

*"I can do that"*. This phrase, so often uttered by family physicians, is why I went into medicine. For me, this idea embodies the spirit of the specialty that provides empathy, compassion, and healing on a more comprehensive level than any other field of medicine. Growing up in rural Kansas first exposed me to the idea of Family Medicine. Seeing family physicians as an integral part of their community and building lasting relationships lit my fire for Family Medicine. During the summer after my first year of medical school, I ventured to rural Western Kansas and again experienced idyllic Family Medicine. That summer confirmed and impassioned my drive to be a family physician.

Each experience with patients throughout that summer showed me just how vital a Family Physician was to a patient's care. As "Dorothy", an elderly widow who I had seen several times throughout the course of her cataract surgeries in clinic, came to the ER one day, it was apparent that she wasn't herself. Knowing her history helped me understand how her depression was worsening as her deceased husband's birthday neared, and Dorothy wasn't taking care of herself. She was dehydrated and we decided to put her in the hospital overnight. After clinic I went to visit her in the hospital, and sat there listening as she choked back tears describing her husband who had only recently passed. The next day, vitality and vigor restored, we sent her on her way to follow up in clinic. Seeing her in clinic was the highlight of my day as she described how much better she was and how thankful she was for our care. We exchanged hugs on the way out, and as she planted a kiss on my cheek, I knew I was in the right place.

The future of Family Medicine is a frontier that some argue should not be pursued. With decreasing reimbursement, increased documentation, "meaningful" use, and prior authorizations, why should any medical student consider primary care? I reject this way of thinking and instead contend that we are uniquely positioned to collaborate and innovate to become some of the greatest leaders in medicine. Patients such as Dorothy illustrate why everyone deserves a great family physician. I envision my own practice as one that incorporates diet, physical activity, and mental wellness into the treatment plan of my patients, taking into account the bio-psycho-social-spiritual aspects of their life.

I want a residency program that will train me to handle a wide variety of patients and settings so that I can feel confident and competent no matter where I end up in practice. As a future "comprehensivist", residency will be the place that will provide the procedures, obstetrics, opportunity to care and learn, and the faculty support that will challenge me to be an outstanding family physician. In addition, I want residency to be a place of community where my wife and I can build lasting relationships with others pursuing the same trajectory of comprehensive Family Medicine. My interests within Family Medicine parallel those in my life: broad and ever-expanding. I want broad training to prepare me to be a leader in my community as well as within the specialty.

Having served in leadership within the AAFP, I witnessed firsthand the leaders who are working to improve primary care. I envision myself as one of those leaders, fighting to pave the way through mentorship, teaching, and advocacy to inspire the next generation of family medicine doctors who will time and again declare, *"I can do that"*.