The Year in Review
By Megan Pelter, MS2

It was early August of 2013 when I, along with 49 other bright young men and women, entered the inaugural class for the University of California, Riverside’s newly opened medical school. Unimaginable joy, fulfillment, and happiness overshadowed all anxiety and apprehension. The feeling of “we made it” was palpable. We all came from a wide variety of backgrounds, entering the vast world of medicine with many dreams of a promising medical career, yet we all shared a very powerful drive to serve the community and help mankind.

Our first year of studies is now over. I took the time to talk one-on-one with some of my fellow first year medical students. I wanted to take a look back into their impressions, experiences, and challenges. There is no question that it was a year full of excitement, education, and fun. Sarah Gomez, Yasaman Demehri, and Brian Hernandez shared their experiences with me on the activities of the year, both in and out of the classroom, as well as the challenges that they faced:

Overall, the first year of medical school is almost over, how do you feel about that?

Sarah: Ironically, when the block started I felt really tired and wanted to go on vacation but now I feel better. I can’t wait for vacation and things to come.

Brian: I’m definitely tired but I can see the end of the line now. Just chugging along and working hard every day.

Yasman: I am very happy and excited that we are almost done. The whole experience was tough. Overall, I enjoyed what I was studying, and the fact that we got to go see patients.

What were your expectations entering medical school, and how did those live up to reality?

Sarah: I expected that I was really below everyone else and that I would be behind and scared of everything. But with the supportive classmates that we have, I have definitely not felt that I sucked with everything. Now I see myself as being able to actually do this. Now I am more confident.

Brian: My view when I came in was pretty aligned with what reality is in med school, mainly because I have friends in the previous years whom I had spoken to about what it was like and what to expect and when. I might have overdone it in thinking I won’t have time for everything. I soon calmed down and realized I can take a break every once in a while. But the amount of information has lived up to what everyone says. It’s definitely like drinking water out of a fire hose.

Yasman: I have heard from other people that med school is tough. But hearing it is different than experiencing it yourself.

What challenges did you face?

Brian: It’s not just the school work but also the other commitments that we have outside of class. Other activities such as LACE and other interest groups that we are involved in. It has taken a little time to adjust to that and find a good groove or pace to handle everything.

Sarah: Stress. Handling stress and the amount of work. Also not feeling overwhelmed is one of my biggest challenges. Also being away from my husband.

How do you balance study time and time with family and friends?

Sarah: I do try to allocate some time during the day or week to Face-Time my husband. With family it’s tough, because there are all these holidays like Mother’s Day weekend as well as other things that your family wants to do. Sometimes you have to say no. Other times you have to say yes because life happens and you can’t sit in your room and study all the time. So, to overcome this challenge, I will spend time with my family for a set number of hours and then say that I have to leave.

Brian: I think I have gotten better about it. I think at the beginning a lot of us were gung ho about studying and we put
things like relationships and family time on the backburner. But, over the course of the year, I've gotten better at scheduling time to see my family and hang out with my friends and girlfriend. It's hard to get used to, but you do get used to it.

**Yasaman:** So, for me, it was more like studying the whole time and being able to do fun stuff too. But, I had some time dedicated to my family whom I enjoyed spending time with. It was a lot of hard work. Throughout the week I was at school studying and I would visit them on Sunday. It's great that they don't live that far from here. They usually would come over to Riverside and I would do something with them. If I got too tired of Riverside, I would go over to Irvine and spend time with them. It was really relaxing for me to change my environment instead of studying all day.

**What was your favorite block of the year?**

**Brian:** My favorite was Block 4. The musculoskeletal system was really interesting.

**Sarah:** My favorite block was 3. Even though the musculoskeletal block was great, I really love GI. Even though it was a lot of work, I really liked it.

