orthopedic surgeon who, through the four years of medical school, had taken over 500 photos trying to capture students' everyday experiences of what it was like to become a doctor. "Those slides had been stored in my basement for decades," he recalled, "But talking with Dr. Pitlick inspired me to digitize and edit them and begin telling our story through the photo narrative that concludes the book."

As the initial direction of the book took shape, Pitlick and Gruber began reaching out to fellow members of the Class of 1970—50 years after they graduated and began their professional lives—and asked them to write their stories.

The result? "The book is incredible," says Gruber. "Why? Because its stories document the remarkable diversity of careers in medicine that our education made possible." After graduation, the book details the many different paths that the Class of 1970 pursued, from depth psychoanalysts to clinical pulmonologists to lab researchers to the challenges of a medical missionary. "The book's stories reveal the incredible spread of opportunity available when a person emerges from medical school during such a transformational era."



LEARNING HOW TO LEARN

Pitlick's own journey to becoming a pediatric cardiologist wasn't linear. After graduating from University of Notre Dame with a degree in engineering, he realized it wasn't the right path for him, so he opted to attend medical school.

"Most people had humanity or general science backgrounds," he says. "But for the age that we lived in, engineering was a very good background for medicine." With proficiency in math and science, Pitlick could grasp complicated concepts in the field of cardiology: "The signals we work with are families of sine waves," he explains. "If you're a mathematician, you know what a sine wave is. It turns out the stuff we learned in engineering school was very useful for cardiology."

Reflecting on his career and his contributions to Our Stories, Pitlick recalls the most important lesson he gained from medical school came from a graduation speech by Dr. C. Rollins Hanlon, chief of surgery: learning how to learn. "The purpose of medical school is not only to learn all the stuff they were teaching us—you also had to learn how to teach yourself, because that's how you keep up and stay on top of the field. Medical education never ends."

With a number of technological advancements in medicine, particularly in Pitlick's field of pediatric cardiology, the ability to continue absorbing knowledge was vital. "You have to do a lot of reading, talking to people, going to meetings, and just observing," he shares. "Stay open to the experience. When something doesn't seem right, ask yourself: 'Why is that? What are we missing here?' Developing an inquiring mind is most important."

NAVIGATING UNFORESEEABLE CHANGES

For Gruber, a life in medicine stemmed from his fascination with living systems and a deep interest in

becoming a clinician—but he encountered a number of unexpected challenges along the way. After being drafted to Korea for 13 months, Gruber built a career in orthopedic surgery. "After residency, I practiced at a conventional community hospital in Seattle for 22 years," he says.

But in 1999, everything changed for him: "I was diagnosed with hepatitis C, which I acquired in the course of doing surgery," he says. "At the time, it was a slowly fatal disease with no effective treatment. I was told, 'You'll just have to live with it.'" "Because I was infectious to patients, Hep-C ended my surgical career."

Ten years after living with that diagnosis—and seeking new sources of meaning in life—Gruber faced whether or not to start chemotherapy. "Serial liver biopsies showed progressive liver fibrosis," he said. "In 2009, current oral treatments weren't available. I had to make a choice." "I underwent a year of chemotherapy and it worked. I've been free of the virus ever since."

After retiring from orthopedics, Gruber pursued a new priority: writing and teaching about the difference between curing and healing. "Curing is the objective part," he says. "You work with data, procedures, and cognitive knowledge. But healing is the intuitive connectedness that comes from reaching out and helping another human being."

For many of Gruber's and Pitlick's classmates, these personal connections with other doctors, patients, and colleagues remain a consistent highlight: "You reach a stage of life where it's important to preserve your story and to recognize what you've accomplished," Gruber says. "The choices we made, the chances we took, the care we gave our patients, and our contributions to the profession—it matters now to look back on all of that."

ALL IN THE FAMILY—

FROM A MEDICAL HOME TO THE SCHOOL OF MEDICINE

THE FORMATIVE YEARS OF MEDICAL SCHOOL OFFER STUDENTS A UNIQUE OPPORTUNITY TO HONE THEIR SKILLS, CREATE LONG-LASTING RELATIONSHIPS WITH COLLEAGUES, AND FORTIFY THEIR PASSION FOR MEDICINE. FOR FOURTH-YEAR MEDICAL STUDENTS, LUKE VEST AND CLARE SCHRODT, THE TRANSITION FROM THEIR MEDICAL FAMILIES TO THE SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE HAS OFFERED THEM ALL OF THAT—AND MORE.



Luke Vest

LUKE VEST

For Luke Vest, attending the SLU School of Medicine meant building on the powerful and instrumental legacy of his family—one filled with an astounding number of doctors who also attended SLU. “One of the first people to be involved at SLU was my paternal grandmother, Dr. Eugenia Pierce Vest,” Vest shares. “She graduated in 1958 and was one of three women in her class.”

On the other branch of the Vest family tree is his maternal grandfather, Dr. Francis X. Paletta Sr., who founded the SLU Plastic Surgery Residency Program in 1957. His eldest son, Francis X. Paletta Jr., trained in plastic surgery at SLU and graduated in 1983. In 1997, his other son Dr. Christian Paletta became the Division Chief of Plastic Surgery at SLU and led the program for over a decade.

