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Published on August 26, 2020 by lauram Got a final draft of your Personal Declaration for Medicine? Proofreading and editing is key to making it perfect! Here's our 11-step checklist to work your way through to make your personal statement the best it can be before you send off your application. Want expert feedback on your personal statement? Get your statement reviewed by an admissions tutor with our Personal Statement Review! Get your personal statement reviewed by an expert 1. Does your opening paragraph give an insight why you want to do medicine? The first paragraph of your personal statement should give the admissions tutor an idea about what motivates you to want to study medicine. Generics are not what is needed here - you need this paragraph about your personal reasons for wanting to become a doctor... don't just say what each applicant will say (that is, the satisfaction of making patients, teamwork, a difference etc.) but talking about what initially sparked your interest - it could be a particular event in your life, for example. Read about how to write about your motivation for medicine 2. Did you reflect on what you learned from each of the experiences you mention (e.g., volunteering, work experience etc.), rather than simply listing them? It's incredibly important that you not only list every experience you've done without showing effort of reflection. Medical schools are more interested in what you learn from your experiences than these experiences are. To illustrate, it would be better to reflect properly on a virtual placement than simply to say that you are volunteering at some rural medical camp in Africa without any proper effort of reflection. It's not about what you've done, but about what you've learned! Read about the writing style of personalized medicine statements 3. Does your personal statement include a sentence or two about your hobbies/outside interests? This is often something that is easily forgotten, but is an important part of a good medical personal statement. Medical school is stressful - admissions tutors want to know that you have ways to relax and won't burn out under the pressures of course and career. Hobbies and extra-medicine interests also show that you are a well-rounded individual and not just an academically-competent person. Read about how different medical schools use your personal statement 4. Double check - are all your grammar correct? This point probably sounds silly and I'm sure most people will have used correct grammar in their personal statements, but it doesn't hurt to double check before the final submission. Print out your personal statement and grab a different color pin so you can annotate your custom statement. This is a great way to look critically at your personal statement and really be focused on the small details. Reading your personal statement out loud may feel weird, but hear the what you wrote rather than to reading skim will help you pick up any errors. This is the best way to resolve syntax issues or pick up anything that doesn't come across the way you intended it. Look out for things like whether you've put spaces between full stops/commas and the subsequent word and whether you've used apostrophes (e.g., in words like can't) - I know it's tempting to miss them out for the sake of character count, but you shouldn't! Read how to write about your exploration of medicine 5. Do you demonstrate (preferably with specific examples) that you have the characteristics required in a doctor? You should refer to the characteristics necessary to be a doctor in your personal statement and must demonstrate that you possess these characteristics using specific examples (i.e. from your work experience, volunteers, Dull). Be careful not to just list these properties or say that you own them. Instead, you should make what you say more plausible by using examples that demonstrate that you do indeed possess these properties. Read about what a good doctor makes 6. Are you able/willing to expand and justify everything you wrote in your personal statement? You have to go through every sentence of your personal statement and think about what you might be asked about in an interview. If you're able to talk more about something you've written, keep it in, but if you find that you're unable to do that, maybe consider removing it from your personal statement — you don't want to be asked about something at an interview and then fast! To see if you can expand further on all your points, give a copy of your statement to someone who has not read it before and get them to ask your questions about it and see how well you can answer. Read about how to improve your personal statement 7. Did you include an indication of the timescale you volunteered for? Medical schools want to see a long-term voluntary commitment, and not just a day or two here and there. Be sure to check the amount of time you volunteer for (e.g., six months) so that the box of 'long-term volunteer bets' can be marked! Read about what each med school is looking for in your work experience 8. Add most of the sentences you wrote 'add something' to your personal statement? Characters are limited and you don't have much space to sell yourself when writing your personal statement, so you have to use your characters wisely! What I mean by whether a sentence adds 'something' to your personal statement is: does it tell the reader something about you, or about something you've learned - if not, consider taking it out. There's no point saying anything like 'I observed the GP in a few consultations, she referred a patient with diabetes to a specialist in hospital' without then following it up with something this particular event taught you. You need to systematically all the sentences go into your personal statement and see if they add 'add' to your personal statement. Read about books that will help you write your personal statement 9. Do you demonstrate that you know the realities of a doctor truly in your personal statement? In your personal statement, you should acknowledge the fact that you understand that a career in medicine is NOT as glamorous as it is often depicted, and often stressful and challenging. This will show the admissions tutors that you can appreciate the reality of working as a doctor and are prepared and well informed about the challenges you may face along the way. Read about knowing your suitability for medicine 10. Sum up your final paragraph why you think you're well suited to the course and career? Your final paragraph/conclusion should enumerate why you think you'll be a suitable candidate for the course and if you have enough characters, to replicate your motivation and desire to pursue medicine. Try not to include any new examples here, but rather summarize what's already said/refer back to what you've already said before. Read about the top five properties to mention in your personal statement 11. How would you assess your personal statement across different strategies? Giving a numbered score to your personal statement can help you to be more objective about multiple concepts. Decide which aspects of the personal statement you think are important. 3 important things to overcome your personal statement are: Motivation: why do you want to study medicine? Exploration: what did you do to learn about medicine? Eligibility: why are you a great fit for medicine? Try to squeeze every aspect out of 5 and give yourself a total score. Be critical and consider how some sample would have printed successful personal statements you may have read. You might want to use a different scoring system to look at different aspects you want to cover, such as work experience, extracurricular, academics and more. Whatever scoring system you use, try to be consistent across multiple concepts so you can see the difference. Words: Tahmeena Amin & Safiya Zaloum Receive help with your personal statement from one of our expert tutors Get Ahead with the help of a personal statement tutor! Learn More March 12, 2018 March 12, 2018/Shirag Shemmassian The medical school personal statement is your single most important application essay You probably know someone who achieved a solid GPA and MCAT score, performed research, shadowed doctors, engaged in meaningful volunteer work, and met all other medical school requirements but still rejected by every school they applied. You may have even heard of someone who has been rejected by more than 30 schools or who has been excluded by every program 2 years in a row, despite doing all the right things. It's also common to come across people who have super high statistics (e.g., 3.8 GPA, 518 score) but which is not in a top-10 school. With stories like this, and the scary statistics that are nearly 60% 60% medical school applicants don't matriculate in medical school in any given year, it's hard not to be anxious about the admissions process or wonder how to get into medical school. Yet I bet you wondered why so many qualified applicants were rejected, other than the fact that there were too few places. After all, you've noticed how some applicants receive a lot of maintenance invites and acceptances, while others receive little or none. The main reason many qualified applicants are rejected from every med school is that they do not stand out on their application essays. Although this point is true for each piece of written material about your applications, your personal statement is especially important to get right, because it allows you to show admissions committees how your story distinguishes you among other qualified candidates. (i.e. your competition) Additionally, the quality of your personal statement has significant influence on your success on admissions. Of course, this means that writing a large medical school personal statement comes with a lot of pressure. Medical school personal statement challenges and opportunities If you are preparing to write, you are probably concerned about: choosing the right topic to make sure your essay is unique and not cliché your essay clearly highlights why you want to go into medicine. The good news is that the AMCAS personal statement prompt-Use the space provided to explain why you want to go to medical school. - is deliberately vague and gives you the opportunity to write about anything you want, in up to 5,300 characters (with spaces). In other words, you have complete control over how you show admissions committees: 1) who you are outside your numbers and your resume (that is, why you?); and 2) the reasons you want to go into medicine (that is, why medicine?) Remember that admissions committees want to accept people, not just a collection of GPAs, MCAT scores and predetermined activities. Your personal statement and other written materials should therefore clearly emphasize the specific characteristics and experiences that would make you an excellent doctor. If your setup does, you will have a leg up on other applicants. On the other hand, a cliché personal statement will bore admission readers and consequently make them less interested in acknowledging you. Put another way, your personal statement is your best opportunity to stand out—or look like everyone else who reads tons of monster essays, tries to play it safe with boring anecdotes, and ends up in the rejection heap. As for this personal statement guide If you start setting up your essay, you may find yourself perusing numerous personal statement examples online, at your college's pre-med counseling office, or from friends who applied to school a year or two ago. But remember that the essays you find on Student Doctor Network, Reddit, predetermined blogs, or your college's pre-health advising center are the same people that everyone else is looking for and trying to imitate! 2019 2019 you avoid common pitfalls and write an unforgettable personal statement. I have a comprehensive guide to help you get one step closer to earning your white coat rather than reapplying. At a high level, this guide will cover the following: A step-by-step approach to producing an unforgettable personal statement (Part 2) A paragraph-by-paragraph analysis of a top-5 custom statement Key differences that unique vs. cliché personal statements Frequently asked questions Upon review of this guide, you will have all the information you need to go from no topic ideas to be had, and polished essay. And if you're left with lingering questions about how to write a personal statement for medical school, just send them into the Comments section at the end of the guide so I can answer them, usually within 24 hours. Without further ado, it's time to start the writing process.---- Before you start writing, I recommend that you: Develop a list of properties you want to demonstrate and Think of events or situations that emphasize these properties Then, you should write about one of these events or situations in a way that demonstrates these properties and captures the reader's attention. Step 1: List your biggest qualities to answer the personal statement more easily, re-focus on the question you want admissions committees to know about you beyond your numbers and achievements. I'm not talking about your hobbies (eg. I followed Taylor Swift to every concert she performed in the U.S. over the past year), although you could certainly point to aspects of your lifestyle in your set-up to make your point. Instead, I'm talking about which of your qualities character, personality traits, attitudes—you want to demonstrate. Examples include: Extraordinary compassion Kindness Willingness to teach Great listening skills Optimism Knowledge-looking Persistence And so on. If you're having trouble thinking about your great qualities (many students do), ask family members or close friends you're good at and why they like you; that will take care of things :) Finally, select the two or three properties you want to focus on in your personal statement. Let's use compassion and knowledge search as the fundamental characteristics of an original example for this article. (Note: I cannot overstate how important it is to think of the properties you want to demonstrate in your personal statement before choosing a situation or event to overwrite. Students who decide on an occasion or situation usually struggle to fit their qualities within the confines of their story. This is one of the biggest medical school personal statement mistakes I see students making. On the other hand, students who choose the qualities they want to choose first transfer are easily able to demonstrate them because the event or situation they establish on naturally emphasizes these traits.) Step 2: or where did you demonstrate these properties? Now that I'm off my soapbox and selected properties to highlight, it's time to list any event(s) or setting(s) where you demonstrated them. I should explicitly mention that this event or environment does not need to come from a clinical (e.g., shadow of a doctor, interact with a young adult patient at a cancer center, work with children in an international clinic) or research experience (e.g., make a major finding in cancer