School of Medicine building: ‘Dream’ home becomes a reality

By Dr. Loretta Jackson

What is beyond exciting?
The realization of a dream.
That is how the new School of Medicine building feels to me.
This is the year that the building so many people have been involved in crafting becomes a reality. It represents a new day for the School of Medicine, its students, faculty and staff and the educational program.

With this new calendar year and new building, the Office of Medical Education continues to actively implement the Trailblazer Curriculum and support the campus interprofessional educational efforts.

The SOM faculty have always challenged students with the sheer volume of information and the expectation of individual mastery of that information. Even with the changes in the curriculum, these specific challenges for students will continue. In addition, there will be a focus on specific skill development by students – such as interpersonal communication – with difficult topics, on specific topics in medicine – such as health-care administration – that have been neglected in undergraduate medical education, and on specific educational delivery modalities – such as integration of simulation into lecture presentations – and the ability to utilize more small-group activities.

The learning environment for all medical students will be significantly impacted by a number of features of the building. This includes a designated student lounge, the new mailroom and lockers, a small café and the addition of sitting areas throughout the building.

Students will appreciate the availability of the quiet study spaces located on several levels, the large and spacious classrooms and the additional space for exams that are currently being given in the Student Union and other locations on campus.

The M2 microbiology lab will return from the School of Health Related Professions building (We appreciate their hospitality!) and will have space in the new building. The clinical students will continue to utilize the existing student lockers and the student lounge in the basement of the original hospital, which is in close proximity to their clinical responsibilities.

We will highlight something about the new School of Medicine building each month until it opens as we work to be ready to fully utilize this new space. Let us know your thoughts about the building!

Faculty spotlight: Dr. Erick Blaudeau

Dr. Erick Blaudeau, associate professor of radiology and chief of emergency radiology, was born in New York but spent his formative years in Birmingham, Alabama. He attended Indian Springs School, Birmingham-Southern College and the University of Alabama School of Medicine.

Blaudeau completed an internal medicine internship and radiology residency at the LSU Health Sciences Center in New Orleans and served a year as chief resident. Joining the LSU faculty to start and lead the nightshift emergency radiology service, he also became course director for the medical student radiology courses, including LSU’s required radiology course for all rising third-year medical students.

After Hurricane Katrina shut down Charity Hospital (LSU’s main practice site), Blaudeau was recruited to Henry Ford Hospital in Detroit, Michigan. In 2009, he started UMMC’s then-new Emergency Radiology Service. Blaudeau also was named course director of UMMC’s preexisting senior medical student radiology elective.

Under Blaudeau’s leadership, the radiology curriculum has expanded into all four years of medical school, has added a new M3 radiology elective, and has incorporated a new series of radiology lectures into M1 Gross Anatomy, M2 Pathology and the M3 pediatrics clerkship. Many faculty radiologists have participated in these various endeavors, resulting in an unprecedented level of engagement of almost the entire UMMC radiology faculty in medical student education.

Blaudeau was instrumental in helping restart the medical student Radiology Interest Group. In addition, he helped arrange radiology observer ships for M1 students, University of Mississippi Honors College premed students, and premed student observers from the UMMC Health Careers Development Program.

When teaching medical students, Blaudeau sits at a table with them, favors a case-based approach, and gives the students leeway to steer the discussion toward their own areas of interest. After Blaudeau’s first year at UMMC, senior medical students honored him with the Radiology Faculty Teacher of the Year Award.

Blaudeau has served as a faculty sponsor for the UMMC Gay-Straight Alliance since its inception several years ago, and encourages other interested faculty to get involved in student groups.
Sitting in my first ethics lecture in medical school, I felt much the same as I did in my college calculus class—sure, it was interesting, but when would I use any of these obscure terms or complex concepts?

I was far removed from any patients or bedsides, and I figured a compassionate ear and a keen sense of right and wrong would guide me through most “ethical” challenges. Even when I began to see my first patients, I felt safe in seeing more experienced doctors approach clinical decision-making in a seemingly sure and steadfast manner. I thought surely I would have such assurance and calm by the time I was “in charge” of patients’ care.

However, progressing into sub-internship, residency and then into attending-duty in palliative care was an experience of feeling more and more alone in these difficult cases—and more unsure.

This personal learning process is what makes ethics real for all of us. It also introduces important questions that I didn’t face early enough: “What personal values do I hold and how do they relate to my patients and my future colleagues?” “What is medical ethics and how does it relate to our values—personally and professionally?”

“What well-known cases have shaped current practice and thought—and how can they help me?” “How do I consider, analyze and decide ethically challenging cases?” and finally, “How do I communicate and resolve these difficult and often contentious cases with real patients and health-care professionals?”

Our goal in developing a new ethics and palliative care curriculum for the medical school is to provide a firm foundation in the terms, principles and landmark cases, and to bring the concepts and challenges to life in the minds of students so they are better prepared to grapple with them in practice.

**INNOVATION**

**Pickers clickers engage students in learning**

By Dr. Sajani Tipnis

One of the best things about my new job as assistant dean of curriculum is the opportunity to go to conferences and learn what other medical educators are doing to engage students.

At the AAMC conference last year, a faculty member demonstrated Pickers: paper clickers that can be printed on paper and used in lectures or small groups to allow learners to answer questions anonymously.

I recently had the opportunity to use Pickers in a lecture series for pediatric residents. Questions can be entered into the program and then presented to the class.

The paper clickers, which include images, are handed out to students, who answer questions by orienting the paper in a certain way. A smartphone can tally the responses.

The students loved it! They were very engaged and had a lot of fun. Some of their comments were, “Wish we could do this again!” and “I learned a lot and stayed engaged the entire hour.”

I encourage all faculty to go online, set up a free account and try Pickers in their next presentations. The students will be glad they did.

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In this pursuit, a team diverse in background and expertise has been assembled to design an integrative, interactive and informative curriculum.

Ethicists will be tasked with teaching basic and advanced topics in medical ethics history, concepts and theory. Clinicians from a variety of backgrounds will provide analysis and insight into practical applications of principles and wisdom from experience with difficult cases. And palliative care clinicians will offer additional strategies and pitfalls in clinical communication, conflict resolution, relationship building and shared decision-making.

Overall, it is our hope to provide a comprehensive, interactive and engaging curriculum in medical ethics and palliative care throughout the medical school years. It is our hope that through discussion, group work and interactive cases, we can make this real for our students.

This will provide them with insights into themselves, their profession and the patients they are about to care for, and will prepare them more fully to apply the art of medicine.

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