

Careers in Medicine Sample Personal Statement: Family Medicine

During the pre-clerkship years of study in medical school, I enjoyed learning about the many specialties within medicine and actively considered pursuing several of them. I was drawn to the complex pharmacology of the drugs used by anesthesiologists, the acuity of care faced by emergency medicine physicians and the complicated medical issues of patients cared for by internal medicine specialists. I also found myself interested in psychiatrists' thorough history-taking and the technical skills in performing procedures exhibited by surgeons. It started becoming clear to me that I was interested in many different areas of medicine. I began realizing that I wanted a career that combined the many things I enjoyed in different specialties. A family physician has the flexibility to practice all of these facets of medicine. As clerkship drew nearer, I knew I wanted to gain more clinical experience in family medicine to see if it would be a good fit for me.

My clinical experiences in family medicine were fantastic. I worked with family physicians and family medicine residents not only during my core family medicine rotation and family medicine electives, but also during my psychiatry, surgery, anesthesiology, and pediatrics rotations. These clinical experiences confirmed my belief that family medicine is a diverse and exciting specialty; family physicians, while maintaining a broad base of medical knowledge, can tailor their practices to the needs of their communities and to their own interests and areas of expertise. During my family medicine rotation and electives, I also found myself greatly enjoying my encounters with patients. I enjoy hearing patients' stories and sorting through their many medical and psychosocial issues. I am also naturally a fastidious person. Being a thorough history-taker and a meticulous recorder of details helps me in formulating a complete story about a patient. My joy in interacting with patients and my attention to detail allow me to appreciate patients as people, not just as disorders or diseases. I am both interested in learning about and have a certain affinity for, family medicine clinical experiences; pursuing a career in this specialty is an obvious choice for me.

The versatility and diversity of family practice initially drew my interest but the wonderful encounters I had with family physicians solidified my desire to pursue a career in this specialty. These family physicians have not only been skilled and knowledgeable clinicians but also, variously, dedicated teachers, researchers, and administrators. They were committed to improving their clinical skills by attending continuing education lectures and courses. They practiced patient-centered care and were knowledgeable about community resources that may help their patients. They worked cooperatively with other health-care professionals to improve patient care. Importantly, these physicians have also been friendly and approachable towards both learners and patients. The family physicians I have worked with also strive toward a healthy work-life balance; all of them seemed to have many interests and hobbies outside of their professions. These clinicians demonstrated to me what being a family physician involves: practicing both the science and art of medicine, advocating for patients, guiding patients through the health-care system, being committed to improving clinical knowledge and, importantly, maintaining one's own health and happiness.

Being sure of the specialty I want to pursue is the first step in my career. There are many learning opportunities ahead. [Name of the program]'s family medicine residency program is attractive in so many ways: the protected academic days, the opportunity to participate in research and, most importantly, the clinical curriculum, all appeal to me. I believe the solid foundation of family medicine experience, as well as the exposure to other specialties, alongside the opportunities to build the skills necessary for life-long learning through the academic experiences and research, make this an ideal program for me. On a personal note, I grew up in [hometown] and did my undergraduate studies at [name of university]; I would be thrilled to return to my hometown and a university already familiar to me. My career goals after finishing my residency include having a community-based, urban family practice and being actively involved in teaching residents and medical students. I am also open to being involved in research and administration. Career goals, however, may change as I progress through my training. I am excited to begin the next stage of medical training and begin my residency in family medicine!

Careers in Medicine Sample Personal Statement: Surgery

I was six years old when my father read to me the first chapter of “How Things Work.” The first chapter covered doors and specifically, the mechanics in a doorknob. What lay hidden and confined in the door panel was this complex system that produced a simple action. I credit this experience as the onset of my scientific curiosity and eventually my passion for complex systems found in medicine. Intensivists vigilantly maintain homeostasis within the human body, a complex system in and of itself, a concept I recognize as personally fascinating and enticing. I find myself especially drawn to the field of critical care and intensive care medicine. My dreams to become an intensivist would be highly complimented by a residency in surgery.