research during your gap year), although that's OK if it involves an extracurricular activity directly related to medicines. In fact, since most students start their essays by describing clinical or research experiences, starting with something else—journey (e.g. a camping trip in Yellowstone), volunteering (e.g., building homes in New Orleans), family (e.g., spending time with and learning your elderly and sick grandmother back home in New Hampshire), working (e.g., helping out at your parents' doughnut shop)—can help you stand out immediately. Let's start with the example of building homes in New Orleans. Why? Because we could easily demonstrate compassion and knowledge search through this experience. Notice how the qualities we choose can choose the story for us? Step 3: Describe your event as a story Here's where the art of writing a great personal statement really comes in. Admissions officials read thousands of essays, most of which are very cliché or dry. Therefore, it's critical that you stand out by engaging the reader from the beginning. By far the best way to capture admissions officers early is by developing a story at the beginning of your essay about the event or situation you had in Step 2. Keep in mind, but that the same event could be written in a boring or engaging way. Therefore, the story or topic you choose is less important than how you subtract it. Let's look at an actual example of how the same event could be described in a routine vs. compelling manner: Routine One of my most eye-opening experiences came when I volunteered with Habitat for Humanity in New Orleans during the summer months of 2014. Up to that point I had only heard about the destruction caused by Hurricane Katrina 9 years earlier. Although photos and stories of the aftermath compelled me to volunteer, it wasn't until I observed the emotional pounding experienced by the people of New Orleans that I developed a greater sense of compassion for their plight. Compelling New Orleans was hot and humid during the summer months of 2014 - no surprise there. But for a native Oregonian like me, waking up to 90-degree and 85% humidity days initially seem like too much to bear. That was until I reflected on the fact that my temporary discomfort was minute as opposed to destroying communities and emotional pounding experienced by the people of New Orleans during and after Hurricane Katrina 9 years earlier. Although photos and stories of the community and volunteer, actually build houses and communicate communicate the locals, like 9-year-old Jermaine, who cried when I held his hand as we unveiled his rebuilt home, taught me that caring for people was as much about lifting spirits as making physical improvements. Many people may feel the Routine example is pretty good. Upon closer look, however, it seems that: The focus is so much on New Orleansians, as the applicant's story isn't particularly related (unless the reader also volunteered there) There's not much support for the writer actually touched by the people there, the Compelling example: Keep the spotlight on the applicant throughout (e.g., discuss her reflections, interacting with Jermaine) Has a related plot (e.g., temporary discomfort, changing perspectives) Is authentic (e.g., offering an example of how she lifted spirits) Step 4: Demonstrate your properties (Note: This section applies to all aspects of your essay.) Wisely, don't tell is one of the most common pieces of advice given for writing personal statements, but further guidance or examples are rarely provided to demonstrate what it looks like when done well. It's a pity, because the best way to understand how outstanding personal statements demonstrate traits through an engaging story is by reading two examples of the same situation: one that tells about a quality, and another that shows a quality. Let's revisit the last sentence of each story example I provided in the previous section to better understand this distinction. Tell (from Routine Story)... it wasn't until I experienced the emotional pounding the people of New Orleans that I developed a greater sense of compassion for their plight. Show (of Compelling Story)... actually building houses and interacting with the locals, like 9-year-old Jermaine, who cried when I held his hand as we unveiled his rebuilt home, taught me that caring for people... Notice how the second example demonstrates compassion without ever mentioning the word compassion (there are no bold words here)? Moreover, the same sentence demonstrates knowledge-seeking: Although photos and stories of the aftermath conformed me to understand its effect on the community and volunteer, actually building homes and interacting with the locals... That's what you're going for. Think about it. Who do you consider more friendly: A person who says, 'I'm really nice!' or a person who observed doing nice things for others? Obviously, the second person will be considered more friendly, even if there is no real difference between their levels of kindness. Therefore, by demonstrating your qualities, you will come across as more impressive and authentic to admissions committees. How to write strong custom statement body paragraphs (Purpose: Describe your way to medicine) After writing your opening paragraph to engage the reader is time to write the meat and potatoes of your personal statement. Specifically, it's time to discuss experiences that helped you grow as led you to pursue medicine. Step 5: Discuss your most formative experiences that led you to medicine Return to your list of Step 2 (When or where did you demonstrate these traits?) and choose one or two more experiences/areas (e.g., research, clinical work) that led you to medicines. Why don't choose more than three experiences total? Because you should aim for depth across width (remember, you're working with a 5,300-character limit; 4,500 characters for D.O. applications). Rather than discuss everything you've done, apply the following 5-step formula to expand on key experiences in the body paragraphs of your personal statement: Discuss why you pursue the experience how you felt during the experience Describe you achieved and learned Discuss how your experience affected you and the world around you Describe how the experience influenced your decision to pursue medicine Below are two examples — one routine and one compelling—to demonstrate how to achieve this: Routine Shadowing the neurosurgeons at Massachusetts General Hospital and witnessing their unwavering devotion to their patients and patients' families helped me realize that I wanted to make a similar impact on people's lives. This sentence doesn't answer the Why medicine? question. (For example, you can have a huge impact people's lives by law or teaching), nor does it demonstrate your qualities (although that makes the neurosurgeons look really good). Compelling Tying was initially frustrated while shadowing neurosurgeons and caring for patients (e.g., chatting with them during downtime and providing anything in my ability to make them comfortable, such as extra cushions, water, or snacks) at Massachusetts General Hospital because many patients recover very slowly — and sometimes not at all. I wondered if these experiences would deter me from pursuing medicine. So I was surprised when the opposite occurred. The doctors' unwavering devotion to their patients and families' express gratitude — even in their saddest days — provided more than enough confirmation that medicine was the path I should pursue to make a similar physical and emotional impact on people's lives. Going deeper about an experience, this example allowed the student to convey: How they felt (I was initially frustrated while shadowing...) How they were affected (... the opposite [of dissent] occurred) How they were influenced to pursue medicine specifically Collectively, the student demonstrated their compassion, personal growth and desire to pursue medicine. (Note: Discuss your formative experiences in the body paragraphs in chronological order, as long as it doesn't disrupt your essay's flow. For example, if you choose to write about one experience in 2014 and another in 2013, write about your 2013 experience first, even if you wrote about the 2014 experience in your introductory Have a clear timeline makes it easier for the reader to follow along.) How to write an unforgettable Statement conclusion (Purpose: Tie it all together!) It's (almost) time to wrap up your personal statement and move on with your life! The conclusion paragraph should emphasize three things: Your positive qualities (you can explicitly call them here rather than showing them) Perspectives gained from your formative experiences Your passion for medicine Additionally, the best essays somehow refer to their introductory paragraph's story to close the loop. Step 6: Re-emphasize your qualities, perspectives and passions Focusing on experiences in your introduction and body paragraphs that convey your greatest qualities helps you develop a consistent theme throughout your essay. It also makes closing your setup much easier. To demonstrate this, I'll show you how New Orleans voluntary and neurosurgery can be shady tied together to re-emphasize compassion and knowledge-seeking, emphasize perspectives gained, and communicate a strong desire to pursue medicine. Compelling The consistent theme throughout my extracurricular work is that, while I initially pursue experiences-clinical, volunteering, or otherwise—to learning, what sticks with me, even more than newfound knowledge is the compassion I develop for the people I serve. Furthermore, I realized that there are a multitude of ways to serve, such as treating people's physical ailments, offering empathy for anxious family members, or leaving my comfort zone to help a struggling community. These perspectives, along with my lifelong fascination with the human body's complexities, leave no doubt that medicine is the path through which I want to use my abilities to make a positive holistic impact on people's lives. I hope 9-year-old Jermaine knows that I was equally touched by his gratitude for a rebuilt house, and how his reaction was partly responsible for me for devoting my career to helping others feel like he did on that hot and muggy summer day. Let's see if this conclusion paragraph checks all three boxes: Positive qualities (Knowledge search and compassion.) Check Perspectives gained from formative experiences (... Realize that there are a multitude of ways to serve.) Check Passion for medicine (medicine is the pathway through which I want to use my abilities to make a positive holistic impact on people's lives.) Check This paragraph also gets bonus points for the loop of Jermaine in one last time. Essay conquered. Final Thoughts The AMCAS personal statement provides a unique opportunity to share your story and describe your path to medicine—but you will. Rather than dive right in and the extracurricular experiences you think will impress most admissions committees, consider what impression you want to leave them. In other words, which of your properties do you want to be remembered? Once you've identified your defining properties, the task of communicating why you're specifically suitable for medicines becomes much easier. Through wedding stories you can have no doubt in readers' minds that not only qualified for this field, but also the right person for the job.---- If you have ever read an article or forum post offering tips on how to write a large medical school personal statement, have you probably given cliché advice with very little supportive information, such as: Be yourself! It's a unique angle. Show, don't tell! Get Personal! Moenie clichés use Not interesting! Check for grammar and spelling mistakes! And so on Here is what usually happens when you read tips like this: You understand the information, but you're still stuck in the same place you were before reading the article. You continue to stare at the blank document on your computer, hoping you'll have an aha moment. Unfortunately, aha moments rarely, if ever, come. Much more typically, students defer and/or end up writing about extracurricular and personal experiences they think admissions committees (adcoms) will be impressed by. The problem is that if you don't get your personal statement right, you could jeopardize your entire application. If you have high-achieving applicant with a strong GPA, MCAT score, and rich extracurricular activities, you can get into less desirable schools than you had hoped. If you're an applicant on the touchline, you're not allowed to get in at all. On the other hand, writing a powerful medical school personal statement provides adcoms insights into who you are as a person and as a budding doctor. More importantly, it helps maximize your chance of admission in an increasingly competitive process. I want you to be part of this last group so you can get into the best possible schools. That's why I thought it would be valuable to share a paragraph-by-paragraph analysis of a medical school personal statement that helped one of our students get into their dream school, which is also ranked in the top 5 of the U.S. News & World Report Best Medical Schools rankings. You can apply the framework we use in our analysis to evaluate each concept of your personal statement. The best personal statements are produced not by accident, but rather by various thoughtful iterations. The full length medical school personal statement Before we get in the weeds with our analysis, I encourage you to read the personal statement example at large. As you go through it, you need to keep the following questions in mind: Does the applicant demonstrate properties that are desirable in a physician? If so, which one? Is the personal statement mostly about the applicant, or other people? Could anyone else have written this personal statement, or is it unique to the applicant? Does the personal statement cover too much, or is there real depth? Here's the personal statement monster: Sure, it was a little more crowded, junk, and low-tech, but Mr. Jackson's biology classroom at David Starr Jordan High School in South Los Angeles was a lot like the one in which I played the learned time about intermolecular forces and equilibrium constants. Subconsciously, I accepting teaching of the 11th grade on the workings of the cardiovascular system will run smoothly. So I was shocked when, in my four-student group, I was only able to get Nate's attention; Cameron kept texting, Mercedes wouldn't end her Facetime call, and Juanita was repeatedly distracted by her friends. After pleading unsuccessfully for the group's attention a few times, I realized the students weren't entirely responsible for the disconnect. Perhaps the problem has been one of engagement rather than a lack of interest since their focus waned when I started using terminology — like vena cava — it was probably gibberish for them. So, I have broken a basic square diagram into quarters for the heart and a smiley face for the body's cells that need oxygen and nutrients. I left out structure names to focus on how four separate rooms kept the oxygen and