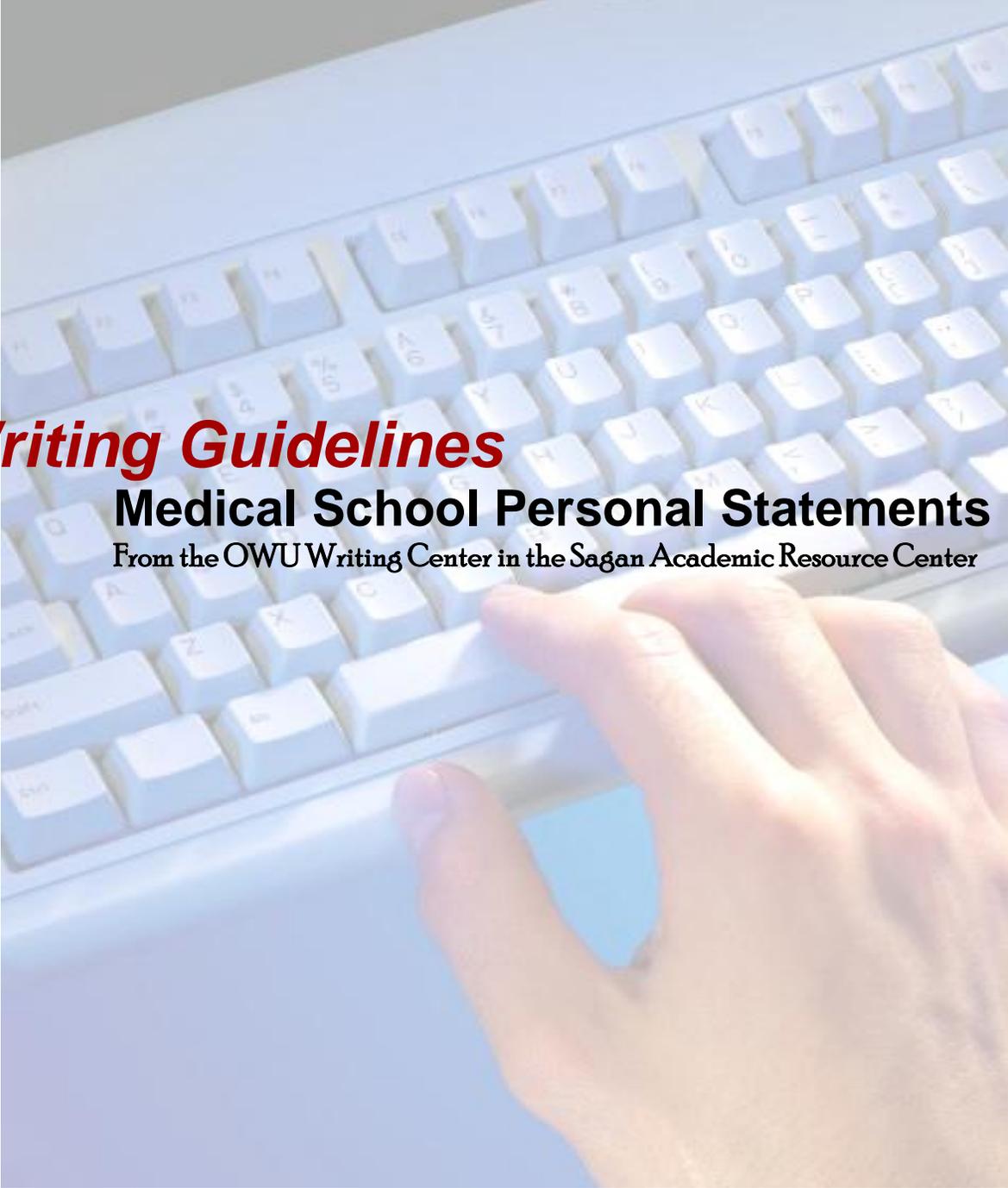


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# *Writing Guidelines*

## Medical School Personal Statements

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# Guidelines for Writing Medical School Personal Statements

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# Guidelines for Writing Medical School Personal Statements

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Each year approximately 35,000 medical school applicants compete for 17,000 coveted spots (Jones and Baer 1). Competition is greater if you apply to the better or best schools. Top twenty medical schools, for example, accept about 7.5% of all applicants, while the Mayo Clinic and the Cornell University Weill Medical College accept as few as 3% (Jones and Baer 146). Writing a quality personal statement will help you get accepted to one of the medical schools of your choice. The guidelines below will help you achieve this goal.

## The Importance of the Personal Statement

The importance of the personal statement will vary from one institution to the next. Prestigious schools place a greater weight on the essays because they receive more applications and can be more selective. Certain medical programs, moreover, value the personal statement more than others; the Virginia College of Osteopathic Medicine, for example, considers the essays the second most important part of the application package after the science GPA (Staff of the Princeton Review 101). For applicants with borderline GPAs and test scores, the personal statement may be the deciding factors for the admissions committee. Though a strong academic profile may get you into most medical schools, the personal statement and secondary essays may help you get accepted to the school of your choice. Finally, as an admissions officer note, “the personal statement can have a huge impact on an admission decision, both positive and negative” (The Staff of the Princeton Review 97).

## Writing Your Personal Statement

Most how-to books and university Web pages include generic writing guidelines that apply to not only medical school personal statements but business and law schools essays as well. I want to reinforce the value of this general advice in following pages and also provide you with more specific suggestions, comments, and guidelines that will help you think of the medical school personal statement as a specific kind of essay, or genre, defined by a fairly specific set of values, beliefs, discourse practices, and epistemological assumptions.

This statement, I realize, may seem abstract, even impractical, to readers who think concretely and would prefer step-by-step guidelines to help them negotiate this unfamiliar, even daunting, writing task. As we all know, however, good writing results from good thinking, which begins with situating writing in a context—in this case, a professional community—and understanding the purpose of the writing task. Like all other applicants, you want to convince admissions officers and other readers that you will succeed in medical school and go on to be the kind of doctor that so many applicants idealize in their medical school personal statements.

To achieve this goal, you should read the following guidelines and sample essays and familiarize yourself with the features and conventions of the medical school personal statement.

You will soon recognize that many applicants rely on a fairly limited repertoire of themes, organizational patterns, and phrases, despite that admissions officers and other members of the medical community often admonish pre-med students to be themselves—to distinguish themselves from the thousands of other applicants. If you deviate too far from the expected writing and rhetorical practices of the genre, readers will likely downgrade your essay and eliminate you from their pool of applicants (See sample essay 1). Members of the admissions committee want you and other applicants to celebrate the values and practices of the medical community and to re-describe personal qualities and experiences in terms of a developing professional identity.

## ***I. Audience and Context***

Medical school selection committees may include as many as two dozen members composed of admissions officers, medical faculty, community physicians, and medical students. Typically, at least one person on the committee reads your application materials from beginning to end (Dowhan, Dowhan, and Kaufman 3-4). Knowing your audience and learning about each medical school will help you select a topic and write a more compelling personal statement. In addition, writing an effective essay means considering the larger writing context, such as learning about important social issues and current and future trends in medicine. While your readers want to learn about your personal qualities or characteristics, they also appreciate applicants who have a broader social vision and a critical awareness of trends and issues in medicine and public health (See example six).

- **Consider that changes in the medical community often reflect changes in society.** For example, as the American population has grown more diverse and embraced cultural pluralism as a social ideal, the number of under-represented minorities in medical school, including African Americans, Mexican Americans, and people with disabilities, has increased steadily since the early 1990's and reached 34% by 2001 (Benkins, Huckin, and Kijak 59). A more diverse population of physicians means improved patient care. For example, "female physicians tend to spend more time with patients than their male counterparts and tend to emphasize the psychological and emotional issues related to illness" (Staff of the Princeton Review 82). In addition, medical schools recognize "that it is extremely important to have a physician population that represents the populations it serves" (83).
- **Learn more about new and continuing trends in medicine and health care.** The authors of *Medical School Essays that Made a Difference* identify nine trends that will impact medicine in the twenty-first century: "Development of new technology," "Increased health care costs," "Evolution of health care delivery and payment systems," "Greater reliance on primary and preventive care systems," "More guidelines for patient care," "Better gender and ethnic diversity among physicians," "An aging patient population," "The emergence of new ethical issues," and "Changes in academic medicine and medical education" (75).

- **Learn about the medical school—its program and ethos.** This will help you choose themes for your essay and tailor your message to readers. For example, as noted above, an increasing number of under-represented minorities have enrolled in medical school over the last decade. This does not mean, however, that all medical schools enroll approximately the same percent of minority students each year; in fact, there still remains a wide disparity in the diversity of students from one program to the next. Check the percent of minorities at the three following schools: University of South Dakota—3%; Indiana University—24%; Johns Hopkins—46%; and Stanford University—57%.

Pay attention to other criteria and factors as well. Among other sources, you might refer to the *Ultimate Guide to Medical Schools*, authored by Josh Fischman and the staff of *U.S. News & World Report*. This book provides a brief description of each medical program and in-depth profiles of five of the best schools: Duke University School of Medicine, Yale University School of Medicine, Johns Hopkins University School of Medicine, University of Washington School of Medicine, and the University of Wisconsin School of Medicine and Public Health. Consider these important features of the University of Wisconsin program:

1. Minority students account for 25% of the medical student population (102).
2. The school reserves approximately 75% of its openings for in-state applicants (29).
3. The program emphasizes the integration of patient care and public health. As one representative said, ““We want our medical students to learn how to take the pulse of the community, as well as a patient””(28).
4. Thirty-four percent of Wisconsin graduates enter primary care residency programs. In contrast, 80.5% of Michigan State graduates enter primary care residency programs (104-05).

- **Consider the context in which admissions officers read your essay.** Most medical schools receive at least 2,000 personal statements each year and secondary essays as well. For example, State University of New York Upstate receives 3,800 personal statements, Ohio State University 4,000 (The Staff of the Princeton Review 94). This means deans, admissions officers, faculty, doctors, and even medical students—your audience—read as many as 50 personal statements a day, spending only 3 to 10 minutes on each essay (Dowhan, Dowhan, and Kaufman 4). Late in the day, tired, bored readers have little patience for predictable storylines, clichés, insincerity, and gimmicks. As one admissions officer puts it, ““When pushed, I have read 40 statements in a day. That means that by the end of the day, I have developed a low tolerance for nonsense”” (4).
- **Consider the biases of your readers.** As representatives of the medical community, admissions officers, physicians, and other readers expect applicants to promote the values, beliefs, and practices of the profession. For this and other reasons, including my careful analysis of dozens of medical school personal statements, I believe that readers often evaluate essays using unspoken guidelines that deviate from the popular wisdom

they impart in the interview sections of *Essays That Worked for Medical School* and many other how-to books. Simply put, some readers may use both explicit and tacit criteria to evaluate your essay. While you should gather as much information as you can from experts—from books and Web pages—you should also rely on sample personal statements, for they remain one of the best resources for familiarizing yourself with the manifest and subtle patterns and features that characterize this genre of writing—the medical school personal statement.

## **II. Topic Selection**

You should begin the writing process by selecting appropriate topics for your essay. Admissions officers and others experts often claim that applicants can select from a wide range of personal experiences and write about non-medical topics and themes. For example, Judy Colwell, Assistant Director of Admissions at Stanford University of Medicine, notes that many medical school applicants “discuss who they are in many ways without talking about medicine at all (Stewart 121). Stephanie Jones and Emily Angel Baer explain, similarly, that the online American Medical College Application Service (AMCAS) application allows you, the applicant, “to write basically anything you want about yourself” (8). Applicants, however, are encouraged to address two questions about their interests in medicine: “Why have you selected the field of medicine?” and “What motivates you to learn more about medicine?” (qtd, Jones and Baer, 8).

Most all how-to books include suggestions or ideas about topic selection. In *Essays That Worked for Medical School*, for example, the authors identify seven categories of essays, including “I Want to Be a Doctor,” “The Family Crisis,” and “Hippocrates and Humanity.” In *Essays That Will Get You into Medical School*, the authors provide three general categories that include a number of thematic possibilities in each category. The category “Why I Want to Be a Doctor,” for example, includes, among others, the following sub-themes: “I’ve Always Wanted to Be a Doctor,” “My Parents Are Doctors,” “My Doctor Changed My Life!” and “My Mom Had Cancer” (Dowhan, Dowhan, and Kaufman 21-23). Though applicants focus on these and many other themes, most essays do not fit neatly into one category; in fact, most essays include a number of topics that make categorization problematic and not particularly useful.

I would like you to think of topic selection—the themes you discuss in your personal statement—in a different way. Many of you will address, of course, some of the themes identified above and others as well. Keep these thoughts in mind as you develop and revise your medical school personal statement. Regardless of the specific topics included in the essay, most applicants essentialize their experiences in terms of medicine and write a medical school narrative with a number of common thematic features. What does this mean?

First and foremost, it means that applicants focus on a narrower range of topics than suggested in the first paragraph of this section. You should think twice, in other words, about writing about a non-medical topic. If you have not done volunteer work or had experience in health care, such as shadowing a physician, make sure you link your topics to medicine by emphasizing the skills and personality traits that will allow you succeed in the profession (See example thirteen). After all, you and other applicants must build a rationale that justifies your commitment to medicine. With this in mind, most applicants, as I discuss below, describe their

career choice as a calling and focus their medical school narratives on science and humanitarian experiences and themes. In doing so, they reveal, often implicitly, a variety of personal qualities or character traits that add up to—or, in some cases, even detract from—a more idealized concept of selfhood based on self-sacrifice and a commitment to service.

## Identifying Medicine as a Career Path and Calling

In *Essays That Worked for Medical Schools*, authors Stephanie Jones and Emily Angel Baer note that “Not everyone knows from birth what he wants to do with his life” (40), and that medical school applicants should not be “discouraged if [they] didn’t grow up wanting to be a doctor” (41). Most important, the authors tell readers that “Honesty is the best policy” even if that means discussing interests and experiences that “don’t reflect a genetic disposition toward a career in medicine” (40).

My findings suggest, however, that many applicants, whether identifying an ongoing interest in medicine or describing a potentially different career path, ultimately idealize the medical profession and describe their career choice as a life-calling. They emphasize their total commitment to medicine and to leading an exemplar life in the service of others. In fact, many applicants—even the applicants who express initial uncertainty about a career choice—claim with almost teleological certainty that medicine has always been part of their destiny. Many applicants, as well, identify medicine as the most noble of professions. As these comments suggest, it would not be in your best interest to express reservations about your career choice. Consider the following examples (and see Appendix G for a more complete list):

- “I am excited to continue on this journey in medical school, training for that to which I believe I am called” (Jones and Baer 39).
- “I cannot recall a specific time when I chose medicine; instead, I would affirm that medicine chose me” (Jones and Baer 71).
- “Ever since I was twelve years old I’ve wanted to be a physician. I cannot pinpoint the specific event which sparked this unyielding desire; however, I do know what drives me in the direction of the health profession at this stage of my life” (Jones and Baer 27)
- “Although I had not yet definitely decided to become a doctor, my path toward medical school became inevitable” (Jones and Baer 45).
- “I cannot say that there was a single event that led to my decision to pursue a career in medicine, but that my life experiences, consciously or not, have been inexorably linked to the field” (Jones and Baer 56).
- “Since that first pitch, I have gradually come to realize my aspirations to become a doctor” (Jones and Baer 99).

- “I believe no other profession has an ethos as noble as that of the medical field. It is an ethos I could envision holding for my entire professional career” (Staff of the Princeton Review 147).
- “What separates medicine from fixing computers and motorcycles is that the goal of medical science and clinical medicine is to assuage human suffering” (Jones and Baer 79).

## The Dual Ethos of Authority—Scientific and Humanitarian Values

Though you can write about a wide range of topics—even topics that do not necessarily target medical-related experiences—most applicants acknowledge the profession’s “dual ethos of authority”—the combination of “medicine-as-science, requiring a passion for objectivity, and medicine-as-art, demanding a diagnostic intuition that also includes empathy for the patient” (Newman 32). It would be accurate to say, in fact, that most applicants focus on these dualistic but inter-related topics to a greater or lesser degree. This dualism—“combining hard-core science with the softer side of helping people”—can be described in several ways: “some describe it as a dichotomy of science to art; to others it is intellectualism to humanism, theory to application, research to creativity, or qualitative to social skills” (Dowhan, Dowhan, and Kaufman 24). Regardless of the terms used to describe this dualism, many applicants generate personal statements in which they acknowledge the importance of a liberal arts education and reinforce the legitimacy of scientific and humanitarian values and practices (See examples two, nine, and twelve).

### Science and Research

Not all medical school applicants have a strong science background, and medical programs do accept students other than biology or chemistry majors. For example, the Virginia College of Osteopathic Medicine does “not hold any preferences regarding [their] candidates’ undergraduate major” (Staff of the Princeton Review 100). If you do not have a strong science foundation, however, you need to make a potential liability an asset and convince readers you have the aptitude to excel in a science-based medical school curriculum.

**Note:** Two medical school admissions officers rated sample essay one as average, in part because the applicant admits she turned away from science as an undergraduate and also because she does little to offset potential concerns about her lack of scientific preparation.

Most applicants, as you will see in the sample essays, devote one or more paragraphs to science and research; they note relevant courses, mention class projects, discuss social issues, and describe research and internship experiences. They do not, however, over-emphasize science and research because the personal statement, as the name suggests, should focus more on the person and his or her character and personal qualities, not on the solitary scientist or researcher who works in isolation and pursues knowledge for its own sake. Consider these characteristic features and patterns when you begin writing about your science and research experiences:

- **Applicants often identify a passion for science and emphasize their curiosity and commitment to life-long learning.** Many essays include one or more of the following declarations: “Biological phenomena inspired me, and I want to learn more” (Jones and Baer 55); “I am committed to using nearly every moment I have to learn” (Jones and Baer 22); “My thirst for knowledge continues to direct me toward the medical profession” (Jones and Baer 31).
- **Applicants note how their interest in science led to undergraduate research projects.** For example, one applicant notes, “With a fervent interest in biology, I joined the genetics laboratory of Dr. X. in my freshman year” (Dowhan, Dowhan, and Kaufman 77). Most applicants give readers a general idea about their research experiences but avoid inundating them with superfluous details and over-using technical or medical jargon.
- **Applicants typically talk about research as it relates to clinical medicine.** That is, many applicants first emphasize their interest in science and research, often in early paragraphs of the essay, and then later discover medicine as the profession of choice because it allows them to combine the knowledge of research with patient care. The following paragraph illustrates this pattern:

This summer, as a participant in NYU Medical Center’s Summer Undergraduate Research Program (S.U.R.P.), I am learning even more about research and clinical medicine. In my work, I am determining the effect of the absence of the N-ras protooncogene on induced tumori-genesis. By conducting molecular oncology research for another summer, I have greatly expanded my knowledge and interest in the field. In addition, through my experiences in the Radiation Oncology Department with Dr. S., I clearly see the greater purpose of medical research beyond personal intellectual gratification. In the case of cancer and many other diseases, research is the only way to overcome the limitations of current medical treatments. (Dowhan, Dowhan, and Kaufman 108-09)

- **Applicants discuss how research experience makes for better physicians.** Doctors can serve, for one, as interpreters of research data—the link between scientists and the public. In addition, an understanding of research practices and methods will improve the physician’s analytical thinking and diagnostic skills. In other words, experience in research can improve patient care because doctors have the skills to critique current research, assimilate new information, and incorporate it into their diagnostic repertoires (See example 2).
- **Applicants talk about this moment of awareness—that is, the “greater purpose of medical research”—as a conversion experience.** While pre-med student profess their love of science and research, they discover that true fulfillment only comes from devoting their lives to helping others. One pre-med student, for example, was committed to “scientific research” but felt “something fundamental was missing” from his life. Several lines later he notes this: “I realized that the fundamental missing piece in my scientific career was the need to interact with people of all walks of life” (Jones and Baer 45).

