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Student of the Year

NIYA LARIOS, MSII

By: Stephanie Dreikorn, MS2

For this special edition of The Scope, I combed through the memories of the past couple years to come up with someone that has inspired me. Though many of many of you inspire me in different ways, I decided to write a little blurb about someone who not only has a passion for change and the field of medicine in general, but is also relatable and down to earth— and let's be real— managed to forge a friendship with me. She is Niya Larios. The one who always poses an opinion in the public health lectures where I often start to hear the chirping of crickets (curious... since we’re often in the basement of the library). Given her background in philosophy, she often has an interesting point of view which is always refreshing to hear. She also had one of the most interesting PIP topics along with her partner Michelle Yang covering racial socialization in children. Niya also isn’t afraid to share articles on any of the class pages for Facebook. The recent ones about bullying and women in medicine are hitting pretty close to home for me. All in all, she is a mom with a cute little toddler (we all know kids are a handful!), makes it to free clinic as one of its officers, studies hard to pass our blocks, and who can deny that infectious Niya laugh that I can hear from clear across the room?!—

THE MSIII WOMEN

By: Veronica Scott, MS3

Not to copy the recent TIME magazine cover, but I think the Best Students of the Year should go to the women in my class. When Rita asked for articles for Best of the Year, it was easy to think of several people in my class worthy of the title. Annie Le has such a passion for social justice and will do a lot to change the world. Margaret Clark is wonder woman. She is conscientious, participates in several school activities, and still finds time to master medical knowledge. Madeline Mullen is another advocate for social justice by co-founding the Medical Students for Choice and LGTB+ Health student interest groups. Nike Fanu shares the passion for community advocacy and has the incredible ability to make any situation fun. Deema Akari is a style icon, political savant, and ran a successful book drive for the Pediatric interest group last year. Ariana Ramirez, the cross fit queen, who co-founded the LGBT+ Health interest group was also a leader in the LMSA interest group. Additionally Ariana Ramirez and McKenna Geary are warriors serving in the United States armed forces. Rita Lis, the Editor in Chief of The Scope and former class representative, continues to put together creative, witty, thoughtful, and invaluable issues of The Scope. Shout to all the women leaders in my class! Sumedha Sinha for acting as class rep and leading the surgery interest group. Magi Gabra and Kristianna Wi for their service as former class representatives. Karen Clarey and Cristina Tapia for the LMSA interest group. Stephanie Bamidele, Michelle Okoreeh, and Adanma Nwachuku for the Student National Medical Association (SNMA). Frances Tao, Magi Gabra, and Cristina Tapia organized several monthly medical mission trips to Tijuana. This is not an exhaustive list. All the women in my class are doing incredible things; more over all the women at our school are astonishing. My classmates are more than leaders, they are poets, artists, dancers, cooks, cat-enthusiasts, photographers, crafters, and more. Thank you for being a continued inspiration to me. Sorry guys, you are great too!—
Physician of the Year

Dr. Sarah Russell
Family Medicine, Temecula
By: Lisa Schwartz, MS3

Dr. Sarah Russell is the best! She advocates for holistic health and wellness in all of her patients. She constantly educates her patients on the benefits of exercise and how a plant-based diet is useful in preventing and treating chronic disease. She works down in Temecula but her evidence-based approach makes the drive well worth it! I highly recommend working with her during your family medicine rotation.—

Dr. Antonio Tan
Internal Medicine, Moreno Valley
By: Rita Lis, MS3

My LACE physician, Dr Antonio Tan in Moreno Valley, is a physician who has proved time and time again that he truly cares about his patients. His schedule is just as overloaded as most other outpatient clinics that I have worked at, with patients scheduled every 15 minutes and last minute add ons causing some appointments to double up. However, the way that he conducts his appointments is far different. Rather than rush through an appointment to stay on schedule, he will take his time with every single patient, making sure that he has heard all of their concerns. He will even take additional time to talk through aspects of a patient’s personal life and how it may be affecting their health. And he does this with a sincerity that I have not seen in any physician anywhere else. It is this sincerity that allows him to create real and meaningful relationships with his patients who therefore respect his opinions and happily return to see him. My favorite part about working at Dr Tan’s office is watching the patient’s face every time he walks in. Whether the patient has waited for one minute or for one hour, they always react with genuine love when they see him. I have even seen multiple people jump out of their chairs to give him a hug. It is wonderful, moving, and downright magical in a field that is so often dominated by apathy and insincerity.

