The white coat ceremony is a very special event that every first year medical student strives to reach. It is the culmination of all the struggles, obstacles and hardships that each of us overcame to get to that moment. It is also symbol of professionalism, responsibility, altruism, and duty to the medical profession.

Each and every one of us has a different background and took a different path to get to medical school.

For me, this ceremony symbolized the achievement of a dream that many times seemed impossible. Having to learn how to navigate the process on my own to get to college to learning how to deal with being three hours away from my entire family and missing out on birthdays and parties, which is not an easy thing to do coming from a Mexican family. One thing always remained certain, I knew I was going to go to medical school one day.

After taking a few years off after graduating from CSUSB to do a post-baccalaureate program at UCR and working as a scribe in Riverside, I finally felt prepared to apply and begin this long and crazy journey. I vividly recall the anxiety and stress that came with applications last year and still... (“New Kids” continued from opposite)

By: Maura Becerra, MS1

(“New Kids” continued on p3)

UCR School of Medicine White Coat Ceremony 2017. Photo credit: Carrie Rosema
Finally! I’ve made it to medical school. I’m ready for some long nights in the anatomy lab. Working out problems on the whiteboard. Making up nonsensical mnemonics. Heal some patients with some good listening abilities. I pull up to the driveway and flick off the headlights. Today though, was a long day of lectures and clinical skills. I wonder if Mom and Dad are asleep already. I fumble around opening the double locked and dead-bolted door, balancing white coat in one hand with a lunch bag and an unwieldy backpack half-slung over the shoulder. “Hi Mom… Hi Dad…” The TV is blaring in the background as they watch the nightly news. “How was the emergency room?”, my Mom asks. “I had class today. Not all medicine is emergency medicine, ma,” I reply. “So I have this rash on my arm, what is it?” is her next question. “It’s probably what the allergist told you, you’re allergic to shellfish.” “I haven’t eaten any. I made some shrimp ceviche for your dad, but I didn’t have any,” she replies.

I walk into my old bedroom, unload the contents of my life. Place my wallet next to a porcelain lamp with glass crystals that clink against the base when disturbed. I fall onto the flower-printed comforter. It’s only a temporary stay, I tell myself. I’m saving money and reconnecting with my parents, I tell myself. Maybe I should’ve planned things a bit better.

I gather up my strength to start getting ready for bed. I open the door and the lights and TV are off. Like clockwork, my parents have disappeared from the living room and are off to bed. I can now hear the muffled sound of the TV in their own bedroom. I open the fridge and there’s a plate of battered and fried Spanish mackerel and brown rice all saran wrapped. Yum! It’s alright, no one will smell my breath tonight. Like a night creature I lurk around gobbling down whatever is left in the fridge. It’s all fair game. Maybe I’ll grab a can of beer too.

With all my basic needs met, I drop down into a faux Victorian chair and half-heartedly attempt to sit up straight. My posture is getting worse day-by-day. With a single desk lamp I sit in the corner of a room and crack open my laptop, crack my knuckles, and get underway in this seemingly endless marathon of studying.

My mom walks out and asks me about the meaning of the English phrase, “kill two birds with one stone.”

“Living” continues on p5

“Pun-ch Line” is brought to you by the always beautiful and never bummed out Scott Cramer, MS3 (left) and Elias Fanous, MS3 (right).
wondering, “Will I get in?”, “Am I good enough?” Luckily, I had a lot of people that helped me every step of the way. Many of those people are at UCR and are the reason I chose to come here to get my medical education.

Finding out I was accepted was one of the best days of my life filled with tears, happiness, disbelief, and excitement, but the white coat ceremony is definitely a close second. This was the day that I finally felt like a medical student and felt like “Wow, I’m going to be a doctor one day.” Many of us had just met for the first time on Monday, but it didn’t feel that way on Friday. Everyone was so excited and high-fiving as we were lining up to go out, and although we were all nervous, the joy and excitement was greater.

