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I was raised in a large family made up of many healthcare professionals. I’ve dreamed of becoming a family practitioner since I was young a child. Unfortunately, I witnessed my grandfather dying from small cell lung cancer most likely related to his 60-year smoking habit. My aunt suffered from repeated infections that were barely cured by any of the medications prescribed to her due to her type II diabetes. All this anguish, and struggle with disease didn’t fade with time, but were rather deeply etched into my heart and psyche, and reinforced my desire to pursue family medicine as a career for the pure joy of caring for others. My aspirations to enter family medicine, as well as the desire to improve community health care, led me towards my decision to attend medical school. I became immersed in internal medicine, preventive medicine and neurology. As I progressed through the medical education system I became increasingly intrigued by the complexities of medicine and how new medications and the patient-physician relationship can help patients overcome their medical problems. During my interactions with inpatients, I was gratified and fascinated by the changes brought about by medications that we gave. While working with outpatients I realized better education regarding preventative medicine, as well as good support systems could improve the quality of life of patients immensely. In addition, managing health care for patients of different ages and backgrounds is very rewarding, challenging, and intellectually appealing to me. After medical school, I worked as a junior physician and gained tremendous clinical experience in every aspect of patient management. During my PhD studies in the US, family medicine remained my passion. My hands-on experience in West Virginia University Hospital reinforced my decision to pursue family medicine. One of my patients, a 45 years old man who suffered from paralysis after a stroke, impressed me most. After struggling for months after his stroke, he almost gave up hope that he would ever walk again. However, with tremendous support and encouragement from his family, physicians and nurses, he eventually regained full functions of his legs, and miraculously was is able to walk once more. This made me realize that primary care is critical for the most effective treatment and it is the best platform to deliver high quality medical care, and ultimately make a significant impact in the lives of my patients. In order to continue pursuing my passion to improve the quality of life of patients with significant medical issues, I began postgraduate training at Johns Hopkins Hospital. While performing research for NIH-funded studies, I was exposed to a broad population of patients, from culturally diverse backgrounds that suffered from a variety of psychiatric and medical problems. I also gained more clinical experience and the chance to work with patients of all ages from varied socioeconomic and cultural backgrounds by shadowing physicians in the departments of emergency medicine and internal medicine. I loved these practices with its wide variety of cases that are not limited by patients’ sex, age, or organ system. Through these clinical practices, I found that no specialty could provide me with the excitement of dealing with emergencies, treating common diseases, and provide the responsibility of educating patients on the modifications that they can undertake to improve their lifestyles. I like to approach my work systemically and methodically to create a custom treatment plan for each individual, to accommodate for the individual differences that may make up a significant component of their health profiles.   
Family medicine places its emphasis on the prevention of disease, promotion of health and wellness, systematic and competent management of common diseases, and the long-term maintenance of the patient-physician relationship; all these aspects attract me to the field. Each patient in family practice presents with a different complex of symptoms and this provides the practitioner with a mystery and new challenges with each patient that enters the office. The diversity of the work is exciting to me, as it will keep learning all the time and academic rigor will be demanded of me in order to provide the highest levels of health care attainable. My academic and research experiences fostered my interests and solidified my problem solving abilities, which further improve my clinical skills such as diagnostics and patients care. I believe my unique background and my dedication have equipped me to make a meaningful contribution to the field. I expect my program to provide me with strong clinical training and a balance between medical education and patient care that will help me master new skills and sharpen my clinical judgment and teach me quality patient care. I look forward to becoming a well-rounded, independent family practitioner after residency. In addition, I aim to be a scientist-physician who can contribute to the understanding and prevention of a wide range of medical problems, and in doing so, develop new strategies and interventions for clinical treatment and the well being of my patients.