Our goal at the San Bernadino Health Fair was to use the free health screenings as an opportunity to educate the patient. Many of these patients do not get routine health checkups and had not had their blood pressure or BMI checked in a long time. It was important for us to explain what their values actually meant and how diet, exercise, stress, and lifestyle can contribute to their health. Our intent in educating our patients about healthy improvements was that we could provide them with strategies to make lifestyle modifications, something much more substantial than just reading out a number to them that they did not necessarily know how to interpret.

Some quick facts about the UCR SOM San Bernardino Health Fair (4th annual); January 20th, 2018 9-3pm

Hosted by: UCR AMSA (American Medical Student Association) in collaboration with SNMA, LMSA, APAMSA
(“Fair” continues on p2)
Vendors that participated (tabled & handed out educational information to community members):
First 5 San Bernardino Diabetes Education (from Riverside Free Clinic undergraduates)
Alzheimer’s Association
Access Clinic
San Bernardino Free Clinic
Concorde Career College
Early Start Family Resource Network
Health Coach (Diabetes education)
Mini-Medical School

Screening Tables: (med students administered various health screens, with assistance of about 25 undergraduate volunteers from AMSA—undergrad chapter)
Blood Pressure & BMI
Glucose testing
Vision Testing
Flu shots
Diabetic Foot neuropathy testing

Patients that participated in our health screenings: 70

Our publicity: I had the San Bernardino School District send an automated message out to all of the parents.

Physicians that were present for medical consultations/questions by patients:
(also referred patients to RFC & SBFC)
Dr. Simmons (helped with the planning of the event too!)
Dr. Langhorne
Dr. Karatawidjaja
Dr. Zurita
Dr. Nguyen

This health fair is an annual event. We will be reaching out to M1s for volunteers who wish to plan next year’s event around June.

—it was a wonderful event for a collaboration of several medical student groups. It shows our commitment to work with underserved patients and even further improve the healthcare in San Bernardino areas.— Sang Nguyen, MS2

Trail Rx
Wrightwood, CA: Vincent’s Cabin and Big Horn Mine
By: Joshua Winn, MS4 and his wife Skye Gomez

This will be the first of a series of columns dedicated to local hikes and their points of interest. If you are interested in writing about a special hike or other point of interest that you know of, please contact me at jwinn002@medsch.ucr.edu, or please contact The Scope Editor-in-Chief.

In the San Gabriel Mountains west of Wrightwood, California, a cabin and gold mine are the historical remnants of one settler’s migration story into Southern California. The cabin and the gold mine were built by Charles Vincent Dougherty, a Civil War soldier originally from Ohio. After becoming wounded at Gettysburg, Vincent moved to Arizona to try his hand at gold prospecting. However, while setting up his mine, he was confronted by three men who posed as lawmen to take his claim. Dougherty killed the three men, causing him to flee west into the San Gabriel Mountains, where he set up a new claim under the alias Charles Tom Vincent. For several decades, he lived alone and worked his mines amassing a small fortune. Of these mines, the Big Horn Mine remained one of the more popular and lucrative work sites because Vincent sold it off and it developed into a successful mining operation that saw tens of thousands of dollars’ worth of gold within a few short years.

Today, both the location of Vincent’s Cabin and the Big Horn Mine—which sit at about 6600’ elevation—remain accessible for year-round day hiking. Their trailheads (“Trail” continues on p3)
begin at the same location and both hikes combined are approximately 5 miles. Expect 3-5 hours of great views and interesting smaller man-made sites along the way.

Directions: Google maps does not seem to recognize the driving location. GPS Coordinates will be provided below, which can be typed into google maps.

Starting from the 15 North, exit to Highway 138 West. Travel approximately 8.5 miles and turn left onto Highway 2 to Wrightwood. Passing through Wrightwood, continue on Highway 2 for several miles. You will pass Mt. High East on the left, then the ranger station with the rock tower on the right, and Mt High West. Going higher in elevation, you will reach a peak named Inspiration Point (which offers a great view!). Continue to drive on Highway 2, and you will pass Grassy Hollow Visitors Center. A few miles beyond the center, a large car park for Mt. Baden Powell and Mine Gulch will be on the left. Park in the lot, and to the left of the toilets will be two separate trails, the left trail will take you to the mine and cabin, while the right will lead up to the ~9400’ summit of Baden Powell.

To Big Horn Mine: From the carpark, take the left trail labelled Mine Gulch. It will be an old unrepaired road with a white metal car barrier. Follow for a couple of minutes to a well labelled fork. Take the right fork. Continue approximately 1.8 miles to Big Horn Mine.

