MASSACHUSETTS
HEALTH POLICY COMMISSION

2026 SUMMER FELLOWSHIP PROGRAM

FELLOW PROJECTS AND REFLECTIONS

ABOUT THE HEALTH POLICY COMMISSION

The Massachusetts Health Policy Commission (HPC), established in 2012, is an independent state agency charged with monitoring health care cost trends and making policy recommendations to improve the affordability of health care for all residents of the Commonwealth. Through data-driven analysis, actionable policy insights, public accountability, and innovative investments, the HPC seeks to improve health care delivery, lower costs, and reduce health disparities. The HPC is committed to better health and better care – at a lower cost – for all residents of the Commonwealth.

ABOUT THE 2026 SUMMER FELLOWSHIP PROGRAM

PROGRAM OVERVIEW

The annual Massachusetts Health Policy Commission (HPC) Summer Fellowship Program has dual goals of helping to achieve the Commonwealth's health care reform and cost containment goals while simultaneously providing hands-on educational opportunities to the next generation of health policy leaders. Each year, the Fellowship Program affords students the opportunity to engage in a ten-week, stand-alone policy or research project within one of the HPC's departments. As temporary full-time employees, fellows work closely with their supervisors to ensure they meet project benchmarks, deliver key presentations, and meet deadlines. The 2026 Summer Fellowship Program was conducted in a hybrid format. Fellows participated in both in-person and virtual programming, and worked from the HPC's offices alongside HPC staff on a recurring basis throughout the summer.

PEOPLE AND PROCESS

Applicants to this highly competitive program must be enrolled in a full-time master's, PhD, law, or medical program. For the 2026 Fellowship Program, the HPC received over 320 applications from students at universities around the world. HPC staff conducted virtual interviews with dozens of top applicants. Candidates were invited for interviews based on prior professional experience and their interests in health policy as outlined in their application materials. HPC fellows are strong problem-solvers, clear and concise writers of technical and policy content, and possess the ability to understand multiple stakeholder perspectives. Successful candidates are collaborative, self-motivated, and passionate about health policy.

STIPEND AND PROGRAMMING

In 2026, fellows were paid $32 per hour for up to ten weeks (375 hours) of work. To enhance their time with the HPC, fellows were included in various activities and meetings and given access to some of the Commonwealth's most cutting-edge and forward-thinking policy making processes and staff. Fellows worked with their teams to guide a project from inception to completion, while also exploring the intersection of HPC goals and their own academic interests. In addition to their primary projects, fellows were offered a host of programming and networking opportunities to allow them to better understand the varied facets of the HPC's work. Examples included:

- Joining policy meetings with HPC staff;
- Attending meetings of the HPC's Board of Commissioners; and
- Participating in small, interactive meetings on health policy with HPC commissioners, Advisory Council members, and key stakeholders.

At the conclusion of the summer, fellows were asked to share the product of their work and reflect on the Fellowship Program in a presentation to HPC leadership and staff.

THE HEALTH POLICY COMMISSION DEPARTMENTS AND OFFICES

Under the leadership of Executive Director David Seltz and Deputy Executive Director Coleen Elstermeyer, MPP, the staff of the HPC is divided into broader departments and focused offices.

HPC DEPARTMENTS

Each department works on defined areas as well as collaborative, cross-agency projects to ensure that the HPC's responsibilities are achieved in a robust, transparent, and timely manner. Through their oversight and administrative duties, two executive departments support the development of all the policy, research, and programmatic work across the agency, and facilitate inter-agency priorities and initiatives. The policy, research, and program departments focus primarily on developing policy recommendations, monitoring and reporting on market functioning, conducting novel research, and managing the operations of HPC programs.

Office of the Chief of Staff (COS)

The Office of the Chief of Staff (COS) ensures that the HPC produces timely, high-quality deliverables and informs the public and stakeholders of the HPC's mission, policies, and programs in a consistent and credible manner. This is completed through management of the HPC's external affairs, including media, public, legislative, intergovernmental, and stakeholder relations. COS also manages the day-to-day administration of the HPC, including agency operations, human resources, fiscal management, special projects, and public events. Hannah Kloomok serves as the Chief of Staff and leads the work of this department.

Office of the General Counsel (OGC)

The Office of the General Counsel provides legal counsel and advice on a wide range of strategic, policy, and operational topics for the agency. The Legal department is responsible for supporting the HPC's policy and legal work, including the development of regulations and support of agency compliance functions. The Office of the General Counsel is led by Lois H. Johnson.