deoxygenated blood separate and asked my students with questions like, What happens after the smiley face takes the oxygen? This approach allowed my students to draw conclusions myself. We've seen a lot of the class time going through the figure-8 loop, but their leaning across the table to see the diagram more clearly and blunt out answers has demonstrated their engagement and fundamental understanding of the heart as a machine. My elation was obvious when they remembered it the following week. Since my middle school robotics days when a surgeon invited us to LAC+USC Medical Center to unravel Tootsie roles with the da Vinci surgical system, I felt that a doctor's role goes beyond serving patients and families. I feel an added responsibility to serve as a role model for younger students - especially teenagers - who may be fascinated by STEM fields and medicine. Furthermore, my experience in Mr. Jackson's classroom has shown the considerable benefits of assessing specific individuals' needs, even when it requires slightly from the structured plan. To be flexible to discover how to best engage my students in some ways the problem-solving aspect I like medicine. Clinical experiences go even further by beautifully merging this curiosity-satisfying side of medicine with what I feel is the most fulfilling: the human side of care provision. My experience with a little three-year-old boy and his mother in genetics clinic confirmed the importance of the latter. Not only was I excited to meet him because he presented with a rare condition, but also because he and his chromosomal deletion were the focus of my recent clinical case report, published in Genetics in Medicine. While examining its dysmorphic properties and disabilities, other patients with similar deletions, and the possible genes that contribute to its symptoms, I have stayed up to 4 AM for several weeks, too enlarged to sleep. What was more exciting than learning about underlying science, however, learned about the opportunity to meet the boy and his mother in person and share my findings with them. The impact of her son's condition on their daily lives probably outweighed the scientific details in my report. So despite my desire to get into science, I rained myself from overwhelming her. Instead, I asked her to share details about the wonderful interventions she obtained for her son - speech and physical therapy, sign language lessons, special feeds, etc. Through our conversations, I realized that she was really seeking reassurance — to do a great job of caring for her son. I validated her efforts and provided relief that there were other families navigating similar problems. As the appointment progressed, I observed her gradually relaxing. Rather than feeling wedged by the research findings I was eager to get off my chest, I also felt light. At the end of the appointment, the mother offered to let me keep her son, who looked back at me with his bright blue eyes. As he humanized the little boy the medical details, the mother's gesture displayed profound confidence. Above all, this experience allowed me to realize that interactions between a patient plus family and their doctor are more than intermediary vehicles to treatment; they are critical and beneficial in their own right. Learning it affirms my longstanding desire and eagerness to become a doctor. While research is essential and will surely always trigger my curiosity, I want my job to top the lab bank. Specifically, I want to continue to engage with patients and help them through the difficult moments of life - with physical treatment and genuine support. And since working with each patient makes up a very different experience, I know my medical career will never stop fulfilling. (Word count: 835; Character count: 5,223) Medical school personal statement analysis Now, let's analyze the entire personal statement paragraph by paragraph and answer the questions posed above: Paragraph 1 Sure, it was a little more crowded, cluttered, and low-tech, but Mr. Jackson's biology classroom at David Starr Jordan High School in South Los Angeles looked a lot like the one in which I first learned about intermolecular powers and equilibrium Subconsciously, I only assumed that teaching the 11th grade would run smoothly over the workings of the cardiovascular system. So I was shocked when, in my four-student group, I was only able to get Nate's attention; Cameron kept texting, Mercedes wouldn't end her Facetime call, and Juanita was repeatedly distracted by her friends. After pleading unsuccessfully for the band's attention a few times, I realized the wasn't entirely responsible for the disconnect. Perhaps the problem has been one of engagement rather than a lack of interest since their focus waned when I started using terminology - like vava — it was probably gibberish for them. So, I have broken a basic square diagram into quarters for the heart and a smiley face for the body's cells that need oxygen and nutrients. I left out structure names to focus on how four separate rooms kept the oxygen and deoxygenated blood separate and asked my students with questions like, What happens after the smiley face takes the oxygen? This approach allowed my students to draw conclusions myself. We've seen a lot of the class time going through the figure-8 loop, but their leaning across the table to see the diagram more clearly and blunt out answers has demonstrated their engagement and fundamental understanding of the heart as a machine. My elation was obvious when they remembered it the following week. Analysis The applicant does a great job of engaging the reader. As you read the paragraph, it's easy to be transported to the classroom setting that they describe because of the level of detail provided. (e.g., crowded, ruddle and low-tech, Cameron kept texting, Mercedes wouldn't end her Facetime call... leaning across the table) The applicant also emphasizes their service work in the community, and hints that the school may be in an underserved part of town. The applicant contrasts the chaotic, distracted classroom with the attention and enthusiasm that students exhibit after their educational intervention. This transformation reflects positively on the applicant because it shows that they can get creative in addressing a difficult situation. At this point, we don't yet know about the candidate's passion for medicine, but we're learning about their interest in biology, teaching, ministry and directly with people. All these activities can be pursued by medicine, so the transition to medicines later in their personal statement can be seamless. Does the applicant demonstrate properties that are desirable in a physician? If so, which one? Patient, accept responsibility, flexible (eg. I realized the students weren't entirely responsible for the disconnect. Perhaps the problem has been one of engagement rather than a lack of interest since their focus waned when I started using terminology — like vena cava — it was probably gibberish for them. So, I drew a basic square diagram...) Commitment to help students/people learn and understand (e.g., ask my students with questions... My elation was obvious when they remembered it the following week.) Is the paragraph mostly about the applicant, or other people? While the applicant discusses others in the introduction (e.g., the 11th grade, Nate, Juanita), there is no doubt that they are the primary and most interesting character in the paragraph. Could anyone else have written this paragraph, or is it unique to the applicant? Although all competing applicants are on duty — many within schools — the author makes this paragraph their own by doing the following: Including highly specific details about the environment, environment, environment, students Describing their thoughts, insights and emotions when possible Does the paragraph covers too much, or is there real depth? This paragraph is a model of depth. The applicant describes how they taught a single biology lesson during a single class period at a single school. It doesn't get much more focused than that. Paragraph 2 Ever since my middle school robotics days when a surgeon invited us to LAC+USC Medical Center to unravel roles with the da Vinci surgical system, I felt that a doctor's role goes beyond serving patients and families. I feel an added responsibility to serve as a role model for younger students - especially teenagers - who may be fascinated by STEM fields and medicine. Furthermore, my experience in Mr. Jackson's classroom has shown the considerable benefits of assessing specific individuals' needs, even when it requires slightly from the structured plan. To be flexible to discover how to best engage my students in some ways the problem-solving aspect I like medicine. Analysis The applicant effectively uses the second paragraph to provide context, about their early interest in medicine and in mentoring the youth. It therefore becomes clear why the candidate started their essay on a teaching experience in an 11th-grade classroom. In addition, the applicant quickly passes over from a non-medical service experience to introduce reasons behind their interest in medicine. For example, the applicant describes how they plan to serve patients and families through the field, as well as scratching their own problem-solving itch to help people. Another important piece to highlight is how the applicant used to show against different telling about the first two paragraphs. While the introductory paragraph primarily shows characteristics (eg. So, I drew a basic square diagram...), telling the second paragraph mainly (eg. To be flexible to discover how best to engage my students...). Because the applicant has proven their flexibility in the introduction (that is, by showing it), they can claim to be flexible here (that is, by telling it). On the other hand, if the applicant called themselves flexible from the start without provide evidence, they may have come across as arrogant or unsightly. Does the applicant demonstrate properties that are desirable in a physician? If so, which one? Beyond described their early interest in medicine (that is, Since my middle school robotics days when a surgeon invited us to LAC+USC Medical Center... there is little demonstration of properties here. Nevertheless, the goals for this paragraph-transition to medicine, described at a high level that draws them to medicines, setting later stories about problem-solving—are clearly accomplished. Is the paragraph mostly about the applicant, or other people? The second paragraph highlights hypotheticals (e.g. patients and families, specific individuals) to describe the applicant's medical interests. Can anyone anyone did this paragraph, or is it unique to the applicant? Between the early experience observing the da Vinci surgical system and continuing the discussion of Mr. Jackson's classroom, it would be very difficult for another applicant to repeat this paragraph convincingly. Does the paragraph cover too much, or is there real depth? The applicant certainly covers more experiences here than in the intro, but they do so to bridge the service discussion with the upcoming discussion of medical experiences. Also note how this paragraph is deliberately kept short. The goal is not to get too deep into their middle school experiences, or to do more than necessary. Make the transition and move on so you can reach more depth later. Paragraph 3 Clinical experiences go even further by beautifully merging this curiosity-satisfying side of medicine with what I feel is most fulfilling: the human side of care provision. My experience with a little three-year-old boy and his mother in genetics clinic confirmed the importance of the latter. Not only was I excited to meet him because he presented with a rare condition, but also because he and his chromosomal deletion were the focus of my recent clinical case report, published in Genetics in Medicine. While examining its dysmorphic properties and disabilities, other patients with similar deletions, and the possible genes that contribute to its symptoms, I have stayed up to 4 AM for several weeks, too enlarged to sleep. What was more exciting than learning about underlying science, however, learned about the opportunity to meet the boy and his mother in person and share my findings with them. Analysis The third paragraph immediately builds from the preceding one by letting the reader know that even more fulfilling than satisfying their own curiosity (and problem solving) provides care to real people. This is a very important disclosure because the reader might be wondering what the applicant's primary motivation is. As a medical school applicant, you must transfer a people first attitude. The applicant then dives right into what sounds like a fascinating research experience that not only results in a publication (to be discussed further in their AMCAS Work and Activities section), but also results in them meeting the patient with the rare genetic condition. The applicant's approach clearly integrates their passion for research and clinical work. The paragraph also ends with a strong hook. The admissions reader is left wondering how the meeting with the boy and his mother went, so they'll keep reading. Does the applicant demonstrate properties that are desirable in a physician? If so, which one? Curious and hardworking (eg. While researching his dysmorphic properties and disabilities, other patients with similar deletions, and the possible genes contributing to his symptoms, I worked for several weeks until AM stayed, too enlarged to sleep) Reach (e.g., my recent recent case report, published in Genetics in Medicine.) Is the paragraph mostly about the applicant, or other people? Again, the applicant does a masterful job of include storytelling and other characters (i.e. the son and his mother) to convey the qualities that will make them a good doctor. In other words, this paragraph isn't really about the son and his mother, but rather how the applicant prepared for their meeting with them. Could anyone else have written this paragraph, or is it unique to the applicant? Between the upcoming meeting with

