



IMPACT

PREP/RAP ADVISORY NEWSLETTER
Office of Academic Enrichment & Outreach
David Geffen School of Medicine at UCLA

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Inside this issue:

Welcome to IMPACT	1
Student/Alumni Spotlight: Maricela Rodriguez, MSIV	2-3
What's Bruin?	3
Kaplan MCAT Seminar Feedback	3-4
Profiles of Success: An Inter- view with Dr. Neumann	4-6
Hanh's MCAT Diary	7
Resources	8

Welcome to IMPACT

By Ali Shefizadeh

"I am a success today because I had a friend who believed in me and I didn't have the heart to let him down..."

— Abraham Lincoln

In 1926, Dr. Carter G. Woodson, an African-American author and scholar at Harvard University, organized the first annual week dedicated to African American history, during the second week of February. Over time, African American History Week evolved into the Black History Month we know today—a four week celebration that honors the contributions and achievements of African Americans in our country's history and to America today.

Dr. Woodson chose this date to coincide with the birthdays of Frederick Douglass and Abraham Lincoln, two men who greatly impacted the African American population. While most of us remember Lincoln by his achievements, namely being the President of United States who guided his country through the Civil War, few of us remember him for what he wasn't or tried unsuccessfully to be. His life story and clashing personality—one that combined ambition and modesty, confidence and humility—is one of the most inspirational success stories I have ever come across. While our challenges and goals may be different, many of us in PREP and RAP have overcome a host of adversities in the process of achieving our diverging goals, but common purpose. I leave you with these words, compiled from a biography of the life and times of the 16th President of the United States. Let there be no doubt; if he could do it, so can we:

1832—Lost Job	1844—Defeated in nomination for Congress
1832—Defeated for Legislature	1846—Elected to Congress
1833—Failed in Business	1848—Lost Reelection
1834—Elected to Legislature	1849—Rejected for land officer
1835—His sweetheart died	1856—Defeated for the nomination of Vice-President
1836—Had a nervous breakdown	1858—Defeated for Senate
1838—Defeated for Speaker	1860—Elected President of the United States of America

Student/Alumni Spotlight: Maricela Rodriguez, MSIV

By Hanh Huynh



Maricela Rodriguez is the teaching assistant for the UCLA Re-applicant Program (RAP) Class of 2006, and was a former RAP student herself. Maricela was born and raised in Hollywood and comes from humble beginnings. Nevertheless, Mari was able to complete her bachelor and master degrees in Biomedical Engineering at USC, before coming to UCLA. Her passion to help her community directly motivated her to pursue medicine.

As a current participant in RAP, I have had the pleasure of knowing Maricela as both a mentor and colleague—and she is always full of words of inspiration and guidance. Maricela is now a fourth year medical student at the David Geffen School of Medicine at UCLA.

When did you participate in RAP and what did you gain from the experience?

I participated in RAP in 2002. The RAP program provided me with support after I did not gain acceptance to medical school the first time I applied. I developed relationships with great mentors in the medical field and created a close network with my RAP colleagues. I worked on tangible ways to improve my application, which eventually led to my acceptance to the David Geffen School of Medicine at UCLA.

What advice would you give to students who are considering or are in the process of reapplying to medical school?

Never give up on your dreams, especially if medicine is the only thing that you can see yourself happy in. Don't let anyone tell you that it cannot be done; it is only a matter of

time and a willingness to make sacrifices. Everyone has to pay their dues, either now or later. However, an initial rejection to medical school is not the end of it all. Besides allopathic medical programs in the U.S., there are excellent alternatives, such as osteopathic programs and foreign medical schools that allow you to practice medicine in the U.S. afterwards.

What field of medicine do you wish to go into and why?

I am going into Obstetrics and Gynecology because I love the surgical and primary care aspects that are part of this field. I have a biomedical engineering background which I know will be useful in OB-GYN. Lastly, I am passionate about women's health, and particularly that of the medically underserved.