Both of Vest’s parents, Bruce Vest, M.D., and Kathleen Vest, M.D., graduated from SLU School of Medicine in 1985, and Vest recalls his family frequently discussing science and medicine at home. These conversations gave Vest and his seven siblings—five of whom are doctors—a unique insight into the world of becoming a clinician.

“My dad would come home with his X-rays and show us all the broken bones,” Vest recalls. “And I always thought it was great. It was just normal to us, so I was never really queasy with any of that stuff.”

Despite this intimate knowledge of the profession, Vest initially wanted to pursue a career in engineering. “I was always interested in technology,” he says. “But it wasn’t until I had an experience with a neurologist for headaches when I realized the impact a physician can have on others.”

At that time, Vest recounts, he decided to give medicine another look—and when his dad took him to the American Academy of Orthopedic Surgeons conference, Vest saw an exhibit with robot-assisted surgery. “I thought, ‘Wow, you can use technology and medicine, and the doctors are helping develop it,’” he says. “I realized that medicine and technology were completely intertwined and I could combine both of those interests.”

This moment served as the catalyst for Vest to follow in the footsteps of his family and join the SLU School of Medicine.

As Vest has transitioned to medical school, he's experienced many of the new curriculum changes at SLU—and he notes that these shifts have had a positive impact on his preclinical work and allowed him to connect with colleagues in his cohort. “It’s really great to get put together with students you wouldn’t have otherwise had a chance to meet,” he says.

As he enters his fourth year of medical school, Vest reflects on his time in the clinical setting and looks forward to more clinical time with patients. “Seeing patients affected by the pathologies we study helps humanize it,” he shares, “I’m really excited.”

CLARE SCHRODT

Clare Schrodt, a native of Louisville, Kentucky, also hails from an impressive lineage of doctors: a radiologist, internal medicine physician, pathologist, and psychiatrist. But for Schrodt, becoming a doctor was a “long, winding path,” and one she never expected.

Only in the midst of completing her undergraduate degree at SLU in neuroscience did Schrodt realize just how interested she was in medicine—and how much she loved being a student at SLU. “I wanted to stay here because I knew medicine would be a huge part of my life,” Schrodt says. “But the biggest part of medicine is making sure people are treated with respect—and SLU teaches that.”

Now in her eighth year at SLU, Schrodt reflects on completing her third year of medical school, which brought her newest challenge: Treating patients in the clinical setting.

While the first two years of medical school are preclinical, year three places students into clinical rotations—an experience that is both overwhelming and invigorating. “When I look back, I see all the small nuances of patient care that you can’t learn in a book,” she says. “There’s a complexity to each person that you just can’t replicate.”

As students in their third year are overseen by residents and attending physicians on their team, they continue to learn what it means to be a physician—and this process helps students determine a specialty for their future career. To aid in that process, students rotate through seven different clerkships, participate in weekly lectures, and work at the hospital with patients.

“As we’re rotating through each clerkship, you see some students light up and find their groove,” says Schrodt. “Your third year is when you watch your friends and your colleagues find their passion. We’re not only engaging with patient care, but we’re deciding what we’re going to do as a career.”

For Schrodt, her “light-up” moment came during one of her first rotations in neurology. “What drew me most to neurology was a mix of circumstances and interactions with patients in their most dire moments,” she recalls. “You have the potential to step in and make sure that they feel confident and taken care of. It’s one of those really vulnerable situations that I feel like, as a doctor, you can make such a difference in someone’s life.”

As Schrodt follows her passion for neurology, she’s learning how to support and connect with her patients: “The biggest takeaway is seeing not just mechanically how to treat patients—but how to spiritually and emotionally interact with patient populations and families and kids. It’s an irreplaceable experience.”



Clare Schrodt



STUDENT EXPERIENCES



SHIVIKA AHUJA

M1

TELL US ABOUT YOURSELF.

I am from Aurora, Illinois. SLU has been a huge part of my life; I have an undergraduate degree in biology and a masters in anatomy. When I finish medical school, I will have attended SLU for a decade. I was drawn to medicine because I admire how doctors help on such a personal level and continue to educate themselves.

DESCRIBE YOUR FIRST YEAR OF MEDICAL SCHOOL.

It can be difficult to establish a routine during the M1; the schedule changes from day to day and course to course. For instance, some days, we have active learning sessions that require us to be on campus, whereas other days only include lectures. Studying takes up most of my time, but I try to keep some parts of my schedule constant, like going to the Simon Rec Center or taking a walk in Tower Grove Park.

I also enjoy volunteering and participating in extracurricular activities. A relatively new situation in Step 1 is pass/fail. Historically, your score would differentiate you from your peers when applying for residencies. Now, my classmates and I are seeking out additional extracurriculars to differentiate ourselves so we are prepared when the time comes to apply for residency. Many opportunities in research, interest groups, student organizations, and volunteering exist on campus.

Currently, I serve as co-president of our class. I am also involved in volunteering through PEERS and Take 2 Tutoring. PEERS works with children who have been diagnosed with autism or ADHD, and they are taught how to socialize; medical student volunteers practice with the kids over Zoom. In Take 2 Tutoring, medical students volunteer at the juvenile detention center and tutor students in math and reading.

WHAT EXCITES YOU ABOUT MEDICINE?