In critical care, each patient in the ICU is usually in a general state of shock. From the initial state of shock, the patient can be further complicated with comorbidities and chronic diseases that may require further intensive medical intervention so that they may recover from a recent surgery or traumatic event. This dynamic nature of the ICU is not available in every unit of the hospital and the high level of acuity does not suit everyone. I, however, enjoy the high energy of the enthralling, engaging and exciting environment offered by the ICU. I am personally energized and awakened by managing patients with surgically altered physiology coupled with comorbidities. There is an overwhelming satisfaction when a patient following a bilateral lung transplant gets up from his bed and walks through the unit after days of being bedridden, or the moment we can discontinue the lines we had the patient on and finally talk to them after two weeks of intubation and sedation. Being in the ICU also encompasses the emotional seesaw of going from a successful patient case to a room in which a family has just decided that comfort care is the best way to proceed, which gives me chills just to type and verbalize.

The work of an intensivist is not only limited to the patient, but also the emotional well-being of the patient’s family as well. My involvement in the ICU has taught me that sometimes it is necessary to talk to a patient’s family, to explain to them simply that the postoperative expectations that they had had, may not be met. Communication is key in this field, both with the patients and the physicians of the OR. Communication prevents perioperative complications, establishes a willingness to follow directions and relays professionalism. It is important for an intensivist to have an excellent understanding of surgical procedures, so that they may explain to the patient what to expect as well as ease the nerves of the patient preoperatively. A surgical residency would facilitate this understanding and undoubtedly prove to be useful in my future training.

Studying medicine in Europe has taught me volumes about myself, how driven, motivated, and open-minded I can be. To move so far away from home and yet be so familiar with the language, I feel blessed to be able to say that I’ve had a high level of exposure to diversity in my life. The mentality in [insert country name here] is if you don’t see the doctor, you are not sick. This common thought has to lead to an outstanding environment to study medicine and to see end-stage, textbook presentations of various pathologies and their management. Studying medicine in two languages has in itself taught me that medicine is a language and that the way a patient presents, conveys themselves, and the findings of the physical examination, all represent the syntax of the diagnosis. This awareness has reminded me that patient care, relief of patient suffering and illness, transcends the grammatical rules of the patient’s native tongue. My clinical experience in [insert country here] will aid me in providing thoughtful care to my future patients.

All things considered, I am ready to leave my home of the last four years and come back to the United States, to enter the next stage of my life and career. I am ready to work harder than ever, to prove myself to my future residency program and most importantly, learn so that I may be a suitable candidate for a future fellowship program in critical care. My experiences abroad have constantly pushed me to new horizons and encouraged responsibilities that I don’t believe I would otherwise have. I’ve developed a new level of human connection through my work in the ICU, the OR, and my travels throughout Europe. These experiences will aid me in working with a diverse patient population and a diverse team of physicians. I hope [the program name here] can give me the variety and the background in surgery that I will need to succeed.

Emory University Sample Personal Statement: Surgery #1

My path to general surgery started in the smoky back office of a warehouse in Sierra Leone, negotiating the export price of cocoa beans produced by a farmers' cooperative that I had helped to establish. Beyond introductory economics, a couple of anthropology courses, and an amateur interest in sustainable development, I had no formal business training. I did, however, have a desire to take action to address social inequalities and work in a resource-poor environment for people not given the opportunities that I had been. In this office I remember thinking that if a micro-finance project was the best way for me to reach those goals, then I was willing to make it work.

Making it work is a hallmark of many of my past experiences. When I arrived in Sierra Leone, I joined a team of village elders, agriculture experts, and local businesspeople. Our initial attempts at business had limited success due to low quality cocoa beans. As a college hockey player, I learned to break game film into more discrete processes, analyzing it to understand where I could improve my performance. I applied the same process to cocoa production, examining each stage and creating a standardized harvesting and storing procedure to ensure high quality cocoa which made the profits from this sale larger than any previous harvest. Furthermore, these profits generated enough capital to sustain the project. By all measures our intervention was successful, but my joy in this accomplishment was tempered by the realization that we had only marginally improved the farmers' lives. Even with more money in their pockets, the farmers were still plagued by malnutrition and fever, unable to fully enjoy the profits of their work. I came to believe that I could more directly pursue social justice via medicine, more specifically surgery.

