

The Personal Statement

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Your personal statement injects personality to your application.

For many residency applicants, writing a personal statement is the most daunting aspect of their application. The formula for a great personal statement can be enigmatic, and program directors provide little guidance for applicants. How will your personal statement be used? How can it enhance or harm your application? Will it even be read? The answers to these questions may vary from program to program, but one fact remains true: It is the only component of your application in which your individual voice and personality can be showcased. Therefore, it needs to be both well thought out and well written.

HOW A PERSONAL STATEMENT CAN HELP YOU

A poorly executed statement shows a lack of professionalism.

The personal statement is your opportunity to declare a total commitment to the specialty for which you are applying. Whether a program director hangs on every word you write or chooses to glance at it, your words must convey love for the academic and personal aspects of the specialty. The essay should leave the reader with the impression that you are dedicated to the specialty, that you will be an upbeat member of the team, and that your enthusiasm will continue. Correctly conveying your enthusiasm and this sentiment in an honest and direct fashion will elevate your application. Failure to accomplish these goals can make an otherwise glowing application appear unprofessional and disingenuous, which is a kiss of death in trying to gain a coveted interview.

WHAT BELONGS IN A PERSONAL STATEMENT?

A good personal statement will strive to capture current enthusiasm, past accomplishments, and future goals. A great personal statement will unify these three components with a theme and cohesive story arc. For example, many medical students will experience moments of clarity, inspiration, and growth while on the wards or clinics. Others have had personal experiences with illness that have inspired them. If you have had such an experience, by all means describe it. These are true sources of inspiration that fueled your enthusiasm for a specific field or professional calling.

Discussing the origins of your enthusiasm can also provide the foundation for introducing your accomplishments into a personal statement. After all, the personal statement is a time to elaborate on your strengths. For example, if you were able to channel your enthusiasm for radiology into clinical research, or your interest in pediatric diabetes into volunteering at a juvenile diabetes camp, be sure to discuss it! Your personal statement is not your CV; rather, it is an opportunity for you to introduce a select few activities, accomplishments, or accolades into your unique narrative.

Your enthusiasm and accomplishments should not be the end of your story. They should lead into an important part of your personal statement: what you hope to accomplish. You must address your career goals. Do you hope to stay in family practice? Work in an underserved community? Would you like a career in academics? Do you envision yourself on the forefront of health policy decision making?

While interviewers understand that plans frequently change during residency, they like to know that you have thought about the future and have some career aspirations that excite you. Before you conclude your personal statement, try to indicate what you will bring to the residency program in the short term and to the field as a whole in the long term. It shows that you have thought through not only your specialty choice, but also what you can do to enhance that specialty.

WHAT DOESN'T BELONG IN A PERSONAL STATEMENT?

To discover what does not belong in a personal statement, imagine the dark extreme of each of three categories listed above: hyperbolized emotion, falsified events, and exaggerated understanding of what you strive to accomplish. When writing about emotional experiences or events, try to maintain a realistic tone to your description. Emotional exaggerations are obvious to the reader, who most likely has had similar experiences as a physician. To that end, falsified experiences for the sake of having a “pivotal medical moment” are equally transparent. If you write that caring for your brother with diabetes has given you deep insight into the disease, be prepared to describe those insights in your personal statement. If a summer research experience showed you the beauty of science, express that beauty—but be sure you remember what you actually did in the laboratory!

Lying about or exaggerating your achievements in your personal statement is unethical as well as foolish. Your personal statement will be used as a template for questioning during your interviews. Do not write about anything that you do not wish to discuss—especially if it will expose an embellishment. If you write that you speak fluent Spanish, be prepared to conduct the interview in Spanish if the interviewer happens to also be fluent. If you claim to be an avid opera fan, be sure you can discuss the topic intelligently with an interviewer who may be an opera aficionado.

Another egregious error is utilizing the personal statement to discuss application weaknesses. Drawing attention to a failed USMLE attempt or to a low clerkship score with an explanation of illness or personal distraction is rarely helpful. Describing oneself as great on the wards, but a poor test taker, is also worrisome. The personal statement should be a time to celebrate a great medical school and appreciation for an excellent education. Any experiences that reflect poorly on your school or your education should not be included. (For example, “My shelf exam scores are low because we received no guidance on what to study.”) If the interviewer wants you to elaborate on any weaknesses in your application, he or she will ask you about them. Do not volunteer the information needlessly.

You should also avoid any negativity in your personal statement. For example, if you went to graduate school and switched to medical school because you hated your time in graduate school, do not say so overtly. Focus on what you learned through the experience of going to graduate school and how it motivated you to pursue medicine. Discuss how you feel medicine is a better fit for you, but do not dwell excessively on the negative aspects of your experiences.

A personal statement should read as a cohesive personal narrative—the story of your decision to enter a field of medicine. It should not be a list of reasons why your chosen specialty is the best.

Finally, your personal statement must be well executed technically. Some program directors will read your statement quickly and are not likely to evaluate punctuation. However, a poorly written statement replete with spelling mistakes and other errors reflects poorly on the applicant. We are members of a profession

TABLE 9-1
Personal Statement Tips

DO
Get an early start. A well-written statement requires a significant investment of your time and energy.
Have a high-quality draft ready when you contact potential letter writers. Most will want a copy of your personal statement.
Catch the readers' attention—use a strong opening.
Consider including your motivation for choosing the specialty, your ideal residency program, and/or future aspirations in the specialty.
Highlight your strengths and accomplishments; expand on significant extracurricular and community accomplishments.
Make every word count. Use terse, precise, and vivid language to tell your story.
Make it "flow." Smooth transitions keep your reader engaged.
Make it personal. Consider discussing your interests outside of medicine if they pertain to qualities that will make you a good resident.
Tie it all together with a strong finish.
Limit the length of your essay to about one page. Too short a statement conveys a lack of effort and interest.
Have your advisor, other faculty, and program director review your statement.
Be familiar with your essay. Any material contained within it is a fair topic for discussion in interviews.
DON'T
Blow it off. You have no way of knowing which programs will weight your statement heavily and which will merely glance at it. Prepare your statement as if every program will read it carefully. An inferiorly written statement can only hurt your application.
Simply recap all of the information in your CV. Pick a few items of significance and expand on them to develop an idea or point central to your strengths as an applicant in your desired specialty.
Use worn-out clichés, metaphors, and analogies.
Start every sentence with "I."
Be shy. Go ahead and express lofty career goals or high expectations (within reason). Programs will admire your future aspirations.
Make excuses. The personal statement is not the place to call attention to weaknesses in your application. Save the explanation of failed boards or a poor clerkship grade for the interview.
Make grammar and spelling mistakes. These errors demonstrate carelessness, a quality unbecoming in a future resident.
Embellish, inflate, or lie under any circumstances. It is definitely not worth the price you will pay if you are discovered.
Be too verbose. Keep it short, sweet, and to the point. Your audience will thank you.
Come across as arrogant. This is the place to showcase your strengths, but in a humble way.

that does not tolerate mistakes well. So read and reread your statement, and have others look at it. Whether English is your first language or your third, have several other people review your personal statement critically. Swap it with other medical students, send it to your mentors or advisors, and ask your parents for a favor. It can only help you to have many people give their perspectives and check for spelling or grammatical errors.

Your weaknesses will be apparent from your application—don't use the personal statement to highlight them.

SAMPLE EXCERPTS

Below are excerpts from actual personal statements as examples of “do’s and don’ts” for certain issues. Names and locations have been changed to protect the writers’ identities, but otherwise most essays appear as they were submitted in their applications. The applicants behind these statements matched at excellent institutions across the country. Many of the comments that accompany our examples are derived from the observations of several residency directors, admissions committee members, and professional editors. These critiques should help you acquire a “feel” for good form as well as good content. Keep in mind, however, that no two residency directors (even in the same specialty) read a personal statement with the same opinions and preferences.

OPENINGS

EXAMPLE 1

This applicant in emergency medicine draws on rich family and cultural traditions and values. A residency director reading this introduction is not only making the acquaintance of an applicant; he or she is also learning about the applicant’s value system. However, the applicant’s metaphor is slightly drawn out, without the creation of a direct link.

My great-grandfather once told me that everyone’s life is like a book, full of chapters that are continually written and revised. Each life, each book, is unique, made so through the experiences and the actions of the person living. My personal anthology is no exception, having been enriched by the many people whom I have met. Through these experiences, I have strengthened my desire to enter a training program that will lead to a career in emergency medicine. Thus begins a new chapter in my book.

← Careful word choice enlivens an overused analogy.

← Excellent transition to background info.

EXAMPLE 2

This family practice applicant presents a well-done teaser for the rest of the statement. He weaves his sense of social responsibility and worldview through a number of vivid experiences. Carefully, without arrogance, the introduction draws the reader in using personal anecdotes.

An enticing invitation to any director who has seen too many formulaic statements.

Major cliché.

A noble reason to become a doctor. But why medicine versus other altruistic vocations?

I have always been interested in people's stories. This and a deep-seated desire to help make the world a better place have drawn me to the work I do. From working on a crew harvesting filberts to sitting down for a bowl of soup with a homeless friend, I have met many people, each one with a story, each story having something to teach me. Some of the wisest people I have met are very poor with little access to housing, education, or health care. I get a lot out of listening to their stories; what do I give back? I first began to question the ethics of being a responsible listener when I went to Nicaragua as a Spanish interpreter. I was with a group of agronomists on a struggling agricultural cooperative nestled deep in the mountains of Matagalpa. The life was hard, but the work was fascinating and the setting beautiful. I finally got up the courage to ask the cooperative leader if I could stay longer. He smiled, "You gringos eat a lot. Now, maybe if you were a doctor. ..." I chose to become a physician as a way to work intimately with people and hear their stories. But, just as importantly, it is a way to tangibly improve their lives.

EXAMPLE 3

In this personal statement, an applicant in anesthesiology recycles a familiar travel theme with vivid imagery. The opening paragraph introduces a traveler enriched by his adventures. However, travel metaphors can be clichéd. This one, in particular, shows meandering without purpose.

One hopes his choice of specialty was more deliberate. Rewrite to show some method to this madness.

Vivid! You feel as if you're there.

Weak tie-in to medicine.

While driving in the Mojave Desert, I turned off Highway 14 onto a dirt path. The road was crisscrossed by many other trails. Small hills blocked my view of what lay ahead on each road. Unable to see what each road led to, I randomly chose to drive along one road, then another, and then another. Every new direction possessed its own beauty and worth. One road revealed towering, sand-carved cliffs with striated bands of crimson, orange, and tan spotted with turquoise. Another road led to a lone Joshua tree standing majestically in the desert grass. Each new path inspired a new thought. I have had a similar experience in medicine.

EXAMPLE 4

This applicant in orthopedic surgery wants to return to the Midwest after having trained at an East Coast medical school. He combines the family legacy of an immigrant background with the traditional values of Middle America. By playing up the Midwest, however, he runs the risk of turning off East and West Coast directors in a highly competitive specialty in which applicants must often apply coast to coast in order to match.

Growing up in the small farming community of Vernon in east-central Indiana, I have experienced a spectrum of attitudes unique to a rural

population. Folks here are down to earth, with simple, relaxed lifestyles. It was here where I have lived almost all my life, moving from Birmingham, Alabama, my birthplace, at nine months of age. It was here where my father set up his urology practice 30 years ago, having come from abroad with little more than a dream for a successful future. It was here, amidst the cornfields and cattle, which I could see from my bedroom window, that I grew up with my older sister and younger brother under a strict, coherent value system of hard work, motivation, dedication, and perseverance.

← Back off a little on the rural imagery here. We get the point.

← Nice way of associating yourself with a set of values. Stating the same directly can come off as presumptuous.

EXAMPLE 5

In her personal statement for pediatrics, this applicant describes an endearing picture of herself as a child. The information itself is not particularly monumental, but the tone of the paragraph communicates her excitement about the field and leaves the reader wanting to know more about her character.

My first inkling of a career in pediatrics came to me as I perched on my toes on the baseboard, gripping the windowsill for stability, and peered into the Duke Hospital nursery. As a kindergartner, occasionally accompanying my mother to her job as a hospital administrative assistant, I would wander the halls of the hospital and faithfully find my way to the nursery to examine the newborns and their caregivers through the glass. I passed the time imagining my future self, clad in a white coat, examining the neonates up close.

← A catchy beginning, leaving the reader wanting to know more about her.

EXAMPLE 6

The opening line “I will never forget the...” is somewhat overused and clichéd. This opening sentence sparks some interest because of the large amount of money he describes. However, the author then goes on to start every sentence with the word “I.” This gets repetitive and sounds self-centered. Try to compose sentences with a variety of structures and lengths and avoid excessive use of the first person pronoun.

I will never forget the day we made four million dollars at Lehman Brothers. I was 21 years old with a Cal-Tech engineering degree under my belt working on the Nasdaq trading desk. I was poised to launch into a lucrative career in banking, but fortunately I had the foresight to choose a different career path. I know being a physician will allow me to look back at age 50 and know that I made a difference.

← Sounds interesting, but ...

← I ... I ... I ... I ... It is a personal statement about you, but don't start every phrase with “I.”

EXAMPLE 7

While this author doubtless has interesting stories to tell, the opening line is long and feels awkward. Aim for a succinct, catchy opening sentence. You have the rest of the page to delve into details and flesh out your ideas.

A mouthful! →

A 5-year-old boy with multiple skin and respiratory infections from delayed immunizations, and a 9-year-old girl with chronic stasis ulcers, together etched an indelible impression upon me through their innocent yet dire calls for help. I met Eshetu as the community services chair for my fraternity at Claremont College. At the time, I had put forward the idea of sponsoring an impoverished child's health and education in Ethiopia. Although straightforward, I believed that an act of service, solely financial in nature, would be empty and ineffective.

