I have been drawn to pediatrics as long as I can remember being interested in medicine. During the process of interviewing for medical school, I met with one of my biomedical engineering professors to discuss my future plans. She told me, “Kids are tricky. They are always changing, always growing. And that makes everything more complex.” This view of physiology caught my attention as an engineering student. I liked the challenge of working within a dynamic, changing system. Moreover, I really enjoyed working with children. Caring for children and adolescents at summer camps and in other settings, I had gained an appreciation for their resilience, positive attitudes, and willingness to trust.

My clinical experiences have confirmed my interests in children. I found the interactions with patients and their families to be interesting and challenging. This aspect is not unique to pediatrics – in fact, I found components of each clinical rotation to be intellectually engaging. What I found especially compelling about pediatrics was that my clinical experiences were not only interesting but also energizing to me. During my inpatient rotation, I frequently found myself leaving at the end of a long day, eager to return as soon as possible – I would be excited to go to sleep, so that I could come back recharged the next morning.

A specific patient is representative of why I intend to pursue a career in pediatrics. An adolescent girl presented with a complex set of problems that immediately drew my interest: she had come to urgent care because of pain and swelling of the face and had been found to have extremely high blood pressure and elevated blood sugars. As we diagnosed and managed her parotid gland infection, hypertensive urgency, and new-onset diabetes, I developed an appreciation for the many facets of complete pediatric care. Over several days, the team developed a relationship with the patient and her mother in order to create a successful treatment plan. Through seemingly superficial conversations about teen pop stars, we were able to connect with the patient. When she heard that one of her favorite celebrities was also a diabetic, her attitude toward her diagnosis shifted to become more positive. Furthermore, I learned to be intentional in communication with patients by answering complicated medical questions posed by the patient’s mother with clear, jargon-free explanations.

This story is a microcosm of many positive things I gained from my child health rotation. During this patient encounter, as well as on other rotations, I was struck by what a difference it made to have physicians willing to also serve as educators. I have also seen the value of this dual role beyond my clinical rotations. In El Salvador on a medical mission, the physicians provided care to patients and spent time teaching me when I was just a first-year student. Volunteer physicians at MedZou, a student-run clinic for uninsured patients, have been a vital part of my education. At the same time, teaching younger students to develop clinical skills in this setting has been enjoyable, sharpened my skills, and helped me recognize my interest in teaching.

As a pediatrician, I hope to develop relationships of trust with patients and their families in addition to making diagnoses. I desire to train at a program that will help me become an excellent pediatrician – a doctor who is able to work with physicians and other members of the healthcare team in order to improve the health of young people. I look forward to learning and working in an academic setting, where I will have the opportunity to teach future generations of physicians and will be challenged to continue expanding my knowledge base. My experiences in child health at the University of Missouri have already been formative in my medical education, and I look forward to continuing to learn and grow as a part of the resident team at Missouri.