What's your favorite part about

IMPACT Editorial Board

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All names are in alphabetical order

being in medical school?

My favorite thing about medical school is my interaction with patients. As a medical student, I have more time to spend with patients. I really have an opportunity to obtain a thorough history and work with patients on ways to improve their health holistically.

What other things are going on in your life besides medical school?

I am still able to maintain a balanced life outside of medical school. For example, I am getting married this month. Additionally, I enjoy spending time with my friends and family. Through school, I have been able to travel and do clinical work

Continued on next page

in other countries, such as Mexico, El Salvador, and Jamaica, where I will be going soon as well.

Kaplan Seminar Feedback

By Ali Shefizadeh
& Gonzalo Saavedra

For those of you taking the upcoming CBT MCAT, Kaplan held an MCAT seminar at UCLA on Wednesday, January 24 with the Director of their national MCAT programs. Here is what was covered, in a nutshell. We also recommend that you read about Hanh's experience with the exam on page 7:

Testing Administration Guidelines

- MCAT test centers are arranged by computer cubicles and each examinee is given either earphones or earplugs (this is test site specific and each student is encouraged to call their test site to check on what will be used, to prepare accordingly).
- The exam is now ~5 hrs rather than 8.5 hrs.
- There are 33% less questions, but 30% less time—hence, 3% more time.
- Each examinee begins the MCAT on a first come, first serve basis. Therefore, noise distractions from examinees coming in 10 minute intervals will be common.
- 1 month turnaround for scores (rather than 2 months, like in paper and pencil)

Test Specific Strategies

- Each examinee is only given 6 pages of scratch paper per MCAT section. In order to use it

What's Bruin?

Calendar of Events

February 24 (9:00 am – 3:00 pm)

UC Santa Cruz Chicanos/Latinos in Health Education (CHE)
Pre-Health Conference
Inspiring Diversity in Science and Medicine
Merrill College, Merrill Cultural Center

February 24 (9:30 am - 4:00 pm)

Lennox Health Fair at Felton Elementary School
Two shifts available:
9:30 AM – 12:45 PM or
PM: 12:30 PM – 3:45 PM

If you wish to participate or have any questions, please send an e-mail to lennox_health_fair@hotmail.com

February 26 & 28 (6 pm in CHS 13-105)

UCLA Stroke Study Recruitment & Interview Sessions
Please dress in professional attire and bring small photo
For more information, visit www.studentgroups.ucla.edu/stroke

February 27 (5:00 pm - 7:00 pm)

Celebration in commemoration of Black History Month
The UCLA Academic Advancement Program is holding a special event Lenart Auditorium of the Fowler Museum, showcasing an evening of food, fun, and fellowship.

March 3 (8:00 am – 4:00 pm)

UCLA Chicanos/Latinos for Community Medicine (CCM)
3rd Annual Pre-Health Conference
“Creating Innovative Minds Today:
Empowering Health Leaders of Tomorrow”
UCLA Court of Sciences

March 10 (9:00 am – 3:00 pm)

California State University, Fresno - Premedical Club, Caduceus
Premedical Student Conference
Cal State Fresno, University Business Center

efficiently, they recommend bordering and labeling scratch paper.

- Check timing every 2 passages
- Never hit the end section or end test buttons—automatically ends test.
- Never skip a question from a given passage in order to come back to it, since computer shuts

down after time is up immediately. There is no grace period as in paper and pencil testing.

- Use review/mark feature to go back to questions.
- Learn to use strikeout and highlight features for passages and questions efficiently.

In the next issue of IMPACT, we will begin a new column on interview feedback from various medical schools that PREP/RAP students have visited.



In addition, a new Misconceptions column is debuting and we will be featuring a short profile of our Board Members.