REASONS FOR ENTERING SPECIALTY

EXAMPLE 1

The following comes close to being a model illustration of good organization and presentation of motivations for pursuing a specialty. The applicant is obviously comfortable discussing the specialty and appears sincere in his enthusiasm without being patronizing. The writing is spare but is neither dry nor flat.

A bit of a cliché. →

I grew up with surgery in my blood, but it was not until the middle of my third year of medical school that I discovered that I wanted to practice orthopedic surgery. It was at this time that I was first exposed to orthopedic surgery at Springfield Memorial Hospital. My love of being in the operating room, combined with the very precise mechanical and technical nature of orthopedic surgery, sparked my interest in the field. Perhaps the feature that fascinates me the most about orthopedics is that it is both a craft and a science. I enjoy the "hands-on" nature of orthopedic surgery, both in clinic and in the operating room. I am also attracted to the diversity of orthopedic cases and the vast amount of direct patient contact. Treating patients of all age groups and both sexes, with a wide variety of problems encountered at work, in accidents, or during recreation, makes orthopedic surgery a very exciting specialty. Above all, although very demanding, I found my orthopedic surgery experiences to be the most rewarding and exhilarating in medical school. One can almost always do something specific and helpful for each patient, usually leading to a complete resolution of the patient's problem, so they can resume an active lifestyle.

Note the number of concrete reasons orthopedics appeals to him. →

A good paragraph that plays to the classic strengths of the specialty. →

EXAMPLE 2

This is a tightly written paragraph in which the applicant clearly delineates her reasons for entering the specialty. The writing is fast-paced and precise, like the specialty she aspires to enter.

ER docs should be excited about their work but also cool under fire. →

Although I have found all my clinical rotations interesting, I experienced the most excitement from my time in the emergency department. Emergency medicine offers me the opportunity to be at the

forefront of medicine and to participate actively in making decisions right from the onset of patient care. The fast pace and the constant demand for rapid and clear thinking have always been attractive, as is the chance to be the first to see a patient, to gather all the relevant information, and then to ferret out the diagnosis. It is in the ED that I find a balanced mixture of the deliberative side of medicine with the more hands-on approach of surgery. But most of all, I enjoy relating to patients of different backgrounds and eagerly look forward to the opportunity to care for the great variety of patients seen in emergency and acute settings.

← Text flows well.

EXAMPLE 3

The following personal statement offers an interesting combination of professional and personal reasons for selecting the specialty. However, the writer risks conveying the impression that he chose ophthalmology more as the result of a process of elimination than for its intrinsic attractiveness.

Although I have long been interested in ophthalmology, my choice of the specialty was not an easy one. Only after sampling what many other specialties had to offer did I realize that none suited me as well. The chance to combine extensive patient contact in a clinical setting with the need for surgical precision, attention to minute detail, and aptitude in the most advanced technology medicine has to offer is an obvious attraction of the specialty. Of all of my clinical experiences as a medical student at UCSF, however, none rivaled the pure emotion I felt during my senior clerkship in ophthalmology, as I watched the vision of a patient with a dense cataract I had examined in clinic be transformed from mere detection of hand motion to near normal the next day as a result of the ophthalmologist's expertise.

← Long sentences.

← Feelings seem disproportionate to event.

EXAMPLE 4

In an application for internal medicine, this author presents her twofold motivation: the patient care aspect of medicine, and the scientific aspect. Starting with a quote from a patient adds a personal dimension to her writing, but does come across as clichéd.

"Do not lose the empathy behind your eyes," my patient's wife said as she thanked me for caring for her husband. My motivation to pursue a career in internal medicine is embodied by her words. Medicine is a field in which my love for pathophysiology and my commitment to serving others can continue to grow. I have a strong desire to use my problem-solving abilities while helping people through their most difficult times. I have found caring for patients with multiple, complex medical problems to be both challenging and incredibly rewarding.

← A well-presented balance between the humanistic and scientific sides of medicine.

EXAMPLE 5

This author presents several good reasons why she has chosen internal medicine. However, the tone is somewhat melodramatic. Beware of grandiose-sounding statements as in the first sentence and the repeated use of the first person.

Really? It seems pretty similar in versatility and range to many other fields such as pediatrics, family practice, or surgery.

Medicine is always a team sport, so avoid sounding like you plan to single-handedly save the world.

I love internal medicine because it stands alone above all other specialties due to its versatility and broad range of the field. I will be trained to master all situations, from serious patients urgently admitted to the medical intensive care unit fighting for life to patients visiting the clinic for minor health maladies. I will be trained to diagnose and treat disorders ranging from cancer to renal dysfunction to cardiac problems, allowing me to take care of my patients completely.

MEDICINE AS A SECOND CAREER**EXAMPLE 1**

In contrast to some second-career candidates, this applicant emphasizes the common ground between pediatrics and his previous career. In fact, the paragraph does not explain why he decided to make the career change—something that should be done in the rest of the personal statement, in a way that highlights the positive nature of the decision.

Smooth transition.

This sentence does not give any new information, and comes across as word-filler.

For five years prior to medical school, I taught computer science in grades 2–12 at a private bilingual school. I loved working with children and their families and had the joy of seeing my students learn and grow over a number of years. These same preferences led me to an interest in pediatrics as a specialty. Pediatrics is a heady mixture of the exotic and the mundane, of glowing health and desperate illness. It offers a wide variety of patients, a mix of common and uncommon disorders, a practice based in growth and development, and the possibility to make a real difference in the lives of patients and their families.

EXAMPLE 2

Like many second-career applicants, this student also felt that something meaningful was missing from his career. However, he makes one misstep; in contrasting his future career in psychiatry with his past work in mathematics, he puts the latter down unnecessarily. You should retain a positive attitude toward past experiences, even if you did not enjoy them. Instead, point out some of the things you learned through the experience and how it led you to a career in medicine. While it is true that making a career change is not easy, characterizing a career change as a monumental achievement may sound overblown.

Don't denigrate previous accomplishments.

My pure math activities were enjoyable for themselves, yet I had a growing sense that community service was what gave my life meaning and direction. Did I want to get to the end of my life and answer "What have I done?" with "I proved theorems"? Hoping to use science

to help others rather than merely to create more science, I concluded I might be happiest in the long run in medicine, and courageously decided to change careers. So far, medicine has more than fulfilled my expectations as a context to combine the heart and the head. I am particularly intrigued by the doctor-patient relationship, which impresses me as a seamless blend of problem solving, hypothesis testing, trust building, and appreciation of the patients' individuality.

EXAMPLE 3

This is a well-written paragraph that demonstrates remarkable insight and maturity of thought. The first half of the paragraph is a concise description of the applicant's activities during the year off. In the latter half, the applicant shares what he has learned without portraying it as an unprecedented revelation.

After my third year of medical school, I pursued my interest in policy issues by studying for a master's degree in public health at Emory. I spent the year exploring the epidemiology of infectious diseases, options for health care reform, and the empowerment of low-income communities. I learned useful skills in biostatistics and qualitative evaluation, and gained a global perspective on our health care system. At times, however, our discussions of abstract ideas and numbers felt too far removed from the realities of people's lives. I became convinced that debates about health care delivery should be rooted in concrete clinical practice, in the stories of patients and providers. My experience in public health taught me that doctors have a special role in society because they are trusted by patients and respected by policy makers. This combination allows physicians to be potent advocates for their patients and their community.

← Good summary.

← Nice tie-in with his interest in family practice. Clear, concise, and thoughtful.

EXAMPLE 4

After switching from a career in teaching to one in medicine, this applicant is applying in pediatrics. She presents one way in which her teaching experience has helped equip her for a career in pediatrics. She also highlights some of her volunteer experience, which is a good launching point for discussions during an interview.

Given that the word "doctor" is derived from the Latin word for "teacher," I do not find it all too surprising that teaching has made a large impact on my decision to enter pediatrics. I spent a year during medical school giving lessons to eighth-graders on health education as part of the Brothers and Sisters in Science program. My volunteer work clearly prepared me with the skills I needed to build a solid rapport with my adolescent patients and, more importantly, to better care for them through their trust in me.

← A good way to demonstrate her long-standing interest in children's health education, and her commitment to the field.

EXAMPLE 5

This applicant had experience as a classical singer before entering medical school. His opening two lines leave the reader interested and wanting to know more about his prior career and his reasons for changing. However, he then launches into a somewhat rambling paragraph that does not have a tight tie-in to psychiatry. It could have been improved by making the analogy shorter and more succinct, and by linking it to medicine more clearly. He also uses “one” repeatedly, which gives the paragraph an awkward feel.

“One ... one ... one ...”
is almost as bad as
“I ... I ... I ...”

I have not always known that I wanted to be a psychiatrist or even a physician. In fact, I spent eight years studying a very different field—classical singing. I did not realize that many of the things I loved about making music were preparing me for a career in psychiatry. In classical singing, one is taught to create a character and tell a story with each piece of music. One must find a way to identify with experiences that may be very different from one’s own. To give a character and a performance depth, one must be able to convey the text in a way that is emotionally meaningful, but it is not only the text that matters, it is the story behind the story—the subtext that can truly bring a character to life. There are few experiences that are more precious to me than being entrusted with the story of another person’s life.

STRONG EXTRACURRICULAR/COMMUNITY ACCOMPLISHMENTS**EXAMPLE 1**

This applicant has an impressive list of extracurricular activities and achievements, but it is the richness of detail that convinces you that she has diverse interests and is involved in her community.

This sentence preempts any concern that the writer’s extracurricular activities would interfere with her duties as a resident.

Self-motivated, I work vigorously at my research, teaching, and patient care. However, it is also very important to me to continue furthering my personal interests, including the creative preparation and presentation of gourmet foods, wreath making, and horse training. Especially rewarding is my weekend volunteer work with the Stony Brook Riding Club for the Handicapped, which entails rounding up the herd at 6 A.M., feeding, grooming, tacking, and assisting the physically and/or mentally disabled riders in any way necessary. Annual CPR organization and instruction to the public brings important education to the community and keeps me abreast of the layman’s current fund of medical knowledge. Additionally, my family background of being the eldest daughter of an architect and a nuclear medicine technologist

Be careful not to digress; they need a house officer, not an illustrator.

from Indonesia has led me to a longtime interest in the integration of drawing and science, namely medical illustration. My aspiration is to obtain formal training in illustration technique when my medical education is complete; in the meantime, I hope to continue publishing my drawings and using them in presentations during my residency.

EXAMPLE 2

It is not enough to list your academic accomplishments in the style of a CV. This student highlights the significance of his academic activities in clear, well-organized expository writing.

Computer consulting work has provided me with close contact with creative researchers in science and medicine. A two-year thesis project with Dr. Elizabeth Rutter challenged my skills in relational databases, clinical record-keeping systems, and exploratory statistical techniques. In the laboratory of Dr. Jeffrey Greenberg, I applied innovative real-time video microscopy and image processing techniques to fundamental growth and cell-division questions in cell biology. Through my lab work I have developed interests in improving the quality and utility of medical technology for clinical decision making. I have supplemented medical school by being an active participant in basic biomedical science. In addition to medicine, I am familiar with the tools and vocabulary of modern molecular biology. I read a wide variety of clinical and scientific journals, and use literature searching extensively.

If you discuss an extracurricular activity in your personal statement, be sure you can discuss it intelligently in your interview.

← Emphasizes professional skills developed during the project.

← Attempts to connect basic science to clinical research.

← Applicant seeking a research-oriented residency skillfully weaves in additional academic activities.

EXAMPLE 3

This applicant in radiology had experience as a professional dancer and presents some interesting ideas about how she would combine dance and radiology. These would be great starting points for conversations during the interview.

I see tremendous opportunities in radiology to combine my passions for dance and medicine. Currently, radiology is an undeveloped field within performing arts medicine. There are no radiologists in the entire International Association of Dance Medicine and Science, and I believe that my calling is to be a pioneer in the radiological aspects of performing arts medicine. I envision myself helping dancers and other artists in ways that have not yet been discovered. For example, as a Fulbright scholar I garnered unique clinical knowledge about musculoskeletal injuries of dancers and musicians, which correlates directly with musculoskeletal imaging. Subtleties at the metatarsophalangeal and subtalar joints, which may be considered clinically insignificant radiographic findings in the normal population, can have profound effects on a dancer's ability to continue dancing at the level expected of him or her.

← An interesting and unique combination.

← This sounds interesting but vague. She could have written that she hopes to help dancers and other artists in concrete ways through her research.

PERSONAL EXPERIENCES

EXAMPLE 1

This applicant uses a bare-bones description of a patient experience to demonstrate her appreciation of the unparalleled access physicians have to their patients' lives. A program director might not fully appreciate how a simple statement from a patient might affect a medical student.

Functional summary of
volunteer experience.

In my second year of medical school, I spent one afternoon each week with a primary care physician in San Francisco. The practice specialized in caring for HIV-positive men. In addition to learning about the health care and social issues of this population, the patients and I grew comfortable with each other as I worked to earn their trust. The privilege of health care providers to share difficult times and confidential information with patients was clearly illustrated to me when after an interview a patient remarked, "You know, you're the only woman I've ever talked to about this."

Choice quote at
end adds warmth.

EXAMPLE 2

This applicant in family medicine makes a basic cultural and human observation through a touching yet humorous experience in an overcrowded Kenyan hospital. The richness of prose is matched by the complexity and maturity of thought underlying her observations.

Note the lush and
perhaps excessive detail.

I found the explanation for my surprising happiness one night in an unusual way. At 3 A.M. I was called to the wards to admit a young woman and arrived to find her comatose, moaning, and rocking on her half of a rickety cot. I examined her, hung IV quinine for likely cerebral malaria, did a lumbar puncture, and put down an NG tube as the entire ward of sick women gravely watched the proceedings, their faces eerily illuminated by my penlight, the only source of light. Last to do was the Foley catheter, but try as I might I could not locate the woman's urethra. One of the nurses began to giggle—just a little giggle. I began to giggle. The women on the ward began to smile through their fevers, then chuckle. Soon the entire ward was laughing, great guffaws resounding through that miserable ward. I understood immediately. There was nothing vindictive or belittling in our laughter. On some unspoken group level, really a cultural level, we were pulling together to survive, transcending the almost unbearably hopeless human suffering. No one of us as an individual could hope to escape, but together, as a group, through this laughter—symbolic of some human universal, some common denominator—we stood a chance of retaining our dignity, our perspective, our optimism. Thinking about this moment afterwards, and, indeed, about my whole experience at

Very powerful.

