

## UW SOM Sample Personal Statements

### Below are six examples of former medical students' personal statements

- All examples were written by former medical students who successfully matched and went into residency programs in their intended specialty areas
- Each personal statement illustrates different strengths and areas for improvement
- *All six example statements were identified as good essays, and all are from students who matched*
- The takeaway - your statements do not have to be perfect
- They serve as a way to show who you are and what you offer

### Comments by the Career Advising team are included in the margins and illustrate:

- Components of a personal statement
- Strengths and areas for improvement present in each statement

### Sample 1: Family Medicine from UW SOM

My life started in the apple orchards of the \*\*\* in Washington. Even before I was born, I was already working in the orchards. My mom, despite being eight months pregnant, balanced a twelve-foot ladder in her hands and filled a picker's bag with apples. My mom even had me believe that a birthmark on my foot was actually a bruise I had gotten in utero because an apple had fallen and hit her pregnant belly. I grew up working outside of school alongside my family in the fields. Our home was surrounded by fruit trees, which may sound like a paradise, but in reality, it was amidst sprayed pesticides. The pesticides induced my mother's asthma. She was unable to afford health insurance because her employer was not obligated to provide insurance to seasonal farmworkers. My mother used the ER often due to asthma attacks, and my family often traveled to Mexico for more affordable healthcare. At an early age I learned that the health system and policies that existed were not enough to keep my family healthy; socio-economic factors including my parent's low educational status and the location of our home, affected our health and access to healthcare. Today, I reflect on these experiences and I believe that some of my parents' health problems can be prevented with regular primary care though larger institutional changes must be made to create long-lasting changes in patient outcomes.

**Commented [TB1]:** Answers the question: Who am I?

My experience as an AmeriCorps volunteer, working with family physicians prior to medical school stirred my interest in family medicine. During this time, I was inspired by the \*\*\* Community Health Centers family physicians. They served as community advocates, using their skills and medical degree to make a difference in their patients' lives at the individual, community, and systemic level to close the gap in health disparities. As a "Patient Navigator" at \*\*\*, I filled in the gaps in medical care to provide more holistic patient care tailored to the patient's unique social context. I facilitated patient care with medical specialists outside of \*\*\* as patients commonly had language and transportation barriers. Together, the family doctors and I treated medical problems, wrote letters for immigration purposes and completed forms for housing benefits, all absolutely essential to sustain a healthy, quality life.

**Commented [TB2]:** Answers the question: Why FM?

As I prepare to become a family physician myself, I have worked with organizations with similar visions. As Student Trustee for the \*\*\* Academy of Family Physicians and the \*\*\* Academy of Family Physicians Foundation Board, I have co-authored and presented resolutions to \*\*\* delegates. Through these resolutions I have called for health equity policies such as supporting housing access for all and increasing the physician workforce in Washington. Through this process, I gained deep knowledge of the challenges surrounding the development and implementation of health policies that benefit underserved communities. I have realized that the health of our communities requires work and advocacy outside of clinic walls.

**Commented [TB3]:** Answers the question: What do I offer?

During my residency, I hope to be with others who have similar visions for under-resourced communities and learn in an environment that further grounds my roots in service. Ultimately, I see myself working in a community health center under a Patient Centered Medical Home model. Through residency, I seek to have full-spectrum training, including inpatient, outpatient and obstetrics so that I can be well equipped to care for patients who may otherwise be left out of our complex health care system. Furthermore, I want to continue using my leadership and advocacy skills in residency and beyond. I envision myself as a family physician who is able to identify and meet the needs of the community I serve as someone who understands from first-hand experience the barriers to health care. Similarly, I hope to train in a program that is pro-active and adaptive in serving its patient population. I look forward to being in a residency program that will work with me to break down the system that often leads to health inequities, from the individual to systemic level.

## Sample 2 – Internal Medicine from University of California SOM

Years ago, I was involved in a junior version of the Rube Goldberg Competition. Participants in this annual national engineering contest work within a set of parameters to design the most creative device possible that accomplishes a basic task such as placing a ball into a cup. My team always did well. However, it is the countless hours spent brainstorming, exciting energy exchanges, and creative engineering solutions that I am most fond of. The exhilarating rush of working with a team to generate a detailed plan for a problem and adapting it as new challenges arose was indescribable. Even then, I knew that I wanted a career that recreated that “rush.” I found what I was looking for in Internal Medicine.