**Yasaman:** I don't know about that 😊

**What was your favorite social activity?**

**Brian:** Within school, my favorite activities were LACE and SRHC (Student Run Health Clinic). It's a tie between the two. They both were really cool opportunities to “play doctor” and utilize our knowledge. Socially, I'd have to say Med Prom was awesome. I also just liked hanging out with everyone by either going out to dinner or going to play golf. It really helped make school better.

**Sarah:** Med Prom was definitely up there. It was fun, because everyone cut loose and had a good time. In the school setting, I loved the wellness stuff that they had for us.

**Yasaman:** For me, LACE was very exciting. I had one of the groups that got to rotate between specialties. So I got to follow a family medicine physician and also geriatrics. I really enjoyed that. I thought that I got to use the knowledge I learned in class. That was really enjoyable. The white coat ceremony was also enjoyable. I felt that for my family, it was very honorable. Seeing that joy in my parent's eyes made me even happier.

**What would be your advice to future medical students?**

**Brian:** Don’t compare yourself to other people. That’s the problem with med students and premed. It’s hard not to compare yourself at times. However, it can also be motivational. It helps you to push yourself a bit harder. But you have to be your own person, with your own study habits. What works for one person may not work for you. My other piece of advice is to find out as soon as possible what study methods work for you.

**Sarah:** I would tell them, when you get this bunch of information, just relax! You are going to have the opportunity to go through this material again. Just have patience with yourself and realize that it takes a couple of times to go through the material to really understand it.

**Yasaman:** I would say that having a very strong support system was really important. I felt that I had a really strong support system this year. Whenever I felt stressed out or upset, I would go to them and they would help me out. Also, it is important to know that this is really what you want to do. If it isn’t what you want the most then it is really difficult to get through the first year. These are the two biggest pieces of advice I would give.

Yes, the first year is over and we are now veterans of sort, yet the momentous challenge of the first year for us as students is definitely out measured by the commitment, responsiveness and support of the staff and faculty of UCR School of Medicine.

**Q: What do you get when you cross a big toe with droopy eyelids?**

**A:** Bad breath! (hallu-ptosis)

- Raj Mehta MS2
My Reflections in Patient Care
By Isaiah Roggow, MS2

She came to see me because of the hole in her head.

*Molly didn’t know she had a ruptured eardrum or that I would be evaluating her in clinic that day. She told me she had been having pretty nasty headaches for the past week and thought she should see someone about it. I looked in her ear and saw a black void where a shiny eardrum ought to have been. If that were it, a complete perforation of the tympanic membrane, I would have given a referral to an ENT for a surgical consult with some Motrin and sent her on her way. On to the next patient. But that wasn’t what kept her in my thoughts for the following week. It was her story.

She was young but had been through so much already. She used drugs and alcohol to suppress the flashbacks of her past and had a hard time sleeping because of recurring nightmares. Molly dropped out of school very early and seemed aimless, living from day to day. She has been suicidal in the past and has bouts of depression. Hearing these things broke my heart. As we talked, I felt powerless and ill-equipped to help her. I wanted to help with everything, which I now know is an unrealistic attitude. I felt honored that she trusted me, a total stranger that she never before met and may never again, with her story.

I was haunted by that conversation for many days after. I would ask myself: Is Molly okay? Did she go to the surgeon to have that eardrum taken care of? Because she was uninsured, did she manage to go to the place I recommended to get coverage? Would she be able to afford it or qualify for Medi-Cal, our state’s healthcare system for the poor? Would she be able to find someone to talk to about her mental health and unresolved past?

These questions cycled unanswered over and over again in my mind. How do I resolve them? Do I try to intentionally forget this patient, or be content with the ambiguity of the situation? Forgetting is not an option. So how do I get to that point where I’m okay with the reality that I’ll never know the end of the story?

There is also the doubt and second-guessing of the encounter. Did I do everything I should have? Did I present the patient to my attending in a way that expressed everything that was going on in Molly’s life? Did I fail to mention something of vital importance that might have changed how my supervising physician helped Molly? If so, I am culpable and derelict in my promise to myself and patients to deliver the best possible care I can.

