

Family Medicine Personal Statement

I met Pow at the end of a two week trip to Thailand after my first year of medical school. For the first week of this trip I lived in a refugee camp on the Thailand-Myanmar border with Burmese refugees while I spent the second week traveling throughout Thailand meeting locals who were running not for profit organizations that fought against sex and human trafficking in Thailand. Pow was one of eleven girls that were taken into a small school specifically catering to young girls with HIV/AIDs who were trafficked themselves or contracted the virus through vertical transmission. The school helped coordinate all of their health care needs, provided a free, quality education, and kept them from the trafficking and drug circles that entrap so many girls their age. Though my interaction with Pow was brief, the relationship continues to impact me and provide me with the motivation to cherish each interaction no matter how small, seek social change, and remember that everyone has a story bigger than what is simply seen on the surface.

A year and half before this trip, in my senior year of college, I left the United States for the first time in my life and went to rural El Salvador to work in a clinic and help build a school. Once I set foot in El Salvador, my life was drastically changed. I had known I wanted to be a physician since I was in the seventh grade, but El Salvador truly showed me that an individual's health is dramatically impacted by the way that their society functions, the resources they have access to, and the importance of infrastructure in the delivery of quality health care. Upon returning to the States, I was emboldened to take on the larger health problems within my own community. After a few months of talking with various advisors, I kept learning more and more about the resettled refugees in Syracuse, NY and the various struggles they had with the health care system. After lots of reading and various meetings with community leaders and activists, I was reintroduced to a friend of mine who found herself walking a similar path towards impacting the resettled refugee community. We decided that the approach to diminishing the difficulties refugees face in Syracuse had to be multifactorial, relational, community focused, and interdisciplinary. We gathered a couple of other teammates and Hopeprint was born. Currently, I have the honor of serving as the Chairman of the Board of Directors for Hopeprint and live in one of the Hopeprint Homes with my wife. Hopeprint is a 501(c)3 not-for-profit organization focused on the community development of Syracuse's Northside by empowering the resettled refugee population. We own two homes on the Northside of Syracuse through which we run all of our programming including job trainings, English dialogue groups, high school tutoring, a boys' mentorship program, a support group for refugee victims of trauma, and a Girl Scout troop. Through many of these programs I have had the privilege of interacting with refugees who have stories that parallel Pow's in so many ways.

As my time with Hopeprint has progressed alongside my medical education, I have found myself serving at a more systematic level than I had thought possible. I have served on a refugee health task force, been interviewed numerous times as an expert on the health disparities surrounding refugee care, and even aided a family practice office in welcoming refugee patients for the first time while utilizing the medical home framework. The opportunity to introduce refugees into the Family Medicine Medical Services Group in Syracuse was my first hands on experience with a family medicine office. Here I saw the way that the care provided by a family physician can be transformative to not only the individual, but to a larger community as well.

Over the last four plus years of working with Hopeprint, meeting people like Pow, and traversing the MD/MPH curriculum, I continue to recognize the necessity of treating the individual holistically while keeping an eye on the population level problems impacting the individual's health. These experiences have also shown me that the foundation of change is built on relationships. Family medicine is truly the place where I can experience the continuity of care, relationships with patients, and holistic approach to care that I am so drawn to. I want to be able to watch and participate as families and communities become healthier. I have a deep passion for working with underserved and under-resourced populations and believe that the training I would receive as a family physician perfectly positions me to care for those populations. I believe that joy is to be found in service; and I have found that family medicine uniquely joins service, medicine, family, and community. I would consider having a career in family medicine, and thus caring for families and communities, as the greatest honor and look forward to seizing this opportunity.

Family Medicine Personal Statement

The first pivotal moment in my medical career occurred when I was 18 and met my friend and college roommate who was diagnosed with Type I Diabetes at the age of two. During the summer after my first year in medical school, I volunteered as medical staff at the American Diabetes Association's Camp Aspire in Rush, NY. The camp allows children to interact uninhibited by their diagnosis, while educating them on how to claim ownership over their own health. Most counselors, and even the camp director, started out as campers so the camp functions more like a family than a summer camp. Awed by the interaction between campers, counselors, and medical staff, I felt honored to witness the impact diabetes camp had on each person's life. Eventually, I realized the full impact of this camp on my own life, as well as how it shaped my desire to enter family medicine.