My fascination with Medicine began with my father. Over a decade ago, he suffered a “widow maker” heart attack. Thanks to the prompt medical care he received at the hands of skilled physicians, he survived. Since that day, I have curiously observed as my father’s physicians have worked to scientifically and strategically optimize his health. My father’s ongoing journey has been an inspiration for my career as well as my research interests. It has been a privilege applying the lessons I have learned from him about patient care to the care of my own patients.

For instance, as a student, it is a powerful feeling to know that the trust you have forged with a shy twenty-two year old has freed him to speak candidly with you about his sexual history— particularly when the subsequent testing is diagnostically revealing. The full story of this young man’s HIV diagnosis highlights the dedication, teamwork, and professionalism necessary to effectively address the complexities in Medicine. Wielding a knowledge base of great breadth and depth, my residents and attendings in Medicine effortlessly addressed a multitude of medical and social issues with confidence and compassion. These are the physicians I want caring for my own father and the kind I aspire to become.

Communicating with my patients the fine points of their hospital course has been one of the most gratifying aspects of working clinically. In the research realm, I cherish opportunities to discuss with colleagues the details of my findings. Exchanging ideas on the unsolved mysteries underlying ischemia-reperfusion injury and therapeutic hypothermia evokes a visceral sensation that is identical to the thrill I discovered years earlier as a tennis instructor; dissecting and developing the techniques of novices over months and years as they evolve into budding tennis players has been incredibly rewarding. In the hospital, I have been able to achieve this same sense of satisfaction by working to enhance my patients’ awareness of their health problems. Coming from a family of teachers, it is the abundance of opportunities to teach, educate, and thereby impact the lives of others that draws me to the field of Internal Medicine.

It has been over ten years, but I still feel a surge of adrenaline when I reflect upon my Rube Goldberg days. The patience, dedication, optimism, and leadership that this humbling experience demanded are the same qualities that are exercised daily by my mentors in Medicine. After residency, I hope to pursue an academic career in which I can coach the next generation of physicians while continuing to research my interest in improving outcomes following cardiac arrest and resuscitation. It is invigorating to know that I am on the cusp of a career that will routinely recreate that Rube-Goldberg-“rush.” Thus, it is with great enthusiasm that I look ahead to my next chapter in training as a resident in Internal Medicine.

**Commented [TB4]:** Combines answers to the questions of ‘Who am I?’ and ‘Why this specialty?’ This is perfectly acceptable.

**Commented [TB5]:** Answers the questions: What do I offer in terms of strengths and experiences? What are the strengths and attributes that I bring to this specialty?

These paragraphs confirm for the reader why the writer thinks this specialty area is right for them.

You could include such things as a pertinent patient/clinical story, research, extracurricular, or work experiences.

**Commented [TB6]:** Inform the reader what you see as your long-term goals, or how you see yourself in this specialty. Optional: include 1-2 sentences to summarize prior paragraphs.

### Sample 3 – Neurosurgery from University of California SOM

I spent my holiday visits home from college watching my mother care for her dying father. My grandfather suffered from Parkinson's. While his mental faculties remained intact, the rigidity with which he moved during the simplest task left a lasting impression on me. These visits were admittedly marked with a sense of dread as I was forced to confront the struggles of aging and dying. The frailty of the human body so starkly apparent in my grandfather, I repeatedly questioned how there was not more we could do to preserve or restore neurological function as our bodies grow old. None of these things seemed to unnerve my mother. I watched her care for my grandfather with ease, showing no expression other than one of confidence, or perhaps, acceptance.

Inspired by grandfather's struggle against neurodegenerative disease, neuroscience is what ultimately brought me to medicine. My academic studies, however, did not immediately direct me to become a physician. After graduating with degrees in math and economics, I worked as a researcher and programmer at a public policy research firm. I managed and analyzed data for health and education organizations such as Centers for Medicare & Medicaid Services. While I knew I contributed to important work, I wanted to do more to tangibly help people and impact health. I wanted to do something that I truly loved. **I resolved to pursue medicine**, enrolling in a post-baccalaureate pre-med program at American University while continuing to work full-time. Resuming school while working full-time was daunting, but I was motivated by the prospect of applying my training and experience in public policy to advance patient care.