After a while, the pressures and expectations of medical school crowded out those thoughts though from time to time they would crop up again. I haven’t yet figured out how to let those questions rest; to “leave it at the door” when I leave clinic. Part of it is writing it out and talking about it which I think helps.

A physician mentor of mine said that it’s important for doctors to reflect. At the time I didn’t understand what he meant because I was very new in my training. I have a greater appreciation for that concept now. I also need to be mindful of something another mentor said to me: There is a fine and indistinct line between being overburdened with our patient’s illness and being an overly detached and uncaring physician. I hope to grow in my ability to reflect on the encounters with my patients as I develop into the physician they need me to be.

*The name of this patient has been change to protect her identity.
The UCR-UCLA Haider Program
By Jacob Van Orman, MS2

For the last 4 decades one of the premier medical education experiences in California has been the UCR-UCLA Program in Biomedical Sciences. Originally conceived as a way for the UCLA medical school to expand the number of students they could train in spite of limited laboratory spaces, the concept of a seven year BS MD program was developed in conjunction with UC Riverside.

Dr. Neal Schiller, a young educator from New York City and current Senior Associate Dean of Student Affairs at the UCR School of Medicine, was brought in to help oversee the program from its inception,

“The first class matriculated into their first year of medical school in 1977, they started as freshmen in 1974... There were three undergraduate years and at the end of the third year we would admit 24 students into their first year of medical school. You’d do your second year at UCR and then you would move onto UCLA. Basically, you’d do five years at UCR and two at UCLA. The program was extraordinarily competitive. There were on average 250 freshman in a major called Biomedical Sciences competing for 24 seats, and we’d receive anywhere from 1200 to 1500 applications for the major each year. It was well organized in the fact every one of those 250 students that started had a biomedical science faculty advisor from day one. A lot of our work was to guide them in terms of saying you should stay in the program or withdraw. The curriculum was set up as the most ambitious and toughest curriculum you could imagine. Not only do you have prerequisites but on top of that you have physical chemistry, embryology, three courses of biochemistry, genetics, molecular biology, microbiology, immunology, etc. There were almost no electives. It was a very intense science based program. And in three years not only did they take their sciences courses but they had to get their clinical experience, one year of research, take their MCAT between their second year and third year, and then apply. So at the end of that we would interview about 75 students for 24 slots.”

The program model incorporated a reverse pyramid structure, designed to foster competition and allow for the very best to rise to the top. He recalled many of the forces that helped shape the program model,

“The program was wildly successful in the sense of attracting the very top students from across the state to come here. They were all gunners... When we’d talk to the admission committee at UCLA the initial pushback was like, ‘we’re going to dedicate 24 of our seats to UCR graduates, and we’ve got 7000 applicants and you’re giving us 24 students from your little pool.’ So there was this pushback thinking that there wasn’t the quality there. That the UCR pool wasn’t as strong as the UCLA admission pool. This was partly created of the emphasis on picking the best students. Average grade point average was in the 3.8 category with MCATs in the 34 to 35 range. They were superb. They were 20 year old superstars. Because the time you started medical school with us, you were 20 years old.”
Dr. Michael Nduati, the Associate Dean of Clinical Affairs at the UCR School of Medicine, was one of these 20 year olds accepted to the program,

“I was born in Fontana and raised in Upland so I grew up in Southern California my whole life. I went to Upland High School and was exposed to UCR very early on in my high school career...I learned in my junior year about the bio-medical sciences program. This is what they were trying to sell. It was the premier program for science and pre-medicine. It was an accelerated program known for its academic excellence and its cut throat nature and its link to UCLA. It was extremely competitive. You get the UCR and UCLA experience which, in a way, was the best of both worlds. You get the small class, individual one-on-one learning experience at the beginning of medical school then you go to the big campus with multiple medical centers and clinics in LA. It was a really good deal.”