Mogashi Hospital, I have come to realize the crucial role that cultural constructs—shared belief systems, mutual ways of reacting to circumstances, family, friends, rituals, society—play in an individual’s life.

← Observations that bespeak intelligence and insight.

EXAMPLE 3

Anecdotes about patients are commonly used to highlight an applicant’s compassion and sensitivity. Such accounts should, however, be used with discretion. The following example is a particularly overused theme. Try and decide what is a “standard” medical encounter and what is truly unique, and focus on the latter. This is not to say that “standard” encounters are not meaningful or inspiring. However, the reader has probably seen a dozen other personal statements describing similar patient interactions.

During the first week of my outpatient medicine clerkship I met Miss G., a 65-year-old woman who came to the clinic for a routine health assessment. During the course of her evaluation, I obtained a screening mammogram, which unfortunately revealed a spiculated mass suggestive of malignancy. For the first time in her life, Miss G. faced the possibility of a diagnosis of cancer and realized she must come to terms with her own mortality. For the first time in my life, I found myself looking into the eyes of a patient, trying to be honest and kind while conveying bad news. It was a moment I remember well. I saw Miss G. in clinic on several occasions over the ensuing weeks. Although she usually came to see me for health maintenance needs, we invariably turned to her concerns about breast cancer. She approached her fears with remarkable courage and stoicism, finally surrendering to tears of relief when her biopsy was found to be benign. I experienced both a sense of loss and a wonderful feeling of fulfillment when the months in the clinics came to an end. In retrospect, Miss G. taught me more about illness, therapy, and what makes a patient “feel better” than I had learned in all of my classes.

← Writer must have made a connection with the patient, but the message is not clear.

← Avoid criticizing “all my classes,” as the reader probably teaches one.

EXAMPLE 4

The opening sentence is catchy and striking. The author clearly describes her experience, which is one that would evoke universal empathy. In other parts of her personal statement, she could try to incorporate a sense of hope and optimism to keep the tone of her statement from becoming too bleak or depressing.

Reality caught me unprepared: within the first few weeks of my arrival in India, 11 infants and one mother died on the small desert island of P—. Most of these deaths occurred in people’s homes. I called a meeting with the only care providers in the area, the traditional midwives, to investigate why these deaths occurred. We discovered a complete lack of prenatal care, no malaria prophylaxis during the rainy season, and care by untrained midwives for deliveries. The most tragic and

← A dramatic introduction describing an intense, meaningful experience.

This does not come across as cliché, given the nature of her experience and the way it was described.

telling case was 20-year-old Rhada, a wiry woman who tilled her farm in the heat and carried gallons of water atop her head up until she went into labor. At the moment of delivery, all attention turned to her newborn son and Rhada silently bled. When the midwife realized that Rhada's placenta had not delivered, she attempted manual extraction and failed. She panicked as Rhada became faint, and sent her to the nearest hospital, two hours away. Rhada died en route. Bearing witness to these senseless deaths affected me deeply. What separated me from these young Indian women?

FINISHES

EXAMPLE 1

This is an example of a strong finish, although it is somewhat compromised by overuse of the first person singular. The applicant efficiently states his professional and personal goals, highlights notable personal qualities, and sets forth his expectations for residency training—all within five sentences. Unfortunately, each one starts with an “I.”

Very concise.

At UCSF I have experienced tremendous personal growth and have clarified my professional goals. I am committed to developing pragmatic multidisciplinary approaches to improving the quality and delivery of health care in the United States. Personally, I desire to provide compassionate and technically excellent medical care to patients from all walks of life. I will bring to residency energy, enthusiasm, integrity, and ability. I expect a challenging, rich environment in which to learn and practice good medicine.

Written with conviction and sincerity.

EXAMPLE 2

Many applicants finish with a “ready for anything” type of statement without convincing the reader that they understand what they’re getting themselves into. This applicant takes an honest look at the challenges ahead and her ability to meet them. In addition, she balances discussions of her career plans with a glimpse into her personal life. We see how the interplay between work and leisure maintains her balance and stamina.

Dose of humility makes applicant seem more human.

I know I have set high goals for myself: clinician, educator, and health advocate. The majority of the time I find working with underserved populations extremely rewarding; however, it can also be emotionally demanding. I have profound admiration for family physicians who have devoted their life to this work. I often grapple with the question of what will enable me to sustain this commitment for a lifetime. The combination of working at an individual level to address health needs and at a more macroscopic level to affect health policy is synergistic

Reality check shows forethought about career plans.

for me—each inspires my work in the other. On a personal level, I find my time away from medicine rejuvenating as well. Spending time backpacking, gardening, or being with friends and family enables me to return to work refreshed. Being a physician entails personal sacrifice and dedication, and I am eager to begin the challenge.

EXAMPLE 3

This applicant uses a good quote for his ending paragraph. However, there is no need to state that he had used it in his personal statement for medical school. It sounds as though he is rehashing the same material. It would have sounded much more succinct and fresh if he had left the opening statement out.

In my personal statement for medical school, I quoted Paul Farmer saying, “I don’t know why everyone isn’t excited about [medicine].” Medical school has been a great source of joy for me, and I have no doubt that I am doing what I was put on this earth to do. Now that I have decided to pursue orthopedics, I have a renewed passion for medicine. It excites me, it stimulates me, and I cannot imagine doing anything else.

It’s good that he is sure of his choice, but this sounds melodramatic!

EXAMPLE 4

This is a solid ending to a general surgery personal statement. It communicates her excitement in a way that displays humility despite the repeated use of the first person pronoun.

As I stand ready to transition to the next level of my professional development as a surgeon, I am every bit as enthusiastic as I was standing before the operating table during that first case. I anxiously await the unique privilege of participating in such a rewarding and exciting field of patient care.

A good tie-in from her first experience in the OR to the rest of her career.

SAMPLE PERSONAL STATEMENTS

In the following pages, we have reproduced some successful personal statements in their entirety, edited only to protect the applicant’s identity. The applicants behind these statements matched at top institutions across the country. Once again, much of the commentary is based on the observations of several residency directors, personal statement coaches, and professional editors. Remember that your personal statement must reflect your own unique style and personality.

PERSONAL STATEMENT #1

The writer of the following statement left a career in neuroscience research to pursue pediatric neurology. Her statement effectively discusses her reasons for delaying medical school, disliking graduate training, and then ultimately entering medical school—thereby directly addressing the questions a director might have

Use the personal statement to tell your story. This is your chance to stand out from the crowd!

about an older applicant. The essay reads very naturally, and her enthusiasm for the specialty is evident. The essay would have been improved, however, if the applicant had toned down her remarks about her love for the specialty.

Good motivation. →

When I first entered Oberlin College in 1980 I wanted to go into medicine—it took me 11 years to get there. When I first applied to medical school I thought about pediatric neurology—fortunately, it has not taken me another 11 years. During my third-year pediatrics clerkship, I told one of my best friends from college (who is now a primary care attending) that I absolutely loved going to work every day and that I was amazed at how much fun it was to “play with” your patients. Her response was that I could have children of my own and I didn’t need to go into a field of medicine just to “play with kids.” As I continued to love every minute of my other pediatric rotations, I began to realize that, of course, I didn’t need to, but that I certainly could if it was what I enjoyed the most and what I seemed to do the best.

Appropriate exploration of reasons for entering first career. →

When I was in college, I initially put off medicine for entirely the wrong reasons: I hated the competition of the premeds, I could not imagine studying nonstop, and I did not want to stay up all night every three to four days for years of my life. Instead, I knew that I wanted to study the brain. I had two wonderful role models in my psychobiology career: I got my thesis published, and I headed to graduate school looking forward to a career in neuroscience research. But I feel fortunate now that my six years in a graduate program in experimental neuropsychology at UCSD showed me that a career in research by itself was not enough.

Dramatizes her shift in values. →

The turning point was deeply personal. My four-month-old niece was diagnosed with a grade 4 glioblastoma multiforme at the start of my fourth year. I remember sitting in the ICU waiting room at Denver Children’s trying to concentrate on a paper related to my dissertation and realizing that what I was studying would never be directly helpful to this beautiful little child or to the rest of my family. It was then that I focused on why I had not been truly satisfied with my graduate experience—something was missing. And I came to realize that what was missing is the very thing that I need and want most from my career—direct application of my work. My personality needs more instant gratification than full-time research was bound to give me. In fact, the only gratification that I did seem to be getting routinely in graduate school was through teaching. I loved the interaction with students, the challenge of being an effective communicator, and the sense of responsibility toward the students, all of which are integral parts

of being a successful teacher. I received the Distinguished Teacher Award in 1992 and was subsequently appointed to the teaching assistant consultant position responsible for training all the new TAs in the Psychology Department. Unfortunately, in much of academia, teaching is not as valued a commodity as it should be, and I was constantly made to feel that I was spending “too much time and effort” teaching. As for my research efforts, I am fortunate enough to have experienced the thrill that comes from finding the predicted effects during the final data analysis of my dissertation project, but I know that this thrill would have been magnified ten times if the research had been clinically applicable. I also realized that ultimately I wanted more out of my interaction with patients than having them as research subjects. My experience in medical school has taught me that I was right, there is nothing more rewarding than direct patient care—no matter how challenging it can be. The fact that a career in academic medicine combines the patient care, teaching, and clinical research that I value so much makes me realize how lucky I am to have found this path.

← Integrates awards into paragraph on interests.

Despite the fact that it was a little disconcerting to turn 30 during my first year of medical school in a class whose mean age was 23, and that it may seem a little harder for me to stay up all night than for my 25-year-old classmates, I have never regretted my path. I feel that the life experience gained from my year as a social worker working with pregnant and parenting teens, and my years in graduate school have contributed immeasurably to my learning of medicine. I knew better during first and second year what was really important—not the grades that I received, but rather how well I could learn to apply that knowledge to a clinical setting. I can also look at the frustrated and angry parents of a sick child and understand a little better what they are going through by applying my experience with my sister and niece.

← Lighthearted acknowledgment that medicine is a second career.

← Demonstrates how maturity works in applicant’s favor.

For a short time during my third year I allowed myself to be steered toward adult neurology by eminent senior faculty members, but I knew there was something in my heart that would not let me make a final career decision until I had experienced child neurology. I went into it with mixed feelings. Another friend who was finishing her pediatrics residency had told me that she had considered doing a neurology fellowship, but thought that it was “too depressing” ... so she went into oncology instead. I must admit that this scared me. But I knew after only a few days that this was what I was meant to do. I enjoyed every patient interaction I had—the 14-year-old with a static encephalopathy

← Humor works surprisingly well here.

You can chill; we know you like the specialty.

and an intractable seizure disorder, the perfectly normal four-year-old who came for follow-up after a “bonk” on the head, and the eight-year-old with sudden onset of cranial nerve palsies of still unknown etiology. My learning curve was vertical, and I went to sleep every night with Dr. Bruce Silverstein’s text on my bed, and then was fortunate enough to have the opportunity to ask him questions in clinic in the morning. Many people have told me how lucky I am to have found a field that I am so enthusiastic about, that to fall so completely in love with something is what everybody hopes for. I knew that day that I went to Toys R Us (postcall) to buy a koosh ball to test visual fields and small plastic toys to test manual dexterity, and the night at 4 A.M. when I sat in a rocker to console a methadone baby in the nursery before going to bed for that all-important two hours’ sleep, that they were right.

PERSONAL STATEMENT #2

The applicant has done a terrific job making her enthusiasm and convictions apparent to us. The introduction is unevenly written, but the decision to launch the essay with a set of reasons for specializing in pediatrics makes the essay focused and direct from the start. In the middle two paragraphs, the applicant’s extensive community activities are well described. Overall, the essay is solid and persuasive.

The writer scraps a superfluous introduction.

Of the many contributing factors in my decision to pursue a career in pediatrics, the opportunity for patient education stands out as the most influential. During my clinical clerkships, I discovered many fields to be intriguing and learned from, as well as enjoyed, many aspects of each. It became clear, however, that the rotations providing more patient contact and continuity of care were the most fulfilling. My memories of third-year clerkships are of explaining cardiac catheterization to help allay fears, diagramming reasonable schedules of discharge medications, and discussing puberty with girls beginning their development. Thus, choosing a field became not merely a determination of what I found to be intellectually challenging, but a selection of the role I wished to play in delivering health care to my patients. Pediatrics as a specialty allows the most interaction with patients and their families and affords perhaps the broadest role for the physician, including that of child advocate/social activist, health educator, family friend, and role model. Here, colleagues are interested in a patient’s adoption history and school performance, and time can be scheduled solely for the purpose of STD teaching.

Good motivation.

In my own educational experiences I have been blessed with supportive teachers who were also excellent role models. I was awarded the

opportunity to enter a research laboratory as a high school student largely due to the commitment of a chemistry teacher and the generosity of a pharmacologist. This led to an aspiration to run my own laboratory with a program for future students. In college, a biochemistry professor's encouragement allowed me to pursue an individual project resulting in a publication. Perhaps as a means to reciprocate, I became involved in the local community. I performed the majority of my volunteer work through Alpha Phi Omega, a coeducational service fraternity affiliated with the Boy Scouts of America. Typical activities of the organization were Easter egg hunts for the county's foster children, creating a haunted house every Halloween at the Salvation Army, and providing aid in the aftermath of a local earthquake. Other community-oriented projects included tutoring of Chinatown youths on academic warning. As examples of Asians in college, the tutors also assumed roles of "big siblings" to help the students bridge cultural gaps and to encourage exploration of life opportunities outside the inner city. These activities eventually led me to realize that medicine, with its emphasis on service, would be the more satisfying career for me.