As a medical student, my work quickly started to revolve around neuroscience and neurosurgery. I spent the summer after my first year working in an epilepsy lab, where I wrote code for computational models of neural networks in order to understand how seizures propagate. This was an opportunity to apply the quantitative and analytic skills that I had developed in my previous work experience. Following the completion of my third year, I took a year off from medical school to expand my investigative career in neurosurgery. During this time, I initiated and contributed to several projects with my mentor, Dr. Sandi Lam. We used large administrative databases to investigate clinical neurosurgery questions that were otherwise difficult and expensive to study in individual, smaller institutions. For example, we analyzed national data from an insurance claims database to study predictors of success for endoscopic third ventriculostomy in children with hydrocephalus. Using another database, we published a study examining risk factors for venous thromboembolism in children with traumatic brain injury.

These experiences have culminated in a love for neurosurgery. The direct application of technical skills to alleviate neurological impairment has great personal and academic appeal for me. As my grandfather so clearly embodied, the nervous system enables the body's most basic functions as well as the complex behavior that define us as individuals. I was struck by the impact I could have as a neurosurgeon in helping patients retain their identity and independence. I am also aware that operations of this order have extremely high stakes and require a lifelong commitment to training and honing one's craft. I cannot imagine spending my life doing anything else. I offer a deep analytical foundation and intend to build on this throughout my career, in the operating room and through healthcare outcomes research.

**Commented [TB7]:** Answers the question: Who am I?

**Commented [TB8]:** Combines answers to the questions of 'Why this specialty?' and 'What do I offer this specialty?' This is perfectly acceptable.

**Commented [TB9]:** Personal Statement does not include much in the way of professional and residency goals. This paragraph serves more as a summary of prior paragraphs. Tell the reader: What is your vision for your life as a neurological surgeon?

#### Sample 4: Family Medicine from UW SOM

The letter works because it has an overall good flow. The first paragraph starts with 'What I offer' and then following content jumps back and forth on how topics are presented.

When I think of excellent care, I do not think of treating disease. I think of promoting wellness; I think of sitting in Bozeman with Susan after her 4<sup>th</sup> suicide attempt. It is well past the end of my shift as I listen to her description of mental enslavement through pressured speech. "Be present and listen. Truly listen," I tell myself. She fears her burgeoning art career is in flux because of her emotional instability. I diagnose her with borderline personality disorder and sense her ephemeral relief, yet the diagnostic success fails to resonate with me; I still see agony in her eyes. I ask if she has painted recently. She hasn't. I ask her to start painting again when she starts her dialectical behavior therapy (DBT). A few weeks later, while attending her Native art show, I see a sparkle in her eyes and realize wellbeing isn't only about stabilization on DBT, it is about providing the means to feel alive again.

Each day for the past 13 years I have awoken to a list of self-written goals posted above my bed. Some of these precepts have shifted as my dreams and passions have changed, but the top of the list has always remained constant: *Be present and listen. Truly listen.* What began as a teenage ritual inspired an anthropology degree and has since become my ethos for practicing medicine. It connected me to Susan and serves as my compass in clinical care.

Susan's story highlights my belief in creating a practice of being rather than simply doing. I want to pursue Family Medicine because the specialty understands patients are not merely problems to be fixed - they are complex individuals with fears, hopes and dreams. And it is the mutual commitment to compassionate humanism and strong clinical acumen that establishes Family Medicine as a rewarding specialty. For me, this interplay of science and culture makes medicine come alive, like with Mr. Roy.

Before I met Mr. Roy, I was hesitant. He was my first patient and I had been told he was a homeless addict who ignored doctors, often leaving against medical advice. I timidly entered his room. He welcomed me kindly, telling me he was managing okay despite discomfort from his necrotic esophagus. It started slowly, but over the next few days he opened up. I learned about him ranching in Montana, serving in the Canadian army and going to church. He told me that he knew he was dying and he was scared. I sat, listened and let him talk. Slowly, his fear dissipated. He had accomplished all he had hoped to in his 56-years of life. He thanked me and told me he was ready. I assumed he meant for discharge, for despite his medical condition, he had been improving. The following day however, Mr. Roy died. I hadn't changed his outcome, but I believe I helped Mr. Roy find peace in his final day.

