

I have been drawn to multiple facets of medicine since beginning medical school. I have been intrigued by the intricacies of disease and the ability of physicians to alter the course of the illness. Not surprisingly choosing one discipline was challenging until the last week of my internal medicine clerkship when I was given a “gem” in the form of Maria. She was, according to my resident, the “perfect medical student patient.” Without her knowing it, Maria was also responsible for my decision to become a dermatologist.

“She has a rash” was the only briefing I had as I entered Maria’s room to begin my H &P, unsure what I would find with this “perfect” patient. With my limited Spanish and her limited English, our conversation was minimal but Maria was clearly in pain. The tense bullae and open, oozing areas covering her lower body made it visibly uncomfortable for her to sit. Maria gingerly touched multiple affected areas as I fumbled through my exam in Spanish asking her where she had “dolor.” Tests were done, treatment started empirically. My attending provided a book for me to review on cutaneous manifestations of systemic diseases, instructing me to present to our team the next morning on common skin symptoms indicating underlying disease. I spent the rest of the day reading, fascinated by the pathology that presents itself on our bodies’ surfaces. Maria clearly had more than a rash, and as I attempted to put together the pieces of her illness, the pieces of my own career path seemed to align. And as Maria improved and her pain decreased I knew I had found a field that would be fulfilling on multiple levels.

Dermatology combines the fields of medicine that captivate me most- infectious disease, immunology, and oncology. The discipline both fascinated and intimidated me in my first encounters with dermatopathology in course work and in actual dermatological pathology with patients. Skin pathologies were commonplace on my first year elective in South Africa where the combination of immunosuppression, poverty, congested living conditions, and a damp, cold winter caused our clinics to overflow with patients needing to be seen for various fungal infections, nonhealing wounds, and the multitude of infectious diseases running rampant in the townships. With treatment options limited to basic dressings and antibiotics, we did not have the advanced tools of diagnosis available in a typical American hospital. As a result, our primary concern was limited to the treatment of ongoing or prevention of secondary infection. Through the clinical clerkships of my 3<sup>rd</sup> year, I was drawn to patients with skin pathologies, spending extra hours in the burn clinic with advanced skin cancer patients, diligently checking the feet of my patient just home from Iraq whose tinea pedis infection served as a portal for staph bacteremia, and intrigued by the lacy “slapped cheek” pattern on my pediatric patient with Parvovirus B19.

The American Medical Student Association has a slogan “It takes more than medical school to make a physician.” I was inspired by these words early on in my medical school career and realized this was particularly true for me as I made every effort to be involved in multiple extra-curricular activities relating to my passions in medicine. Although the core education in basic and clinical sciences is essential, it is the other activities which distinguish future physicians as unique individuals and help maintain the humanistic dimension of medicine. I will bring the same energy and passion to residency and my career that I have throughout medical school, allowing me to develop my leadership and communication skills while succeeding academically.

With the increased need for skin care in our fragile environment and the abundance of opportunities for work both locally and internationally, I am excited about the possibilities offered by dermatology. I look forward to working with patients of all ages and to being challenged intellectually throughout my career. With a background in public health and clinical

research, I plan to become an active investigator in the dermatology field and contribute to advances in patient care through design of and participation in clinical trials and work actively in the community to develop primary prevention programs to decrease preventable disease. Working as part of a health care team is a high priority for me as I staunchly believe the best patient care is accomplished when collaborating with colleagues throughout the health professions. In a residency program, I hope to find a program which reinforces these values and one which promotes collegial interactions between residents and faculty in an environment where there is potential to be exposed to a wide variety of dermatological conditions.