Profiles of Success:
10 Questions for Dr. Charlotte Neumann
 By Shonté McKenzie

Charlotte G. Neumann, M.D., M.P.H. is a Professor of Community Health Sciences at the UCLA School of Public Health, and Professor of Pediatrics at the David Geffen School of Medicine at UCLA. She has extensive experience with research and intervention programs related to childhood obesity and other nutrition problems in children in both North America and Africa. In my recent interview, she shared with me her motivation for choosing a career in medicine, her secret to managing a career as a mother and a physician, and the importance of health care and preventative medicine.

You have accomplished many goals within your lifetime, both in your career and family life. What do you consider your greatest achievement(s) thus far?

My greatest achievement has been finding a balance between my family and my career. I am proud of having been productive in both my career and my family life, especially having been able to watch our kids grow and develop. I feel that some of the work that we have done has been very important to understanding the importance of nutrition in youth development. In

addition, as an instructor, I enjoy seeing the students develop and go on to obtain their degrees, whether they pursue pediatrics or public health.

“My greatest achievement has been finding a balance between family and my career”

Many students strive to become a well-rounded physician.

Given your success in medicine, what insight or advice can you

give to students entering the health profession?

My advice would be for students to not become so narrow in their focus. They have to realize that medicine does not exist in a vacuum. Societal factors impact the health of individuals. In the countries we work in, medicine itself does not help the health as much as environmental [factors], nutrition, economics, and education. In fact, medicine is just one component towards improving people’s lives; many of the illnesses that people get are preventable. It’s not just about medicine, but also

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about educating people on how to eat well and how to eat even when there is not much food around, as in impoverished countries. I think it is indeed important to look at medicine in a much broader way than to simply think of it solely in terms of symptoms, illness, and treatments. Prevention and health promotion are really important, and are comprised of basic things that can help people stay healthy. Prevention and health promotion are not just empty words anymore but instead are being heavily invested in, even by health care plans.

Given the fact that you are a woman, how have you been able to balance a family and a medical career? What is your advice to women who are entering into the medical field?

In terms of balancing a family and a medical career, it's a big juggling act. You have to learn how to put some things on the back burner when your attention is needed on the front burner. It can be done.

If you want to have a family, you will need a very understanding partner and a family who understands your life goals and pursuits. Moreover, if your family understands the field of medicine, it makes everything so much better. You need a family life in which your children and your partner understand that medicine is a part of who you are, and that you care about them, will spend as much time as possible with them, and will not neglect them. It's not always easy. You

will need at least some help at home; it's really key to get a good babysitter!

Given the fact that you have a combined degree in medicine and public health (MD/MPH), how do you feel it has enhanced your practice in medicine?

When I went to the School of Public Health, I really did not have any particular reason for pursuing the additional degree. It was something

“Public health...provided me with insight into how people get sick—not just on a case by case basis—but at a population level”

that medicine could not stand alone without public health. All of the things concerned with public health, such as prevention, health habits, nutrition, were really enlightening. It provided me with insight into how people get sick, not just on a case by case basis but at a population level. Years ago, the *New England Journal of Medicine*, an illustrious medical journal, wrote that the “MPH should be your remedial degree for medical school,” which demonstrates how important public health is to the medical profession.

With the evolution of medicine and technology, how do you think medical education and residency

requirements have changed since you attended medical school?

I believe that medicine has changed a lot. As I previously stated, the whole idea of population health. People do not get sick in a vacuum, but instead are part of a community where prevention can really impact a lot of the illnesses or conditions that are rampant. In contrast, there is much more technology and laboratories in great excess of what people need, which is driving some of the practice of medicine. Things have become so automated and somewhat impersonal at times, which is a mistake. I spent one year training in England, in which I learned a lot about clinical medicine. Clinical medicine does not necessarily require a high tech laboratory test, but instead can involve more time spent with patients.

Currently in the U.S., we see commercials broadcasted daily regarding childhood obesity and diabetes. The majority of your research has been focused on preventative medicine, particularly with children. What factors led you to decide on becoming a pediatrician?