the three-year-old boy and his mother, examining the boy's genetic condition, and being published in a specific journal, it is basically impossible to repeat this paragraph. Does the paragraph cover too much, or is there real depth? The applicant focuses full on how their interest in service and research can be applied to help real people. They take it a step further by highlighting a specific time when they did just that. There is no additional fluff, tangential information, or competing storylines. Paragraph 4As when I walked into the exam venue, I noticed the mother avoiding eye contact with the genetic counselor as she clutched her son to her chest. I experienced her anxiety and disintermation to hear about my research conclusions. The impact of her son's condition on their daily lives probably outweighed the scientific details in my report. So, despite my desire to get into science, I rained myself from overwhelming her. Instead, I asked her to share details about the wonderful interventions she obtained for her son - speech and physical therapy, sign language lessons, special feeds, etc. Through our conversations, I realized that she was really seeking reassurance — to do a great job of caring for her son. I validated her efforts and provided relief that there were other families navigating similar problems. As the appointment progressed, I observed her gradually relaxing. Rather than feeling wedged by the research findings I was eager to get off my chest, I also felt light. AnalysisThe applicant immediately begins describing their meeting with the boy and his mother. We understand that while the applicant was ready to share their research with the family, the mother appears anxious and more interested in understanding how she can help her son. It should also be rang on that the applicant does not judge the mother in any way and provides supporting evidence for their conclusions about what the mother had to think and feel. For example, rather than just calling the mother anxious, the applicant first describes how she avoided eye contact and clutched her son tightly. The applicant once again demonstrates their flexibility by showing how they changed their talking points to suit the family's needs rather than have their satisfy curiosity and self-interest. In addition, they highlight not only the approach they have taken with this family, but also the impact on their For example, after discussing how they validated the mother's care efforts, the applicant cites how the mother relaxed. Does the applicant demonstrate properties that are desirable in a physic lord? If so, which one? Socially aware (eg. I noticed the mother avoiding eye contact with the genetic counselor as she clutched her son to her chest. I experienced her anxiety and disintermation to hear about my research conclusions. The impact of her son's condition on their daily lives probably outweighed the scientific details in my report.) Flexible (eg. So despite my desire to get into science, I rained myself from overwhelming her. Instead, I asked her to share details about the wonderful interventions she obtained for her son — speech and physical therapy, sign language lessons, special feeds, etc.) Socially skilled and validating (eg. Through our conversations, I realized that she was really seeking reassurance — to do a great job of caring for her son. I validated her efforts and provided relief that there were other families navigating similar problems.) Is the paragraph mostly about the applicant, or other people? At first glance, this paragraph may appear to be as much about the mother as it is about the applicant. After all, the mother obtained several services for her son and did a wonderful job of caring for him. Nevertheless, the applicant is not competing with the mother in any way. By demonstrating their flexibility and social skills, the applicant reinforces vast qualities they have demonstrated elsewhere and remains at the top of our minds. Could anyone else have written this paragraph, or is it unique to the applicant? In isolation, maybe. However, at this point in the personal statement, along with the many insights, thoughts and feelings, there is no doubt that this story is unique to the applicant. Does the paragraph cover too much, or is there real depth? This paragraph is a different model of depth. The applicant goes into highly specific details about an unforgettable experience with a specific family. There is significant showing against narration, which still maintains the reader's involvement. Paragraph 5At the end of the appointment, the mother offered to let me hold her son, who looks back at me with his bright blue eyes. As he humanized the little boy the medical details, the mother's gesture displayed profound confidence. Above all, this experience allowed me to realize that interactions between a patient plus family and their doctor are more than intermediary vehicles to treatment; they are critical and beneficial in their own right. Learning it affirms my longstanding desire and eagerness to become a doctor. While research is essential and will surely always trigger my curiosity, I want my job to top the lab bank. Specifically, I want to continue engage with patients and help them through the difficult moments of life - with physical treatment and genuine support. And since work work every patient forms a very different experience, I know my medical career will never stop fulfilling. AnalysisThe final paragraph reaches three key goals: 1) the conclusion of the story about meeting the boy and his mother; 2) the establishment of the applicant's insights full circle; and 3) restoring their interest in medicine while offering a preview of what type of doctor they intend to be. Describing how they built a trusting relationship with the patient and his mother, the applicant deliberately continues the theme of patient-centered care that is ultimately more important to them — and to medicine — as underlying pathologies and interestingness of various medical scenarios. Although the applicant doesn't circle back to the classroom story in the introduction, they close the loop with the personal statement's central and most important story. In addition, they end up on a high note by mentioning how enthusiastic they are about their medical career. Does the applicant demonstrate properties that are desirable in a physic lord? If so, which one? Reliable (eg. At the end of the appointment, the mother offered to allow me to hold back her son, who looked back at me with his bright blue eyes.) Informative (eg. Above all, this experience allowed me to acknowledge that interactions between a patient plus family and their doctor are more than intermediary vehicles to treatment; they are critical and beneficial in their own right.) Patient-centered and caring (eg. While research is essential and surely always will cause me curiosity, I want my work to surpass the lab bank. Specifically, I want to continue to engage with patients and help them through the difficult moments of life – with physical treatment and true support.) Is the paragraph mostly about the applicant, or other people? This paragraph is about the applicant. Even the detail about the cradle of the boy highlights their earlier efforts to build trust with the family. After this brief conclusion to the story, the applicant explores their own evolving insights about the field and how they plan to practice medicine in the future. Could anyone else have written this paragraph, or is it unique to the applicant? In combination with the insights shared in this paragraph, the story and details to this point uniquely round out the personal statement. Does the paragraph cover too much, or is there real depth? Conclusion paragraphs must summary of insights and information presented earlier in the personal statement. The applicant does a good job of solidifying their longstanding interest in medicine without adding significant new details, knowing they can cover additional stories throughout their secondary applications and during interviews. Final thoughtsAt multiple points while writing your personal statement, you may wonder if your essay is Enough. The purpose of this article is not to allow you to compare your personal statement with the sample we provided. We'd rather you have a for evaluating your work to ensure it conveys your outstanding properties, engages the reader, and describes your authentic journey to medicine.---- If you're like most applicants, you're worried about choosing a cliché medical school personal statement topic. You fear that your application could be thrown into the rejection heap if you don't present yourself in a unique way. To help you avoid common pitfalls and write an unforgettable personal statement, I highlighted eight different ways in which unique personal statements differ from cliché. I'll first describe the cliché approach and describe why it's problematic. I will then provide specific writing techniques that you can use to truly stand out to your essay. Cliché Approach 1: Only discuss experiences that make you look most impressive. Most applicants start writing their essays by choosing the experience(s) that they think will get them stand out from admissions committees. By focusing on specific experiences that applicants think will impress the admissions committee (e.g., clinical shade, research and volunteer work), students often forget to demonstrate their unique qualities. Let's see how this becomes a problem: In your AMCAS Work and Activities section, you may have included your experience involving chemistry research for 3 years, shadowed in a clinic for 2 years, volunteering as an English tutor for underserved youth in Chicago for 6 years, volunteering with a medical mission trip to Haiti for 2 summers, and serving as president of a preservation organization for 1 year. Given these choices, most students would choose to write about clinical volunteers in Chicago or their medical missionary journey to Haiti because they think these experiences were the most impressive. If you have one of these approaches, you will probably start setting up by describing an interaction with a very sick patient or one with whom you experience a language barrier. An essay on clinical shade could begin something like this: Cliché introductionI used to eat lunch with Felipa on Woendagte. She was always very nervous when she came in to get her blood drawn, and she liked talking to me in advance. Although she suffered from breast cancer, she had a positive attitude that made the doctors and the nurses feel like one large family. Her positive attitude helped lift the spirits of other patients in the room. Throughout my lunch with Felipa, she would tell me how she still cooked dinner every day for her husband and two young children. She brought the same compassion to the hospital, always with an infectious smile. I attempted to give her the best care by offering her water and chatting to her on her chemodae. However, I was always bothered that I couldn't treat Felipa's cancer myself. This powerlessness I felt inspired to pursue medicine to help future patients fight terrible disease by discovering new treatments. While we find information about the applicant's motivations to medicine (e.g., helping future patients... by discovering new treatments), it explores a common topic (i.e. a realization that came during clinical shade) with a typical delivery (that is, broadly written about interactions with a specific patient). The paragraph does not do a good job of painting a picture of the applicant as we do not learn about her outstanding qualities or other aspects of her identity. Moreover, if we replace Felipa by another name, it becomes clear that any applicant involved in a similarly shaded experience could have written this paragraph. That's not to say that an essay that includes shadow will always be cliché. After all, the topic is only one aspect of your personal statement. There are no good or bad topics. Rather, there are strong ways — and poor ways — to write about these topics. Instead of asking if your topic is good or bad, you should ask yourself if your essay has a typical or outstanding delivery. You want your personal statement written so similarly that it serves as a pleasant interruption to the admissions committee member's routine. Surprise them when they rarely expect to be surprised. Unique Alternative 1: Demonstrate the features that make you clear by choosing experiences that emphasize your best qualities. The best personal statement writers decide which qualities they want to emphasize to admissions committees before choosing a certain experience. Then they focus on a specific event or situation that captures the admissions committees' attention by telling a detailed story — often a story that doesn't involve too much medicine. By deciding on your properties in advance, you'll choose a story that authentically delivers your intended message. Don't be afraid to choose an experience or story that strays from the typical, immersive predetermined extracurricular activity. After all, Med schools want to accept applicants because of their wonderful qualities and unique qualities, not because of a specific experience or extracurricular activity. Let's imagine that the same applicant from the previous example chose to write about her community engagement outside of medicine. From her list of extracurricular activities, she could choose to write about volunteering as an English tutor or to be the lead bag sophone player in a campus jazz ensemble. By choosing one of these options, this student can write a completely unique personal statement introduction. Let's see how an effective essay might start with her volunteer work as an English tutor: Unique introductionI can feel the sweat rolling down my back as twenty first graders stare at me. It was July in Chicago, and the building where I volunteered as an English teacher twice a week did not have air conditioning. I've volunteered as one-on-one tutor for the last six years, but this was my first time being a big group 2007. The students, largely from working class, Spanish-speaking households, reminded me of myself, like I am as the daughter of two Mexican emigrants. I personally understood the challenges faced by the students, and I wanted to use my own experience and knowledge to help them set them on the path to academic success. This introduction is likely to stand out for an admissions committee member, not only because it discusses something other than clinical shade, but also because it demonstrates the author's commitment to her community, and it reveals something about the applicant's personal background. Cliché Approach 2: List your qualities and achievements as you explain your resume. When many students start writing their personal statements, tell them and don't show. Although the advice to Show, don't be told is commonly given, students rarely know what it actually means to demonstrate or show their qualities rather than simply list them. I'll offer an overly simple example to highlight why telling your qualities is such a problem: Since I was a kid, I've received excellent grades and have excelled at all things related to science. My success in conducting chemistry research and my numerous presentations at biochemistry conferences is testament to my ability to succeed as a doctor. In fact, my family and friends encouraged me to pursue this route because of my academic success. While we learn that the applicant thinks that he is a great student who is excellent at science, and we learn that his family believes that he should pursue medicine because of his academic success, we do not actually see any evidence of these characteristics. Sure, he tells us that his family thinks that he's brilliant, but we don't know why they think he's brilliant. Unique Alternative 2: Show, and not tell, the applicant's properties. When you demonstrate your best properties through examples, you provide a more authentic glimpse into the type of person you really are. For example, if you read the following sentences from two different applicants, who would you think