By truly listening, I provided care beyond medical management. I want to pursue Family Medicine because I believe it is the best means to engage neglected populations in true therapeutic alliance. In working with Susan and Mr. Roy, I was privileged to not only diagnose and treat disease, but also to provide support in their complex lives. I want to be a stabilizing force in the too often unstable world of underserved communities. In doing so, I aspire to reflect the dignity of my patients' weaving narratives, being present for their births, adolescent struggles and dying moments.

I believe my ability to not only diagnose and treat a patient, but also to meaningfully sit and just be with a patient is a subtle, but powerful strength I have to offer a Family Medicine program. Furthermore, my extensive experience working with peoples and cultures from across socioeconomic strata and the globe will be an asset to any residency program.

Ultimately, I want a Family Medicine program that nurtures my anthropological spirit and places primary emphasis on caring for underserved populations. While my clinical ethos is to be present and listen, my calling is to serve those most in need; I need a program that stresses culturally competent care for the neglected. Finally, I seek a program that provides significant in-patient and obstetrical training so that I can provide excellent, full-spectrum care in my future.

**Commented [TB10]:** Answers the questions 'What I offer?' and 'What do I offer this specialty in terms of strengths and experiences?'

**Commented [TB11]:** Answers the question: Who am I?

**Commented [TB12]:** Answers the question: Why this specialty (FM)?

**Commented [TB13]:** Answers the question: What I offer in terms of strengths and experiences?

**Commented [TB14]:** Summarizes the answer to 'Why this specialty (FM)?' and 'What I offer?'

**Commented [TB15]:** Presents career and residency goals

### Sample 5: Orthopedic from University of California SOM

This example lacks flow and what the writer offers to the specialty area. Also, it is difficult where to find the main point of the statement.

I continue to find myself amazed by the dramatic recoveries made by patients after reconstructive surgeries. Seeing my patients walking pain-free the day of their arthroplasty surgeries convinced me to pursue a career in orthopaedic surgery. Even though I decided to become an orthopaedic surgeon during my third year of medical school, my decision was grounded in experiences prior to medical school. My cousin was born with cerebral palsy, and I have seen him go through multiple botox injections, tendon release and lengthening surgeries, and the subsequent spica casts. I remember the painful rehabilitation he went through, but at the same time, I saw the progress he made following these procedures. These experiences had introduced me to orthopaedic surgery and its potential for healing patients, but participating firsthand in the treatment and care of patients affirmed that orthopedic surgery is the right career for me.

Research has been a significant part of my life thus far. I have participated in several research internships, from working on oncoproteins to investigating the potential side effects of the drug sibutramine. I took away important lessons from all of these research experiences and applied to and participated in the Howard Hughes Medical Institute - National Institutes of Health Research Scholars Program. This program gave me a year-long opportunity to conduct research at the NIH. Working with Dr. Bradford Wood, I investigated the use of liposomes to improve the delivery of thrombolytic drugs. I started my project from the ground up, made a significant amount of progress, and gained experience presenting at a national conference. Most importantly, I found that that I have the patience, persistence, creativity, and curiosity that a career in academic medicine will satisfy.

During my year away from medical school, I also shadowed Dr. Benjamin Potter, an orthopedic surgeon, at the Walter Reed Army Medical Center (WRAMC). Once a week, I assisted on oncology or trauma surgeries and saw patients in the clinic. Over six months, I saw complex trauma that very few hospitals see. What impressed me most was that despite the gruesome injuries sustained by soldiers deployed to Afghanistan and Iraq, nothing fazed the orthopedic surgeons. In every case, they went to work meticulously repairing and reconstructing shattered bones, charred flesh, and severed nerves. My time at WRAMC reinforced the unique capability that orthopedic surgeons have not only to heal patients but to mend them.

Throughout my life, I have tried to broaden my understanding by taking part in a variety of activities. Each of these experiences has not only enhanced my knowledge, but all together they have guided me in choosing my career path. I see myself becoming an academic orthopaedic surgeon who balances clinical practice with research. I realize that achieving such a balance is difficult, but I have been fortunate in working with physicians and research mentors who effectively balance these two aspects of modern medicine. I aim to one day join these physicians at the cutting-edge, helping to improve clinical medicine and patient care.

