

Medical School Personal Statement

“Was it the chicken or the egg that came first?” Ever since I was a child, I have been an inquisitive kind of person. I was always in search of answers. I had an innate desire to know how things work, and why things work in a certain way. Similarly, I have always been a compassionate person. I cared for how people felt, not just ill people but people in general, including friends, family and people I was not acquainted with. It has to do with an innate character trait, and also with the compassion I received from people while growing up. I have 5 brothers and a large extended family, instilling in me compassion for others. My fascination in science and my desire to help people lead me to pursue a career in medicine.

My choice for specialty in psychiatry was founded on wanting to practice medicine, with particular attention to the brain and the mind. Human behavior, emotion, interaction, wisdom, spirituality, conscience, intelligence, reasoning and ethics are the 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 not just behavioral sleep medicine, but also working with patients with organic sleep disturbances. I enjoyed evaluating patients with sleep apnea, coming 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, sending the patient for sleep study when indicated. Then came reading the sleep study and correlating to symptoms the findings from EOG, EEG, EMG, EKG, nasal airflow, and abdominal movements. I found it rewarding seeing patients change their lives from succumbing to naps, shortened day with immobility, bed partner sleeping in different rooms to breathing, all with the use of CPAP. For them it was like finally waking up! I also had the privilege of working with few patients suffering from RBD, RLS, narcolepsy, providing me a glimpse at presentation, evaluation, and management. Yes, along came the challenging patient who would find 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 left with a desire for expanding and enhancing my experience in both 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 fellowship in sleep medicine. I am currently practicing outpatient adult psychiatry at VA Palo Alto, since 8/2016, enjoy it, and I become motivated and charged when I see patients with recently diagnosed sleep apnea, or behavior sleep disturbances. After sleep fellowship, I want to practice both in sleep medicine and psychiatry, in various clinical settings, private practice, university hospitals. I want to remain in the Bay Area, for I love the outdoors, fitness, city life, weather, and close my family.

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