cares more? Applicant 1: I am very empathetic. Applicant 2: Volunteers with elderly Japanese women taught me how aging immigrants face cultural barriers while also navigating health problems, from diabetes to cancer. Although Applicant 1 says they are empathetic, you probably chose Applicant 2, even though she never uses the word empathetically (or a synonym) in her sense. As the reader, you could extrapolate how empathetic that applicant is by seeing what they're doing. If we return to the introductory paragraph with Felipa from example 1, we can see that the typical introduction tells about the applicant's properties, while the outstanding paragraph shows the applicant's properties. Let's look at some examples to explain: Cliché introductionI aims to give her the best care... (gee.) This powerlessness I felt inspired to pursue medicine to future patients Help... (inspired) Unique introductionI has volunteered as one-on-one tutor over the past six years, but it was first time teaching a large group. (dedicated, risk-taking) I personally understood the challenges faced by the students, and I wanted to use my own experience and knowledge to help them set them on the path to academic success (giving, empowering, empathetic)Cliché Approach 3: Stating that you want to be a doctor to help people or talk about how to be a doctor, is such an honor. When you ask medical school applicants why they want to be a doctor, they usually say they want to help people. While you need to include this fact in your personal statement, it can be difficult to articulate why you want to help people or how you'll help them in a way that's not cliché. Most applicants are likely to write a version of the following in their personal statement:I want to be a doctor because I want to help people who are sick. It would be an honor to serve people in need. The problem with these statements is that any applicant could have written it. Every doctor wants to help patients who are sick or in need. Failure to provide a specific reason for your motivation to a doctor or a specific way you intend to help your patients will make it difficult for the admissions committee to see what unique approaches and insights you will bring to medicines. The unique alternative 3: Explain specific ways you intend to help patients or specific reasons why your patients want to help. To make your statement more convincing, you can add a specific method that you will use to help patients. Consider the following example: I want to become a doctor to provide reassurance to a patient awaiting their lab results, and laugh at a patient who needs a lift after a week of chemotherapy. While any medical school applicant could have written the statement in the cliché example, the declaration in the unique example shows specific properties about the applicant. Explaining that certain patients may need reassurance while others may want laughter, the applicant shows us that they are empathetic and sensitive to the needs of individual patients. To make your statement more authentic, you can also explain why you are drawn to a specific aspect of medicine or a certain demographic patients. Let's look at another example: As a woman with PCOS, I wanted to become a gynaecologist so I can comfort other young women and provide reassurance as they come to terms with their bodies. This applicant shows that she is passionate about women's health by linking her proposed field of study to her own health condition. This statement suggests she will use her own experience to empathize with young female patients when bearing a gynaecologist. Cliché Approach 4: Focus too much on characters who aren't you. The previous two approaches focus on how your personal statement introduction should tell a story. And what do we need for a great story? A Applicants often make a different character (eg. a relative, patient, a physician shaded or worked under) the most compelling and interesting character. When you give or share the spotlight with another character, you make it easy for the admissions committee to forget the most important person in the story: YOU. You must be the star of your own personal statement. I'm not saying that you should avoid including another character in your personal statement. In fact, including other characters in your statement remind the admissions committee that you have had a positive impact on other people. However, these other characters should be used to demonstrate your properties. These qualities can come from an insight you had while interacting or observing them. We see how this becomes a problem in the cliché paragraph of example 1. Felipa and the applicant are both main characters. Indeed, we do not even read from the applicant or their insights to the seventh sentence. Who knows? Admissions committees can even offer Felipa an interview instead of you. Unique alternative 4: Maintaining the focus on the main character-you! In contrast, the unique paragraph of example 1 about the English tutor in Chicago tells us about the applicant's passions, obligations and initiative. Let's revisit the example: I personally understand the challenges faced by the students, and I wanted to use my own experience and knowledge to help set them on the path to academic success. Though she writes about teaching first-grade students in Chicago, their role in the story is to highlight how she's dedicated to helping her community and empowering students from backgrounds like hers. The students themselves never get in the way of our learning about the applicant. Now, you may be worried that focusing on you and your qualities will make you come off as arrogant or cocky after the admissions committee. By letting the stories do the talking for you, your personal statement will avoid getting you appear egotistical. On the other hand, saying that being a good person or brilliant without telling a story can make you look arrogant. With only 5,300 characters, you should aim to keep the emphasis on you almost entirely. Cliché Approach 5: Focus too much on describing the activity itself. Many applicants will write about clinical shade, volunteering, or research at some point in their personal statements. However, sometimes applicants are so excited about the activity that they forget to include themselves in the experience. For example, an applicant looking to write their work in a prestigious lab: Work in Dr. Carpenter's lab, a equipped professor at Harvard Medical School, was exciting. The main research project was an experiment that examined how rats reacted to various stimulant medications. Our results showed that one of the drugs we tested on the rats could have significant promise for the treatment of Alzheimer's disease. While this paragraph demonstrates student's familiarity with, and excitement about, original research, research, we don't tell much about the applicant's specific properties or contributions. We learn about the research project in Dr. Carpenter's lab, but we don't know what characteristics or insights the applicant obtained to do the research. Unique Alternative 5: Unique statements explain how you made an impact through an activity and how the activity impacted you. While you think that highlighting a research experience with a famous doctor or in a prestigious lab will strengthen your application, writing about it in your personal statement may actually harm you if you don't emphasize your own achievements and characteristics. Focus on activities where you've had an impact, even if the activity itself doesn't look impressive. Consider the following examples: Applicant 1: While I'm in Dr. Smith's lab worked, I managed five interns. To make the laboratory a more congenial environment, I started a weekly lunch hour where we could all discuss our various research projects. This event gave the interns more confidence to talk about their individual laboratory work, which made it easier for the entire research staff to collaborate on different experiments. Applicant 2: Work in dr. Martin's lab with five other interns taught me the importance of serving on a team. When one of our experiments failed, I made sure the group met to discuss the results. I offered advice to my labmates about how they could get better results on the next trial. This experience taught me how important it is to learn new research methods from my peers to achieve the best possible results. We don't know if Applicant 1 or Applicant 2 works in prestigious laboratories or with prestigious PIs. However, we learn that Applicant 1 has shown leadership skills and initiative by working to make the lab a more collaborative space. Similarly, even though Applicant 2 highlights her lab's failures, we nevertheless discover that she is a team player, eager to learn from her fellow researchers, and does not let failure stop her. She sounds like someone you might want in your medical school study group. Cliché Approach 6: Articulate an idea without explaining how it relates to your properties or insights. Even when some applicants choose unusual topics, they forget to related those experiences to why they want to be a doctor. Consider the next applicant who has a passion to run. Applicant 1: I'm passionate about running and encouraging others to run because it's good for everyone's health. That's why I've spent years running marathons and coaching country in my spare time. While the applicant says that he's excited about running because it's good for everyone's health, we don't see exactly what the applicant means. Most people believe that exercise is good for you. Already, so this applicant will need to explain why he believes running is important, and how his passion for running is related to medicines. Unique Alternative 6: Explain your thought process, thought process, thinking, and decision-making abilities. When you make an obvious claim (e.g., exercise is good for your health), you should explain why you believe it personally. By drawing on specific evidence and observations, you can show the admissions committee what unique and specific insights you have about a so-called obvious idea. Applicant 2: After my sister started running, she began to lose weight. I also noticed that her depression had dwindled and that she had regained energy, which manifested in her eagerness to socialise with family and friends. While I always knew that exercise was important, I never believed that it could completely change a person. This experience led me to believe that exercising can serve as a form of medicine. While Applicant 1 makes a general claim about running, Applicant 2 draws on a specific, personal example by connecting his sister's running habit to her holistic health. He cites her weight loss, mental health improvements, and increase in energy. In other words, we see why the applicant believes that running provides a health benefit. Cliché Approach 7: Write an overly dramatic first sentence. Recall writing courses from high school and college, applicants often try to hook the reader's attention by starting with a dramatic first sentence. As a result, applicants sometimes begin their essays with a dramatic moment that fails to provide insight into the applicant's motivations for studying medicines. Let's take a look at the next first sentence by an applicant who worked in the ER. It felt like the world was going to end up in the ER on that faithful day when I first saw someone die. This introduction is typical of students writing about clinical shade. Rather than showing how he is unique, this statement simply shows that the applicant had a challenging experience during clinical shade. Unique Alternative 7: Introduce your personal statement with a unique observation or idea that you'll develop further into subsequent paragraphs. Instead of dramatizing or hyperbolizing an experience, you can make your introduction truly unique by making a claim about an idea, insight or observation that tells the admissions committee why you're excited about medicines. Let's see how the applicant who wrote about running in example 6 can start their statement this way: For my sister and me, running is a form of medicine. Although this example isn't as dramatic as the previous one, it captures the reader's attention by making a unique assertion that the reader will want to know more. The reader will see the applicant think critically and creatively about what medicine means to him. Cliché Approach 8: Write in a way that can be replicated by other applicants. Admissions committees are eager to learn about what sets you apart from your peers, why you want to pursue a career as a doctor, and you will contribute to their school and the larger medical community. If your personal statement statement as a completely different applicant could have written it, admissions committees will struggle to distinguish you from your competition. My earlier example of the applicant describing her shadow experience with Felipa offers no information specific to her. We don't learn about her physical appearance, town of origin, culture, country of origin, hometown, etc. There simply aren't enough details or unique insights that paint a portrait of the applicant. Unique Alternative 8: Write a custom statement that could only be written by you. At any point while writing the concept of your personal statement, ask yourself if another applicant could have written it. If the answer is Yes, you have two options: You can return to the first few paragraphs of your essay and add clear details about yourself, such as your town of origin, physical appearance, etc., to help the reader visualize who you are better. Start over. If you find that it's too difficult to add details about your life story and outstanding qualities in your original essay, you may need to start over by including different stories and experiences that show how you're unique. Let's see how you can review a cliché sense to come as more unique. Applicant 1: I developed a passion for helping people by volunteering at the local soup kitchen. Applicant 2: Growing up in rural Idaho, I have no idea how many people in my community have in poverty until I start volunteering at the local soup kitchen. While any applicant who volunteered at a soup kitchen could have written the first sentence, only someone who grew up in rural Idaho could have written the second sentence. As a bonus, the second statement also shows us a realization that the applicant has over her hometown, suggesting she thinks critically about her surroundings. In your essay, you can include several unique details, including the state of origin, country of origin, religion, hobbies, studies and research beyond medicine, creative pursuits, family's culture, physical appearance, health history, special talents, language abilities, etc. Admissions committees look for candidates who can bring unique insights and different perspectives on their programs. While certain details can help paint a meaningful portrait of you, it's important to remember that the personal statement is not a work of creative writing. For example, including details about the color of your shirt and the type of shoe you wore can help make the story in your personal statement more vivid, but these details fail to offer insights about your unique qualities or your life experiences. Admissions committees will be interested by your unique qualities, not the appearance of your clothing. Final thoughtsBy following these instructions on how to avoid clichés, you can write an unforgettable personal statement that stands out for admissions committees. While writing a personal statement likely to cause applying to end in the rejection heap, crafting an authentic, unique personal statement will help guide you to your white coat ceremony.