In college, I majored in zoology, and decided to combine my interest in life sciences with my interest in working with people. I enjoyed working with people, particularly with kids as I worked as a camp counselor for many years. Fortunately, I went to a college that

Continued on next page

really encouraged women to enter the medical field. Barnard College (part of Columbia University) in New York City was a small women's college with a very strong department and faculty in the sciences. They actually sent more pre-med students to medical school than almost any other school.

Throughout the year, you conduct various research projects with children in Africa. What motivated you to do work in Africa?

While at the School of Public Health, I met faculty members who were interested in conducting research in Africa, as well as Africans who were already doing similar work in that region. They provided us with an opportunity to see what their research consisted of and gave us a description of the problems that existed in Africa. I enjoyed the experience; the people were a pleasure to work with. I was hooked instantly!

What do you think about the future of HIV/AIDS in Africa, and its effect on Africa's economy?

HIV/AIDS has been devastating on the lives of the African people and on that region's economy. The outlook is a bit more hopeful, especially as improvements are underway in the areas of medicine; knowledge and acceptance of the disease; and reducing the stigma of having HIV/AIDS. Uganda was able to change its transmission rate of HIV/AIDS through an openness and

acceptance of the disease, as well as the availability of treatments.

However, another problem is that HIV/AIDS is rapidly spreading in Asia, particularly in China and India, because they are not admitting that they have a problem and it is spreading like crazy. With Africa, there is a greater sense of openness, though there still is a long way to go. Advances definitely have been made; however, the biggest needs include preventative education and the availability of drugs for treatment. One thing that I am learning through my work in Kenya is that many people currently live with AIDS and carry on nearly normal functioning lives. Indeed, there is hope.

Would you recommend that students complete some form of research before entering medical school?

I recommend that students engage in research prior to entering medical school. However, it does not have to involve laboratory research. At minimum, one should be engaged in research with an investigator whereby you learn how new knowledge is created as well as learn about the careful interpretation of facts. It is not completely necessary, but I think you will have a better sense of and respect for how difficult it is to com-

"HIV/AIDS is rapidly spreading [due to a lack of] admitting they have a problem"

bine some of the information.

What do you think is wrong with medicine today?

Greed and lack of coverage. There are too many people that have no possibility of receiving good preventative care and treatment when they need it. These are the uninsured who have no place to go for health care. They depend on emergency rooms as a basic hospital. This is problematic since, often times, people wait too long until they are really sick or until their condition is irreversible. We spend a lot of money on advancing medical technology, yet we lack basic primary health coverage. It doesn't take much.

How important is preventative medicine for the future of this country?

Preventative medicine is 90% important towards the future health and well-being of this country. Most of pediatric practice involves preventative care; you want to be sure a child is growing and developing normally and that no adverse factors are present in their environment to harm them. Additionally, you want to intervene before any serious illness occurs to prevent any negative long term effects. All of this involves a lot of parent and caretaker education, as well as good nutrition.

Hanh's MCAT Diary: THE BIG DAY

By Hanh Huynh

Upon arrival half an hour before the 8:00 am start time, I felt like I was already late. The scene at the MCAT test site appeared more like the inside of the Department of Motor Vehicles. The lobby was crowded with a sea of pre-med students reading magazines while seated in a row of plastic chairs. Some students were left standing, while others trickled outside to finish their cup of coffee or to smoke a cigarette. After signing in at the receptionist desk, I was given a key to a locker, in which I was instructed to put everything into including my wristwatch; I was only allowed to have my ID on hand. From there, I was directed to wait until my name was called. I felt a sudden urge to take out my flashcards from the locker for some last minute studying, but instead grabbed the latest issue of *O* magazine from the coffee table. Every time a person's name was called, everyone's eyes followed that person as if it was a death sentence, which at that instance seemed pretty close.

In between reading about the newest title from Oprah's Book Club and hearing each "victim's" name being called, I felt my nerves creep up on me. After waiting for almost an hour, I finally heard the receptionist utter my name. It was finally my turn to walk the plank. The proctor greeted me, took my fingerprints, and forced me to smile for a headshot even though I was not really in the mood to smile. Afterwards, the proctor took me into the testing room where others had already started their exam, sat me

down at my computer station, wished me luck, and walked away. From that moment on, I was on my own. It was just me and *the* MCAT.

