Welcome to IMPACT
By the Editorial Staff

Welcome to the first issue of the IMPACT Newsletter! In an effort to build a more cohesive student body amongst PREP and RAP students and alumni, IMPACT is devoted to providing peer support, alumni news, and inspiration for us as we embark on a career in medicine. The Newsletter hopes to support that goal by informing you of events in the UCLA community that are of interest to us and share information culled from your peers. Read about experiences and advice from accomplished doctors, current medical students, and related professionals to help you navigate your way through the premedical experience. Regular columns will include interviews with these individuals and the Student/Alumni spotlight, featuring a fellow classmate or alumni. Be on the lookout for important dates and events in the calendar.

Want to share your experiences or have an issue to discuss? The Newsletter welcomes your contributions. IMPACT is a newsletter by students, for students. The Editorial staff is primarily composed of students and is advised by the Office of Academic Enrichment and Outreach.

Finally, this newsletter would not have been possible without the leadership and support of the staff of the Office of Academic Enrichment and Outreach. Special thanks to Elizabeth Guerrero, for her leadership of this project, to Louise Howard and Patricia Pratt for their support—and to all of them for their commitment to us and to our success.

Web: http://www.medstudent.ucla.edu/prospective/  Telephone: (310) 825-3575
Student/Alumni Spotlight: Shanika Boyce, RAP ’05

So, why medicine? How did you get here?

I was exposed to the medical environment at a young age. Growing up with asthma, I frequently visited the doctor and became interested and intrigued with the way they treated patients like me. As I began taking science classes in high school and college this initial interest in medicine developed further. I gained a greater appreciation for the role of science in understanding the human body and in finding cures for diseases. My goal is to become a pediatrician so that I can help children in a similar way that doctors helped me. I also plan to work in underserved areas to improve the level of healthcare that individuals in these communities receive.

What made you decide to come to UCLA to do your post-baccalaureate program?

As an undergraduate at UCLA I participated in the PREP program. I thoroughly enjoyed the experience. I was able to interact with physicians during weekly seminars and gain greater insight into the different specialties of medicine. I also had the opportunity to shadow these physicians. Additionally, I received great advice and guidance concerning study techniques and my plan for medical school. The advisors were very dedicated to helping all of us in the program. With this knowledge I knew that UCLA would be great place to do my post-baccalaureate work. I was confident that with their assistance I could strengthen my application and become a competitive applicant.

Where are you in your training to become a physician?

Currently, I am going through the application process for the 2007 school year. I have interviewed at two schools thus far, and recently scheduled three more interviews. My experience this time far surpasses my earlier experience, especially seeing the response I have received from the medical schools. Although at times I have been exhausted, nervous, even excited, I am happy to say that I have been accepted to one medical school already, so it has been worth it.

What do you do outside of school?

Outside of school I enjoy going to the gym, roller skating, and reading. I also volunteer regularly on Saturday mornings with the Asthma Reading Advocacy Program at King/Drew Medical Center. I assist children, who have asthma and live in underserved areas, with activities that help to improve their math, reading and comprehension skills. It has been a great experience that allows me to build relationships with the children and be a mentor to them.

What’s your favorite book and movie, and why?

There isn’t one book that stands out as my favorite, but I enjoy reading novels by Danielle Steel and Jane Austin. As for movies, again I don’t have a favorite, but I like to watch comedies, and action/drama.

What do you feel has been your biggest achievement in your life thus far?

My greatest achievement so far was graduating from El Camino College on the Dean’s List as an alumnus of the Honors Transfer Program and being accepted to UCLA. I had always heard about the excellent academic program UCLA had, and upon moving to California realized that I had the opportunity to attend the University. I was therefore dedicated and determined to do well so that I could achieve my goal. I am able to draw strength from this experience as I reapply to medical school and pursue a career in medicine. It has given me the confidence to know that with dedication and perseverance I can achieve any goal.

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Any words of wisdom to other post-baccalaureate, PREP, or aspiring post-baccalaureate students?

Don’t let the disappointment of not gaining acceptance to medical school discourage you from pursuing your dreams. It is important to be patient, take the time to reevaluate your application and strengthen those areas that need improvement, so that you can be a competitive applicant. I believe that anyone—with the proper guidance—is capable of getting into medical school. It may take longer for some (like myself) than others, but the end result is the same—becoming a doctor.

Hanh’s MCAT Diary: Day 76

By Hanh Huynh

It was the first week of the quarter and I looked like I had pulled an all-nighter for a biochemistry final. I had a backpack filled with heavy MCAT books, plus more to hold in my arms. My back was hunched and I looked like a turtle. The usual crowd of smokers and cell phone talkers at the front steps of Powell library were not there. As I walked into the halls of the library, I watched people napping and whispering to one another, obviously enjoying the calm before midterms. But I was a determined premed student…I rushed to a perfect study spot in the corner free from distraction, when I realized that I needed a computer. Yes, the MCAT is now on the computer.