When he returns from a research project in Venezuela, he frames an important life decision in term of a conversion story:

“I changed my life drastically. I resigned my position as an Assistant Research Scientist at Yale’s physics department, gave up my deferred Ph.D. fellowship, and before long was taking courses in biology and chemistry. Basic science research, while essential for our society, was no longer what I wanted to pursue. I wanted to use my scientific skills to help others through direct personal contact” (Jones and Baer 45-46).

In summary, when you talk about science and research experiences, you might include a statement about your passion for science and commitment to life-long learning. While you should identify your research experiences, avoid excess details and overly technical language by emphasizing the clinical application of research and the goal of improving patient care. You might also explain how research helps improve the physician’s analytical and diagnostic skills. The better personal statements include all these elements combined in a story—the conversion story— about bridging the gap between science and the human community and emphasizing the advancement of humanitarian ideals.

When applicants focus a paragraph about a specific research project, they often include several of the following components. You can achieve paragraph cohesiveness if you structure your material this way:

- 1) Identify the research experience and include other related information, such as the name of a mentor or scientist and the research institution.
- 2) Describe the project, talking briefly about methods and results, and note you duties or responsibilities.
- 3) Discuss the outcome, significance, or application of the research, emphasizing in particular its clinical application and also noting if it led to a publication or to additional research projects.
- 4) Conclude with a positive, forward-looking accent sentence to emphasize your personal satisfaction and to underscore the importance of the research. One applicant notes, for example, that “My participation in Mass General’s elutriation clinical phase trials gave me the intense pride of knowing I was contributing to a better method for processing bone marrow” (Bodine 57). Another pre-med student ends the essay with this statement: “As an MD/Ph.D. I will dedicate myself to uncovering the underlying pathologies of these mental health-related diseases” (Bodine 65).

**Sample Research Paragraph:** Volunteering at Cleveland Clinic’s Cancer Center satisfied my scientific curiosity to investigate medicine at its most basic level. Applying the concepts I learned as a neurobiology major, I researched the role of telomerase in transforming normal glial cells into malignant gliomas, a brain tumor that even after surgical intervention offers its victims a life expectancy of only nine to twelve months. Is there a correlation between the malignancy of glioma and telomerase activity? That was my research’s driving question.

After what seemed like an eternity of pipetting, I eventually found that over 95 percent of malignant gliomas I tested exhibited telomerase activity—a promising sign given that we may one day be able to target this enzyme for treatment. With the help of my advisor, Dr. Jacob Beauvoir, I then wrote an honor’s thesis that enabled me to truly grasp the theoretical import of my research. (Bodine 60)

## The Humanitarian Ethos

For decades the pre-med curriculum has attempted to wed “training in hard sciences with a liberal education” (Newman 32). A training that combines empirical study with humanistic knowledge would result in the ideal physician who can diagnose illnesses and provide treatment in a compassionate, caring manner. In other words, a liberal education, which might include undergraduate courses in literature, anthropology, and psychology, presumably helps pre-med students develop a more effective bedside manner. Physicians, in other words, gain a greater understanding of human nature and behavior and develop interpersonal skills so they can effectively communicate with a diverse mix of people who are, as one applicant put it, “in their most vulnerable states” (Jones and Baer 52).

Despite the continued efforts to bridge the worlds of science and humanities in the pre-med curriculum, the specific value of this course of study seems somewhat unclear and can be problematic for pre-med students who graduate with a non-science major. Based on my survey of medical school personal statements, applicants take a risk if they choose to emphasize non-scientific courses and activities or discuss the seemingly tenuous connection between science and humanities. They fail to turn a liability into a real strength for a number of reasons. For one, talking about a passion for literature, history, or music, for example, might suggest a lack of focus and raise questions about your presumed interest in science and your commitment to medicine as a life-calling (See example 10). In addition, many applicants do not adequately explain the value of a liberal arts education and typically make general, vague, and even clichéd statements about medicine as art, such as, “My experience in the arts has provided me with the background to learn the art of medicine” (Jones and Baer 115).

Another applicant makes a similar comment when he describes an advanced placement course in high school biology: “I was fascinated by our dissection of a fetal pig, for it satisfied both my scientific and artistic curiosity. On that day I was both surgeon and sculptor” (Dowhan, Dowhan, and Kaufman 122). I would guess that many readers—this reader for sure—would find this statement pretentious, disingenuous and even offensive, for the applicant—compares himself to a surgeon and a sculptor and fails to explain how dissecting a fetal might be understood as artistic or creative.

These two applicants, however, wrote “successful” personal statements—if only because their essays did not compromise their goal of attending medical school. So you can write about non-science activities and coursework and discuss how a background in both science and humanities prepared you for medical school. In fact, some applicants write convincingly about how non-science courses and activities relate to medicine. For example, applicant two makes a fairly successful claim about how analyzing the writing of William Faulkner and other literature prepared him to “analyze scientific research” (Dowhan, Dowhan, and Kaufman 69). If you

choose to write about such a theme, consider what other applicants have done to turn a potential negative into a real strength:

- **Applicants devote more space to discussing medical-related experiences than they do to discussing non-scientific courses and activities.** One applicant, for example, begins her essays with a three-sentence statement that establishes her interest in theatre: “It was opening night. I was about to walk on stage as Ruth in *The Pirates of Penzance*. Any sane actor would be singing scales, or meditating, or reviewing dialogue” (Dowhan, Dowhan, and Kaufman 81). Not this applicant, however; she was “spitting into a test tube” so she could later “assay the saliva for cortisol and compare the results with [her] normal cortisol levels” (81). This opening conveys at least two inter-related messages. First, she may have an interest in theatre, but it does not interfere with her primary passion—science and research. Second, the shift from theatre to science establishes the thematic focus of the essay; after the first three lines, the majority of the essay targets her medical-related experiences and interests.
- **Applicants announce to readers that they intend to consider non-science majors and career paths other than medicine but in fact convey that medicine remains their inevitable career choice.** One applicant, for example, begins with an anecdote about his grandfather who believes that the applicant, like other males in the family, should choose medicine as his career path. The applicant announces that “it was at this moment that I decided a medical career would not be the definitive goal during my four years in college” (Dowhan, Dowhan, and Kaufman 113). Readers know, of course, that the author will continue the family tradition and ultimately decide to attend medical school, even though he initially decides to major in the classics. Not surprisingly, he soon finds that he misses the sciences and interprets that as a sign of his true passion: “despite my intentions, I would eventually be drawn back into the field I had consciously rejected” (113). (See example 12)
- **Applicants implicitly criticize the non-science curriculum and underscore that other career choices cannot compare to medicine.** One applicant, for example, rejects humanities as antithetical to a more practical and desired profession. He begins his undergraduate studies with an interest in literature because he enjoys “learning about people by reading about fictional characters” (Jones and Baer 32). However, as his “professional goals evolved,” he realizes that he “would rather contribute to the lives of *real* people in a measurable, humanitarian way. Since then [he has] explored the medical profession as a postbaccalaureate science student” (32). In other words, the applicant not only fails to see how a broader-based liberal arts education, including literature courses, might be valuable preparation for a physician; he implies that at least some non-science topics and courses seem less significant, even frivolous, and a potential obstacle to more important work—i.e., medicine—because of their abstract nature and focus on fictional characters rather than “*real* people” and utilitarian values and practices.

## The Volunteer Narrative

As my comments suggest, the connection applicants make between the liberal arts and the practice of medicine often seems more tenuous and contrived than compelling and may point to an incremental change in the medical school personal statement. This centers on the problematic duality of medicine-as-science and medicine-as-art and the increasing rift between vocational training and a broader based liberal arts education with a strong humanities component. Pursuing a broader liberal arts education, more specifically, may seem unrealistic and impractical to many applicants who must complete an intense science and pre-med curriculum, prepare for MCATs, and devote an increasing amount of time to volunteer work, which most all applicants highlight in their essays.

According to Steve Newman, for example, students applying to the Medical School at Johns Hopkins targeted volunteer experiences with an increasing frequency after 1968 (39). Ellen Barton, Jennie Ariail, and Tom Smith note, similarly, that “The emerging gold standard” in residency personal statements “is a narrative of volunteer experience with its implication of moral commitment to service” (87). My survey of medical school personal statements confirms these observations; in fact, the theme of volunteerism may be the most important topic in your essay. As you read sample personal statements, check for some of the characteristic features and patterns of the volunteer narrative summarized in the following paragraph (See examples three, four, and fourteen).

Many applicants may note, for example, how one or more volunteer experiences exposed them to aspects of clinical medicine, but they typically focus on the humanitarian values and practices celebrated by the medical profession. In addition, many applicants describe a consummate physician who inspired them to pursue medicine as a career. In turn, applicants present themselves as medical apprentices who declare their commitment to service and helping others—often emphasizing how they can relate, on an interpersonal level, to people from a variety of ethnic and socioeconomic backgrounds. Applicants often punctuate their narratives, moreover, with stock phrases and words that reflect the altruism of the profession, which I will discuss later in the language sections of the guidelines. In addition, when applicants target one or more volunteer experiences, they often reveal some of the sobering realities of medicine and healthcare and describe these experiences as a rite of passage—one that confirms their commitment to service and helping others. In the following paragraphs, I elaborate on some of these features in more detail. For now, though, note four good reasons for focusing on volunteer experiences in the health care field.

1. To “test” and show your passion for medicine.
2. To confirm your commitment to medicine in spite of—or perhaps because of—the sobering realities you witnessed as part of your volunteer experiences.
3. To illustrate your commitment to altruism and service—two values embraced by the healthcare profession.

4. To show the challenges of working with diverse populations and your ability to communicate with people from different cultural backgrounds.

As noted above, applicants are devoting an increasing amount attention to their volunteer experiences, particularly in health care. Compared to writing about the value of a liberal education, which often seems incongruous with the applicant's passion for science, volunteerism seems a more tangible way to emphasize social responsibility and illustrate a commitment to service and helping others. To describe how applicants write about volunteer work, I use the word "narrative" because it conveys that the medical school essay has story-like qualities and characteristic features that convey a message about the applicant's commitment to medicine. Applicants often include the following patterns and conventions in their volunteer narratives: "rite of passage" stories, profiles of model physicians, stock phrases that emphasize humanitarian ideals, and insights about clinical medicine.

- **Applicants explain what they learned about clinical medicine.** For example, one applicant talks about what she learned when she shadowed an oncologist at Presbyterian Hospital: "I examined malignant breast tumors, observed nurses administer chemotherapy, and aided patients on their deathbed and the stages in between. I also sat in on internal medicine residents' morning report and physician conferences" (Jones and Baer 70). As this illustrates, these experiences introduce applicants to practices and procedures performed routinely by physicians, nurses, and other health care professionals. In addition, some applicants note that they were exposed to several areas of medicine and gained some insights about areas they may prefer as a career.
- **Applicants develop "rite of passage" stories that reveal some of the sobering realities of health care and confirm their career choice of medicine.** For example, one applicant describes such a moment when she participated in SCOPE (Shadowing for Clinical Opportunities and Premedical Experience). As a volunteer in the emergency room, she witnessed "horrible tragedies—a man went into cardiac arrest because of blood clot in his brain, leaving him a vegetable, while his two daughters cried in the corner of the operating room. In the ER, life and death coexisted—and yet, through it all, the doctors used their skill to help people gain their health. And the fact that they tried—and I knew then that I wanted to chance to try—is what matters" (Staff of the Princeton Review 122). These stories affirm the applicant's commitment to medicine in spite or because of these challenging experiences (See examples three and seven). (See the introduction section for more detailed comments about "rite of passage" stories.)
- **Applicants include profiles of model physicians.** Part of the volunteer narrative includes identifying the physician as a noble figure who personifies the humanitarian ideals of the professions and serves as a role model for medical school applicants. Applicants either describe a compassionate doctor who ministered to health concerns when they were younger or profile an exemplar physician who mentored them as part of a shadowing experience (See examples four and seven). One applicant, for example, notes the following in the first paragraph of her essay: "As a child, I admired and trusted the physician who treated me when I was ill. He showed me the important role of kindness and compassion play in making a patient feel comfortable and secure with the

prescribed treatment” (Jones and Baer 29). Another applicant explains how she worked with the real-life equivalent of Marcus Welby, M.D. In addition, focusing on a specific physician allows applicants to describe these admirable qualities without “lecturing” to more knowledgeable readers about what makes for the ideal doctor.

- **Applicants include statements that reveal their altruism and commitment to humanitarian ideals.** While applicants explain that volunteer and shadowing experiences were valuable for several reasons, including knowledge and insights about clinical medicine, they typically explain how helping patients was the most relevant part of these experiences. In fact, applicants often emphasize—sometimes over-emphasize—how the greatest reward comes from serving, helping, or healing others. As one applicant puts it, “my greatest joy came from my interaction with patients, providing comfort and alleviating some of their pain” (Jones and Baer 30). Of all the patterns that characterize the medical school essays, this kind of statement—a declaration of selfhood that emphasizes the applicant’s compassionate and caring nature—may be the most prevalent feature and important index of the applicant’s desire to serve and, most important, to help and to heal those who require medical attention.

Be warned, however, that many applicants, as the last example suggests, rely on a fairly limited lexical repertoire that includes one or more clichéd phrases about their concern for the well-being of others. Applicants want to “make a difference in someone’s life” (Jones and Baer 29), “touch the lives of children” (Jones and Baer 29), “ease suffering” (Jones and Baer 83), “assuage human suffering” (Jones and Baer 79), and “treat [a] wounded soul” (Jones and Baer 60). Will readers be receptive to these kinds of stock phrase and clichés, Will they expect and perhaps hope to find these kinds of stock phrases, or will they find them trite and insincere because they appear repeatedly in so many personal statements? (See example four)

## Personal Qualities and Characteristics

Though you will focus on specific experiences and themes in your personal statement, you should also be aware of the personal qualities you reveal about yourself and the kind persona you construct, often implicitly or unintentionally, in your medical school narrative. Persona means that you assume a certain role in your narrative in order to reveal yourself in a meaningful way to readers. In other words, you should present yourself as a unique person but also emphasize the personality traits readers will associate with the model or ideal physician. In addition, be aware of the unintentional messages you convey about yourself as you describe and illustrate your personal qualities and interests. For example, confidence may be interpreted as over-confidence, even conceit, or claims about your compassionate and caring nature, as I discuss later, might appear as self-serving rather than as altruistic. Consider the additional comments below about personality traits and their potential importance as indicators of medical school success.

Though more than two or three personality traits define the ideal medical school applicant, admissions officers recognize that certain character traits—such as dependability and diligence—are common among most candidates and a prerequisite for success in medical school. So focus on experiences that reveal other important personal qualities.

The authors of “Assessing Personal Qualities in Medical School Admissions,” propose that admissions committees might consider using a personality indicator, in addition to GPAs and MCAT scores, as a means for determining their potential success in medical school (Albanese et al. 313-14) According to Dr. Jordan Cohen, “admissions committees might well find many instances in which truly compelling personal characteristics would trump one or two isolated blemishes in the academic record” (qtd. in Albanese et al. 313). In addition, some medical schools have begun reassessing their concept of the ideal or preferred medical student, which traditionally has been based on MCAT scores and undergraduate grades. This suggests that the personal statement and the interview could become more important parts of the application process.

As you describe and discuss medically relevant experiences in your personal statement, make sure you reveal some of the non-cognitive qualities associated with the profession. As noted above, you should reveal qualities associated with altruism, such as empathy and compassion. The criteria listed below will help you identify additional personality traits you might feature. Mark Albanese reports that successful medical students—ones who graduated with honors—rated high for these personal qualities: perseverance, self confidence, tolerance of ambiguity, and supportive and encouraging behavior (315). In “Attributes of a Good Practicing Physician, P. B. Price et al. identify 87 positive traits commonly associated with physicians. The highest ranked traits relate to patient care—e.g., having up-to-date medical knowledge, conducting thorough patient examinations, making accurate and decisive patient diagnoses, and providing treatment appropriate to the needs of each patient. See pages 232 to 233 for a complete list.

## **Other Suggestions about Topic Selection**

Consider the additional advice about topic selection. Some of it comes directly from the mouths of admissions officers and other health care professionals

- Do not write a personal statement in paragraph form that repeats information included in other parts of your application package.
- Do not focus on the future—what you intend to do after medical school—unless you have the experience to support your plans and interests. As one dean notes, “The prospective student hasn’t done rotations yet; he doesn’t really know what’s involved in each specialty, and until he does, he shouldn’t guess” (Jones and Baer 5).
- Admissions officers and deans generally agree that “blemishes,” inconsistencies, and discrepancies should be addressed in the essay. “If you have a perceived weakness in your application,” you should, as Stephanie Jones and Emily Baer note, “make it your strength by addressing it head-on. If you don’t, you have limited your chance of admission” (7). Take responsibility for your actions and do not make excuses. Explain what happened, giving valid reasons, and not how you have grown from the experience.
- Unusual experiences are not the only valuable experiences; working at a daycare center can be as meaningful and moving as your experience working at an AIDS clinic in

Thailand or Africa. In fact, focusing on unusual topics might be detrimental if you let the experiences speak for themselves and fail to reflect on their significance.

- You should not include a general definition of the ideal physician (The Staff of the Princeton Review 91), though you can describe or profile a specific physician who you found influential.
- If you explain why you selected a certain medical school, you should not talk about how wonderful the school is or cut and paste information from a school catalogue or Web page. (The Staff of the Princeton Review 92).

### ***III. Organization and Development***

Most applicants develop five to seven paragraphs and describe their experiences chronologically—from past to present—even if they do not adhere to a detailed chronology. In addition, most applicants adopt a more specific organizational pattern, such as a narrative or comparison/contrast pattern, to describe their experiences. While you need to decide what organizational pattern best serves your purpose, many applicants, I want to emphasize, rely on a standard organizational formula that might be compared to the five-paragraph theme. The authors of *Essays that Will Get You into Medical School* describe it this way: “The general application of the standard structure is to introduce the themes and main points in the introduction, use the body of the text to supply one supporting point in each paragraph, and then reiterate your main points in the conclusion” (36). In the paragraphs below, I elaborate on this pattern of development and also discuss the patterns and conventions that characterize introductory and concluding paragraphs.

#### **Introductions**

Admissions officers privilege the introduction as a site of over-determined value. This means that they view the introduction as the most important paragraph in the personal statement and even use it as a frame—positive or negative—to evaluate the entire essay. For this reason and others, you should write a compelling first paragraphs. You can follow the generic advice included in how-to-books and begin the essay with a vivid description, a metaphor, a provocative statement, an anecdote, or a symbolic and dramatic moment. While this advice remains valid for all kinds of personal statements and other kinds of essays as well, you should also pay specific attention to what makes medical school introductions unique.

You should develop an introduction that serves your interests and engages readers in a meaningful way. This means that medical school applicants do not subscribe to only one or two introductory strategies and topics. For example, in two of the essays I reviewed, applicants acknowledge their status as non-traditional students—both were older—because some readers may have reservations about applicants who follow a less direct path to medical school and may be years older than the traditional applicant. As you survey a number of personal statements, look for examples you might model in your own essay. In addition, be aware that many applicants rely on one of the three patterns identified below:

- 1) They provide a summary of the essay
- 2) They target a work or a volunteer experience—most often in the medical field
- 3) They focus on a childhood moment—most often a personal injury or illness or a health problem of a loved one.

### **The summary introductory pattern**

Summary-type introductions share a number of common features. Applicants note their interest in the sciences and the arts, establish their commitment to service and helping others, idealize the medical profession, and convey—often announce in the first sentence—a life-long interest in medicine. This type of introduction, as typified and boring as it may seem, provides set-up material for readers and also illustrates how form can reinforce an essential thematic imperative of the medical school personal statement; when applicants provide an overview of their topics in the introduction, they essentialize their cumulative life experiences in terms of a singular interest or pursuit—medicine—that adds up to an inevitable career choice or calling.