To Vincent’s Cabin: From the carpark, take the left trail labelled Mine Gulch. It will be an old unrepaired road with a white metal car barrier. Follow for a couple of minutes to a well labelled fork. Take the left fork. Follow the trail for approximately 20 minutes. There will be a second fork that is remarkable, with left going down into the gulch, and the right heading up the mountain. Take the right fork, and continue down the path for only a short while. You will end the trail with the cabin on the left.—

GPS Coordinates of note:
Carpark: 34.373483, -117.751959      Big Horn Mine: 34.356683, -117.744328      Vincent’s Cabin: 34.367929, -117.744368

“Our Pun-ch Line”

Our patient is refusing all treatment except for his kleptomania
I knew he’d take something

“Our Pun-ch Line” is brought to you by the always laughing and never lost Scott Cramer, MS3 (left) and Elias Fanous, MS3 (right)
Podcast Love!

Sword & Scale: Episode 53

By: Stephanie Dreikorn, MS2

For this special Valentine’s issue of The Scope I’m going to cover one of my most beloved podcasts-- Sword & Scale. I’ve been listening to Sword & Scale for a little over a year now, and I find that the mix of narration, audio, and music capture my attention in a way that many things can’t do. Mike Boudet, the creator, mixes interviews from victims, witnesses, criminals, experts along with audio from 911 calls, interrogations, and trials to great effect in that it creates suspense and variability in a format that can sometimes get boring (or lose my attention). So if you’re into true crime, want to know more about what a forensic pathologist does, or are just looking for something new to add to your podcast repertoire, I’ve got a recommendation for you!

Episode 53 of Sword and Scale features Dr. Judy Melinek and her husband, T.J. Mitchell, who partnered on writing a book based on her fellowship at the New York Medical Examiner's Office, Working Stiff: Two Years, 262 Bodies, and the Making of a Medical Examiner. If you don't have time to read a whole book (who's got time for that, amiright? Hello… Step 1 fast approaches), some of the most interesting aspects of her story are discussed in this 1 hour podcast.

This episode was perhaps one of my favorites for a few reasons. 1) I love that Dr. Melinek clarifies and explains the humanity of being a medical examiner-- that it isn’t as easy as everyone seems to think it is and that there is humanity in such a field. I’ve heard various comments when I reveal my interest in the field. “If you're lazy go into pathology,” “Oh the easy one. Not real doctor.” She explains that medical examiners often have to counsel family members after the death of loved ones. Sometimes, she adds, it’s like a medical examiner has to learn how to help people through the grievance process. 2) Dr. Melinek also talks about some technical aspects of the job that I found very interesting. Most notably, taking the vitreous humor for electrolyte testing and toxicology since blood work is unreliable after death. Apparently, the eyeball is a closed cavity and fluid does not move post mortem so it is a reliable source for testing of contents. Perhaps not that interesting but I found that fascinating.

Anyhow, the podcast runs about an hour long but it goes by fast if you’re into it. It’s a break from the grisly true crime cases that the podcast often covers and offers a fresh perspective from a different type of physician. It’s one of my favorite podcasts for a reason!—

UCR Speed Mentoring

By: Veronica Scott, MS3

Halfway through the 3rd year of medical school is a great place to be, until you start getting notices for Step 2 scheduling and mandatory meetings about 4th year rotations. That’s the moment when you start saying, “Oh no, I have no idea what I want to do.” How is anyone supposed to decide? Some compare picking a specialty to getting married, and indeed it is even bigger than getting married. Based on a four-week rotation you have to decide if in 20-30 years you will love the specialty you picked. Not to mention applications for residency begin early in the 4th year. Heck maybe one of those random 4th year electives you pick ends up being the thing you love, and you have to make a last minute switch during the application process.

Feeling the 4th year panic, I found myself reaching out to Christina Rangel and Dr. Simmons for help. They offered a lot of good advice and kindly encouraged me to attend the Speed Mentoring event. I skipped this event in the past because I wasn’t sure what specialty I wanted to pursue, I wasn’t sure how to approach the physician mentors, and I assumed this would work out itself out in 3rd year.