Therefore, of all my experiences in my 3rd year, it has been LACE that has been the most important to me. As an MSIII, this may sound surprising because I have been working with Dr Tan for the last two years. But in these last few months, I have sorely needed his weekly reminder of what it means to be a good physician. It means honesty, dedication, compassion, love. And sometimes it means sacrificing personal time for the sake of patient relationships. Honestly, I believe most physicians have accidentally or intentionally forgotten this, and I can definitely see why. But these qualities—love and sacrifice paramount among them—are exemplified by Dr Antonio Tan. Dr Tan is the greatest physician that I have ever worked with. He is the physician that I continually strive to emulate and hope one day to be.—
Fourth year is often seen as the time to relax and enjoy what you love, both inside and outside of medicine. Our core rotations are for the most part over, and we simply are just looking towards Match Day. Unfortunately for some, including myself, last minute changes with rotation sites up to and including their evaporation, can cause undeserved distress. We could be consumed with thoughts of possibly not graduating on time, or even losing that “strategic” vacation block at the end of the year. It’s easy to feel helpless when these situations occur, and it’s sometimes easy to forget that our clerkship coordinators are a phone call away.

One such coordinator that has been so helpful over the past several months has been Michelle Fulbright. Whenever there was something not going quite right, she was always easy to get a hold of, and she was always able to give great suggestions in terms of what rotations would be open and fun. It was through her that I was able to work with Dr. Allen and Dr. Simmons at the Access Clinic at RUHS. It’s through all her hard work and fun demeanor, that I would call her deserving of the Staff of the Year Award.—

For those entering and leaving the infamous classroom 1670, one must past the smile and flickering wave of Cheri Black. Her eyes scan the hallways, always looking for an opportunity to pass along her positive energy. For some students, incomplete paperwork will yield the darkest of Cheri’s Black cloud, but that never lasts long, as her warmth will soon radiate and lift you up from your failed OSCE. She is something we rarely see in medicine: a constant. On good days or bad, she will always be stationed in her office waiting to give you a thumbs up. Drop by and you can talk to her about her long commute, her weekend plans, or her love for The Scope adverts. Not many can do what Cheri does. The amount of paperwork that goes through her desk must be exhausting but she keeps sane with her hyper-organization skills, which is evident in neat excel sheets. Be a student in a green-colored cell, not a red-colored cell!

Cheri has the same kindheartedness and warmth that the Bereals and Millers of the world possess. We hope that she never changes and continue to constantly radiate her positivity to the future physicians coming in and out of 1670.—
SEDDY ALTWAL
Standardized Patient Educator
By: Nike Fanu, MS3

Sari Atwal aka Seddy aka the Jordanian Shia Labeouf rose to SOM fame as an ideal SP, but as he transcended beyond the patient gown, the now standardized patient educator has started to garner notoriety for his dapper attire consisting of fitted suits, colorful socks, and a scene-stealing mustache.

I almost can’t imagine Seddy lounging on his couch wearing sweatpants (hair tied, chillin’ with no make-up on). Although, I hope he doesn’t take that wrong, it should be noted that the man looks as though a suit is his second skin. Just like his style favorite Zac Posen, Seddy favors more formal pieces, “Give me the lamest reason to put on a suit and I’ll do it. I’m typically overdressed. I’m ‘so extra’ as the kool kids would say these days”, he admits. The “extra” flair that he adds to his stylings is what makes Seddy Altwal my choice for Style Watch’s best dressed 2017.

The journey to his coveted role as SOM’s best dressed was luckily not derailed by the mistakes of the past. Seddy recalls an outfit he wore on a school field trip, “it was the 90’s, but I wore a sporty tracksuit that belonged in the 80’s. It was made out of this loud wind-breaker material... The colors matched from head to toe. Teal and lime green. I wore a matching hat and sneakers.” Excuse me, I just had my own flashback of the many fashion mishaps including the time as a senior in high school when I thought I was trendsetting in my pinstripe vest and fedora like hat that I paired with ALMOST everything for a whole semester. I shall show pictures to the highest bidder. I digress, back to Seddy. long gone are his childhood down-to-the-tee lime green and teal matching ocean-esque outfits that could even make a navy sailor seasick (how’s that for imagery?). Since then, he has tailored his fashion looks. Seddy has a knack for making dressing up look down right simple.