----One delighted this article? Get the FREE guide we use to help more than 90% of our students get into school – the first time. Below is a list of the most frequently asked questions (FAQs) I receive about the AMCAS personal statement not answered in this article. I encourage you to ask any other questions you have about the personal statement in the Comments section below. I'll do my best to answer your questions within 24 hours and add some of them to this FAQ section to make it easier for other students to find this information. Would it be a good idea to write my personal statement on [essay topic]? Each topic can lead to an outstanding or average personal statement depending on how compelling you write it. In other words, there is no such thing as a good or bad essay topic, just strong or poor execution. Pretty much every topic has also been covered at this point. You can stand out by sharing your personal stories, unique insights, and eye-opening experiences, not by writing about a brand new topic, as so few exist. I've listed several properties that I can demonstrate, but I'm not sure what to choose. Can you say more? Your personal statement represents just one part of your much larger application. You will have opportunities to demonstrate several of your great qualities through your AMCAS Work and Activities section, your secondary essays, and even your interviews. Therefore, any two or three properties you want to transfer through your personal statement will work; do not stress about figuring out the perfect ones, as no such thing exists. And when in doubt, ask family members and friends. What if some of the experiences I choose to write about in my essay aren't directly related to medicines? No worries. Medical school admissions committees look to recognize individuals with traits that suit good doctors. These traits can be demonstrated through experiences directly related to medicine, as well as through experiences that seem to have little to do with medicine, but cast a very positive light on you. That said, your personal statement should include at least one experience directly associated with medicines. In your essay, you want to briefly describe how your interest in medicine has evolved, followed by how you consistently pursued that interest. Should my personal statement's introduction paragraph be story about an experience during college or beyond? Not necessarily. That said, if you write your introduction about an earlier-than-college experience, you'll want to quickly transition into your college and post-college years. While medical schools want to learn about your most formative experiences, they really want to know about who you are today. Should I have my desired specialty in my school calls personal statement? Probably not. Admissions committees want to recruit students who are incredibly curious open to different training opportunities. Highlighting a desire to enter a specific specialty can make you look closed. Can you say a little more about how I can write my essay so that it's clear I want to go into medicine and not another health care field? Answer: There are two critical elements for convincing admissions committees that you specifically want to pursue medicine: A long-term commitment to medically-relevant experiencesA clearly understanding what medicines entail that other fields don't with the first element, your application probably won't be very strong because you won't meet schools' expectations for extracurricular activities. Assuming you will meet the school's extracurricular expectations, the second element boils down to your ability to describe what doctors can and do reach in the medical environment that other professionals cannot. If you show an understanding of some of doctors' unique responsibilities, abilities, and impacts, you don't have to mention other professionals. I feel like I don't have enough space to write everything I want. What should I do? You shouldn't try to fit everything into your personal statement. In fact, if you try to cover everything within the 5,300-character limit, you'll end up not covering anything good. Remember that your complete application includes several written sections: your personal statement, Work and Activities section, and secondary application essays. You should aim to provide admissions committees with a holistic view of who you are about your entire application, not exclusively by your personal statement. Your personal statement should be used to provide a bird's point of view of who you are and your path to medicine, while your AMCAS Work and Activities section and secondary essays should cover the finer details. Should I mention bad grades in my personal statement? In most cases, no. With limited characters, your primary goal should be for your personal statement to tell medical school admissions committees why you will be an excellent doctor. Admissions committees will already see your grades. If you use too much room to discuss your poor grades during freshman year or another time, you'll draw even more attention to the red flags on your application and lose a golden opportunity to demonstrate your impressive qualities. One exception is if you have received poor grades due to some extraordinary circumstances, such as recovering from a significant accident or illness. Even then, you should discuss your poor grades in the Additional Information section of your application. What personal statement topics should I avoid? There are no specific topics you should definitely avoid in your personal statement. Unfortunately, you'll hear a lot of people tell you not to bring up certain things – a parent who is a doctor, a personal condition, sports participation, volunteering abroad, etc. however, these anecdotes or topics may be the foundation for strong personal statements, but weak; what matters is your writing approach. Does the guidance in this article also apply to DO custom statements? Yes, for the most part. We cover similarities and differences between AMCAS and AACOMAS personal statements in detail in our MD vs. DO guide. Does the guidance in this article also apply to TMDSAS's personal statements? Again, yes, although the TMDSAS custom statement provides a 5000-character limit at 5300 characters for AMCAS and AACOMAS. You can learn more about the Texas medical school application by reading our TMDSAS guide, which includes examples of a successful custom statement, set up custom properties, and optional essay. When should I aim to have my personal statement finalized by? We recommend that you have completed a final version of your personal statement by May 15 of your application year, so that you can take full advantage of the rolling admissions process. To learn more about writing and filing deadlines, you are encouraged to review the Ideal Medical School Application Timeline.---- In my family, food is the language of love. A hot meal is the way we say, I love you. When I get sick, my mother prepares a pot of spicy kimchi (fermented cabbage) soup and barleystee. When my brother throws a game-winning touchdown for his baseball team, we prepare fried cod. Food is also used to honor our loved ones. On the tenth anniversary of my grandfather's passing, my family and I celebrated by making his favourite dish: bulgogi (marinated roast beef) with a side of rice and pickled vegetables. The familiar aromas of garlic and sesame oil bring us together for a night of remembrance. While I've always associated food with happiness, when I was in high school, I learned that it could make you sick too. My Dad, once a healthy eater, began indulging in daily bagels and late-night sweets, which eventually caused him to feel tired and urinate regularly. The end result was a diagnosis of Type II diabetes. It wasn't until my mother and I started adding brown rice and greens, leafy vegetables to his diet, that he could improve his glucose levels. Within a few years, I saw my dad go about being sluggish and tired, to be energetic and active. I've always known that healthy eating was important, but I've never thought it was that important. After my Dad's health improved because of his dietary changes, I realized that food wasn't just nutrition; it can also be medicine. I always believed medicine refers to pills or drugs created in a pharmaceutical laboratory. However, I only started to understand food's medicinal role during college when I started taking difficult science classes. My Health and Society class taught me that early Type II diabetes can be reversed by changes in diet. My biochemistry class showed me that low glycemic index reduces foods, such as beans or oatmeal amount of glucose released to the blood. In my physiology class, I learned that lowering levels of circulating glucose in can improve renal function and reduce swelling. Despite everything I learned in my classes, I always wanted to teach myself more. I would spend time between lectures – during late night study sessions, on long flights – reading about the different ways food can prevent illness. I was surprised to learn that certain plants contained powerful phytochemicals that could do things like reduce inflammation, reduce cell damage and increase immune function. It was exciting to get a glimpse of how food can play a role as a prescription in Preventive Medicine. While this new passion for preventive medicine was sparked by my father's diabetes, it bled into my college classes and volunteer experiences. Feeding as a medicine is the mantra of the Ramirez Community Development Center, a free clinic for low-income, diabetic families in Chicago. Ramirez is located in a food desert, a hallmark of some urban Chicago neighborhoods. My Saturday mornings in the centre are usually spent participating in healthy eating workshops or volunteer workshops with the fresh prescriptions program. Each week, doctors give patients fresh prescriptions, a combination of fruits and vegetables that serve as a substitute for fast food meals. It's fun to engage with the families as I fill their prescriptions at the market. We're talking about everything from the unpredictable Illinois winters to the Chicago Cubs and sunflowers. As I listen to the stories of every family, I can hear the struggles and pain of raising children in a neighborhood who don't have affordable health care centers and grocery stores. I realized that changing your diet isn't easy after you eat fast food for many years. These changes, like the ones my father made, can be overwhelming and require patience. Although I was passionate about sharing the benefits of healthy eating, I realized that my enthusiasm might have been overwhelming, as many of the families didn't feel the same. Learning too much information too quickly can be difficult for individuals who are just starting to make a change. I began to understand that it was better for people to slowly make changes regarding their health. By making small steps, such as replacing soda for water, families could see real, tangible impacts without being overwhelmed. In the beginning, I was focused on sharing the benefits of healthy eating with others through a fun, interent conversation. Over time, I learned that the most important thing was that families were more likely to follow their goals through after leaving Ramirez. I still go to the centre every weekend and I enjoy it more than ever. In the end, even if I learned that food can be medicine, it will remain a way to express love between family and friends. Even if given as a fresh prescription between volunteer and visitor, food may still be a way to take care of their and express vitality. This journey to learn about food is useful in my interest in preventing disease before it can begin. I'm not a doctor yet, but I know that I've just barely scraped the tip of the preventive medicine iceberg. I look forward to finding out how deep the iceberg is and learning how it can help cure current patients and prevent new ones.----Medical School Personal Statement Example 2As a freshman, I have the practice of medicine as a kind of black box. In my mind, the steps between illness and recovery were opaque and unimportant relative to the final patient outcome. I aspired to be a doctor insinuar as I aspired to be a wizard, using my miracle box of medicine to turn the interplay between sick patients and lives saved. I started volunteering at the West Philadelphia Homeless Shelter with these outcome-obsessed prospects, motivated by a grandse desire to lift people into terrible circumstances out of destitution and into permanent housing. Over the course of four years as a volunteer and on staff, however, the opportunity to peek into the black box reshaped how I thought about service and medicine. I can now say with utter certainty that I am committed to bedding a practising clinician, not just because of the opportunity to treat disease, but because of the tremendous privilege of building relationships with patients along the way to recovery. When I started volunteering at the shelter, I was unsure of the impact I would be able to have. As a volunteer and then a staff supervisor, I felt some satisfaction from realizing that the simple tasks I performed like dishes and serving breakfast were essential to the operation of the shelter, but it was hard to sometimes not feel frustrated that I did nothing to reduce homelessness. The same guests drove in and out of the emergency beds at the shelter week after week. When the opportunity to run the transition program opened up at the shelter, I took the position, excited to finally have the chance to help guests move into permanent housing. I felt like I finally had a real chance to make a difference. However, I quickly found out that helping someone to pass out of homelessness was no easy task. The first guest my co-director and I accepted into the program was one of the kindest men one could have imagined is pushing into a terrible situation because of a difficult divorce. I worked with him for a full year straight before we could finally find a stable housing situation for him. It was a difficult and exhausting process for both of us, filled with moments of hope when we seemed to find a suitable apartment and moments of despair as possibilities fell through. At the end of that year, when this particular guest took the shelter for the last time I found myself waiting for at the moment I was waiting. After all the anticipation, I helped a guest achieve that perfect outcome, the goal that was in my mind what service was all about. But I found myself reflecting on a that had occurred months earlier. On that evening, I walked down the entrance and saw this guest sitting at the computer, eyes glued to the screen. I went up to him and asked how he was just doing to find him speechless in shock. After a few moments of silence, he told me that he had just found the obituary of his mother online. I knew he was estranged from his family, but I couldn't imagine the devastation he must have felt in discovering such tragic news in that manner. It's hard to find privacy in a shelter, but I remember retreating to the laundry room with him so he didn't have to suffer in front of everyone. I sat with him for hours that night listening to him and reminiscent of childhood memories riding horses with his family and listening to him and losing deterioration with mother and siblings. In the grand scheme to help this guy transition out of homelessness, it's hard to know what impact this moment had, but I'd like to think that I provided him with some comfort when he needed it. Moments like this one, and so many others I experienced during the process of building relationships with guests as a case manager, helped me realize that service is not path independent. It's not some race to the finish line where the only thing that matters is where one ends up. Every step along the way is an opportunity to make someone more comfortable. Medicine is no different. It is easy to glamorize medicine as just a profession to save lives, but curing a patient is not immediate or guaranteed. While the opportunity to work on health problems is consistent with my academic sensibilities and I would be excited to help a patient recover, I realised from my experiences shadowed in the Division of Hematology and Oncology at Penn Medicine that I want to become a doctor because of the reassurance a doctor can provide a patient who is terrified because she has been in hospital for a week and still does not know what is wrong with her and because of the convenience, a doctor can provide a nervous girl whose grandmother is slowly recovering after surgery. I want to become a doctor because of the satisfaction of laughter with a patient when things look up, but also to try to mitigate the blow