Surgery's tangible patient benefits and measurable outcomes appeal to my analytic nature. The as yet unmet global burden of surgical disease provides ample opportunity to address social inequities and lack of access to healthcare that I first witnessed in Sierra Leone. During medical school, I have remained connected to my long-term goal of using medicine to address social justice issues through multiple surgical trips to the central plateau of Haiti. Nevertheless, I continued to question whether our interventions could be more effective. As a third-year medical student, I sought to understand this better by organizing the trip with a critical focus on patient outcomes. Adapting the data collection skills that I learned while working on the Vascular Quality Initiative and during my year at the School of Public Health, I designed and implemented a NSQIP-style database to create a set of standardized performance indicators to objectively evaluate our work. As in Sierra Leone and on the hockey rink, I hope to translate this information into measurable action.

General surgery presents similar challenges and requires many of the same skills that my work in Sierra Leone did. The resourcefulness that I developed while working in low-resource settings will provide me with a strong foundation to analyze complex surgical cases from multiple perspectives and draw instruction and insight from a variety of sources. Throughout my life, I have developed the skills to meet my goals. Just as I was not a commodities trader in Sierra Leone, I am not already a surgeon; but I am prepared to become one. The opportunity to work with surgeons and patients in a collaborative environment inspires me and motivates me toward my ultimate goal of working in a resource-poor setting – something that I would be honored to do as a general surgeon.

Emory University Sample Personal Statement: Surgery #2

The love of hands-on patient care is what first motivated me to become a physician and each day I am grateful for the extraordinary privilege of being a part of this profession. I have been particularly drawn to surgery because there is something so unique and satisfying about how surgical intervention has such an immediate impact on patients' lives. From the pre-operative visit, through the technical challenges in the OR, to the final discharge day, I am passionate about the entire process. I value the quickly developed, but deep relationships with these individuals because they are often presenting and seeking help at a very vulnerable time in their lives. It is this depth of care associated with the surgical specialty that I appreciate most.

I will never forget the moment I fell in love with surgery. I was in Haiti on a surgical trip and working at a small, rural hospital in Hinche. As I paced along the hospital wing trying to process an unexpected emergency, I was suddenly overtaken by a seemingly inappropriate smile and a wave of goose bumps. The air was still heavy from the last 3 hours of chaos, and yet, I found myself filled with a sense of excitement and clarity. I had just witnessed a young boy undergo a life saving procedure following a severe machete injury to his left arm. We had performed our final scheduled procedure of the trip only an hour before the boy suddenly presented to the hospital. In the midst of exhaustion and fatigue, the staff rallied in a few short moments. Our general surgeon and urologist, with the help of our anesthesiologist, stabilized the patient and reconnected both the median nerve and radial artery. Although only a first-year medical student at the time, this remains one of the most amazing operations I have witnessed in the intervening years. Once we secured a makeshift ambulance and hospital bed in Port au Prince for him, the boy was quickly transported away, but the memory of that experience remains strong. It was in that moment, shaky with adrenalin, that I knew I had found my niche.

Unfortunately, as the classroom phase ended and I was preparing myself for Step 1, my path to surgery that I was visualizing, hit a serious bump in the road. In the midst of studying, I lost my grandmother to pancreatic cancer and a friend in a tragic drowning accident. As test day rolled around, I was not at my best and my score suffered immensely. Despite my terrible disappointment, I was determined to prove myself in my clinical rotations, particularly in surgery. I threw myself into my clerkships with great enthusiasm and my potential was better demonstrated by a Step 2 Score of 246.

My strengths extend beyond grades and USMLE scores. I am a compassionate, energetic, and driven person. I know I have the potential to be a technically talented surgeon, but more importantly I know I will also be a responsible and empathetic physician. I look forward to completing a residency program that offers exposure to a variety of surgical procedures and as many specialties as possible. I am fully aware of the emotional and physical tolls of residency, but I eagerly anticipate the wealth of knowledge these years will bring. I hope to be equally good in the clinic as I am in the OR, and I believe that capacity is strengthened in a rich research environment. My recent experience with two clinical research projects has provided a foundation on which I will continue to build. It is my hope that a career in academia will allow me to lead a research-based practice and further develop my work and global surgery.