Shopping is the only aspect of his fashion lifestyle where he doesn’t apply his more-is-more mentality. He somehow has maneuvered around his dilemma of loving fashion but hating shopping, “I tend to find
Yaaaaas, queen. Sit on your throne.
Meet Sarah Grace, our resident second year medical student who also just happens to double as a fashion model for Kalvin Klein.* She knows how to dress up and down for any occasion so it’s no wonder that she gets frequent requests from those around her to “please shop with me!”
I mean, look at her! She can walk into Doctoring or into a bar and no one would bat an eye. That’s how good she is. Is it casual, is it business, or is it the god-forsaken business-casual?? No one will know because she worked her fashion magic.
But it’s not all fun and games for Sarah. She finds inspiration from Instagram and Pinterest and even looks up the items that she already bought to see how they’ve already been styled. She has the same amount of dedication to her fashion statements as I do for watching Law and Order: SVU. And let me tell you, that’s a lot of dedication.
If you too want a fashion inspiration, then look no further than the Education Building (or Orbach, where do we fit all the students now??). She’s always there with a helpful smile and her First Aid book, and always willing to be your hype man as you, too, attempt to look like you didn’t just roll out of bed!—

SARAH GRACE, MS2

By: Srita Chakka, MS3

Yaaaaas, queen. Sit on your throne.
Meet Sarah Grace, our resident second year medical student who also just happens to double as a fashion model for Kalvin Klein.* She knows how to dress up and down for any occasion so it’s no wonder that she gets frequent requests from those around her to “please shop with me!”
I mean, look at her! She can walk into Doctoring or into a bar and no one would bat an eye. That’s how good she is. Is it casual, is it business, or is it the god-forsaken business-casual?? No one will know because she worked her fashion magic.
But it’s not all fun and games for Sarah. She finds inspiration from Instagram and Pinterest and even looks up the items that she already bought to see how they’ve already been styled. She has the same amount of dedication to her fashion statements as I do for watching Law and Order: SVU. And let me tell you, that’s a lot of dedication.
If you too want a fashion inspiration, then look no further than the Education Building (or Orbach, where do we fit all the students now??). She’s always there with a helpful smile and her First Aid book, and always willing to be your hype man as you, too, attempt to look like you didn’t just roll out of bed!—

*NOTE: Kalvin Klein is a fictional name used for the sake of the article.
Best Moment of the Year

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

What was your favorite memory of 2017?

“One month, Matt, Asbat, my roommate, and I went to a Laker game. And it was the first time we had done anything cool since I can’t even remember. We had been studying for step and all that craziness... it was great to finally go out, watch a Laker game, and eat tacos at a really shady place. There was an arrest on the premises as we were there. And the Lakers won! Which is a rare occasion this season. So overall, a great night.”

- Francisco Farias, MS3

“It really was a great one. Our graduation in June and the wonderful match that we had in March. Those were tantamount. Not only for us as a school, but also for the community.”

-Julie Lakatos, Student Affairs Officer

“Getting into Med School!”

-Michelle Smith, MS1

“The Bahamas. It was just nice after how hard first year was to just escape for a week and have nothing to do but lie on the beach. I went with Tyler and Emily, the most chill people to go with.”

-Chelsey Bithell, MS2

(pictured center with Emily Young left and Tyler Luu right)
This year a lot of tech gadgets made it to the top of holiday wish lists. There are countless toys, virtual assistants, sound systems and fitness trackers on the market, but the Apple Watch seems to be doing a bit of everything. It bolsters a lot of features that make life easier – text message displays, news story previews and even reminders to stand up after extended periods of sitting (the importance of which was timely underscored just a week before the MS1 class took their Block 2 exams). Perhaps the most impressive features of the Apple Watch, however, have to do with its heart health applications.

The Apple Watch obtains heart rate data through photoplethysmography. Specifically, the watch emits LED light into the user's wrist and monitors how that light is absorbed. A change in light absorption indicates a change in blood flow. A momentary increase in blood flow to the wrist is measured as a pulse and this allows the Apple Watch to generate a heart rate reading. The watch monitors the user’s heart rate periodically throughout the day, whenever the watch is being worn, and continuously monitors heart rate when the Workout Application is open.

