Welcome!

This is our last issue for the academic year! We have included interviews with PREP alumna Leticia Rolon and RAP alumnus Dr. Ricardo Molina. We also explore the field of nursing and the specialty in craniofacial surgery. Also in this issue, the Thomas Haider Program is highlighted. Don’t forget to check out our book club with two new reviewed books.

We would also like to wish everyone a great summer. Good luck with finals, taking the MCAT and applying to medical school as the process is about to begin. We would also like to thank everyone involved with IMPACT and making this newsletter a wonderful success. Thank you!

—Editorial Board

Did you know?

-In 2009 three new M.D. schools will open:
  Florida International University College of Medicine; University of Central Florida College of Medicine; Texas Tech University Paul L. Foster School of Medicine

-Last year there were a total of 67,000 medical students in the United States.

-The University of California has added a series of Programs in Medical Education (PRIME) to all of its medical schools. The programs address the needs of California’s medically underserved groups and communities:
  1. UC Davis – Rural health and telemedicine
  2. UC Irvine – Spanish speaking Latino community
  3. UCLA – Diverse disadvantaged communities
  4. UC San Diego – Health disparities and health equity
  5. UC San Francisco – Urban underserved

Important Dates:

-AMCAS application opens May 6th
-Deadline for AMCAS early decision is August 1st

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How many of our parents seasoned the chicken for our high school fundraisers? For Leticia Rolon, this was the kind of unconditional support her parents gave her throughout her educational career. Now in medical school, Leticia credits her success to her family’s support, her studious nature, and the UCLA Pre-Medical/Pre-Dental Enrichment Program (PREP).

Leticia is a second year medical student at the David Geffen School of Medicine at UCLA. She is originally from the agricultural town of Santa Maria, where her parents spent 25 years picking produce in the fields for a sustainable living. Eventually, her father was unable to continue working due to a severe back injury. Therefore, after graduating from high school, Leticia’s older brother had to take over her family’s financial responsibilities rather than attend college.

Leticia was not aware of her potential during this difficult time—seeing that her family’s hardship did not provide her with an ideal foundation for educational success. Fortunately, in high school she joined “Upward Bound,” a program that prepares students for college. Although Leticia did not recognize it at the time, her passion towards the sciences was fostered within her during her last years of high school. In high school, it was obvious that Leticia loved to learn, as she states, “...I was a major nerd, and one class that I really enjoyed was anatomy and physiology.”

She thoroughly enjoyed the class, but did not yet make a connection with her interest in pursuing a career in medicine. It was not until she spoke with her aunt, regarding her fascination towards her anatomy and physiology class, that an idea blossomed. Leticia’s aunt, a practicing physician in Obstetrics-Gynecology in México, suggested that Leticia consider medical school based on her positive experience with her science class. Leticia was not sure, as she was uncertain that her background and educational experience would prepare her for medical school, but indeed a seed was planted. Life continued and through Leticia’s hard work and dedication in high school, she earned a Regents Scholarship to attend UCLA. In college, Leticia explored various and pertinent educational and career interests, such as teaching, nursing, political science, and public health. She took a wealth of classes before deciding to major in Physiological Science. Before declaring her major, Leticia joined two clubs, Clinical Care Extenders and Chicanos/Latinos for Community Medicine (CCM). She states, “…when I did Care Extenders, I knew I wanted to become a doctor.”

After acknowledging that her aunt was right about pursuing a medical career, Leticia opted for more hands-on clinical experience, which was fulfilled by her participation in the UCLA HOPE program. Through this program, she volunteered at the Venice Family Clinic, where she was able to have direct patient interactions by taking vital signs, conducting patient interviews, and offering translation services. Though Leticia felt that her background and educational experiences remained ill-suited for the preparation necessary for the rigors of medical school, it was her experience in the UCLA Pre-Medical/Pre-Dental Enrichment Program (PREP) that changed her outlook.

“I went through a period of self-doubt, but PREP allowed me to meet other people that went through worse struggles than I did...[and yet] they still had the drive to do it.”
In PREP, Leticia met many other students in similar situations which offered her a lot of hope as she states, “I went through a period of self-doubt, but [the program] allowed me to meet other people that went through worse struggles than I did...[and yet] they still had the drive to do it.”