As I was sitting down listening to Dr. Talamantes speak about how his mom wanted to wash his white coat just so she could spend time with him, I was reminded of my own mom because she is the same way with me. He reminded me of how we have to let others help because as he said, “It takes a village.” At the end of a long week of orientation, the best part was seeing the smile on my mom’s face and her recording every second. It made everything worth it. This was a day I am always going to remember because I had the people that helped me get to this point, my village, surrounding me, and it was just perfect.—

Students and staff were kind enough to share their answers to this issue’s question:

What do you wish you had known when you first started Med School?

“Study time isn’t just going to happen, you have to make it happen.”
-Josh Fan, MS3

“I wish I had learned how to take care of myself asap. As a medical student, you are still human, and part of being a person is to live, not just exist.”
-Jason Tran, MS2

“Real life doesn’t stop. Medical school doesn’t have to consume your whole life.”
-Sireena Sy, MS3

“Always use condoms.”
-Niya Larios, MS2

“I wish I had known more about loans and borrowing. I ended up with a lot of loans with bad interest rates. Know that now there are multiple options out there for student loans.”
-Dr Micheal Epstein, UCR Child Psychiatrist

The Scope would like to congratulate Maura and her fellow MS1s on the start of their medical career. Best of luck!
BIRD POOP ART
BY KHOA NGUYEN, MS3, SENIOR EDITOR

In September 2015, a Jackson Pollock painting called “Number 17A” was sold for $200 million to a billionaire philanthropist and art collector. “Number 17A” is exactly what one expects from a classic Pollock: fibers of black and white paint drizzled on beige canvas with hints of orange and yellow splattered throughout. Much like the bird-poop-stained windows at the Riverside County hospital but without the cost.

For what it’s worth, Pollock and the birds have the same technique by using abstract expressionism, a movement that was developed in New York in the 1940’s in a post-World War II art movement. Abstract expressionism is not about the final art piece and what it conveys to spectators. Rather, it is a historical snapshot of the spontaneous and subconscious movements of the artist in that moment in time. A drizzle of paint from one corner of the canvas to the other is a snapshot of Pollock holding his saturated paintbrush above the canvas jumping from point A to point B.

The birds at the Riverside County hospital are currently using a more modern medium, glass. Spontaneous? Yes. Subconscious? Yes. Abstract expressionism? Absolutely. What’s more spectacular is that the birds are currently in a phase similar to Pollock’s “Drip Period” between 1947 and 1950. During this time, Pollock used darker colors on unprimed canvas. Less drizzle, more drips. The similarities are uncanny. Take one look at Pollock’s “Number 4 (Gray and Red)” and one will wonder if it is Pollock or bird poop.

Students, physicians, and patients are treated to unsolicited abstract expressionism every time they take a stroll in the hallways of the hospital. Unlike Pollock, the birds are not simply expressing a single moment in time with their poop art, rather, they are expressing all the moments in time. They are expressing that life outside the hospital environment will continue whether you are stressed, tired, or hungry. They will fly. They will build nests. They will poop. Whether you like it or not.

For interested parties, the bird poop art exhibition can be viewed by visiting the hospital’s second and third floor. Be sure to check out the “Excuse Our Neighbors” piece next to the purple elevators. Bring comfortable shoes for many will get lost in the maze of the hospital hallways. Admission is free.—
During the week I wonder if I am missing out on the "Med School Experience", being crammed in a humid study room with chips and a half-eaten pizza askew in a partially opened box. Sunday has finally come around. I've finished my weekly assessment. I've crammed in as much information as I can. Now time for a break to grab a tomato from the backyard garden for my salad. I glance over to the work shed where my 64 year old dad has just propelled himself atop it without a ladder. The evening sun is slowly fading into a red sky with scattered groups of clouds. My elderly dog runs up to my leg and I scratch behind her ears. I'm sure there are more efficient and optimal ways to become a doctor - timed naps, scheduled workouts that mix cardio and resistance, prepared meals for the entire week. I'm too old for that. Maybe medical school is a young person's adventure. As I slice up the tomato warmed by the heat of the sun, I remind myself that unlike a multiple choice test, there's no single best answer. The hardest part is figuring out what those choices are in the first place.—

"Nutrition in Medicine"

By: Lisa Schwartz, MS3

Last month, I traveled to Washington, DC for a Nutrition in Medicine conference held by the Physician’s Committee for Responsible Medicine. The moment I stepped off the Metro, I made a silent vow to never complain about the weather in Riverside anymore. I was in the nation’s capital – Capital H for Humidity.