If you, like me, know how much of a distraction the computer is, studying for the MCAT in 2007 will be a big challenge. The first challenge is heading straight for www.e-mcat.com. A few detours on the web, and next thing we know, we have spent hours on our myspace page. Secondly, we now have to get used to taking the exam not only amongst those distracting coughers and sniffers, but loud typers and annoying clickers. So those of you who are used to studying in all quietness, get used to a few distractions. MCAT supposedly will give us “noise reducing” headphones, but we won’t depend on it.

Enough with the complaints; we just all have to deal with it. Several years of studying for this grueling exam has made me bitter. The second time around is just as dreadful as the first. But I’d like to think about the positives when I’m studying for this test. So that’s why I’ve compiled the Top 5 reasons for studying for this test:

5. Knowing that I’ve earned my study breaks.
4. Knowing that the $4.25 I’ve spent on a Venti latte is worth the money.
3. Using it as an excuse not to talk to someone.
2. Studying on the computer has given me better posture.
1. I can wear my pajamas to the library know that other premeds will understand.

On a serious note, we all know the long-term rewards that come with doing well on the exam. Many people don’t have the discipline or patience to study for it. We’ve all come a long way. For many of us, this is the energy of activation hump on the kinetics curve that we must overcome—a little MCAT review for all of us. During this period of anxiety and chaos, it is very important to realize that life goes on. It’s ok to pick up the phone when a friend calls, it is ok to have a day not studying, it’s ok to cry—just remember that everything will work out in the end. Remember to PRACTICE, PRACTICE, PRACTICE my friends.

I’ll see you in the library.
Profiles of Success: 10 Questions for Dr. Jorge Lazareff
By Ali Shefizadeh

Dr. Jorge Lazareff is the Geri and Richard Brawerman Chair and Professor in Pediatric Neurosurgery at UCLA. He was recently interviewed as part of a new series titled Profiles of Success that will be featured on a monthly basis in IMPACT. In my interview with him, he shared with me his life story, principles of success, and insight into some of today’s important issues including the rising cost of healthcare in America. It goes without saying, but this is one inspirational success story you want to hear. The following transcript draws upon our conversation.

You grew up in Argentina and went on to go to medical school and completed some of your medical training there as well. What memories or experiences that shaped your decision in becoming a physician—and a neurosurgeon in particular?

The system in Argentina is somehow different than here in the United States. You go straight to medical school or to whatever academic degree you want immediately after high school and you have to make up your mind while in high school. So I finished high school in 1969, and did a premedical year that was mandatory at that time in 1970, and started medical school in 1971. I stress the year, 1969, because the system was quite from a different time than the time we are living now.

My approach to medicine was as a social science. So studying philosophy or law to me was of equal relevance to the study medicine. My approach to medicine was the same approach as my high school friends who went to study philosophy or anthropology; understanding that the human being can understand disease as an aspect of life and then try to understand how can we help others. But, I did not have the certainty that some people have that I want to become a physician because I want to cure cancer. I did not have that.

And I doubt that anybody has it, because by the time you start medicine you don’t understand cancer but you have some intellectual curiosity that drives you to medicine.

Whenever you are invited to speak to various audiences, you often stress the importance of the art of healing—and in particular that of the medical humanities, as in philosophy. Can you elaborate on this and how you think it applies to your work?

Yes, and I want to emphasize something that the American Society of Bioethics and Humanities, of which I am a member of—which basically anybody in the medical profession can be a member of this wonderful society. It has just sent me a letter, me and everybody else, giving us the link to the latest issue of the Lancet, the renowned and prestigious British medical journal. The Lancet has devoted a whole issue to medicine and the arts. So, it is not that I am the lone visionary here of trying to link medicine with the arts. This is something seen, acknowledged, and overstated many times by many wonderful and much more intelligent people than me.

But, to specifically to answer your question, when you read a novel—a very good novel—you begin to develop interest in the other, you suffer with the character, right? So and so will fall in love with so and so and X, Y, and Z will escape from the dangers. So, the ability to put yourself in the place of the other is an ability that is being developed and trained through the arts. I mean, how can you be aware living in modern United States or France or anywhere of all the plight of different people in the world if it were not to through a work of fic-

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tion. So the arts—at least in my sense—allow you to be aware of the presence of the other, and that training, that interest of what will happen next to the individual is wonderful training for medicine because you see the patient, you know that the disease has been cured, but you want to know what will happen next.