Health Care Transformation and Innovation (HCTI)

The Health Care Transformation and Innovation department is responsible for developing a coordinated strategy to advance care delivery transformation policy and programs, including developing and implementing the agency's grantmaking strategy. HCTI has administered several grant programs designed to catalyze care delivery transformation in the Commonwealth, beginning with the Community Hospital Acceleration, Revitalization, and Transformation (CHART) and Health Care Innovation Investment (HCII) programs, and continuing today with the SHIFT-Care Challenge, Moving Massachusetts Upstream (MassUP), Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN), and Birth Equity and Support through the Inclusion of Doula Expertise (BESIDE) programs. These efforts collectively represent a key component of the HPC's overall efforts to increase health care quality, equity, and access while reducing cost growth in the Commonwealth. HCTI also advances the Commonwealth's goals of accelerating adoption of new integrated care models through state certification programs for patient-centered medical homes (PCMHs) and accountable care organizations (ACOs) and enhanced transparency of such efforts. The department – in collaboration with other state agencies and stakeholders – works to promote and align innovative care delivery and payment models and address upstream causes of poor health outcomes. Through these efforts, HCTI supports the HPC's vision of a care delivery system that reduces spending and improves health for all residents by delivering coordinated, patient-centered, and efficient health care that reflects patients' behavioral, social, and medical needs. HCTI is co-led by Tayler Bungo, Director of Health Care Transformation and Innovation, and Catherine Harrison, Director of Health Care Transformation and Accountability.

Market Oversight and Transparency (MOAT)

The Market Oversight and Transparency department is responsible for advancing the HPC's statutory charge to encourage a more value-based health care market. This includes (1) developing and implementing a first-in-the-nation Registration of Provider Organizations (RPO) program to provide transparency on the composition and function of provider organizations in the health care system, (2) tracking and evaluating the impact of significant health care provider changes on the competitive market and on the state's ability to meet the health care cost growth benchmark through review of material change notices (MCNs) and cost and market impact reviews (CMIRs), (3) evaluating the performance of individual health care providers and payers which threaten the health care cost growth benchmark and overseeing Performance Improvement Plans (PIPs) to improve the cost performance of such entities, and (4) collaborating with other HPC departments to catalyze improvements in the performance of the health care system. MOAT is led by Katherine (Kate) Scarborough Mills, Esq., MPH.

Research and Cost Trends (RCT)

The Research and Cost Trends department fulfills the HPC's statutory charge to examine spending trends and underlying drivers and to develop evidence-based policy recommendations for strategies to increase the efficiency of the health care system. Using key data sources such as the Center for Health Information and Analysis' All-Payer Claims Database (APCD) and cutting-edge methods, RCT draws on significant research and analytical expertise to inform action to achieve the benchmark and the goals of Chapter 224. RCT is responsible for producing the HPC's annual Health Care Cost Trends Report and contributes subject matter expertise to the annual Health Care Cost Trends Hearing, as well as special research projects as determined by the Executive Director and the Board. RCT is led by David Auerbach, PhD.

OFFICES WITHIN THE HPC

The offices within the HPC, established through legislation, have statutory charges for their work, while supporting also the HPC's overall mission and goals.

Behavioral Health Workforce Center (BHWC)

The HPC Behavioral Health Workforce Center (BHWC) was formed in partnership with the Executive Office of Health and Human Services (EOHHS) to conduct research and make data-informed policy recommendations to strengthen the behavioral health workforce in Massachusetts, including efforts to improve education and training pipelines, increase diversity and cultural competency, enhance opportunities for professional growth, and retain behavioral health providers in the workforce. The BHWC serves as the Commonwealth's primary hub for research on the behavioral health workforce. The BHWC aims to (1) identify gaps and challenges across communities and provider types; (2) monitor trends, particularly related to disparities in workforce representation and demand for services; and (3) support development of responsive, high-impact policy recommendations. BHWC is led by Amy Doyle, MSW, MPH.

Office of Health Resource Planning (OHRP)

The Office of Health Resource Planning (OHRP) was established with the goal of identifying and addressing service gaps and challenges in the Massachusetts health care system while fostering patient-centered care. As the entity leading the first Massachusetts state health planning effort in over a decade, the OHRP applies rigorous data collection and analytic techniques to evaluate health care resource access and needs. OHRP investigates and reports on the factors that drive the misalignment of supply and need and makes policy recommendations to promote the appropriate supply and equitable distribution of services. OHRP is led by Kara Vidal.