The opportunity to learn more. There is so much to learn, but I am seeing that I can already use what I've been learning in my everyday life. For example, a family member experienced a hospital stay recently. A few months ago, if he had told me the names of the medications, I would have had no idea, but I recognized some of the medications and learned how they work and their effects because of my pharmacology class. I have been able to connect what I'm learning with real-life situations, in this case, to understand the medical condition my family member was experiencing. I have been inspired by what I have learned in just one year.

WHAT HAS SURPRISED YOU ABOUT MEDICAL SCHOOL?

I know this seems obvious, but everyone is brilliant, and we all have the same passion for helping others through medicine and science. This is so inspiring because we all have unique gifts, and I am looking forward to seeing how everyone implements those gifts.

WHAT ARE YOUR HOPES FOR YOUR FUTURE?

I hope that I am in a specialty that I find personally and professionally rewarding.



KATHY XU

TELL US ABOUT YOURSELF.

I am originally from Phoenix, Arizona, and attended Washington University in St. Louis, graduating in 2017 in biomedical engineering. I went on a service trip to an orphanage in Beijing, China, during my junior year. It was amazing to see the lifelong impact a surgeon has on the lives of these children, not only medically but also their prospects for adoption and quality of life. After that trip, I started to explore medicine as a career.

I took three years after college and worked as a medical assistant before matriculating into medical school, and working in the medical field after graduation helped me decide that medicine was the path for me.

DESCRIBE YOUR SECOND YEAR OF MEDICAL SCHOOL.

As an M2, you learn foundational medicine and continue through organ modules. You solidify your knowledge base before heading into rotations. You fall into a consistent schedule; you start a routine, learn to prioritize, and learn how you study the best.

Step 1 is always in the back of your mind.

We have in-class lectures, and all lectures are recorded, so I watch those typically in the mornings, then I will use third-party resources provided by the school to study. As an M2, you focus your time on Step 1 studying, and the third-party resources help me prioritize and synthesize the information. Depending on the organ module, we will have exams every or every other Friday.

I study until late afternoon, then take a break. After dinner, I will flush out material I did not get to or did not understand. I might FaceTime a friend or get a study group together if I need further help. Studying is a full-time job, with additional overtime as required.

WHAT HAS SURPRISED YOU ABOUT MEDICAL SCHOOL?

My class entered medical school in 2020, the first year of COVID. One might think that a class that starts with online learning will be more distant from each other, but we are a tight-knit group because of the adversities we overcame because of the pandemic.

Our learning environment is very collaborative, and everyone is willing to help. For example, a classmate made flashcards for every clinical diagnosing exam, and she shared her resource with the class.

WHAT EXCITES YOU ABOUT MEDICINE?

Medicine is so vast; it is exciting that there is always something more to learn and it is not just limited to the physiology of the human body. It is amazing when people can take what we know and turn it around to create something — whether it is a test that helps diagnose, makes the patient experience better, or bridges healthcare disparities. Medicine is multifaceted care, and there is so much innovation involved and infinite potential on the horizon.

WHAT ARE YOUR HOPES FOR YOUR FUTURE?

I hope that clerkships and rotations will give me clarity as to what I find the most interesting. This is the time I must ask the most questions; I want to be confident in who I am and what I know to take care of patients with confidence.

M2



REEDER WELLS

M3

TELL US ABOUT YOURSELF.

I am a former Division 3 football player and current dog dad working to become a general surgeon. I grew up in Austin, Texas, and studied in Brunswick, Maine, at Bowdoin College. After a couple of years of research work at Boston Children's Hospital, I decided to pursue a career in medicine.

DESCRIBE YOUR THIRD YEAR OF MEDICAL SCHOOL.

As third-year medical students, we are rotating through our core clerkships. Establishing a consistent routine is difficult because the work schedule and clinical responsibilities change month to month. But I'm typically up by 5:30 a.m., grabbing breakfast and taking the dog for a walk before heading to service. Then I jump right into pre-rounding on inpatient service or prepping to see patients in the clinic.

The routine changes for everyone; for example, in an average inpatient service, you round on patients until lunch and work on notes/call consults in the afternoon.

When there is downtime, you study; we take shelf exams every seven weeks. We focus on practice questions and read up on cases or diseases we've experienced in the past couple of days.

In the third year, no one student has the same experience. We all go through the same clerkships, but everyone's training is specific and unique.

WHAT ARE SOME THINGS THAT HAVE SURPRISED YOU ABOUT MEDICAL SCHOOL?

I have grown to appreciate the amount of logistical and technical aspects of medicine that need constant navigation. There is a form of acrobatics you need to perfect when ordering drugs or finding treatment adaptations based not

on medical issues but system problems and navigating other barriers to provide patient care.

TELL US MORE ABOUT BEING AN AAMC STUDENT REPRESENTATIVE.

In my first year, I joined the AAMC Organization of Student Representatives (OSR), the AAMC's student advocacy arm. Traditionally, every medical school in the US and Canada has four OSR reports, one from each class.

Members of OSR exchange information with representatives at other schools and learn how they handle decisions and changes. It's a great platform to share ideas and promote student interests.