From a clinical aspect, diabetes camp taught me how to manage diabetes, dose insulin, and make dose changes as needed. More deeply, camp kindled my desire to educate and empower my patients to engage in their healthcare. When I began to have more difficulty with taking multiple-choice tests upon entering my second year of school, I became unsure if medical school was the right path for me. However, I would remember my campers hugging and thanking me for teaching them how to dose their insulin, and the smiles on their parents' faces when I informed them their children had become more independent in their diabetes management. Through every examination that I have had difficulty with, I remembered my determination for educating and empowering my patients, and I am positive that I am on the right trajectory.

Towards the end of my third year of medical school, I participated in the rural education program, which allowed me to finish my clerkships as one of the only medical students in Glens Falls, NY. There, I completed my surgical, emergency medicine, and family medicine clerkships, and continued with an elective in family medicine. I realized that while Camp Aspire gave children intensive access to diabetes education, many of my adult patients had no such education, and were unsure about engaging in their own health care. Many of the adult patients required more help and education than my youngest campers had. This crystalizing moment was when I realized my career goal is to make a difference throughout my patient's lives.

Family medicine allows me to work with patients of all ages. Family medicine residency will give me the tools for effective patient education that I need in order to focus on chronic diseases, such as diabetes. I am also interested in becoming a certified diabetes educator so that I may solidly incorporate diabetes care and education into my practice in a rural setting. Family medicine is the specialty where I can focus on educating and empowering my patients regarding their health in hopes of breaking barriers for them, as Camp Aspire broke barriers and supported me throughout my medical education. Simply, family medicine is where I belong.

Internal Medicine Personal Statement

I have always enjoyed solving puzzles from a young age. As a child this manifested itself in a love for math. The process of understanding the problem—its variables and their interactions—had a way of grasping my attention, and solving each one only made me thirst for another.

The pleasure I took in problem solving led me to study Operations Research in college. As I solved newer and harder problems, though, and understood more complex processes, I couldn't help but feel that something was missing from the equation. Growing up with a doctor in the family, I began to reflect on the thing medicine provided that my studies then did not: a personal connection.

During my internal medicine rotation, I was thrilled to find not only the thrills of problem solving in complex systems based on a wide knowledge base, but also these personal connections with patients. While reviewing patient charts, I could see optimization problems unfolding in front of me: maximizing health under the constraints of medication and chronic co-morbidities, cost, and socioeconomic factors. These chart reviews were supplemented with human histories, stories of family, trial, and resilience. In the art of history-taking, which I feel is central to internal medicine, I've learnt not only how to isolate the important details important to treating a patient's condition, but also how to put their experiences in context and learn how best to help them.

While I have learned a lot during my clinical rotations about treatment and management, my most invaluable lessons have often come from patients. The composure of refugee patients who have explained the hardships they've overcome in their homelands has taught me our incredible capability and strength; a 19-year-old Type I diabetic girl who babysits and advocates for diabetics younger than her, whom I treated when she was suffering from gastroparesis, taught me what it truly means to make the most of your condition.

I am excited to begin my journey in internal medicine as a resident physician. I look forward to reading and interpreting EKGs, PFTs, and blood sugar logs, but beyond that I'm excited for the diversity of histories I'll encounter, the new conditions I'll see and diagnose, and the lessons I'll learn from my patients. Solutions aren't made only in numbers and spreadsheets, but in human connection and understanding. I firmly believe that no matter how well we "solve" a patient's chief complaint, the outcome will be subpar if the necessary time isn't taken out to connect with our patients and educate them on proper management. I'm privileged to be a part of a profession where my continuous learning and awareness goes hand in hand with the betterment of someone else's health.

Internal Medicine Personal Statement

I grew up listening to my father say “if you love what you do, you’ll never work a day in your life.” While he certainly did not coin the phrase nor was he a stranger to long hours on the job, this thought has resonated deeply within me over the years. Now as I begin my professional career, I can truly understand the meaning of this declaration. I believe if you find your home in the professional world, no matter the length of your workday or the hardships you face, there will still be no place you’d rather be nor will there be any thing you would rather do. I feel so thankful and fortunate to have found that place in pursuing a career in internal medicine. This specialty will allow me to embrace what I am most passionate about: life-long learning, intricate problem solving, teamwork, and compassion for fellow mankind.