Is Mr. Smith going to go back to the school? Is he going to go back to complete his work? I mean all of this ability to relate with the other is something that you learn only, I think, if you are a good fiction reader.

Dr. Warwick Peacock, your mentor and former director of pediatric neurosurgery at UCLA, is quoted as telling the Associated Press in an interview that beyond your surgical and technical skills, you “read more books than any other person” he knows. What’s your favorite book?

The other way of asking this question is: which are the books that you would take to a desert island? The book that I certainly would take to a desert island is The Divine Comedy by Dante, a book that I discovered just five years ago; it’s not like I was born reading The Divine Comedy.

Can you give us a glimpse of your life in academic medicine; you’re a neurosurgeon, but you also teach and conduct research. What do you do to relax, get away from it all?

Well, I read The Divine Comedy! Which, by the way, is a wonderful title to express the work of medicine as well—it’s a divine comedy. But the things are not different between them, if you are able to—well everybody is actually able to—merge all your interests into a single interest, then it is possible for you to not be torn between research or the clinical practice if everything becomes part of the same objective. This is similar to the father who has many children and each one has a different need or interaction with the father, but that doesn’t matter. If you encompass all of them as part of the family, then you’re not over-stressed by paying attention to each one of them.

In 2002, you founded Global Neuro Rescue (GNR) and serve as its Chief Executive Officer—the mission of which is to improve the livelihood of children and adults suffering from neurological diseases in the developing world. What was your inspiration in creating this organization?

I want to be clear—I’m glad that this tape will be kept, so it can not be misquoted, because I want to expand if I may. To answer directly to your question: Yes, my inspiration to the organization was that I saw the problem in Guatemala when I went to Guatemala prior to the surgery of the twins. Actually the twins came to UCLA following an original trip I had going to Guatemala with a relief organization. I saw there was the problem with children born with congenital disorders of the brain—they were somehow neglected. And the problem seemed to be solvable and approachable, so what anybody else would have done is try to approach the problem within the means and reaches that they have. So, I was driven by the nature of the problem that somehow became evident rather by some grandiose statement that usually tends to portray self as compassionate.

I mean, I always feel that in medicine we abuse the compassionate adjective, as in we are the compassionate and the other guys are not compassionate. We, only we; of course everybody is compassionate.

You know the incense in churches was the smell of the smoke that the priest used to leave in the church because the parishioners in their own time did not shower too often. In a close environment it was a bad stench so you had to put incense to keep the environment much more breathable…and compassion in medicine sometimes has the same effect of the incense. We do awful things but then we say we are the physician, we are compassionate. So, what drove me to GNR was that when you find a problem, a problem can be solved—so let’s actually solve it.

Can you relate a “medical miracle” you have witnessed?

The children here at UCLA; well, two children, and I have the proofs in my laptops…and for all my patients I have the MRIs on my laptops. These two children had very large inoperable brain tumors and those tumors disappeared completely. I mean, in a progressive...
manner without any specific tumor treatment, their tumors disappeared. Well, seeing them without having to go through any specific treatment or intervention that we know of—those two cases inspired Dr. William Neuman from the Mathematics Department and I to write on a theoretical model of the natural history of tumors. But yes, I have seen those, and anybody who wants to see those films can come to my office.

What do you believe encompasses a successful life?

To laugh, and to be laughed at! You can be the President of the United States—and not to mention our current president—he already has a nice family, but I mean any powerful individual in the world, if he’s not laughed by his wife and family and can not laugh them back...then it is a waste, it is a miserable life.

Looking back at your life, what do you feel is your biggest accomplishment thus far?

The biggest accomplishment is having a large number of friends—and in friends I include my two children, Nicholas and Anna, who are over twenty now, include the woman I love, include the people I work with—so you don’t separate when you say friends. There are different degrees perhaps, but they all belong to the same group of friends. I mean the same as in the United States with South Dakota and California. Both are part of the United States; it doesn’t matter if one state is less evident than the other one but still they are part of this group, so it is the same. So I have accomplished to have a large number of friends with whom I can trust and I feel that they trust me for their problems and among those friends include people I have known for forty years and just people I have known for two years—I think it’s the biggest accomplishment. And I hope it is an accomplishment that I hope I share with millions of other humans.

Some people cite “The Two Marias” surgery, which gained worldwide prominence in 2002, as being one of your biggest accomplishments. Do you see it that way?

No, and the next day after the surgery of Maria Theresa and Maria de Jesus we did a surgery on another child with posterior fossa tumor, and that child was my concern and everybody else’s concern on that day. Eventually, as I said, if you enjoy what you do and if you put everything together—then everything makes much more sense.

