

Annie Apple – Final Draft

I was sitting with my back up against a tennis court fence and crying on the phone with my pops. It was the best place I could find while coaching a nordic junior race in Sun Valley, ID. Months of bottled-up disappointment, confusion, and lack of motivation came spewing out. I crouched there and sobbed: It was half a year after graduating with my Master's in Bioengineering, and I was still coaching and working in retail, because I did not actually like the career for which I had studied so hard. I was afraid of being stuck in an office cubicle, staring at a computer screen, writing code, and generating medical models. I had slowly realized that this path was not enough; I wanted to be able to build relationships and solve problems meaningful to me.

Painful as this was, this realization was the first step of my trek into medicine. I put my pride aside and began the slow process of making a dramatic career change. I started by pushing patients in gurneys around a hospital for minimum wage, so that I could get my foot in the patient care door. Slowly chipping away at medical school prerequisites, I became an Emergency Department (ED) tech. While observing the many complex layers of medicine, I evolved into an integral member of the healthcare team. I loved the crazy and gratifying moments of my new job -- laughing over a hard-earned toe IV or comforting a patient while gently placing a splint to help ease pain. Though only the beginning of my long path toward a career in medicine, I knew I had finally found the right direction.

While I loved working in the ED as a tech, once I started medical school, I kept an open mind about what career path I might want to explore. Progressing through my clinical rotations, I discovered the experiences that made me the happiest. I liked the feeling of staying calm during stressful situations, like resuscitations or trauma activations, and I found I did not want to be pigeon-holed into studying one organ system. I wanted to be there for the strokes, the babies with fevers, and the elderly with broken hips. Through my work with "Here to Help," and my research on adverse childhood experiences, my eyes were opened to the underserved patient population of the ED and the complex struggles they face. I realized the significant impact life experiences have on shaping behaviors and I gained compassion for the heartbreaking decisions that are often made. Growing up in a rural community, I was surrounded by a different kind of disadvantaged group. I understand these rugged folks. I appreciate their quirks, their stoic demeanor, and their pride. I want to be a trusted healthcare resource for them as we joke about the snow in May, the best fishing spot, or our voracious black flies.

In addition to loving the diverse patient base, I thrived on the teamwork that is necessary for the ED. I found my hospital's Emergency Medicine leadership group to be both inspirational and staffed with strong, decisive women, with characteristics to which I aspire. The collegial team members of nurses, techs and doctors reminded me fondly of my nordic ski racing team in college, where we all worked hard together, supporting one another, and pushing each other to continued success. I enjoyed the patient-care autonomy I experienced in the Emergency Department and felt comforted in knowing that I will be supported by an experienced and diverse ED team, with much wisdom to share.

As I complete medical school and embark on a career in Emergency Medicine, I think back to the day when I was sitting by the tennis court trying to inconspicuously sob, out of view of curious high schoolers. I cannot help but recognize the stark contrast between the emotions I felt after graduating from my master's program and those I experience as I finish medical school. I am proud and motivated, with a clear sense of purpose as I prepare to become a competent, focused, empathetic Emergency Physician.