**Commented [TB16]:** It is unclear how these virtues were identified as a result of the described research project. There needs to be a sentence or two to link the two ideas together.

**Commented [TB17]:** Tip: Some students have trouble identifying their main point or the theme of their statement. You can often find the main theme and point of PS in the last paragraph or sometimes second to the last paragraph.

**Commented [TB18]:** This student spent lots of time explaining why Ortho is right for them, but it's not clear on what they bring to Ortho. We suggest shortening or combining paragraph 2 and 3 and identify 1 or 2 qualities/attributes/skill that the student brings to the table using a clinical story or something in their personal background.

### Sample 6: Emergency Medicine from UW SOM

**A great example of a student sharing who they are and what makes them stand out by showing, rather than telling.**

I had been working with my marines the morning of the mass casualty. We were building new walls for a small operating base in southern Afghanistan. Serving as a Navy hospital corpsman attached to the Marine Corps, I was the sole provider assigned to a 40 marine engineering unit. The sound of shoveling and heavy equipment came to a halt as one of my marines came running towards our work site. "Doc you need to get to the aid station now!" War-torn Afghanistan civilians filled the aid station. A physician and another corpsman were desperately working to save life and limb of a family who drove over a roadside bomb. A 10-month old boy sat on a stretcher while being examined by the physician and the other corpsman. The little boy had visible shrapnel wounds to his chest, left eye, and lower extremities. His eyes were screaming with pain as he intermittently went in and out of consciousness. At that moment I jumped on the stretcher, straddling it, moving right behind the boy so his back could lean against my abdomen in order to help provide respirations.

Everyone has defining moments in their life that sets them on a path to whom they want to be and what career to pursue, this was my defining moment. I had never dealt with any sort of infant injuries up to this point in my life. As a corpsman, training had been composed strictly of treating active duty men and women aside from CPR training. Gunshot wounds, amputations, or head trauma, I felt comfortable with most problems on the battlefield, but treating a child was completely different. In the short time I had, I kept doing my primary survey over and over making sure that this boy would survive until the medical evacuation. Needle decompression, chest tubes, anything and everything went running through my mind. As I continued respirations, I kept a keen eye on his face, wiping away the blood that fell from his eye like tears, waiting for that moment when his little body would give up the fight. Soon after I heard a helicopter off in the distance, the physician came running in. "Prepare the patients for evacuation, the baby is going first!" A dust storm picked up as the helicopter moved in for the family. The stretcher rose and we began our way over the treacherous terrain one hundred meters to the helicopter, where within seconds I handed over the child to the medic on board with his status and vital signs. In that moment, what I thought I wanted for a career was uprooted and shifted, putting me on a path to aspire to become an emergency medicine physician.

Reflecting back on what happened after the helicopter left, my main emotion was frustration. Frustration because I felt like I could have done more, I should have known to do more but was hesitant because it was a child. Over the next few months before my deployment ended, I had the opportunity to treat many more adults and infants while in the field, ranging from amputations to mild upper respiratory infections. The frustration that had started with the mass casualty kept prodding me. I was realizing that the training that I had as a corpsman wasn't sufficient to allow me to feel the confidence that I want when treating patients. That deployment and those experiences were my "epiphany moment" that made me realize that I needed more training to be better equipped to take care of any type of patient.

As I left the Navy and progressed in medical school, I've continued to strive for the fast-paced, critical thinking, and hands-on situations. I've confirmed, through my clinical rotations, that becoming an emergency medicine physician is where I belong and what I was meant to do. Being the first to lay hands on a new patient with a brand new medical issue, never before seen by another medical provider, grabs my interests and motivates me to learn as much as possible. Helping others in their greatest time of need continues to be my main attractant for emergency medicine as it is medically-fulfilling and extremely satisfying. My experiences as a

Navy hospital corpsman have allowed me to excel in leadership, teamwork, communication and gaining the trust of my patients quickly. My drive to always improve as a teammate and medical provider with a positive attitude are my main strengths that I will bring to the emergency medicine program at Naval Medical Center San Diego. After residency, I hope to pursue a fulfilling Navy career while taking care of my patients and serving my country once again. I look forward to achieving success through lifelong learning in order to take care of any patient that comes through the door.