You have witnessed an array of healthcare delivery systems in your life—going back to your young adult life in Argentina, to many other parts of the world including Guatemala, South Africa, China, and Romania—and seen the pitfalls and strengths of each. Just the other day, it was announced that U.S. healthcare spending hit $2 trillion. Where do you see the future of healthcare in America?

You often speak to young audiences including members of PREP/ RAP during the summer premedical enrichment program. What is your message to us as we embark on a career in medicine?

This is my opinion, and can be challenged and proven wrong at any time. I believe that in societies for any issue there is a dialectic between different forces, powerful forces. One economic force opposes another economically shaped force and they create a balance and sometimes one of them overpowers the other one. And I feel that the Americans are becoming more aware of the contradictions of the system—that eventually there will be a crack, which implies a form of rupture—a swift change from one tendency of having a private system into a national healthcare system.

If we do not demand from the soldiers to pay for their uniforms or don’t demand teachers to pay for the instruments they use to educate the young, why are we demanding this for healthcare. I feel that healthcare, defense, and education are the responsibility of the state, and it’s not like I’m the lone guy. There are many millions of Americans who feel like that and I’m sure that there will be a swift transition from one side to the other.

“I feel that healthcare, defense, and education are the responsibility of the state”
Medicine is a very generous profession. She will give back to you everything that you give to her or to him or to whatever—I’m not trying to make a romantic statement. The point is that medicine is a wonderful profession and after you get your degree you can be a molecular biologist or you can be a public health official. You can work all your life in a laboratory, in a clinic somewhere in the center of the country, or you can work all your life in a refugee camp, which are going to exist forever and are a problem of our civilization. You can be a wealthy and a fantastic doctor in a high-rise building in downtown Los Angeles or Manhattan and still be a wonderful doctor.

Medicine is the only profession I can think of that offers you such a wide range of possibilities for practice. It encompasses everybody into there and our own faculty in neurosurgery is proof of that. The basic essence is that if you give as much as you give to medicine or different branches of medicine, medicine will give back to you.

Dr. Flower’s Online MCAT Course Review
By Gonzalo Saavedra

Pros: Prep course is offered online giving you the CBT MCAT experience, comprehensive student assessment prior to start of online program, MCAT topical questions provided for each section.

Cons: PRICE, no animations, window display size, same review material can be found in his old review books, PRICE!

With the April MCAT exam around the corner and with the vast array of MCAT preparation programs available, it is difficult and at times frustrating for students to choose a choose a online or class-based course to enroll in for their MCAT preparation. So, to make the process easier for students I recently looked into Dr. Flowers MCAT: Individual lessons from the master online preparation program. The fact that the MCAT preparation program is offered online is a plus, because it will give students the opportunity to familiarize themselves with the new MCAT CBT format.

Another feature that I found to be rewarding was that you can set your target MCAT score at the start of the program. So, after taking a diagnostic examination that tests you in virtually all topics covered by the MCAT, the program will calculate your score and tell you what areas you need to improve on the most. This feature can be accessed every time you take a diagnostic so that way you can continually check your progress. I also found the topical questions offered at the end of each review section to be really helpful. You get about 15-20 questions after every single section, meaning that by the programs end you will have been exposed to hundreds of review questions.

With so many great features to offer there had to be at least some flaws within the program! So, after playing around with the program for a couple of days I came upon a couple of not so great features. There is one feature in particular that I found to be quite annoying and this is the programs’ small display screen. There is no way to make the screen any larger because of the added tool bars built into the program’s window display. Another downside to the program is that there are no animations or figures within the review material, so this makes reading the material kind of boring, since you’ll be sitting in front of the computer for hours reading only text. However, the largest setback that I found with this option is its price. With a price tag of $ 995 the online prep program doesn’t come cheap. Therefore, when it comes down to an overall grade for Dr. Flower’s online MCAT preparation course, I give it a B-. 
Resources

The Resources column is a forum intended for the sharing of research and information relevant to premedical students gathered by PREP & RAP Alumni. If you have any interesting websites you like to share, please let us know:

MCAT Information
Sign up for this year’s MCATs or get answers to FAQs, at: www.aamc.org/students/mcat/start.htm

National Association of Advisors for the Health Professions www.naahp.org

Association of American Medical Colleges
www.aspiringdocs.com
essential basic information about applying to medical school www.aamc.org

American Association of Colleges of Osteopathic Medicine
www.aacom.org

Premedical Discussion Forums
www.studentdoctor.net

IMPACT is a newsletter by students, for students. The Editorial Board meets on the first Thursday of every month at 5:00 PM in the Center for Health Sciences. To contribute to IMPACT or to join the Editorial Board, please contact us. We welcome your contributions.