I always encourage student involvement in the community, campus, and national organizations; it provides a perspective that emphasizes "the big picture" and makes students more invested and more resilient. Committing time and effort to the world around you shapes you into a stronger student and provides even more opportunities to grow as a professional. In each role, you learn tools and gain experience to contribute more fully to your other roles—overall, building yourself into a better future physician.

WHAT EXCITES YOU ABOUT MEDICINE?

To contribute to patients' well-being and be an asset to my team. I love that every day is different and unpredictable, and having the opportunity to help others navigate life's curveballs is what gets me up in the morning.

WHAT ARE YOUR HOPES FOR YOUR FUTURE?

I will be applying for general surgery. Soon, I will be in all surgical services as part of my training as a fourth year. As a resident, I hope to continue to hone my skills as a teacher and mentor to students behind me. I hope to provide care to rural areas one day in my surgical practice.



HARRIET APPEAH



TELL US ABOUT YOURSELF.

I am originally from Kansas City, Missouri, and attended the University of Nebraska. As a kid, I loved going to the pediatrician for my exam; the candy at the end was a plus! In high school, I participated in a program that offered opportunities in medicine — like setting a cast, learning how to suture — this experience solidified my interest. Between my sophomore and junior year of college, I did research at UNMC in the NICU; this experience sparked my interest in pediatrics.

DESCRIBE YOUR FOURTH YEAR OF MEDICAL SCHOOL.

The M4 schedule is more flexible than in previous years. The first half of the year is focused on residency interviews. In March, I started my personal statement and application process. In May, I completed a sub-internship in pediatrics for more experience and solidified that I wanted to apply to this specialty. In September, I submitted applications for residency and waited for interviews to come in.

Interviews can happen at any time, and you have to be fast about scheduling as some places overextend invitations. The entire interview cycle was virtual. I applied to 26 programs, and I was invited to interview at 24, and I ended up interviewing at 19. Now that interviews are over and Match Day* is upon us, I am back into the routine of going to the clinic and classes.

WHAT HAS SURPRISED YOU ABOUT MEDICAL SCHOOL?

Medical school has taught me to be more comfortable with myself and effectively communicate my goals and needs.

A big part of medical school is independent learning, and to do that, you need to self-advocate to get the resources and information necessary to be a better physician.

WHAT EXCITES YOU ABOUT MEDICINE?

The autonomy to practice. I look forward to taking ownership over a patient's care and being that person's advocate.

WHAT WOULD YOU SAY TO A PROSPECTIVE STUDENT?

Becoming a physician is an incremental process; you're not going to know everything, even if you're the smartest person in previous educational settings. Once you are comfortable with this fact, take the learning opportunities that come your way to grow, and you will enjoy the process. Be patient, have grace, and forgive yourself. This process is long, but you'll see a difference in yourself when you finish.

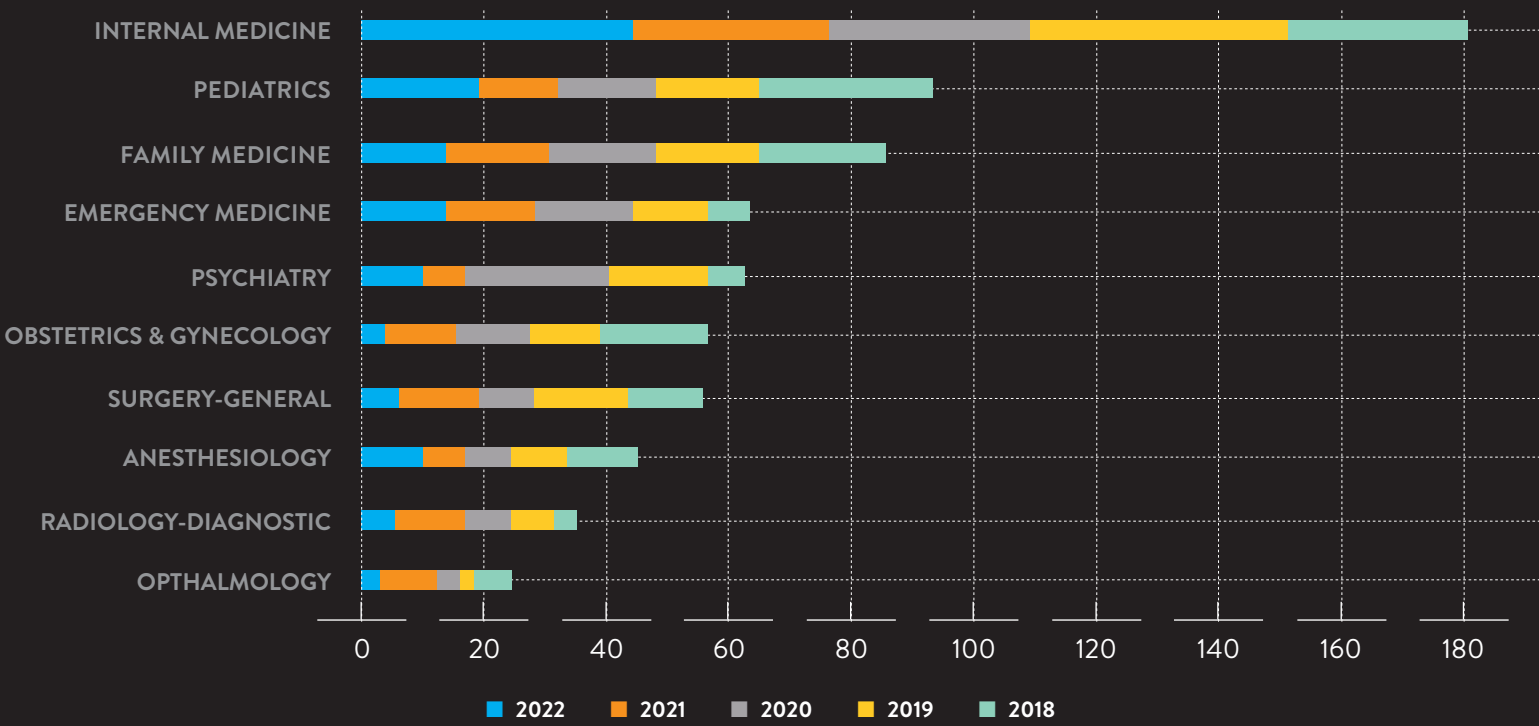
Learn to be uncomfortable. In my first year, I ran for class co-president and won! Because I made myself uncomfortable, I have been a part of the changes at SLU; I have learned to be an advocate, a leader, and a voice for others. What I learned in four years will carry me for a lifetime.