I swam through the hordes of people on the street and made it to the Grand Hyatt where I found a truly grand breakfast awaiting. I made my way to the carts of almond milk, steel cut oats and fruit, but stopped short when I spotted my all-time celebrity doctor crush, Dr. Michael Greger. Step out of the way, Dr. Oz.

Dr. Greger runs www.nutritionfacts.org which has thousands of entertaining and evidence-based videos highlighting how nutrition plays a role in specific disease processes. He recently wrote a New York Times Best Seller called How Not to Die, which is a great read, filled with anecdotes and ways to prevent succumbing to the most common causes of preventable deaths.

It was incredible to be with over 700 other medical professionals who recognize the importance of nutrition education in medicine and actively bring about change. Among others, there were lectures on disease prevention and reversal and weight loss, all with a common focus of a plant-based diet.

One particularly compelling study presented at the conference addressed the number one cause of death in the United States: heart disease. The study followed 120,000 men and women for over 20 years [1]. After accounting for lifestyle factors, the authors found that for every additional 3-ounce serving of unprocessed red meat that the study participants consumed each day, their risk of dying from cardiovascular disease increased by 13%. Processed stone”. Since she has retired, she has been studying English with friends and sometimes at a local community college. I try to explain it to her in our native tongue, hemming and hawing at the right words to choose. I have been away from them for so long, so many words have been lost. She gives me a look as if to say, “thanks for trying” and goes off to bed.

I’ve lived with them for nearly 2 years at this point after having been away for more than 12 years. It has only been 7 years if you count the time when I could make regular monthly visits while I was within driving distance. Now, though, whenever I am home, I am a stationary figure. The sun rises then sets while I remain in place. Mom worries, as loving moms tend to do. She tells me to “exercise!” using the English word with a heavy accent as she swings her arms as if to begin imaginary calisthenics. She tells me I shouldn’t study so much and get outside. Mom and Dad bustle around as retired people do. They garden, clean up the house, do laundry, go out to the casino, visit my sister and brother, and go for hikes. As for my day, I think I moved my textbook from the left side of the computer, to the right side, with the angle slightly more obtuse to the computer in its new position.

During the week I wonder if I am missing out on the “Med School Experience”, being crammed in a humid study room with chips and a half-eaten pizza askew in a partially opened box. Sunday has finally come around. I’ve finished my weekly assessment. I’ve crammed in as much information as I can. Now time for a break to grab a tomato from the backyard garden for my salad. I glance over to the work shed where my 64 year old dad has just propelled himself atop it without a ladder. The evening sun is slowly fading into a red sky with scattered groups of clouds. My elderly dog runs up to my leg and I scratch behind her ears. I’m sure there are more efficient and optimal ways to become a doctor - timed naps, scheduled workouts that mix cardio and resistance, prepared meals for the entire week. I’m too old for that. Maybe medical school is a young person’s adventure. As I slice up the tomato warmed by the heat of the sun, I remind myself that unlike a multiple choice test, there’s no single best answer. The hardest part is figuring out what those choices are in the first place.—

…”Living” continued from p2)

…”Nutrition” continues on p7)
Last month, the UCR family gathered together for the likes of free food, I mean, to welcome the incoming MS1s. And here are some of the well-dressed standouts that all managed to not spill BBQ sauce on their shirts while trying to evade those flying beetles.

Adanma Nwachuku, MS3
If you listen closely, you can hear the faint sounds of police sirens coming to take Adanma, MS3, for stealing hospital issued scrubs. Her monochromatic look is not only comfortable, but they leave her ankles exposed just enough to protect her from potential flood waters.

Elena Westbrook, Daughter of Kevin Westbrook, MS2
An EAP student from the class of 2040 decided to check out the festivities in a custom made Minnie (pronounced Min-yay) Mouse dress adorned with a hand painted descending flower design. Not pictured is the plate she dropped because not even food can get in the way of her photo op.