Surgery is my passion, and I am sure my strong commitment will allow me to navigate the long hours, physical and academic rigors and help me realize my dream that began that unforgettable day in rural Haiti.

Emory University Sample Personal Statement: Surgery #3

I felt a nervous flutter in my stomach as I waited in the wings keeping my hands warm. I was the featured performer in the “Blue Concert,” my final performance at my performing arts high school. I was about to play Gershwin’s piano concerto “Rhapsody in Blue,” one of the most difficult pieces in my repertoire. The cacophony of the full symphony orchestra tuning to the oboe signaled that it was almost my turn to walk on stage. I had practiced countless hours, not only on this piece, but over the course of my entire life in preparation for this moment. The conductor tapped his music stand and there followed an obedient silence just before the thunderous applause that greeted me as I stepped into the spotlight.

Having played violin in multiple symphonies throughout my life, it always struck me how many moving parts were involved in a symphony performance. The accomplishment of the symphony relies on everyone to be successful and competent individually, as each person contributes their own small part of the greater picture. As a featured soloist, there was even more pressure to perform as I led the symphony and set the tone of the piece. This sense of responsibility and my fierce loyalty towards my fellow symphony members always inspired me to diligently practice and work hard, striving to be a reliable member of the team. It was exhilarating to be on stage experiencing a culmination of everyone's hard work as I started playing the first few notes of my solo and quickly became engrossed in the beautiful melodies of the music.

Years later as a third-year medical student on my surgery clerkship, I felt a familiar team dynamic to what I felt with the symphony on stage. Everyone was dedicated to the same goal and played their own role to treat and care for patients. I was enamored by surgery during my clerkship, especially appreciating the pace, the fascinating anatomy and pathology, and working with my hands in the OR. Trying to pick up the diagnostic and technical skills of surgery required a lot of repetition and practice, and I could appreciate the difference years of dedication made when observing those senior to me. Through music, I understood the value of repetition in the learning process from a young age and began practicing the cycle of evaluating my performance and constantly adjusting in order to keep improving. This adaptability allowed me to develop a critical eye for things around me and strive to not only fix and improve issues as they occurred, but to also anticipate and prepare for what was to come next, skills that I found myself using constantly throughout my surgery clerkship.

It was this attention to detail and anticipation that led me to participate in leadership roles, such as my surgical mission trip to Haiti. In addition to playing a much larger role in the OR and clinic than I ever had before, I was able to serve as a teacher and mentor to the M1s and M3s that came on the trip. One of the best memories I have from this experience was teaching how to start a peripheral IV to my M1 mentee and the overjoyed look on his face when he got it on his first try. I get a lot of satisfaction from teaching and being a part of the development and growth of others and am looking for more opportunities like this in a residency program.

As the final chords rang out into the silent audience after my concerto performance, I remember the sense of accomplishment and pride I felt as the audience rose to their feet in a burst of applause. My passion for music has been a driving force in my life, pushing me forward as I developed as a musician. It is now my passion for surgery that inspires me to continue forward as I transition from medical student to surgeon. The field of surgery requires a similar dedication, passion, discipline, and skills as I have had for music. It took a lot of hard work and learning to go from playing chopsticks to playing the “Rhapsody in Blue.” I have a similar process ahead of me before I become a surgeon, but I'm confident that the skills I've developed through music have prepared me for the challenge. I am eager and excited for residency and the road ahead as I embark on my career in surgery.

Emory University Sample Personal Statement: Surgery #4

It was the bottom of the 7th inning, 2 outs. We were playing our in-region rivals at their home field and were currently ahead, 3-2. Our hopes of qualifying for the post-season regional tournament rested on the outcome of this game. Fans on both sides of the field had been loud the entire afternoon, and you could feel the excitement build as the game progressed. These types of games were why I played collegiate softball. Every pitch, play, and hit was important, and could determine the outcome of an entire year of hard work.