← Laying it on a bit thick with the community activities.

In medical school, I continued my community activities as time permitted. The two most rewarding experiences were that of teaching at a middle school and of organizing a series of talks for fellow preprofessional students. A few classmates and I taught middle schoolers through a program (Med Teach) coordinated by the medical school and the local school district. We had tremendous fun creating lesson plans for three classes each week, selecting different topics and styles of presentation for each age group. In addition to short traditional lectures, we often added interactive sessions such as class "Jeopardy" or "pin the organ on the body." One of our lessons on the eye even included group dissection of bovine eyeballs. This interest eventually grew to include the education of fellow classmates. As the community outreach chairperson for the Asian Health Caucus, I wanted medical professionals to learn about the special cultural as well as medical characteristics of the Asian patient (eg, population differences in disease prevalence and drug tolerances). This idea of hosting a single lecture on an Asian health topic was discussed with friends, many of whom voiced wishes for similar talks on other cultural groups. Thus sprouted the daylong Multicultural Health Forum, which explored various cultures and their relevant health issues with speakers from different institutions. Moreover, I was able to secure sponsorship from the Department of Psychiatry and develop the forum as a credited class with

← "Most rewarding experiences": Good way of organizing paragraph.

← The writer describes a project from start to finish, showing that she can follow through.

availability to all preprofessional schools, including those of pharmacy, nursing, dentistry, and medicine.

Balanced and realistic discussion of career goals and training aspirations.

I am eager to maintain my interest in teaching, both through patient education and through involvement with medical student training—knowing well the difference an interested resident can make in the medical student experience. Because of this factor, there was never any doubt that I would be best suited for a university-based/affiliated pediatrics residency program. I currently anticipate a career in general pediatrics and therefore desire a well-rounded program with strong training in primary care. However, infectious disease and genetics are two areas that I wish to further explore, with the option of possible advanced training.

PERSONAL STATEMENT #3

This applicant in plastic and reconstructive surgery does a particularly good job detailing research interests without overloading the reader. Note that he rarely has to discuss his interest in plastic surgery in abstract terms—specificity makes this essay work. Through careful attention to his prose, the applicant shows that he cares about his future career in plastics.

Effective use of an anecdote to illustrate a point.

As a volunteer anatomy and pathology laboratory instructor, each year I am faced with a new set of students, unpredictable new group dynamics, and ultimately new challenges for presenting material. At times such as these, I truly appreciate the remarkable plasticity of the human mind. A principle taught to me by my college anatomy instructor, who influenced my career by teaching me how to teach, often comes to mind: "Answering a confused student's question with the same words repeatedly is like trying to cut paper by hitting it with a hammer over and over. Instead, trash the hammer and get a pair of scissors," she said, "or start tearing." Through the years, I have learned that effectual communication entails transmission of the understanding that you possess to others, so that they now also understand and are stimulated to think. This requires flexibility and patience, a good understanding and organization of the material, and a high degree of enthusiasm on the part of the teacher. While some of these attributes are inherent in my character, others have been learned and improved upon with every new enterprise.

Interesting analogy—plasticity as a parallel between teaching and reconstructive surgery.

It is a similar challenge that attracts me to the field of plastic and reconstructive surgery, where often there are situations when operative procedures are modified to accommodate a patient's situation. Whether there is a paucity of soft tissue in one area, an abundance of skin in another, or a lack of bone due to destruction or congenital ab-

sence, the human body can be made plastic much like the mind modifying the procedures. I welcome and look forward to a lifetime career of meeting these types of challenges creatively in both the adult and pediatric populations, always keeping in mind aesthetics, prognosis, functionality, and the patient's wishes.

Creativity extends to the area of research, which, together with teaching, draws me toward a career in academics. To offer a patient an objective list of therapeutic alternatives requires an active hand in contributing to basic and clinical sciences while keeping abreast of the most recent advancements. As an undergraduate in kinesiology at the University of Miami Biomechanics Laboratory, I investigated the recruitment pattern of the medial and lateral gastrocnemius heads in the cat across a continuum of postural and movement demands. To further study pathophysiologic mechanisms of diseases in light of a surgical subspecialty, I completed a post-sophomore fellowship with the Florida State Department of Anatomic Pathology, gaining familiarity with frozen biopsy criteria and processing, histologic examination of surgical specimens, special stains, cytologic interpretation, and fresh anatomic dissection during autopsies. Interested in diseases of the musculoskeletal system, I researched a new monoclonal antibody, O13, directed against the p30/32 gene of Ewing's sarcoma and its cross-reactivities with other small round blue cell tumors. Possessing a special interest in pediatric orthopedics, I participated in many of the Toland Hospital for Crippled Children activities over the course of three years, including an anesthesia clerkship, contributing to research conducted in the Gait Laboratory, participating in rounds and conferences, and observing a variety of orthopedic surgeries, the majority involving congenital hand abnormalities. It was here that I met Dr. Kathryn Douglass of Baylor University, who introduced me to the notion of approaching a possible hand fellowship from the direction of plastic surgery. Now, with my current interest in plastic and reconstructive surgery, I am presently exploring with Dr. William Schrock at Baylor University the potential of capitalizing upon the angiogenic properties of fibroblast growth factor in the creation of flaps for larger wound coverage secondary to burns or other major trauma.

Plasticity also is a key virtue during any residency. I am quick to learn new theories and techniques, and able to work well with a wide variety of patient and medical staff personalities. These attributes, coupled with patience and a good sense of humor, have been instrumental in

← Good use of specific details.

← The writer's name dropping is effective because he substantiates the references and explains their significance.

my growth thus far and will continue to be the basic foundation of my philosophy for success in plastic and reconstructive surgery.

PERSONAL STATEMENT #4

In her personal statement for general surgery, this applicant effectively communicates her excitement about the field, as well as some of the personal characteristics that make her suited for it.

A good introduction, conveying her enthusiasm, though the sentence is somewhat long and unwieldy.

Exhilaration, anticipation, and a heightened awareness of myriad details—these were the emotions I experienced the first time I scrubbed into a case, a revision sternotomy and ASD repair, early in my third year of medical school. Hundreds of cases later, I am every bit as enthusiastic each time I step into the OR. In light of this and several other reasons, I am confident about my pursuit of a future career in surgery.

Although my interest in general surgery solidified during my recent clinical years, it began to develop far earlier. The thrill and personal satisfaction I perceived while shadowing a community surgeon was an early formative experience leading me to medical school in the first place. During my preclinical years, I marveled at the elegance and clinical relevance of human physiology and anatomy. Attending the Society of Thoracic Surgeons conference was an exciting introduction to the world of academic surgery.

By the end of my third-year surgery clerkship, I had a number of rich experiences reinforcing my interest. On the cardiothoracic service, I was enthralled by the intricate and immediate connection between anatomy and physiology, brought to life through surgical manipulation. During pediatric surgery, I was fascinated by the seamless integration of intraoperative technology, from HIDA scans to thoracoscopy, as well as the capacity to definitively cure patients of their pathology. My experience on the UCSF trauma service highlighted the unique role of the surgeon as “the whole doctor,” caring for patients in their most critical hours, assuming full medical management and employing surgical interventions when indicated. Excited by the opportunity to effect drastic changes in patients’ bodies and lives with such brief and elegant interventions, I knew that I wanted to pursue a career in surgery.

My unique personality and aptitudes make me a strong candidate as a future surgical trainee. I fully commit myself to my academic and personal endeavors with enthusiasm and passion; I enjoy hard work and take great personal satisfaction from seeing the immediate results

of my efforts. My meticulous attention to detail and natural ability to work as part of a team have been among my strongest assets during my clinical clerkships, evident through my zeal for taking on challenging and often critical patients, coordinating efficiently with nursing staff and consulting services, and educating my ward teams by including the relevant literature with both unusual and “routine” patient presentations. These personal traits have no doubt benefited from years of teaching martial arts and playing soccer, even through the rigors of my third-year rotations and recent subinternships, highlighting my capacity for multitasking. I tend to be somebody who does not waver on important decisions, but rather, will deliberate seriously, resolve on a course of action, and move forward confidently. As I have embraced new technologies throughout my life, the rapid innovation prevalent in all fields of surgery is tremendously appealing to me.

← Important traits for a surgeon.

I will likely further specialize, though I am not yet certain in which field. The ideal training program is one that can foster my growth into a seasoned surgeon with broad experience, comfortable operating autonomously and prepared for the rigors of fellowship and practice. I have always been passionate about teaching and mentoring, and therefore, I envision a future practice at an academic center. As such, I consider the availability of meaningful research and the opportunity to teach fellow residents and medical students important facets of a training program. Advancing patient care through clinical research and technological progress, from device design to translational research, has been one of the proud traditions of American surgery, one in which I plan to actively participate. The old adage that “no man is an island” rings true here, and, recognizing this, I will ideally practice in a university setting that can support this endeavor and offer important interdisciplinary and industry connections.

← After discussing her own personal strengths, it is good to see that she recognizes the importance of working on a team.

As I stand ready to transition to the next level of my professional development as a surgeon, I am every bit as enthusiastic as I was standing before the operating table during that first case. I anxiously await the unique privilege of participating in such a rewarding and exciting field of patient care.

PERSONAL STATEMENT #5

This candidate’s statement is well written, presenting a cohesive story of a number of different experiences and influences that have steered her to emergency medicine. She also cites a number of experiences in which she has demonstrated her ability to flourish in leadership roles.

She comes across as a good potential ER doc, ready to jump into the action whenever she is needed.

Saturday night news of a large fire flooded the airwaves. Fueled by the summer drought and the strongest winds in years, seven “uncontrollable” fires began blazing around our city. Over 500,000 people were under mandatory evacuation orders, many of whom sought refuge at Park Stone Stadium. Without hesitation and compelled by the situation, I threw on my white coat, slung my first-aid bag over my shoulder, and rushed to the stadium.

Controlled chaos best describes the scene that first day. With a small staff of health care workers and volunteers, we managed to put together “Centercomm Hospital,” complete with fully functioning triage, acute care, pharmacy, and specialty teams. We assumed responsibility for 520 patients displaced from skilled nursing facilities, and 97 acute-care patients. Every night until the fires were out, I returned to Centercomm to work the graveyard shift, helping out every way I could.

I was always interested in emergency medicine, but this was my first taste of it outside of the ED—when the hallway became patient triage, the bar turned into a pharmacy, and the lounge served as an acute-care facility. The EM doctors took charge, and their knowledge, composure, and decision making was inspiring and ensured there would be no casualties. As I worked shoulder to shoulder with them, my aspirations to specialize in EM quickly solidified. I want to be the doctor who can see patients inside the hospital or in a parking lot if need be. I want to develop the skills, understanding, and experience to handle any situation.

Another interesting experience, where she has been in the middle of the action, not an observer from the sidelines.

Less than a year later, I found myself aboard the USNS Med-Help ship, a 1000-bed floating hospital on a humanitarian mission in the South Pacific. Working alongside EM residents and attendings on the shores of Papua New Guinea and Micronesia, we would see upwards of 600 patients a day. There, I was challenged to recall details of microbiology and dermatology (without referencing the Internet) while seeing everyone, from infants to the elderly, in the seemingly endless line. Patients often presented with vague symptoms and were limited by language barriers, further complicating my detective work. I experienced first-hand how a broad knowledge base is essential in EM.

She describes a number of great accomplishments, as well as the characteristics that allowed her to achieve them.

I have been an organizer and leader throughout my life, able to multitask, motivate, and excel in many settings. During medical school I became the class president, helped begin the Border Health Project medical outreach, created the school’s lending library, started an out-

door retreat for incoming students, helped shape the school's curriculum reforms, edited the Human Condition literary magazine, and was copresident of the EM Interest Group. I am proud to say that when I leave medical school, I will have left it a better place than when I began though new programs and lasting changes. I take on each commitment with enthusiasm and passion, supported by a strong work ethic and perseverance. I am an action-oriented person and see projects through to the finish. When challenges arise, I pride myself in my ability to think through the issues rationally, deliberate effectively, and act confidently.

Emergency medicine is where I find my passion, and it is a true fit for me in both personality and professional goals. I am ready for the challenges of EM and inspired to be a part of future solutions and improvements in the field. Seeing patients at first presentation promises to keep me mentally engaged and clinically sharp. My hands-on nature and effective leadership skills will be well served in the ED. Furthermore, it makes me proud that the ED practices true community medicine, where patients are helped regardless of ability to pay.

← An important facet of an ED physician's character.

The firestorm in my city was contained within 19 days, but the impressions made and lessons learned will be everlasting. A spark was lit inside of me, exposing me to a new side of emergency medicine and drawing me to a specialty I will soon call my own. I look forward to residency training to prepare me such that when the day comes, I will be able to manage the controlled chaos and help those in need.

← A good tie-in to the beginning of her statement, making it feel organized and polished.

PERSONAL STATEMENT #6

This is a strong, well-written personal statement from a candidate in emergency medicine. He begins and ends describing the story of a meaningful patient interaction. However, he does it in a way that does not sound clichéd and that shows his empathy. His tone throughout the essay is comfortable and genuine. He lays out the qualities he thinks are important in an emergency medicine physician and then demonstrates he has developed those qualities.

As my cardiothoracic surgery fellow and I hurried to the ED, we learned that the Lifestar helicopter was transporting Mrs. M, a patient suffering from a Type A dissection with extension into her carotids. She was 81 years old and intubated, and unknown to the surgeons or the ED doctors was her baseline status and functioning. Whether to operate was now the question. This was the first family meeting I had attended that had such an urgency to it, yet it needed to be in a setting where time could stand still. Mrs. M's grandson pulled me aside and asked,

A good application of the experience to his future role as an ED physician.

