

I was far from the ideal student growing up. Homework rarely got done, I fell asleep in class, and extracurriculars were the only reason I kept my grade point average above the eligibility cutoff.

Life continued this way until college, where I first encountered challenging, interactive courses, instructors who experimented with teaching methods, and the magic of caffeine. I began to explore teaching personally during this time as a peer tutor, and mentorship in founding a premedical club where I successfully supported those pursuing careers in the health professions. When a string of suicides happened on my Catholic campus and were met with relative silence, I successfully founded and taught during a mental health awareness week, helped coordinate an out of the darkness suicide awareness walk, and facilitated implementation of a screening and referral service to the campus counselor.

My first opportunity to develop a curriculum and lesson plans of my own was with a forensic science course for middle and high school students. Reflecting on myself at that age, I strived to make an engaging, collaborative, and flexible experience. I explored their interests and goals up front and adjusted my teaching accordingly. My experience as a “bad” student gave me a unique and helpful perspective. These things formed the cornerstone of my educational philosophy going forward.

As a first-generation college student from a blue-collar family, medical school prepared me to teach my loved ones about their various medical ailments and to understand the importance of meeting a learner where they were at. Too often a base of prerequisite knowledge is incorrectly assumed, getting in the way of learning. Medical school also presented other opportunities. I designed the curriculum and ran workshops for teachers implementing a planarian worm model of substance use for K-12 classrooms across the city. I authored two chapters in an innovative augmented-reality textbook series. I lesson planned and taught weekly science courses for a local middle school. I worked with caregivers of those with first episode psychosis to identify their psychoeducation and resource needs, going on to produce a manual with the guidance of local literacy experts. This was distributed to families at my institution, presented at an international conference, and the literature review was published in a journal.

In residency, I have taken opportunities inside and outside of my institution. With medical students, I prioritize teaching on service, participate in teaching the psychiatric interview and mental status exam workshops in the pre-clinical years, have delivered virtual lectures on the stigma of serious mental illness and normalizing psychosis, and co-designed an outpatient rotation. Outside of my institution, I developed a now published and successful anti-stigma intervention for adolescents surrounding serious mental illness. This was accepted for presentation at the _____ Meeting. I have also focused on the effect of paid maternity leave during residency training with a nation-wide survey of psychiatry program directors that is now under review, with a poster and collaborative workshop under review for the 2021 APA Annual meeting. Mentorship has continued with students at my college, junior residents here, and both authors and reviewers in my roles as associate and now deputy editor of the American Journal of Psychiatry Residents’ Journal.

Ultimately, I intend to be a director of medical student education and segue to become a program director at an academic medical center. These will allow my passion for teaching, mentorship, advocacy and psychiatry to combine in a fulfilling career. Clinical time will hopefully be filled with first episode psychosis and reproductive psychiatry. This fellowship would allow me to network and learn from the very organization I hope to someday be a part of.