Rita Lis, MS3
Our very own Scope editor makes her first appearance in Style Watch in a skirt made from all the rejected Scope article submissions. (I would say more about her outfit, but she didn't pay me enough to write anything else).

Monica Carson, PhD
Dr. Carson was still on vacation mode when she attended the event. When it comes to her fashion sense, innate drives adaptive drives innate. PS, rumor has it that Dr. Carson's wrist injury was due to constant pressure from the panopto students for her to use the mouse pointer so they could follow along at home. Shame on y'all.
Aaron Sorkin has built a career on writing snappy dialogue, usually delivered at a fast walk as the speakers stroll down hallways or busy offices. In fact, it's the signature feature of his most acclaimed works, whether it is TV shows like “The West Wing” or “The Newsroom”, or films like “Steve Jobs”, “Moneyball”, or “A Few Good Men.” Characters in the Sorkiverse always seem to know exactly what to say and how best to say it. Everyone may kind of talk in the same voice, but the rapid-fire exchanges are so fun you overlook it.

This is most assuredly not the case in “Malice”, a medical/serial killer thriller from 1993 that Sorkin co-wrote with Scott Frank, based on a story by Sorkin and Jonas McCord. The title is, uncharacteristically for Sorkin, a lame play on words. Besides its general meaning as a word describing bad intentions, “malice” also has a specific meaning in the world of medical malpractice: in order for an injured party to secure damages, they have to prove gross negligence, fraud, or malice on the part of the doctor. It's a title that suggests Sorkin wanted the audience to constantly second-guess who in the story possesses this titular malice. Is it Bill Pullman's sad sack academic? His beautiful but enigmatic wife and former student? Or is it Alec Baldwin's arrogant surgeon? By the end of the movie, it's hard to care, as Harold Becker's hamfisted direction of Sorkin's already lousy script takes you on so many needless detours that the effect is numbing rather than entertaining. “Malice” is cinematic anesthetic.

The story, such as it is, revolves around Andy (Bill Pullman), a dean at an unnamed liberal arts college in New England. From the outside, Andy has a perfect life. He enjoys his job mentoring students, and has a great relationship with his wife Tracy (Nicole Kidman), a former graduate student he fell in love with, married, and with whom hopes to start a family in the next few years. Their life is altered by a pair of unexpected events: a serial killer stalking female students of Andy's university, and the arrival of arrogant surgeon Jed Lillianfield (Alec Baldwin), a former high school classmate of Andy's. Lillianfield needs a place to stay, and through an odd and somewhat unbelievable series of events, he ends up renting an empty room in Andy and Tracy's home.

If you guessed from the last paragraph that Jed would be revealed at the end of the film as the serial (“Malice” continues on p8)


killer, congratulations: you understand the mechanics of basic storytelling. Unfortunately, you’d still be wrong when it comes
to “Malice.” Andy actually catches the serial killer around the middle of the film, and we never hear about him again. I feel no
guilt in spoiling this for future viewers, because the entire serial killer subplot is so pointless and contributes so little to the
development of the story or the characters, that it could have been removed entirely without impacting the movie in any way
other than its runtime. The story thereafter primarily concerns a botched surgery that Jed performs on Tracy after she has an
obstetric emergency and whether it was simply accident, or part of a broader conspiracy. The main plot’s course is as studded
with vestigial tangents as the superfluous serial killer subplot would lead you to expect.

Watching “Malice” underlines just how much directorial choices can make or ruin a script. The reason people are
always walking and talking in “The West Wing” and other Sorkin dramas is not just to give your eyes something to do while
the characters to talk, but to preserve the rhythm of the dialogue as it was imagined by Sorkin. Director Harold Becker does
not understand that for Sorkin, the dialogue is itself the character, and so he frequently cuts back and forth between shots of
characters talking to each other, ruining the rhythm of the conversation, and making Sorkin’s famous banter clunky and
awkward. If this sounds overly generous to Sorkin, it’s worth remembering that he too shares much of the blame for “Malice”.
After all, he inserted an entire subplot about a serial killer for no reason and accomplishes much of the film’s exposition by
having characters summarize the story and its plot twists aloud.