While heart rate monitoring devices have been on the market for years, the practical applications of continuous heart rate monitoring have been limited. Now, thanks to advances in artificial intelligence systems, the massive amounts of data collected from the Apple Watch can be effectively sifted through and analyzed to provide medically meaningful information. These advances opened the door for companies like AliveCor, the startup that introduced the first FDA approved Apple Watch accessory, KardiaBand. KardiaBand allows patients to take electrocardiograms anytime and anywhere by placing their thumb on the band of the Apple Watch they are wearing on their opposite wrist (creating a two-lead EKG reading). As of now, this technology can notify users of either a normal rhythm or potential atrial fibrillation. KardiaBand has already proved useful for patients that were previously experiencing palpitations but were undiagnosed because the episodes went unrecorded.

Partnering with Stanford Medicine, Apple will be collecting heart rate data from the Apple Watches of those users choosing to participate in the study. The goal of the study is to help identify patients that may have atrial fibrillation, providing them with access to a cardiologist who can subsequently make a diagnosis and create a treatment plan. Given how under-diagnosed atrial fibrillation is and the fact that the condition is a leading cause of stroke in the US, Apple is making significant strides toward promoting proactive and preventive health. In an era where so many patients are constantly connected to a smart-something, the potential applications of health monitoring are limitless.

Digital health has been the trendy Silicon Valley term for years, but so far, it’s been more talk than meaningful changes in patient outcomes. What the Apple Watch has already managed to do, however, is generate and inspire a sense of patient responsibility to monitor their own health and be proactive about their choices and lifestyle. And that’s a pretty good start. Well done, tech of 2017.—

MS1s Milo Dover (left) and Yatna Patel (right) attempt to take their pulse the old school way, while their technologically advanced MS1 friend Niresh Perera (center) enjoys RRR with his Apple Watch.
Medical Movie
Review: Girl Interrupted
By: Rennie Burke, MS3

The film begins with 18 year old Susanna Kaysen (Winona Ryder) arriving in an emergency room after surviving a suicide attempt. It is not clear what exactly drove her to this extreme, but a series of flashbacks provides us with a host of potential culprits: her overbearing parents, the lofty standards of her prep school and its unanimously college-bound student body, and a recent affair with a teacher at her school. These stresses would be difficult for any young person to handle, but compounded by the normal questioning and self-discovery that attends high school-graduation, they proved too much. Bowing to the social conventions of the era - this is the early 1960s - as well as the pressure of her parents and a psychiatrist family friend, she checks herself into Claymoore Mental Institution.

Her fellow patients at Claymoore have a range of mental illnesses. There is Susanna's roommate Georgina, a pathological liar; Daisy, the daughter of a deli owner with symptoms of paranoia, obsessive compulsive disorder, and binge eating; Polly, a kind and innocent but delusional self-mutilator; and Lisa (Angelina Jolie), a charismatic sociopath. Presiding over all the patients from some distance is Valerie (Whoopi Goldberg), the head nurse and, because of her ability to wrangle the patients, the de facto leader of the Claymoore women’s ward. Susanna settles into life at the hospital cautiously at first, but eventually embraces her fellow patients as trusted friends. In particular, she warms to Lisa, who, true to her diagnosis, acts impulsively and challenges authority. In the rigid environment of Claymoore, this rebellion is a breath of fresh air. As her relationship with the other patients grows, so to does Susanna's identification with her own diagnosis, borderline personality disorder.

Susanna's relationship to her illness represents the film’s most interesting thread, in large part because it’s not clear that she is ill at all. In one memorable scene, Val confronts Susanna with this, observing that in a hospital full of people who are clearly ill, she seems all-too-normal. And indeed, apart from her suicide

(“Girl” continues on p11)
attempt, much of what seems to afflict her for the first half of the film is the usual teenage anxieties. Yet as Susanna falls increasingly under Lisa’s influence, her behavior grows more erratic, and she becomes more inclined to think of herself as “crazy.” When the two break out of Claymoore on a mission to Disney World in Florida, Susanna’s commitment to Lisa, and her new identity as a “crazy” person, are tested by Lisa’s increasingly alarming behavior.

“Girl, Interrupted” attempts to tell too many stories, and as a consequence, tells none of them well. As an exploration of the inequities of institutionalization, it undermines its own critique by never fully grappling with the issue of whether Claymoore’s patients should be kept in the hospital’s custody indefinitely. As a coming-of-age story, its setting is too singular, its protagonist’s journey too unusual, and its attitude toward its characters too ambivalent. Finally, as an ensemble character drama, it gives too few of its characters enough screen time for viewers to identify with them or care about their fates.

