

Personal Statement – Your Name

"One hundred years from now, it will not matter what my bank account was, how big my house was, or what kind of car I drove. But the world may be a little better, because I was important in the life of a child."—Forest E. Witcraft

From summer camp counselor to teenage youth director, I have always loved being around kids—shy, screaming, laughing, unreserved, honest kids. My first real experience with children's health care was as a volunteer and then later as a director of a free, student-run clinic for sick children—crying, shouting, coughing, miserable, angry children. I still loved it! There was purpose and challenge in trying to help the children in the clinic feel more like the children at camp. There was also joy and satisfaction in watching the transformation happen. The pediatric wards reinforced my feelings in realtime—Day 1: miserable child; Day 2: sleepy and shy; Day 3: laughing, screaming and running down the hall.

An equally rewarding aspect of pediatrics is preventive medicine. From immunizations and nutrition to improving body image and social development, this type of comprehensive care saves lives and changes lives. Unfortunately, not all outcomes in pediatrics are happy ones. Childhood morbidity and mortality are among the world's most unfair and inexplicable tragedies. On the hematology-oncology service, I quickly learned that it takes more than a clown suit and squeaky toy to build trust and rapport with young patients—truthfulness, a listening heart, and lots of little visits slowly establish a therapeutic relationship. I discovered that comforting grieving parents and frightened young people is something I do well and find fulfilling.

In medicine our best educators are those we care for. As a new physician I will continue to learn from my experience in caring for patients. I am earnest and unrelenting in my study and use of evidence-based medicine. I believe every patient deserves the best application of my intelligence as well as the collection of knowledge gained from those who have come before us.

Working at the Center for Development and Learning, I saw how helping children and adolescents with behavioral and interactional problems could be one of the greatest challenges and joys of general pediatrics. For a number of the children we saw, child-focused therapies, though usually adequate, had failed, and my mentor's watchword of "your family is your greatest resource" rang true. I learned that sometimes the best way to help children is to help the family, the most central and enduring influence on their lives. As a child advocate, the pediatrician's domain should be the family context.

One of my greatest heroes is [REDACTED], the oldest-known practicing physician in the United States. Her charge to me was, "As a future doctor people are going to trust you. Take time to find out what's making them sick and teach them how to stay well. Never let the money of medicine or your own worn-out spirit turn them away. You have the ability to turn their world around." Today's children will be tomorrow's adults, and pediatricians have been given the sacred responsibility of impacting the outcome with early medical intervention and primary prevention. Along with Witcraft, I sincerely believe the "world may be a little better" by me being "important in the life of a child." I am looking for a program that will assist me in becoming a confident, proficient, and caring community pediatrician. In return, I promise to invest myself completely and wholeheartedly in my program and my patients.

Personal Statement – Sample 2

In his essay on the profession of medicine, Sir William Osler writes that the medical field strives for a time, "when there should be no more unnecessary death, when sorrow and crying should be no more, and there should not be any more pain." I think it is important for every physician to keep these basic goals in mind no matter what field he/she enters. Clearly, my grasp of information, the foundation of my medical education, is only part of what will make me an effective physician. Though I have performed well academically in both my clinical and basic science years, I have learned to place a greater importance on solid communication and relationships with my patients, peers, and teachers. No amount of academic training can teach the compassion, hard work, camaraderie, and coolness under pressure which can make me an exceptional physician.

While medicine continues to become increasingly complicated, I feel that the physician's most important role, that of a fierce and loyal patient advocate, remains unchanged. This is a broad responsibility which, for me, has included demanding financial help for a migrant worker, obtaining counseling and referrals for a battered woman, and simply cutting the toenails of an elderly patient. I have learned that for patients in situations such as these, having a concerned advocate is as valuable as having a scientist and clinician. The best physicians among us have achieved a balance of all these roles, and not only assess and diagnose patients, but also understand how best to provide the physical, emotional, and social interventions to achieve optimum overall health.