I was hesitant at first. The free food was a good incentive, but I already have these long days, and it is hard for me to initiate a conversation with strangers. To my surprise, I loved this event, and highly recommend it to everyone at the school (even if you know what you want to do). Some of my classmates attended and it was comforting to sit at the table with them. I wasn’t the only person facilitating the conversation. The physician mentors took the lead when the table was quiet. No one was pressuring you into their specialty, and everyone offered some good general advice. Some of the mentors read applications for residency and offered tips for making personal statements stand apart. There were a variety of specialties, and I also enjoyed hearing about specialties I am not particularly interested in. It was great talking to physicians who are passionate about their specialty and hearing about their pathway in medicine. Many of them where in the same position, went into medical school thinking they were going to be one type of physician and changing their mind during rotations. Thank you to Dr. Simmons and Christina Rangel for organizing this excellent event.—
A Clerkship Reflection

By: Frances Tao, MS3

I raced down the concrete steps as a wave of guilt washed over me. I knew I was running late to meet my attending physician because I was working on a progress note. In the few seconds before I opened the door into the 4th floor hospital wards, I composed myself and straightened out my clothes. My attending did not take note of my presence, or if he did, he did not show it at all. I let out a mini sigh of relief and hoped that this meant that my tardiness was no big deal. He continued talking to the woman sitting beside him, a conversation I soon discovered was one filled with emotion.

The woman was the mother of a patient we saw while rounding on the wards not too long ago. Her son is a 25-year-old man who I recalled was resting in fetal position on his bed. His head was shaven and he was wearing a black T shirt advertising a video game. He looked worn out and was noticeably uncomfortable given his uneasiness, occasional facial grimace, and white knuckles from the clenching of his fists around his bed sheet. The patient was in pain—severe uncontrolled pain.

I could barely make out their conversation over the beeping monitors, the chatter of hospital staff, and the Spanish interpreter who was assisting a patient through a tablet. I perked up my ears and heard the words “imaging results.”

My heart dropped. I just walked into the most difficult conversation I have participated in as a medical student.

Although I was standing on the opposite side of the computer, I quickly recalled the imaging result in my head. The patient’s heart was displaced far to the right chest cavity by a rapidly growing mediastinal tumor. One of his lungs had nearly completely collapsed due to compression by exudative fluid, confirmed by the Lights criteria assessed on the fluid drained from the chest cavity via thoracentesis. Clearly the pleural tap completed yesterday did not help because the fluid rapidly recurred around his lung. The metastases to his other vital organs were considerably large in size, contributing to the pain that the patient felt as well as causing an abdominal protuberance visible to the naked eye. His cancer had grown more than twice its size over the last month or so, despite undergoing chemotherapy.

My attending shared these results with the patient’s mother. The patient was not responding to medical treatment, and the prognosis is not good. “I know this is hard for you, but I have to ask. What do you think about hospice care for your son?” The patient’s mother became red in the face within a split second. She repeated the word “hospice” aloud to herself. As she registered the word, its meaning and its implications for her son, her eyes formed large tears that fell down her face and she sniffled.

I felt myself choke back my own tears. This

Looking at Epilepsy Through an Astrocyte Lens

By: Erin Walch, BioMed PhD candidate and PI Todd Fiacco, PhD

Research into the underlying mechanisms of epilepsy has focused primarily on neurons, but what if astrocytes, a supportive glial cell type that makes up nearly half of the brain volume, play a significant role? Astrocytes are critically involved in the regulation of neuronal excitability in the brain through ion and water homeostasis. Uptake of ions and neurotransmitters into astrocytes produces an osmotic gradient that results in water movement into these cells. This water movement produces acute fluctuations in cell volume that reduces the extracellular space and raises neuronal excitability. However, the mechanisms by which astrocyte volume and neuronal excitability are regulated remain to be elucidated. The Fiacco Lab is interested in understanding how volume changes in astrocytes affect excitability of neurons and brain tissue that may tip the scales toward hyperexcitability. To study these questions, we use confocal microscopy and whole-cell patch clamp electrophysiology to measure real-time cellular volume changes and electrical activity of astrocytes and neurons in the hippocampus. Pharmacological and genetic approaches are used to identify astrocyte swelling mechanisms and selectively manipulate astrocyte volume. By studying these mechanisms, we hope to understand both fundamental processes regulating neuronal excitability in normal brain function as well as how astrocyte volume changes affect excitability in pathological situations including cerebral edema, stroke, and epilepsy. New knowledge on factors controlling neuronal excitability in the brain can lead to novel astrocytic targets to treat a variety of neurological disorders.—
Ahh such a classic piece! It's a classic dress with a classic hairstyle and a classic smile. And no one wears it better than our very own Stephanie Dreikorn, MS2. She knows it too—look at that bashful smile and shy pose! - SC

GLAM BAM thank you MA’AM. This year’s Med Prom best dressed, MS1 Marlene Alfaro, looked like she was ready to attend the funerals of her style competition. From the dress to the hair, I loved everything about this look. The dramatic off-the-shoulder ruffles elevated the otherwise simplistic black gown. - NF

MS3 Erin Liang raised the temp all the way up to a high grade fever at this year’s Med Prom. She put her best leg forward in a daring halter neck dress with thigh high slit. Her slit was multipurpose though; it provided excellent air circulation while she tore up the dance floor so she wouldn’t break a sweat! - NF

Unfortunately I don’t know the first years too well, but clearly I should get to know them! So many future fashion mavens to take me under their wing. Look at that gold and bold mermaid dress, making MS1 Lana Haddad a golden fashion icon. - SC

Med school can be boring, but that doesn’t mean your fashion has to be. Farewell for now.