**Example:** Every since I was twelve years old I've wanted to be a physician. I cannot pinpoint the specific event which sparked this unyielding desire; however, I do know what drives me in the direction of the health professions at this point in my life. I've always enjoyed studying the sciences, especially those dealing with human anatomy and physiology. I also find a great amount of pleasure when meeting new faces and when helping others the best way I know how. Becoming a doctor, I believe, would thus be extremely satisfying and fulfilling, as I would be able to combine these three pleasures every of my life. Also, every interaction I have had with the health professions (volunteering in the hospital, CPR training, viewing surgery from inside the operating room, etc.) has given me a feeling that has not and could not be matched by any other. Whenever I experience such interactions, I want to take what I've seen or learned to the next level. That is, I want to learn more about what is occurring and why. Going to medical school and becoming a doctor would enable me to do so, as well as to apply this knowledge to real-life situations (Jones and Baer 27).

### **The work or volunteer introductory pattern**

As the example below illustrates, applicants often begin their medical narratives with dramatic and often harrowing initiation experiences that would make less committed pre-med students choose a less noble and psychologically exacting profession. They describe an experience—a rite of passage—that teaches the medical novitiate about the sobering realities of the health care profession, particularly in third-world countries. As part of a longer medical narrative, this type of introductions serves applicants in several ways.

- They illustrate their commitment to service.

- They demonstrate their skill working with diverse populations and overcoming the cultural and language barriers that often make communication more difficult between physicians and patients.
- They inscribe the medical school personal statement with a characteristic thematic feature or thread—i.e., medicine as a life journey fraught with physical and emotional challenges—that applicants address more directly in their concluding paragraphs.
- They develop “rite of passage” stories; when applicants write about incurable diseases, human suffering, death, and other emotional and medical-related challenges, they allay the potential concerns of admissions officers and other readers who have reviewed too many personal statements written by pre-med student who present naïve and unrealistic ideas medicine and their role as healer.
- They include a statement—one or more sentences—that affirms their commitment to medicine and conveys an unwavering idealism despite or because of having to cope with adverse circumstances.

**Example:** The screaming of the little boy’s mother shattered the relative serenity in the room. The nurse and I quickly ran over to the child’s bed. His body had just gone limp in his mother’s arms. I maneuvered my way through the crowd of people gathering around the boy and listened for a heartbeat. All I heard was a few faint, irregular thumps. ‘I barely hear anything,’ I yelled across the room to the nurse. He brought over two syringes of epinephrine, injecting one into the boy’s are as I continued to monitor his heartbeat. It slowly became stronger and faster but remained irregular. The nurse handed me the second syringe before running off to find the doctor on call for the night. I continued monitoring his heart while trying to comfort his parents until the doctor came. ‘The child is critically ill,’ the doctor reported after checking his vitals, ‘and probably won’t live through the night.’ I wanted to scream in protest. I wanted to believe he would pull through. I left the ward reluctantly that night and returned early the next morning. The doctor was right; the little boy had died during the night. It is likely that he had severe pneumonia, though no ‘official’ cause of death was determined. This is the way it is in third-world countries like Haiti, where thousands of children die daily from malnutrition and preventable diseases” (67).

### **The childhood introductory pattern**

In the third pattern of introductions, applicants target symbolic and life-changing experiences, rooted in childhood or adolescence, that reveal how an initial interest medicine became a life-long pursuit. As these and many other examples illustrate, applicants often include one or more statements, usually the first and/or last sentence of the paragraph—such as, “My desire to become a doctor traces back to my childhood memories”—to underscore their commitment medicine. A number of applicants talk about a career decision as if it were inevitable or

unfolding as part of a grand design. One applicant, for example begins her essay with the following statement: “If I had to trace it all back to one particular episode, that singular lucid moment that the motivation to practice medicine for the rest of my life became my personal mantra, it was when I was eight years old” (Jones and Baer 122).

Moreover, applicants privilege childhood as an impressionable age and underscore how certain experiences—often relatively minor injuries—have life-changing implications in their personal lives as well as in their medical narratives. These crises and self-revelatory moments, more specifically, carry symbolic significance when applicants describe them as part of a conversion experience that include witnessing the physician as “hand-on healer” who, in the words of one applicant, restores “both the injured physical part and the wounded spirit of another person.” Arthur Frank calls this type of story a “‘restitution narrative,’ a story of losing and regaining health in a hierarchical relationship between a compliant patient and a competent physician, a story that represents one of the highly preferred narratives of the profession of medicine” (qtd. in Barton, Ariail, and Smith 86).

**Example One:** Seconds after my unbalanced Nolan Ryan windup, all I could feel was my thumb, twisted into an unfamiliar shape. Several terrifying minutes passed until I was in the ER, with a doctor and his medical student examining my hand. I do not remember the questions he asked, nor the setting of the cast, but I do clearly recall leaving that hospital aware that here are opportunities to learn how to restore both the injured physical part and the wounded spirit of another person. Since that first pitch, I have gradually come to realize my aspirations to become a doctor (Jones and Baer 99)

**Example Two:** My desire to become a doctor traces back to my childhood memories. Vividly, I remember my mother’s tragic experience. I was only six years old when she underwent a tracheostomy. The days following the surgical procedure were incredibly frustrating. Not only was she confined to her bed, but she was unable to speak to me as well. I felt so helpless, and all I wanted was for her to be well again (Addrienne Dowhan, et al. 70)

**Example Three:** I have been drawn to medicine ever since my father checked my ears for infections and prescribed medications for me as a young age. As I matured, I challenged my sincerity of these ambitions by questions whether my ostensible goals arose from within me, or if they were merely the results of being raised in a doctor’s family. It has become clear that it does not matter—my intentions are genuine, and a predisposition to pursue medicine does not diminish their validity (Jones and Baer 78)

## Body Paragraphs

When you develop your medical school personal statement, you might choose from any number of organizational patterns. Most often, however, applicants adopt a structure that might be compared, as I note above, to a five-paragraph theme or essay. The implied expectations of the medical essay, which includes discussing several relevant experiences using a limited number of characters or words, makes this basic pattern seem appropriate for structuring their

papers and describing, if not reflecting on, the meaning of their experiences. This means that many applicants target several relevant experiences—such as shadowing a physician, conducting research, volunteering at a women’s shelter—and devote a paragraph to each topic.

For example, in the personal statement below, the author begins with a two-paragraph introduction—with a childhood anecdote followed by a summary paragraph—and then focuses on a specific experience or related experiences in each of the three body paragraphs: the patient-care associate position in Birmingham, Alabama; “the Hospital Experience course through the College of Sciences and Mathematics and East Alabama Medical Center”; and his community and educational experiences at Auburn University. Note the repetition, in bold type, that occurs throughout the essay.

### Sample Personal Statement as Five-Paragraph Essay

Fear and uncertainty enveloped my mind as I, a normally happy thirteen-year-old, sat in the emergency room. Both of my wrists were likely broken. The right arm, though, was the one causing most of my distress. Just looking at it upset my stomach and caused me to wonder what would happen next. I was active in sports, and summer had just begun; now I was facing possible surgery or even the fact that my right wrist might require months of rehabilitation. I not only needed a skilled orthopedic surgeon, but one who was compassionate and encouraging. The surgeon on call that night provided just that. He placed as much emphasis on repairing my injuries as he did on offering encouragement throughout the whole ordeal, allowing me to stay positive over the entire summer as I slowly advanced toward a full recovery.

The experience provided by this injury along with a major ankle injury in high school first introduced me to the field of orthopedics and a career in medicine. **Over the years, a number of varied experiences, in addition to the injuries, have served to entice me further toward a career in medicine;** this includes working directly with patients in a hospital and immersing myself in the biomedical sciences curriculum at Auburn University. **Together, these experiences have fueled my passion for a career in medicine that will present me the amazing opportunity to better the human existence.**

**When I first began attending Auburn, I felt in my heart that a career in medicine was the right path for my life. I just lacked practical experience to support my passion.** Although my strong performance in freshman chemistry and biology were indeed encouraging, I needed the opportunity to work with people. The opportunity came during the summer in Birmingham, Alabama, where I worked as a patient-care associate whose primary responsibility was to assist the nurses in the care of the patients’ needs. It was an extremely valuable experience. I not only gained an appreciation for the work of nurses, but I was also able to work with patients and doctors first hand. I even observed a few surgeries, including an open-heart bypass procedure. **The experience that summer was pivotal in my career pursuits, for it assured me that I had a genuine passion for the field of medicine and the opportunities it presents. Since that summer, my experiences have only served to increase my passion for medicine.**

During the summer prior to my junior year, I had the privilege of taking the Hospital Experience course through the College of Science and Mathematics and East Alabama Medical Center. In this class, I was able to spend a few hours per week for eight weeks with doctors from eight different specialties. This experience gave me greater understanding and insight into the different career paths for a physician. I learned a great deal about myself that summer. I realized that surgery probably was not the right path for me but that primary care interests me greatly. I was also introduced to the very intriguing field of radiation oncology. **Had I not taken this course, I might never have grasped the unique challenges and rewards associated with this field of medicine.**

Finally, my educational and community experiences at Auburn have only served to encourage me further toward my goal of becoming a doctor. I have continued to excel in all science and medical-related classes throughout my second and third years at Auburn. The classes I have taken with direct medical applications include vertebrate development, histology, microbiology, genetics, and medical ethics. Not only have I done well in these classes, but they have also been very interesting. In addition, I have been very involved in campus and community service activities throughout my time at Auburn. I have remained active in a social fraternity all three years and have served in the offices of treasurer and scholarship chairman. I also currently serve at Auburn as the president of the Student Recruiters, the president of the College of Sciences and Mathematics, and as a Camp War Eagle counselor. These experiences, along with the job and the Hospital Experience class, have enabled me to enhance my interpersonal communication and leadership skills. In my opinion, the way a doctor relates to patients is perhaps the most important aspect of a profession in medicine. Because of my experiences at Auburn, I have significant confidence in my ability to relate to others and to help them with their problems.

I am truly excited about the opportunities that await me in my pursuit of a career in medicine. I know in my heart that I am ready to face the challenge, but at the same time I am greatly humbled by it. I feel that physicians carry the awesome responsibility of bettering the human experience. It is this end that most strongly motivates me to dedicate myself to the challenges of earning my distinctions as a doctor of medicine. (Jones and Baer 102-104)

In paragraph three the applicant begins with a general statement about his duties as a patient-care associate. Note that he includes a few additional details—for example observing an “open-heart bypass procedure—but offers no meaningful comments about the meaning of this experience—other than it affirmed his passion for medicine. He mentions this three times in the paragraph—in the second sentence, in the penultimate sentence, and in the final sentence. Similarly, in the following paragraph, the author claims to have “learned a great deal that summer in the Hospital Experience course,” but he notes only that he has a clearer idea about a potential career path in primary care, not surgery.

This applicant would seem to compromise his goal of writing a “winning” personal statement—the kind of essay “That will get you into medical school”—because he disregards the admonishments from admissions officers and other professional readers who want “a clear statement of what the applicant had learned from his or her life experiences” (Bekins, Huckin,

Kijak 65). Though some applicants provide more thoughtful insights about their experiences and demonstrate the kind of introspection admissions officers appreciate if not expect, the most important message may be convincing readers about your passion for medicine—and repeatedly, if necessary, as this applicant does.

## Conclusions

Medical school applicants do not subscribe uniformly to a set of generic conventions when they develop their concluding paragraphs. Some applicants, for example, develop one-paragraph closing statements while others include a penultimate paragraph as well. Moreover, applicants often generate somewhat different types of ending paragraphs; some draw a narrative to a close or develop an anecdote while others discuss what they plan to do to better prepare for medical school. However, many applicants—most applicants, in fact—conclude with summary-like endings that include a number of familiar and predictable patterns and clichéd statements.

In fact, if medical school applicants typically write strong opening paragraphs, they also tend to conclude with paragraphs that lack originality and would seem to subvert their efforts to distinguish themselves from other applicants. The final paragraph, of course, may have little impact on readers who make a preliminary and somewhat final assessment of an essay after reading the preceding four or five paragraphs—sometimes after the first paragraph. Yet, if writers use genres to make their intentions known to readers and to promote the profession or discipline, these concluding paragraphs have a function in spite of their clichéd messages and typified rhetorical practices. As the example below illustrate, many concluding paragraphs share a number of similar features:

- Applicants identify their goal of becoming a physician and include one or more summary-like references to experiences described earlier in the essay. In the second example, for instance, the author mentions volunteering at Memorial Hospital and attending Barry University.
- Applicants note their passion for learning, particularly science, and affirm their compassionate and caring nature and their dedication to service and helping others.
- Applicants acknowledge—often emphasize—the “rigors of medical school” (Jones and Baer 69) and “the lifelong challenges” [they] will face as physicians” (Jones and Baer 77)
- Applicants convey, with equal certitude and conviction, that they have the dedication, stamina, and passion to succeed even though their “journey” or “path” may be a particularly demanding one. As this sentence suggests, they often use journey metaphors to emphasize that their commitment to medicine has been ongoing, life-long, even part of their destiny that precludes any other professional choices. **Note:** The summary-like concluding statement reflects this teleological message because the form encourages writers to bring the individual parts together in a cumulative way to emphasize how their experiences steered them, inevitably and invariably, to their life goal of attending medical school.

- Applicant convey—in fact, even state—that their career choice represents a higher calling—one they embrace with an unwavering zeal.
- Applicants use superlative language and adverbs to underscore their commitment—for example, “total sincerity,” “sincerely possess,” and “totally committed and dedicated.”

**Example One:** Culminations of experiences, lessons, and other events have drawn me ultimately to pursue a career in medicine as a rural family practice physician. However, I do not particularly view being a physician as a career choice, but rather as a calling. I sincerely possess the desire to serve others and be a vehicle in restoring health as a physician. My compassion, commitment, and energy to the field of medicine will allow me to be an effective physician. Many will tell you that I am too passionate about becoming a doctor. Yet I understand what a tremendous difference a physician can make upon society and I humbly ready to contribute in this capacity. In closing let me say that you will never encounter someone who truly want to serve a rural community as a physician more than I. I am totally committed and dedicated to going the distance to become a rural health care provide and look forward to the day when I can start medical studies. (Jones and Baer 36-37)

**Example Two:** Over the past two years my desires to practice medicine have consistently grown and solidified. Volunteering and later working at Memorial Hospital was a wonderful learning experience when it came to both medicine and people. In August, the setting for my education switched to the classroom of Barry University, where I have enjoyed and excelled in courses very similar to those taught in the first year of medical school. Through these experiences, I can say with total sincerity that I have a passion for learning about the human body and the science of medicine. I am excited to continue on this journey in medical school, training for that to which I believe I am called. (Jones and Baer 39)

#### ***IV. Word Choice, Stock Phrases, and Patterns***

The prototypical medical school personal statement does not include the technical or specialized language—i.e., jargon—we associate with a trade or profession. However, as you read sample essays, note that many applicants rely on a familiar repertoire of words, stock phrases, and language patterns specific to this genre of personal statement. I have noted some of these characteristic patterns and qualities in the following paragraphs.

##### **Using Adverbs and Superlative Statements**

Writing textbooks often advise writers to use adverbs sparingly and avoid unnecessary superlative statements. For example, consider this example: “I am *very* passionate about music”; the word “passionate” expresses a conviction, if not an absolute condition, that requires no modifier to specify the degree of intensity. As this example illustrates, many medical school applicants disregard textbook writing advice and use adverbs and other words to emphasize—perhaps over-emphasize, depending on your perspective—important points in their essays.

Applicants underscore their passionate nature and commitment to science and medicine and implicitly claim they will become practitioners worthy of such a hallowed profession. Consider these examples:

- “I **truly** grasped the tight line between research and patient care” (Jones and Baer 59)
- “I am **totally** committed and dedicated to going the distance” (Jones and Baer 37)
- “I had the **incredible** good fortune” (Jones and Baer 30)
- “an **unquenchable** desire to practice medicine” (Jones and Baer 26)
- “I **sincerely** possess” (Jones and Baer 36)
- “I became **enthralled** with the chemistry and biology of the human form” (Jones and Baer 51). (See appendix X for a more comprehensive list).

## Idealizing the Medical Profession

Applicants include three kinds of statements that idealize medicine and health care: **1)** They identify a career choice as a calling, as noted above. **2)** They compare medicine to other professions, usually emphasizing the importance of serving the human community. Note, too, that more than one applicant willing gives up a lucrative job for a higher calling but fails to acknowledge that a medical career will be equally or more lucrative. **3)** They emphasize the power of medicine to heal and the great responsibility required of medical practitioners. Note how applicants convey this message by word choice (e.g., “tremendous” and “enormous”) and by idealizing the physician as all-powerful healer who can “delve into the human soul” and “better the human existence.” Consider these examples (and see appendix G for a more comprehensive list).

### The medical career as a calling or way of life

- “However, I do not particularly view being a physician as a career choice, but rather as a calling” (Jones and Baer 36).
- “I am excited to continue on this journey in medical school, training for that to which I believe I am called” (Jones and Baer 39).
- “I cannot recall a specific time when I chose medicine; instead, I would affirm that medicine chose me” (Jones and Baer 71).
- “What I have confirmed is that medicine remains my calling” (Health Professional Personal statements 157).

## **Medicine compared to other professions and career choices**

- I couldn't imagine being able to help people as an attorney in the same tangible way as I was able to help them in Guatemala" doing volunteer work in medicine (Jones and Baer 48).
- "But, most significantly and most obviously, I chose to leave a lucrative and intellectually easy career to start over, at 34 years of age, in medicine" (The Staff of the Princeton Review 149).
- "What separates medicine from fixing computers and motorcycles is that the goal of medical science and clinical medicine is to assuage human suffering" (Jones and Baer 79).
- "Although I reside in silicon Valley, where young people like myself seem increasingly flush with Internet riches, I choose medicine" (Jones and Baer 57).
- I couldn't imagine being able to help people as an attorney in the same tangible way as I was able to help them in Guatemala" (Jones and Baer 49).
- "But to me, only one profession also has the dynamism of continuous intellectual exploration—medicine" (Dowhan, Dowhan, and Kaufman 93).

## **The healing power of medicine and the great responsibility of physicians**

- "I understand what a tremendous difference a physician can make upon society and I am humbly ready to contribute in this capacity" (Jones and Baer 37).
- "I have been awakened to the enormous responsibilities a physician faces daily and have seen the vast importance of healthy doctor-patient relationships" (Jones and Baer 36).
- "Together, these experiences have fueled my passion for a career in medicine that will present me the amazing opportunity to better the human existence" (Jones and Baer 102).
- "By nurturing personal bonds and asking the proper questions, physicians have the opportunity to delve into the human soul and learn more about each other" (Dowhan, Dowhan, and Kaufman 100).
- "I offer enthusiasm for medicine, experience as a caregiver, and diverse skills that will enrich my capacity as a physician. To work closely with death and birth, courage and fear, and commit to the contract of caring for other, is a responsibility I am ready, honored and proud to have" (Staff of the Princeton Review 217).

## The Journey Metaphor and the Challenges of Medicine

Many applicants use journey metaphors to emphasize the challenges they will face as medical students and physicians and to underscore that their commitment to the profession has been ongoing, even life-long. For example, applicants use words like “path,” “road,” and “journey” to convey their unwavering conviction to the profession and even suggest that their career decision was preordained. In turn, applicants punctuate their essays with words and phrases that suggest the journey will be an arduous one, fraught with obstacles and challenges. Note how the writers emphasize perseverance and the kind of self-sacrifice we associate with the humanitarian ideals of the profession. Note, too, that many authors rely on similar words, phrases and clichés—ones that could be used interchangeable from one essay to the next. You will find the following kinds of statements in many medical school personal statements—in introductory and body paragraphs but particularly in final paragraphs.