Over the past few months, I have thought long and hard about how to articulate my passion for becoming an internist. It comes down to one simple word: people. Of course it’s true that I want to spend my life helping others by improving their state of health, but my reasoning goes much deeper than that. Throughout my clinical experiences, I have been inspired countless times by many internists, not only by their impressive knowledge base, but more importantly by their humility and compassion shown whilst delivering patient care. These same physicians have become my role models; they are professionals I hope to emulate throughout my life. I also have come to the conclusion that my reasons for entering internal medicine align with my original reasons for entering medical school. Specifically, this career path uniquely affords a vital role in the human experience. We consistently see people at their worst and in periods of great need. This is a time where a physician’s impact is not just clinical. An internist has the tremendous ability to influence a patient’s life; they serve as a confidant and a guide through suffering. They are always there to lend an ear and to understanding a person’s needs and values. They have the incredible opportunity to learn each patient’s unique story and to use that to guide the diagnosis and treatment as a team with the patient. The ability to pursue such wonderful relationships with patients makes me feel fortunate every single day that I have been given the chance to pursue a career as an internist. I know by choosing this career path I will be highlighting the strengths I see in myself and will continue to develop the traits I admire in the internists mentioned above.

As I alluded to above, I respect everything about the internist’s lifestyle from the breadth of knowledge one must have at any given time to the ability of being able to communicate with any patient and be empathetic about their current situation. I also admire the humility that is consistently demonstrated across the specialty both with other members of the healthcare team and with patients. Finally, being an internist means a lifetime of collaboration with various medical professionals and continual education. At this time, I look forward to a career combining both hospitalist and outpatient-based care, enjoying the breadth of pathology that presents itself daily at a university based hospital and the continuity afforded by outpatient care. I plan on always being affiliated with a teaching center as, through my years of tutoring, I know I will always find it imperative (and not to mention enjoyable) to both educate and learn from my peers.

Pediatrics Personal Statement

Monday morning of one of my last days in my rural community program, I happily stopped by the nursery to see the new babies from the weekend. There was a sweet little girl, beautiful as can be, but trembling uncontrollably. One look and I knew she was withdrawing and I quickly found everyone was busy arranging transport for her to the nearest NICU. In the meantime however, she lay in her bassinet, in a dark empty nursery, alone, and imaginably frightened. In that moment I was grateful that the flexibility of my elective days there allowed me to choose to stay with her, a child who needed so much more than hasty phone calls. I scooped her up, snuggled her tight, rocking, and humming. Her shaking calmed down and she closed her eyes and drifted to sleep peacefully for perhaps the first time in the past 24 hours. I gazed at this beautiful child, with her whole life ahead of her. I was saddened by her vulnerability and the fight that lay before her; but I was hopeful for her future, her strength, and her life. The moment was small, an act she will never remember, but for that hour I was her world, and she was mine.

Since high school, the phrase "I want to become a pediatrician," has eagerly been expressed to any person who inquired about my future. The response I received was always to keep an open mind because you never know if you will change your mind someday. I knew this would never be the case, yet cooperatively agreed. I never felt comfortable hiding my pediatric passion. So I continued to share it, defend it, and love it with more enthusiasm each time it was discussed. My classmates quickly dubbed me the "Peds Cheerleader" early in medical school and I wore that title with honor.

I did maintain an open mind as I was often advised, but in a difference sense of openness. I stayed open to figuring out the importance of each clerkship and how it related to pediatrics. An elderly woman who had lost her speech helped me strengthen my skills to communicate with those who cannot tell you what is wrong with them. Understanding obstacles a mother faced during her pregnancy, whether medically, socially, or emotionally, provided insight into how that will later affect the child's health and opportunities. Every rotation was important, and that was not lost upon my stubborn enthusiasm for pediatrics.