The lone bright spot in this otherwise frustrating movie is Baldwin’s performance as Jed. Before “Scrubs” cemented
the archetypal surgeon as arrogant, preening, and obsessed with their own genius, “Malice” captured this persona in several
memorable scenes. Baldwin has some of the movie’s best lines, and one scene at a malpractice hearing in particular has
survived in popular culture and on YouTube. In response to a question about whether he has a God complex, Baldwin
responds with a condescension-soaked soliloquy that starts with a reminder of his stellar GPA, a list of all his professional
accomplishments and certifications, and ends with an anecdote about how families should pray to him when their loved ones’
lives are in his hands.—

Malice (1993), Directed by Harold Becker
Starring Bill Pullman, Nicole Kidman, and Alec Baldwin

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“Dawn With the Dead”

By: Veronica Scott, MS3

It was early Tuesday morning as we drove up to the Riverside County Coroner commencing our first community based education (CBE) week. Open fields of dead weeds surrounded the building. A pungent smell was in the air. A smiling man going by the title Sergeant greeted us outside. He led us through the building to a small meeting room with a faux marbled table and large office chairs. We sat down in quiet, waiting for our first morning triage.

The forensic team came in the room one by one, greeting each other with fondness. At 8 o’clock when the last team member hurriedly took a seat, the meeting commenced. “First up Doe, found yesterday morning in the desert by a couple who walks the trail multiple times a week.” Graphic pictures from the desert crime scene hung above us on a large monitor. The images seemed strikingly similar to those on a fictional crime drama, but this time it was not fiction. Going down a list with 8 to 10 names, each case was read aloud and the decision to autopsy was made.

As the meeting concluded, the Deputy Coroner led us to the locker room where we apprehensively prepared. Madeline pulled out a jar of Vicks Vapor rub from her bag and generously offered the group a finger full to avoid the knowingly difficult smell. We meekly joined the rest of the coroner team, gowning up in multiple layers of personal protective equipment. Although we were just observing, we looked ready for a day in the OR.

The room was large with multiple stations with tables and knives set out for the physician. Without any ceremony or warning, the coroner tech made the first Y incision with haste and skill. It (“Dead” continues on p9)
Being in the hospital is something so new for me… I forget and still introduce myself as a second year and then I’m reminded that I took my USMLE step 1 (we’ll get into that later). I am officially a third year. Which means I’m over halfway done. Time flies sooo fast. Even though in some ways I feel like it’s been a while since I was a wide eyed first year who didn’t know how to take someone’s pulse and freaked out over the crazy amount of material I had to know on other days like today. It honestly seems like yesterday.

As you amazing first years start your journey into medicine, I felt it only right to give you some tips on how to survive first year… cause it’s really not THAT bad… unless you’re one of those people who never freak out about anything and feel totally calm, then first year me is EXTREMELY envious of you. Don’t think I’ve forgotten about you second years… we will get to you in the next issue of The Scope. But without further ado…

1. Cut yourself some slack. I struggled the most with this first year. Know that the transition from undergrad (or the workforce or whatever other epic things you may have done)

(“1st Year” continued from opposite)
“Your Blood Is So Thin”
Poem by: Paul Kaloostian, MD

She was found shaking uncontrollably while sitting in her home
Thin, quite frail, she conquered the world alone.
Hurt and sad, controlled by certain quenching spirits
A lifetime of stupor, now lay a moment dispirit.

What control, what strength, what power in such drink
To utter a soul a blind follower with stink.
Hormonal transformation, microscopic molecules circulating freely
Receptors and tissues adapting to their candy quite completely.

Poor woman lay supine, post ictal, out of space
To the Cat Scan we rush her to identify any trace.
Slice by Slice, within minutes the radiation enters
To my amazement my eyes on the screen center!

A large extra axial collection is discovered
Significant depression of the brain thus uncovered.
Each second so important, each brain cell so trapped
What must we do in this woman so strapped!

She awakens so gently from her dreams so deep
Her labs return quickly showing something quite steep.
I come to her bedside, I discuss her Cat Scan findings
“You are going to need a surgery, urgently, without bindings!”