- The **path** to medicine will likely be **difficult** and, at times, **tiresome**. Yet I find joy in the **struggles** that lead to a positive end” (Jones and Baer 97).
- “The **path** less **travelled** is generally my **path** of choice. Some would say that the **path** most **challenging** is most intriguing to me” (The Staff of the Princeton Review 149).
- “Mastering this art requires one to **struggle** through various **emotional and physical obstacles**” (Jones and Baer 98).
- “I believe I have the **stamina** and **willingness** to make the commitment all physicians must make to their careers in order to succeed” (Jones and Baer 27).
- “It was the day I got my microscope back and **embarked** on another incredible **journey**” (Jones and Baer 88).
- “I am totally **committed and dedicated** to **going the distance** to become a rural health care provider” (Jones and Baer 37).
- “Now that I am aware of some of the **challenges inherent** to the practice of medicine, I can say that I am willing to accept them” (Jones and Baer 43-44).
- “My experiences have prepared me for the **challenges** of a career in medicine” (Jones and Baer 55).
- “I understand the **self-discipline** and **perseverance** that are equally important to **endure** the **arduous** study, long hours, **emotional and mental strain**, and more and legal responsibility that are an integral part of the medical student’s and eventually doctor’s daily existence” (Jones and Baer 71).

## The First Person Singular, “I”

Readers expect applicants to use the first person singular pronoun, “I,” in their autobiographical personal statements. You should be aware, however, that the use of “I,” has rhetorical implications and conveys meaning beyond the subject—i.e., medical school applicant—it refers to. Consider, for example, that the author of the following paragraphs has punctuated his sentences with at least sixteen “I”s and, more specifically, several “I believes” and “I thinks”:

Lastly, I want to be a doctor because I think I would be a good doctor. Despite my other motivations I do not think I could enter a profession that I could not excel in. I have the sincere belief I will be a good doctor, however. I believe I have the analytic and communication skills critical for success. Likewise, I have a temperament and a sympathetic outlook that I think are conducive to long-term success in the medical profession. I believe that to squander ability is wrong. I believe it is a moral imperative to use one’s gifts in the proper ways. The medical profession is a proper way to harness potential. Though idealistic, I envision the good doctor as a model human being—using his reason to assist his neighbor in combating evils of the world. This is a vision I would like to have of myself. (Staff of the Princeton Review 147)

Though the excessive number of “I”s (above) may be uncharacteristic of most medical school personal statements, many medical school applicants, however, include more “I”s than some readers might consider necessary for a personal narrative that privileges the self as the understood subject. As this paragraph may suggest, the number of “I”s, particular in “I believe,” “I think,” and “I feel” phrases, appear more often in penultimate and final paragraphs, in which applicant affirm both their personal strengths or qualities and their commitment to medicine. In certain sentences—for example, “I believe I have the analytic and communication skills critical for success”—applicants can make a strong claim seem less emphatic and absolute when they begin with “I believe” or “I feel.”

The preponderance of “I”s, moreover, underscores that applicants remain the undisputed focal point of the medical school personal statement and can implicitly reveal the privilege and power of medicine that the volunteer narrative attempts to veil behind the valorization of humanitarian ideals. In the following sentences, for example, the applicant begins the sentence with “I” and identifies himself as the subject who performs the action of the verb—who does what to whom: “I consoled and assisted the family” (Jones and Baer 46). On the one hand, the applicant reveals his compassionate nature and his commitment to helping patients and their families; on the other hand, the use of “I” identifies the agency of the physician and the power he has to influence the lives of others.

At times, as the following example illustrate, applicants reveal a tension between the image of the selfless physician who devotes his life to helping other and the image of the powerful healer with a larger-than-life ego and a “save-the-world” agenda: “At that moment, I knew what I wanted to do with my life. I wanted to help alleviate the suffering of others, to offer compassion, sincerity, and empathy to those in need” (Jones and Baer 143). Statements like this one might be explained by youthful idealism and by the challenge of writing about the topic of altruism—a

selfless concern for the well-being of others—when the autobiographical occasion requires that you focus on yourself.

The insistent focus on the “I,” however, becomes problematic in the volunteer narrative when applicants focus more on how they feel than on the true feelings of their often severely ill patients. One applicant notes, for example, that “my greatest joy came from my interactions with patients, providing comfort and alleviating their pain” (Jones and Baer 29). Another one states, similarly, “I also find a great amount of pleasure when meeting new faces and when helping others the best way I know how” (Jones and Baer 27). At the risk of being self-focused and insensitive, these and other applicants privilege their own feelings and emotions instead of providing a more thoughtful discussion about altruism and patient care. In the following example, which I found particularly disturbing, the applicant writes about volunteering in an outpatient ward and, more specifically, delivering food to a man living with AIDs:

I silently handed him the food and was about to leave when the look in his eyes stopped me. There, the pain and suffering of fighting his horrible disease was apparent. I decided to start a conversation, and suddenly, his eyes brightened as a smile swept across his face. His misery momentarily disappeared. The gratification received from that moment, from the beauty of his disease-transcending smile, felt like the cadence of a beautiful symphony” (Jones and Baer 98).

The author de-contextualizes the patient’s illness and reduces it to an aesthetic moment when he likens it to “the cadence of a beautiful symphony.” Despite his good intentions, the applicant shows no true empathy for the person; in fact, the author emphasizes his narcissistic role as transformative agent and objectifies the man as AIDS victim when he presents the image of the doctor as miracle worker who can “look into the human soul” or, in this case, invoke a “disease-transcending smile” that sugar-coats and denies the severity of his illness.

I have purposely concluded the guideline section with a critique that illustrate how writers often convey unintended messages—often negative messages. More specifically, I hope these comments encourage you to think more critically about how you want to present yourself to your readers. As you read the samples in the following section, consider what personal qualities the applicants emphasize and determine if they construct a persona that you find genuine and sincere.

## Examples

In the following sections, we offer examples of several complete medical school personal statements (the first followed by critical commentary), followed by examples of paragraphs and sentences that perform particular kinds of functions within personal statements.

### ***1. Complete Statements***

You can learn more about the genre of the medical school personal statement if you read and study several sample essays—the more the better. This will prepare you to write your own

medical school essay. As you read and study these examples, identify some of the characteristic features and conventions that were introduced in the first section of the personal statement packet. It might be helpful to write a critique of two or three of the essays, noting the strengths and weaknesses of each. This exercise will be particularly illuminating if you use criteria from the guidelines to inform your critique.

To prepare yourself, you might begin with the first sample essay and then focus on the critical commentary that follows. As you will see, the applicant describes many of the same kinds of relevant experiences that other pre-med students include in their personal statements, such as volunteering at a hospice, shadowing a physician, and traveling extensively around the world. Though this applicant focuses on what seems to be appropriate subject matter for a medical school personal statement, two medical professionals, two university faculty members from different schools, rated this personal statement as average. As you read, see if you can recognize some of the problems highlighted in the critical annotations listed after the essay.

### **Medical School Personal Statement—Example One**

Hatha yoga emphasizes the ability to sculpt the human form into a fit, healthy, balanced vehicle for self-awareness and discovery. My passion for yoga began in my early twenties. I attended every available class and began to study first the practice of form, flexibility, strength and concentration. My instructor, John, encouraged me to push myself further until full splits and headstands could be achieved with ease. Yoga therapy and instruction became a way for me to connect to people in many aspects of my life. As an assistant instructor of massage therapy at Cal Ply, San Luis Obispo, I emphasized yoga as a self-care technique for students. Challenging postures definitely become play when my ten-year-old niece and nephew get involved. Children have an amazing capacity to breathe inspiration into a practice that can sometimes seem routine.

Making the decision to pursue a medical degree and to honestly reflect on my true professional desires has been an incredible gift that evolved over several years. I discovered my interest in health care while training as a massage therapist and yoga instructor. I was challenged by students and patient's inquiries and began to investigate how the skills I had learned could be applied to their specific conditions. My learning fell short and I wanted to better understand how to help them heal. Shadowing a physical therapist and working as a massage therapist in a chiropractic clinic enlivened my interest in scientifically grounded basis for health care. Shadowing an Osteopathic physician and observing surgical procedures and (sic) Children's Hospital San Diego spark new interests every week. While massage therapy allowed extensive patient contact in my private practice, studying medicine will lend me the tools to offer more comprehensive care.

I cherish the diversity I encounter. It is what excites and motivates me. My study of yoga grew from my interest in exploring philosophies of eastern cultures. Traveling, mostly independently, to over 20 countries and living in Germany challenged me to continuously learn more about the diverse world around me. Ordinary tasks such as getting water and preparing food can become unique challenges as different modes of operation and cultural differences come into play. Incorporation "sanuk," the Thai description for playful contentment, became a key tool to overcoming the obstacles of traveling alone in Asia. Living abroad afforded me the opportunity to learn a language in a shorter time than studying in an English speaking

environment. Having studied Spanish and German encouraged me to be precise in the messages I want to convey. As I continue to travel I am touched by the sincere desire and efforts of people to improve their English speaking skills. This invigorated my desire, and I find myself jumping at the opportunity to practice my language skills. These experiences will be valuable resources in establishing trust and building thoughtful communication with patients.

Since college I have been committed to volunteer work as a means of improving social conditions and quality of life. As a therapist I offered massages and yoga instruction to low income individuals in exchange for donations to Habit for Humanity and Doctors Without Borders. I was able to raise hundred of dollars for these organizations while providing massages to people who would ordinarily not be able to afford such services. Last year I trained as a Hospice volunteer offering massage services to terminally ill patients. I have worked professionally for the Gorilla and The Women's History Project, supporting their educational efforts. Observing work done in hospitals in India provided an insight into the ways in which I can incorporate a desire to work in underserved communities into my career as a physician.

Invaluable as they are to me, my study of yoga and my cultural explorations are different from the work I have done to obtain my university degree: a process of obtaining desired results in a stipulated period of time. I was granted a BA in Anthropology and Religious Studies from UC Berkeley in three years. It took me a few years after completing my undergraduate degree to decide on the field of health care best suited to my interests and motivations. Making this decision required a renewed academic drive which included an organic chemistry course requirement fulfilled in an accelerated program a year's worth of material in 9 weeks. I am more interested in scientific learning at this point in my life than I have ever been before. In the transition from studying soft to hard sciences I have improved my GPA significantly.

I steered away from science during my undergraduate years but am confident my undergraduate studies, travels and interest in body-mind disciplines such as yoga will continue to be important in my development as a well-rounded person and physician. Because of the diversity I have encountered in life and in my clinical experiences I am leaning toward a primary care practice in which I can develop the types of relationships I have had with yoga students and massage patients, while delving deeper into the roots of disease and health.

Though the path I have chosen may be arduous at times, my practice of yoga, meditation and mindfulness will help keep my own physical and emotional health in balance. It is this integrated balance along with a sincere desire to help people that I have to share with my community and the medical profession. (Bekins, Huckin, and Kijak 72-74)

## Critical Commentary—Example One

- **The applicant does not convince readers that her passion for medicine matches her passion for yoga and massage therapy.** The applicant devotes a disproportionate amount of space to describing her interest in yoga and massage therapy when she should focus more on relevant health care experiences, such as shadowing the Osteopathic physician and observing surgery, to rationalize her commitment to medicine—particularly because her career path seems less definitive than that of many other applicants. Note that the author mentions yoga, massage therapy, or meditation—often a combination of the three—at least one time in all of the paragraphs.

- **The applicant does not convince readers that she has a genuine passion and aptitude for science and research.** Because the applicant majored in Anthropology and Religious Studies, she should address a potential liability by making science a greater focal point of the essay. Not until the fifth paragraph does the applicant mention science; she completed an accelerated Organic Chemistry class in nine weeks and then makes, as an afterthought, a tepid statement about her supposed interest in science—with no evidence to support it: “I am more interested in scientific learning at this point in my life than I have ever been before” (Bekins, Huckin, and Kijak 74). This statement lacks conviction and carries little weight since she had little or no prior interest in science before her decision to attend medical school, as she underscores in the first sentence of the penultimate paragraph: “I steered away from science during my undergraduate year” (74). Earlier in the essays she makes this statement: “Shadowing a physical therapist and working as a massage therapist in a chiropractic clinic enlivened my interest in scientifically grounded basis for health care” (72). In comparison, many applicants make bold statements about their passion for science and life-long learning, as the following example illustrates: “My thirst for knowledge continues to direct me toward the medical profession” (Jones and Baer 31).
- **The applicant includes volunteer experiences but does not emphasize the commitment to the humanitarian ideals that so many applicants privilege in their medical school personal statements.** Though the applicant understands “volunteer work as a means of improving social conditions and quality of life” (73), she fails to identify herself as the noble and compassionate public servant who selflessly devotes her life to service and recognizes that the greater professional rewards come from helping others. At the very least—and without being clichéd and sentimental—this applicant could emphasize her compassionate nature and commitment to altruism if she discussed how massage therapy can help alleviate, along with clinical medical practices, pain and suffering.
- **The applicant neither inscribes her essay with a central message (or thesis) nor provides revealing insights about specific experiences.** In paragraph three, for example, the applicant acknowledges that physicians need strong interpersonal skills to build patient trust and to communicate with patients from diverse background. Overall, however, the paragraph lacks focus and coherence; the author begins with a vacuous statement about cherishing diversity and then follows it with a seemingly irrelevant sentence about the origins of her interest in yoga. Many applicants, I want to emphasize, have similar difficulties; in fact, perhaps more than any other criticism, admissions officer repeatedly note that applicants need to discuss their personal experiences in terms of a life-lesson.
- **The author includes a fairly long and somewhat uninteresting introductory paragraph about a personal passion—yoga therapy—that seems more important than her commitment to medicine.** Other than noting that yoga therapy became a way for her to “connect to people in many aspects of [her] life” (72), the applicant neither explains the personal and therapeutic value of yoga and massage therapy nor links it to her interest in medicine. As one admissions officer notes, this personal statement lacks

“an articulations of a ‘sophisticated understanding of the connection between holistic and Western medicine’” (67). Here and throughout the essay, the author could focus on, for example, the growing interest in “personalized medicine” and the increased emphasis on preventative therapies, such as massage, and other innovative forms of health care treatment.

- **The applicant ends with a predictable and summary-like conclusion.** As noted earlier, the conclusion may be the least important paragraph or section of the personal statement. Many final paragraphs lack originality and include general and clichéd messages about the challenges of medical school and the applicant’s commitment to medicine. Note that this applicant writes two concluding paragraphs. She might, at the very least, conclude with the penultimate paragraph and, thereby, omit the last reference to yoga and meditation made in the final paragraph.

## Medical School Personal Statement—Example Two

When I think of practicing as a doctor, I am most concerned about the intersection of scientific research and society's capacity to apply it, both in terms of legislation regarding health care and in terms of my ability as a doctor to comprehend how this research applies to my patient's health. Society's inability to apply research soundly is what I consider to be the biggest conflict facing the medical world and our larger society. For a doctor to be well educated and well informed does not automatically result in the best diagnosis in this day and age. The amount of new scientific information that medical research is producing almost daily becomes absolutely staggering, even for the specialist. And the medical establishment is currently under pressure to emphasize general practice, under the title "primary care." How can we expect this new wave of physicians to consistently give the highest quality of care, especially given the difficulty doctors have in correctly interpreting medical research findings? This difficulty was highlighted in a survey Health magazine recently conducted, which showed that only 25% of the doctors could correctly take raw data, or even a statistical analysis of the data, and turn it into a good diagnosis for their patients.

We are currently living in a society still split between the isolated world of scientific research and the much larger world of politicians, legislators, artists, writers, and those who comprise our social services. This split is a particularly dangerous now, given the incredible influence the words "backed by scientific research" confer to advertising, which usually converts into the health trends of our society. Too few people exist whose vocation it is to bridge these two worlds, to bring accurate understanding to the majority of our society, and of these, doctors are the most important. In 1964, the scientist and philosopher C. P. Snow wrote about the split between these two cultures, which he called the scientific and the literary, saying: "It is dangerous to have two cultures which can't or don't communicate. In a time when science is determining much of our destiny, that is, whether we live or die, it is dangerous in the most practical terms. Scientists can give bad advice and decision makers can't know whether it is good or bad." His words might have been spoken at a commencement ceremony this very year, so timely are they. How can we solve this conundrum facing the medical establishment? C. P. Snow advised an overhaul in the way the Western world educates its children, in which young people

would study the sciences as rigorously as they studied the humanities, and in the American liberal arts college system, he saw his idea come to fruition.

I am a product of this system, having learned science, as well as literature, from the first day in my private school kindergarten class. In fact, my dual love of literature and science caused me inner conflict when, in high school, I was deciding what I wanted to do with my college studies, and ultimately with my life. I had then, as I do now, a deep passion for literature; however, as becoming a doctor was my highest priority, I wanted to be well-prepared for medical school. I needed to decide how to balance my fascination with scientific problems with my need for artistic expression. My senior year at Wellesley College exemplified my solution to this problem.

During that year, I produced an Honors senior research thesis on William Faulkner that was the culmination of a four-year dream, had two of my fiction short stories published in news magazines at Stanford and the University of California at Los Angeles, performed surgery on rats and designed behavioral tests for rat spatial memory using a Morris Water Maze as part of my neurological research class. My outstanding skill in analyzing literature helped me to understand how to analyze scientific research, as I sifted through multiple papers to discover what theories were relevant to my current research endeavors. In the same manner, I had to uncover for my thesis a sound basis for challenging some of the prevailing theories concerning William Faulkner's writings. I found I was using the same pattern of thinking in what are commonly regarded as disciplines that require widely disparate types of thinking, most commonly expressed as "different kinds of people." After years of being unable to explain why I could excel and enjoy both the sciences and the humanities, I finally realized that they both required similar abilities. A balance between the scientific and literary worlds of C. P. Snow was not necessarily required for our society's continued health; instead, what was required was a synthesis of the drive to know and to solve and the drive to create and to express. I found that this balance in thinking was equally necessary to scientific or to liberal arts endeavors, and that the balance that is so necessary for our society's physicians to have, and that C. P. Snow so strongly advocated, was not between two disciplines—science and liberal arts—but between two types of thinking—analytical and creative. I believe that it is my strength in both of these areas, as shown by my research interests coupled with a degree in the humanities, that makes me so well suited to be a physician. I know that in medicine, I can excel as one of those bridges between the science that is so critical to our health and those who we are devoted to healing. (Dowhan, Dowhan, and Kaufman 68-69)

### **Medical School Personal Statement—Example Three**

I decided that I wanted to be a doctor sometime after my four month incarceration in Columbia Presbyterian Children's Hospital in the winter of 1986-87, as I struggled with anorexia nervosa. Through the maturation process that marked my recovery, I slowly came to realize that my pediatrician had saved my life—despite my valiant efforts to the contrary. Out of our individual stubborn wills was born a kind of mutual respect, and he is one of the people who make up my small collection of heroes.

I admire doctors who understand both what is said and what is held back, who move comfortably around the world of the body, and who treat all patients with respect. I am lucky because a few of them have become my impromptu teachers, taking a little extra time to instruct me in anatomy, disease or courtesy. During my Emergency Medical Technician training, one of the emergency room doctors took me to radiology to point out the shadow of a fracture in a CT-scan and trusted me to hold a little girl's lip while he inserted sutures. The physicians in the Hospital 12 de Octubre in Madrid, Spain taught me to hear lung sounds and to feel an enlarged liver and spleen. They explained the social and medical difficulties associated with the management of pediatric AIDS until I understood the Spanish well enough to begin asking questions; then they answered them.

I work now in the Mayfield Community Clinic, which provides primary care to members of the Spanish-speaking community near Stanford University. My job as a patient advocate involves taking histories, performing simple procedures and providing family planning and HIV counseling. I try to use the knowledge I have gained from class and practice to formulate the right set of questions to ask each patient, but I am constantly reminded of how much I have to learn. I look at a baby and notice its cute, pudgy toes. Dr. V. plays with it while conversing with its mother, and in less than a minute has noted its responsiveness, strength, and attachment to its parent, and checked its reflexes, color and hydration. Gingerly, I search for the tympanic membrane in the ears of a cooperative child and touch an infant's warm, soft belly, willing my hands to have a measure of Dr. V.'s competence.