when delivering bad news. It has become clear to me that the doctor-patient relationship is not some miracle black box that performs some magic and outputs a healthy patient, but rather an opportunity to ease a patient's suffering in real-time. Eventually, I am committed to being a clinical practitioner because I cannot imagine a career without that privilege. I sit in a chat-filled cafeteria with my third-grade classmates, unsure how to open the simple chocolate milk carton in front of me. Karen has the confusion in my eyes brewing, grabbing the cardboard from my lunch tray and opening the cardboard lips in one quick motion. I was overwhelmed with awe on that first day of school in America, having never seen anything like it back in my hometown. In fact, there were many things I would encounter during the next 14 years of my life that would be strange to me. Nevertheless, looking back on my childhood, my memory of this moment stands out most clearly. My friendship with Karen came out of her act of kindness in that case. Furthermore, that moment represents a starting point from which I made my journey from the familiar bike-lined streets of Hangzhou, China to the long, windy stretches of highway in Albuquerque, New Mexico. The relationships I have formed with peers and community members along my transition form the core of who I am today, and form the basis behind my desire to pursue medicine. Karen was my first friend in the US Her friendship, along with those with teachers, classmates and neighbors, constantly supported me and led me into school. When I first went to school,, I didn't know a single letter from the English alphabet, let alone how to verbally articulate my thoughts. For the first month, I had a notebook with common English phrases written by my dad, like, Where's the Toilet? And, you tell me how to get to X, Y, Z? with Chinese translations and transliterations on the side. I felt totally dependent on others to use the toilet during class or buy lunch in the cafeteria. In its response, I immersed myself in the English language to fully master it and regain independence. With the recite of vocabulary pronunciations and practicing verb tense with my ESL teacher paved the way for audiobooks of stories about magic tree houses and shows from Arthur on PBS. Throughout this process, teacher and classmate encouragement pushed me when I doubted my abilities to succeed. More importantly, Jodi readily supported me, to show me how to use the monkey beams during recess to help me study for game questions. To this day, our friendship resonates with me. Although we didn't have the means to chat freely, our friendship evolved through compassion, a universal language that transcendd cultural boundaries and social norms. After moving from New Mexico to Washington, Kansas and Delaware for my father's work, I paid forward the compassion I was shown to connect with others when words proved inadequate. I saw compassion's strength in medical settings when I brought water to patients in the ER or distributed hot blankets to patients receiving chemotherapy. Every patient I met carried his or her own unique story. Stepping down the blue-and-white-tiled corridors of Liberty Hospice in suburban Delaware, I imagined myself navigating through a storybook where every room offered a vignette. For example, as a hospice volunteer, I visit L. on a weekly basis. L. dealt with the debilitating effects of late-stage Alzheimer's disease (AD), including a loss to the majority of her and speech control. Like many others who received palliative care, she struggled to perform daily activities that were once second nature to her. By sticking Company during meals, walking with her outside, and exchanging fragmented but meaningful conversations with her, I helped alleviate some of her social isolation. Caring for L. reminded me of how embarrassed I felt about relying on others to navigate my world as a new immigrant. That's why I wanted to support her as much as my ESL teachers and classmates supported me. Despite having L.se memory loss, she often greeted me with a smile, perhaps indicating her memory of my visits. My interaction with L. reaffirmed my motivation to pursue medicine; his patient-centered focus and humanistic nature caught my heart. While my attraction on the humanistic side of medicine crystallized by patient interactions, my love for its investigative nature developed through research. Although I was able to offer comforting sentiments to patients, I yearned to understand why L. suffered from AD and how to prevent its further progress. My curiosity led me to explore the formation of plaques and angles in 3D human neuronal stem cell cultures, track the lifespan of C. elegans that nurture longevity-boosting mutations in the electron transport chain and learn the logistics of early target drug development. Although I'm intellectually stimulating, however, I've done interaction with patients and learned about their travels. I wanted to form personal connections outside the lab bench. The community of people who helped me grow and succeed, from my first day in America, inspired me to do the same for others. Having fully examined the profession, medicine certainly includes my two passions: developing relationships and contributing to scientific discoveries. While the journey forward will present challenges, my experiences have helped me cultivate the skills needed to overcome adversity and help patients in their times of need, just as Karen did for me.----Medical School Personal Statement Example 4Mr. Potato head, one of America's most beloved toys, has a plastic head that is disproportionately larger than the interchangeable pieces used to transform its facial expression. Like these weird, lovely toys, I've always had a big head. When I was a kid, my mom cut the openings of my t-shirts so she could slip them over my head. Doctors confirmed my head was unusually large-99th percentile in perimeter—but normal in function. Growing up as the youngest of four, I was often teased for my big head. In fact, my siblings called me Mr. Potato Head. As my body grew, my head became slightly more proportionate. Yet my height remained in the tenth percentile. Despite my little stature, I excelled in hockey and baseball because I was determined to prove that size wasn't athletic prowess or leadership ability not. In high school, though, my tough style led me to suffer four concussions by the end of my junior year. My head has once again come under scrutiny, but this time for brain injuries concerns. Concerns. My Latin teacher heard a conversation about my brain's health in May of my junior year with a classmate, he mentioned the alarming statistics of child concussions that lead to dementia later in life. Worriedly, I poured time and energy into examining the long-term effects of concussions on the brain. I naively tried to determine the severity of my successive brain traumas to confirm my teacher's report or, rather, dispel. I went enlarged with the brain's mechanics and the overwhelming amount of disturbing research findings. After my fourth concussion in February of my junior year, my paediatrician referred me to an internationally renowned sports-related concussion specialist, Dr. George Sandhofer. After several visits, Dr. Sandhofer advised me sympathetic to stop playing contact sports. I suffered a double blow: one literally to my head and the other figuratively to my ego. Through sport, I have proven that I deserve respect despite my small stature; the reality of quitting hit me harder than the four head shots combined. From my first visit, I could feel that dr. Sandhofer was a remarkable doctor and a special person. His razor-carving aptitude was obvious, but his patience and compassion, qualities that make a truly great doctor, were more heartening. I learned from him how important scientific knowledge as well as emotional intelligence in the delivery of outstanding care. Compared to some of his other patients, my situation was less severe. Still, Dr. Sandhofer's demonstrated concern for me that was just as heartfelt. He understood that the news was heartbreaking for me and that sport would be disturbing. His humble nature, clear rationale and genuine care cemented my confidence in his advice on my future. Over time, that future began to align with a desire to pursue a career in medicine. Research on concussions for countless hours, became aware of neurology's intricacies, and observing Dr. Neurology's intricacies. Sandhofer has my diligent interest in a highly skilled but compassionate doctor who readily serves others. I plan to immerse myself in medicine - clinically and through research - and communicate with patients, no matter their age, sophistication, or background, in a way that individually demonstrates how much I care. Through the Walker Vascular Institute internship program last summer, I confirmed my motivation to apply to medical school. I had an amazing experience working on the potential digital analysis of wrist volume waveforms in the diagnosis of deep vein drum heights. By reviewing thousands of patient data points, I have concluded that the digital readings of this new technology are analyzable. Research on vascular medicine, collaboration with highly skilled health professionals, and shadowed multiple surgeons taught me that have a steep and constantly evolving learning curve that I'm excited to adopt. I acknowledged that research and the larger medical field promote open in a collaborative environment. This aspect perhaps draws me the most to a career as a doctor. During the internship, our multidisciplinary team was forced to record deviations in the data collection process. It was remarkable to me that although I was an intern, my parents helped me to resolve possible explanations and mechanisms while valued my contributions and ideas. They knew about my intentions to become a physic lord, and spent valuable time with me teaching, discussing and listening. Likewise, I commit to constantly teaching and teaching others. The irony of my childhood nickname is that like Mr. Potato Head, medical professionals make adjustments and are regularly changed by forces out of their control. Mr. Potato Chief has been able to entertain for generations because he has progressed with the changing entertainment environment through applications and online interfacing. My concussions prompted me to embrace a change in hobbies, broaden my outlook, deepen my character and provoke my interest in medicine, which I hope to pursue in medical school. Now when someone responds to my concussion history with, Wow, it must have been traumatic, I answer, yes, it could have been one of the worst experiences I've ever had. After a brief pause I add with satisfied, but it may have been the best as well. A good doctor is really just a good teacher, says Dr. Bard after I saw her learn a pre-diabetic patient effective diet and exercise routines to manage his blood glucose levels. This simple statement reaffirmed my choice in medicine. As a lifelong learner and tutor, Dr. Bard's words deeply resonated with me. It's a message that formulated my mindset and drove me to start a path to positively impact people's lives and, one day, improve the health of those I can treat. For the past three years, I have had stress pathways in the brain in my university's neuroscience research lab where I used immunohistochemical detection to quantify releasing releasing Hormone (CRH) projections in mice brains. During my tenure in the laboratory, I participated in various poster presentations and published a research paper on stress pathways in the brain. Through my experience, I appreciated the wide-reaching impact of research as the genesis of scientific understanding. While the potential of discovery is attractive, I am fascinated by the application of these discoveries to deliver medical treatment to patients. Similar to research, doctors analyzed results and teach patients their findings to help them improve their health. I find the human interaction and care involved in medicine as well as the ability to see improving health in patients to be incredibly fulfilling. By Dr. Bard to shade, I have a passion for and patient interaction. To increase my knowledge, I started volunteering in emergency medicine at my local county hospital. One morning, morning, was asked to help with wound care from a patient who fell off a ladder. He screamed in anguish as I tried to accept him while simultaneously positioning the sink and his arm in place for the nurses to i try the wound. The intensity of this situation taught me how to establish a real relationship with a patient, while still offering effective care. It was truly inspiring to see a doctor actually save someone's life. Despite the chaos of the ER environment, I noticed that many doctors still strive to connect with their patients and develop a relationship during treatment. Observing dedicated