I was pleasantly surprised to see nicely-wrapped earplugs, sharpened pencils, and crisp scratch paper available for my use. There were also borders that defined my space and that of the other two test takers adjacent to me. Initially, I felt pampered, though that feeling quickly dissipated. After 70 minutes of Physical Sciences, I felt exhausted. I quickly left the testing room to take advantage of the generous 10 minute break. Every time I left and entered the testing room, however, I needed to have my fingerprints taken, which reduced my break time to about 7 minutes. The restroom was not conveniently located, as it was situated on the other side of the building. After I sprinted to and from the restroom, opened my locker, gulped down an energy bar and some caffeine, I returned to my computer with 2 seconds to spare before the start of the next section.

Even though I felt like I needed more time for breaks in between sections, the test was a pleasant experience overall. Having taken the 8-hour written version of the exam, I definitely prefer this shortened version. Not only was it a shorter exam, but the room was filled with people taking exams other than the MCAT, which was dramatically different from my prior experience of taking the test in a room full of competitive premed students. I favored this in-



dependent test-taking experience. After the exam was over, I was shocked to see the sun still shining brightly amongst the clear blue sky, and took advantage of its warm rays by heading over to the beach.

After months of studying for this exam, I'm glad it is over. I definitely empathize with those of you who are currently studying for the exam. Remember that the more you put into it, the more you get out of it. Here are some tips that I can offer those individuals who will be taking the MCAT:

- ◆ Take your "optional" breaks between sections.
- ◆ Simulate the experience by practicing on the computer, including time for breaks.
- ◆ Practice taking the exam with ear plugs. The testing site at Culver City offered them, which I found to be quite helpful.
- ◆ Bring snacks and caffeine.
- ◆ Above all, don't be nervous.

I can't emphasize this enough: **PRACTICE, PRACTICE, PRACTICE!** I'll see you in the library, or most likely at the beach! Good luck!



Notice: Stewart University School of Medicine By the Editorial Staff

Please tell your friends or others exploring alternative pathways to a U.S. medical education that Stewart University School of Medicine is not accredited by the American Association of Medical Colleges and is currently “seeking” foreign accreditation.

The reason this issue has been brought to light is because the school claims to be operating from a “secret location” operated by a foreign consulate in sunny Southern

California and will only release the exact location once prospective students have paid all dues. Rather than a traditional four year medical degree, the school offers an M.D. degree in only 2 years and 10 months! Furthermore, the MCAT is not required and no clinical rotation programs are in place.

Source: www.stewartmed.org



For those of you planning to apply to medical school in June, did you know that the following schools do not require an essay for their secondary, but they still ask for your money (anywhere between about \$60 to \$100 per school):

UCSF (optional update on activities), Tufts, Boston University, Medical College of Wisconsin, NYU.

In addition, Michigan State University only asks for an essay after you have been invited for an interview and the Mayo Clinic College of Medicine has a phone secondary.

Resources

The Resources column is a forum intended for the sharing of research and information relevant to pre-medical 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

MCAT Mnemonics

<http://www.geocities.com/CollegePark/Union/5092/mnemMCAT.html>

MDapplicants.com

A collaborative site created by the online community to serve as a guide to premedical students.

Want to Contribute?

IMPACT is a newsletter by students, for students.

The Editorial Board meets on the first Thursday of every month at 4:30 PM in the Center for Health Sciences (CHS). This month, we will be meeting at the following times in CHS 43-105. All are welcome to attend:



Thursday, February 22 from 4:30-5:30 PM (Special Meeting)

Thursday, March 1 from 4:30-5:30 PM

To contribute to IMPACT or to join the Editorial Board, please contact Ali Shefizadeh at shefizadeh@yahoo.com.



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