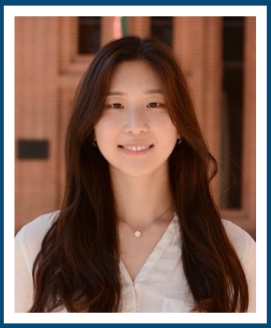
Office of Patient Protection (OPP)

The Office of Patient Protection (OPP) safeguards important rights of health insurance consumers. Implementing certain provisions of M.G.L. Chapter 176O, OPP regulates the internal grievance process for consumers who wish to challenge denials of coverage by health plans and regulates and administers the external review process for consumers who seek further review of adverse determinations by health plans based on medical necessity. OPP is also charged with regulating similar internal and external review processes for patients of Risk Bearing Provider Organizations and HPC-certified ACOs. OPP also administers and grants enrollment waivers to eligible individuals who seek to purchase non-group insurance when open enrollment is closed. Additionally, OPP assists consumers with general questions or concerns relating to health insurance. OPP is led by Nancy K. Ryan, Esq., MPH.

Office of Pharmaceutical Policy and Analysis (OPPA)

The Office of Pharmaceutical Policy and Analysis (OPPA) was established with the goal of conducting nation-leading research and developing key policy recommendations related to pharmaceutical drug access and affordability, serving as the hub of expertise on pharmaceutical drug policy for the Commonwealth. The main functions of OPPA are to collect and analyze pharmaceutical spending data and information, develop and share reports and cutting-edge analyses of trends related to access, affordability, and spending on pharmaceutical drugs in the Commonwealth, and issue recommendations on pivotal matters related to pharmaceutical policy. OPPA is led by Matt Frank, JD, PhD.

HPC SUMMER FELLOWSHIP PROGRAM REFLECTIONS



SARAH BANG
She/Her/Hers

MPH, Health Policy,
Harvard T.H. Chan School
of Public Health

SARAH BANG

Market Oversight and Transparency

This summer, I had the privilege of joining the HPC as a summer fellow. As an MPH candidate in Health Policy with a particular interest in health care financing and business, I was fortunate to support the Market Oversight and Transparency (MOAT) department and learn about the real-world efforts the HPC has undertaken to curb health care spending and monitor health care transactions.

My fellowship at the HPC centered around two projects. The first involved developing a framework to review and identify potential future risks associated with private equity-related health care transactions during the 30-day preliminary review period after entities file a Material Change Notice (MCN). This work gave me substantial exposure to a variety of transactions across the Commonwealth and to the HPC's review process, which included reviewing definitive agreements, speaking with transaction parties, and conducting background research on the entities involved.

By researching known risks associated with private equity involvement in health care, such as financial distress, reduced access and quality, and disruptions to market competition, and reviewing MCNs, I documented key indicators that could potentially heighten these risks. Examples included unsustainable debt-to-equity or debt-to-EBITDA ratios and contractual provisions allowing debt proceeds to be used to make payments to investors. This work allowed me not only to deepen my understanding of the impact of private equity in health care, but also to think critically about how transactions can be reviewed so that potential risks are identified earlier.

My second project involved supporting the Performance Improvement Plan team by updating summaries of the team's research and findings on follow-up entities. Through this work, I had the opportunity to review major providers' and payers' explanations for why their spending exceeded the state's cost growth benchmark, as well as the cost-containment strategies they were implementing. Being involved in conversations about how best to monitor spending and evaluate cost-containment efforts helped me better understand the nuances of the state's approach to regulating health care spending in a way that is both effective and sustainable.

My experience at the HPC has profoundly enriched my understanding of the role state government can play in driving lasting changes across the health care landscape to make care more affordable, transparent, and accessible. I am incredibly grateful to have contributed to projects that are creating meaningful impact across the Commonwealth, and I hope to carry the lessons and perspectives I gained from this experience throughout my career.