After several years, cohorts from UC Riverside began to develop a reputation at UCLA as outstanding students with top marks across the board. A tribute to the model that siphoned the very best of the best through an arduous accelerated curriculum.

In 1997, a respected community spinal surgeon by the name of Dr. Thomas Haider, developed a specialized spinal screw. It was considered a breakthrough in terms of spinal surgery and support. He made a contribution of the patent rights and funding from the patent to the school. As part of the recognition for the gift a large celebration was held in the University Theater where the decision was announced to name the program after him.

Dr. Schiller recalls the gift and decision to name the school in Dr. Haider’s honor,

“I think he really felt the medical program was significant for the community. He’s a well-respected spinal surgeon in the community. He’s been, since the gift, a big part of the medical school as it’s moved forward. He was a very strong supporter for the development of a new medical school. He’s very active in the community and the legislature and has made
many presentations and speeches on our behalf. He’s considered one of the foundation board members. He’s one of our school’s closest friends.”

After 20 years of remarkable performances by UCR students and their growing contributions to the medical community it would seem that the program was an unequivocal success. Unfortunately, there were several notable weaknesses that caught the attention of administrators and the community alike. Dr. Schiller explains it this way,

“...there was no diversity. These [the applicants] were mini clones. They were essentially indistinguishable high end students who had done exceptionally well in school. But if you look at metrics regarding communication abilities or community service for example, you couldn’t because we simply didn’t place emphasis on those qualities. In addition, these students couldn’t come from a disadvantaged background. For example, many students who come from underperforming high schools go to community college initially. There was no entry point for them. You had to start the program as a freshman at UCR with no other alternative.”

Dr. Nduati noted,

“There were two main weaknesses of the models. One was the mission. It’s great to produce subspecialists that perform at the top of their class that move to Beverly Hills or Newport Beach but it didn’t help the Inland Empire very much. The other problem was it wasn’t the most nurturing or supportive to the students. That doesn’t mean there wasn’t a support system in place but that it turned many students off to medicine or pre-health all together which is a shame.”

In 2002 community organizations and program leaders worked together to change the existing model to better accommodate the needs of the community. The decision was made to do away with the reverse pyramid structure, to accept applicants from any major and create support organization for undergraduates such as the Medical Scholars and Post Baccalaureate Programs.

“We changed what we were looking for. For example, we wanted students who were interested in working with underserved populations, had great communications skills, and were interested in primary care. It’s very closely aligned to what we’re doing now. I believe the medical school grew out of this. The Haider Program as it blossomed out of 2003 and 2004 into this new model opened up our eyes in terms of looking a lot more broadly into the undergraduate community for students who ought to become physicians and who would fit our model for becoming a good physician for the community.”

In 2006, the process began to establish a four year medical curriculum at UC Riverside. Seven years later the UC Riverside School of Medicine opened its doors to its inaugural class of 50 students. At the white coat ceremony on August 9, 2013 legislators, community leaders, faculty members, families and students gathered in celebration of the incredible work that was put into
opening the school and finding the right kind of students to fill it.

Though, by deeper reflection, it’s easy to see that this work didn’t begin in 2006. It began in 1974. It began with the first freshman class of the Biomedical Sciences major. It began and was sustained by a dedicated faculty, administration and staff who contributed their many talents to run one of the best programs in the country. It was reflected in the students who endured seven brutal years of an accelerated curriculum to realize their dreams of becoming physicians. The UCR-UCLA Haider program leaves a legacy of excellence in medical education and is part of the heritage we share as well here at the UCR School of Medicine.

Special Thanks...

To Margie L Moreno-Castillo and Faye Dawson Brock for their many years of dedication to the UCR-UCLA Haider Program and the UCR School of Medicine. Their compassion and hard work were recognized and admired by students and faculty alike. You will be dearly missed. We wish you the very best in the years to come!