“Your blood is so thin, due to the Spirits effects on your body.
This is also why your tummy is so stocky.
I must give you frozen plasma, vitamin K, and some platelets
Then must take you to the theater where we determine your valence!”

Surgery goes smoothly, crank case oil emerges quite tensely
Volcano erupts and the brain settles so gently.
She does quite well and is discharged in good spirits
Never again to play so closely with those bad spirits.

Paul Kaloostian MD, FAANS, FACS
Neurosurgery
University of California at Riverside School of Medicine
be reminded that you’re okay. We are always willing to lend an ear or a hug if you need it!

6. **Journaling.** Writing down your feelings and how you’re progressing throughout the days will really help. You may be able to find trends in the way you’re feeling which brings me to my next point.

7. **It’s okay to not be okay.** For some people, the transition is harder than others, and you also have to remember that you have a life outside of school. Life can be crazy, unpredictable, and sometimes downright chaotic. Med school doesn’t stop for these life events and you have to recognize that it’s okay to admit to yourself that you don’t have it all together. What is NOT okay is not reaching out to people like Lawanda and Tracy and anyone else. There are resources such as the counseling center which can help you get back on track if you need it. If you need a break, that’s okay too. Remember that you are your first patient; if you are not okay, you can’t properly help your patients. I went through a lot in the beginning half of medical school, and through these resources, I came out resilient and that much more appreciative of the honor that is being a medical student. It humbles you and allows you to better empathize with your patient.

So guys and girls…these are seven tips that I think will be helpful in you passing your first year. It is not easy (unless you’re that exception) but it is DEFINITELY doable. I had a BLAST first year. Everything is so fresh and new and it’s exciting. When you’re studying and stressed out about the amount of material you have to know, it becomes easy to forget this honor. Know that I believe in you, and I know you were chosen for a reason. You’re special and you WILL get through this….just take it one day at a time. Good luck!—

**A Brief History of Confederate War Memorials**

By: Deema Akari, MS3

Torches, swastikas, Nazi salutes, KKK paraphernalia. This news coupled with the threat of impending nuclear war would prompt you to believe that we were back in in the 1940’s. If this is what you thought, you would be wrong.

There has been an outbreak of violence in Virginia recently; the likes of which no modern day American could have ever imagined would be possible in 2017. The violence that began on August 12th originally started as a protest by white nationalists over plans to remove a statue of Confederate Robert E. Lee from downtown Charlottesville. A group of neo-Nazi skinheads and Ku Klux Klan members gathered in Charlottesville for a Unite the Right rally in response to the plans for its removal. These protestors were met with hundreds of anti-hate and counter-protesters, and street brawls and violent clashes broke out. This prompted Governor Terry McAuliffe of Virginia to declare a state of emergency.

What exactly does this statue mean and why are people fighting over it?

This statue of Robert E. Lee is not the only one of its kind. There are many of them, primarily concentrated in the South. And before we can consider why people are fighting over this statue and others like it, we must consider why they exist to begin with.

An obvious thought is that they were placed after the Civil war to honor fallen confederate soldiers. However, this is not exactly the case. While very few of these memorials were erected immediately after the civil war, they were by in large a product of the 1890’s to the World War I period.

Decades beyond the close of the Civil War saw a widespread effort to memorialize what is essentially a failed attempt to overthrow the United States government. The reason for this lag is due to the fact that this is around the time period that Confederate Veterans began to die. Small towns and large cities all over the south were led by the daughters of these veterans—the United Daughters of the Confederacy—to make sure they were not forgotten.

And so how do we reconcile with this past? How do we reconcile with these monuments of men who not only owned slaves, but also fought to attempt secession and an overthrow of the United States over this unjust and tragic practice?

In some ways, some Southerners have written this part of history out of the narrative completely. To many of them, it was not even about slavery. They felt that

(…“1st Year” continued from p10)
people like Robert E. Lee had risen to fight and protect the South from what they perceived as a tyrannical federal government that was attempting to overstep its powers and take away rights from the states. But since the civil rights movement, it has become harder and harder to use this old story of the Confederacy to portray a case of defense of states’ rights against the federal government. The blatant racism and violence we have seen more recently as they relate to these war monuments do not account for this context. They are a reactionary response emboldened by an unorthodox and unethical political environment. Anyone who is of the opinion that it is acceptable to chant Nazi slogans and advocate for the ideals of the Ku Klux Klan does not belong in 2017 America. These are unacceptable and unforgivable viewpoints that should have died when the U.S defeated slavery in 1865 and again in 1945 when the Nazis were overthrown in Germany.