Another issue was the application process. Before participating in PREP, Leticia did not know anything about the MCAT or other parts of the medical school application, as she states, “...sure if you’ve already been programmed that you are going to medical school [you’ll be prepared], but for us it’s totally different.” With the help provided by PREP, Leticia was able to apply to 22 schools. She submitted 15 secondary applications and was offered 7 interviews. Leticia acknowledges that it is a difficult process and that some people apply and take the MCAT many times. She continued by saying that ultimately once one is accepted then we all end up in the same exact place, no matter what we went through. Overall, she leaves PREP/RAP students with this advice: It is easy to give up “but if it is really in you and this is what you want to do, know that someone before you went through it and made it. So if they can do it, you can do it too.” Ultimately, the success she had with PREP was, “...meeting and connecting with so many people and seeing a common struggle, as well as getting that support-- that is when I decided to apply to medical school.”

Now looking onward to the future, Leticia envisions herself returning to her hometown of Santa Maria after completing medical school. Although still unsure, she is thinking of specializing in cardiology or pediatric cardiology. Besides being a community health advocate, she also wants to start an organization for high school students, where she can mentor students interested in medical school and teach them simple skills, such as taking blood pressure. Leticia has a passion for making a difference for the next generation and it is apparent when she speaks about her nephew, whom is the first to benefit from her mentoring. When Leticia returned home, she also planted a seed like her aunt did years ago. Leticia teaches her nephew about medical school and he has become very interested. Leticia recalls, “...he is always asking me questions. He is fascinated about all the things I speak to him about, so I figure why not nurture it?”

More Important Dates:

- AMCAS application opens May 6th
- Deadline for AMCAS early decision is August 1st
- Deadline for AMCAS regular admission is October 15th for some schools and extends to December 15th for others.
- TMDSAS application opens May 1st
- Deadline for TMDSAS early decision is August 1st
- Deadline for TMDSAS regular admission is October 1st
- ACOMAS application opens May 1st
- Deadline for ACOMAS regular admission is October 1st for some schools and extends to April 3rd for others.
Dr. Ricardo Molina is a lifelong Bruin having received his M.D., M.S. and two B.S. degrees all from UCLA. He is also an alumnus of the inaugural Re-Application Program (RAP), class of 2000. Dr. Molina earned dual degrees as an undergraduate student in the fields of Biochemistry and Physiological Sciences. From 1999-2001, he completed a master’s program also in the Physiological Sciences before matriculating into the David Geffen School of Medicine in 2001. Yet, Dr. Molina is not all about the grade. As a graduate student in the Physiological Sciences, he also gained invaluable experience teaching undergraduate physiological science laboratories. Dr. Molina decided that it was time for him to enter the applicant pool, and apply to medical school while he was completing his master’s degree. It was during this process that Dr. Molina really learned the value of mentorship and good guidance. It turns out that this would not be the last time that Dr. Molina would be applying to medical school as he did not gain admission to any medical school. Yet, in this seemingly devastating time, Dr. Molina remained calm and confident. As he put it, “my numbers were not much of the problem. It was more about applying to the right schools, having a strong personal statement and good letters of recommendations.” That following year, Dr. Molina received a letter inviting him to apply to the new RAP post-baccalaureate program. The following year, not only did Dr. Molina gain better interviewing skills, and strengthen his overall application, but it was during RAP that Dr. Molina would also meet his future wife.

Immigrating to the United States from San Salvador, El Salvador, at twelve years old, it took Dr. Molina some time to get adjusted to his new environment, make new friends, and find his niche in school. It helped however, that his father and siblings had immigrated a few years before him, and the support of Dr. Molina’s parents also played a major role in his pursuit of higher education. “Throughout my life, I have been very fortunate to have two supportive parents who pushed me to succeed in school. Many times when other kids were out doing things out in the street, I was at home doing my schoolwork because in my family, education was the top priority,” remarks Dr. Molina.

Dr. Molina didn’t always know that he would go into medicine. It was in his second year as an undergraduate that his father was diagnosed with prostate cancer. It was in watching his father battle the disease that Dr. Molina realized his role in entering medicine, and the principles which drive him in the field. “My father is a civil engineer, and if I were not in the medical field, I too would probably be an engineer, an electrical or mechanical engineer.”

