

Physician Personal Mission Statement

As an aspiring physician, I will proactively utilize my voice as a woman of color in medical leadership to influence state level policy in the best interest of primary prevention for underserved populations. I will get involved in care coordination and harm reduction for individuals struggling with addiction, and I will implement my research results—from reducing drug dependence in underserved populations—into favorable patient outcomes for patients. I will maintain a practice that effectively mitigates mental and general healthcare crises, and my own experiences in pushing for health policies granting easier access to addiction prevention healthcare will prepare me to provide strong, nuanced medical care for all patients.

Professional Identity Statement

In middle school, I couldn't wait to visit my dad's outpatient sleep care clinic for the first time. I lingered in the hallways, curious to hear people detail their concerns. I was surprised that even in a small town like Bay City, Michigan, there's a diverse range of socioeconomic problems to solve, but this new insight pushed me to keep learning.

From years of this observation at both inpatient and outpatient clinics, I felt inspired to learn how to care for patients by working in a medical environment myself. So, in high school, I started out as a pulmonary administrative assistant, coordinating between our outpatient clinic and three sleep centers. Each shift, I follow up with patients on their sleep apnea results and deliver diagnoses. I interact with primarily uninsured patients, who lack access to higher education and resources due to financial and systemic barriers. It is difficult for these patients to gain access to information about maintaining healthy diets and lifestyles, so they often deal with disproportionately high rates of hypertension, diabetes, and sleep apnea.

Additionally, my patients aren't the only people I witnessed facing these problems; for example, when I was eighteen, my grandpa went into cardiac arrest. He was initially resuscitated, but his condition was exacerbated by his history of chain smoking for twenty-five years, and he didn't make it. With this in mind, I felt inclined to prioritize primary prevention in my volunteering to assist underserved populations

with their medical needs. Utilizing my role as a University of Illinois pre-medical student, I collaborated with and began volunteering at Midwest Brain Injury Clubhouse (MBIC)—a nonprofit daycare for adults with brain injuries, prioritizing BIPOC adults from underserved and low SES communities—to organize medical informational programs on metabolism, nutrition, and exercise to prevent the acceleration of cerebrovascular heart disease.

At MBIC, I aim to emphasize the importance of a revitalized interest in one's own health, post-brain injury. My first few volunteering shifts illustrated the differences between inpatient and postoperative care; my prior approaches as a sleep care assistant didn't always work for MBIC patients with memory or speech loss. I readjusted my communication strategies by listening attentively, rewording instructions, and providing nonverbal support. MBIC showed me that to communicate with patients who may have atypical speech or cognitive dysfunction, I'll need to employ patience and cognitive flexibility. These habits will allow me to prioritize patients' psychological needs just as much as their cognitive redevelopment. Seeing neural plasticity grow in real time with the proper social and medical care has inspired me to continue to work towards reducing disparities in cognitive health, and I fully intend to create a restorative impact for my future patients.

Furthermore, my prior research in early adolescent stimulant drug exposure has led me to study the effects of overreliance on stimulant drugs on young adults like me, which prepares me to respond to the medical needs of underserved communities battling addiction in the future. In medical school, I plan on getting involved in care coordination and addiction management for underserved patient populations. Ultimately, I envision myself becoming a neurologist and simultaneously following my neuropsychiatric research interest in addiction.

My involvement at MBIC, sleep care clinics, and prior research illustrated that providing quality post-operative care after brain injuries or addiction can be just as significant as meeting inpatient needs at the hospital. These experiences prepared me for future rotations serving a diverse range of patient populations, and I'm now equipped to better empathize with geriatric or disadvantaged populations in need of specialized medical care—care that I aspire to provide.