WHAT ARE YOUR HOPES FOR THE FUTURE?

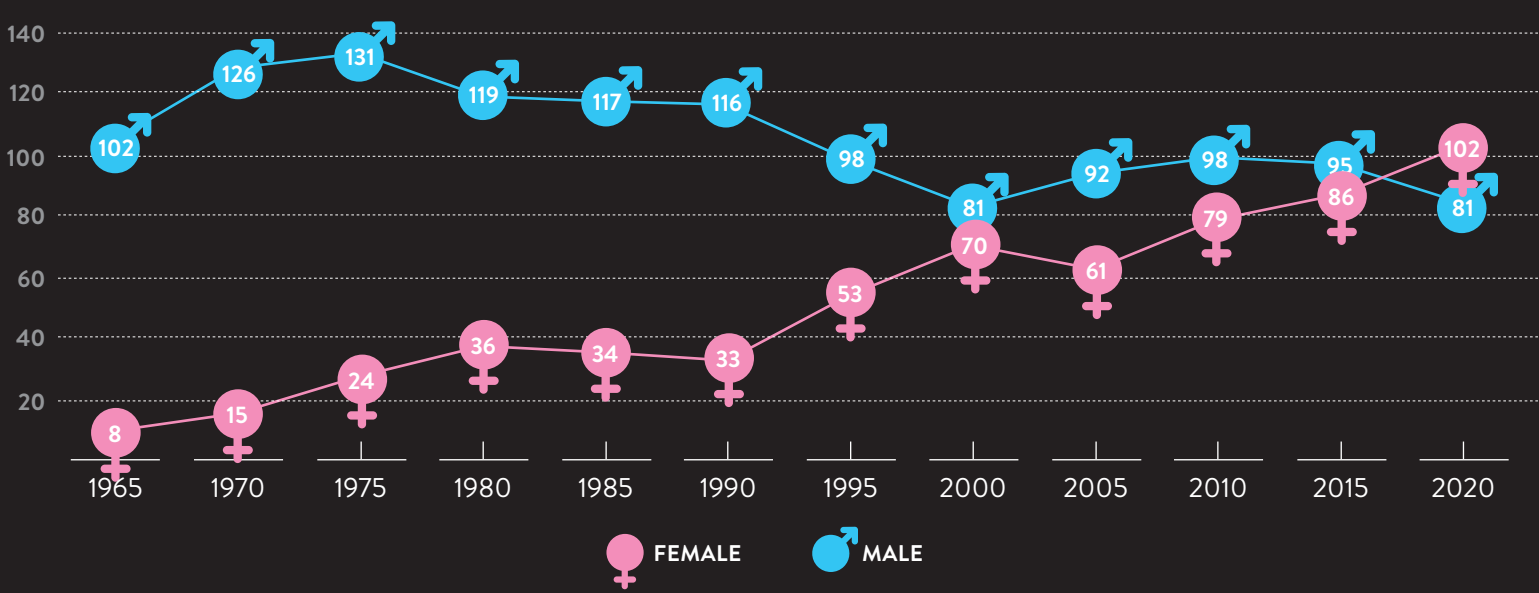
I am looking forward to being a pediatrician serving black and brown patients from disadvantaged communities. Having children is complex, and finding accurate information online can be challenging. I want to be a parent's trusted person in the community to provide sound, evidence-based care.