I was playing second base and watched as the opposing team's most productive hitter stepped into the batter's box. Although the tying run was on second base, with 2 outs, the play was to throw to first base to finish the game. I looked at the pitch call, a curveball, and shaded slightly towards first base to give myself a better angle at a ground ball. As the first pitch was thrown, I went through my usual routine and started to slide forward to create momentum. The batter read the pitch well and was able to make good contact, grounding the ball up the middle. I immediately started to move to my right, and soon realized that I would have to backhand the ball rather than fielding it in front of me. The batter was sprinting down the line so fast, that by the time I was fielding the ball, she was already crossing first base, eliminating the predetermined play. As I transferred the ball to my throwing hand, I scanned the field and saw the tying run gunning for home. I quickly reset my feet and threw the ball home just in time to get the runner. The game was over.

Through my experiences with collegiate athletics, I have gained many valuable skills, and have learned important lessons that I believe will make me a successful surgical resident. I enjoy working on a team and understand that being a leader means that at times, you must know when to follow others. Through working with a coach who demanded perfection, I learned to accept criticism and can incorporate new skills quickly. Furthermore, I understand that in order to become excellent at something, you must put in a lot of hard work, practice repeatedly, and truly dedicate yourself to the craft. Finally, softball has taught me how to adapt to rapidly changing situations and has given me the ability to perform and to remain calm under intense pressure. While softball defined a significant portion of my undergraduate career and was invaluable in helping to develop my character, a trip to Haiti in June 2011 significantly impacted the way that I approach medicine.

Stepping off of the bus in Haiti was shocking. Although the earthquake had occurred over a year prior to my visit, the city of Port-au-Prince looked exactly as it had on the news reports in the weeks immediately following the disaster. This environment provided a backdrop for one of the most challenging experiences of my life. Not only was it physically demanding to be working outside in the middle of the summer in Haiti, but it was also emotionally taxing to see the sheer number of patients that we would not be able to help. Simple injuries that are easily treated at hospitals in the United States become exponentially more complex in Haiti. One patient, a young woman who had accidentally cut her finger while cooking fish, had waited a week to come to our clinic. Although her initial injury was a simple laceration that would have only required a few sutures because she was unable to receive immediate care, her entire hand had become swollen and discolored. Even though we were able to debride some of the dead tissue surrounding the wound, the question remained as to whether she would be able to seek further medical attention in the upcoming weeks.

While I was only in Haiti for ten days, the experience was one that I believe will help make me a better surgeon. Not only did Haiti provide me with more perspective in regard to the burden of surgical disease throughout the world, but it also led me to realize that surgeons have an important role to play in both public health and in providing routine health care to those who are less fortunate. Working in an environment with a language barrier took me out of my comfort zone and taught me how to better communicate with, and to listen to patients. Furthermore, I also learned how to become more resourceful due to a lack of basic medical supplies and was able to hone my diagnostic skills without relying on laboratory results and imaging techniques.

I have found that surgery and embodies many principles that have been recurring themes throughout my life. Teamwork, dedication, the ability to adapt, and the desire to give back, have not only molded me into the person that I am today, but also play important roles in the operating room. Ultimately, I hope to be able to take the skills and lessons that I have learned and apply them to my future career as a surgeon.

Emory University Sample Personal Statement: Pediatrics #1

From any objective viewpoint, my career seemed picture-perfect. After graduating from college with a major in finance, I immediately went to work in the biotech research department of an investment bank. There, I thrived in the high-intensity field of drug development. I was faced with interpreting just-released results of clinical trials and rendering and analysis of the data within minutes. Investors relied on me to attend medical conferences and relay my evaluations to them in clear, concise, and usable ways. I had to remain flexible in my thinking when I was faced with new information, especially when it contradicted my old conclusions.