→ "If she had the surgery, would she ever wake up?" I began to realize the power of information and just how important decision making in the emergency room was upon outcomes for patients. Finally, Mr. M decided we should go forward with the surgery, and within minutes we were in the OR and starting to open.

He comes across as genuine and humble, while still listing a number of accomplishments.

→ To me, emergency medicine is about leadership, teamwork, and humility. Contributing to my teams and leading them to success has always been important. I have served in this capacity many times, whether it was teaching as a Human Biology Course Associate, working on our student LCME committee, or being part of clinical teams on the wards. Our struggles and triumphs as groups have taught me leadership skills and made me a stronger teammate, knowing how to trust in others and when to ask for help. As an emergency physician, I hope to be a colleague in the truest sense of the word so that patients will be best served by our medical care. The emergency department is also a place that reflects the pulse of a community—it is a place where patients of all backgrounds and cultures arrive, and for me, this is something I desire as part of my practice. Having so much of my family in India and spread around the globe has given me the opportunity to travel broadly and interact with different cultures. Working as a clinician at our student-run free clinic has taught me about the impact doctors can have in underserved populations and the medical needs of my own community. Caring for a diverse population of patients is something that drives me and draws me toward a career in emergency medicine.

I first learned through my undergraduate research the value of contributing new knowledge to the fields of which I am a part, and I have had the chance to broaden my research experiences during medical school. My time working in a pediatric cardiology lab showed me how an understanding of signaling in heart development could relate to the presentation of a young infant with cyanosis. Now, as I embark on a clinical research project to assess risk stratification among ED patients with sepsis, I will have the chance to take ownership of a project from the IRB stage through data analysis and completion of a thesis. This opportunity to directly contribute toward evidence-based medicine is something I find intellectually interesting, challenging, and rewarding.

After the surgery, I was not sure whether Mrs. M would make it through the night, but the next morning she was extubated, and the first thing she asked me was, “Doctor, do you watch Grey’s Anatomy on TV? I watch every week.” Mrs. M is a patient I won’t forget easily. She taught me the importance of listening to patients and families, the need for critical decision making sometimes without clear evidence, the sense of teamwork and responsibility that comes with caring for emergency department patients, and the feelings of reward when we, as physicians, are able to provide the care that patients need.



A great return to the original story, with a very natural, human interaction and a happy ending.

PERSONAL STATEMENT BY DISCIPLINE

The examples below of personal statements from a range of fields can be used to see how some personal statements address issues particular to a specialty choice. Students use these statements to describe why they chose the particular specialty. You can see from the examples that there are many and varied reasons for students to become attracted to a particular career. For more examples of personal statements, go to Firstaidteam.com.

ANESTHESIOLOGY

I have met each challenge in my life with hard work and dedication. Whether it was training for a marathon, working full time while going to school, or starting a family, I knew that by working hard I would succeed. That's why when I had to take time off during my undergraduate education due to the financial strains of living in New York and starting a family, I knew this would be a momentary delay in achieving my lifelong goal of becoming a doctor. After my wife and I were able to obtain some financial security, I finished my BS in physiology at the University of Arizona and was accepted into St. Lucas University School of Medicine.

St. Lucas University is located on the beautiful island of St. Kitts in the British West Indies. Most of the classes are taught by retired professors from U.S. medical schools. Besides the excellent education I received, the life experiences my wife and I gained living in a foreign country without the amenities of the United States were priceless. We will never forget washing our clothes in the sink or searching for propane gas to cook with on our stove.

I finished my basic sciences with a 3.96 GPA. I went on to score a 246/95 on the USMLE Step 1. My high score placed me at Douglas Medical Center (DMC) in Fresno, California, for all of my clinical rotations. DMC is an excellent county hospital affiliated with University Hospital School of Medicine, which accepts the best students from St. Lucas University into its clerkship program. DMC provided me with a well-rounded clinical experience and prepared me well for the USMLE Step 2, on which I scored a 255/98. Also, during my surgery core rotation my beautiful baby girl was born.

Although I have found all my clinical rotations interesting, I experienced the most excitement from my time in anesthesiology. Anesthesiology offers me the opportunity to integrate my basic science knowledge with clinical care. In no other rotation did I have the hands-on application of basic sciences; every OR case was a mini-experiment in pharmacology and physiology. The fast pace and the constant demand for rapid, clear thinking made my time in anesthesiology nothing but exhilarating. My rotation also showed me the various duties of anesthesiologists beyond the OR and the integral part they play in labor and delivery, the emergency room, the intensive care unit, and the management of pain.

On a personal level, I find my time away from medicine rejuvenating as well. Spending time running, mountain biking, surfing, and being with my wife and daughter enables me to return to work refreshed.

My career goal is to enter a university-based anesthesiology program. I believe my strong science knowledge base, clinical experience, and ability to make quick decisions are well suited for anesthesiology. I am highly detail oriented and enjoy being part of a cohesive medical care team. I look forward to the education, practice, and research opportunities available in anesthesiology.

DERMATOLOGY

During medical school I became involved in research with Dr. Flynn in the Department of Anatomy and Neurobiology at Medical State University. I utilized the skills I had obtained through my bachelor's degree in visual arts toward our project. The manual dexterity I acquired through artwork allowed me ease in performing microscopic, stereotactic surgeries; my work with chemistry in photographic development proved useful in immunohistochemical staining of our injection sites; and my illustrative abilities were applied in mapping the axonal projections of the nuclei. My background in art has provided me a breadth of knowledge that enriches my approach to medicine. I continue in my tradition of challenging myself in new areas: entering medicine with a background in art, presenting and publishing research, and now endeavoring to become a dermatologist.

Dermatology is the field in which many of my interests and skills converge. The pattern, texture, and color of artwork are discussed in a similar manner as skin pathology is described. I am confident in my ability to appreciate and interpret the visual manifestation of disease. I enjoy creating a precise image of primary and secondary lesions in order to develop a thorough and accurate differential diagnosis.

Comprehension of histopathology is essential to the study of dermatology. Through my prior work in a surgical pathology lab and experience performing biopsies in my dermatology rotations, I have acquired an appreciation of the processes involved in and the necessity of obtaining adequate samples of tissue for diagnosis and treatment. I have refined my procedural skills through my experience in microscopic surgery and in suturing Mohs repairs.

As with most areas of medicine, relating to patients with understanding and empathy is a priority in dermatology. I have developed my interpersonal skills by interacting with a variety of people through my study of art, my residence abroad within a different culture, and my current work in medicine. Open communication with others has come with ease. I value the mutual respect and trust that develops between physician and patient; I witness the healing effect that such a relationship has in treating patients.

As a field that continuously changes through medical and technological advances, dermatology encourages the ability to engage in research. Having completed a study observing trends in basal cell carcinoma in an individual surgery practice, I am currently coauthoring a chapter on different types of skin cancer, to be published in a medical journal designed for general practitioners. I anticipate continuing in research throughout residency and my career in academic dermatology.

One of my greatest motivations in studying medicine is the opportunity to study and learn throughout my career. My introduction to dermatology in medical school generated great interest and a desire to learn much more about its practice and new developments. I appreciate the expanse of material involved and knowledge yet to acquire in the study of dermatology.

Dermatology is a field in which I can continue to challenge myself. Through my rotations in surgery and general dermatology, I have discovered that it is the field of medicine to which I am best suited. I eagerly anticipate engaging in and contributing to the study of the skin and its manifestation of disease. My studies in art and involvement in research have enriched my medical education and will continue to provide a unique and enlightened approach to the practice of dermatology.

EMERGENCY MEDICINE

During my junior year at UCLA, I became certified as an emergency medical technician (EMT), a decision that had a profound effect on my life. I was subsequently hired by UCLA Emergency Medical Services (EMS) and staffed the campus ambulance, serving as a first responder for all medical aid calls on the UCLA campus and neighboring communities. There was a tremendous sense of responsibility in being the first medical provider on scene to assess and provide treatment for potentially unstable patients in unpredictable environments. In addition to cementing my desire to attend medical school, my experience with UCLA EMS introduced me to the field of emergency medicine.

At the completion of my first year of medical school, I was awarded the Student Research Committee Fellowship. This fellowship supported a research project designed to evaluate the safety and efficacy of external cardiac pacing of patients with symptomatic bradycardia by paramedics in the prehospital setting. This two-and-a-half-year project was supervised by the medical director of the San Francisco Fire Department. The data demonstrated a trend toward increased survival among patients treated with external cardiac pacing compared to those treated with conventional therapy alone. Based upon this data, the State of California Emergency Medical Services Commission approved external cardiac pacing as first-line therapy for this patient population, permitting EMS providers throughout the state to perform this procedure.

Throughout medical school, I was aware of my interest in emergency medicine but made a conscious effort not to prematurely exclude other specialties. I thought I might find one clerkship to stand out among them all, calling me to devote my life to it. Instead, I found them all incredibly challenging and fulfilling, particularly those experiences requiring immediate decisions to be made, procedures to be performed, and, most of all, trips to the emergency department. My greatest sense of achievement, regardless of the clerkship, was when I was caring for patients with an acute illness, exacerbation of a chronic disease, or a traumatic injury.

I am eager to begin my residency training and look forward to expanding my knowledge base, becoming more adept in assessment, diagnosis, and treatment in the acute setting, and gaining the experience necessary to become a well-rounded, confident physician. I hope to train in a facility with a culturally diverse patient population and a broad variety of trauma, medical illness, pediatric emergency experience, EMS exposure, and clinical research opportunities. In addition to supporting my growth as a physician, I want to train at a program that supports my development outside the hospital, encouraging continued participation in my personal interests, such as exercising, camping, and traveling.

My long-term goals include attending in a high-acuity, academically oriented, Level 1 trauma center that conducts high-quality clinical research. I am also interested in pursuing a fellowship in emergency medical services to enhance my ability to promote quality prehospital care. My understanding of the field of emergency medicine has vastly matured from my days as an EMT. I now realize that the realm of the emergency physician extends well beyond the back of an ambulance or the entrance to a hospital. Emergency physicians are regularly faced with the entire spectrum of medical and surgical disease, requiring immense skill, diagnostic acumen, and empathy for both the frightened patient and concerned family members. In this era of managed care and cost containment, emergency physicians must be conservative in their diagnostic evaluations, yet remain aggressive in their pursuit of excluding acutely life-threatening illnesses. More importantly, emergency physicians serve as powerful patient advocates and valuable liaisons between the medical community and general public.

I feel I have proven myself capable of compassionate, competent care during my clinical years and have no doubt that I will greatly benefit from residency training in emergency medicine. I eagerly await the next phase of my education and welcome the challenges and excitement it will bring.

GENERAL SURGERY

"Far and away the best prize that life offers is the chance to work hard at work worth doing." —Theodore Roosevelt

My parents carefully measured out their wisdom like coffee grounds: shake hands firmly ... look everyone in the eyes ... never complain ... work harder ... smile and enjoy ... always do the right thing. The experience of living has been the water that percolates through these lessons, ultimately defining my cardinal principles of work and life.

Passion, beneficence, and excellence are fundamental to these principles and drive my pursuit of general surgery. Passion. Every day I strive to deserve the privilege of practicing surgery. From my earliest research experiences with cardiac surgery in dogs, I have aspired to learn enough, work enough, and care enough to earn the trust of my future patients and colleagues. This passion is my sustaining force. It is the excitement that kept me up through four emergency appendectomies starting at midnight. It is the calm that steadied my hand to insert a chest tube and drop a central line at a 4 A.M. trauma. It is the sympathy that gave me patience to hear Mr. H.'s story detailing each evening's mighty struggle to stuff a volleyball-sized hernia back into his abdomen for 22 years before coming in for surgery.

This passion motivates me to be a great surgeon. Beneficence. I am devoted to improving the way things work; I believe that basic scientific research and medical education are essential for enhanced patient care. However, administrative efforts outside the immediate realm of medicine are also important to forging advancements in health care. After identifying a deficit in funding of student research, I developed a proposal for an endowed fellowship for scientific investigation. Resulting from a combination of numerous meetings, letters, and a big piece of my heart, the alumni trustees, medical center administrators, and university financiers agreed to endow over half a million dollars for a fellowship to support medical student research. This fellowship is funded for perpetuity and provides \$25,000 to one student annually to pursue independent research. The first fellowship was awarded this past spring to a promising second-year who wants to cure cancer. Whether or not she achieves her goal, it is the spirit and talent of thousands of students and scientists like her that impel progress in medical science. My desire and ability to produce tangible improvements will benefit the field of general surgery.

Excellence. I am always searching for ways to improve myself as a human being and as a surgeon. Because a problem-based curriculum afforded a flexible schedule, I was able to regularly participate in service projects, most often visiting elementary schools to discuss safe sex and drugs with high-risk children. Frequently, later in the evenings, I helped treat sexually transmitted diseases at an indigent clinic. I chose to explore fields related to a career in surgery through a year of independent research. By putting my head down to get through the daily grind, I overcame the obstacles of gel exposure snafus, cell culture contamination, and editing for publication, to be productive in basic and clinical projects. My achievements in this previously unfamiliar territory—I was a philosophy major in college—have given me the experience, confidence, and motivation to support research as I move on to my next stage of training.

This commitment to self-improvement maximizes my abilities and opportunities. By remaining true to my cardinal principles I will enthusiastically strive toward, and hopefully lead, the promotion of patient care as a surgeon. Benefiting from my experiences and equipped with knowledge, effort, and spirit, I am prepared to continue such work worth doing.

INTERNAL MEDICINE

Choosing a specialty in medicine, like medical school in general, is a unique experience that will make a tremendous impact on the rest of your personal and professional life. Many students are dead set on specific careers before they even make their first shaky incision in gross anatomy. Others think they know which field they ultimately want to pursue, only to discover later on that everything about their chosen specialty disagrees with them. Then there are students like me, who go to medical school armed with the knowledge that ultimately they'll become doctors, but not really knowing which kind.

