This reporter recently had the privilege of attending UCR’s new Student National Medical Association (SNMA) commencement mixer at the lovely home of Dr. Emma Simmons, their moderator and mentor. Though the national association was established in 1964, the UCR chapter was formed just this year. Months of hard work culminated in this inaugural chapter, and the mixer served as the first platform to showcase their vision and build a strong foundation for their future endeavors, some already underway. As the setting sun created a perfect backdrop for the evening, MS2 co-presidents Stephanie Bamidele and Nike Fanu intimated the mission of their newly formed club and those that they are in partnership with. “The mission of our chapter of the SNMA is to enhance minority health... through community outreach, mentorship, and education” Bamidele asserted. Fanu exhorted her peers to get involved, because “UCR is a blessed campus, we have diversity”, making our school uniquely poised to make a difference in our community. This was even further highlighted by (“Beginnings” continued on p2)
Dean Deas’s vision for the future of SNMA, calling it “a springboard for the future involvement in other organizations and societies that will make a difference.” This can definitely be seen already in the collaborations SNMA has already formed with the UCR chapters of the Latino Medical Student Association (LMSA) and the organization Lesbian Gay Bisexual Transgender + Health (LGBT+), both also started this year. Together, they form the Health Equity & Structural Competency Collective. These new organizations that have formed this coalition have the common goal of promoting better health in their community by identifying health disparities among minority populations. They also strive to increase minority participation in medical school and other health related programs. With such aligned and strong ideals, the establishment of these three new organizations marks the advent of a new era at UCR. UCR is to be a strong opponent of racial injustice and health inequities across populations, marking this coalition as a force to be reckoned with.

Many members of these allied organizations were in attendance at the SNMA mixer to show their solidarity. Co-president of LMSA Jorge Garcia further emphasized the significance that UCR can have in the fight against injustice. He shared with The Scope that LMSA hopes to “put UCR on the map because... we’re a new school, but we have a lot of history here.” The founding members of LMSA also hope to see the School of Medicine have more of a presence on the rest of UCR’s campus. With a strong force on campus, they can promote better health in that population which is closest to us.

The significance of the SNMA mixer was further highlighted by the delicious food generously provided by Dr Simmons, Dr Allen, and Sharon Westbrook. Over the wonderful dinner, future organization members were able to learn about the collective and the

(“Beginnings” continued from cover)
As citizens of the United States, we have the right and responsibility to both ourselves and society to make informed decisions in terms of who we elect to lead us in legislature and public policy as well as with regards to the politics and diplomacy we face at the international level. As medical students and health professionals, we have the additional responsibility of guarding the health and well-being of the individuals we aim to care for, be it in terms of providing physical care or advocating on behalf of our patients. This election cycle has been nothing short of interesting, and while there have been many attempts to distract from the issues, we still need to give our due diligence in remaining informed. As we immerse ourselves in studies and rotations, the responsibility of remaining politically informed continues to be crucial. For those of us who do not have time to watch C-SPAN for eight hours straight, this article provides a brief summary of the healthcare stances of the candidates running for the presidential, congressional, and house positions. Learn what you can before November (I am not just talking about USMLE material), and get out there and vote! —

**Presidential Candidates**

**Hillary Clinton - Democrat**

Supports a stance which allows individuals “age 55 or 50 and up” to voluntarily pay to join and receive the healthcare coverage and benefits that come with Medicare.

Supports increased funding for autism and Alzheimer’s research and treatment.

Proposes an affordable healthcare and prescription drug plan in which:

- Patients can visit a doctor three times without it counting toward their annual deductible
- Families ineligible for Medicare are eligible to receive a tax credit for out-of-pocket healthcare expenses & prescription drugs. (Patients with chronic or serious health conditions would be capped at $250 per month)

- Prescription drug imports from Canada would be legalized.

**Donald Trump - Republican**

Supports a reformed healthcare plan which is based on “free market principles.”

Supports repealing the Patient Protection and Affordable Care Act.

Aims to reduce barriers to interstate sale of health insurance.

Supports a tax deduction for insurance premium payments for individuals.

Supports the idea of inheritable Health Saving Accounts.

Supports block-grant Medicaid for the states.

Aims to reduce regulatory barriers to allow for more overseas drug providers.
Gary Johnson - Libertarian Party

Does not support government managed healthcare.

Supports the freedom of the states to decide on their respective healthcare plans and provide them with block grants for Medicare.