Today, Dr. Molina is completing the second of five years in an orthopedic surgery residency in Kansas City, Missouri, and beginning next year, will be doing so alongside his wife, Dayana Carcamo-Molina, who recently placed into an internal medicine residency in the same city.

Dr. Molina feels that the RAP program did not merely provide a structured post-baccalaureate program for him; which is actually one of the most comprehensively structured programs in the country, but it was also a place where he enjoyed being an integral part of a community of caring, similarly goal-oriented people, many of whom come from similar backgrounds. “I enjoyed coming in everyday and networking with other students who not only had similar backgrounds as me, but also similar goals. UCLA is such a big school that sometimes you get lost, but going
Through the RAP program and working with the quality people dedicated to helping you along your way, it really makes you feel like you’re in a community,” says Dr. Molina.

When asked what advice he would give upcoming students, Dr. Molina replied, “You must be fully committed to do this. You must be really motivated and give it your all. Know what you are getting into, and be focused. It’s lots of hard work and there are lots of sick people. You need to be determined and have your priorities straight.

Whether it’s getting up early in the morning, or working, if you have your priorities straight, then you can make it happen.” Indeed Dr. Molina and his priorities were on the right track years earlier as they are today. In the future, Dr. Molina plans to focus on upper extremity surgery, and watching the fruition of his surgical labor, as that is one of his favorite aspects of orthopedic surgery, “you get to see a relatively quick turn around as opposed to treating chronic illness and disease. You have less sick patients and more injured patients, so the results of your work are faster. I also enjoy working with my hands, and in the field of surgery with all of their technological advancements, it is like using a finely tuned power tool,” replies Dr. Molina.

Dr. Molina finishes residency in three years, alongside his wife who will also be completing her residency in the same year. Upon residency completion, they plan on leaving the chilly Kansas City climate and returning to Los Angeles to be with family, friends, and each other.

The Field of Nursing

By Hanh Huynh

According to JAMA, by the year 2020, the nursing shortage will increase to 800,000 worldwide. With a growing aging population, the need for nurses in all areas of healthcare is significantly increasing. Nurses provide a valuable and humanistic touch to healthcare, and play a significant role in patient care. The nurse’s role includes treating patients, educating patients about various medical conditions, and providing advice and emotional support to patients and their family members. In addition, they record patients’ medical histories and symptoms, help perform diagnostic tests and analyze results, administer treatment and medications, and help with patient follow-up and rehabilitation. Nurses not only act as advocates for patients medically, but also provide significant emotional and social support.

Opportunities and Benefits

Nursing provide a wide-range of exciting opportunities in all areas of health care. They can specialize according to the following factors: type of work environment; specific population or community; or a particular condition. Such areas of care include ambulatory care, critical care, emergency room, oncology, hospice and palliative care, radiology, perianesthesia, medical-surgical, psychiatric, and many others. In addition to patient care, nurses have the opportunity to work as nursing administrators and educators where they supervise nursing staff, manage resources to ensure high-quality care, and develop and implement educational programs. Furthermore, other roles of nurses include health care consultants, public policy advisors, pharmaceutical and medical supply researchers and salespersons, and medical writers and editors.

Education and Training

The Registered Nursing (RN) license can be obtained either from a 4-year bachelor’s program (BSN) or a 2-3 year associates program from a community college. Once students complete the program, they must pass the national licensing examination, otherwise known as the NCLEX-RN, to practice. Those who are interested in administrative positions; pursuing a faculty position in the educational arena or academia; or focusing on specialties such as clinical nurse specialists, nurse anesthetists, nurse-midwives, and nurse practitioners are encouraged to pursue the more advanced degrees in nursing such as a BSN and/or Master’s of Science in Nursing (MSN) and/or a PhD. Many hospitals and programs offer tuition reimbursement for registered nurses (RNs) pursuing advanced degrees.