When I began my medical education, I was honestly surprised to learn that many of my new classmates were already committed to specific paths, some of them with extensive research and experience in their fields of choice. My older brother, who changed his mind at least three times before he applied for residency, had advised me to wait until the clinical years so that I could make an informed choice, and that had been my plan from the beginning. But as more and more of my friends began narrowing down their choices in the first two years of school, my plan to wait to make a decision suddenly felt like procrastination. Nevertheless, with limited clinical exposure and plenty of studying to keep me busy, I resigned myself to following my brother's advice and to wait until my third year.

Making the abrupt shift from bookworm to third-year clinical clerk was both a nerve-wracking and exciting prospect. Although we had discussed the doctor-patient relationship and the art of medicine during the first two years of school, the opportunities to practice those concepts were few and far between. Interviewing patients for an hour once a week didn't seem like a realistic picture of things to come (it wasn't). I was nervous about balancing a schedule that I knew would be hectic, being responsible for patients while trying to read about diagnosis, pathophysiology, and treatment. Mostly, I was excited that I'd finally have the chance to learn how to care for people and to explore possible future careers. My introduction to clinical medicine was cut short, though. That fall, my mother was scheduled for extensive spinal surgery in an effort to relieve years of discomfort, and I was granted a leave of absence by the school and returned to Los Angeles to be with her for the next six months. When I returned in the winter to begin my clerkships, I realized that it was impossible to finish all the necessary requirements in time to graduate in 1999, and I became a member of the class of 2000.

In retrospect, taking the extra time was a serendipitous blessing in disguise. It allowed me to objectively approach the clinical clerkships without rushing to make a career decision. As I rotated through the various specialties, I began to get a better understanding of what I found interesting. Initially, radiology was one field that intrigued me, combining technology and intuition to clarify disease pathology. I signed up for electives and became involved in research, hoping to further stoke my interest and solidify my desire to possibly pursue radiology as a career. Instead, it had the opposite effect. I quickly realized that although I found the images and technology amazing, I sorely missed the direct one-to-one patient contact that we had talked about during the first two years and that we had been introduced to during the third year.

People often say that the lessons learned along the way are what make a journey worthwhile, that the opportunities to gain insight and acquire knowledge can be easily missed if you simply focus on traveling from point A to point B. It is this idea that embodies my experiences in medical school and that has led me to my decision to pursue internal medicine as a career. What I've realized is that the things I find most rewarding are developing relationships with patients and being in an environment that fosters continuity of care. Caring for patients from admission to discharge and following up long term to provide for their health care needs is what I ultimately want to base my career as a physician upon. Everyone who goes to medical school has unique experiences that lead them to discover their own personal niches. To me, internal medicine covers a wide spectrum of disease pathology while allowing personal relationships to develop with patients, offering the ideal blend of academic challenge and personal fulfillment. In this way, I can share in the lessons learned from other people's journeys while I continue on my own.

INTERNAL MEDICINE–PEDIATRICS

During a clerkship in my third year of medical school in my hometown of St. Louis, I was struck by a comment made by a nurse one morning before rounds. She recognized my name as being the same as two previous physicians who had cared for her and her family. These physicians were my grandfather and great-grandfather. She then went on to tell me that my great-grandfather had delivered her, and that my grandfather had cared for her during her childhood at his office. What moved me most about what she said was how tangible my relationship to my grandfather had become, and the very meaningful impact they had made on this nurse's life. I chose to go into medicine during college on my own accord, yet the fact that I have two previous family members who were a part of this profession gives me a profound sense of integrity and responsibility.

Throughout my schooling, working directly with people has always interested me. My experience while attending Loyola University in New Orleans, where I worked as a health assistant for two years, helped me realize that I would succeed in medicine. A month-long trip during my senior year of college to a village in Nicaragua challenged my ability to communicate and work with people, and solidified even more my desire to study medicine. Multiple involvements during medical school, such as coordinating a student-run clinic on several Saturdays, supported my interest in primary care and at the same time fostered leadership skills and a better sense of team spirit.

My rotation in internal medicine at a Veterans Administration hospital, the first of my third-year clerkships, initiated a desire to pursue the specialty of internal medicine. I was exposed to patients with conditions ranging from asthma to resistant HIV, which I found to be intellectually challenging and professionally fulfilling. Later in the course of my third year, my exposure to pediatrics paralleled my experience in internal medicine, and my learning curve took off even more. Now I find myself using the medical literature more frequently to support my rising interests. I find clinic to be a rewarding interaction and a wonderful chance to counsel parents/guardians. My interest in combined internal medicine and pediatrics as a specialty solidified at the end of my third year of medical school. Primary care is my interest. Seeing and helping patients of a wide age range and of various clinical presentations is what I want to focus on. My enthusiasm for internal medicine and pediatrics is both complementary and synergistic. I intend to take full advantage of the training offered and become an extremely competent, well-trained, and respected physician. In short, I want to be a resource for my patients and a source of appropriate medical care. The variety of patients in this setting draws me toward this field and will keep me continually interested and enthusiastic throughout the course of my career. The fact that I will comprehensively train in treating children and adults alike compels me to pursue internal medicine/pediatrics.

The bridge and relationship between the two areas, in my perception, are well connected. In my student experience, both internal medicine and pediatrics hold a common approach to patients. Their corresponding knowledge funds are both diverse and comprehensive. I look forward to being able to employ that knowledge competently and effectively throughout the course of my career.

NEUROLOGY

Among many other things I have learned in medical school, I have come to the opinion that the role people assume in the somewhat conservative field of medicine involves wearing a relatively thick professional mask. This is not necessarily negative, as there is no denying that an air of competence and compassion is certainly inspiring to patients. However, perhaps in part because I have never been a particularly accomplished actor myself, I find it all the more interesting when that mask is taken off and the true self emerges through all the layers of professionalism. When one truly enjoys his job, the most fun and energetic part of his personality emerges. When a patient presents with a rare and interesting disease, or when there is a captivating diagnostic problem, physicians who love their jobs bring their full intellect and attention to bear. Then, amazingly, all the layers of formality and pride are peeled away to reveal an enthusiasm to solve the problem and share their knowledge and excitement, which I find extremely infectious. In that moment when a diagnostic test is performed, or when a novel scientific result is on the brink of revealing itself, we are all transformed into a curious child all over again, whether we are students, attendings, or Nobel laureates.

I have chosen neurology as a specialty because it is a field that fascinates me to that point of enthusiasm—an enthusiasm that I wish to share with my patients, future colleagues, and students. I believe that the central nervous system has so much intrinsic interest that it draws a higher proportion of physicians who are genuinely captivated by their field. An important benefit from this is that it provides for the opportunity to work with others with similar enthusiasm, enabling a more enjoyable and educational experience. The clinical work is interesting and satisfying to me because of the close association of findings on the history and physical exam with the lesion location and etiology. I also find some of the more subtle cognitive deficits from brain pathology to be extremely interesting, shedding light on the function of arguably the most important, complex, and uniquely human organ of the body.

I feel that neurology remains a final frontier of biomedicine, with many clinical and scientific truths yet to be unraveled and translated for the benefit of human health and knowledge. In an era when molecular genetic approaches are rapidly revolutionizing the field of medicine, neurology stands poised to gain significant therapeutic benefit, as many cerebral disorders appear beyond our present ability to cure. It is especially fulfilling for me to be able to offer help in these areas where it is sorely needed, and I anticipate a day when we have the power to prevent or cure intractable diseases like ALS or Alzheimer's disease as research efforts from the Decade of the Brain yield fruit. During my third year of medical school, I had the exciting opportunity to work on a basic problem in neurophysiology at the National Institutes of Health with a fellowship from the Howard Hughes Medical Institute. From my experience

at the NIH, I have gained an enormous appreciation for the scientific efforts in elucidating the workings of the nervous system and the process involved in finding treatments for specific disorders. I was able to meet very accomplished physicians in the research arena who serve as my role models. The experience has been instrumental in shaping my career aspirations to pursue a biomedical research career, which appeals to the creative side of my personality. In addition to medical and scientific impact, neurology and neuroscience are fields whose questions have far-reaching implications for apparently unrelated fields such as religion and philosophy. By providing insights into mechanisms of behavior and consciousness, it addresses critical questions related to our essential humanity, which I find extremely intellectually stimulating.

I hope that with my sincere passion for the field, a diligent work ethic, and a good-natured team attitude, I will be able to help alleviate suffering from neurologic disease and simultaneously learn about how our minds work. For the future, I hope to be a part of the forefront of our advancing understanding of the neurological sciences and use that knowledge to heal our patients and train others interested in the field. For these reasons, I have chosen to specialize in neurology, with an eventual goal of practicing, teaching, and conducting research at an academic hospital.

NEUROSURGERY

Very few matriculating medical students can realistically determine their future career choices. We all enter with the altruistic goals of becoming caring physicians and making a significant contribution to medicine. As laypersons, we do not grasp the breadth of medicine and often are unaware of its specialization. I myself come from a medical family background and therefore had a somewhat greater exposure to medicine, but I was in no way qualified upon entering medical school to reach a conclusion regarding a career in a particular specialty. In spite of this, I always entertained the notion of becoming a neurosurgeon.

The central nervous system represented to me the most intriguing and complex human organ system. During my first two medical school years, I was fascinated by the study of the central nervous system, including its intricate three-dimensional anatomy, physiology, and pathology. During my third year of medical school, I gravitated toward the surgical specialties. I had the opportunity to become a member of the University of Mississippi neurosurgical team and participate in many neurosurgical procedures, an experience that I greatly enjoyed. The meticulous surgeries and the application of intricate anatomical knowledge and physiology markedly impressed me. Neurosurgery offers the challenge of not merely maintaining a patient's life, but sustaining their spirit, intelligence, and personality. Unlike almost any other field, neurosurgery deals with the elements that contribute to our consciousness and make us human. These experiences led to the coalescence of my decision to pursue a career in neurosurgery.

My professional goals include the completion of a comprehensive neurosurgical residency training in conjunction with basic science research experience and subsequently pursuing a career in academic neurosurgery. The academic discourse and the intellectual stimulation afforded in an academic environment are appealing as well as the opportunity to participate in the endeavor of furthering the scope of our knowledge. I will strive to follow the clinician/scientist model that I admire and hope to develop a research program complementary to my clinical interests. On my part, I bring the desire to work hard, participate actively in my own education, and make a positive contribution to my residency program and neurosurgery.

I believe that my credentials to pursue a career in neurosurgery include my strong academic background. I began my undergraduate education at Clemson University, where I was elected to the Phi Eta Sigma freshman honor society before transferring to Georgia Tech University because of my desire to be closer to my family secondary to an illness in the family. At Georgia Tech University, I was elected to the Phi Beta Kappa honor society and received the College of Liberal Arts and Sciences (CLAS) Outstanding Scholar Award, an award conferred on the graduating CLAS student with the highest grade

point average. At the University of Mississippi School of Medicine, I was awarded the Board of Trustees Academic Scholarship and continued my strong academic performance. Additionally, I was honored with the Basic Science Research Scholarship on the basis of an original research proposal involving the synaptic integration and information processing carried out in a single nerve cell. The research culminated in a poster presentation at the Eastern Student Research Forum. I have used that experience to pursue neurosurgical research relating to spinal cord injury that is currently in progress.

Aside from academics, I have been active in the Mississippi Medical Association and have visited that state capital on several occasions to observe and participate in the lobbying process. Currently, I am serving on the Mississippi Medical Association's Public Relations Council and am participating in the planning of programs designed to increase membership in our professional medical associations and raise physician awareness concerning current medically related political issues in the rapidly changing managed care market. For recreation, I am an active participant in pickup basketball games and make an effort to weight lift on a consistent basis. I have also maintained an interest in the area of technology applications and recently published an article concerning the Internet's medical applications. I am also currently in the process of constructing a home page for the University of Mississippi's Neurosurgery Department.

OBSTETRICS AND GYNECOLOGY

While my path to becoming a physician has always been a straight one, my interest in the field of obstetrics and gynecology has come full circle. During vacations from college, I worked in the office of an obstetrician-gynecologist in Washington, D.C. Excited by the breadth of patients that he saw, I was also impressed by the surgical nature of the field. Thus, I began medical school believing I would one day be an obstetrician-gynecologist. During my first two years of medical school, I drifted from this belief and considered the areas of medicine and pediatrics. However, the experiences of my third year helped me to better focus my interests. While I was impressed with the thought processes involved in the evaluation of patients during my medicine rotation, I was often frustrated by the inability to physically do something to help. During my pediatrics rotation, I was amazed by the young body's ability to heal, although I often felt this healing had less to do with the medical team than with the body's natural defenses. The resiliency of my patients, coupled with the opportunity to practice preventative medicine and primary care, initially left me thinking I would enter the field of pediatrics. I began obstetrics and gynecology excited to see babies delivered, but otherwise completely naïve that this was my calling. After just a short time on the rotation, I found myself feeling not obligated to read at home, but excited to learn more about the problems I had faced that day. As in pediatrics, it was refreshing to see a generally young, healthy patient population. However, unlike in pediatrics, in obstetrics and gynecology there was often the opportunity to physically do something that would lead to beneficial outcomes. I look forward to the opportunities to combine prevention and treatment strategies to keep my patients healthy.

I see my career occupied not just with medicine, but with health care policy and management. During medical school, I have come to appreciate the quantity and complexity of health care issues today. I realize that as a medical student and resident I must focus on learning the facts and skills needed to be a successful clinician, but I also believe that knowledge of and participation in the vast number of health care decisions being made each day is imperative for a clinician. For this reason, I plan to constantly continue my education, both in the professional setting and by earning a degree in either public policy or business administration. With knowledge and credentials, I will become actively involved in creating and implementing health care policy that focuses on the needs of patients rather than of insurance companies or administrators.