XOXO,
Fashion Maven
"Heart-healthy" is a term that is often used but what exactly does it mean? If you want to stop playing games and get serious about a healthy diet, read on. I know, I know - you can heartly wait.

Like all other organs, the heart receives oxygen from arteries. Years of damaging the arteries from poor diet, among other factors, causes fatty streaks to arise, which later grow to become fibrous plaques. After the coronary arteries fill with plaque and calcify, coronary artery disease arises. When the plaque ruptures and occludes the lumen, a myocardial infarction, or heart attack occurs.

What is the only diet proven to reverse this? Dr. Esselstyn, a retired surgeon, demonstrated that just three weeks of a plant-based diet increases blood flow to the myocardium in patients with coronary artery disease (see below for PET and angiogram results).

Heart disease is the leading cause of death in America and we have a duty to tell our patients to decrease meat intake, which is high in saturated fat and inflammatory factors.

Here are some ideas for staying healthy while eating at the hospital: 1) Select fresh fruits and vegetables from the salad bar. 2) Bring your own avocado to decrease the amount of salad dressing needed. 3) Pile your salad with lots of beans to keep you satiated. 4) Consider a veggie burger instead of a hamburger. 5) If you eat meat, make it a small side, rather than the main course.

Remember, experts have proven that plant-based diets satisfy all nutritional needs, apart from vitamin B12, which is produced by bacteria in the colon of animals.

I have to say, it really beats me that an institution that fixes peoples’ hearts turns around and fixes food sure to bring them to the operating room. Regardless, we can and should lead by example and pile our plates with vegetables. Please don’t tell me that you don’t carrot all!—
The American Dream
OpEd by Deema Akari, MS3

Love is in the air this month. Valentine’s Day candy, cards filled with words of love and affection, red and pink everything. For some people, it is the best time of the year. But for those who have to spend the day away from their loved ones, Valentine’s Day can be a depressing and a harsh reminder that love does not always get the chance to prevail.

To understand this, imagine that you are an undocumented individual living in the U.S. You were brought here as a child, with no say in the matter. Imagine the difficulty you would have had learning a new language, going to a new school, and struggling just so you could pursue this thing called the “American Dream.” It was hard, but the hardest part was the feeling of isolation. The feeling that you were being alienated by a culture that you so desperately wanted to be a part of, even though sometimes it wanted nothing to do with you.

But you continue to try. You grow and learn your way, step by step. It is hard, but what other choice do you have?

Now imagine, you find someone who accepts you. Someone who lifts the veil of isolation and loneliness. Someone who makes you feel like you are a part of something bigger than yourself. They make you feel like, through it all, you will be okay, as long as you have them.

You fall in love. This person is your absolute rock. You have dreams of being together for the rest of your lives. Your country of origin did not make a difference whether you fell in love or not. You found each other, and this type of companionship knows no geographic lines.

Now imagine that the government finds out you are here without documentation. They do not want to support people like you, Dreamers. They want to send you back. Back to a place you barely know, away from the only things you do know.

And worse still, the impending fear of being away from the person you love. Of being shrouded again in that dark curtain of isolation and loneliness. But this time is worse, because you saw what it was like to be basked in the light of love and acceptance. You have someone you care about, and they care about you. It’s supposed to be simple right? That’s what they always say. Love is simple. But a series of misfortune and politics and a country border has now been wedged between the two of you.—

How To: FIGURING OUT THIRD YEAR
By: Adanma Nwachuku, MS3

Hello Second Years! Time has been flying so fast and now you find yourself figuring out how you are going to crush Step (which you WILL) and picking your rotations for third year. Many of you have texted, emailed, and messaged me asking my opinion for site options for next year. I am flattered that you want my judgement and I thought what better way to address your fears and concerns by writing an article for The Scope on different rotations and which my classmates and I thought would be the best for someone interested in going into a certain specialty! So without further ado: here we go!