These monuments can certainly tell a story; there is no doubt about that. But we must be careful in recognizing the story they attempt to tell and any attempts to distract from the truth.—

Vincente in Vietnam

By: Vincente Lam, MS4

On July 5th, I stepped outside Prometric’s dungeon doors a free man. Step 2, Done. However, that was just the 2nd step in my summer’s journey. The next day, I went on a two-hour bus ride to LAX, 16 hour flight to Hanoi, Vietnam, and an 8 hour bus ride to the boonies of Vietnam. I swear I probably developed 6 DVTs. After over a day’s worth of travel, I arrive to Cao Bang, Vietnam. This province is one of the poorest in Vietnam. It straddles along the Vietnam-China border and is predominantly made up of small villages sprinkled across the land and separated by towering, bile colored mountains. I spent the next two weeks practicing medicine with my preceptor, Dr. Branch, and the Good Samaritans Medical Dental Ministry Group.

We spent the first week in very remote places, Ha Lang and Tru Kanh, and the 2nd week closer to the provincial city head which is also named Cao Bang. Our days normally began around 5 am with a roughly 2.5-3 hour bus ride on what felt like maculo-papular roads. We’ll set-up clinic at the local school and see around 300 patients before tearing down around 6pm.

After finishing a year of rotations, I can say with confidence that these two weeks were single-handedly one of the most physically exhausting times of medical school. Also, I spoke mainly in Vietnamese to patients, but I learned interviewing patients in English. That meant that I had to think of the words in English, mentally find words in Vietnamese, and interview. It was pretty hard, like cirrhotic liver hard. However, it was an extraordinarily rewarding experience. I had the opportunity to provide care to patients who had never received care, do more joint injections and procedures than my entire 3rd year, and formed meaningful relationships with the local community. I saw pathological disease states so advanced in its stage that I would have never seen in America. I saw Grave’s Disease, NF1, adolescent scleroderma, chipmunk facies and thalassemias, advanced breast cancer, esophageal cancer, angiokeratosis circumscripta etc. These are just a handful of cases we were able to see and work-up during our short stay. All in all, GSMDM is an amazing organization and provides incredible care to patients while helping to strengthen communities. If you would like to go, feel free to ask me!—
Over the years, there have been many prodigious minds to grace the basketball world. Everyone knows about how clutch the Black Mamba (Kobe Bryant) was. You've probably heard about the sweet passes CP3 (Chris Paul) has made over the years or the unstoppable scoring of the Durantula (Kevin Durant). However, few compare to the greatness of our very own Robbin Melo (MS3), aka “Buckets.” When asked why he doesn't wear any jewelry on his right hand, he stated “My right hand is strictly for buckets.” Standing at a unique stature of 5 foot 7 inches, weighing an impressive 180 lbs, none can match the imposing play of Melo.

A self-crowned 2 time UCR SOM Basketball League MVP, Melo has greatly developed his game over the past years. After being scouted at the local YMCA in Fontana, “Buckets” emerged as a preeminent point guard this past season. Averaging a respectable 1.9 points, 0.5 assists, 0.1 rebounds, and 10.0 turnovers, he has taken the UCR basketball world by storm. This past season, he was shooting a league high 9.7% from the field and 4.4% from the three-point line. When asked about Melo's play, Jose “Pepe” Orozco quipped, “He has an unstoppable crossover, when he drives, it's over.” Renowned for his speed and vision, Melo never stops pushing the basketball up the floor. Although prone to turnover, he often makes plays that are incredulous to the opposition. According to his teammates, a no look between the legs pass cross court is his signature move.