Margie L Moreno-Castillo

Faye Dawson Brock

- Jeffery Whitman, MS3
Roger and Ebert slip on a spilled drink at the movie theater. At the doctor’s office they both fail the empty can test. Now all their movies get two thumbs up.

- Raj Mehta

Body of Work: Meditations on Mortality from the Human Anatomy Lab

By Christine Montross

Several years ago at my favorite used bookstore in Cambridge, MA, I picked up a copy of Body Work: Meditations on Mortality from the Human Anatomy Lab by Dr. Christine Montross. I was at the time preparing to apply to medical school and, having exhausted the usual reads in the medical narratives genre, I purchased the book. It traveled with me back to California, sat in my bookshelf awaiting its opportunity to give me a detailed preview of what I would years later experience in the human anatomy lab. I finally read this well-traveled memoir halfway through my own eight months in the lab during year one of medical school. I regret not reading it sooner; perhaps I would have been more prepared for what is among the strangest experiences I have had.

Dr. Christine Montross, now a practicing psychiatrist, offers a detailed account of her time in the anatomy lab during her first year at Brown. She beautifully weaves together her personal reactions and those of her classmates with a history of using cadavers in medical education. This history includes the days of the grave robbers who attained the corpses for medical students to dissect, and those of the anatomists who would claim the bodies of murderers soon to be executed. Montross names her cadaver “Eve” after the first woman (due in part to the deceased’s lack of a belly button). She describes Eve with sheer awe—at how her muscles attach to one another, at how delicate and thin she
Throughout the book, Montross expresses gratitude for Eve and the unparalleled learning experience she and her tablemates have as a result of Eve’s decision to donate her body to medical science. This book, she says, is ultimately about “performing previously unthinkable actions in order to discover wondrous and previously unimaginable realms.”

“Certainly the act of dissection is at the periphery of the normal human experience and requires engagement with the outer range of human emotions.”

In the pages of this book, I found myself relating to so many of Montross’s reactions. I found myself comparing Eve to our cadaver, Harriet. Montross captures the sensory experience—the sound a joint makes when you break its connections, the smell of bone dust, the amount of force it takes to saw off a leg or the skullcap. Montross even articulates the small satisfactions in anatomy that I secretly harbored. For me, and for her, separating the dense fascia dividing the muscles in the arms and legs was surprisingly satisfying. She says, “This process that just weeks ago kept me from falling asleep at night is now something I do to occupy myself, strangely satisfying.” Indeed, cleaning up our dissections of Harriet became a nervous habit of mine in the anatomy lab; removing the fascia enveloping the brachioradialis, the triceps, the supinator, was somehow soothing.

Montross learns: “the most alarming moments of anatomy are not the bizarre, the unknown. They are the familiar.” I, too, realized early on in anatomy lab how similar these cadavers were to the young, healthy students who stood before them with scalpels. This experience would force me to face my own mortality, my own fragility. How easy it was to cut through Harriet’s skin. Her ribs were cut with just a jolt of hand strength squeezing bone cutters. Even the descriptions of the anatomists who guided Montross and her classmates through dissections ring familiar. They were encouraged to use their own bodies as reference points; Dr. Leonard told us during our first anatomy lecture that we had the benefit of each having a “crib sheet”—our own bodies.

By the book’s end, I felt as though Christine Montross had given voice to the confusing and emotion-filled thoughts I have had over the last eight months with Harriet. She credits her early experience in the anatomy lab as preparing her to watch patients skirt the line between life and death, to watch as people die. Anatomy lab, Montross advocates, is about “dissecting a dead body in the hopes of one day making living bodies more whole.” Her time dismantling Eve was crucial in her development as a healer of the living. At this point in my own medical training, I do not yet know how influential dismantling Harriet will be in my long path to physicianhood. I do know one thing: I am grateful to return to exclusively helping people not preserved in formaldehyde.

“During my first semester of medical school, I cannot know how the emotional difficulty of the actions we perform on our cadavers will help us prepare for the agonizing moments we will observe in the lives of the living.”