Outlook

It is projected that by 2016, there will be 587,000 job openings for RNs, the highest relative to any other occupation. Employment opportunities in outpatient medical facilities and home health care are especially expected to rapidly increase due to a large aging population and more people needing long-term care. In May 2006, the median annual salary of registered nurses was $57,280, with a range comprised of the lowest 10 percent earning less than $40,250, and the highest 10 percent earning more than $83,440. Nursing is not only rewarding for those who choose to pursue it, but it is also flexible, offers great job security, and enhances one’s quality of life. Work hours can vary and range from five days a week with a schedule of 8:00 am-5:00 pm, or 12 hour shifts on 3 days per week at many hospitals.
**Medical Specialty: Craniofacial Reconstructive Plastic Surgery**

By Tabitha Herzog

“We restore, repair, and make whole those parts...which nature has given but which fortune has taken away, not so much that they may delight the eye but that they may buoy up the spirit and help the mind of the afflicted.”

-- Gaspar Tagliacozzi, Plastic Surgeon, Italy 1597

When most people think of plastic surgery, they picture a ritzy Beverly Hills Office where patients seek cosmetic enhancements to appear more similar to movie stars and supermodels. This image, however, is only the popularized version of plastic surgery. Reconstructive plastic surgery, performed over 5.5 million times per year in the U.S., serves mainly to improve function while also correcting structurally significant abnormalities, most prominently in the head and facial regions. Most reconstructive plastic surgery patients would not live normal functioning lives without these surgeries. The most frequent surgically repaired impairments are caused by: congenital anomalies, such as cleft lip or cleft palate; developmental abnormalities, like craniosynostosis; traumatic injuries, such as facial bone fractures; and cancers of the face, head and neck. Cleft palate and cleft lip are the fourth most common birth defects in the United States, as well as one of the most common surgically treated defects by craniofacial reconstructive plastic surgeons. Cleft palate results from an atypical incomplete closure of the roof of the mouth that may extend into the nasal cavity, and into the throat. Although this is not as noticeable from the exterior appearance of a child, this is the more complicated of the two types as it causes difficulty in sucking, swallowing, and developing speech. Cleft lip occurs from an incomplete formation of the lip in the womb. This can also cause problems in feeding, though much less likely. Indeed, the primary problems arise from cosmetic and speech defects that do not allow individuals with a cleft lip to live normal lives. Cleft palate and lip surgery involves microsurgery where tissue transfer is used to cover a defect when no local tissue is available. These tissue flaps are comprised of skin, muscle, bone, fat or a combination of these, which can be removed from various parts of the body, moved to another site on the body and reconnected to a blood supply.

Craniosynostosis is a condition in which the skull bones prematurely fuse at birth, causing an abnormally-shaped head and can lead to increased pressure on the brain. Restructuring these abnormalities, as well as those caused by trauma to the skull bones, is similar for reconstructive craniofacial surgeons. Craniofacial surgery is performed to realign the bones of the skull in their proper alignment. Developmental abnormalities, such as being born without an external ear, can be repaired by reconstructing a new ear out of skin and cartilage from other body parts and artificial materials. Likewise, craniofacial surgeons can close skin and mucosal defects following head and neck tumor removal surgeries.

Reconstructive plastic surgery can be used to dramatically improve a person's quality of life, especially in children whose defect impairs their development.

Training to become a craniofacial reconstructive surgeon can be attained through a few distinct routes. In your fourth year of medical school, you would need to apply for an internship in general surgery and apply to either a six year residency in plastic and reconstructive surgery, or a three year general surgery residency followed by a three year residency in plastic and reconstructive surgery. The second route, completing three year residencies in both is a more common pathway. After becoming a certified plastic and reconstructive surgeon, a fellowship in craniofacial surgery lasts one year. The focus of this fellowship is for the surgeon to specialize in the many craniofacial disorders that they merely gloss over during their residency programs. Many craniofacial reconstructive surgeons often further their training and participate in fellowships in microsurgery. Following eight to ten years after medical school, they become specialized in craniofacial reconstructive surgery and primarily join hospital teams. Very few of these surgeons focus on reconstructive surgery as compared to the plastic surgery work conducted in private practice offices in Beverly Hills.

Reconstructive plastic surgery can be used to dramatically improve a person's quality of life, especially in children whose defect impairs their development. So, next time you watch an episode of “Dr. 90210,” remember that plastic surgery well extends beyond the realm of perfecting minor cosmetic imperfections.