As a new season dawns at UCR, fans will be looking to Melo to lead the SOM through the stiff competition at the rec center. With hordes of undergraduates looking to challenge for this year's championship, “Buckets” will need to be focused on performing each and every game. Known to skip a game or two, his attendance will need to improve if he is to make the impact fans believe he can make. Only time will tell if Melo can develop into the best player the SOM has ever seen.—

“Pun-ch Line”

We have a teenage boy who is upset about some new facial hair

Don't worry, it'll grow on him

LOOOOL I can't get over these dad jokes

Pun-ch Line

A youthful photo of “Buckets” this is pretty awesome

A Star On The Horizon

By: Tri Tran, MS3

(...“Star” continued from opposite)
ART

“Setting the Bar”
Brennan Whitacre, MS2
2017, Photography

“I took this shot on my pilgrimage to Ayutthaya, Thailand. I was particularly struck by the serenity of the temples, and the deep spirituality of the Thai people.”

“Octopus”
Kristianna Wi, MS3
2011, Pencil

“I don’t want to do it anymore if I have to have a sentence.”

Share your creativity! To submit artwork for future Scope issues, please contact Khoa at knquy065@medsch.ucr.edu. Open to students and staff.
Meet The Staff

Deema Akari,  
**Senior White House Correspondent**  
Deema is a third year medical student who suffers from resting angry face. She is interested in children’s health, running, and heavy metal. She also enjoys starting political arguments with random acquaintances and strangers over Facebook and Twitter.

Rennie Burke,  
**Senior Investigative Specialist**  
Rennie Burke is a third year medical student. His favorite words are “scream”, “spellbound”, “mud”, and “birth”.

Srita Chakka,  
**Junior Associate Fashion Maven**  
Srita is a third year medical student. She was worth three cows. With this new promotion, a reevaluation is pending.

Scott Cramer,  
**Official Scope Punster**  
Scott is a third year medical student who enjoys punishing medical wordplay that is sure to split your sides with laughter. Don’t worry, because each week his humerus column “Pun-ch lines” provides a comical perspective that will leave you in stitches.

Stephanie Dreikorn,  
**Associate Editor of On-Campus Divisions**  
Stephanie is a second year medical student. She is from Chino (no, she’s never been cow tipping—that’s cruel). She enjoys reading true crime, eating way too much, and spending time in desolate forests.

Elias Fanous,  
**Official Scope Punster**  
Elias is a third year medical student who can be found on the right side, and never the left or wrong side of his jokes. He wants to thank you all for the opportunity, even though it was actually the Editor in Chief who offered him the position...

Nike Fanu,  
**Head Fashion Maven**  
Nike is a third year medical student. She has studied 1.5 semesters of fashion design, so she thinks she is overqualified to run Style Watch.

Kevin Ha,  
**Director of Marketing & Special Projects**  
Kevin is a second year medical student. He is a Minnesota sports super fan obsessed with his cast-iron pan and blow torch. Ask him about his recent skydiving experience! PS: KHa Hip Hop Bangerz Vol 6 is a mix away!

Nostradamus Aldebaran Charmander,  
**Deliverer of Future Portents**  
Keenly attuned to the vibrations of the celestial bodies, Nostradamus utilizes this gift to voice the benign, malign, and baffling messages of the stars in quasi-monthly horoscopes. Ironically, Mr Charmander no longer possesses a sign of Zodiac himself due to unforeseen circumstances.

Finally, someone new!

Did you see his biceps in the last issue?! Geez, when did this staff get so big??
All of us on staff at The Scope would like to thank you for reading, even during the hectic time of starting a new school year! We would like to welcome you to follow along for another year of literary genius as Volume 5 gets underway with this commencement issue. As you can tell, we have amassed a fairly impressive staff throughout this past year who are excited to bring you the very best The Scope has to offer. And we welcome all who wish to participate! If you’re interested in joining this staff, or just writing a piece or two, please email the Editor in Chief at rlis001@medsch.ucr.edu. If you’re interested in submitting art for Art et al., please contact the Senior Editor at khoa.nguyen@medsch.ucr.edu. We would like to extend special thanks to our guest writers Maura Becerra and Vincente Lam. Further thanks for the artistry of Brennan Whitacre and Kristianna Wi. All of us at The Scope wish you the best of luck with whichever academic year you have just started! Until next month,