** Harriet matched in pediatrics at Cincinnati Children's Hospital Medical Center in Cincinnati, Ohio*

TOP 10 SPECIALTIES FOR SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE GRADUATES 2018-2022

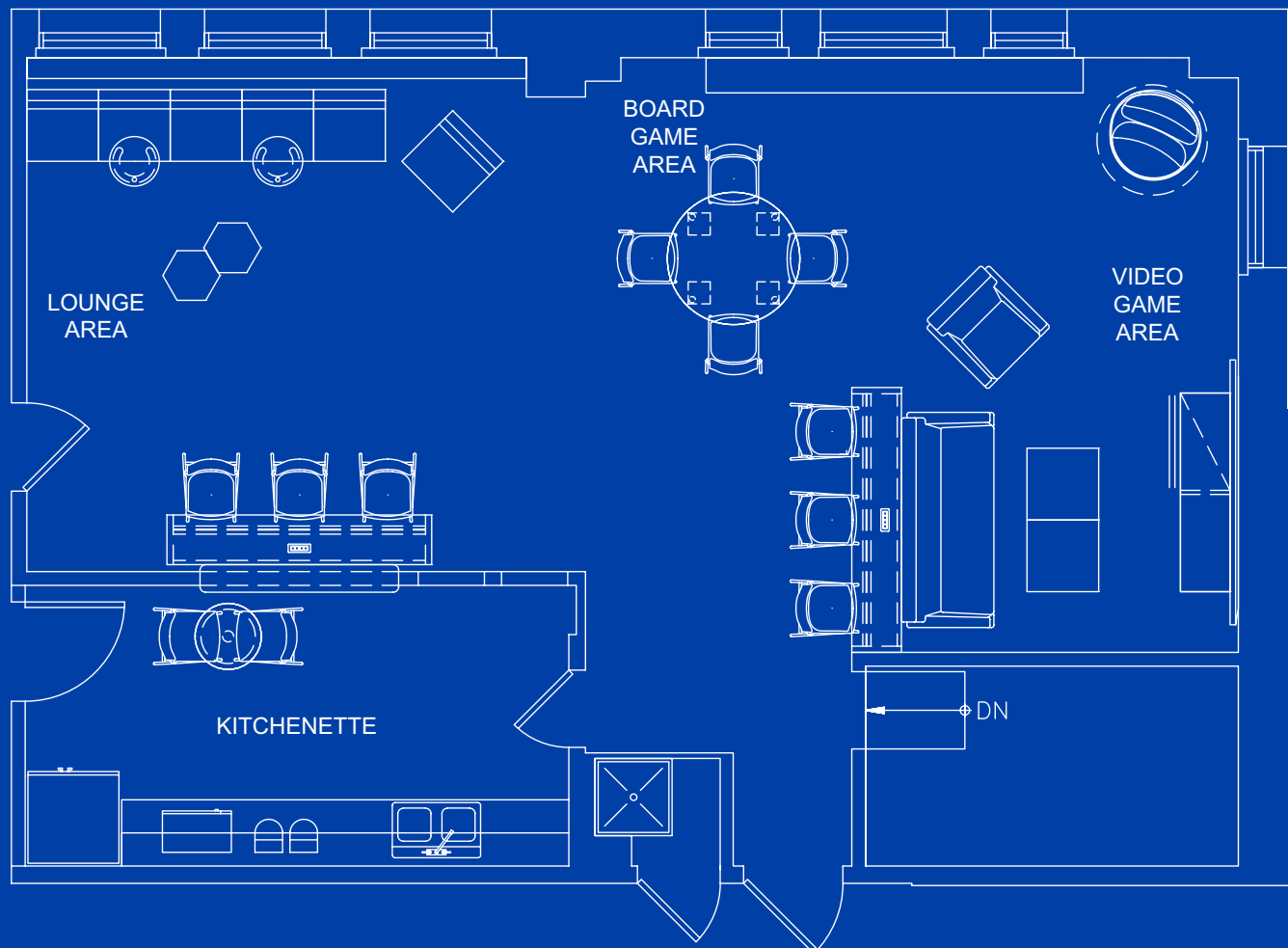


SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE MATRICULANTS BY GENDER



CREATING A NEW WELLNESS SPACE FOR STUDENTS

SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE (SLU SOM) STUDENTS ARE AS VULNERABLE TO DEPRESSION AND BURNOUT AS ANY POPULATION, BUT, WITH A LEAD GIFT FROM SUSAN WILLMAN, M.D., (SOM '82), STUDENTS WILL SOON HAVE A NEW SPACE ON CAMPUS TO SUPPORT MENTAL HEALTH AND EMOTIONAL WELL-BEING.



Studies have shown that medical students and professionals experience a high rate of depression and anxiety. The demands on medical professionals to care for others over caring for themselves, exaggerated by workplace pressures, lead many into isolation and shame of their depression and anxiety.

Mental illness can be treated, interventions are effective, and suicide prevention is possible.

A PERSONAL CONNECTION TO MENTAL HEALTH

For Dr. Willman, supporting the creation of this space was a profoundly personal decision. She knows the pain of losing a sibling to suicide, and Willman herself has battled depression her entire life, and she believes she would not be here today if not for medical intervention.

“I have such a strong and willful personality that many people would be shocked to hear that I suffer from depression,” Willman says. She has experienced the cultural bias of service and sacrifice over self but now sees that the two are not mutually exclusive. She acknowledges that with help, “I have overcome it, and I have had a successful career.”

Willman hopes her lead gift will inspire others to support the cost of creating a new approach to wellness at SLU SOM that will help remove the shame and stigma of mental illness – and empower those who need help to seek care.

INSPIRED BY ACTION

In 2012, while on campus for her 30th medical school reunion, Willman attended a presentation about student mental health that highlighted a study that found that 25 percent of medical students suffer from depression and anxiety.