General Surgery: RCH/St. Bernadine’s
Surgery is all LONG hours no matter where you go. Surgery was the rotation I was so afraid for but eventually I got used to waking up at 4am (no coffee either) and leaving at 5pm (if I was lucky). There is nothing more exhilarating and rewarding than being able to assist with a surgery. And it takes learning anatomy to a whole other level because you get to see everything with its natural color and location. With that being said, most people I inquired from agreed that RCH and St. Bernadine’s would be the location you would want to choose if you are interested in surgery. Why? It is not the traditional model with an attending, chief/senior residents, interns, and medical students. You get to work closely with just an attending and serve as the first assist. With that being said it’s ESPECIALLY important that you are on your A game ("Third Year" continues on p9)
Every year on a Sunday in February, millions of sports fans around the globe tune in to watch one of the largest sporting events, the Super Bowl. In this year’s 52nd edition of the football classic, the New England Patriots took on the Philadelphia Eagles in host city Minneapolis to see who would reign supreme. Coming off a 13-3 season, the Patriots returned to their fifth championship game in ten seasons, a feat unmatched by any team in NFL history. Led by the ageless Thomas Edward Brady, the Patriots were favorites to snag their 6th championship overall. On the opposite side of the coin, the Eagles returned to their first Super Bowl game in 13 years. Similar to the Patriots, the Eagles also finished the regular season with a commendable 13-3 record. However, their road through the playoffs was arguably much more uncertain than their counterparts as star quarterback Carson Wentz went down with a season-ending ACL tear early on in December, putting their championship hopes on pause. However, led by backup QB Nick Foles, the Eagles managed to dominate their opponents in the NFC and return to the Super Bowl.

After a thrilling four quarters of play, Philadelphia managed to come out on top this year, beating the Patriots by a score of 41-33. However, one of the biggest stories to come out was the resurgence of journeyman Nick Foles. After being traded by the Eagles in 2015, Foles had bounced around the league unsuccessfully. Many pundits felt strongly that his time in professional football was all but over. As he entered the 2017 season, Foles’ future was in doubt, but in a twist of fate, he quickly became the centerpiece of a championship run. After being the outcast for consecutive seasons, he became a Philadelphia sports hero within a matter of weeks. His story of perseverance and preparation, is nothing short of admirable and a timeless reminder of the need to be ready when opportunity calls. In medicine, like in sports, it goes without saying that times can get difficult. Things often don’t go the way we anticipate. Health care can be complex and frustrating, and despite the best of efforts, we are frequently unable to help those patients in need. Yet the story of Nick Foles echoes the need for providers to remain resolute and confident in their abilities even in the face of failure. As corny as it may sound, understanding that there is always going to be another chance to help others should be a clear indication for us to always be ready when the opportunity calls.—

Surgery Subspecialties: RUHS

The county hospital is a location that is optimal for those that are interested in eventually doing a subspecialty. Peers located at RUHS were able to rotate in orthopaedic surgery, ENT, plastics, trauma, and vascular to name a few. In these settings the number of residents are smaller so you are able to work closely with your attending/senior resident and get a sense of what the lifestyle and requirements entail.

Internal Medicine Subspecialties: RUHS

If you haven’t noticed, county is good for those that wish to subspecialize. Peers at county were able to rotate in endocrinology, infectious disease, pulmonology & critical care, and cardiology among others. In these settings you are often the only student working with your attending. For those of you that are interested in a subspecialty in internal medicine or even just widening your knowledge base on certain topics (“cough” EKGs “cough”), county is really good with putting you with attendings and fellows that are willing to teach you and push you to learn and read more. You also have to step up with managing patients and knowing your reasoning why a treatment plan is being carried out versus another. Classmates at St. Bernadine’s have also mentioned that they are able to do some subspecialties and they like the interaction that they receive with their...
patient is my age. That could have been me writhing in pain in that room. I tried to imagine what was running through his mother’s mind:

No parent should have to watch their child die, but here we are. Any more treatment now seems futile. He was already hesitant to receive the last round of chemotherapy and it just made him sicker. But he’s in so much pain and I don’t want him to feel this pain anymore. And this cancer, it just grows and grows! Maybe it’s time…

I turned to my attending for guidance. He patiently waited for the patient’s mother to collect her thoughts. He was composed and wore an expression of mild concern on his face. His tone was soft in response to the heaviness of the conversation, but it was also gently supportive as he explained the alternative treatment plans. His demeanor and body posture indicated that the patient’s mother had his full attention. I suddenly remembered the advice I received from another physician about how to deal with breaking bad news during patient encounters.

