I have always enjoyed solving puzzles, whether it is a crossword, Sudoku, or trying to figure out “who killed Ms. Scarlet in the closet with the butcher knife”. The first two years of medical school showed me that diagnosing patients was another type of puzzle to be solved. I liked the deductive reasoning and analytical thinking that was utilized to make a diagnosis during case presentations. I knew at this point I wanted those attributes to be a major part of my future career. My first taste of pathology came in the form of microbiology, which soon became my favorite subject. Instead of “Who Done It” for murder mystery games, I was trying to figure out which bug was causing problems for the mock patient. This subject was a natural fit for my curiosity. I appreciated learning to identify unique characteristics that determined the cause of diseases. My appreciation for this style of learning and diagnosing continued to grow in the pathology section of our systems courses throughout my second year of medical school.

During my third year of medical school, clinical rotations showed me that diagnosing patients based on clinical symptoms was not as rewarding as I hoped. I wanted something tangible to see and touch in order to make a diagnosis, rather than relying on someone’s description of what they thought was going on. I often found myself relying on labs and pathology reports to make my final decisions and I began to miss the thinking style I had used to arrive at diagnoses during the first two years of school.

A semester of patient care behind me, I entered the pathology lab as an elective and knew I had found the vocation I was looking for. I enjoyed the variety that community pathologists had with their job – whether it was looking at blood smears, diagnosing cytology from a fine needle aspiration, or heading to the surgical suites for a frozen section. While on my rotation I found another aspect of pathology I value – teaching. Pathologists not only taught residents and students, they also taught surgeons, oncologists, and internists by relating the pathology seen under the microscope to the clinical diagnoses of their patients. The pathologists I worked with also employed other avenues to teach fellow colleagues, such as tumor conferences and grand rounds. I did not realize how important these teaching opportunities were in my future career choice until I started tutoring second year medical students. I enjoy imparting knowledge to others and sharing my passion for medicine and the human body. I like that teaching requires I continue to learn, not only for myself, but for the students I am educating.

After finishing residency, I plan to work as a community pathologist, preferably at a county hospital. I would like to teach as an adjunct professor at a medical school, also. This environment will allow me to work with underserved patients, as well as pass on my knowledge and passion for the field of pathology to future physicians. I would eventually like to be the medical director of a lab. I enjoyed the previous managerial position I held in the food service industry and the responsibility that came along with it. My leadership and organizational skills continued to be honed during the student government positions I held while in medical school and I would like to put those to use in my future occupation.

When I started medical school, I never thought I would be led to a career that would allow me to continue doing the things I enjoy most – solving puzzles and helping teach others how to do the same.