I have always had an interest in education and community outreach, and my goal is to make a difference in the policies of the health care system. Access to health care in rural and urban communities is a serious problem that our nation faces, and I feel obligated to use my knowledge and background to help, whether on a local or national level. My desire to improve communities in need is long-standing. An important influence on this interest began with my high school sociology teacher and friend, Mr. C. Progressive in his requirement of 20 community service hours per semester, he stressed the importance of reaching out to others. Because of his hands-on approach, I learned about my responsibility to help others.

Unfortunately, Mr. C. died of complications arising from AIDS in February 1994. At his memorial service, a speaker asked the mourners to look around the crowded auditorium full of people whose lives Mr. C. had touched, a group that represented just a fraction of the whole. The speaker reminded us that if each of us could touch just one other person in the same way, and that person would touch one more person, and so on, the memory of Mr. C. would never be lost. I choose medicine as my way to impart knowledge, to give hope, and to touch others with love and understanding.

OPHTHALMOLOGY

A person who feels a specific calling in his life is a fortunate person. While we never know what the future may hold for us, having a definite direction in which to travel is a real blessing and a rare occurrence. My calling to pursue a career in ophthalmology came after three years of dedication to studying the human body, interacting with patients, and “trying on” various medical specialties in my third year of rotations. My interest in the eye, however, began in my second year, during the ophthalmology section of the mechanisms of disease class. I found the intricacy and vastly varied pathology of the visual system to be fascinating. Even more interesting was the small amount of clinical exposure to ophthalmology in our third-year curriculum. Except for four afternoons spent in ophthalmologists’ clinic during the general practice clerkship, the eye was not discussed much, but I thirsted for more knowledge in this area.

My firsthand experience with ophthalmology came under the guidance of a second-year ophthalmology resident, whom I greatly respect spiritually, personally, and professionally. I met him at a church youth-group function, and he invited me to visit the triage area of the emergency department. I spent a day in the emergency room with him, where he showed me patient after patient, each case more interesting than the one before. The patients were very concerned about their vision. As he went through the general exam with me, pointing out the varying pathology, he calmed each patient by explaining the details of their illness and treatment. After watching him during a few more visits to the ER, I knew I wanted to be this type of physician. Furthermore, after a day in the OR with an attending physician and a few discussions with my student advisors, I knew I wanted to treat these types of patients.

During medical school, my family and friends, who remain a very important part of my life, complemented my influences in the medical field by providing support and fellowship in a nonacademic arena. My mother, a school psychologist, and my father, a retired USAF pilot, continue to provide counsel from my hometown in Florida. My brother, a lawyer (in a firm that represents doctors and hospitals), also encourages me from his home in Florida. Following their example, I have been able to establish a strong work ethic and moral basis from which to guide my career. I have also been fortunate enough to pass along my experiences and advice to the youth at my church during church functions, including the annual youth choir trip. Throughout medical school, I believe I have learned the value of hard work, punctuality, discipline, knowledge, and a good attitude. These values are contagious, and I look forward to bringing them to whatever work environment I encounter.

Ophthalmology contains all of what I love about the medical profession: medicine, surgery, treatment of both the old and the young, primary care, and specialized procedures. Ophthalmology is also a dynamic field, with frequent new advances in preserving or improving people’s vision. I will enjoy the challenge of keeping up with new developments and will take satisfaction in contributing to that growth. Having a calling that will grant me the opportunity to positively impact people’s eyesight and health while offering them compassion during a stressful time will be a rewarding experience and a rich personal blessing.

ORTHOPEDIC SURGERY

Running has been an integral part of my life since high school, when I became involved in cross-country and track. During college and medical school I have continued running and have completed several road races and two triathlons. Running has taught me the value of patience, dedication, and perseverance; provided an outlet for stress; and kept me physically and mentally fit. It was also through running that I began to appreciate the importance of the musculoskeletal system. I would periodically sustain various sports-related injuries, which led to my first exposure to the field of orthopedic surgery.

While I believe the traits I developed as a runner prepared me for the rigors of surgery, my interest in orthopedic surgery stems from my fascination with the effects of structure on function. From fashioning various creations out of Legos as a child to constructing electronic circuits and building off-road remote control cars as an adolescent, I have always enjoyed learning about how things work. As a young teen, I built a cabin with my cousin and uncle. I was enthralled during each step of the process: drafting the plans, setting the foundation, constructing the walls, laying the roof, and weatherproofing the exterior.

The opportunity to visualize and mentally construct objects in three dimensions combined with an interest in how the building blocks of life are put together attracted me to organic chemistry and biochemistry. In these courses I learned how minor changes in molecular structure could have drastic effects on chemical properties. While exploring the structure and function of cells and molecules through research, I became increasingly fascinated with the anatomy and physiology of the human body. During medical school, I conducted research using a rat model to investigate the effects of interleukin-10 on inflammation associated with venous thrombosis. This experience allowed me to gain familiarity with operating on rats under a low-power microscope, examining and preparing surgical specimens, and taking gross and histologic photographs. I particularly enjoyed operating on the rats, which enhanced my interest in surgery.

In addition to acquiring new knowledge via research, I also enjoy sharing knowledge with others through teaching. My mentors demonstrated time and time again how the combination of hard work and talent could allow a person to reach his or her fullest potential. My father, one of my greatest mentors as well as a physician, has shown me that happiness and tremendous personal satisfaction can be acquired by making a difference in patients' lives. It is these principles as well as factual concepts that I strive to share with students. As a senior in college I helped other prospective medical students prepare for the MCAT by teaching classes for Kaplan Educational Centers. In the year before I began medical school, I was a teaching assistant for an honors organic chemistry laboratory and discussion group.

In medical school I have experienced tremendous personal growth and have focused my career objectives. Key elements that I have used to achieve continued success include maintaining a good sense of humor, learning how to work effectively with a variety of different patient and medical staff personalities, spending time with friends and family, and having interests outside of medicine. I will bring to my residency energy, enthusiasm, a strong work ethic, and a constant desire to learn new things and share ideas with others. I am seeking a challenging, engaging environment in which to learn and deliver high-quality care to patients. I hope to help myself and others fully develop our talents so that our patients can achieve optimal health, mobility, and function. I am looking forward to a challenging career in orthopedic surgery involving patient care, teaching, and future discovery.

OTOLARYNGOLOGY

I have always been driven by meeting new challenges, and it is that aspect of otolaryngology that is most attractive to me. The spectrum of ENT, ranging from microsurgical procedures of the ear to large head and neck cancer surgery, is one enjoyed by few medical specialties. ENT also encompasses allergy, infectious disease, and endocrinology, to name a few areas, and it is this broad scope of possibilities that has drawn me to the field. I am excited about working in a surgical specialty that gives me the opportunity to provide both primary and specialized care to patients of all ages.

I gained exposure to ENT during a surgical elective that was part of my third-year surgery clerkship. I had just completed my internal medicine rotation and was considering a career in medicine when I was introduced to otolaryngology. The ENT physicians I had the pleasure of working with demonstrated great knowledge of general medicine combined with excellent surgical skills. They had very good rapport with their patients, and they appeared to be some of the most satisfied physicians I had seen in my years as a medical student. They gave me hands-on experience in both the clinic and the operating room. By the end of my surgery rotation, I knew that I would be happiest pursuing ENT as my specialty.

I have worked hard during medical school to put myself in a position to be competitive for residency training in the specialty of my choice. I believe my work ethic stems from being raised on a dry-land cotton farm in West Texas. I was taught that people are judged by their integrity and their hard work, and any effort I made was expected to be the best I could muster. These values have served me well in all aspects of my life. They have provided me academic success at all levels, and they have been reflected in my clinical evaluations in each rotation. I also believe that my success in medical school is due in large part to my balance between my family and school. I am married to a terrific woman, who has encouraged me at each turn, and I have a wonderful four-year-old daughter who keeps my world and priorities in perspective.

Outside of school and family, I enjoy golfing, hunting, fishing, and exercising. I have recently taken an interest in photography, and I plan to concentrate this hobby on wildlife and nature photography. My wife and I are expecting our second child, and we are all eagerly anticipating the arrival of the next addition to our family. This is an exciting, changing time in our lives, made all the more so by the prospect of a career in otolaryngology.

PATHOLOGY

"To Dr. Karen, with love, Timmy and family." This was the inscription on the inside cover of an 1899 edition of *The Merck Manual* that Timmy's mom gave me on the last day of my pediatrics rotation. At the bottom of the page, in royal blue marker, was the scribbled signature of a three-and-a-half-year-old, "Tim."

Timmy had mitochondrial encephalomyopathy. The clinical picture of his illness early on was that of failure to thrive, and he continued to have waxing and waning episodes of muscle weakness and neurological deficits, including a significant degree of hearing loss. He taught me to sign "lion" and "tiger" because these were two of his favorite stuffed animals; the reason he taught me to sign "see ya later, alligator" is self-evident. He and his family struggled through several misdiagnoses, including cerebral palsy, until the presence of "ragged red fibers" on a muscle biopsy led to the correct diagnosis. I remember wondering at the time what ragged red fibers looked like under the microscope, and wishing that I could see them myself.

Then there was Chase. He was six months old, an ex-23-week preemie, third of triplets. He had spent all but four days of his life in the hospital, suffering from multiple complications stemming from his birth history and necrotizing enterocolitis in his perinatal period. His last night was also my last on-call during my pediatrics rotation. I wept after watching my attending stand stoically with his hand on the shoulder of Chase's mother as she held her dying boy. The next day, after just 15 minutes of sleep, I was working in a primary care clinic that was about 25 miles away. I drove 70 miles an hour back to the hospital after receiving a call that the pathologist wanted me to attend the autopsy. Nothing unexpected was found on the gross, but I was strangely excited a few days later when the pathologist showed me the micro, which revealed gut bacteria in nearly every organ system.

Before entering medical school, I decided to be a pediatrician. As pathology continued to intrigue me during clinical rotations, I faced a dilemma. Pathology was exciting, interesting, and fun, but the lack of patient contact gave me serious doubts. Would I feel like less of a doctor if I never met another Timmy or held another Chase? I was born to blue-collar parents, grew up in a blue-collar neighborhood in Chicago, and had blue-collar friends. I wanted to make my parents—especially my father—feel proud. My mom trained my nephew to say "Auntie Doctor" any time he saw a woman with a stethoscope. Friends pledged to bring their sick children to me someday. Would they all be less proud of me if I never wrote a prescription, never again used my stethoscope, if they couldn't see that I too would help heal people because they didn't understand what I did?

So I delayed the decision. I started my fourth year still answering "I'm not sure" to questions about my specialty choice. Then I began a pathology elective and sought the advice of my attendings. They were offended when I asked questions like "Were you ever disappointed that you won't ever make anyone better?" They reminded me that their work makes a difference every time one of them calls the results of a frozen section back to the OR, or determines whether a lesion was merely dysplasia or carcinoma in situ, or looks at a bone marrow to see if chemotherapy has been effective. I was ashamed at having asked the question.

It is possible that no one will ever again call me "Dr. Karen." It is probable that I will never again receive a gift from a patient. And I am not holding my breath for Christmas cards. But I will make patients better. I will make a difference in their lives by giving them the peace of mind of knowing what caused their loved one's death, or perhaps by finding what everyone else missed to provide a diagnosis. I will be excited and challenged and I will have fun as a pathologist. Whether or not my dad will ever understand what ragged red fibers are remains to be seen.

PEDIATRICS

When I was in kindergarten and got asked the question, “What do you want to be when you grow up?,” there were really only two acceptable answers. I could choose a life of either fighting crime as a policeman or extinguishing blazing infernos as a fireman. I chose fireman. As I got older, the same question became more difficult to answer because the choices became more varied and the decision held more gravity. The question wasn’t so simple to answer anymore. I went through third-year rotations in a quandary about this decision when it suddenly became so simple: I want to do something where I wake up in the morning and can’t wait to get to work, and at the end of the day I am sad to leave. This is pediatrics for me. Some say that children are just little half-sized adults, but I choose to differ. They are their own individuals. Children possess an honesty about them that adults have lost somewhere along the way, and they will openly share with you this honesty. I still remember Maria, the two-year-old with acute gastroenteritis who hugged me and planted on my cheek the biggest, wettest kiss I have ever had the pleasure to receive. She was convinced I was the one who had made her feel better. Of course, there was also Mikey, a four-year-old with a sprained wrist who was very verbally profound in how much distaste he had toward me after I attempted to manipulate the wounded wrist. Then there are the difficult cases that eternally remain etched in your brain. Karen, an eight-year-old with eczema herpeticum that had spread to cover both eyes and eventually sealed both her eyes shut. It is experiences like these that can cause a person to hesitantly leave the floor at the end of a hectic day and want to come back in the morning hopeful to see what a new day has in store.

Several other experiences also shaped my decision to enter into pediatrics and work with children. During my undergraduate years at a large public university, I was involved in a study of methylphenidate in children with attention deficit disorder. Being a psychology major, I found the research extremely intriguing and found myself enjoying spending time with the “difficult” children. While in medical school I worked with the Department of Child and Adolescent Psychiatry at Westchester Medical Center developing an alternative method of therapy for reaching children and adolescents diagnosed with a history of both substance abuse and physical abuse. This was based on previous studies, which demonstrated that traditional “talk” therapies are not as effective for children who have suffered severe emotional distress. For these types of patients, other modalities of creative expression had to be developed. This proved to be one of the most challenging yet rewarding projects I ever had the opportunity to be involved in.

For my current project, I have chosen to explore a different venue in child care. I am currently in the process of compiling the research for my master’s thesis in public health. I chose to pursue a joint MD/MPH degree after being inspired by other physicians with MPH degrees that I worked with at the National Institutes of Health. My thesis centers on the topic of pediatric emergency room utilization in a metropolitan area. I hope to provide evidence of incorrect utilization of the emergency room for nonemergent health issues and underutilization of the primary care physician for these nonemergent situations. In addition, I will attempt to establish that incorrect utilization of the emergency room may have indirectly contributed to the rising cost of health care. In the future, I plan to use my MPH as a tool to create positive changes not only in ER pediatrics but also in the field of pediatrics in general. Whether it is in the area of maternal-child health or even policy for prevention of pediatric disease, my goal is to make a difference in the realm of child health care.