As healthcare providers, we need to be strong for our patients in their times of need. Although occasionally we will experience feelings of sadness or anger over a variety of reasons across our patients’ disease progression, we should avoid weighing our patients down with our own emotions. Our patients will be dealing with an abundance of factors psychologically, physically, emotionally, socially, and perhaps financially; we should do what we can to prevent further burdening them. This is not to say, however, that it is recommended to completely neglect any emotions we may feel or to numb ourselves to the pain that comes with life, sickness, and death. We should still find within ourselves the compassion that allows us to better understand and relate to our patients, but we should do so in a way that best supports our patients and reflect upon our emotions and experiences on our own after the patient encounter is over.—

MEDICAL MOVIE REVIEW: "BLUEBEARD"

By: Rennie Burke, MS3

In the United States, doctors are sworn to keep secret everything a patient tells them, so long as it does not put the patient or someone else in imminent danger. Compared to the paternalism of past eras, when doctors disclosed and withheld information as they saw fit to whomever they liked, we live in a golden age of patient power and autonomy. No matter our suspicions about what a patient may have done, or will do in the future, so long as it remains sufficiently non-specific, we are obliged to hold our tongues.

So it is in Soo-youn Lee’s “Bluebeard.” Dr. Seung-hoon (Jin-woong Jo), a young gastroenterologist, is coming to grips with major life changes. He has just moved from a posh suburb of Seoul to a little-known (and considerably more provincial) corner of the country, leaving behind a failed practice as well as an ex-wife. Though a good father to his son, he sees him only once a month, and struggles to relate to his new neighbors, a butcher named Sung-geun (Dae-myung Kim) who lives with his wife, son, and senile father on the floor below Dr. Seung-hoon and who doubles as his landlord. The story is the same at work, where his new practice seems to consist mostly of endoscopies and colonoscopies that he performs with a nurse, Mi-yeon (Chung-Ah Lee), with very different priorities. Like his new apartment, his life is shambolic, cramped, disorganized, and above all, lonely.

One day, as Dr. Seung-hoon is about to go to lunch with his colleagues, neighbor Sung-geun drops by an hour late for an endoscopy appointment, hoping to still be seen. Dr. Seung-hoon obliges, and lets the other employees go, leaving only him and Sung-geun’s father in the room. Still under the influence of anesthesia, Sung-geun’s father begins to murmur what seems like a murder confession. He describes how best to cut off fingers, how ("Bluebeard" continues on p12)
“I feel like I would only get pregnant if I didn’t have enough money to afford a surrogate.”
-Deema Akari, MS3

“Would the owner of a black and white Chihuahua please call the operator. Would the owner of a black and white Chihuahua please call the operator. Thank you.”
-Overhead page at RUHS

“Can you help me up?”
-Injured girl

“What house did Frodo get into?”
-Khoa Nguyen, MS3

“Can you get up by yourself?”
-Veronica Scott, MS3

“Not the Finest Hour”
By: Sumedha Sinha, MS3

When I think conspiracy theories are nothing but people unable to face reality, I find myself in one. How can this happen to the great food critic of the prestigious Scope? Well my friends, let's start from the beginning. It was Friday, second week of surgery rotation. A somewhat chilly day, but nothing that could not be picked up with friends and drinks. Adventure living in the hearts of the Scope staff, I choose a place for us to finally imbibe, eat, be merry, and reminisce on all the ground breaking reporting done as a staff together. For this beautiful outing, I decided to go to the handy-dandy yelp review recommendations. Usually, it does not let us down. Now, I will take that statement back. It has let us down in a significant way. The place we went to, La Casa Ortega on Spruce, can be perfectly summed up as a parallel to the type of life experience we are having. The yelp reviews were extremely high, 4.5 stars with 73 reviews. Sounds like a safe bet...Or so we thought. Walking into the restaurant, I was surprised there were just two tables with patrons, and one of them was us. Strange. It was the peak hour for restaurants, Friday night at 6 pm. Why would a highly rated place be so dead empty right now? A red flag went up in my head but maybe this was just a fluke. Red flag number two: open DJ booth in middle of the food service area with a DJ going hard without an audience. Scratch that. With an audience consisting of an infant and his parents. The first server was nice and great. Actually, all the four different servers we had were nice. But yes, four different servers in span of 1.5 hours. Red flag number three. Next came the ordering bit. The drinks had been ordered for a long time (30-40 mins) but they still hadn’t been delivered. Now, I’m not one of those impractical food critics that need to be served promptly even though I’m in disguise. I understand if the place is packed, the restaurant needs to get through all the orders before mine. However, with a ratio of 2 tables to 8 servers and 3 bartenders, I am still dumbfounded as to how our drinks weren’t there after 45 mins. The explanation of, “the bartenders are really slammed right now” made us feel like we were in the twilight zone. Are these other patrons invisible? Or is the baby over there actually a grown up ordering her heart away with complex drinks? Anyway, when the drinks finally came, they were somewhat good. My michelada was impossible to mix as one full glass of michelada mix...purely the mix...yes purely the tomato juice...was handed to me with another full glass of Modelo. “This way you get more.” It was a sweet gesture, but it’s something I hope even a new bartender would know is not helpful if the drink can’t be mixed. I could have just ordered a glass of tomato juice if I wanted to “get more.” Finally, came the food. The last red flag. The two tacos came out one by one. We even had to remind the staff of the order multiple times. When they did come out, it felt like they had just been microwaved. My rating: go there if you want to get an restaurant experience filled with mystery as to its rating and witness the world of La Casa Ortega.—