For the next several years, I was relatively successful in biotech and paid well too, which made it easy to ignore the gnawing feeling of dissatisfaction at work that was creeping up on me. With time though, I slowly appreciated that I needed some way to maintain the intellectual curiosity and attachment to medicine that drove me as a biotech analyst, but also to channel this interest to a career that was more fulfilling. This need along with the exposure to doctors and clinical practice I had experienced while working, catalyzed me to start my medical training. Despite this strong pull to medicine, I had some real-life reservations about walking away from a career that I had invested in for so long. My wife and I already had two kids and a third on the way. I thought about whether it was fair to ask my family to sacrifice stability and comfort in order for me to pursue my medical training and find professional satisfaction. With their encouragement though, I forged ahead to a life in medicine.

At the start of medical school, I felt self-conscious when I had to coach Little League while my new classmates were hiking Stone Mountain and celebrating the end of a test together. It wasn't until I started on my first pediatric rotation, that I realized the advantages my family had bestowed on me. My attendings didn't expect a new student to be so comfortable with children and have the understanding to empathize with parents. I instinctually drew on a trove of personal moments to connect with families. I recalled the time I carried my daughter to the ED with a fingertip avulsion after getting her finger caught in a heavy door. This was relatively low ranking in the hierarchy of traumas, but I can still feel the mix of emotions vividly. As a father I was scared about the urgency of reattaching a fingertip, but I still had to project an air of security to my daughter. I remember telling her outlandish stories of cotton candy fields and lollipop gardens, all the while hoping my voice wouldn't quiver and belie my fear. I had to be her advocate when the digital nerve block couldn't control her pain and there was some difficulty repairing the nail bed. Finally, I had to offer reassurance to my wife that an engagement ring would one day look beautiful on that injured left-hand ring finger.

During my time on the wards, I was occasionally worried that my background would set me apart from typical students, and in certain ways it did. But far from being a hindrance, my career and family have taught me a resourcefulness that has been a great help. For my patients, that has meant simple things like ensuring a medicine is available in a syrup instead of a pill and hunting down coupons for expensive asthma therapies. But it has also included challenging tasks, like finding the right words when discussing the goals of care to the parents of a sick newborn baby.

As a pediatric resident, I will have this same sense of ownership for my patients—ownership of every problem, struggle, and celebration. As I approach my residency in Pediatrics, I envision training in an academic setting with a focus on faculty teaching and mentorship. Beyond residency, I am considering focusing on pediatric endocrinology. I am hopeful that my own experience as a type I diabetic will help me ally with children who have endocrine problems and continue to drive the professional fulfillment that I have worked for.

Emory University Sample Personal Statement: Pediatrics #2

The word “education” has always had a special meaning in my family. Living through Japanese colonization and the Korean War in their childhood, my grandparents barely finished elementary school. As they struggled to raise their children in a post-Korean War era, they saw education as the only chance to allow their children to have better lives and enjoy the things they could not. All of their children finished high school, and some even college. My father graduated from a two-year college and became an electronics repair technician. My mother also graduated from a two-year college and became a phlebotomist. Like their parents did, education of their children became my parents’ priority. They taught my sister and me to treat our teachers with the utmost respect and encouraged us to learn, so we could be equipped with the tools and skills to teach and to help others.

What my grandparents and parents saw in education is how it empowers the learner. Through the transfer of knowledge, education can raise the learner's position and change the learner's life. During medical school, I have witnessed and personally experienced how pediatricians can impact lives through education.

While on my pediatric nephrology rotation, I met JB, an 8-year-old boy who was diagnosed with nephrotic syndrome after presenting to the emergency room with swelling to his body. Throughout his hospital stay, my team and I had multiple discussions with JB and his parents to explain his diagnosis, treatment, and the strict low-salt diet he would have to follow. I taught JB and his parents how to estimate and keep track of his sodium intake. The next day, JB chose not to eat his favorite snack, Doritos, because a small bag of Doritos accounted for about 10 percent of his daily sodium limit. Moreover, JB's parents informed me that the whole family would begin a low-salt diet, not only to support JB, but also to prevent high blood pressure. In addition, we showed JB's parents how to monitor urinary protein using test strips at home to check for early signs of relapse. At the time of discharge, JB, his parents, and I all felt confident that his disease would be well managed.