So what do I want to be when I grow up? I want to be challenged every single day of my life. I want to feel the satisfaction that what I do improves the lives of children in big and small ways. Most importantly, I want to be enamored by the work I do ... I want to be a pediatrician.

PHYSICAL MEDICINE AND REHABILITATION

"A very good one!" That's the way I answer people when they ask me what kind of doctor I am going to be. This has been my answer since I started medical school. Growing up in a family of six, with two educators as parents, I was taught to strive for excellence in whatever I do. Although the start of my medical career was somewhat turbulent, over the last two years I have demonstrated this attribute in all of my medical school activities. I must say that taking a leave of absence from my medical education was one of the best things I could have done. It enabled me to refocus my life and rededicate myself to medicine. Never has my determination to become a physician been stronger.

I have chosen to pursue a career in physical medicine and rehabilitation for three main reasons. First, I am intrigued by the area of study. Throughout my medical education, I have been very interested in neuromuscular medicine. I can remember back to anatomy lab, when I was amazed at the way our neurological system was "wired" to the rest of our bodies. Never during my basic science education was I more curious; an elective rotation in PM&R solidified this interest even more. I look forward to the challenges of treating patients in this field.

The multidisciplinary approach to patient care is another reason I like PM&R; I have always felt that the team approach to almost anything was the best way to go about things. I see myself as a "team player." My interpersonal skills are very good, and my abilities to lead a group have been demonstrated as the director of a summer camp. Sitting in on "team rounds," I found a great sense of accomplishment in seeing that all of these people were working toward a common cause. I can see how the ultimate goal of helping the patient is better met in this setting.

The last reason I have chosen PM&R as a specialty is my appreciation of the way that this field approaches the patient. I have always felt that patients should be seen as individuals, not cases. I have found that PM&R, unlike most other fields, pays very close attention to the psychosocial aspects of medicine. Patients are seen as mothers, husbands, students, and workers, etc. I feel that this is the only way to truly deal with the care of patients. It is relatively easy to "treat" a disease, but only through a holistic approach can one hope to "heal" a patient. As a candidate for residencies, I feel that I possess traits that many programs are seeking: enthusiasm, a strong work ethic, and a positive attitude. I have often been told that the vigor with which I approach life is contagious, and that my upbeat attitude is appreciated by many of the patients I have seen. I work hard at whatever I am doing yet have the ability to put life into perspective. I believe that these aspects of my personality will make me an asset to any residency program.

In summary, I am an enthusiastic, hardworking individual with a positive attitude who is dedicated to the field of physical medicine and rehabilitation. I hope that I will be given the chance to elaborate these thoughts in an interview with your program.

PSYCHIATRY

The story is told of the late Wilfred Bion that another analyst once consulted with him regarding the case of a schizophrenic who would wake up in the middle of the night to see if he was really there. Bion thought for a moment and then commented, “Well, everyone deserves a second opinion.” Indeed, when I informed my family and friends of my choice to go into psychiatry, I found myself with more “second opinions” than I had ever bargained for. One resident told me he was surprised, since he thought I was very motivated and interested in medicine. Other medical students commented enthusiastically that they admired me for choosing such a difficult field. Invariably, this was followed by a story about a person they had heard about who had left surgery—or obstetrics, or medicine—to become a psychiatry resident, after a psychotic episode in which he or she had almost killed several patients. Strangely enough, no one could tell me which program the resident was in. My interest in psychiatry comes from several different perspectives, which is probably why I find the various biological, social, and psychodynamic aspects of psychiatry so interesting. As a psychology major at Princeton, my courses were mainly biologically and pharmacologically oriented. I wrote my sophomore and junior papers on the psychobiology of seasonal affective disorder (SAD), and then spent two summers in Oxford studying the epidemiology of SAD. Yet, driven by a deeper desire to be able to understand and communicate with as many people as I could, I also studied three different languages at Princeton, was a peer counselor, and sang with three choruses. After college, I taught mentally retarded and emotionally disturbed adolescents, where I learned how to talk to and work with children who had problems ranging from autism to severe hyperactivity, and also spent much of my free time in the deaf community, where I learned about cultural values and the responses to societal pressures in closed communities.

Upon my arrival at medical school, I didn’t know if I would go into psychiatry. I was fascinated with how the human body worked, and thought that the cerebral challenge of diagnosing physical disease might be more compelling than the gentle and creative exploration toward understanding the origins of a woman’s depression or personality disorder. However, my unconscious betrayed me—I spent much of the time with my medical inpatients talking about what their illnesses meant to them or how their families dealt with their hospitalization. Throughout my third year, I found myself sitting with patients like the young woman at the OB/GYN clinic who admitted with shame that she was being hit by her boyfriend; a gigantic nightclub bouncer at the ambulatory clinic complaining of fatigue, who was just starting to adjust to regular life again after being in jail for 11 years; and a middle-aged woman with unexplained chest pain in the ICU, who cried and held my hand as she told me about months of insomnia and sadness following her painful divorce. I knew this was what I wanted to do.

As for the future, I still love research and will be doing a few months of research this year on the topic of memory in survivors of childhood trauma, but I also have a strong leaning toward psychotherapy and am giving serious consideration to becoming trained as a psychoanalyst. Eventually, I would like to have a career in an academic setting, where I can focus on patient care using both psychodynamic and psychopharmacologic techniques, and also teach and do some writing or research. Yet, wherever my future lies in these changing times, I know that as long as I have the unique opportunity and privilege to sit with people, listen to them, and help them tell their stories, I will always be satisfied.

RADIATION ONCOLOGY

My decision to become a physician was influenced by several factors that led me to pursue a career in an oncologic subspecialty. My grandmother was diagnosed with breast cancer that later metastasized. My grandfather was diagnosed with lung cancer after having smoked for over 30 years. Recently, my cousin was diagnosed with melanoma, which later spread throughout his body. He was treated with advanced oncologic treatment, including radiation therapy, before passing away a few months ago. These experiences, along with a family friend who is a radiation oncologist, solidified my goals to become a radiation oncologist. Helping my family has given me an understanding and sensitivity for treating cancer patients.

Before learning about cancer through firsthand experience, I worked with cancer patients while volunteering at local hospitals while at the university. Volunteering was invaluable because the patients were very eager to share their experiences with me. I was fascinated in biochemistry classes and research by the interactions of genes, normal and mutated, that lead to neoplastic growth.

While working toward my MD degree at the State University of Medicine, my interests were again fueled by classes and conferences concerning oncology. I started my third year with a surgical oncology rotation under Dr. Johnson and Dr. Smith, who challenged me and taught me the surgical aspects of treatment. Dr. Galvez, my preceptor for gynecologic oncology, allowed me to participate in Tumor Board conferences. These increased my awareness of the risks and benefits of the numerous gynecologic treatment modalities.

Radiation therapy engages my interest because of the chance to cure and offer palliation in a minimally invasive to noninvasive manner. I am gratified to be involved in a treatment modality that offers relatively immediate and anatomically directed results. I am amazed by the wide spectrum of clinical cases one sees as a radiation oncologist. I also saw patients treated for heterotrophic bone growth and management of cardiac transplant rejection. Through research, I am involved in two projects at S. Cancer Center with the Radiation Oncology Department. One project entails biliary duct carcinoma and the other involves spinal cord carcinomas and gliomas. I am also comfortable offering palliation to terminally ill patients because I know that advances will shift to an increasing improvement in treatment and hopefully cure.

I have discovered many things about myself. Clinically, I can easily establish rapport with my patients. My evaluations consistently commend my ability to form strong patient-physician relationships. If I do not know the answer to a patient's question, taking the time to learn from and consult with an attending or resident allows me to answer the patient. There is no greater tool for learning than teaching someone else, and in that light I hope to remain in an academic setting as my career progresses. I am a diligent worker and an excellent time manager. I will happily spend extra time with a patient because as Dr. Khan, my preceptor in radiation oncology, says, "When I am with you, YOU are my only patient."

During my residency I wish to obtain excellent clinical and academic training that will provide a strong foundation for a successful and fulfilling career in both an academic and community setting. A quote I found in a book reminds me of the difference I hope to make in people's lives:

"A hundred years from now it will not matter what my bank account was, the sort of house I lived in, or the car I drove ... but the world may be different because I was important in the life of a patient."

RADIOLOGY

Sure, I will become a doctor. But what field of medicine will I choose? To find the answer to this ever-present question, I entered my clinical clerkships with an open mind, looking to discover my strengths and interests. As I went through my third-year clerkships I saw appeal in each experience; however, as the year came to a close I still had not found a niche. I began to look beyond the core clerkships I took as a third-year student. The vast number of career options for aspiring physicians can be quite overwhelming. So I decided to persevere in the manner in which I undertake most tasks. I stood back and thought, evaluating positives and negatives, and evaluating myself. I realized that perhaps the best fit for me was possibly something that I had exposure to during every third-year clerkship, yet its intricacies and true definition were still very foreign. This field was radiology.

Radiology can easily be taken for granted by an inexperienced medical student such as myself. It is ingrained in our heads that to rule in or rule out certain diagnoses on our differential often requires a visual study. The patient goes off to another place and receives this visual study, and soon thereafter a report is made revealing the medical situation that is occurring beyond the human eye. What this place is like and what the people do there began to capture my interest. It seemed quite ideal for a person such as myself who found interest in each clerkship I was exposed to during my third year. It allowed diagnosis in the medically ill, in the young child and infant, in the psychiatric patient with mental status changes that cannot be ruled out by history and physical alone—and of course it allowed diagnosis in the surgical candidate. Radiology in a sense allows exposure to the entire potpourri of medical specialties, therefore allowing continuing diversity but from a specialized viewpoint.

Realizing the specialty that appeals to you is one step; deciding whether you feel you can succeed and contribute in that area is the second. As an incoming resident I feel I have many attributes that suit me to be successful in radiology. First, I feel that the old adage that all radiologists sit in a dark room away from all other human contacts is incorrect. Interpersonal skills are essential for a successful radiologist. Patient contact does occur, although on a limited basis, and interaction with other physicians, whether as a consult or as a fellow radiologist, occurs on a daily basis. I enjoy interacting with others and feel that my personal skills will provide a comfortable environment for patients and colleagues. Second, I enjoy variety but at the same time realize that I prefer to focus within a specialty. I enjoy anatomy and anatomic relationships, which is also applicable in the field of radiology. Third, I have come to learn that I am quite visual both in my approach to learning and in my everyday tasks. The field of radiology allows me to take advantage of this ability. I have also always enjoyed solving mind puzzles and games. Radiology allows me to take these visual puzzles, if you will, and put the pieces together to make a differential.

A career in radiology provides the challenges and intellectual interests that I desire in my chosen field of medicine. I feel that by not making a career choice until after evaluating every clinical experience with an open mind, I have made the correct decision. Given the opportunity, I feel I have the abilities and determination to succeed and develop into a competent radiologist. My success throughout medical school helps to demonstrate my drive and self-motivation. I have confidence in my abilities, enjoy working as a member of a team, and feel I can be a strong advocate for my patients. With my skills and motivation I feel I will be a valuable member to the field of radiology.

UROLOGY

I performed my first surgery at the age of 12 during a Boy Scout campout. My surgical staff, the other members of Troop 148, watched around the operating/picnic table as my attempts to clean the only fish caught that day developed into an exploration of fish anatomy. I was fascinated by the intricate anatomy of living things. I eventually realized that surgery was not only an exploration but also a chance to heal.

During my high school years, my mother was diagnosed with a rare cancer of the kidney. Despite a nephrectomy and short periods of hope, the cancer eventually metastasized to her liver. Surgery was no longer an option for her, and she began a difficult path of chemotherapy. She died a few years later, but her death did not dim my surgical aspirations. Rather, it made me determined to become a surgeon who strives to improve surgical treatments while maintaining empathy for the suffering of my patients. My research, teaching, and clinical experiences have strengthened this resolve and have helped me choose urology as my future career.

My research experience began during my undergraduate education. Intrigued by the challenges and complexities of basic science research, I continued my research endeavors during my first and second years of medical school. I worked with Dr. Durbin investigating the use of antigen cytokine fusion proteins as a means of achieving antigen-specific alterations of the immune response. I also participated in clinical research during my final two years of medical school. I worked with Dr. Perry on a retrospective study to evaluate the utility of preoperative CT scan in staging patients with colon cancer. I enjoyed the intellectual challenge of laboratory and clinical research and realized its potential to improve patient care. The field of urology is rich in research opportunities, and I look forward to continued involvement in research both in residency and beyond.

I was given unique teaching opportunities in medical school, being selected as a teaching assistant for human anatomy and as a USMLE review course instructor. As an anatomy teaching assistant, I led daily small-group discussions and cadaveric dissections. I gained a deeper appreciation of the complexity and variability of the human body while increasing my communication and teaching skills. I enjoy teaching and helping my peers learn. I look forward to the opportunity to both teach and learn from my patients and colleagues as an academic urologist.

My clinical rotations were especially influential in my decision to become a urologist. I enjoyed all of my clinical rotations and hoped to find a surgical specialty that would offer a similar diversity of clinical experiences. To me, urology provides an ideal blend of surgical precision and medical management and a wide spectrum of patients and problems. In the future, I would like to specialize in one of the many available subspecialties in urology. I am especially interested in urologic oncology.

Surgery, whether on a picnic table or in a sterile room, still inspires me as it did as a child. My research, teaching, and clinical experiences in medical school have been instrumental in focusing that interest to the surgical specialty of urology. My knowledge has grown since my first fish surgery, but I still feel the awe at the complexity of anatomy and how much more there is to learn. I look forward to the ongoing opportunities to learn and contribute as I strive to advance treatment and patient care within the field of urology.