For more information please visit the following websites:

- [www.uclaplasticsurgery.com](http://www.uclaplasticsurgery.com)
- [www.hopeforkids.com](http://www.hopeforkids.com)
- [www.kidsplastsurg.com](http://www.kidsplastsurg.com)
Expanding a Vision: Training a New Generation

By Denisse A. Inzunza-Torres

Growing up in the Inland Empire has certainly not been the easy road traveled for my family nor for many other families. As a minority undergraduate pre-medical student, I am very proud to say that I am a student currently receiving an education from the University of California at Riverside (UCR). Approximately 70% of the student population at UCR includes minority students, and the campus is expected to experience a growth of 22,000 students by the year 2015. This population increase will make UCR one of the most diverse schools in the University of California educational system. During my time here, I have observed that many students at UCR were born, raised, and continue to reside in the surrounding community. As a pre-medical student from the local community, I wanted to find out more about the UCR/UCLA Thomas Haider Program in Biomedical Sciences, its relationship with the community, and how it educates and trains medical students to serve the underserved populations of the surrounding inland and rural areas. For this, I interviewed Associate Dean of the Thomas Haider Program, Dr. Neal L. Schiller.

It is always best to understand a little about our past to understand the present. UCR is beginning and strives to serve the community of the Inland Empire with a challenging biomedical program.

As Dr. Schiller explains, the vision of a medical school education being offered at UCR began with the implementation of a three year accelerated undergraduate major in the biomedical sciences. The strict requirements for this undergraduate major limited access to students from educationally disadvantaged backgrounds, and ultimately failed to diversify the student population that was accepted into the medical school. In the fall of 2002, with the assistance of the local J.W. Vines Society (African American Health Network) and school administrators, it was highlighted that the undergraduate program in biomedical sciences was not meeting the needs of the student body nor the community. As such, the program was discontinued. Several changes were made to improve and adapt the medical component of the program to improve access to undergraduates of UCR from all majors.

A New Beginning: UCR/UCLA Thomas Haider Program in Biomedical Sciences

Changes to the program in biomedical sciences were made to better serve the UCR student body, as well as address the needs of the underserved populations of the inland and rural areas, as proclaimed in their mission statement. Dr. Schiller states, “We aspire to train physicians to serve the underserved in all fields of medicine not only primary care.”

Today, the Thomas Haider Program in Biomedical Sciences is composed of 24 students that completed their undergraduate coursework at UCR. This small class size allows for close faculty to student ratios to provide personalized attention and foster student bonding experiences. Medical students complete their first two years of medical school completing their basic science foundation at UCR, while the last two years are spent in clinical training at the David Geffen School of Medicine at UCLA. The program is a community-based medical education program involving clinical instructors, medical clinics, and hospitals from within the inland areas. In addition, students are paired with a local physician who serves as their preceptor, thereby allowing them to receive on-one training in their first two years of medical school and providing students with an opportunity to learn from the use of standardized patients. The program aspires to train physicians who will practice medicine in an underserved community in the adjacent inland and rural areas upon completion of their medical degree. In addition, the Thomas Haider Program in

Continued on next page
Biomedical Sciences has begun to establish and cultivate close relationships with nearby community clinics and hospitals of the Inland Empire in order to better serve the community.

**Expanding the Vision: A Proposed UCR School of Medicine**

To date, UCR has been able to provide its students with the opportunity to complete the Thomas Haider Program in Biomedical Sciences to earn a medical degree from the David Geffen School of Medicine at UCLA. At the same time, a vision for a medical school at UCR is well underway to educate and retain a diverse physician workforce for the Inland Empire, expand biomedical and clinical sciences research, recruit a diverse student body and faculty, and contribute to the region by expanding the health care delivery system. At this time the Academic Senate on campus voted unanimously for the establishment of a medical school at UCR. The proposal has been submitted to the University of California Office of the President and the system-wide Academic Council. Once the proposal is finalized, Dr. Schiller states that the following tentative timeline for opening of the school will occur:

**Location:** Riverside, CA – on the corner of Martin Luther King Blvd. and Chicago Ave.

**2012:** Transitional medical school program begins using newly renovated facilities on the main campus and the construction of an additional building, 50 students will comprise the inaugurating class of the UCR School of Medicine. The 50 medical students will be composed of undergraduates from UCR and across the nation, with preference given to residents of California.

