Tips for M1 Survival
RAY WONG

Congratulations to you all and welcome Class of 2012! Take it from me, you're in for the ride of your lives! You are in the distinct and admirable position to make this time the most amazing and productive of your lives to date… or to utterly find yourselves swept away by stress and fatigue. It's to this effect that I wanted to write you all and give some hints that I've found have helped along the way. To make things easier to follow, I've broken life down into the categories of the Quality of Life Scale (QOLS).

Health
During third year, you'll learn that you really don't need to be that healthy to get by. In fact, nothing is going to boost your own self-image than being immersed in the hospital. I'm balding, tubby, but compared to most of my patients, I'm a chiseled Greek god… and they know it.

Lesson 1: Make your patients think you're better than them.

Lesson 2: Date beneath yourself so you feel like the man (gentlemen). Date over yourself so you can get free shit (ladies).

Close friends
You'll find that your friendships are no longer defined by shared perspectives or interests. Truthfully, your friends will be the people that you like the least, so you can study. The real trick is to turn off your mind when you start to wonder what they actually think of you. Learn to avoid eye contact and deep conversation so you won't have to hear what they actually think.

Lesson 3: Trust no one, especially people who seem like they do well on tests.

Volunteering and helping others
I don't care if everyone in your class is a canonized version of Helen Keller, nobody really wants to volunteer while they're in med school. But if everyone's going to volunteer anyway, then it becomes an unwritten requirement for residency. What I recommend is planning a trip to some place exotic and tropical, and then writing it off as a volunteering expenditure. The children of Richmond are great and all, but let's face it: you can't surf them.

Lesson 4: Caring for the "needy" is a subjective concept. You determine where the needy live, and it's always next to a beach on the equator.

(continued on Page 2)
Participating in organizations
You've now all joined 30 organizations, from the Family Medicine one to the LGBTQI one. Chances are, you're probably an officer of something now, too. And next year, the vast majority of you will be presidents. My recommendation here is this: once you're president, it's over. You've won. It doesn't matter whether you build your organization into a multimillion dollar non-profit or if you never hold a meeting. The same thing gets put on your transcript. Give the work to the first years and have them fight it out to become the next president.

Lesson 5: In the US, once the election's over, you can just chill.

Learning
Now that you're in medical school there are only two types of learning: memorizing and cramming.

Lesson 6: Sleep with an audiotape of Professor Grogan talking about prostaglandins. Wake up with cotton mouth and shame.

Creative Expression
It sounds like a lot of hassle, but the best way to tackle this beast is to try and combine it with something else on the list. Make up your own club and be the president of it.

Lesson 7: Pretend that your club does something serious during sign-ups to get lots of members.

Independence
From time to time, remind yourself that you're your own person still. Ignore the debt, or, if you're an out-of-stater, think about Project Mayhem blowing up your creditor company, the government. Remind yourselves that tests might be the only things that define you but that you chose to do this (so in a sense, you're still in control). Flexing in a manly way in front of the mirror helps this, unless you've ignored my advice on health. In that case, flex while standing next to a patient.

Lesson 8: Eat all the stuff that you're learning not to in class.

There are some other aspects to quality of life that I left out (self-understanding, work, entertainment, active recreation, relationships with family, and material comfort) that you won't need to worry so much about for the next couple of years. As an addendum for parents, there's also a "having and rearing children" aspect, but until the trial is over, I wouldn't know anything about that. Well, I know that this was a lot of information, but if you get the broad picture and you understand how everything works, you'll do just fine.

MCV– The Past and the Future
VCU Critical Care Hospital opening in 2009

"Live neither in the past nor in the future, but let each day absorb all your interest, energy and enthusiasm. The best preparation for tomorrow is to live today superbly well."

-William Osler

Stethoscoop Staff

Founding Father
Tony Nguyen ('08)

MSG VP of Publications
Kevin Lee ('09)

Senior Editor
Kenny Schoolmeester ('10)

Editors-In-Chief:
Isha Duggal ('11)
Nisha Gupta ('11)

Co-Editor: Sarah Connell ('11)

Treasurer & Senior Staff Writer:
Duy Phan ('11)

Writers:
Ray Wong ('09)
Meetra Farhat ('11)
Welcome to the first edition of the Scoop Box, a monthly survey directed at VCU medical students with the aim of obtaining opinions on classes and events occurring at VCU School of Medicine. Make of it as you will.

