I have recognized in myself a repetitive cycle of struggling to understand, determination to understand, and sharing that understanding with others. While this cycle occurs for me on a daily basis, a purchase I made in elementary school exemplifies how that cycle manifested itself at an early age. On a family vacation to Hilton Head Island, I found myself without a book to read on the beach. Thankfully, I had a gift card to Barnes and Noble. After perusing the aisles, I found myself among the medical textbooks, with one particular book catching my eye. I used my gift card to buy a clinical guide to ECGs. My parents and siblings questioned my bizarre purchase, but I was determined to get my money’s worth out of my new book. Throughout the remainder of our vacation, I attempted to teach myself about the heart and ECGs, truthfully only mastering the definition of systole and diastole. I failed to understand the details of those rhythm strips, but that only made me more determined to understand the contents of that book. As a medical student, I have used that book to quiz myself and better understand the heart. I believe that the cycle of understanding only continues with determination and curiosity, which I see as strengths that have helped me get to this point in my professional life, and will only propel me further as I prepare to embark on this next part of the journey.

My medical curiosity instigated that purchase at Barnes and Noble. After an older cousin was diagnosed with Long QT Syndrome, it was recommended that our entire family undergo cardiology screening. This meant nearly twenty ECGs for my large extended family. A pediatric cardiologist signed off that my four siblings and I had passed the ECG screen for Long QT, but he heard a murmur on me that required further workup. Even as a child, I was absolutely enthralled by the heart, and threw myself into the subject in an attempt to understand what he heard and what he was looking for on that echocardiogram.

The same intellectual curiosity that drove me to scour the internet and purchase that ECG book has driven my academic performance. I found joy in understanding the answers to my questions, a joy I still find when I finally understand something. For some aspects of medicine, that understanding comes easier than others. There have been times in medical school where I have felt like I did in elementary school, struggling to comprehend material written for an advanced clinician, but I have remained determined to advance my personal cycle of understanding. I am just as determined today as I was back then, but now, instead of just aspiring for a basic understanding, I am determined to be the best clinician that I can be.

As a medical student, I still enjoy looking at the ECG book I acquired as a pre-teen because it reminds me how far I have come. I have also put the book to good use to teach my friends and classmates, further justifying that unusual purchase I made all those years ago. I have been surrounded by excellent teachers that drive my desire for mastery, and more importantly, my desire to share that knowledge with others, completing the cycle of understanding. In my opinion, being a good teacher makes a great clinician. I want to be able to explain what I know with my patients and colleagues at an appropriate level and at a level that might spark further interest in them to start their own cycle of understanding.
**Personal Statement:**

My love of music began at an early age, as did my love of science. They each made sense to me, and somehow in my mind were connected to each other. They both reflect the order of the universe, and together form the construct of the shared human experience. So, naturally I strived to master both. No doubt the countless hours of practice through piano and flute lessons, along with interpretation of music through dance lessons, sparked a passion that would last a lifetime. My passion for music was nurtured and grew throughout my four years in a high school marching band and wind ensemble, followed by five years in a flute choir and three years in a symphony orchestra.

Once studying medicine I came to further appreciate the parallels between music and science. I realized that my background in music had taught me valuable lessons and had had a profound influence on my approach to the study and practice of internal medicine. One skill shared by the accomplished musician and effective physician is the ability to think quickly on one's feet, taking cues from those around them. As a member in my high school marching band, I had the opportunity to hone this skill. An equally valuable skill in the practice of medicine is teamwork. I was further challenged to develop this by participating in the North Carolina all district band. Students chosen throughout the district performed a full concert after only hours of practice together. This required sight-reading of complex pieces that had never been seen by the musicians before that day. The challenge was to hear the piece as a whole while simultaneously understanding each of the sections, in order to seamlessly integrate individual style and talent into a cohesive unit with a harmonious result.

I see this phenomenon occur daily in the practice of medicine. Working as part of a team with talented and equally motivated people towards a common goal results in a sum greater than the parts of the whole. General internal medicine requires the ability to understand the interplay of multiple subspecialties without losing sight of the person as a whole. Internal medicine embodies the skill of problem solving. I am detail-oriented and enjoy the mental exercise of diagnosis; it is much like solving a puzzle by piecing together facts and the individual's clinical data. The basic facts are governed by universal laws of science and medicine, which are unchanging. Yet, at the same time, research constantly moves deeper into the molecular and genetic realms of disease, providing new information to integrate. I also enjoy the challenge of management, and appreciate the fact that this is best tailored to the individual in part by their unique psychosocial factors, adding another dimension to their care.