Another crucial lesson learned through my clinical experience is that there are still great improvements to be made in the availability of health care and the implementation of preventive care. I have personally seen the importance of these issues through my experiences growing up in an area with limited health services and through my work with the Rural Health Coalition. The greatest barriers to prevention in rural areas, in fact in all underserved areas, are education and access to qualified personnel. By devoting weekend time to education, basic care, and prevention, the Rural Health Coalition is able to effectively practice quality preventive medicine and improve the health of rural communities. I feel that this organization provides a great model for future practices, and I am committed to extending my services, and health care in general, to underserved populations.

Though I intend to first and foremost become a clinical physician, I also plan to participate in investigation and education throughout my career. Ask me about my ideas for research projects; I am enthusiastic about them and demand a program which can facilitate and guide my curiosity. I also enjoy teaching, and have continued to teach chemistry and natural science even during my years in medical school. The balance for which I search in my career will unite direct and honest patient care with practical discovery and education. A residency in internal medicine will provide the ideal foundation for this pursuit.

I am looking for a strong academic and teaching program, one which will provide a solid background that allows me to choose between competitive fellowships and a career in general medicine. I see myself not only as a future leader in providing health care to my community, but also as a leader outside of medicine as a respected citizen, neighborhood advocate, author, and role model. I continue my journey into the field of medicine with a sense of excitement and

anticipation, and with the commitment to provide earnest and open patient care. I am certainly idealistic, but as the medical profession itself continues to undergo constant evolution and change, I want to remain dedicated to remembering and practicing medicine as a humane art.

Personal Statement – Sample 3

In my journey through medical school, I have realized that pursuing a career in family medicine will allow me to address several of my special interests while also allowing me to serve me community effectively. I came to medical school after having taught eighth grade, and I knew that I wanted to be able to provide health services to adolescents. Additionally, my interests include a commitment to medically underserved populations and preventive medicine and a love of teaching. By incorporating these interests into a full-service practice, including obstetrics and hospital medicine, I believe that I can truly meet the needs of my community as well as my own personal career goals.

My interest in adolescent populations is one of the main reasons I am opting for a career in family medicine. Teenagers fall through the cracks so easily, and often end up without a primary health care provider. Since the attitudes and behaviors of a lifetime are often cemented during the teen years, I believe it is vitally important that young people have a physician with whom they are comfortable discussing their physical and emotional needs and concerns. As patients, teenagers tend to respond more readily to a compassionate atmosphere involving someone who wants to help them learn to help themselves. By integrating the various aspects of family medicine – including pediatrics, general medicine, psychiatry, and OB-GYN – the whole adolescent can be treated.

I also hope to address the needs of the special populations. For a number of years, I watched my sister suffer with the physical disabilities that accompanied her mental retardation. I was often frustrated by the lack of understanding of her needs demonstrated by the medical community. I began to recognize a similar pattern among her friends who were disabled - their medical needs were also not often being met. Having volunteered with the Special Olympics on both state and international levels, I have been exposed even more to the needs that the special populations present, and the ways that I can most effectively contribute to their healthy lifestyles. I look forward to incorporating this population into my practice.

I have learned that people with substance abuse issues present a special set of challenges, and I plan to use what I have learned in a prevention effort in my community. My mother began a non-profit halfway house program when I was in high school, and I have had the opportunity to watch it grow into a multi-facility program which now includes over 80 beds for men, women, and veterans in recovery. The exposure has been phenomenal, and I genuinely see the importance of recognizing addiction issues and working to address them in every way possible.

Family medicine offers me the opportunity to commit myself to serving my patients who have needs in all areas of medicine. By integrating my own special interests including underserved populations, prevention, and teaching into the delivery of health care to the whole family, I believe I can realize the goals I have set for myself as a physician.