I first felt the need to be competent regarding the human body when I volunteered with the Amigos de Las Americas program in the town of T. in Lempira, Honduras. The hospital available to the people of T. (at a day's ride in the bed of a truck) was "where one went to die," so my partner and I, with our basic first aid certifications and our \$15 Johnson & Johnson kits, quickly became makeshift "doctors." The responsibility initially created a heady feeling; a distressed mother called on us to bandage the toe her eight-year-old son had accidentally sliced to the bone with his machete. I told him the story of Beauty and the Beast in broken Spanish while my partner and I soaked the dirt from his toe, and during the following week we watched him heal.

Then our foster-mother, who normally tended to the sick, told my partner and me to "check on the foot" of D. The gentle-eyed, sixty-five year old man lay on his bed, his leg encased in bloody bandages from mid-calf to toe. After performing surgery, the hospital had given him a bottle of injectable antibiotics and some clean needles and sent him home without bandages or further instructions. My partner and I had not been trained to handle so serious a situation. We did not know what had happened; we did not know what the antibiotics were (or if they were actually antibiotics); we did not know if handling D.'s blood put us at risk for disease. We wanted to leave, but leaving the house meant leaving D. and betraying our foster-mother's trust. So we injected the antibiotics and cleaned and bandaged the wound every day for our remaining two weeks in Honduras although we felt ill-equipped for the responsibility, crippled by our ignorance and lack of supplies.

In T, I did not feel qualified to receive the trust the townspeople gave so willingly. As an HIV-antibody test counselor in California, I struggle everyday to win my clients' confidence. Somehow a twenty-one-year-old, Caucasian female must be sincere, knowledgeable and open

enough to earn the respect of a fifty-five-year-old man who could be her father, a high school sophomore, an ex-drug addict, and a pregnant Latina woman. My clients are black, white, straight, gay, Ph.D. candidates and illiterate; some choose to come to me while others have court-orders. Yet to communicate effectively, each client must have enough confidence in me to engage in dialogue about his drug or sex life and to believe what I tell him, whether or not he chooses to act on our discussion.

Speaking with patients, doctors and community members has opened my eyes to some of the difficulties involved with healthcare provision, and I hope I have given some inspiration or comfort in exchange for the knowledge I have received. I want these lessons in openness and compassion to shape my understanding of medicine and allow me to become the type of doctor I admire. (Dowhan, Dowhan, and Kaufman 130-131)

### **Medical School Personal Statement—Example Four**

My goal is to become a caring and competent physician who reaches out and makes a positive difference in the lives of her patients. As a child, I admired and trusted the physician who treated me when I was ill. He showed me the important role kindness and compassion play in making a patient feel comfortable and secure with the prescribed treatment. As I grew older, I developed an increased interest in the medical field as an exciting opportunity to help people directly to solve their problems, and in so doing, to change their lives. My decision to become a physician is based on numerous experiences which have heightened my strong desire to make such an impact

I have witnessed firsthand how one person can change the lives of others, simply through patience, understanding, and compassion. During high school, I participated in the "Peer Counseling" program which was designed to develop and enhance effective communication skills, interpersonal skills, and community service participation by its members. I chose to touch the lives of children in the community by volunteering regularly in a local elementary school and at a nearby Boys & Girls Club, where I continue to serve. In addition, I also had the wonderful opportunity to work with elderly people for two years in a nearby retirement home. Caring for them in the dining room and visiting them in their residences, I learned that simply by listening and using kind words and gestures, I formed many close relationships that have continued even today. Peer Counseling has definitely had a profound effect on my life and has shown me how rewarding it is to help others, and how easy it is to make a difference in someone's life. By becoming a physician, I can continue this work.

Due to limited family financial resources, even with several scholarships, I have had to continue working during college. For two years I have held a position as an elementary school reading tutor. Every time I work with these children, I know I am making a difference in their lives—not only with literacy, but also with motivation and self-esteem. The bonds we have created, along with the progress the children have made, are truly remarkable. With my extensive literacy training, I began working at the Shands Children's Medical Services Center, where I developed reading programs for children in the waiting room. While working there, I was also given the opportunity to take patients' vital signs, which gave me a great sense of purpose and satisfaction.

During this period spent at the clinic, I became determined to enter the medical profession, and as a result, I pursued several opportunities to work or volunteer in medically related positions.

To become better acquainted with the medical profession, I volunteered at Shands Hospital in the Cuddler Program, where I held, fed, and changed newborn infants in the NICU when their parents were absent. I observed minor medical procedures and saw how the physicians explained to parents the status of their baby's health in such a way that assured them the baby would receive the best possible care. I also shadowed a family physician for over a year and observed his unique situations and procedures. Most importantly, I witnessed the sincere concern and honesty with which he treated his patients. By spending many hours talking with him and his patients, I developed a greater confidence that I possess qualities necessary to become an outstanding physician, such as good listening skills, effectual decision making, perceptiveness, and a genuine concern for others.

These traits proved to be invaluable when I later volunteered in the emergency ward at a local hospital. There, my greatest joy came from my interaction with patients, providing comfort and alleviating some of their pain. I had the incredible, good fortune to work with a surgeon who treated me as a "student." He explained thoroughly during each patient's visit what symptoms were commonly seen, what preventive measures should be taken, and the treatment that should be given. His kindness, generosity, and passion for medicine made a strong impact on me.

These numerous work and volunteer experiences have helped me realize that medicine offers everything I want in a career—the ability to make a difference in the lives of others while working in a field which I find exciting, challenging, and rewarding. Becoming a physician provides the opportunity to have positive interaction with patients and create a doctor-patient relationship based on trust, communication, compassion, and confidence. My desire to positively influence the lives of others and my thirst for knowledge continue to direct me toward the medical profession. (Jones and Baer 29-31)

### **Medical School Personal Statement—Example Five**

For some time now, I have had to endure teeth-clenching pain on a weekly basis. Every week, I attend a sitar lesson, during which I force myself to play my raga even as the instrument's metal strings dig painfully into my fingers causing them to bleed. I try to concentrate since every mistake means starting all over. My teacher, a sarod maestro, insists that he has undergone far harsher training at the hands of his grandfather. I sometimes wonder if the pain is worth it. In the end, though, when my cuts callus, I am able to look past the pain and struggle and become lost in the beauty of my ragas.

The struggle of mastering an instrument has never overshadowed the joy of finally creating music. By applying the same passion, patience, and discipline that I have for music, I hope to master a finer art form—medicine. The path to medicine will likely be difficult and, at times, tiresome. Yet, I find joy in struggles that lead to a positive end. On two separate occasions, I have seen the beauty that the art of medicine can create. Each time, it threatened to forever intoxicate me, beckoning me to follow and neglect the pain and struggle along the way.

The first occasion happened in an old, battered building typical of Chicago's public-housing system: a fourteen-story box with boarded windows, dim lighting, leaky plumbing, and thread-hung elevators. My mission there was simple: deliver a paper bag full of hot meals for a man living with AIDS. I pushed the button for the elevator with my bandaged finger; my knife had slipped the day before while preparing the hot meals I carried that afternoon. Getting off on the tenth floor, I knocked gently on his door. The man who opened it seemed quite healthy. I silently handed him the food and was about to leave when the look in his eyes stopped me. There, the pain and suffering of fighting his horrible disease were apparent. I decided to start a conversation, and suddenly, his eyes brightened as a smile swept across his face. His misery momentarily disappeared. The gratification received from that moment, from the beauty of his disease-transcending smile, felt like the cadence of a beautiful symphony.

What caused that moment, however, was not simply my effort to ease his life. His ability to answer the door, talk with me, and smile brightly was the result of medications discovered by medical scientists who struggle in laboratories, examine his disease, and look for its treatment. The second occasion was interning in research at various medical laboratories. There, I have learned the rewards of becoming a physician who translates advances in medical research into clinical practice. The inherently laborious work in laboratories—the days spent learning to use a flow cytometer, the weeks spent troubleshooting a PCR reaction, and the months spent developing a drug-delivery system for a rat's brain—is worth the final result obtained after years of research: a more melodious life for our family, friends, and fellow human beings.

To the end of including research in my career, I will begin graduate study at Oxford University this fall, having been accepted to study neuroscience in the Department of Physiology. I have a particular fondness for this area due to past experience doing research in the field, a taste for the computational aspects of the brain, and an interest in advancing a medical field that offers much diagnosis but little treatment. I have always planned to earn a doctorate to complement my medical education and will take advantage of that opportunity at Oxford if I can establish a workable thesis proposal by next spring. Eventually, I hope to become an academic physician, integrating research and teaching with patient care.

In my life's pursuits for the highest virtues of art, beauty, and truth, I find one road leading toward community service and another toward science. At the intersection lies the art of medicine. Mastering this art requires one to struggle through various emotional and physical obstacles. However, for the beauty such as that embodied by the AIDS victim's smile, the struggle is worth it. Let the raga begin. (Jones and Baer 97-98)

### **Medical School Personal Statement—Example Six**

My desire to become a physician is one that has been gestating in me for as long as I can remember. However, it was only until the early part of my ninth-grade year that I realized rural family medicine was for me. I have virtually spent all my life in Geneva County, a small, rural Alabama county with a large majority of people living in what many would call poverty. It is out of growing up in this area, and seeing the lack of basic medical care for many citizens, that I

desire to become a family practice physician and one day return to Geneva County and serve the people who have taught me so much.

In high school I had a wealth of opportunities to experience the role of a physician, and these experiences helped to change my initial unrealistic views concerning just what a physician does. After countless hours of interacting with doctors, nurses, patients, and other health care staff during my high school years, I developed a longing to work with others in a health care setting and to see that all people have access to health care. Over the course of my undergraduate education, I had many opportunities to work in a variety of health care settings. From the practices of rural family physicians, to a hospice organization, to a large trauma unit, I have gained a plethora of knowledge and insight concerning the field of medicine.

However, in all of these settings, one sudden realization still rings true, and that is there is no greater satisfaction in this world than helping people through the practice of medicine. I have seen frowns turned to smiles of comfort when a physician walks into a patient's room. I have experienced emergency room physicians gently embracing an accident victim's family and have seen the relief a family receives from this simple action. My involvement during my undergraduate career with various health-related organizations made me more inclined to the personal qualities a physician should possess. I have been awakened to the enormous responsibilities a physician faces daily and have seen the vast importance of healthy doctor-patient relationships. Over the past eight years, I have taken every advantage offered to me and have tried to hilly understand just what it takes to be an effective physician.

Through these experiences, I have come to the conclusion that not just one or two traits make up an effective physician. A physician must possess a certain degree of intelligence and curiosity. On the other hand, I have learned that sensitivity, compassion, and diplomacy also play a major function in making a good doctor. In addition, an effective physician must be totally committed to the practice of medicine and to the overall well-being of his or her patients. Through various health-related activities over the past eight years, I have experienced what it takes to be an effective physician. While the "ideal" physician cannot be created overnight, I will be able to draw upon my experiences to help bring out these qualities and characteristics within me.

Currently, as I pursue a Master's of Public Health degree in Health Policy and Management at Emory University, I am being awakened more than ever to the big picture of health care and the lack of basic ' health services in rural communities across America. Also, by working at the national office of the American Cancer Society as a public health intern, I am beginning to understand the implications of disease and how they affect society. By obtaining my MPH degree, I will be a stronger voice for rural medicine and will possess the "tools" to do more for the cause of rural medicine, along with serving the basic health needs of a rural community. Many of the qualities that rural living offers are simply unsurpassed. However, there is a need for better, more encompassing health care in rural communities. Clearly, the lessons and experiences I am receiving this year at Emory and the American Cancer Society will be a tremendous asset in the future as I one day serve as a rural health care provider.

Culminations of experiences, lessons, and other events have drawn me ultimately to pursue a career in medicine as a rural family practice physician. However, I do not particularly view being a physician as a career choice, but rather as a calling. I sincerely possess the desire to serve others and be a vehicle in restoring health as a physician. My compassion, commitment, and energy to the field of medicine will allow me to become an effective physician. Many will tell you that I am humbly ready to contribute in this capacity. In closing let me say that you will never encounter someone who truly wants to serve a rural community as a physician more than I. I am totally committed dedicated to going the distance to become a rural health care provider and look forward to the day when I can start medical studies. (Jones and Baer 35-37)

### **Medical School Personal Statement—Example Seven**

I stood over a boy, no more than fifteen. He was drunk and appeared to be in immense pain. He lay sprawled across a cot in the corner of a room that had begun to smell strongly of stale alcohol and urine since his arrival. His clothes were filthy and I thought he must have lived on the street. Suddenly, my eye was drawn to his right arm that seemed discolored and somehow deformed. Dr. Jan Singh stood next to me and explained that he was a glue sniffer, a common problem in Quetzaltenango, Guatemala. He had suffered severe burns when he had attempted to heat glue so as to better inhale the fumes.

Jan and I, along with other doctors and volunteers, had come to Guatemala to distribute medicine, medical care, and other aid. I had originally been assigned to help the construction crews, but Jan had recruited me as an all-purpose translator and medical aide. I had only just learned some rudimentary Spanish and had a vague recollection of first aid training from close to ten years before. Despite my inexperience, I felt comfortable helping Jan. While working in Guatemala, I saw a small child with worms growing under his scalp, and I helped to extract them. I helped a man, again smelling strongly of alcohol, into the treatment room and naively struggled with him to remove his jacket from over his arm only to discover he had broken it a few days before and was embarrassed by the state of it. I took pictures for the doctors' records of one woman with herpes sores that covered nearly all the skin of her cheeks and of another whose arthritis had crippled her hands. These sobering experiences aside, the sight of the young boy on the cot remains my most vivid memory from Guatemala. The extent of his injuries shocked me, especially in contrast with his youth. I believe my memory of him is so vivid because we were unable to help him. Although we did find him a bed in a local hospital, he left the next night, before the doctors were able to begin treating his arm. We looked for him around the city but never found him. When I first saw him in the room, however, I was excited by the thought of helping him. I had no idea how I could help, given the severity of his burns, but the mere possibility inspired me and still does. At the same time, my excitement felt bittersweet as I was scheduled to begin classes at law school a month later. I couldn't imagine being able to help people as an attorney in the same tangible way as I was able to help them in Guatemala. I spoke at length with Jan and others about my feelings. Jan expressed her opinion that a lawyer could just as easily help as a doctor could. She advised me, as did others, to attend law school. I had seen my mother help countless defendants as a public defender in California, so I set out for law school convinced that Jan was right.

In a way, she was. As an attorney, I have been able to help. By writing bench briefs for the Louisiana Supreme Court, I played an important role in ensuring that justice was done in

individual cases. In my pro bono work in Texas, I have had the honor of helping individual families through hard times. Being thanked by them personally is the best reward. But I have never forgotten Guatemala and how I felt when I worked there. Although I have lost touch with Jan, I remain inspired by my memories of her work with patients and the insights I achieved while working with her. I have incorporated these skills into my practice of law and have relied on them when interviewing legal clients. Looking back, however, the most important lesson I learned is how much I enjoy working with people in the unique way that a health professional can.

In the past year and a half, as I have completed my prerequisites, I have rediscovered a love of science I had lost in college. My grades at the University of Texas at Dallas reflect this rediscovery. Moreover, during my volunteer work in the Parkland Hospital ER and my time as a research assistant for Dr. Thomas Andrews, I have explored different areas of medical practice. Invariably, I have found myself yearning to learn more and to participate at a higher level. What fascinates and drives me is the possibility of choosing a career which combines both science and the art of helping those in need.

In short, I have followed a circuitous and complicated path to achieve a dream I've had since my time in Guatemala and before, but it was the perfect path for me to take. I am especially grateful that the path I chose passed through law school as the skills I learned there are invaluable for my future practice of medicine. Moreover, I needed my time in law school and thereafter to gain confidence in my abilities, to develop my sense of personal integrity, and to truly commit myself to what will be a long road through medical school and on into a career as a doctor. (Jones and Baer 48-50)

### **Medical School Personal Statement—Example Eight**

My mother was diagnosed with breast cancer when she was thirty and I was three years old. My memory of this time is clouded with tangibles, including wigs, prosthetic breasts, and hospital bracelets; clearly I was unable to grasp the severity of the disease at such a young age. Over time, I became inquisitive about my family's history of cancer and its relation to my Jewish descent. Discovering my strong genetic predisposition to breast cancer sparked my interest to study medicine. The fact that math and science are my academic strengths further inspired me to pursue this career.

Yet how could I confidently assume that I wanted to be a physician with no concept about what a physician's daily routine entailed? My mother is a social worker and my father is an attorney, and none of my relatives in New Orleans are physicians. I dedicated the past four summers to exploring the many facets of medicine in order to gain greater insight. Originally interested in research, I spent three consecutive summers indifferent laboratories: human genetics, cancer, and neuroscience. This exposure proved to be a valuable learning experience, as I saw the concepts I learned in theory applied in practice. Also I now appreciate researchers' relentless efforts to endure tedious protocols and hopefully await results. Most importantly, I discovered that I longed for contact with patients.

In an attempt to fill this gap, this summer I shadowed an oncologist at Presbyterian Hospital. I benefited from close patient interaction; I examined malignant breast tumors, observed nurses administer chemotherapy, and aided patients on their deathbed and the stages in between. I also sat in on internal medicine residents' morning report and physician conferences. The overall experience was not demoralizing, but exhilarating and uplifting. I watched and learned from the doctor. He was calm and always sincerely listened to his patients. He gave them hope. "Why pay to go to the movies to see heroes when I can see them every day?" he would routinely state.

To experience different patient populations and specialties, I also observed a pediatrician at Ochsner Hospital. It was immediately evident that pediatricians are faced with an array of different, yet no less important tasks. In this specialty, it is important to communicate with both the sick child and with the mother or father who is in the room. The doctor always listened intently and asked all of the right questions at the appropriate time, serving as both a healer and an advisor.

While my main goal was to observe patient-physician interaction, I was also able to assess the physicians' qualities that allowed them to become accomplished practitioners. I was encouraged by the fact that I, too, possess these traits. Good listening skills are paramount to fostering a trusting rapport with patients and taking their history. I was chosen as a Student Listener in high school and advised troubled or homesick classmates in my dormitory. At the University of North Carolina at Chapel Hill, I was selected to an advising position in my sorority, where I counseled students on a wide range of issues, from class selection to alcohol abuse.

In addition to listening, I understand the self-discipline and perseverance that are equally important to endure the arduous study, long hours, emotional and mental strain, and moral and legal responsibility that are an integral part of the medical student's and eventually the doctor's daily existence. I am not deterred by the prospect of a grueling physical routine or the lack of leisure time. Although I work effectively independently, I know the importance of group participation. The UNC Honors Program has provided me with small, discussion-oriented classes similar to those I profited from at boarding school. These classes allow students to bounce ideas off one another and collectively work to solve problems. These class dynamics are similar to the discussions I observed at morning report with internal medicine residents.

I have always grown up with the prospect of cancer in my future. Yet looking ahead, I see a pathway that leads not to cancer, but to medical school and eventually a career in medicine. I cannot recall a specific time when I chose medicine; instead I would affirm that medicine chose me. I am excited to foster trusting relationships with patients, solve problems, and continue the learning process throughout my career. Physicians often warn me about the challenging career I face, one where the financial rewards have been curbed significantly. I reply that I look forward to accepting the challenge. As for the rewards, they will come every day when I can care for and heal "heroic" patients. (Jones and Baer 70-72)

## Medical School Personal Statement—Example Nine

As the rusted-out Land Rover made its way cautiously through dense thicket and crevices in the rocky dirt road, those of us sitting on top were able to peer through the trees at a sublime West African landscape. Our destination was S., a tiny village 300 miles upcountry where running water and electricity were unheard of... let alone access to basic health care. This was the summer of my freshman year at Brown, when I joined a multinational team on a medical development project in Sierra Leone. One afternoon a woman who had trekked many miles through the jungle to find care approached our clinic with an infant in her arms. She was not lactating effectively, and her child lay emaciated and dying. As I held the baby and administered a simple oral rehydration therapy and taught the mother to do the same, I was overcome with the sense of my relationship to this child and mother and by my ability to make a tangible difference in people's lives through the act of healing—the essence of being a physician.