Opportunities for education in pediatrics are endless. I had privilege to teach new parents about care of their newborns. I treasured moments when I helped to prevent diseases and injuries through vaccinations and anticipatory guidance during well-child visits. With younger children, I spoke to them and their parents about a balanced diet and exercise to help them build life-long healthy habits. With adolescents, I became their confider and demystifier regarding drug and alcohol use and sex. I have worked with many different caretakers, from nervous first-time mothers to seasoned veteran grandparents. They always had new questions about the dynamic, curious, and ever-growing creatures they accompany. With each question, I saw a potential where I could positively impact their lives. It was a true joy.

I cannot be more thankful for the impact education has had on me. I could not be where I am now without sacrifices my parents made, interests my teachers took in me, and scholarships generous benefactors made available. As the first physician in my family, I hope to give back with knowledge I am so fortunate to have. My goals are to become a clinician who can work through medical problems in a thorough and methodical manner, a mentor and a role model for generations of physicians to come, and an advocate for those who are living with more challenges in our community. I seek a program that will empower me to be a pediatrician who can leave a lasting impact on children and their families through education about their illness and health. My grandparents, parents, and the community I will serve expect nothing less.

Emory University Sample Personal Statement: Emergency Medicine

Growing up, everyone always told me that I looked like my uncle, Gary. Despite being a tomboy, no girl wants to hear that she resembles her father's bearded brother. With age, I learned to accept that although I looked like a Sizemore, the rest of me truly was a good blend of my parents. My father is a jolly special education teacher and outdoorsman with an incredible ability to connect with every person he meets. My mother, an accountant from a long line of engineers, is organized, cool in any crisis, and an ultimate problem solver. I ended up an extroverted and adventurous engineer, wanting to learn about everything and jumping at every opportunity to do so.

Because of its limitless learning opportunities, I have loved medical school. During my first two years at Emory, I leaped at the chance to volunteer at the many student-run clinics around Atlanta and left each clinic energized and excited to be in this field. When I finally made it to my clinical rotations, I enjoyed different aspects of every specialty; From getting my hands dirty on trauma surgery to addressing substance use disorders on psychiatry. I learned that my engineering background kept me organized and focused when the hospital got chaotic. As an extrovert, I thrived in the team sport that is medicine. I worked alongside patients, families, and other providers toward the common goal of improving health. I connected with my patients, comforting, encouraging, or challenging them from the bedside. Once I started my emergency medicine rotation, I knew that I found the place where I would be happy, challenged, and able to impact people's lives. The emergency department links the sickest and most vulnerable to healthcare, and I want to greet them. Desiring to understand and reduce the health inequities within my patient community, I decided to take an extra year in medical school to study public health.

When I began my Master in Public Health degree, I majored in global health with a focus on community health and development. This allowed me to take extra epidemiology and policy courses while learning about health issues affecting the underserved and overlooked worldwide. I gained tools to quantify illness in a population, design and evaluate public health interventions, and translate successful studies and programs into policy. In order to practice what I have studied, I am currently living in Zimbabwe on a CDC-Hubert Global Health Fellowship, analyzing the nation's HIV/AIDS programs through a data triangulation exercise with the goal of tailoring future interventions to Zimbabwe's maturing HIV epidemic. As the emergency department is an incredible place to study health behaviors and provide simple public health interventions, I cannot wait to apply the epidemiological and translational skills that I am learning with the CDC back to the field of emergency medicine.

Given the variety of clinical problems, acuity, and social issues seen in the emergency department, I am very excited to begin my adventure as an emergency medicine physician. My experience as an engineer, tutor, public health worker, and traveler have made me well-rounded and adaptable, learning to view obstacles as opportunities to improve. I see myself in a challenging residency with complicated patients, opportunities for research, and fantastic colleagues who push me to be better. I see my future in academic medicine because I have learned from my years of tutoring that I love to teach, and ultimately, I plan to engage in public health research, implement programming, and develop policy as a leader in my field. The emergency department fulfills my love of hands-on patient care, teamwork, and clinical challenges; satisfying the extrovert, engineer, and passionate learner in me.