KASSY BONANNO
She/Her/Hers

MPH, Health Policy, Milken Institute School of Public Health, George Washington University

KASSY BONANNO

Behavioral Health Workforce Center

This summer, I joined the Behavioral Health Workforce Center (BHWC). As a health policy student, I was eager to work at the intersection of public health, policy, and workforce issues. Massachusetts is an excellent health policy lab that leads the nation in crafting innovative solutions to pressing health issues. I was deeply excited for the opportunity to contribute to research that would help others. My fellowship project explored what early pipeline interventions in behavioral health (BH) education and training would look like in Massachusetts secondary schools. Secondary schools are traditional comprehensive high schools and vocational-technical (VoTech) schools. I primarily examined how VoTech schools could be used to expose students to education, training, and certifications in the field of behavioral health to help address the access crisis Massachusetts residents face when trying to meet their behavioral health care needs.

I created a survey for VoTech schools about their current (if any) behavioral health offerings. Using this survey, I interviewed schools and other relevant stakeholders in Massachusetts to better understand the landscape of secondary school BH education and workforce training. To understand Massachusetts' BH education offerings in the context of the rest of the United States, I conducted a comparative analysis of BH-specific educational programming in VoTech schools across the 50 states and Washington, D.C. I analyzed these results and created policy recommendations from them. My final deliverable was a report summarizing how Massachusetts can use VoTech schools to address the BH access crisis that residents of the Commonwealth are experiencing.

Through the fellowship, I furthered my qualitative research and policy analysis skills. Learning how to present ideas and findings in a format suitable for diverse stakeholders was very relevant to the work I want to do. Getting to work with a team of incredibly knowledgeable subject-matter experts was the best part of my fellowship experience. I adored my research topic and created connections that will continue past the summer. I am incredibly grateful to my supervisor, the BHWC, and the HPC for taking me under their wing. I have gained expertise and experience in a field I will continue working in as I continue my career in health policy and government work.

I am deeply grateful for the mentorship, collaboration, and trust extended to me by my supervisors and the HPC team throughout this fellowship. I look forward to following the HPC's ongoing efforts to advance equitable, cost-effective health care for all Massachusetts residents.



SHIRA HORNSTEIN
She/Her/Hers

MD/PhD Candidate,
Health Policy,
Harvard Medical School

SHIRA HORNSTEIN

Office of Health Resource Planning

This summer, I had the privilege of joining the Office of Health Resource Planning (OHRP) within the Market Oversight and Transparency (MOAT) department. As a current MD/PhD student, pursuing my PhD in health policy, it has been exciting and elucidating to see how a government agency can put health policy research and policy evaluation into practice. In my own research, I hope to evaluate how policy change affects patient access and outcomes. Better understanding how government uses academic research and conducts internal research to inform policy will be valuable to me as I continue to think about how my work can make a tangible health and policy impact.

This summer, I had the opportunity to work on the State Health Resource Plan Emergency Department chapter. In this project, I used multiple data sources to evaluate the Commonwealth's current supply, capacity, utilization, costs, and needs of the emergency department service line with the aim of informing policy recommendations for the equitable distribution of health care resources for Massachusetts residents. Through this project, I was able to improve my data analysis skills by learning new coding languages and datasets and learning how to effectively communicate research findings for policy use. I also learned how the HPC engages with key stakeholders and subject matter experts to inform policy evaluation and implementation.

This fellowship has been an incredible experience. I am grateful to all of my mentors and co-fellows for creating a welcoming and positive learning environment. It has been fulfilling and exciting to contribute to work that the HPC will publish and utilize to improve the proper distribution of health care resources in the future. Thank you to everyone at OHRP and MOAT for welcoming me to the team, being patient with my questions, and allowing me to contribute to this important work.



CAILA KILSON-KUCHTIC
She/Her/Hers

J.D. Candidate,
Boston College
Law School

CAILA KILSON-KUCHTIC

Health Care Transformation and Innovation

This summer, I had the privilege of working in the Health Care Transformation and Innovation (HCTI) department as a summer fellow. As a J.D. Candidate at Boston College Law School, I was eager to deepen my knowledge of health policy while working to promote an equitable health care system through investment programing.

I had the opportunity to work on two projects this summer that furthered the work of the BESIDE investment program. My first project involved drafting a memo on where the BESIDE awardees stand in their doula efforts over the last year since the BESIDE program ended, and what, if any, activities they have planned for their doula work. Through check-in interviews, I was able to learn how the two awardees are using what they learned from their involvement in the BESIDE program to continue to expand access to doula care and what steps they are taking to support the doula workforce.