That fact, ironically, is the source of the movie’s greatest strength: by relegating its immensely talented supporting cast (which includes Brittany Murphy, Elisabeth Moss, Clea Duvall, and Jared Leto) to boring, two-dimensional characters, the film allows Jolie’s relatively more well-developed character Lisa to shine. Whereas Ryder’s performance as Susanna is often overwritten and unconvincing, Jolie thoroughly burrows into the role of Lisa. Her flashes of anger and violence seem frighteningly real, as do her hairpin turns into sobbing histrionics. Jolie won an Oscar (among other awards) for this performance, and rightfully so. It is just a pity it had to come seemingly at the expense of the rest of the movie.—

If you ask me, the NICU is not depressing. What is depressing is what is on the outside: the system in which we live in that creates the conditions that makes the NICU necessary and the fact that the protection in the hospital does not always carry on outside the hospital. What is depressing is the countless numbers of mothers who do not have access to health insurance and the ability to receive proper prenatal care and genetic counseling during their pregnancy, leading to unforeseen complications and issues down the line during the delivery and subsequent first moments of the child’s life. What is depressing is the lack of resources for addiction that leads to drug use during pregnancy, and babies who thus suffer from difficulties such as neonatal abstinence syndrome, intrauterine growth restriction, organ infarction, and immature breathing and feeding centers in the brain. What is depressing is the many pregnancies that result in unwanted children who are left in the hospital by their families for a lack of proper contraception and access to family planning resources, and that the touch of a nurse or a doctor is the only human contact that baby will get. What is depressing is the kids who are born with chromosomal and congenital abnormalities and have no access to the resources they need in order to learn and live and thrive with their disabilities. What is depressing is the kids who end up doing okay in the hospital and still do poorly due to a lack of food and supportive social measures at home. What is depressing is all the kids that end up in the same cycle of poverty, poor health, and low rates of higher education and

("NICU" continues on p12)
Classifieds

Editor of fake newspaper gone magazine looking for editor to take over operations. New editor need not be qualified in any sort of way. Interested parties are encouraged to contact current editor at rlis001@medsch.ucr.edu.

WANTED: Art et al Curator. Zero experience required. Must have at least one eye. Color vision optional. Position is VERY part time. Compensation based on net profits (averages at $0 per year). Contact khoa.nguyen@medsch.ucr.edu.

(…“NICU” continued from p10)
ability to attain employment because their education system failed them in their formative years during childhood.

If you ask me, the NICU is not depressing because kids are dying in the hospital every day. Our society and current system of care puts such a huge emphasis on life saving measures that this does not happen as often as you would think. The depressing part is the very little emphasis comparatively that we put on all the other things that play into social determinants of health: contraceptive and prenatal healthcare and genetic screening, medical and social resources for children with disabilities, access to food and addiction therapy, and resources for language development and education in the first five years of life. There is so much emphasis on keeping these kids alive and thriving in utero and in the hospital, and less emphasis on keeping them alive and thriving in the world after that. If you ask me, that part is what depresses me the most.—
“The Wailua Waterfall”
Vinson Vong
2017, Photography

“The Wailua waterfall is supposed to only be seen from a distance, but Erin and I couldn’t resist!”

“Feeling like Beyoncé”
Nike Fanu
2017, Photography

“I woke up like this. I woke up like this.”

Share your creativity! To submit artwork for future Scope issues, please contact Khoa at knguy065@medsch.ucr.edu. Open to students and staff.
Dear Readers,

All of us at The Scope thank you for diligently following along and patiently albeit painfully awaiting each and every issue! We hope that you have enjoyed this issue of the Scope’s Year in Review. Please note that these articles reflect the opinions of only those writing them, and does not reflect the opinion of The Scope, aka the bastion of light among Riverside news sources. It is with a bittersweet sadness that I must announce my own personal imminent retirement. Next issue, presumably the February issue, will be my final issue. Between surgery rotations and my impending elevation into the fabled 4th year, The Scope is looking forward to a new Editor in Chief! Any year, any experience, any interest, please contact me immediately! There is a multitude of staff members (including myself) who are excited to stay on board and help in any way we can. So fear not in the face of expanding your time commitments! We will continue to work together to make The Scope a glorious insight into real, perhaps exaggerated, med school life. I myself just can no longer sit at the helm. I am excited to see what you all with do with it! Please contact me at rlis001@medsch.ucr.edu at your earliest convenience. Until my next and final issue,

Rita Lis, Editor in Chief