I am passionate about learning, and enjoy the stimulating pull of the inpatient service. I also like the idea of forming long-term relationships with clinic patients and look forward to the life-lessons and insights I can gain from them. Again, I fall back on my love of music, as it has enriched my life, enabling me to understand the “art of medicine.” To me, this is just as important as the science of medicine; after all, they complement each other in perfect harmony.
On October 9, 2007, I received my first real introduction to the world of hurt that medicine can deliver - an introduction that has undoubtedly shaped who I am as a person and the way I approach patient care. Early that morning, my 14-year-old self, asleep on a coffee table in an ICU waiting room, awoke to the sounds of a “family meeting”. It was in this meeting that I was told by the attending - with his feet propped on the table - that my father was brain dead, secondary to the massive intraparenchymal hemorrhage and glioblastoma that was taking up a large egg’s worth of space in his skull. This doctor’s heart was callous. My heart was breaking. Nothing in life that has made me feel quite as powerless as wanting so desperately to save my father and knowing in my heart that I couldn’t. This was the exact moment I made the decision not to become a doctor, let alone a neurologist. At the time, I lacked perspective. I didn’t realize that though my world was crumbling, my trajectory towards neurology was beginning to be reborn from the rubble. In my endless reliving of that moment, I later realized I had to become a doctor. I owed it to myself, my family, my father, and my community to care, to serve, to heal.

During the early years of medical school, I winced at the mere thought of studying neurology. The word was heavy with the weight of my father’s absence and the grief my family has carried in the years since his passing. However, even though I was actively trying to avoid it, neurology began to grow on me. While studying complex neuroanatomy and pathology, I found myself being both giddy and amazed by the complex puzzles and pathways within the human brain. During my clinical rotations, I marveled over the beauty of a pulsating brain in my first craniotomy. I felt both terrified and elated while high-fiving a surgeon after helping evacuate hemorrhage in a 17-year-old’s brain, whose blown pupil was resolved by the end of the case. While counseling a fifteen-year-old on post-concussive syndrome in Honduras, I was able to offer relief to someone scared and confused by his headaches and brain fog. As I attained experience in Neurology, my aversion vanished as my perspective matured. I discovered that my life’s joy and purpose is to channel the sorrow and despair that my family endured into an unparalleled drive and compassion to take care of patients and their families while navigating shocking, debilitating, life-long neurological illnesses.

My father, a teacher, left me with two lessons in the weeks before he died: “Always do your best and you can be proud of the outcome” and “Go out of your way to show kindness”. These mantras shaped the trajectory of my career and defined the type of neurologist I seek to become. Born into a line of educators, I believe in forging paths that make the journey I am on easier for others. To truly become an excellent neurologist, one must also be an excellent teacher to patients, families, and colleagues. For a patient to be compliant with treatment, he or she must understand their illness. For a family to feel comfort, they must understand the course of their loved one’s disease, and for patients to be well cared for, one must be in constant conversation with colleagues—sharing the latest treatment guidelines and standards of practice. My passion for education was solidified and demonstrated by how I spent my time outside the classroom. As a volunteer tutor, I delighted in educating fellow students on difficult topics, helping them create study plans, and encouraging them to pursue their best every day. I facilitated the creation of a task force to ultimately transform our institution’s current preclinical curriculum into one that will make better, more efficient doctors and exam-takers. I constructed neurological clinical skills vignettes that are used in clinical examinations for my fellow medical students. As the leader of Marshall Medical Outreach (MMO), I spent over 150 hours—rain, snow, or shine—caring for the indigent population of Huntington, and teaching newly minted medical students how to do the same. Extending compassionate medical care to those whom others would view “unworthy” has been the highlight of my medical school career. MMO is the outlet in which I have spent my years planting seeds and hoping flowers will bloom in places that had previously only grown weeds. This is where both of my father’s lessons have come to fruition.

With my father’s advice in mind, I seek a residency community that will provide compelling mental stimulation while also guarding the true heart of medicine. I not only desire a dynamic hands-on experience through a robust hospital service, but also motivated colleagues who share my drive to make a noticeable difference in patients, those that come after us, and each other. Opportunities for further edification in medical education - including rural, international, and underserved neurological care -would be an invaluable experience. In four years, I hope my core values will be augmented and supplemented by competence in solving neurology’s greatest puzzles, confidence in medical education, and prowess in both patient care and management. I desire to be the neurologist my father desperately needed and the compassionate communicator my 14-year-old self and family deserved— one whose brain is not only overflowing with great medical knowledge but whose heart remembers what it is to truly care.
Ankle surgery, foot surgery, knee surgery, a fractured L5 vertebrae. Growing up, I spent a fair share of time in hospitals recuperating from injury. Situations like this, though painful, exposed me to the dedication and aptitude of the extraordinary individuals who dedicate their lives to restoring brokenness in the body. Despite the difficulties of these experiences, the doctors involved were able to provide me hope and healing. Their effect on my life was ultimately my inspiration to pursue a career in medicine that would allow me the opportunity to spread this hope to countless others. In my time thus far in clinical and volunteer settings as a medical student, I have been able to develop a concrete view of the practical and profound impacts of medicine.

