

It is a beautiful day in the year 2040. I walk into clinic—an experienced and confident primary care physician. I go from one exam room to the next, providing relief, counsel and education to each patient. The first is a young mother with her newborn, here for a well-baby checkup. The second is a college student, whom I delivered as a baby, struggling with depression. The next patient is a 50-year-old woman, having symptoms of menopause and hypothyroidism. She is also wondering about the results of her recent genomic sequencing. She is followed by a man who has been a patient of mine for years—an obese, diabetic with renal failure, today seeking information on whether his diabetes is treatable with gene therapy. From one patient to the next, I find joy and satisfaction in the variety and one-on-one time spent with each person. I am excited to meet the next new challenge, the next new face and the next old friend.

This is how I picture myself in 30 years, and family medicine fits this picture perfectly. During my family medicine rotation I saw this picture in other physicians and began to see it coming to life for myself. I saw physicians who made the same impact in patients' lives that I had hoped to make when I first entered medical school. These doctors continued to learn in order to remain expert healers. Their patients had better health because these physicians treated their profession not just as a job, but as a calling to serve and care for the *whole* person. I was drawn to serve people the same way these doctors did. I enjoyed each clinical encounter. I began to savor the variety and thought processes used in family medicine, along with the ability to take care of a whole family.

The suffering and disparities of the whole *human* family were opened up to my eyes while working in Africa and in the free clinics of Columbus, Ohio. I saw patients with disease complications that could have been prevented. In the Columbus Free clinic there was the recent ex-convict with terribly uncontrolled diabetes. In Malawi there was the rigid, OB patient who had been infected with *C. tetani* during delivery. In Ghana there was the young, emaciated HIV patient, moaning as she wasted away in her hospital bed. It was scenes like these that motivated me to become a doctor that could practice preventative, acute and chronic care for the poor, whether at home or abroad.

Training in family medicine will provide the groundwork for becoming such a physician, but I will need a residency program that will provide a broad, firm foundation to support me in a variety of clinical situations. I value a residency that fosters teamwork, independence and sound clinical judgment. Teaching others has been the best way for me to solidify medical knowledge. A residency program with ample opportunities to teach other medical students and residents would also be ideal for me. In addition, I am considering someday practicing in a rural setting. Therefore, I am looking for a program that provides training in procedures often performed by rural physicians.

Thirty years from now, whether I end up in a rural or urban area, I hope to look back with satisfaction on my career. I hope to have consistently learned about the advances in family medicine and to have made a meaningful impact on the health of many individuals and families. I hope that my influence will have been felt, not just within my home community, but in developing nations as well. I hope to have been a valued mentor for medical students and residents in the ranks behind me. Hopefully in 2040, I will be able to look back, read this essay, and see that my aspirations have become reality.