My second project involved drafting an internal memo documenting the current and potential policy opportunities aimed at supporting doula programs, doula access, and the doula workforce that address some of the challenges in the BESIDE evaluation report. For this project, I conducted a landscape review of the current doula landscape in Massachusetts and nationally. From there, I conducted interviews with key stakeholders in the doula space in the Commonwealth, and then summarized findings to inform policy recommendations. This project provided an opportunity to further develop my data analysis skills and use a mix of qualitative data with existing literature to develop policy recommendations for the HPC.

My time at the HPC, working with HCTI, has been incredibly rewarding. I've gotten to pair my professional interest in health law and policy with my passion for improving the maternal health care system in the United States. Creating a supportive and welcoming environment for doulas in the Commonwealth's health care system is no easy feat, but I've learned the importance of centering the voices of doulas in any programming or policy efforts that seek to do so. Many thanks to the HCTI team for all the guidance and support they provided. I am grateful for the invaluable knowledge and skills I've developed as a fellow and look forward to applying them throughout my career in health law and policy!



ELSA KINNEY
She/Her/Hers

MPH, Health Services, Policy, and Systems, Brown University

ELSA KINNEY

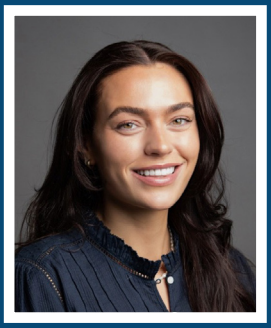
Research and Cost Trends

This summer, I had the incredible privilege of working as a Summer Fellow within the Research and Cost Trends (RCT) department. As a Master of Public Health candidate focusing on Health Services, Policy, and Systems, I was eager to apply my academic training to real-world health care challenges impacting communities across the entire state of Massachusetts.

During my fellowship, my project focused on building and analyzing a concierge and direct primary care clinician dataset. Utilizing claims data from the Center for Health Information and Analysis' (CHIA) All-Payer Claims Database (APCD) as well as clinician roster data from the IQVIA OneKey Healthcare Professional (HCP) Database and the HPC's Massachusetts Registration of Provider Organizations (MA-RPO), I conducted analyses to evaluate how many and what types of primary care clinicians are working in concierge medicine in Massachusetts. More specifically, I developed charts that depict a series of descriptive analyses of the providers, patients, and insurers involved in concierge medicine and direct primary care.

Beyond my core project, I had the opportunity to attend HPC Board meetings, work closely with the RCT team, as well as connect with and learn from the other fellows. Working alongside the RCT team especially sharpened my Stata skills and broadened my understanding of how state agencies drive evidence-based policy. I also had the privilege of connecting with key health care leaders across the Commonwealth; an experience that affirmed my passion for using data to shape public health policy.

I am especially grateful to my supervisor and the entire HPC team for their mentorship, feedback, and support throughout the summer. This fellowship has reaffirmed my commitment to a career in health care policy and equipped me with a larger skillset and connections to advance equitable care.



DEVAN MCCLAIN
She/Her/Hers

MPH, Health and Social Behavior, Harvard T.H. Chan School of Public Health

DEVAN MCCLAIN

Health Care Transformation and Innovation

I was fortunate to join the Health Care Transformation and Innovation (HCTI) department this summer, which was a wonderful opportunity to expand on my background in health services research and explore my interest in digital health access. Much of my prior work has centered on how to structure and implement evidence-based interventions to reach patients and communities more equitably, and this fellowship offered the opportunity to examine similar themes through supporting care delivery work at the Health Policy Commission.

My fellowship project focused on the Hypertensive disorders Equitably Addressed with Remote Technology for Birthing People (HEART-BP) investment program, which awarded $1.5 million across five health care organizations in Massachusetts to address racial, ethnic, and geographic inequalities in hypertensive disorders of pregnancy through remote blood pressure monitoring (RBPM) programs. In order to better understand the scope of resources involved in planning and implementing RBPM initiatives, I conducted a qualitative assessment of HEART-BP program costs through performing a targeted literature review, analyzing program documents, and facilitating discussions with awardee teams. The work culminated in the creation of a findings report focused on how to translate lessons learned to future digital health programs, with an emphasis on sustainability. The report also identified gaps in the reimbursement landscape, offered insights into how care model variation may impact scaling, and provided recommendations for monitoring how upcoming health policy may affect the provision of remote patient services over the coming months.