Believes that the Patient Protection and Affordable Care Act is unconstitutional and that insurers should not be required to provide birth control.

Jill Stein - Green Party

Supports “Medicare for All” which entails a single payer health insurance program that provides everyone with a reduced-cost, quality healthcare.

Supports a “Green New deal” in which she believes healthcare costs for Americans can be reduced by reducing pollution, ensuring consumer products are safe, integrating walking and biking into public transportation, and increasing the availability of healthy food choices.

Kamala Harris - Democrat

Supports the sale of Marijuana for medical purposes.

Maintains that all Americans have the right to access affordable quality healthcare under the Affordable Care Act, including contraception.

Believes that for-profit companies should not be able to deny women access to healthcare based on religious beliefs of company owners.

Loretta Sanchez - Democrat

Supports the State Children’s Health Insurance Program Reauthorization bill which preserves healthcare for 7 million children currently covered by SCHIP and extends coverage to 4 million uninsured children eligible for SCHIP & Medicaid.

Supports Affordable Care act and funding for Medicaid, Medicare, public hospitals, and local schools.

Mark Takano - Democrat

Aims to support and protect implementation of the Affordable Care Act, protect and strengthen Medicare/ Medicaid, and attract physicians to the IE region.

Supports allowing Medicare and Medicaid to negotiate prescription drug prices.

Cosponsor of the H.R 261, Public Option Deficit Reduction act which: Aims to create a public health insurance option within the health insurance exchanges to increase access to care and help drive down costs by competing with private plans.

Doug Shepard - Republican

Claims that the current healthcare needs improvement, especially with regards to licensure exemptions to healthcare costs.
"[As medical students] Our physical activity level is probably lower than the general population. We’re sedative... we’re docile. Well, my eyes move a lot.

- Jorge Garcia, MS2

"Did I ever tell you that I used to have a crush on Simba and Mufasa?"

- Karen Medina, MS2

"Wait, is that weird because they’re father and son or because they’re lions?"

- Ari Ramirez, MS2

"Technically, you can approach the speed limit from both directions. That’s the definition of a limit, right?"

- Ann Yufa, MS2

So this summer instead of researching at my former PI’s (Dr. Francesca Mariani, of Gayle Martin’s lab) at USC or traveling to El Salvador (where my parents are from) to help those in need, I stayed here in the IE!!! (9-0-9!!!) I worked as a hairstylist, as I had done since I was 17, where one of my best friends is the manager at a Fantastic Sam’s in Eastvale. It was—surprisingly—very rewarding (besides the money...). I reconnected with that part of myself where I had been inspired to be a physician to begin with! I cut children starting second grade on the 8th of August (he requested the “vampire look”). I cut a DEA agent that said at some point in my medical career I would have to register with his office. Also, a man who earned his Masters to work with a non-profit in Santa Ana. Then a recent divorcée who had children in the local schools and a school teacher looking for a home near where I grew up in Chino near the prison. She said, “You’re interesting to talk to, go ahead and blow dry my hair.” Ten dollars extra. I did it and I felt a bit of pressure to let her know a bit more about myself. All the while, remembering all that I have learned in the past couple years. The classes we take do not only improve us as physicians but as people in general. I remember at the end of a long day of work, I’ve cut maybe 21 people, that I’m in the business of helping people and I don’t ever regret that decision.

- Stephanie Dreikorn, MS1

"When are they gonna fix these lockers? I’m over being in Degrassi.”

- Eddie Lievanos, MS2

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"Did I ever tell you that I used to have a crush on Simba and Mufasa?"

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"Wait, is that weird because they’re father and son or because they’re lions?"

- Ari Ramirez, MS2

Review: “The Knick”

By Rennie Burke, MS2

Much of the "prestige television" that has garnered attention in the past few years feels to the viewer like watching a movie. Their production values, the caliber of the creators, writers, and actors, and the move away from a "problem of the week"-type structure in favor of longer-serialized, storytelling have contributed to this. But while police procedurals like "NYPD Blue" and "Law & Order" led to much more sophisticated and interesting storytelling in shows like "The Wire," medical dramas seem stuck, endlessly rehashing plots about office romance and medical moral dilemmas straight from an Ethics 101 textbook.

