

# College Scholarship Essay

One might well ask, why would I, a Japanese man, 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 is - to experience diverse patient population in another world and to look for more specialized trainings.

I have come a long way since I started my career in anesthesia. I completed the 1st anesthesia residency in Japan and have another year to finish the 2nd residency here in the United States. It may sound painful but actually was meaningful. It brought me a great deal of experience and I am convinced that I am prepared for the regional fellowship. During the residency in Japan, I had more than 100 cases of thoracic epidural cases. My procedure skills that need ultrasound guidance further improved in the 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 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 feels the necessity of fellowship because of the upcoming novel technique that I mentioned above, and complicated nerve block cases such as patients who have abundant vessels in the needle path and rescue block for failed block.

With proficiency of regional anesthesia, I can extensively 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 advancement of ultrasound technology and 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 the postoperative patients at day 1 or 2, while the APS team follow the patients with epidural catheter for 3-5 postoperative days, or sometimes even longer. I learned not only the typical course and troubleshoots of how to transition from epidural or IV medications to oral meds, but also learned how challenging it is to manage long-term opioid use patients. Regional anesthesia is not just about nerve blocks, it plays a pivotal role in overall perioperative pain management.

Academic activity is also one of the things that I would like to do in the US, especially engaging in clinical studies. In terms of “research” in Japan, people usually come up with basic research. There are a few people who can conduct, lead, and guide clinical studies there. I think fellowship is the best opportunity for it, and by learning how to manage clinical studies, ultimately, I hope I can 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 more 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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