I also kept an open mind in expanding my pediatric experience beyond just those five weeks specified as my pediatric clerkship. Sometimes these experiences were prearranged, such as regularly volunteering at the WIC clinic during third year. Most times they are spontaneous, such as when I was planting pinwheels alongside a parking lot for a fundraiser and a young boy with Down Syndrome waved me over to him to talk. The boy was thrilled by my engagement in conversation with him, with the highlight being our spontaneous 'Cotton-Eyed Joe' sing-a-long, which was his favorite song. The mother was touched and they both waved enthusiastically as they left. The encounter, although not in a patient room, was therapeutic for everyone involved.

I was granted a unique opportunity through my participation in the rural medical education program, and was able to spend one day a week with a pediatrician as elective time while finishing up my clerkship requirements during the last four months of my third year. The continuity of seeing children over months of time allowed me to really see the ways our medical decisions affected the child and family. I saw continuity of care both within the pediatric office and between specialties. I saw children presenting in the ED and then did their follow up appointment in the pediatric clinic. I helped deliver children, who I then followed with care in the nursery and office. I saw where the medical system can thrive and where it can fall apart. I gained insight and experience that broadened my third year experiences and found myself thriving in an environment I loved.

Children inspire me daily. From teaching a girl with developmental delays to successfully complete a ballet turn and helping a teen at Diabetes's Camp feel accepted for the first time. To dancing the 'Cotton Eyed Joe' in a parking lot with a young boy and rocking a baby to sleep when she needed love the most. Opportunities to change lives occur daily in the pediatric office and hospital, but they occur outside the office too. I try to never let an opportunity pass me by that I might impact a child's life. At this important milestone of transitioning from medical school to residency, I'm eager to continue my journey devoted to my passion, both inside the hospital and out in the community.

Pediatrics Personal Statement

The will to survive. Children don't even realize they have it, they know nothing else other than to "be". And it came to me in a completely unrelated way. In March, I spoke with a fascinating 93 year old Lithuanian Holocaust survivor, the only one of over 40 people in her family to survive. I was there to assess the level of medical care she was receiving at an assisted living facility in town. The conversation went in a different direction, reminiscent of my own grandmother, a 92 year old survivor from Austria. She, like my grandmother, talked extensively about being at peace with death and dying. What she was having trouble coming to terms with, though, was the stark contrast between today and when she was a young teen, fighting so fiercely to survive being persecuted for reasons beyond her control.

While persecution in essence is systematic mistreatment due to religious, political, etc causes, illness is the body's form of systematic mistreatment – cardiovascular, autoimmune, etc. And when it happens to kids, it just doesn't seem fair. Their lungs aren't failing because they have 50 pack years of smoking behind them; their hearts aren't poorly perfused from a lifetime of eating artery-clogging foods. At least not yet. As pediatricians, we have the unique opportunity to intervene and inspire change before ill habits leave irreversible marks. And for all the other kiddos, the majority of which enter the hospital or doctor's office in fear, we have the capacity to put them at ease and make the experience as positive as possible. I realized I was pretty good at this part of it – I enjoy the challenge of explaining pathology to kids and their families in a way that makes sense to everyone. In part it's this collaborative piece that helps kids be on a faster healing trajectory. And I firmly believe the other part is an inherent will to survive.

I've always been drawn to pediatrics. And it wasn't necessarily a particular patient or day on the floors that flipped the switch. It's the attitude and commitment to care that I see in pediatricians in the community that really inspires me. I can recall many moments throughout my childhood where my father, a pediatric emergency medicine physician, would head to the hospital on his day off if a child he knew was getting admitted. His profession is so deeply embedded into his identity that I still fear the day he retires. My pediatrics preceptor has such an established practice he is now seeing the children of children he saw as patients over 20 years ago. And when I had a medical scare this past year and stayed overnight in the hospital, it was a local pediatric cardiologist who came to check in on me even though I wasn't even his patient. He simply heard what had happened and felt compelled to offer support. These aren't just beloved physicians in the community, these are people I truly admire and hope to emulate.

There is no doubt that kids are resilient. They are fighters without realizing so. I saw it during my time on the Heme-Onc floor as a previously healthy 9 year old was diagnosed with CML within a week of having minor respiratory systems, but was still completing homework assignments and planning his Halloween costume. I saw it in the adolescent striving for recovery from anorexia nervosa, who knew she couldn't continue living a life consumed by self-control devoid of self-love. I hope to fight for these patients as hard as they fight for their lives. They are survivors. We owe it to them.