That is, until Cinemax's "The Knick." Created by filmmaker Steven Soderbergh, "The Knick" follows the late career of a surgeon loosely-patterned on Dr. William Halsted (the father of modern surgery) named Dr. John Thackery (Clive Owen) in a turn of the century New York hospital called the Knickerbocker. While Owen is probably the only actor that many viewers of the Knick would recognize, the show also boasts a uniformly strong supporting cast, with standout performances in particular from André Holland, Eve Hewson, Cara Seymour, and André Holland, who play Dr. Algernon Edwards, nurse Lucy Elkins, and nun Sister

("Knick" continued on p7)
The Power of Positivity

By Asbat Hasan, MS2

Dear reader, I want to impress upon you as one of my dearest mentors impressed onto me – the power of positive beliefs on the human psyche through the subconscious mind. Too often, we become trapped in the demands of medical school, struggling with an endless volume of exams, lectures, and OSCEs. In those final weeks of the block, we feel the weight of all those who have ever supported us, and the consequences of failure at this level. It is exactly at this crucial moment I want you to remember these words. This is the time to remember the subconscious mind. It is listening in the background. It can be a source of energy and strength, or it can lead you further down an undesired path. The seemingly random thoughts that bounce around your head are not benign – they play a crucial role in your psyche. When you believe in something to be true – I said believe, not think. I mean, really, really, believe something to be true...that idea, repeated often enough, will seem to manifest itself in the physical world around you. Pessimistic thoughts will have just as powerful an effect, but in the opposite direction. Your subconscious mind is listening, even when you are not. If you truly believe in your ability to succeed, and repeat it often enough, you'll find that it pays far more dividends than a lucrative career in medicine. Let me give you an example. Every morning, regardless of circumstance, I wake up feeling privileged to be a medical student in perhaps the most advanced nation in the world. I remind myself that the lecture I am about to attend was forged from hundreds of years of science and research, a true testament to an era of human logic and reasoning. Learning this material is not impossible – many others have succeeded before me. Instead, I tell myself I can learn anything; some subjects I am already familiar with, while others will take much longer to understand. But make no mistake, I will learn it eventually. Having repeated this often enough, I've now come to truly believe it. It echoes in my subconscious mind even when I am not aware of it, providing a source of motivation when I am halfway through a grueling ten hour study session and reinforcing my passion for this wonderful field. This is the power that positivity can exert on your psyche. This is the outcome of an optimistic spirit, and in a profession where we are endlessly engaged in a high-stakes chess game against death and disease, there is always room for a little more positivity.

(..."Beginnings continued from p2)

upcoming opportunities to get involved. The American Medical Student Association (AMSA) health fair was specifically highlighted, as it is coming up this Saturday, September 17th. Readers are encouraged to volunteer (please see flyer opposite). As MS1 Kleshie Baisie stated in summary, “We had a great time getting to meet everyone and learning what SNMA was about... And Dr Simmon’s guacamole was bomb.” I couldn’t have said it any better myself. —
Off Script

...with Jeffrey Richards, a UCR SOM Standardized Patient.

Tri Tran and Rita Lis choose one person to interview each issue to get the inside story.

This month: Inside the experience of the selfless standardized patient.

Why did you become a standardized patient?
I have a lot of theatre background... and a lot of that helps in this. You don't have to be, but it does help getting into these characters in different scenarios. I thought it'd be really fun to just give back. You know, it's like doing a show for an audience of one every day. It's like being a small spoke in this whole wheel of education for the doctors, knowing what their future's gonna hold. If I can be that one little help.

When did you start being an SP?
About three years ago.

Is there a lot of studying and preparation that goes into each teaching experience?
Some do. Sometimes its easier than other cases. Now with this new program this year coming up, it's a little bit more, not intense, but a lot more background. Yeah, so we have to study a lot of background and a lot of history just in case it's asked. And to be standardized, we all have to be literally on the same page, so if one student goes into one room, they're gonna get the same information. So a lot of times, there's a lot of history to be learned. If we're doing physicals, to keep track of the student, how many times they're palpating, to keep that in your head plus everything else.

What is your favorite thing about being an SP?
The students always feel very... they're gracious. So I think the appreciation of the fact that we're doing this. And Amanda and Sarah, the way they

(...Off Script continued on p8)
What is your least favorite thing about being a Standardized Patient?
Not so much with this school, but with some different ones: The time limit. When all of the sudden, we’re on the computer and something got messed up, so [the students] are coming fast and you can’t get all the information in before the next student comes up. Then, you can never catch up. So that whole time thing sometimes comes into play, which here hasn’t happened that often. But sometimes, it can get really crazy. But that’s the only thing that gets a little stressful now and then, just the time restraint.

