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# College Scholarship Essay

One might well ask why I, a Japanese man, would be willing to invest considerable time and energy to go over to the United States to continue my medical training. The answer is “to strive for excellence,” which to me means to experience diverse patient populations in another world and to look for more specialized training.

I have come a long way since I started my career. I completed the first anesthesia residency in Japan and have another year to finish the second residency here in the United States. It may sound painful, but actually it was meaningful. I now have a great deal of experience and I am convinced that I am prepared for the regional fellowship. During residency in Japan, I had more than 100 thoracic epidural cases. My skills in procedures that need ultrasound guidance further improved in my current residency at Indiana University.

I became more interested in regional anesthesia in the acute pain service (APS) rotations. I found it fascinating to see a wide variety of nerve blocks. Furthermore, I think the area of regional anesthesia has the promise of future growth, as there has been an ever-increasing number of novel nerve blocks produced over the past two decades. Even though ultrasound-guided regional anesthesia is fairly ubiquitous and done by non-subspecialty-trained anesthesiologists today, I still feel the necessity for a fellowship because of the ongoing progress in the field and my desire for experience with complicated nerve block cases such as patients who have abundant vessels in the needle path and rescue blocks for failed blocks.

With proficiency in regional anesthesia, I can contribute to the department because it is an interdisciplinary subspecialty. Regional anesthesia is currently expanding its reach to other anesthesia subspecialties. I was impressed by recent advancements in ultrasound technology and the emergence of fascia plane blocks that broadened its application to many types of surgeries and patients. Now we have several fascia plane blocks for cardiothoracic or OB surgeries as alternatives to epidural or opioid-centered analgesics. It became safer to perform nerve blocks for pediatric patients under general anesthesia with the use of ultrasound as the de facto standard.

I also realized the importance of postoperative pain control management during APS rotations. We usually follow up with postoperative patients at day 1 or 2, while the APS team follows them with epidural catheters for 3-5 postoperative days, or sometimes even longer. I learned not only the typical course of how to transition from epidural or IV medications to oral meds and how to troubleshoot complications, but also how challenging it is to manage long-term opioid use in patients. Regional anesthesia is not just about nerve blocks; it plays a pivotal role in overall perioperative pain management.

Academic activity is another endeavor I would like to undertake in the US, especially through engaging in clinical studies. In terms of “research” in Japan, people usually come up with basic research. There are few people who can conduct, lead, and guide clinical studies there. I think a US fellowship is my best opportunity to gain these skills, and I am eager to design and conduct a study on my own.

I have traveled a long path to get to where I am today, but there is still farther to go. I truly appreciate this opportunity and I thank you in advance for considering me as a candidate for the newly launched fellowship program.

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