

When I began my education in medical school, I was genuinely surprised to learn that many of my new classmates were already committed to specific paths—some of them even prior to making their first trembling incision in gross anatomy. There were others who went to medical school equipped with the knowledge that they would ultimately become physicians, though without really knowing what kind. I belonged to the latter category. As I went through my core rotations in internal medicine, pediatrics, obstetrics, and gynecology, I found myself enjoying primary care medicine. I especially valued the continuity of care associated with these clerkships, as they fostered the development of long-term trusting relationships with patients. Although I found these clinical rotations very rewarding, I experienced the greatest fulfillment from my times in psychiatry.

Entering into my psychiatry clerkship, I found myself consistently fascinated by the social, psychodynamic, and biological aspects of the field. I especially enjoyed learning about psychopharmacology and the biological basis of addiction and other disorders. While developing my interviewing and assessment skills, I realized I had an affinity for listening to people's stories and learning about their cultural backgrounds. In particular, I recall my interactions with a young autistic deaf patient who had been admitted to the psychiatric ward after a suicide attempt. I had strived to find common ground for communicating with him, when I discovered that we could both lip-read. I was able to build a strong rapport on the basis of this mutual interest over the course of his stay. This experience impressed upon me the fundamental importance of effective communication and interpersonal skills, which are so crucial in a psychiatric setting.

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