I was instantly drawn to the ICU during my clinical years. I was impressed by the variety and ingenuity of interventions, both operative and non-operative, as well as the body’s potential to heal itself. My multiple clerkships in medical school gave me the opportunity to assert my interest in the field. I came to appreciate how intensivists reverse engineer the body through anatomy, physiology and physics to develop innovative solutions. I was drawn to the tangible outcomes in terms of patient satisfaction and improving postoperative quality of life.

 During my 2 years of surgical residency at Tufts Medical Center and the subsequent anesthesia residency years at Umass Medical Center, my experience in the Surgical and Trauma intensive care units has been revealing. I was constantly exposed to a wide variety of patients in need of, or recovering from a surgical intervention. Participating in the care of these patients has been an invaluable asset. I was constantly challenged to understand the pathophysiology of the disease in unstable patients, to assess their need for surgery and to get involved in their post-operative recovery.

 Research has been one of the most valuable experiences so far. Three years at Beth Israel Deaconess Medical Center offered me unparalleled exposure to cutting-edge clinical and laboratory-based research, patient care, and diagnostic imaging. The combination of guided independence and responsibility to plan and oversee research was both challenging and motivating. It was a great chance to work with and coordinate cross-functional and cross-cultural teams and acquire the confidence to develop creative solutions. I had the opportunity to co-author manuscripts, present at conferences, and participate in patient evaluations and surgical procedures.

 I was particularly drawn to the history and pathophysiology of sepsis and septic shock. I am consistently amazed by the major improvements in treatments since its first description 1000 before B.C. I am also aware of the remaining major challenges in regards to its early diagnosis and treatment. I definitely look forward to participate and contribute to any potential advances on this subject.

 I will always value the time spent delving into literature and research as it reinforced my determination to go into Anesthesiology and Intensive Care. As I am now well engaged in my second clinical anesthesia year and applying for Critical Care fellowship, I now feel ready to devote time and contribute as an active member of the Society of Critical Care Medicine. Acting as a state representative would be an incredible opportunity for me to learn the fundamentals of the society workings.