Throughout medical school I have been actively involved with a student-led group called Marshall Medical Outreach (MMO). MMO was created to help the community - specifically the city’s homeless population - by bringing medical students together one Saturday each month to facilitate a free health care clinic in the parking lot of a local church. I have had the privilege of being a part of this group since my first year of medical school, and in my third year I was asked to be one of four students on the MMO leadership team to run the clinic and direct outreach in the city. Through MMO I have encountered the depths of physical affliction in my city and seen how people are affected by a lack of access to medical care. This experience has played a major role in my desire to pursue a career in Emergency Medicine.

Because of the nature of outreach at MMO, the individual coming for treatment on a given Saturday, as well as his or her specific medical need, is varying and unpredictable. This means that, even in spite of planning ahead, there are dynamic situations that require quick decisions and preparedness for a wide array of possibilities. This environment has led me to understand the great enjoyment I feel when thinking quickly on my feet to come up with a plan for a patient. Personally, I have seen patients with ailments as benign as pharyngitis to conditions requiring hospital stays such as what was believed to be endocarditis. The variability and constant innovation in this setting have been among the greatest contributors to my desire to pursue a career in Emergency Medicine.

As someone who loves adventure and new experiences, I am naturally attracted to the field Emergency Medicine. Thus far, the time I have spent working in the Emergency Department during medical school has been marked by unique learning experiences. My hope is to embark on a career of lifelong learning in which I am able to consistently recognize ways to become a more skilled and prudent physician. In addition, maintaining the ability to practice the skills of Emergency Medicine in environments outside of the hospital is equally enticing. As I have travelled both domestically and abroad, the presence of skilled Emergency physicians around the globe is a source of great comfort. It is an energizing feeling to know that I might be able to provide a similar comforting presence to those that might find themselves injured or ill in an unfamiliar situation.

In the same way that my time at MMO has allowed me to care for the city of Huntington, I believe that a career in Emergency Medicine will provide me with a lifelong platform to improve and encourage my community. In the Emergency Department, I know that I will encounter and treat individuals whose recovery will impact their families and those around them in profound ways. As I develop professionally in my years after medical school while training to become an
Emergency Medicine Physician, I hope to continue to foster this desire for the well-being of patients. My greatest aspiration is to embody the humility and compassion necessary to serve some of the most afflicted patients in what might be the darkest moments of their lives.
As I stood in a pair of oversized scrubs amongst bustling nurses in a drab and outdated operating room in La Esperanza, Honduras, I suddenly was overwhelmed with an emotional brilliance that overpowered the flatness of my surroundings. I was on a medical mission trip the summer after my first year of medical school, and it was the first time I had witnessed a Cesarean section, let alone any delivery. During the procedure, I was captivated by the actions of the physician as she worked with the finesse and dexterity of an artist, and my heart pulsed with anticipation as each second ticked closer to the first breaths of new life. Once the final incisions and maneuvers led to a wailing, healthy baby, the mother beamed with bliss and relief as the moment she had so patiently waited 9 months for arrived. I mirrored her expression as I bore witness to the raw beauty of a mother embracing her child for the first time. Although I could not fluently speak the language of the patient or any of the healthcare providers in that room, I had never felt such a poignant connection with complete strangers. I left the operating room knowing that the mix of adrenaline and joy I felt during the operation was a unique emotion I wanted to try to encounter in my career.

The next day, the brigade ventured to a rural community to set up a clinic, and as if by serendipity, I was assigned to work in the gynecology clinic. Each patient inspired me with her strength as she managed her own medical concerns while bearing the burdens of her family as well. Some patients had walked over 3 hours while carrying their children and had waited even longer to talk to a physician. I wanted to help these women in the way they benevolently cared for the people in their lives. Throughout the day, I continued to be humbled that these resilient women were reciprocating my respect for them by entrusting me with their private concerns. Even though the experience was brief, it left an impression on me similar to the one left by the C-section.

Upon my return to the States, I began to explore a future in obstetrics-gynecology. I sought out mentors in the field and spent time shadowing in the clinic and the operating room. While in Honduras, I had witnessed the need for providers dedicated to women’s health, and I discovered this demand exists in my own country as well. It isn’t common for patients here to walk 3 hours to get a Pap smear; however, barriers, such as health inequities and a lack of awareness for women’s health problems, are all around. My role models quickly became the physicians devoted to tackling these issues and providing women the best standard of care.

However, it wasn’t until a newborn wellness visit during my third-year pediatrics clerkship that I fully discovered I had solidified my own passion for women’s health. Although I was expected to focus on the intricacies of a newborn physical exam, I found I was more concerned with the mother’s needs and wanted to ask her more than simply how often her child was stooling and voiding. How had her mood been since giving birth? Did she have questions about how her body was changing after the delivery? Was she using contraception, and if not, did she want to talk about the different options available to her? Luckily, I found the time to ask these questions with patients once I made it to my rotation on obstetrics-gynecology. Then my enthusiasm flourished.

Since that time, my career goals have been clear: I want to find the adrenaline and joy I first experienced in that Honduran hospital. I want to have graceful surgical skills like I have seen in my mentors. I want to empower women to live strong and healthy lives at every stage. I want to be a confidant for female patients just as they are for the people in their lives. I want to be an obstetrician-gynecologist.