For Willman, that lecture emphasized the importance of creating safe, nurturing spaces for students to decompress—outside of the rigors of medical school. She knew the burnout of traditional medical school training—patient care had priority, while sleep and nutrition were not valued as necessary components for learning. Willman also knew that SLU SOM has been a leader in addressing wellness for its students, dating back to 2011 when curriculum changes were made to adopt a pass/fail model. She emphasizes more should be done – especially for students with learning disabilities and financial stress.

She and Lauren Schwarz, Ph.D., assistant dean of student affairs, reviewed a wish list of items to benefit the wellness of the medical school population. “At the top of the list was a request for a quiet gathering place,” said Willman, “the idea of a student space is the cornerstone necessary to bring the other needs to life—access to therapy services, stress reduction training, student wellness retreats, and wellness programs.”

A NEW CHAPTER— FOCUS ON WELLNESS

SLU SOM has been a leader in addressing wellness for its students. To accommodate an atmosphere focused on student well-being, the school began providing access to a mental health professional and assisting students with learning specialists and career advisors.

Additionally, Willman’s financial contributions have allowed SLU SOM to establish the Student and Resident Wellness Fund. She hopes this fund will help students care for their wellness—and access the resources and community support they need. “I want medical students to be empowered,” she shares. “I want to put taking care of yourself mentally and physically on the same level—they’re equally important.”

THE VISION

According to Lauren Schwarz, Ph.D., “The space will change how the school supports students. It is significant that someone from outside recognizes the gravity of this stressful career and that students need support.”

The development of the Wellness Space is in collaboration with students; they have conceptualized this space to provide critical components to meet the wellness needs of medical students.

With Willman’s gift, the new wellness space will undergo development in the Caroline Building at the School of Medicine, adjacent to Campus Ministry and near counseling services.

Ultimately, Willman hopes the space will bring students together: “Medicine is a demanding career. To serve others, we must take care of ourselves. In my most vulnerable times, I was alone. Being able to connect with other people and being heard is huge—and that is exactly what the space is going to do.”

Willman sees the new student safe space as a critical step to overhauling SLU SOM’s approach to student wellness. Schwarz with SLU SOM has developed an umbrella concept for wellness called the Student Mental Health Initiative to further support student wellness, including psychiatry representation, greater access to therapy services, wellness screenings, mindfulness-based stress reduction wellness programs, and mental health first aid training.

To learn more about how you can join Dr. Susan Willman and SLU SOM in the effort to support medical students and resident health via the Student and Resident Wellness Fund, please contact Michelle Cohen, 314-977-8723, michelle.cohen@slu.edu.



STUDENT SPOTLIGHTS



STUDENT SPOTLIGHT:

AHMAD ODEH, M3

“I was going to struggle either way, and my choices were either spending six months struggling in medical school with cancer or six months struggling at home with cancer during a pandemic; so, I chose my future and went to medical school.”

Ahmad Odeh, a rising M3 student, was diagnosed with Hodgkin’s lymphoma and acoustic neuroma in July 2020, one week before moving from Arizona to begin medical school. “I remember attending a Zoom meeting with my new classmates in early July, three weeks before orientation began, and everyone was so excited and introducing themselves, and I remember just saying to my administrators and class, ‘I’m sorry, but I have surgery tomorrow to remove a possible malignant lymph node to confirm a possible cancer diagnosis, and I was just diagnosed with a brain tumor.’ I didn’t know what I was going to do,” said Odeh. A week later, his Hodgkin’s lymphoma diagnosis was confirmed.

Odeh recalls deciding to follow his dream of medical school, and regardless of the outcome, he knew he needed to try, but when he arrived in St. Louis, his PET scan determined he was at stage 4. “I wrestled in high school, and a big part of wrestling was pushing through adversity and believing that you can persevere in the tough times. I knew I wanted to test myself and my limits. If I could push myself through this, I can push myself through any part of life.”

“The administration was prepared to stand by me every step of the way, but they needed to make sure I was aware that I would be held to the same standards as every other medical student. I constantly communicated with the deans and let them know when I was struggling, and they were incredibly supportive and accommodating whenever possible. We would meet monthly to check on my progress and listen to any concerns that I had. On my end, I had to plan. I had chemo every two weeks on a Wednesday for 12 sessions. I would feel awful and unable to study from Wednesday through Saturday, and then Sunday, I would feel great and recovered. For the following week and a half, I needed to be as efficient as possible. If I had an exam soon, I needed to study constantly for a week and a half in preparation for chemo week because I knew for half of the next week, I

could not study. I found that if I consistently studied every single day that I could and stayed organized and disciplined, I could get in the rest I needed for the four days after chemo to give it my all for the next week and a half.”

Odeh had surgery nine months after starting medical school to remove the brain tumor with a near total removal. He did lose hearing in his right ear and will receive a hearing aid soon. He has been in complete remission since the second month of his aggressive six-month chemo plan, and he gets yearly PET scans and an MRI every six months for his brain tumor. The scans show the tumor collapsed within itself and has minimal activity.

Odeh is looking forward to starting clerkships just a year and a half into medical school. The curriculum has evolved, so the traditional first two years are compacted into a year and a half. Ahmad said, “although the amount of material is insane and you feel like you can never catch up, you get used to the chaos and the never-ending to-do lists, and starting clerkships so much earlier is an incredible opportunity and one that I am truly excited for.”