**2014:** At this point, clinical clerkships and residency programs are to be established with local hospitals and community clinics.

**2016:** The doors of the new UC Riverside School of Medicine will open with 100 students per graduating class from across the state and nation. Approximately 130 faculty positions (including 60 full-time research faculty) and more than 300 supporting staff and faculty will constitute the workforce of the UCR School of Medicine.

The new medical school at this time, as stated by Dr. Schiller, “does not plan on buying or running a new hospital.” Instead, by building residency programs within already existing local hospitals, such as Arrowhead Regional Medical Center, Riverside County Regional Medical Center and Kaiser Permanente, and surrounding community clinics. The UCR School of Medicine proposes to enhance its relationship with the community through personalized training that they will receive through an expanded preceptorship program. Through this program, students will work directly with real patients under the supervision of clinical faculty on a permanent basis and not as standardized patients. Dr. Schiller goes on to state that local community clinics and hospitals are excited about the idea of working together to build these relationships. Furthermore, he states, “Raising the quality of care for patients and the number of physicians in the Inland Empire and adjacent areas will be one of the main goals of the new medical school.”

Although building a new four year medical institution will be a daunting task, the idea of even having a new medical school in the Inland Empire brings optimism to many. Establishing stronger relationships between the educational institution and the community is something that is very much needed in the Inland Empire and surrounding communities. By establishing greater educational opportunities and promoting quality healthcare for these communities signals great progress for this area. A vast majority of the Inland Empire is underserved and in dire need of leaders in the educational, health care, and political arenas that will be willing to help. As previously stated, I have observed that many UCR students have lived in the Inland Empire for many years. At the same time though, I have observed many students move away due to lack of opportunities to remain in their community. I believe the creation of a new medical school in the Inland Empire is the hallmark of an establishment that will not only expand young minds, train a new generation, and offer them opportunities, but also provide students with avenues to serve the disadvantaged and underserved populations of their communities within the Inland Empire.
**IMPACT Book Club**

**By Gonzalo Saavedra and David Tran**

Every issue, recommendations that PREP/RAP students make about a great book they have read makes it into IMPACT’s Book Club. Enjoy!

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**Medical Apartheid**

By Harriet A. Washington

Harriet A. Washington has created an extensive investigative body of work that reveals the inhumane treatment of African-Americans throughout the course of American history. The book offers a well-researched analysis of how African Americans have been victimized by the medical establishment and its impact on health seeking behavior. From surgical procedures with neither consent nor notification to the withholding of treatment for the sake of science, this book reveals the price so many African-Americans have paid in the name of medical advancement without compensation or an acknowledgment of gratitude from the medical community.

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**The Alchemist**

By Paulo Coelho

This is an amazing book. It is a book that alludes to that fact that all of us have a purpose and a goal in life. Yet, many may settle and give up on their pursuit of accomplishing their goals, and with that, lose their passion for life. In this book, it is stated again and again that each of us has our own ‘Personal Legend,’ a quest "...when you pursue your personal legend the universe will conspire with you to make it happen." In this story, you will follow the character of Santiago on his adventure in his pursuit of his ‘Personal Legend.’ During the process you will be challenged to think about your goals and dreams and what you would have to do to pursue them.
IMPACT is a newsletter by students, for students.

We also highly encourage everyone to become involved and contribute to IMPACT. IMPACT is a newsletter that relies heavily on the contributions and participation of former PREP/RAP students. If we, at IMPACT, wish to continue our mission to encourage, educate, and empower pre-medical students and the community we strongly need your support.

The Editorial Board meets once every month. Upcoming meetings will be announced. All are welcome to attend. To contribute to IMPACT or to join the Editorial Board, please contact Gonzalo at chalo_427@hotmail.com or David at ctdave@ucla.edu

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 would like to share, please let us know:

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

The Next Generation: An Introduction to Medicine www.nextgenmd.org

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

AAMC’s Aspiring Doctors Website www.aspiringdocs.com

Association of American Medical Colleges
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.