What do you think you’ve learned from being a Standardized Patient?
Gosh, I just learn by osmosis. All the different vocabulary for different things. Not to get too technical, I don't have Bates at home or anything. But just the fact that I’m learning. It came up with a friend of mine one day. He had this ache in his foot and I diagnosed him: “You have gout!” And it was. He goes to the doctor and goes “Geez, you were right.” That was from a fact from one of the cases I learned. Because for certain cases you have to learn, between Neurological and Pulmonary and all the different extremities, you just start to have an overall education. Which I love, because you just never stop learning.

Do you have a memorable experience with a student that stands out?
There was one yeah. He recognized me from someplace else. And he comes over and he said “We were so scared the night before because it was our first time seeing an SP and you just made us all calm.” So that was a neat thing. He also said after this first SP encounter that the clear realization of becoming a doctor set in. Also very touching to hear.

Have someone you'd like to see interviewed by The Scope? Let us know at: rlis001@medsch.ucr.edu

Cinemax's “The Knick”...“Knick continued from p7

at the time's culture and believes, warts and all.

It's thus in the show's thoughtful and probing treatment of some of the uglier elements of America's past that "The Knick" really shines. Dr. Edwards, a black doctor at a time when very few black Americans held such a position, struggles against the racist assumptions that basically every white character in the show has about him and his abilities in a manner that still has echoes today. Likewise, Cornelia Robertson (Juliet Rylance), the daughter of the hospital's principal patron and a member of its governing board, struggles to build a career in the face of unrelenting pressure to embrace her more "womanly" duties of raising a family. One of the great accomplishments of "The Knick," though, is that these characters are not simply foils who stand in for a general historical experience, but are completely human, with dreams, grudges, and believe psychology.

Dr. Algernon alternately feels thankful for the wealthy white patrons that helped advance his career and secure him a job, but resentful at their condescension toward him and their conditional acceptance of him, allowing him into their circle only as long as he doesn't challenge the basically racist and classist assumptions of their worldview. As the daughter of the hospital owner, and in many ways its shadow manager (due to the maladroit business skills of the slimy hospital administrator who is technically in charge), Cornelia has a great deal of responsibilities and could take credit for most of the hospital's
success. Yet because the social expectations of the era demand that women be in the home, no one views her obvious business prowess as anything other than a feminine distraction to be discarded once she embraces her "real" duties of raising a family. Her frustrations with these competing demands express themselves in various, sometimes surprising ways throughout the show.

While a great deal of the show's critical reception has focused on this nuanced story-telling and the rich characters, the special effects and makeup will be a special treat for anyone in the medical profession. This is not a show where people reach into a person's gut and pull out the intestines like a tube of sausage; every surgery and every injury looks breathtakingly real. And, in this pioneering age when medicine was only just beginning to become scientific and professionalized, the surgical procedures at the heart of the show provide a glimpse at where our profession used to be. There are appendectomies, crude brain surgeries, and messy quests for emboli in patients' exposed innards. And, because this era predated mass-produced disposable gloves, they are all done with the surgeon's bare hands (strictly washed in accordance with new antiseptic techniques, of course). From what I understand, the special effects team did tremendous research on turn-of-the-century surgical techniques in order to nail the realism.

Because of the novelistic structure of the two 10-episode seasons currently out, the series feels more like a 20 hour film more than an episodic TV show, and that lets it be viewed, and enjoyed, as a standalone work. The series may return for a 3rd season, but Soderbergh has been coy about whether that will happen, and given the director's famously short attention span (per IMDB, he has 40 directing credits since 1985, with another 3 projects currently in some stage of creation), it seems unlikely to happen at this point. No matter: what episodes do exist provide a reasonable measure of closure, and would fit perfectly into your week 1/week 2 schedule. You are hereby advised to not begin it in the weeks leading up to your block final. —

We at The Scope thank you for reading! If you would like to write a piece for The Scope or would like a member of the press staff to cover your event, please contact the Editor in Chief at rlis001@medsch.ucr.edu. Letters to the Editor are always welcome. Special thanks to off staff contributing writers: Asbat Hasan & Stephanie Dreikorn. Additional thanks to contributing photographer, Michelle Okoreeh and to Brother/Assistant to the Editor, Christopher Lis.

—from "The Knick" directed by Steven Soderbergh, is available on Cinemax and Amazon Prime.