My desire to become a doctor has developed through several years of academic, professional, and volunteer work as well as personal introspection. These have strengthened my conviction that through medicine I will be able to make a meaningful contribution to people's lives on both the individual and societal levels. Moreover, I hope that my various experiences will help me to be a broader, more informed, and more sensitive physician.

Reflecting on my endeavors, I see a common theme of humanitarian concern—a sensibility that grew out of early experiences living abroad with my family. As I became acquainted with myriad cultures, I developed an appreciation for the similarities and differences between societies. But more profoundly, witnessing vast basic needs in developing countries shaped my resolve to make a difference by serving others. Early on I looked to medicine as a means of doing so, and during high school I volunteered in a renal research lab. Joining daily rounds and visiting patients who would benefit from the research gave meaning to the work. I was also inspired by the positive impact that my father, a physician, had on people's lives.

At Brown and Oxford my interests in culture and in the difficulties of cross-cultural communication drew me to study the relationships between literature, society and politics. I discovered literature's unique ability to articulate the human connections that underlie cultural differences this provided an intellectual underpinning for my commitment to public service, particularly for my involvement in campus race relations issues. In addition, my studies of the sociopolitical components of underdevelopment taught me that improved infrastructure and health education might have prevented many of the conditions we had treated in Africa. I acted on my growing policy concerns by working with the U.S. State Department in Nigeria and at the B. institution, where I gained firsthand insight into policy formulation.

But I soon realized that helping people in a direct and tangible way held greater meaning for me than did the arena of policy. When thinking seriously about a career path, my early interests in medicine were renewed as I reflected on how fulfilling my volunteer experiences had been, particularly working with patients in Sierra Leone and in a hospital context. I had also been inspired in Nigeria, seeing the contribution dedicated physicians made to the quality of people's lives in poor areas—and the acute need for doctors in underserved regions. And I recognized that

within the field of health care policy, the input of experienced physicians is vital when designing programs. Acting on this decision, I served as an emergency room volunteer in Washington and applied to the Bryn Mawr Post Baccalaureate Program. At Bryn Mawr I have been struck by my flourishing interest in the scientific side of medicine, particularly molecular genetics, oncology and neurology. I have followed my clinical interests by volunteering at Hahnemann. This spring I will be returning to Sierra Leone with a grass-roots medical development organization to work setting up rural health clinics and to write a report outlining regional health care priorities.

A separate part of my life, my love for and involvement with music, has enhanced my appreciation for creativity and for the discipline of fine tuning a skill. An especially rewarding quality of music is the way it can forge connections between people: While touring Spain with a jazz ensemble we encountered a group of children with Down's Syndrome. At first they seemed detached, but when we played for them they became animated—dancing, laughing and smiling. Such experiences have impressed on me that relating to people is a vital component of healing.

This past year at Bryn Mawr has confirmed for me that medicine is a dynamic field in which I can bring together my interests in development policy and in serving people directly as a physician. I believe that the skills I have acquired through research, the study of literature, policy analysis, volunteer work, music and cross-cultural interaction will continue to develop within medicine and will enable me to make a meaningful contribution. (Dowhan, Dowhan, and Kaufman 90-92)

## **Medical School Personal Statement—Example Ten**

Since my childhood, my father's inspirational recounts as a cardiologist have captured my heart and my interest. While some have tried to sway me from becoming a doctor by noting the grim specter of health care reform looming overhead, I have found myself eager to participate in the public health care debate for the very same reasons I am drawn to enter the medical profession itself. In addressing society's urgent need for a more efficient and equitable health care system, health care reform centers around working to care and working to cure. To me, these two fundamental tenets infuse the medical profession like no other profession and serve as my principal motivations for pursuing this path. Through my experiences in academic exploration and community service, I have learned that I enjoy both the caring, personal interaction and the intellectual discovery in being a physician.

During my high school and college years, I have explored different areas of community service. Volunteering in the hospital setting and tutoring have been fulfilling experiences because, in both, I have had the opportunity to develop close, personal relationships with individuals in need and to help them during a critical stage of their life. In my freshman year I tutored geometry to an enthusiastic student at C. High School, and I am proud to say that I helped make a difference, not only in the final outcome of the course, but in his self-confidence and his attitude towards the field of mathematics. In my sophomore year I tutored for the English as a Second Language program in Boston's Chinatown. As a second generation Filipino-American, reaching out to the Chinatown community was a particularly rewarding experience

for me because I knew my efforts would help open new opportunities for people who, like my parents and grandparents, immigrated to the United States.

I have also participated in the caring element of the medical profession, providing companionship to patients in the hospital setting. Throughout high school, I volunteered in the Coronary Care Unit and the Cardiac Rehabilitation Center at Mercer Medical Center, a hospital located in downtown Trenton, New Jersey. In the Coronary Care Unit, when patients needed help, I would assist them in tasks such as eating and moving about the hospital. In the Cardiac Rehabilitation Center, I helped nurses take and record the blood pressure and heart rate of patients. Much of the time, however, was spent conversing with the patients and getting to know them better. I realized through my close contact with patients, physicians, and nurses that I would enjoy working in the health care setting, reaching out to those who were sick, and making the lifetime commitment to "be there" for those in need. I continued to volunteer in the hospital setting when I came to Harvard, this time addressing the important, but sometimes forgotten, needs of the families visiting patients. Spending my Saturday afternoons working in the family waiting area of the Coronary Care Unit at Massachusetts General Hospital, I served as a non-medical liaison to expedite communication between the busy CCU staff and the visitors, provided non-medical information to the families on the nature and location of hospital services, and offered peer support to the often anxious family members. Volunteering in the CCU waiting area helped me realize that the suffering caused by sickness afflicts, not only the patients, but their family members as well, and provided me a unique opportunity to gain experience in caring for their needs.

It would be simplistic for me to say that I have chosen to devote my life to the medical profession only because I have a strong desire to help people. All jobs, in their own way, contribute to society, and quite a few involve the establishment of personal relationships, including teaching. But to me, only one profession also has the dynamism of continuous intellectual exploration—medicine. In an era in which rapid technological progress and health care reform continuously transform the study, practice, and ethics of medicine, working to cure requires a passion for learning and discovery, and I have found that I thrive on this intellectual exploration. For me, it is a wonderful feeling to make an intellectual leap and manage to land feet first upon a convincing conclusion, or to be able to weave once disparate pieces of information into a coherent synthesis, and, after stepping back to observe the big picture, to be able to trace the pivotal themes running throughout. The moment of realization that, through time and effort, an enigma has been solved and my vision has been deepened and expanded, is a great thrill which never fails to leave me thirsting for the next challenge.

The excitement of intellectual discovery has encouraged me to explore a number of fields. While my major is biochemistry, my academic interests also encompass Asian studies, languages, music, computer science, health care, and environmental policy; as a result, prioritizing my academic goals while at Harvard has proven a challenge in itself. Because of the ongoing trade disputes between the United States and Japan, the recent dynamism of the Four Little Dragons (Singapore, Hong Kong, Taiwan, and Korea), and my Asian heritage, when I came to Harvard I decided to delve deeper into the field of Asian culture. I have taken advantage of the strong Asian studies department at Harvard, studying Japanese and the industrialization of East Asia, researching the role of the Japanese primary school system in socialization, and

examining the role of the Japanese government in promoting economic growth. In the field of health care, I have researched family planning programs in the developing world and the relationship between health care and human rights in the context of the AIDS epidemic. In addition, I have managed to fit courses in chamber music and computer programming into my schedule, but my passion for classical music and interests in environmental policy have remained largely unfulfilled. The demands of the clock have forced me to relegate my studies in these areas to activities outside of class, such as playing Debussy on the pianos in Paine Hall or researching sustainable development as Director of the Model United Nations Development Programme.

My rewarding experiences in growing intellectually have not only fueled my own passion for exploration and discovery, but have inspired me to share my enthusiasm for learning with others, particularly in the field of science. Working together with the faculty at my high school, I have helped reform the science curriculum in an attempt to shift the focus from the accumulation of background material to exploration—from details and data to dynamism and discovery—by restoring the critical balance between theory and experiment. To help high school students embark on their own exciting voyages to understand the world around us, I wrote a study guide describing how to approach scientific research and titled it *Frontier* to emphasize exploration and intellectual discovery. Students at The Lawrenceville School currently use *Frontier* in the new program, and Research Corporation of Tucson, Arizona has recently published the study guide.

To me, there is only one profession which satisfies both my curiosity and my desire to help those in need. Incorporating both the caring, personal, physician-patient relationship and the dynamism of continuous learning, the medical profession is the profession I eagerly embrace, and I believe it is also the best way I can harness my own talents and abilities for the benefit of others. (Dowhan, Dowhan, and Kaufman 92-94)

## **Medical Personal Statements—Example Eleven**

To heal and to comfort, these are the goals I share with physicians, past and present. Tomorrow's physicians, I believe, will have an even better opportunity to attain the goal of healing through technological breakthroughs, of which magnetic resonance imaging and gene therapy are examples we have seen in recent years. However, I also believe that physicians must always be the compassionate bringers of hope, as no amount of technology will ever replace physicians' sensitivity to their patients' needs. Ever since I was a child, I have had a strong interest in science and technology. At the same time, my enthusiasm for working with people and desire to help others have guided my activities in college and beyond. Together, these qualities have shaped my decision to study medicine.

As an undergraduate at Cornell University, I majored in electrical engineering. Initially, I was drawn to this field because its rigorous and broad curriculum would give me a solid foundation in the physical sciences. However, as I explored beyond the elegance of its underlying theories, I was fascinated by how the application of electronics has affected people's lives. Therefore, I decided to spend some time in the industry. Under the auspices of the Engineering Cooperative Program at Cornell, I worked for B in North Carolina for eight months during my junior year.

This experience proved to be very rewarding. As a software engineering intern, I saw how the combination of my personal skills and technical knowledge enabled both workers outside my department and customers of the company to understand the practical implications of our work. In turn, they taught me the relevance of theirs. Among the most important lessons I learned was that advancement in technology must be built upon social considerations—technology developed in isolation from human concerns and without regard to its limitations is doomed for rejection.

Upon my return to Cornell for my senior year, I decided to pursue research work with more direct human applications. Under the guidance of Professor B., I successfully used artificial neural networks to distinguish normal electrocardiogram patterns from abnormal ones, including those that result from pre-ventricular contractions and ST segment depressions. Following an independent investigation, I also explained the phenomenon known as 'bursting', whereby artificial neural networks avalanche into a region of very large errors. Armed with this experience in biomedical engineering research, I decided to spend a year after graduating from Cornell in the department of radiology at the J. As a research assistant for Professor M. and Dr. Z., I am using spin tagged magnetic resonance images and computer tomographical techniques to reconstruct the three-dimensional motion of the myocardium. We are confident that the information that yields from these studies will allow cardiologists to diagnose more quickly and accurately the extent and severity of ischemia in patients.

While my interest in biomedical technology stems from my academic background, my determination to pursue a career in medicine has been driven by my clinical experience as a volunteer in the emergency departments of the D. and the J., and in the geriatrics department at the T. in Ithaca. During the dramatic episodes I witnessed in the emergency room, I realized that the analytical skills which I have developed as an engineer will be central to the diagnosis and treatment of patients. What I cherished most of all while working in these hospitals, however, was the unique opportunity to comfort patients. Through the odd smile from the patient who was in pain and the passing "thank you" from the disoriented patient, I caught a glimpse of the tremendous emotional satisfaction which the power to comfort holds. Although some of the patients I came into contact with were somewhat abusive and confrontational, I did my best to help, knowing that their physical ailment and fear, and not the patients themselves, were the source of their ill-temper. My time spent volunteering at hospitals was as educational as it was emotionally rewarding—in working with elderly patients, I came to learn that companionship and patience can often be the best healing tools.

Beyond my clinical activities, I have tried to strengthen my communication and personal skills, skills which are essential to the practice of any medical specialty. As an engineering ambassador, I have interacted regularly with prospective engineering students and their parents at Cornell. In leading tours and discussion panels, I have striven to be tactful and, at the same time, truthful in answering their questions about Cornell. During my time as an engineering student advisor, I counseled distressed freshmen who were having difficulties coping with the academic pressures at Cornell. Such experience taught me how one's psychological pain can be relieved by another's concern and care. I also experimented with teaching, and tutored English grammar to an adult high-school student when I was in North Carolina. The experience turned out to be both challenging and fun, as I learned that the art of teaching lies in flexibility and persuasion. On the literary front, I have been actively involved in the editorial work of the

Compass Magazine at Cornell, a forum devoted to international issues. I also co-authored the scripts used in a cultural show sponsored by Cornell's HKSA for two years. Although my background in script writing and stage design was initially limited, I took full advantage of this learning experience, which I thoroughly enjoyed, especially when my humor on paper was translated into laughter in the audience.

The practice of medicine, I believe, will also be a learning experience for me, as I continually draw upon my background in technology and commitment towards people, to find more effective ways to treat my patients. Following my graduation from medical school, I hope to pursue this work through research fellowships in a hospital setting, where I shall be best able to combine research with patient care. While the advancement of medical technology might entail many challenges, I am confident that, with perseverance, I will succeed in my undertaking to heal and to comfort. (Dowhan, Dowhan, and Kaufman 97-99)

## **Medical School Personal Statement—Example Twelve**

One day in the summer after my graduation from high school, my grandfather took me up to the attic of his house to show me something he thought would be significant for me. He unwrapped a dusty silver bowl engraved with a barely legible inscription marking the graduation of my great-great grandfather from the University of South Carolina Medical School in 1837. My grandfather then proceeded to note that every W. male in a direct line down to me had chosen medicine as a career. The rather obvious hint was, of course, that he felt I should follow the same path; but it was at this moment that I decided a medical career would not be the definite goal during my four years in college. Indeed, I even resolved to investigate every possibility that interested me before I looked to medicine.

During that same summer, I placed my life in a real crucible during a three week Outward Bound trip in Utah. The incredible outdoor experience and the compelling philosophy of the Outward Bound School deeply affected my personality and my perceptions of my own life. I came to realize that the goals that I had previously held in such high esteem—success in terms of tangible criteria—now seemed less important; and I gained a much greater appreciation for the enjoyment of life by living on my own terms and being more completely aware of the environment and, especially, the people around me.

I thus entered Harvard that fall with optimism and a hunger to explore all of the possibilities which such an institution has to offer. I took no real science courses my freshman year in a conscious effort to explore new academic frontiers, and decided to major in the field that had always fascinated me—Classics. I soon found that I missed the sciences, however, and began to wonder if this was a sign that, despite my intentions, I would eventually be drawn back into the field I had consciously rejected.

After a summer working in a biomedical lab and two semesters of science during my sophomore year, my love of science had been rekindled, but I had not yet decided what path I would follow. I greatly enjoyed the Classics Department, but did not feel that I could study ancient texts for a lifetime. During the summer after my sophomore year, my appreciation for

helping others which I had discovered two summers before in Utah led me to work as a teaching assistant at a summer school; and it was here that my mind was finally made up concerning my career plans. I enjoyed my teaching responsibilities, but it was my interaction with scores of new and interesting people at the school that really affected me. All of the students at the school were nearly my equals in age, yet they treated me with a respect and trust that I found extremely rewarding. I was there to help them grow and mature socially, as well as academically, and they placed complete confidence in me. To my delight, I was able to respond to this rather weighty responsibility and, I believe, help a few new friends hammer out their still-malleable personalities.

I received a great amount of joy from my summer school experience, and emerged from it with a newly focused career plan. When I stepped back to look at my life, I realized that my love of science could be coupled with the type of experience that I had that summer only in the medical profession. The respect and the ability to help fellow humans in their struggle to achieve happiness that are inherent in the medical profession are extremely attractive to me, and represent the overriding factors which have made me realize that medicine is the correct path for me which will lead to a rewarding, lifelong career. (Dowhan, Dowhan, and Kaufman 112-114)

### **Medical Personal Statement—Example Thirteen**

I want to dedicate myself to the study of medicine because I have a very strong interest in health, nutrition, and rehabilitative and preventative medicine, and believe that there is no better way for me to contribute to society. Over the past few years, the reading I have most enjoyed includes the latest medical and nutritional research, as well as issues in medical sociology. There is nothing that I would find more worthwhile than studying and practicing medicine.

Attending college in West Philadelphia has afforded me a glimpse into the vast economic disparities that plague our communities. As a director of Hillel's Sunday Night Soup Kitchen, I spend time with economically and socially disadvantaged individuals each week, and have experienced first hand the correlation between economic well-being and health, which has been thoroughly illustrated to me as a Health and Societies major at Penn. Volunteering at the soup kitchen has been both an educational and motivating experience. I have learned about some of the medical issues that face the working and non-working poor, including nutritional deficiencies, child health care needs, and prescription coverage problems. While it has been rewarding to participate in this food distribution program, I believe it would be even more satisfying to directly impact people's lives as a physician. I want to study medicine because of the dire need for quality health care for the economically disadvantaged, and hope to be a part of a generation of physicians who work towards lessening health and social disparities.

I credit my initial interest in health and nutrition largely to my passionate desire to succeed in sports. The abuse I have done to my body as an athlete made me a permanent fixture in my orthopedist's office throughout my high school and college athletic careers. My freshman tennis season in high school was over before it ever started due to hamstring tendonitis. After a frustrating year without tennis, I hit the courts as a sophomore determined to improve my game. That spring I had a successful campaign at number one singles, and spent every Saturday

and Sunday working on my game for several hours a day. By the time I played the first national tournament of the summer, I had so thoroughly weakened my ankles that an awkward landing on my foot after an overhead attempt left me with two fractures and ligament damage in my left ankle. After a vigorous summer rehabilitation process, I again made it back to the courts, this time with such determination that I achieved my best national junior singles ranking of 138.

My college tennis career has only reinforced the reality that my body was not meant for hitting tennis balls eighteen hours a week. Each year I played through pain, and each summer I rehabilitated a severely weakened rotator cuff and a chronically inflamed biceps tendon. I credit my interest in fitness, strength training, rehabilitative medicine, nutrition, and my own resolve (some might say stubbornness) for my ability to compete in a sport for which my body was not designed. My experience as an athlete has reinforced my belief in the healing power of medicine. I also believe that this experience has helped me to develop my resolve, which should enable me to become a patient, understanding, and dedicated physician.

In the past, I combined my passion for tennis with my desire to help improve the lives of others through my involvement in Arthur Ashe's wheelchair tennis clinics. Helping this group learn to play tennis was most satisfying, and I became more optimistic about the ability to heal the body, mind, and spirit. After my sophomore year in college, I learned about the lives of children suffering from juvenile rheumatoid arthritis, as a counselor at Camp Victory. These experiences reinforced my desire to help others overcome their physical limitations and pain.

This summer I have become even more committed to pursuing a medical career. Volunteering in the Section of Orthopedic Surgery at St. Christopher's Hospital for Children, I have watched my own pediatric orthopedist, Dr. Pizzutillo, and his partner, Dr. Herman, care for children debilitated by hip disease and scoliosis. Observing the very physician who repeatedly expedited my return from injury, and helping him document a study of growth plate ankle fractures in children has been especially interesting.

Please give me the opportunity to gain access to the medical knowledge that will enable me to help narrow the health divide plaguing our country, and assist my future patients in enjoying life to the fullest extent possible. (Staff of the Princeton Review 138-140)

## **Medical School Personal Statement—Example Fourteen**

The brilliant spotlight cast itself as the sweat beads on my nose glistened in the light. We had rehearsed countless hours for the opening night of the UC Berkeley Symphony. Hertz Hall, seating nearly 700, was packed as the concert had been sold-out days in advance. It was the first time in the university's history that a recording of the symphony would be sold, and it was being broadcasted live over a popular radio station. Any accident or mistake could ruin everything for the group. Inhaling deeply, I reminded myself that I am and have always been a performer—pressure drives me to focus and excel. It is this very quality, I believe, that has carried me through the challenges of balancing the demanding but rewarding schedule preparing me for the medical field.