Right: A paradoxically empty, yet service delayed La Casa Ortega.
one should dispose of a torso, and other details that seem to correspond with a series of unsolved serial murders that occurred in the area years ago. Haunted by the encounter, Seung-hoon begins to notice details of the butcher shop and its proprietors he never noticed before. According to Sung-geun, his first wife abandoned the marriage and her son to return to her native Philippines. Yet, one of the headless bodies recently recovered from the lake was of Southeast Asian descent. Catching a glimpse of the cold storage, Dr. Seung-hoon sees what appears to be human hair. And as the details he notices become more and more sinister, he is haunted by horrifying, vivid dreams of catching the murderers in the act—if indeed that is what they are.

For the first half of the movie, anyway, “Bluebeard” successfully uses this premise to create a great deal of suspense. Because we share our perspective with Dr. Seung-hoon and Dr. Seung-hoon alone, it is often unclear whether the horrifying things he witnesses are real until the end of the scene, when he wakes up (or doesn’t). The second, less-successful half of the film unspools the events of the first from various different perspectives. Rather than providing a “Rashomon”-like thrill of disputed truth and irreconcilable perspectives, it merely suggests a twist and slowly, steadily works toward it. The audience is guaranteed to figure it out well before it is formally stated by the film, which blunts its impact and renders much of the second half of the film ponderous and boring.

Where director Lee excels is in her handling of violence. It is visceral, grotesque, hyper-real. In her hands, film violence has the same effect on the viewer as real violence; it does not entertain and titillate, it just disgusts. In a world saturated with wanton violence, both onscreen and off, it is hard not to read greater meanings into this aesthetic choice. I don’t know if Lee had a particular axe to grind, or if this is simply her own idiosyncratic convention with no greater meaning, but it provides the movie with many of its most memorable moments.

South Korea has for the last decade been producing some of the world’s premier horror movies and thrillers. “Bluebeard” may be a lesser entry into this illustrious club, but despite that, it is still better than most thrillers released in the United States in a given year. Like her fellow genre directors and countrymen, Soo-youn Lee shows that entertainment and refined, interesting artistry sensibility need not be mutually exclusive. It is a lesson that more American genre filmmakers should heed. Maybe we’d have more reasons to see a movie in the summer than just escaping to an air-conditioned room for 2 hours.—

Outpatient/ Inpatient Pediatrics: Kaiser Ontario/ Community Physicians

Previous years and classmates agree that Kaiser Ontario is a great location for outpatient Pediatrics. Because it is a smaller department the physicians are able to be more hands on. One can also learn more about the Kaiser model of healthcare and encounter patients that are truly representative of the Inland Empire. Community physicians is also a popular option for students because during your three week block you are able to work with the same physician which is great for establishing relationships and asking for LORs.

Inpatient pediatrics is notoriously one of the hardest rotations of the year. The hours are tough and the days are long. Community physicians is unique in that your inpatient pediatrics took place at DRMC in Palm Springs. Although the drive is long traffic is not usually bad. The attendings are friendly and are able to give more attention to students.

OB/GYN: ALL

OB/GYN was the only specialty that had no clear winner. People who have county and people who have community physicians both do their OB/GYN rotation at county. Kaiser is also an option and some people (a select few) do their OB/GYN weeks at RCH. All people said the same thing: it is dependent on what OB/GYN rotation you are on. Because OB/GYN is a close knit group most students get to work with their attending in close proximity. With OB/GYN it is important to note that the hours are long and can either consist of rounding and notes or delivery after delivery so it is your job to always anticipate to work.

Also keep in mind that if you are doing Block B you will continue to have LACE weekly and another day JUST for Family Medicine.

