Tab 1

The savory aroma of dashima fills my nose as my grandma sets a steaming bowl of noodles in front of my grandpa and me. As I reach for my chopsticks, he asks me, “Hyelim, what do you think comes first in life?”

“Family?”

He gently corrects me, “Number three is family, number two is money, and number one is your health.”

I accepted his answer without protest, unaware of how this belief would eventually be tested far beyond our kitchen table. His voice echoed as I stepped into the role of a nursing assistant (NA) on the preventative care unit.

I overheard a provider deliver a prognosis of advanced liver disease. The brief silence was shattered by the wife’s cry. Curiously, I peeked around the curtain and saw Ally, a physician assistant (PA) from palliative care. After stepping away briefly, I returned and noticed a stark shift: the wife, who moments earlier had been overtaken with grief, now sat quietly, listening intently. Ally had not altered the prognosis, only how it was received.

Despite the prognosis, I was entranced as I previously understood empathy simply as a means to improve measurable patient outcomes, however, I realized that beyond that, it humanizes care. Illness often strips patients of their sense of self, but through intentional communication, she was able to effortlessly restore their autonomy. In that moment, the patient was not defined solely by the limits of his diagnosis, but recognized as a human navigating an unimaginably difficult reality.

My encounter with Ally formed my first impression of the PA role that shaped my subsequent patient interactions. I saw how PAs are uniquely positioned to bridge diagnoses and patient understanding. I was drawn to this ability to guide patients through uncertainty and will serve in that same capacity as a PA.

I integrated what I had learned from Ally and my background in Nutrition into my work as an Allergy medical assistant (MA), where I discovered my greatest strength in translating clinical knowledge into practical guidance for patients.

A patient's cough bellowed through the waiting room before her name left my mouth. After bringing her back, the laryngoscopy revealed erythema and edema consistent with laryngopharyngeal reflux. She was started on medication and advised to avoid acidic foods.

Before she left, she briefly mentioned loving tomatoes and spicy foods but waved it off. After her visit, I took initiative creating a handout on acid reflux translating my coursework into practical advice like dietary triggers, head-of-bed elevation, and meal timing, emphasizing options rather than restrictions.

When she returned, her cough did not have noticeable difference. She admitted that changing her diet felt impossible in a large household and seeing the gastroenterologist would be another out-of-pocket cost. The physician altered her treatment plan and I walked her through the handout discussing modifications: If tomatoes were a staple, I informed her that there are less acidic varieties. If she enjoyed coffee, she could drink two espresso shots instead of three. She began to open up and contribute her own ideas.

Weeks later, her cough had nearly resolved. Medications helped, but so did the incremental lifestyle changes she felt empowered to implement. In a single visit, we addressed both her allergies and chronic cough without her needing to see another specialist. This experience embodies PA role's generalist training that lets providers treat the whole patient, integrating prevention, education, and chronic care management in a single visit.

My grandpa constantly instilled the importance of nutrition and disciplined health habits whether it was early morning walks by the lake or our farm to table meals. Through my experiences, my Nutrition education quietly shaped the care I delivered. It was not only a privilege to pursue a degree in the field, but to emulate my grandfather by integrating these principles and witnessing its impact firsthand.

As a PA, I will build upon my experiences and apply the breadth of knowledge gained through diversified training in PA school to continue to serve underserved populations. Practicing as a PA will allow me to continue emphasising patient education and prevention a step further.

Over time, my definition of health evolved from an abstract idea served at my grandparent's kitchen table to a principle I carry into every patient room. I will be a PA who notices the small habits patients can change, empowers them to take control, and celebrate each incremental victory, because just like my grandfather instilled in me, lasting health is built one small step at a time.