I am extremely grateful to my supervisors for their support and mentorship throughout the project, as well as to the entire HCTI team for sharing their repertoire of zany icebreakers and extensive expertise on care delivery in the Commonwealth. I am equally grateful to the HEART-BP awardee program staff who graciously made the time to speak candidly about the resources that are involved with managing digital health programs. This summer challenged me to think critically, allowed me to learn more about value-based care and health financing, and introduced me to an incredible group of peers. I look forward to carrying the lessons from this fellowship into the remainder of my MPH program and my future career.



CHLOE MORALES
She/Her/Hers

MPP, Behavioral Health Policy, The Heller School at Brandeis University

CHLOE MORALES

Behavioral Health Workforce Center

As a recent graduate of the Master of Public Policy (MPP) program at The Heller School for Social Policy and Management with a concentration in behavioral health policy, working with the Behavioral Health Workforce Center (BHWC) and Research and Cost Trends (RCT) department was a full circle moment. I have cited the HPC's work at least a dozen times across coursework and past internships, so being on the other side, producing data that could one day be published, felt surreal.

This summer, I learned to use pharmaceutical claims data to analyze trends in the behavioral health prescribing workforce in Massachusetts. Specifically, I analyzed which types of providers prescribe which behavioral health drugs, to whom, and where in the Commonwealth. My questions were always welcomed, and the culture of the HPC is one I will never take for granted. It is intentional and kind while still creating space for growth.

I am leaving this fellowship with sharper Stata skills, a stronger ability to distill complex analyses into digestible pieces for different audiences, and an understanding of how an independent state agency runs behind the scenes. Most of all, I leave with immense gratitude for the lessons learned, the incredibly special people I met, and the skills I will carry throughout my career.



SUJITA PANDEY
She/Her/Hers

PhD Candidate, Health Economics,
Dalhousie University

SUJITA PANDEY

Research and Cost Trends

This summer I had the privilege of working with the Research and Cost Trends (RCT) department. During the fellowship I analyzed trends in behavioral health hospital admissions originating in the emergency department to understand where the Commonwealth ranks nationally across metrics such as behavioral health admission rates and resulting impact on hospital capacity. I used inpatient and emergency department discharge records from the Healthcare Cost and Utilization Project (HCUP) to conduct the analysis. In the process, I learned from experts within the HPC about the behavioral health policy landscape in MA, advanced my data analysis skills, created well-documented replicable codes to support future extensions of the project and translated research findings to intuitive data visualizations and presentations.

As a doctoral candidate in Health Economics, this fellowship opportunity was invaluable. I was part of a proficient team that motivated me to produce highly quality work relevant to the contemporary policy environment. In addition to applying the skills I learned, we also had the incredible privilege to learn from experts and key stakeholders at the forefront of advancing health care policy in MA. The skills I gained during the fellowship will have an enduring impact on my professional career and I am truly grateful to my supervisor, the RCT team, the 2026 summer fellow cohort, and the HPC for this wonderful opportunity.



DOMINIQUE SANCHEZ
She/Her/Hers

MHSA, Health Management and Policy, University of Michigan School of Public Health

DOMINIQUE SANCHEZ

Office of the Chief of Staff

This summer, I had the privilege of serving as Team Chief's Summer Fellow, directly supporting the Communications Director with social media, internal process memos, and other duties as assigned. As a Master of Health Services Administration student with four years of state health policy experience, I was eager to apply my professional and academic experience to the HPC's external affairs efforts.

My project objective was to conduct a comprehensive media analysis of how other similar entities are communicating and discussing complex health policy topics of relevance to the HPC including: affordability, health equity, primary care, pharmaceutical costs, private equity, behavioral health, and consolidation. The intent of this project is to find other accessible ways for the public to digest the high-quality research of the HPC. My recommendations were intended to highlight areas where existing practices can be further enhanced.

Further, I produced a communications toolkit to disseminate to members of the Primary Care Task Force members, created a series introducing summer fellows across social media platforms, and developed centralized repository resources to ensure HPC procedures and standards are followed for staff led events.

This fellowship has been a wonderful learning experience for me. Working alongside such intelligent, thoughtful, and passionate individuals was inspiring and further reinvigorated my interest in public service. I am grateful for the opportunity to develop a deeper understanding of the Massachusetts health policy landscape and to see the ways in which research and policy can intersect to improve health outcomes. Throughout this summer, I was consistently encouraged to think critically, ask thoughtful questions, and provided the space to explore new ideas. Because of this, my writing, analytical, and critical thinking skills were further developed, preparing me for future academic and professional opportunities.

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