His love for the sciences and helping people is the driving force that pushes Odeh to become a doctor. In his experience, he says, “recovering from brain surgery and going through chemo was very tough, and the side effects were painful and tough on me. But in the end, I came out of it feeling better physically, mentally, and emotionally and hope to one day bring this experience to my patients.” Odeh hopes to go into ENT and specialize in neurotology to remove brain tumors like his.

From the time he was 16 years old, Odeh has found clarity in writing and has a collection of poems. Through challenging times, Odeh puts pen to paper and documents his thoughts through free poetry. He says this helps him gather his thoughts and overcome his emotions. In much of his poetry, he has put himself in the shoes of people he has met as well, and he reflects on the experiences of others and his own. Additionally, Odeh has been drafting a book documenting his experiences in medical school and the events leading up to his cancer diagnosis and post-diagnosis through medical school. His goal is to publish his book upon graduation, under the well-earned title of M.D.



STUDENT SPOTLIGHT:

APRIL LEWIS, M3

"I was gifted a life my mom was encouraged to abort. She was told to avoid this pregnancy...that there would be so much wrong with me...but God had other plans. I know that I am here for a reason; my mom and her pregnancy experience are why I chose medicine. I believe that helping women navigate difficult pregnancies, like what she experienced with me, is my purpose in life."

April Lewis, M3, grew up in Jennings, Missouri. According to crimegrade.org, Jennings is in the seventh percentile for safety, meaning 93% of cities in the U.S. are safer. "I grew up around a lot of violence, where kids were prone to drug use and teen pregnancy. Where I come from, people don't really do things like go to medical school," said Lewis. "Many of us are not afforded the luxury of pursuing the things you dream of."

Lewis grew up as an only child to a single parent. She says her mom refers to her as a walking miracle; taking this to heart, she has promised herself to seize the opportunities in the world to fulfill her purpose in life.

"I have always had to advocate for myself and for resources that I knew would contribute to me being successful; it started young for me, then I went to Spelman College, where they trained us to go out and change the world. I feel my time there cultivated me as a leader and gave me the tools to advocate for people in a way they might not have the confidence or voice to do so for themselves," said April. "Being a leader isn't always about being in front; great leaders learn from others and equip others with the tools necessary to reach out for themselves to the proper channels for change."

Lewis is a co-class president and former co-president of the Student National Medical Association (SNMA), Saint Louis University School of Medicine Chapter. She strives to make the entire class feel represented when it comes to diversity. "It's important to make sure that the students you represent, especially those from different marginalized communities, feel safe, learn in a welcoming environment, and are afforded the education they deserve," said Lewis.

SNMA is a national organization of underrepresented individuals in medicine who ensure students have the tools they need to matriculate through a medical program and successfully give back to the communities they came from, encouraging others from their demographic to see themselves in medical care positions.

Lewis added that black maternal mortality is real, and it is climbing. Some women do not have access to adequate resources or prenatal care, are fearful of what a doctor's visit may entail, or just do not know where to start. April aspires to be an OB/GYN and specialize in maternal-fetal medicine to help women, like those from her childhood community, get the early care they need, make the right decisions for themselves and their babies, and advocate for those at higher risk of pregnancy complications.

Recently, Lewis practiced the care she hopes to provide her future patients in the Labor of Love program, overseen by Dr. Katherine Mathews, an OB/GYN, and instructed by local doulas. In this course, a support group of students provided doula services to disadvantaged pregnant mothers in the local St. Louis community. "We created birth plans and supported the mothers through their delivery by providing emotional support, comfort measures, and advocated for them during their birthing process. We provided an array of support for these mothers pre- and post-natal that gave me an appreciation for the entire pregnancy and birth process. It was an invaluable experience to provide them the support and information they needed to navigate their pregnancy successfully," said Lewis. She even keeps in touch with some of her past doula clients today.

"I look forward to my future career in medicine; there is so much to look forward to, but also, I will not forget where I came from and the journey that it took for me to get here. One day, I hope to look back and see changes I fought for come to fruition so that a medical degree can be more attainable for the students who come behind me. I look forward to seeing those changes made, for the better," said Lewis.

GET ENGAGED WITH THE SLU SCHOOL OF MEDICINE

JOIN US

We hope to see you soon at an upcoming event—please visit slu.edu/medicine for the latest SLU School of Medicine event calendar.

GIVE

The future of medical education is shifting, and Saint Louis University School of Medicine is elevating the student experience to include forward thinking, fostering clinical connections while embodying the Jesuit values. Please consider making a gift to the Microscope & Education Technology Fund (#11477), White Coat Scholarship Fund (#20016), or the School of Medicine Annual Fund (#10438).

Supporting technology upgrades, scholarships and the annual fund are a few ways to enhance the highest level of education in the SLU School of Medicine. Email Jane.baum@slu.edu or call 314-977-8831 to learn more or visit giving.slu.edu to make a gift.

STAY IN TOUCH

We are interested in our graduates' news and accomplishments, both personal and professional. We encourage you to update your contact information so we may keep you informed about reunions, events in your area, and news from the School of Medicine. If you have news to share or wish to update your address, please notify us through the proper form at www.slu.edu/universitas/.

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