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Medical School Personal Statement

“Which came first: the chicken or the egg?” I have always been an inquisitive person in search of answers to how things work and why they work in a certain way. I am also a compassionate person who cares about how all people felt, including friends and family as well as people I did not know well. This was part of my innate character and reflected the compassion I received from people while growing up. I have five brothers and a large extended family, all of whom have taught me to feel compassion for others. My fascination with science and my desire to help people have led me to pursue a career in medicine.

My choice to specialize in psychiatry was founded on the desire to practice medicine having to do with the brain and mind. Human behavior, emotion, interaction, wisdom, spirituality, conscience, intelligence, reasoning and ethics are all fundamentals of being a person. While training in psychiatry, I became interested in behavioral sleep medicine. I did a rotation at the sleep clinic and found myself enjoying behavioral sleep medicine and working with patients with organic sleep disturbances. I enjoyed evaluating patients with sleep apnea who came to the clinic for snoring or daytime somnolence. I enjoyed the algorithm for diagnosis; using Malampati scoring, BMI, nasal and throat evaluation; measuring abdominal circumference; and sending the patient for a sleep study when indicated. Then came reading the sleep study and correlating the symptoms with the findings from the EOG, EEG, EMG, EKG, nasal airflow, and abdominal movements. It was rewarding to see how patients' lives changed due to the use of CPAP. They no longer had to succumb to naps, shortened days with immobility, or their bed partner sleeping in a different room. For them, it was like finally waking up! I also had the privilege of working with a few patients suffering from RBD, RLS, and narcolepsy, which gave me an introduction to their presentation, evaluation, and management. I even enjoyed working with challenging patients who found wearing a mask unbearable. Such challenges are common in all specialties, whether change involves physical therapy after surgery, taking an antipsychotic to quell the voices, or adhering to a diabetic diet. At the end of my rotation, I presented a poster on CBT-Insomnia use in veterans and was filled with a desire to expand and enhance my experience in organic and behavioral sleep medicine.

As I was reaching the end of my residency, I wanted to continue building my clinical skills as an independent solid psychiatrist before pursuing a fellowship in sleep medicine. I have been practicing outpatient adult psychiatry at VA Palo Alto since August 2016. I enjoy my work, especially when I see patients with recently diagnosed sleep apnea or behavior sleep disturbances. After completing my sleep fellowship, I want to practice both sleep medicine and psychiatry in various clinical settings, private practice, and university hospitals. I want to remain in the Bay Area to be close to my family.

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