My personal experiences with Project Heart have been hit and miss. As an M1, during my first semester, the monthly meetings seemed beneficial. I was able to meet and interact with new classmates, and was open to discussing my thoughts about medical school. Project Heart during anatomy class, especially, was useful because for myself and many others, this was the first time we had ever experienced any personal, hands-on contact with human death. As the year went on, however, and as the session numbers accumulated, I found myself more and more disenchanted with our group meetings: they seemed to become more strict, filled with emails and directives to finish assignments and read syllabi, and less spontaneous.

Although I still enjoy my time with my classmates and my group leader, as an M2 I now personally feel that Project Heart has become superfluous, with the time that it takes up perhaps more worthwhile being spent elsewhere.

The Scoop Box question of the month was:

Project Heart is a helpful experience that allows me to express my thoughts about medicine and medical school, and will be an asset to my future career as a physician. Yes? No?

Instead of Project Heart, I’d rather:

a) Be studying
b) Be sleeping
c) Pretend to be the Pink Power Ranger

The results were as follows:

22 yes, 39 No.

The vast majority of the nays would rather be sleeping or studying, although a few fancied themselves as action superheroes.

Interesting comments for those in support of Project Heart included:

“Yes, if good leader who is willing to do different activities in different settings.”
“Good for first years to meet people and get acquainted. Not helpful for M2 year.”
“Good outlet.”
“I like to bitch.”
“Totally depends on leaders. Mine are cool, we do our own thing.”
“Overall good. Some assignment topics seem a bit infantile.”
“I meet people I would otherwise overlook.”

While those not in favor of Project Heart stated:

“More time consuming than beneficial.”
“Good in theory, poorly executed.”
“The talking can be helpful, the assignments are not.”
“Change the format of Heart.”
“Waste of time.”
“Requiring me to show emotion turns me more into a robot.”
“I don’t talk to relieve stress. Not ideal means to express myself.”
“If I do have a problem, it is the least comfortable place to talk about it.”

The Scoop Poop: Keep Project Heart. But change the format. Less assigned readings, less formal discussions. Make it fun and people will be excited to attend.


**Class Time Musings**

A glimpse into the minds of Meetra and Nisha

**NISHA GUPTA & MEETRA FARHAT**

---

**Ugh, we already learned this last year. Everyone clearly knows that the kidney has a capsule.**

**Oh don’t I know…I wonder where we’re going out tonight. Maybe we should try that new bar downtown..**

**Ugh she probably has TB. It’s so annoying when people are hacking away and I can’t hear the teacher. This is important too.**

**Hmm…I’ve got a lovely bunch of coconuts diddily dee dee. There they are in a row, bum bum bum. Big ones, small ones, some as big as your head... That guy in our class really does have a big head. And what is up with that shirt?? Come on..**

**Psst...Nish, we should watch the Lion King this weekend. Shut up, I’m listening. She’s saying this is important to know.**

**Alright just a few more slides..**

**Freakin’ 10:53? What happened to getting our ten minutes? I just want my break.**

---

**And as you all know, the kidney has a capsule...**

**Oh my god, the kidney has a capsule? We did NOT learn that last year... dude, that is so cool!**

**And as many of you probably know from your own experiences, alcohol is a diuretic...**

**Hmm...drinking. I wonder if anyone’s going out tonight. Nisha probably is. I should go too. It’s not like I’m going to study anyways.**

**Meetra produces loud and productive cough**

**I’ve got a lovely bunch of coconuts diddily dee de—**

**Nisha’s right. When teachers say something is important, I should probably listen. It’s so nice when they tell us what to focus on. Oh crap, she changed the slide! I missed the important stuff! I should really pay attention. Whoa...what is he wearing?? That shirt is HOT!**

**Meetra, what time is it? Ugh it’s already 10:53.**

**A few more slides my butt. I have the slides and there’s totally two more pages. You know what, I don’t even care about the capsule anymore. I just want my break.**