While sitting across from four New Visions students in the conference room of Oswego Hospital, I felt nervous. These students were about to graduate and embark on a long journey to bushwhack their own path through life; I realized I was still in the thicket of my own. They looked so put together and had firm, confident handshakes. I was embarrassed to admit that I didn’t participate in the New Visions program at my own high school because I had always assumed that I would get a job, not a college degree. As questions were posed to me, about how to best prepare for a career in healthcare, I could only muster a single message: believe in yourself. It was that night, after having dinner with the CEO of the hospital and other accomplished professionals involved with the Rural Immersion Week in Oswego that I realized I also needed to heed the words of my own advice before entering my second year of medical school.

I remember the first time I was given permission to believe that I could be a doctor. It was by the man who gave me my first immunizations as a baby, and managed my grandmother’s diabetes, and convinced my father to get a colonoscopy at age fifty despite his adamant protests and red cheeks that declared this country boy’s utter embarrassment at such a prospect. I was nineteen and had already bounced around to multiple colleges while working full or part time jobs as a waitress or cook, changing directions and majors more times than there are bones in the body. I asked to shadow my family doctor out of raw curiosity; but after a day of witnessing him care for the members of my community, some of whom were perplexed to encounter me working with him at his office, he told me without hesitation that I could be a doctor too, and in fact “Lord willing and the creek don’t rise,” I might even be good at it.

By that point I was attending a large university that is considered to be elite by many, and often considered unobtainable to those I grew up with in a small town and farming community in Central New York. I chose it because of its agricultural programs only to realize many of the students in my basic science classes considered agriculture as a pauper’s game and instead identified themselves as “pre-med,” a nearly foreign word to my ears. Many of these students seemed so self-assured, as if they were simply living out a preordained plan to attend the best kindergartens, the best middle and high schools, the best colleges, and the best medical schools. They were years ahead of me in preparing for the application process; it felt as if I was already too late and ill equipped to assimilate into this competitive profession. What right did I have, after all, to compete for a seat in medical school when theirs had been claimed since birth?

If not for a country doctor who grew up not far from where I did, and a distant twinkle of hope that rural medicine would still be viable by the time I was able to practice, I would not be attending SUNY Upstate today. I wanted those four New Visions students to feel the way I felt when my doctor told me I could do it; I *needed* to tell them they had permission to leave their small towns, and deserved to achieve their dreams, whatever they may be and wherever they may lead, because who knows if they have heard it before or would hear it again.

During my first year of medical school I faced many of the same insecurities about my cultural background and socioeconomic status as I did in college but with deeper penetrance. I grew up on a farm and felt privileged to have educated parents who held passionate debates about science, literature, and philosophy at the dinner table. My parents transitioned out of dairy farming and started their own business when I was very young. The business began with one desk in a converted milking room and struggled financially throughout my adolescence before reaching marked success and stability.

We still cut hay, manage a small orchard, and care for thirty chickens—I was called home before one of my exams this year to correct a hen’s vent prolapse, or kill and bury her if I couldn’t. It was my natural inclination to compare myself to other medical students, whose parents were doctors, lawyers, and formal professionals. I internalized that they deserved to be here, while I certainly did not. When I told my colleagues at medical school I wanted to be a country doctor, some would even laugh, and so I stopped saying it out loud. It wasn’t until the Rural Immersion Week in Oswego that I met outstanding physicians and medical students with similar ideals and sensibilities. I was reminded of the reason I came to medical school in the first place—to live and work in a small underserved community, to tear down the walls formalized medical training teaches us to build around our profession, to be, Lord willing and the creek don’t rise, a damned good country doctor.