So there you have it! The most important thing about third year is to show that you are willing to work hard. Even if you are not interested in a certain topic it speaks wonders about your character if you are willing to put forth your best effort and try hard. Attendings just want to know that you care and it makes your job ALOT easier if you read up on whatever you are seeing in clinic (it seems basic but you do forget when you’re exhausted after a 15 hour shift!). If you have any questions you can always reach out to me, my fellow classmates, and the fourth years. We are always willing to give a helping hand and help make the transition to clinical years as smooth as possible!

Good LUCK! —

Adanma
Announcements

The Scope’s New Editor in Chief

Abdullah Uddin

Born in the hills of Pomonistan, little is known exactly about Abdullah Uddin other than he ate his twin in the womb, wrestles bears for fun, fights crime on the weekend, has an insatiable appetite for justice, and somehow manages to go to lecture all at the same time. He may be the most interesting MS1 you have ever met if you ever meet him. One thing is for certain with him at the wheel for the new editions of the Scope: each edition will have you begging for the next. The same Scope you know and love will stay, but newer and bolder columns, articles, inside stories, and photoshops will be coming your way.—

— Coming this April —
“Tortolitos”
Ariana Ramirez, MS3
2018, Photography

“Love… found in an alley by a broken payphone.”

“Untitled”
Srita Chakkia, MS3
2018, Photography

“Can someone please identify this bird species?”

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

It is with resolution that I write this final and bittersweet Letter from the Editor announcing my official retirement as Editor in Chief of The Scope. It would be difficult to describe all that I feel in handing down The Scope, so I will focus on the most predominant: gratitude. I cannot be more thankful to those who have supported The Scope along its meteoric rise this past year and a half. First and foremost, I would like to thank Deema Akari and Rennie Burke for being the first staff members to support a monthly endeavor showcasing a variety of pieces. Then also the rest of the persistently growing staff who soon comprised of: Sumedha Sinha, Tri Tran, Khoa Nguyen, Veronica Scott, Nike Fanu, Srita Chakka, Elias Fanous, Scott Cramer, Lisa Schwartz, Adanma Nwachuku, Stephanie Dreikorn, Mark Sueyoshi, and Kevin Ha. Furthermore, I would like to thank everyone who has participated in The Scope, be it through writing, art submissions, article photos, or allowing us to feature you in Style Watch, quotable, or population survey. It is your participation that gives The Scope the ever important feeling of community that is often lost among the stresses of med school. You are what has given The Scope substance, meaning, and purpose, and I hope you continue to do so under the new Editor in Chief. And finally, many thanks to our faithful readers, as it is you who must constantly endure all of our shenanigans and general tomfoolery, be it in ridiculous staff photos, email grandstanding, or painfully funny punning.

Editing The Scope has always given me something fun to look forward to, but I am also excited to be on the receiving end of a new Scope in the coming months. I am extremely happy, and honestly pretty relieved, to announce the new Editor in Chief to be Abdullah Uddin, an MS1 who has many great ideas for The Scope moving forward. I am excited for The Scope to continue to be a sense of fun community for UCR SOM. I know that for me, it is so easy to get distracted by my own world of stress that I lose sight of what is happening around me and why I’m here. Fortunately, approximately once a month, The Scope will remind me that there is a wonderful, diverse group of people with different skills and interests that come together to great something great. Because putting a little extra effort in can cause something ordinary to become something quite extraordinary. If you choose not to accept things the way they are, if you aim higher, dream bigger, you can create something exceptional. And so with a bit of sadness but even more excitement, I announce my retirement as Editor in Chief of the wonderful community that is The Scope.—

All of us at The Scope hope that your February was filled with love, friendship, chocolate, and olympic patriotism. We would like to extend great thanks to our guest writers Michelle Epps, Frances Tao, Erin Walch, and Joshua Winn and welcome the first installments of Trail Rx and the Biomed Research columns. Special thanks to the hilarious puns of Jasmine Jafari and Mark Halim, as well as the beautiful artistry of Ariana Ramirez and Srita Chakka. Should you be interested in further contributing to The Scope in any way, please contact the new Editor in Chief at: syed.uddin@medsch.ucr.edu. My sincerest thanks go out to our faithful readers as I wish you all the best and bid you this last Scope farewell.—

Rita Lis, Scope Reader
The Scope only has one rule:

THERE ARE NO RULES.

SCOPECHELLA
RETURNING JUNE 2017

WHO WATCHES

BUILDING A BETTER SCOPE

THE WATCHMEN?

UCR School of Medicine