Having been born at a county hospital at no expense to my then-destitute parents, I was cognizant at an early age of how much I wanted to give back to the needy community as a doctor. Thence began my life-long pursuit to become a physician. That desire brewed until high school, when I chaired the World Health Organization committee at my school's Model U.N. conference. After discussing health issues for an entire weekend and coming up with mock resolutions, I realized that these resolutions would never be put into effect unless there were people willing to volunteer their lives to improve society's worst health problems. That wake-up call further established my commitment to the field of medicine. Since then, my reasons have been solidified and my unrelenting zeal for the field continues to shape my present.

Identifying an ability to deal well in emergencies, I volunteered at the Children's Hospital Emergency Department where I was able to witness the manifold responsibilities of a physician. Interestingly, the insights I gained while spending those midnights in the E.R. were quite contrary to my initial appetite for technical medical skills and knowledge. Yes, learning suture techniques and assisting surgeries in minor ways excited me, but more so, I valued the meaningful connections with patients and their families. I got to put a rub-on tattoo of a roaring lion on a boy's arm, bringing unanticipated delight and strength to him despite his suffering. I put a consoling arm around a sobbing mother to assuage her worries. I remember reading a bedtime story to a critically-ill, six-year-old friend when her mother left her alone at the hospital that night. I treasured making that positive and noticeable difference, realizing that even the little things speak with a bold voice: Hey, I am here and I care.

This voice echoed in my heart most clearly when I had the short opportunity to meet residents of the Elmwood Convalescent Hospital. During visits, I befriended Grandpa Bill. Though emaciated, bedridden, and fed intravenously, Bill, with his physical atrophy but overwhelmingly conquering spirit, changed my life. We spent one particular Valentine's Day telling jokes in Spanish and I listened to his harmonica rendition of Brahms' Hungarian Dance. But the next time I came to visit Bill, the nurses told me that he was no longer with us. After reflecting, I felt privileged to be a part of Bill's life. It was different to know that there was nothing I, or any doctor or nurse, could do to save him from the clutches of death other than to be there for him during his lonely hours. I hope Bill knew that I was there and I cared.

I have always believed that true sacrifice is when one does not receive personal benefits. Thus, my chief end of becoming a doctor is not to feel accomplished at the end of a long day; I do predict hard times when I will be heartbroken and disappointed. Rather, my desire stems from knowing that I will have something uniquely invaluable to share often: my knowledge, caring support, and words of hope. Whether halfway across the world on medical missions or with the underprivileged a few blocks away, my personal conviction is that becoming a doctor is a significant life decision committed to serving others even before serving myself.

Through the Georgetown Special Masters Program, I have engaged in the academic rigor of pursuing a medical education and have confidence that this is not an unrealistic lifelong dream, but something for which I have the competency. Through teaching and mentoring youth and experience in leading peers, I have learned how to guide with humility and alacrity. Through involvement in church and my personal spiritual growth, I am constantly striving for the integrity of character that such an influential career demands. Through my employment experiences, I have developed

interpersonal skills in dealing with strangers, those with special needs, and individuals of ethnically diverse populations. Finally, through my involvement in musical performance, I have learned how to manage panicked situations under the spotlight and the importance of unified teamwork so that 700 occupied seats and some radio listeners could hear a ravishing performance of Brahms' Symphony No. 4. I am genuinely grateful for each of these life experiences, for they have led me to this point in my life where I feel more prepared than ever to enter the medical field. (Staff of the Princeton Review 142-144)

### **Medical School Personal Statement—Example Fifteen**

The world is a harsh place. That is a position I think is indisputable. We all have challenges and obstacles we must overcome. Taking difficult classes, competing with your friends for precious few high grades, or overcoming shyness to approach faculty for recommendation letters. These are obstacles for many people. They are mere trivialities, however, with the proper perspective. The true struggles are those that threaten one's very life and well-being. Nature forces us to face countless difficulties each day; among them epidemics affecting multitudes, bodies wasting away leaving helpless loved ones, or the death of a child—the most innocent of us all. The suffering caused by these natural processes would certainly be sufficient, but there are also those sufferings inflicted on man by man. Combined, these evils can seem overwhelming. I believe it is each man's task to stem this tide of pain in whatever way they are capable.

I cannot claim that the origin of my desire to be a doctor is to help other people. I grew up in a hospital; my first memories are of doctors and hospitals. I had acute lymphoblastic leukemia, and was in and out of the hospital throughout my childhood. Many of these memories are not vague recollections of events, but vivid impressions of emotions—fear, pain, happiness, relief, and hope. For whatever reason I came out of this experience asserting that I wanted to be a doctor, a position I have maintained to this day. The ambition to be a doctor is not one that is discouraged by those around you. It is not hard to see why people are reluctant to leave the medical track, even when they find they are not suited to it. I do not believe I have remained in the track merely out of habit, however. In fact, I think it is almost miraculous the degree to which medicine is what I now desire to do.

My motivation now comes from several perspectives. The first is the pursuit of knowledge. Frankly, I love to learn and participate in the process of discovery. Science, history, literature, mathematics, and politics can all hold my attention. I do not think, however, there is anything more marvelous or contains more mysteries than the human body. Medicine allows me to pursue my desire for scientific knowledge. During my undergraduate years I have also developed a passion for philosophy. Chief among my interests in philosophy is ethics—how we should live our lives. The field of medicine is one that presents (and will continue to present) unique and serious issues that require answers. These problems are not merely abstract, but are faced daily by practitioners and must be answered to set social policy. I have a strong desire to participate in the dialogue to answer these questions. Finally, I have experienced the good that medicine can do. From my experiences as a patient, volunteer, and observer of medical professionals I have a sincere appreciation of the burden placed on a physician. Every visit a doctor makes in a day can dramatically change a life.

Each visit is an opportunity to do good, however, and improve someone's quality of life. I cannot imagine a more gratifying life than doing such good on a daily basis.

There have been times I have questioned my resolve to be a physician. The most significant of these, I believe, occurred while I was studying in London. In an off-hand remark the head of admissions to St Thomas medical school questioned the British policy of accepting students into medical school at the age of eighteen. She reflected: "Sometimes I wonder if what we're doing is right. We're taking our brightest, most creative students and turning them into human computer terminals." This affected me a great deal. I think she gave voice to a concern I had in the back of my mind. Is medicine just about memorizing and regurgitating at the appropriate time? Might a profession in academics be better than being an over-priced reference book? Having given the question thought I think the answer is no. The ideal practice of medicine is not reducible to diagnosis and distribution of drugs. Rather, proper care requires someone to care for the patient. Having experienced prolonged care I am confident the human aspect is not trivial. Receiving medical care can be a very scary thing, and any comforting can reduce the inevitable fear and anxiety. A kind look, pleasant small-talk, or the development of a trusting friendship can each help alleviate distress. A human being who cares is necessary for such relationships to occur, however.

Lastly, I want to be a doctor because I think I would be a good doctor. Despite my other motivations I do not think I could enter a profession that I could not excel in. I have the sincere belief I will be a good doctor, however. I believe I have the analytic and communication skills critical for success. Likewise, I have a temperament and a sympathetic outlook that I think are conducive to long-term success in the medical profession. I believe that to squander ability is wrong. I believe it is a moral imperative to use one's gifts in the proper ways. The medical profession is a proper way to harness potential. Though idealistic, I envision the good doctor as a model human being—using his reason to assist his neighbor in combating evils of the world. This is a vision I would like to have of myself.

Fundamentally the medical profession is based on healing and the reduction of suffering. I believe no other profession has an ethos as noble as that of the medical field. It is an ethos I could envision holding for my entire professional career. Likewise, I am motivated not only by the ends of medicine, but the means as well. The scientific and moral aspects of medicine are things that excite me. I think a good doctor should also understand why they hold their ethos, or they do not hold it at all. The justification for having such a creed is that to heal and relieve suffering are goods, some of the greatest goods men are capable of producing. To argue for the legitimacy of the state Thomas Hobbes claimed that a state of nature would be "solitary, poor, nasty, brutish and short." I believe life can still be that way for many. It is the moral task of each of us to try and eliminate that life not only for ourselves but also those around us. Those in the medical profession are uniquely qualified to aid this goal. By facilitating health, medicine facilitates man's growth, creation, and achievements. I hope I am given the opportunity to participate in such accomplishments. (The Staff of the Princeton Review 145-46)

## Medical School Personal Statement—Example Sixteen

I have selected to pursue a career in the field of medicine because I have a keen desire to rid the world of plagues and diseases through scientific breakthroughs and discoveries. I have always had the desire to help others. Throughout my high school years, I volunteered at the local nursing home, tutored my classmates in math and science, and engaged in community service projects.

My volunteer experience, at the nursing home, gave me the initial inspiration to become a physician. It was an honor and a privilege to serve the elderly patients and to see a smile on their faces when I arrived and departed from the rehabilitation center. I took pleasure in assisting the nursing staff with the patients. I encouraged the patients through singing, conversing, reading, and offering a helping hand. I yearned countless times of one day discovering new medicines and medical treatments that would help alleviate the discomforts that attaches to aging.

My grandfather's diagnosis of leukemia in 1995 motivated me to learn more about medicine. During that time, I didn't fully understand the disease's state and its medical complications. In the hospital's lobby area, I read pamphlets about leukemia and was fascinated with the medical terminology in the brochure. As I continued to read about leukemia, I became additionally interested in how the disease's condition impacts the human body. After my grandfather's death in 1996, I was determined to study medicine and its effects on the physical body.

Also, the birth of my daughter, Aniya Riddick, in November 2001 greatly influenced my educational pursuits. Unexpectedly, I became a single teenage mother during my last year in high school. I was determined to succeed academically because of others who were in like situations. I studied harder and challenged myself by taking advanced classes such as Calculus, Honors Physics, and Advanced Placement English. Also during this time, I served as the senior class President, Vice President of the Student Government Association, and Vice President of the Beta club. At the end of the year, I was recognized as Valedictorian of my high school class. This achievement was the initial plateau of new beginnings for my educational desires and pursuits.

I am determined to receive a medical degree from Edward Via Virginia College of Osteopathic Medicine. After completion of a residency program, I plan to practice medicine in a rural and medically underserved area. I plan to specialize in gynecology and/or obstetrics. The Virginia College of Osteopathic Medicine will provide me with the opportunity to engage in scientific research. This will allow me to improve the health of all humans globally. To achieve these goals, I realize that I have to become knowledgeable, compassionate, enthusiastic, altruistic, and dutiful.

In closing, I am passionate about providing help and support to others in their time of need; this inspires me to become a physician. A career in medicine will give me the opportunity to provide a service to the public through the diagnosis and treatment of illnesses, diseases, and infections. I have decided to study medicine for a number of reasons: the contributions that can be made to the community, the knowledge and lifetime learning in the profession, the opportunities to work in different communities, and the patient interaction. (Staff of the Princeton Review 151-52)

## ***II. Selected Paragraphs and Sentences***

### **Introductions**

#### **Introductory Pattern That Includes General Statements and a Summary-Type Set Up**

- Dr Lewis Thomas described medicine as ‘The Youngest Science’ because insightful discoveries in basic research have led to revolutionary innovations in clinical therapy that have improved the quality of life. We are in an [sic] the midst of an exciting era in which our knowledge about the molecular aspects of medicine is growing each day. I feel that the medical profession uniquely integrates my passion for science with my desire to work with others. Medicine is boundless; like no other profession, it wholly captures my intellectual ideals and humanistic values.
- Every since I was twelve years old I’ve wanted to be a physician. I cannot pinpoint the specific event which sparked this unyielding desire; however, I do know what drives me in the direction of the health professions at this point in my life. I’ve always enjoyed studying the sciences, especially those dealing with human anatomy and physiology. I also find a great amount of pleasure when meeting new faces and when helping others the best way I know how. Becoming a doctor, I believe, would thus be extremely satisfying and fulfilling, as I would be able to combine these three pleasures every of my life. Also, every interaction I have had with the health professions (volunteering in the hospital, CPR training, viewing surgery from inside the operating room, etc.) has given me a feeling that has not and could not be matched by any other. Whenever I experience such interactions, I want to take what I’ve seen or learned to the next level. That is, I want to learn more about what is occurring and why. Going to medical and becoming a doctor would enable me to do so, as well as to apply this knowledge to real-life situations.
- My goal is to become a caring and competent physician who reaches out and makes a positive difference in the lives of her patients. As a child, I admired and trusted the physician who treated me when I was ill. He showed m the important role kindness and compassion play in making a patient feel comfortable and secure with the prescribed treatment. As I grew older, I developed an increased interest in the medical field as an exciting opportunity to help people directly solve their problems, and in so doing, to change their lives. My decision to become a physician is based on numerous experiences, which have heightened my strong desire to make such an impact.
- One of my most important qualities is that I am interested in the sciences as well as the arts. I believe that the art of medicine is the more difficult aspect to master. The education I’m receiving at MIT is giving me a firm background in the science of medicine, but my extracurricular activities are giving me an equally strong basis for understanding how to study the art of medicine. Practice, performance, and application of knowledge are integral to both the arts and to medicine.

## Introductory Pattern That Focuses on Childhood Experience

- Now what's he doing to Blake?" I whispered to my mom. For years Dr. John Stedelin, my pediatrician, was the last person in Centralia, Illinois I wanted to see. As a child, I was blind to his compassion because I equated him with the throat culture and painful immunizations I feared. But after my Brother Blake was born, I would accompany him on his visits to Dr. Stedelin without being distracted by my dread of needles and swabs. My fear of Dr. Stedelin gradually evolved into a deep curiosity, something like the awe curious children feel as they watch a magician's illusion.
- Some even must have triggered my desire to become a physician so I could help people who were sick, but I have no memory of a specific incident. From the time I played the game of "What do I want to be when I grow up?" I knew my future would be in the medical profession as a hand-on healer. No other has even been in the periphery of my vision.
- My earliest impression of medicine occurred when my mother repeatedly required the assistance of physicians in dealing with her chronic migraine headaches. Her doctors were always there for her, day or night. The respect that my parents bestowed on doctors, and the doctors' ability to ease suffering, sparked a desire on one day become a physician myself. This was an ambitious goal for someone coming from a family in which no one had obtained a professional degree. However, my traditional family-oriented culture, emphasizing doing good for others, contributed to this decision to pursue a career in the medical field. Furthermore, the American individualistic spirit gave me the confidence and opportunity to undertake a challenging medical career.
- My grandfather lay before me, recuperating from the day's chemotherapy session. He had spent the last eight months battling cancer, and it appeared that he had finally won. There was no sign of cancer left in his body. In the last few months, I had watched a healthy, energetic body diminish into a weak, fragile one. Without the efforts and knowledge of his physician, I would have lost him. As the doctor entered the room and discussed his progress with the family, I realized that at that very moment, he was our lifeline. We depended on this person not only for knowledge, but also for strength, comfort, and compassion. At that moment, I knew what I wanted to do with my life. I wanted to help alleviate the suffering of others, to offer compassion, sincerity, and empathy to those in need; to serve other as this doctor had served my family. This even rekindled my desire to become a physician.
- Working with Marcus Welby, M.D., brought me to a career in medicine. Not that I really worked with this fictional television doctor, but I did even better—I worked with the real-life equivalent. His name is Dr. Louis Olson, and as a Family Practitioner, he took care of me and my family as I was growing up. Later, I worked for him as an office assistant while I was in high school and college. The caring and idealism I saw exemplified the best in humanity. He is the complete physician, not only seeing patients in the office and at the hospital, but also making frequent house calls to homebound patients. Knowing

my interest in medicine, he occasionally let me accompany him on these visits. I want to follow in his footsteps.

- Ironically, the first time I seriously considered becoming a doctor was as a patient. One night in August in 1989, trying to catch-up to my campers, I ran, slipped, and crashed through a glass door. I was rushed to a hospital to repair four tendons I had severed. Initially, I did not know what would happen to me or to the use of my hand. After the surgical resident examined me and told me that I would be fine with surgery and rehabilitation, I felt relieved. He had not yet laid a hand on me, but his words did wonders for my spirits. During my recovery, I imagined how good it would be to help others the way this young physician helped me. It would feel good, I thought, to have my patients return to thank me for the care I had provided. Undoubtedly, this anticipated glory was a large part of my attraction to medicine.
- My mother was diagnosed with breast cancer when she was thirty and I was three years old. My memory of this time is clouded with tangibles, including wigs, prosthetic breasts, and hospital bracelets; clearly I was unable to grasp the severity of the disease at such a young age. Over time, I became inquisitive about my family's history of cancer and its relation to my Jewish descent. Discovering my strong predisposition to breast cancer sparked my interest to study medicine. The fact that math and science are my academic strengths further inspired me to pursue this career.
- The pungency of sickness coated with Glade Powder Fresh Blue heavies the air. In the bedroom, a little ball of purple leotard and lavender tulle—my blond, four-year-old sister—curls up between Grandma Tootsie and the sturdy silver rails of the hospital bed. Breast cancer metastasized to bone, and my grandmother now sips nectar through the morphine drip butterflyed to her wrist.
- Seconds after my unbalanced Nolan Ryan windup, all I could feel was my thumb, twisted into an unfamiliar shape. Several terrifying minutes passed until I was in the ER, with a doctor and his medical student examining my hand. I do not remember the questions he asked, nor the setting of the cast, but I do clearly recall leaving that hospital aware that here are opportunities to learn how to restore both the injured physical part and the wounded spirit of another person. Since that first pitch, I have gradually come to realize my aspirations to become a doctor.
- My desire to become a doctor traces back to my childhood memories. Vividly, I remember my mother's tragic experience. I was only six years old when she underwent a tracheostomy. The days following the surgical procedure were incredibly frustrating. Not only was she confined to her bed, but she was unable to speak to me as well. I felt so helpless, and all I wanted was for her to be well again.
- I have been drawn to medicine ever since my father checked my ears for infections and prescribed medications for me as a young age. As I matured, I challenged my sincerity of these ambitions by questions whether my ostensible goals arose from within me, or if

they were merely the results of being raised in a doctor's family. It has become clear that it does not matter—my intentions are genuine, and a predisposition to pursue medicine does not diminish their validity.

- When I was ten years old, my parents bought me an aquarium, my own microcosm of the sea. I have always been fascinated with the ocean, at first for its deep waters, which hide so many secrets, as well as for the myriad life-forms it supports. I considered a career in marine biology. Then in high school I discovered chemistry, molecular biology, and psychology. Human psychology shifted my academic interest from aquatic life to human life, and my career interest shifted from marine science to biomedical science.
- My first toy was a Fisher-Price stethoscope. I think my parents, who are both pediatricians, bought it for me before I was born. I carried my favorite toy with me everywhere. Whenever I found a free moment, I examined the bright orange earpieces and noticed how a separate blue hollow cord originated from each neon sphere. Tracing the blue cylinders with my fingers—one tube with my left hand and the other with my right—my hands would inevitably meet as they neared the chest piece. I wondered how two separate paths could converge to a single one that would allow me to listen to someone's heart.
- Working with Marcus Welby, M.D., brought me to a career in medicine. Not that I really worked with this fictional television doctor, but I did even better—I worked with the real-life equivalent. His name is Dr. Louis Olson, and as a Family Practitioner, he took care of me and my family as I was growing up. Later, I worked for him as an office assistant while I was in high school and college. The caring and idealism I saw exemplified the best in humanity. He is the complete physician, not only seeing patients in the office and at the hospital, but also making frequent house calls to homebound patients. Knowing my interest in medicine, he occasionally let me accompany him on these visits. I want to follow in his footsteps.

### **Introductory Pattern That Dramatizes a Health Care Experience**

- When the old man urinated on my leg, it ran down my pants and into my shoe. I could not let go of him, as I was holding him up, trying to move him from a wheelchair onto the bed. That's when I first realized that medicine was not going to be just starched white lab coats and golf at four. I looked again at medicine, the actual practice of medicine on real people, and saw it often involved messy fluids, imprecision, and an element of surprise . . .
- The truck bounced along the rutted dirt path that passed for a road. I held on to my seat and glanced at the sacks of millet in the back of the truck. I knew that the people for whom the grain was intended lived together in isolation from the rest of society, most of them incapable of cultivating enough food to sustain themselves. Soon the village came into sight. Its residents—outcasts of society—began to emerge from mud huts and gather at the sound of the arriving vehicle. As I got out of the truck and caught a glimpse of their hands without fingers and their arms and legs ending in stubs, my first instinct was to keep my distance from these people suffering from leprosy. I was afraid.