I had some academic difficulties in the basic sciences as a result of my difficulties with test taking. I was able to address these difficulties in a decelerated curriculum that allowed me to spread out the traditional preclinical courses and focus on each course in more depth. The curriculum also allowed me to further develop my interests, both inside and outside of medicine. I was able to complete more electives and participate in extracurricular activities – including research in domestic violence, and a number of teaching and outreach prevention programs. Returning to the full-time curriculum for my clinical clerkships, I have been able to bring to my clinical work the skills and insight I developed from my extracurricular activities. Though it was personally difficult for me to accept a change in the course I had planned, I am grateful for the additional enriching opportunities. I am

greatly looking forward to having the opportunity to enhance my residency and career with the interests and abilities that I have fostered during medical school.

PERSONAL STATEMENT: YOUR NAME

“If you come to a fork in the road, take it!” Sound advice from legendary baseball star and funny man, Yogi Berra.

One noteworthy “fork in the road” of *my* life’s journey was choosing to pursue medicine. **I struggled with staying in my comfort zone as a competent, self-confident ICU nurse or stepping out to become a physician, filled with hard work and many unknowns.** I felt motivated by a thirst for knowledge and an eagerness to prescribe treatment rather than merely carry it out. After much consideration of the changes our lives would undergo and assured of my family’s support, I was ready to step out. I choose the road less traveled.

This less traveled road has proven to be an amazing journey, with the growth I’ve experienced, the camaraderie I’ve enjoyed and the incredible things I’m learning and doing. It seems the older I get, the more able I am to enjoy the journey itself, not just the prize at the end.

I’ll admit medical school has been challenging, even difficult. There were times I found the road weaving and treacherous or wet and slippery. Occasionally, a boulder crashed down in front of me. One such boulder that took me by surprise, during my first semester in medical school, **was learning my mother had ovarian cancer.** I recall sitting in the oncologist’s office when my mother asked, “Doctor, am I going to die?” The doctor honestly and compassionately answered, “I don’t know yet...” **It was very difficult to focus on my studies at this particular time, and I was grateful that my university offered a 5-year program.** (Thankfully, my mother responded well to her treatment and is four years out from her diagnosis.)

On the other hand, there have been as many times, or more, when the driving conditions were pleasant and the weather sunny. For example, pleasant driving conditions for me included the camaraderie I’ve found at medical school. **Even though I am in school with people my son’s age, I have been fully embraced as “one of the gang.”** They often seek my advice and have told me I am a uniquely motivated role model to my younger classmates. **(It’s okay if they don’t know who Johnny Carson is; after all, they weren’t allowed to stay up that late.)** I now understand why the doctors I’ve known spoke so fondly of their medical school colleagues.

Also along the journey, there have been moments that energized me. My last night of OB call; I was helping monitor a young laboring Hispanic woman. As I stood charting at the desk, a family member summoned me to her room. Upon entering, I found the woman vigorously pushing. She spoke no English and I spoke no Spanish, so she could not understand my direction to stop pushing until the doctor arrived. Then I realized, she thinks I AM the doctor.

Alone in the room, with the baby’s head crowning and the delivery cart neatly draped in the corner, I quickly donned a pair of latex gloves and guided the baby’s head out. With no suction bulb in reach, I swept fluid from the baby’s mouth with my finger, as the mother continued to push. “WHERE IS EVERYBODY?” I thought. One huge push later a healthy male infant emerged. Keeping one hand on the infant, I stretched my leg towards the covered delivery cart, hooked a corner with my toe and pulled it to the bedside. I applied one clamp, then a second.

So, now, I stand at another fork in the road, making choices about my future. I choose Ob/Gyn because of the unique doctor-patient relationship available. I choose Ob/Gyn because of its great variety: office visits, surgery and deliveries, all in the same job! And after delivering new life, my career would seem lacking without it.

In order to become competent in a new comfort zone, I am seeking a busy Ob/Gyn residency with exposure to completed cases and high risk patients. Managing challenging situations with the guidance of strong senior residents and excellent staff will prepare me to handle whatever comes my way, and, thus, allowing me to become an outstanding obstetrician/gynecologist.

Like me, it seems Robert Frost took Yogi’ Berra’s advice about taking the fork in the road. And, like Mr. Frost, I can say “two roads diverged in a wood, and I – I took the one less traveled by, and that has made all the difference.” Let the journey continue.