## First Sentences

- A call blasted over my fire department pager in the middle of an icy winter night in rural Ohio.
- When Robert Frost wrote about “the road less traveled,” I am convinced he was thinking about the dirt path leading to Basma, a tiny village in the West African country of Burkina Faso, where the sight of a motorized vehicle is the talk of the town.
- Annie was not breathing, nor did she have a pulse. True, she was only a dummy I met while taking my CPR certification course, but I could not help thinking, “What if she were a real person?”
- High up in the Venezuelan Andes, staring through the eyepiece of a five-ton Schmidt telescope, I made the decision to leave physics.
- Who would’ve thought I’d spend two years of my life talking about parasites?
- I have to admit that for most of my life, attending medical school was just an afterthought.
- The screaming of the little boy’s mother shattered the relative serenity in the room.
- Ms. “G” was really wearing my patience thin.
- “The cancer is no longer in remission. I am very sorry,” said Dr. Montoya as he gently placed his hand on the patient’s shoulder.
- For some time now, I have had to endure teeth-clenching pain on a weekly basis.
- Fear and uncertainty enveloped my mind as I, a normally happy thirteen-year-old, sat in the emergency room.
- Most people use college as a time to find themselves.
- One of my most important qualities is that I am interested in the sciences as well as the arts.
- A three-story wood concoction, with ropes and beams dangling every which way, stands in the middle of a clearing, hemmed on both sides by the Blue Ridge mountain range.
- The truck bounced along the rutted dirt path that passed for a road.

- When I was ten years old, my parents bought me an aquarium, my own microcosm of the sea.
- “**American Invention to Destroy Sex,**” the boy answered matter-of-factly. I had just asked my class what AIDS was an acronym for, and I was alarmed by the response.
- As I approach the end of my undergraduate education and plans for the future take on both concreteness and urgency, more and more people ask me what those plans are.
- My goal is to become a caring and competent physician who reaches out and makes a positive difference in the lives of her patients.
- Ever since I was twelve years old I’ve wanted to be a physician.
- My desire to become a physician is one that has been gestating in me for as long as I can remember.
- I have been drawn to medicine ever since my father checked my ears for infections and prescribed medications for me at a young age.
- My decision to become a physician manifested itself in a round-about way.
- If I had to trace it all back to one particular episode, that singular lucid moment that the motivation to practice medicine for the rest of my life became my personal mantra, it was when I was eight years old.
- Some event must have triggered my desire to become a doctor so I could help people who were sick, but I have no memory of a specific incident.

### **Addressing Problems, Inconsistencies, Discrepancies, and Blemishes**

- I withdrew from three classes in the fall of my junior year due to the death of my mother.
- I went to a very strict military boarding school when I was in high school, and when I came to college I am afraid I let the freedom erode my first year’s studies. Please note that my GPA for the last two-and-a-half years is 3.25, 3.68 in my major. I feel that my test scores and my GPA in the last two-and-a-half years are indicative of the performance you can expect of me.
- Finally, I would like to address the issue of my academic career. As you have my transcripts, you can clearly see that I was not especially serious in my first years as an undergraduate, and you can also see that I have improved dramatically. I have a 3.9 GPA in graduate school, and I expect to continue to do as well in the doctoral program.

- I am writing to request that you disregard the first GRE score on my records instead of averaging it with my second one. On my way to take the first test I was involved in a major accident (see attached police report) and I was very emotionally agitated during the test. I realize now that I should have just skipped the test, but I was in a state of shock from the accident and was not thinking clearly. As you can see, there is a big difference between the two scores. Thank you for your consideration.
- My grades over the last two years are not an indication of my potential, or of my ability to succeed in a university. Rather, they are an indicator of the time I spent in pursuit of other goals. My MCAT scores are more indicative of my ability. My course load has been heavy, and I have worked all four years, often full-time. This was in addition to the hours I spent training for the Olympics. During my summers, I enjoy volunteering with the Special Olympics, WEAVE (Women Escaping a Violent Environment), and other groups, and teaching children's and women's awareness classes to day cares and community groups. My life philosophy: Every moment is special. My teaching Philosophy: Lead by example.
- My father experienced some unexpected business reversals in the spring of my freshman year, and I took a full-time job in order to complete the academic term. By the spring of my sophomore year, I qualified for financial aid, and was able to drop down to a part-time job. If you do not count the year when I was working full-time and going to school full-time, my GPA would be 3.35 overall and 3.53 in my major.
- Though my undergraduate grades are less than average for graduate school applicants, I feel that the graduate climate is better suited to my type of academic personality. I have never been a good test taker in engineering courses, and exams always lower my grades for a course. However, my lab marks and other scores are always well above average, and I particularly excel at unconstrained projects, both within courses and in independent research.
- Although I have always been a premed student, I would like to point out that I did not follow that premed strategy of taking only "safe" classes I knew I could make an A in. I took an overload for three out of eight semesters, mostly so I could take classes like "History of the U.S. before 1865," "Greco-Roman Religion," "Native American Cultures," "Classical Greek Philosophy," and two years of Latin. My GPA in all math and science classes is 3.78, and I think that is representative of my ability to complete the medical school curriculum.
- To make sense of my transcripts you will need to know that I changed my major four times before I finished my sophomore year, which is also why I extended my undergraduate career to a fifth year. I always made straight A's in math and science, but I just didn't connect that to engineering until . . . .

## Conclusions

- These numerous work and volunteer experiences have helped me realize that medicine offers everything I want in a career—the ability to make a difference in the lives of others while working in a field which I find exciting, challenging, and rewarding. Becoming a physician provides the opportunity to have positive interactions with patients and create a doctor-patient relationship based on trust, communication, compassion, and confidence. My desire to positively influence the lives of others and my thirst for knowledge continue to direct me toward the medical profession.
- By harnessing my scientific tendencies with my desire to heal, I realize my potential to flourish in medicine. I also realize that being a doctor is how I want to live my life. I am nurturing what I have become so far—a scientist, an artist, and part of a community—into one dream I can pursue with zest and dedication.
- My desire to be a physician extends back to my childhood and has encompassed much thought and exploration. During junior and senior high school, I wrote papers on biomedical research, bone marrow transplants, and human embryo cloning. I shadowed a pediatric oncologist and a neonatologist to learn about the daily work of physicians. I have had a lifelong intrigue with and a long-standing, intense interest in medicine. I believe I have the ability to handle the rigors of medical school and the compassion and humanity to be a very good doctor.
- The pursuit of medicine demands an awe of the human body that I developed one summer removing femurs and spines from cadavers for orthopedic research, and it demands respect for and appreciation of human suffering. I am intimately familiar with the physical and emotional consequences of illness through the care of a very sick younger sister and through working with patients who have suffered neurological trauma at a local hospital. Most importantly, medicine demands a drive to heal, the seeds of which were planted by my father and have blossomed into an impassioned energy. It is for the above reasons that I feel prepared and excited to channel that energy and dedicate my life to the pursuit of a career in medicine.
- In my life's pursuits for the highest virtue of art, beauty, and truth, I find one road leading toward community service and another toward science. At the intersection lies the art of medicine. Mastering this area requires one to struggle through the various emotional and physical obstacles. However, for the beauty such as that embodied by the AIDS victim's smile, the struggle is worth it. Let the raga begin.
- Although I reside in Silicon Valley, where young people like myself seem increasingly flush with Internet riches, I choose medicine. My experiences as a volunteer at the Veterans Hospital with exposure to chronic care made me realize that although I am surrounded by materialism, the look of relief on a patient's face cannot be purchased. I choose medicine because I know I can make a real difference—not just one that lasts until the next product cycle.

- I have seen that a physician's life is very demanding. However, I also believe it to be one of the most rewarding and important professions in our society. Physicians touch lives in a way no one else can, and are rewarded with the satisfaction of serving others in every way possible, physically, mentally, and emotionally. My desire to become a physician is rooted in knowing that I could change and improve people's lives the same way the physicians mentioned above have changed mine. My academic record shows that I have the intellect to become a good physician. I believe that my compassion will make me a great one.
- From Ecuador's flying ants and barb-bearing scorpions to Harvard's physics and biochemistry, I have gained insight into my capacity for responsibility, commitment, and perseverance. My experiences have prepared me for the challenges of a career in medicine.
- Being accepted into the Early Assurance Program would allow me to participate in Le Moyne's Study Abroad Program in Australia. I have always wanted to visit a foreign country, and taking part in this program would fulfill this desire, along with allowing me to study in an environment aside from my own, presenting me with new and exciting challenges. More importantly, I believe studying abroad would permit me to experience new people and their culture, thereby expanding my knowledge of the world around me, and making me more understanding, in terms of people's different needs and beliefs. If not accepted into the Early Assurance Program, I would stay in Syracuse in the spring in order to better prepare myself for the MCAT. Further, I would need to be in Syracuse at this time, since I would be required to be interviewed by Le Moyne's Health Professions Advisory Committee, in order to apply to other medical schools.
- With this complete view, I feel I have a more solid understanding of the demands of a health career. My overall aim is to learn as much as I can and to give back to the profession of medicine. I hope to go beyond my personal ambitions for a successful life and to make a difference in the lives of others. Since medicine has already made a strong impact on my life, I want to continue my perseverance and dedication in medical school to develop into a proficient, caring medical practitioner.
- As a doctor, I hope to participate in these changes in order to benefit more people than are currently being served. Doctors should be able to serve people of all different races, ages, backgrounds, and cultures. I intend to use my skills and unique experiences to achieve this vision of what I think a doctor should be.
- In helping Elizabeth, I feel that I made a small difference in her care at MetroHealth, but overall I still feel helpless. I am glad that I could ease some of her pain by being caring and considerate of her emotional welfare, but I would have liked to have been of more help to her physical well-being. I will never forget Elizabeth and the importance of personal patient contact in the world of medicine.

- I am truly excited about the opportunities that await me in my pursuit of a career in medicine. I know in my heart that I am ready to face the challenge, but at the same time I am greatly humbled by it. I feel that physicians carry the awesome responsibility of bettering the human existence. It is this end that most strongly motivates me to dedicate myself to the challenges of earning my distinction as a doctor of medicine.

## Medicine as a Challenge

- The path to medicine will likely be difficult and, at times, tiresome. Yet I find joy in the struggles that lead to a positive end.
- The path less traveled is generally my path of choice. Some would say that the path most challenging is most intriguing to me.
- Mastering this art requires one to struggle through various emotional and physical obstacles.
- I believe I have the stamina and willingness to make the commitment all physicians must make to their careers in order to succeed.
- My desire to positively influence the lives of others and my thirst for knowledge continue to direct me toward the medical profession.
- I am totally committed and dedicated to going the distance to become a rural health care provider.
- Now that I am aware of some of the challenges inherent to the practice of medicine, I can say that I am willing to accept them.
- Moreover, I needed my time in law school and thereafter to gain confidence in my abilities, to develop my sense of personal integrity, and to truly commit myself to what will be a long road through medical school and on into a career as a doctor.
- I recognize that becoming an ideal physician is not an easy task but I look forward to the challenges that lie ahead as I pursue a career in medicine.
- My experiences have prepared me for the challenges of a career in medicine.
- I believe I have the ability to handle the rigors of medical school and the compassion and humanity to be a very good doctor

- I understand the self-discipline and perseverance that are equally important to endure the arduous study, long hours, emotional and mental strain, and more and legal responsibility that are an integral part of the medical student's and eventually doctor's daily existence.
- Physicians often warn me about the challenging career I face, one where the financial rewards have been curbed significantly. I reply that I look forward to accepting the challenge.
- I have discovered how interesting, enlightening, and enjoyable learning about and practicing medicine can be, and it excites me to think about the lifelong challenges I will face as a physician.

## **Becoming a Physician**

- Ever since I was twelve years old I've wanted to be a physician. I cannot pinpoint the specific even which sparked this unyielding desire; however, I do know what drives me in the direction of the health professions at this stage of my life.
- Wanting to become a doctor is not a recent desire, but a result of experience over my lifetime.
- I have been curious about medicine since childhood.
- My desire to become a physician is one that has been gestating in me for as long as I can remember.
- Although I had not yet definitely decided to become a doctor, my path toward medical school became inevitable.
- I cannot say that there was a single event that led to my decision to pursue a career in medicine, but that my life experiences, consciously or not, have been inexorably linked to the field.
- My ultimate desire to be a physician is driven by my inner self.
- Since that first pitch, I have gradually come to realize my aspirations to become a doctor.
- My desire to be a physician extends back to my childhood and has encompassed much thought and exploration.
- I have had a lifelong intrigue with and a long-standing, intense interest in medicine.

- Since my childhood, my father's inspirational recounts as a cardiologist have captured my heart and interest.
- Volunteering as an Emergency Medical Technician has confirmed the fact that I am destined for a career in medicine.
- Having been born at a country hospital at no expense to my then-destitute parents, I was cognizant at an early of how much I wanted to give back to the needy community as a doctor.

## **Altruism & Humanitarian Ideals**

- I also find a great amount of pleasure when meeting new faces and when helping others the best way I know how.
- I want to use my scientific skills to help others through direct personal contact.
- My wide range of experiences will allow me to serve my patients with intelligence, patience, and passion.
- When I first saw him in the room . . . I was excited by the thought of helping him.
- However, in all of these settings, one sudden realization still rings true, and that is there is no greater satisfaction in this world than helping people through the practice of medicine.
- The feeling of excitement as I rush out to meet a patient, and of fulfillment when I know I have done all I could to make a difference in a patient's life, are worth all of the hard work.
- As for rewards, they will come every day when I can care for and hear "heroic" patients.
- Peer Counseling has definitely had a profound effect on my life and has shown me how rewarding it is to help others, and how easy it is to make a difference in someone's life.
- There, my greatest joy came from my interaction with patients, providing comfort and alleviating some of their pain.
- I thought to myself, this is why I volunteered to be a Big Brother, this is the kind of moment that I hoped would come from this experience. The joy of giving, especially because I gave him something that he could not have on his own.
- More recently, I discovered that I longed for contact with patients.
- I sincerely possess the desire to serve others and be a vehicle in restoring health as a physician.

- Thus, I pursue medicine as a way of achieving my highest goal in life: to serve.
- I understand that being a physician demands an unfaltering commitment to heal.
- One look into Evelina's sad eyes convinced me that a doctor's greatest responsibility is to be a caregiver, not simply a medical provider. One never just treats a patient—one treats a person.
- My feeling were not a sign of frailty but rather a reflection of something wonderful—the making of a human connection.
- The Joy I have received from helping Katie and others to smile and become happier and more confident has fueled my desire to pursue medicine as a vehicle for transforming lives and making people healthier.

## **Idealizing the Medical Profession**

### **Medicine as a Calling and Way of Life**

- I also realize that being a doctor is how I want to live my life
- Participating in this rejuvenation of hope and energy is what I want to achieve as a physician. I cannot honestly imagine a better, more deeply satisfying way to live my life.
- However, I do not particularly view being a physician as a career choice, but rather as a calling.
- I am excited to continue on this journey in medical school, training for that to which I believe I am called.
- I cannot recall a specific time when I chose medicine; instead, I would affirm that medicine chose me.
- What I have confirmed is that medicine remains my calling.

### **The Intoxicating Power of Medicine**

- The ambition to be a doctor is not one that is discouraged by those around you. It is not hard to see why people are reluctant to leave the medical track, even when they find they are not suited to it. I do not believe I have remained in the track merely out of habit, however. In fact, I think it is almost miraculous the degree to which medicine is what I now desire to do.

- On two separate occasions, I have seen the beauty that the art of medicine can create. Each time, it threatened to forever intoxicate me, beckoning me to following and neglect the pain and struggle along the way.
- Daydreaming about being a doctor is not new to me. Early in college, a friend and I were so captivated by medicine that sometimes, after class, we could go down to the Shands Teaching Hospital at UF [University of Florida] and give ourselves a tour of the OR.
- When you add all of this up, what do you get? Take the satisfaction of bringing hope and joy to people, add a commitment to learning, throw in an unquenchable desire to practice medicine and you come up with me.
- Just as marriage retains its vibrancy when the partners actively partake in new pursuits, by its nature, medicine has an invigorating quality that will forever engage me.

### **The Power of Medicine to Heal**

- The medical profession is a proper way to harness potential. Though idealistic, I envision the good doctor as a model human being-using his reason to assist his neighbor in combating evils of the world. This is a vision I would like to have of myself.
- I understand what a tremendous difference a physician can make upon society and I am humbly ready to contribute in this capacity.
- I have been awakened to the enormous responsibilities a physician faces daily and have seen the vast importance of healthy doctor-patient relationships.
- Together, these experiences have fueled my passion for a career in medicine that will present me the amazing opportunity to better the human existence.
- By nurturing personal bonds and asking the proper questions, physicians have the opportunity to delve into the human soul and learn more about each other.
- I believe it is each man's task to stem this tide of pain in whatever way they are capable.
- I have selected to pursue a career in medicine because I have a keen desire to rid the world of plagues and diseases through scientific breakthroughs and discoveries.

## Medicine Compared to Other Career Choices

- I couldn't imagine being able to help people as an attorney in the same tangible way as I was able to help them in Guatemala" doing volunteer work in medicine (Jones and Baer.
- I believe no other profession has an ethos as noble as that of the medical field. It is an ethos I could envision holding for my entire professional career.
- But, most significantly and most obviously, I chose to leave a lucrative and intellectually easy career to start over, at 34 years old, in medicine.
- What separates medicine from fixing computers and motorcycles is that the goal of medical science and clinical medicine is to assuage human suffering.
- Although I reside in silicon Valley, where young people like myself seem increasingly flush with Internet riches, I choose medicine.
- I couldn't imagine being able to help people as an attorney in the same tangible way as I was able to help them in Guatemala.
- But to me, only one profession also has the dynamism of continuous intellectual exploration—medicine.
- To me, there is only one profession which satisfies both my curiosity and my desire to help those in need. Incorporating both the caring, personal, physician-patient relationship and the dynamism of continuous learning, the medical profession is the profession I eagerly embrace.
- Medicine is boundless; like no other profession, it wholly captures my intellectual ideals and humanistic values.
- I aspire to become a physician because to me, it is the world's most vibrant and rewarding profession.
- Too few people exist who vocation is to bridge these two worlds, to bring accurate understanding to the majority of our society, and of these, doctors are the most important.
- Medicine is boundless; like no other profession, it wholly captures my intellectual ideals and humanistic values.
- I aspire to become a physician because to me, it is the world's most vibrant and rewarding profession.

- I have seen that a physician's life is very demanding. However, I also believe it to be one of the most rewarding and important professions in our society. Physicians touch lives in a way no one else can, and are rewarded with the satisfaction of serving others in every way possible, physically, mentally, and emotionally.

## **Passion for Science and Learning**

- I am committed to using nearly every moment I have to learn.
- My thirst for knowledge continues to direct me toward the medical profession.
- In an era in which rapid technological progress and health care reform continuously transform the study, practice, and ethics of medicine, working to cure requires a passion for learning and discovery, and I have found that I thrive on this intellectual exploration.
- I thrived on the complete immersion into a subject that stimulated my intellect.
- Biological phenomena inspired me, and I wanted to learn more.
- The myriad diseases, medications, and injuries that I encounter have consistently piqued my curiosity and prompted me to seek more information.
- My motivation now comes from several perspectives. The first is the pursuit of knowledge. Frankly, I love to learn and participate in the process of discovery. Science, history, literature, mathematics, and politics can all hold my attention. I do not think, however, there is anything more marvelous or contains more mysteries than the human body. Medicine allows me to pursue my desire for scientific knowledge.

## **The Path to Medicine**

- It was the day I got my microscope back and embarked on another incredible journey.

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