doctors serving all their patients with the greatest level of care reaffirmed my decision to pursue medicines. I knew that one day I wanted to apply my medical knowledge to make the same emotional impact on people. Teaching is a catalyst whereby strong relationships can be forged and beneficial outcomes can be achieved. During one of my volunteer experiences with PEDS International, a local charity, I met the Ramirez family. They were refugees from El Salvador who asked PEDS for a donated acoustic guitar. As an avid musician, I offered to bring the guitar to the family home. When I walked in, I noticed that the Ramirez family was living with the bare minimum. Instead of art or décor, I saw some devices in a small two-bedroom apartment, shared by a five-member family. As I brought in the guitar, I saw 5-year-old Edgar eagerly waiting at the front door, with his eyes wide open and a massive smile across his face. I offered to teach him how to play some chords and he quickly agreed. The sense of teaching Edgar was very similar to how I felt observing the doctors' shadowed helping their patients. When he started picking up the different fingers, his sense of joy became palpable, and I was delighted knowing my efforts favored him. It was deeply rewarding to contribute to a positive change in this child. As a board member of my school's Community Health Outreach for nearly two years, I've worked to educate children on a wide range of relevant medical topics. During my tenure, I returned to a middle school where I gave a presentation on nutrition. As I entered the auditorium, I saw some familiar faces looking relieved to be missing class for my presentation. I asked first, Does anyone know what the 5 food groups are? I expected no one would get it right, but immediately I saw one of those familiar faces raise his hand and excitedly answer. I was shocked and delighted that someone actually remembered my lesson from the previous year. During the presentation, I noticed that several students remembered bits and pieces of information about the 5 food groups. At that do I have a look at how dr. Bard felt with her pre-diabetic patient. Through education, I have changed these children's lives for the better by teaching them something that will benefit their health in the future. Although all my experiences vary vary Each other, every experience has similarly influenced me through the development of my ability to establish relationships and influence people to live a healthy lifestyle. I've learned that health care occurs through different modalities, such as preventive care, secondary care, or health outreach and teaching. All these different components of health care have broadened my view of what it means to be a medical professional and how essential it is to have this holistic mindset. This newly developed mindset, together with my fascination of learning and understanding of biological phenomena, confirmed my decision to pursue a career as a medical doctor. I had just finished packing my suitcase for my first trip to see snow when the phone rang. I will never forget the look on my mother's face when she answered the call. She cried out hysterically and looked over helplessly at my dad, who clicked on her eyes, as if he already knew. It was at the moment that my sunny, snow-tipped Utah mountains turned into the bleak reality that my father had washed a brain. It was devastating to think that I had lost my father, my idol, at the very age of eleven. Tremendous despair loomed over us for months, until we made our way to Richmond, Virginia. On a beautiful summer's day, we walked through the double doors of VCU School of Medicine. The encounter that followed helped tame the tornado that my life had become over the past six months. Who knew that a Savior could look so modest? The surgeon, Dr. Roberts, accepted our concerns and assured us that the future was brighter than expected. He was unfamiliar by our endless barrage of questions, dealing with the situation with the compassion and empathy that was essential to our fragile states at the time. It was probably just another day at the office for him, but it had a profound impact on me — my hero, my father, would go on to walk this earth. I longed to leave a similarly eternal impression on others and began my journey into medicine after a career. Unbeknowning to me at the time, a five-year-old presenting with a fever of 104 and neck pain would develop into a situation where I would be able to mimic Dr Robert's soothing. She told the office of Dr. Mitchell so, where I've served as a medical assistant for nearly two years now, offered. Her family was in shambles because of her abysmal condition. Dr. so, being the thorough, persistent doctor he is, gave me the opportunity to keep tabs on her progress. It consisted of daily calls with her parents, followed by persistently entering into the preliminary blood culture results and relaying updates to Dr. so for feedback. As the days went on and the fever crept in, you could hear the anxiety in her mother's voice slowly subsided. Fast forward to about six months down the road, when this patient told her Well Child Check. During the work-up, she was full of energy, going from toy to toy, grinding so big that an outsider would have thought it Christmas morning. To see the sharp improvement in the child, our previous encounter made so much more rewarding. Most importantly, this work offered me an avenue to see into Dr. so's decision-making process and devise ways in which I can incorporate some of the acquired knowledge and approaches into my future practice. Fortunately, Dr. so's door is always open and he has no problem explaining how a complaint from upper back pain led him to order an ECG and d-dimer, ensuring there was no heart or blood clot component. Moreover, through my incessant prying, I gained valuable practical knowledge, of why he mainly started with lisinopril to combat hypertension that indicates possible ischemia on an ECG why protein can be found in urine. Working under him, I noted that, even after being for 20 years, he was constantly reading on medical literature to add to his arsenal of skills and to stay current with the new advances in the field. On an otherwise relatively quiet Thursday afternoon, I found myself in a position where I needed to expand my own knowledge. One of the patients enavoked a frenzy because his INR was down to 1.3, well below its usual value of 2.2 since, he started Coumadin for its history of DVT. I felt like I was back in my Freshman Spanish class, as he threw phrases like Lovexon bridge and I had a hard time keeping up and understanding why someone wants their blood to clot more slowly than normal. Because of an upcoming Orthopaedic injection, he had to bring his INR to 1.2 and fortunately for me, Dr. so's recommendation was simple - keeping the Coumadin another night, in the hope that he would be in the series for the injection the next day. That night, with questions still looming from this encounter, I decided to do some of my own research to serve patients better if this question arose in the future. I read articles explaining how the INR value was calculated, the different target ranges for different types of patients, and when a Lovexon bridge applies. In hindsight, this extracurricular activity served me well, as the patient called again the next day because his INR was still too high and Dr. so asked me to coordinate with the Orthopaedic surgeon's nurse. This newly despised knowledge has allowed me to keep up with her and get this patient the answers he needs before the weekend. Despite my modest role in their care, the patients truly appreciate my approach and dedication to work. Being a doctor is a demanding, around-the-clock commitment, but I'm no stranger to hard work. Throughout the college, I judged several cooking jobs on top of my strict pre-medical class schedule. While it was terrifying at times, going from turning around burgers over a scorching timetable after reviewing the organic chemistry reactions I learned earlier that day, I never got sight of loose light at the end of the tunnel. For centuries Indian culture has placed a high value on holistic health. Saying the truth grandfather would usually tell us achchha vasaathy, a wish for good health, as we said goodbye to family parties. Despite growing up in rural Arkansas, far from my extended family in India, this emphasis on health defined much of my education. My mother, one of only a handful of obstetricians in Bentonville, committed her life's work caring for expectant mothers and their unborn children, even coming out of retirement part-time to practice part-time. A grocery store trip has often turned into a social event, with my mother stops catching up with numerous patients or their family members. I passed cartoons on Saturday morning to follow my mother through rounds at the hospital, puzzled by the trust patients putting in their doctor. From a young age, I was drawn to medicine because of my desire to form meaningful relationships with people from all walks of life in my community, and to work together to care for their health. At Vanderbilt, I was excited to continue my journey to become a doctor. However, my pre-med courses did not highlight the human aspect of medicine - the integral element to which I was lured. I wanted to connect with patients and learn from their perspective on health care. So, I enrolled in a study abroad program in Mexico where I conducted community-based public health field research. I examined the attitudes surrounding chronic diseases in Guerrero, a state with the second highest poverty rate in the country. In my broken Spanish, I asked an elderly woman about her understanding of diabetes, to which I received a surprising response: Diabetes is a death sentence. While I understand diabetes to be a manageable disease in the U.S., I soon came to appreciate the social factors underlying such prognosis in this part of the world. Without basic knowledge of diabetes, the community members equated it with amputated limbs and blindness. But explains that people with diabetes could live long lives with the proper medications and a healthy diet was not enough. Tierra Caliente, a rural region where I spent several weeks, was a food desert and residents didn't have access to healthy foods. I helped the woman make more informed dietary choices given the options, while admitting that she is already at a disadvantage due to socioeconomic factors, such as her inability to afford insulin. My group and I have also helped form a support group where women come together with chronic illnesses to share their health problems and also to discuss personal and social challenges facing their community. Addressing these socioeconomic factors, by pooling the community their resources and sharing their improved knowledge of diabetes, was crucial in helping them manage the previously mysterious disease. Through my work in Mexico, and in North Carolina and Virginia, I learned that exploring local understandings of health, systemic factors that affect individual patients will be an important part of my job as a physician, although not the only one. I am also use this knowledge to provide patients with the social support they need to self-navigate the health system, which in turn will increase favorable health outcomes. I tried to apply this approach while working as a medical writer in Virginia, where I met a heavily tattooed, muscular patient who apologized for what could be a long visit since he hadn't seen a doctor recently. His blood pressure was sky-high and he was at an immediate risk of stroke; he ran out of his medication months ago. When the doctor left the room to call his pharmacy, I stayed behind to review his medical history. I inquired about his previous surgery. Gunshot wound, he said. He further disclosed that his life was without fear, even after a 30-year prison sentence and homelessness. Yet almost tearful eyed, he confessed that the only time he feels is scared when he walks into a doctor's office, because doctors have the power to dictate life and death. In this vulnerable moment, my instinctive response was to reassure him he would be okay, as he was in good hands. After the visit ended, I took a few extra minutes to explain where he could get his medication, an X-ray and a follow-up appointment as he wasn't familiar with navigating a health care environment. Thank you, Miss, you don't know how much that means to me, he said. This small amount of support went a long way for this guy who was estranged from his family and struggling financially. I could feel his relief as he stepped out of the clinic, visibly changing, with the newfound confidence that he could take care of his health and forge a new life. As a doctor, I will diagnose symptoms and give my patients the necessary treatment they need. But more importantly, I will practice with compassion and work to uncover the hidden socio-cultural factors that may be underlying their diagnoses. This concept of holistic health is rat at the heart of my desire to become a doctor. Because health is the essestation of one's being, I can't think of any other profession that I would find more meaningful. As a doctor, I will immerse myself in my community, get to know my patients personally and advocate for their health. I grew up partly in Bangkok, a city in which there are more malls than there are psychiatrists. I did this math as soon as I found out that my older sister was attempting suicide outside a mall. The stigmatisation of mentally illness is still widespread in Thailand and as a result the hospital and my family have treated her case as anything other than a suicide. I was reading The Yellow Wall Paper in school at the time, a story about inadequately treated postpartum depression in the 1890s. I saw parallels as my sister began to look grey after the of her daughter. I repeatedly expressed my concern, but no one listened to me. No one addressed her health from a broader perspective, and as a result she was left to fend for her own mental health. She was powerless, and I me powerless, too. This blindness to mental well-being in my society confused me, so I chose to study it further at UT Austin. When I started working at the Dell Seton Medical Center, my idealism about patient-centered care was quickly put to the test when I was considered to be a cynicism because of my own identity. One afternoon, a diabetic patient approached me for help applying for food stamps. Although he was visibly discomfort, he refused the chair I pulled out for him. As we collected information, he gruffly asked me where I came from. America, I replied. Unhappy with my answer, he repeated his question another eight times until I caved and answered with my ethnicity. After this, he grew impatient and kept insisting he could complete the process with another shift. But I knew arranging transportation would be difficult and expensive. Determined to turn the interaction around, I soldiered on with the application process. I exposed that he had a daughter, and I inquired about her interests. He became animated when he talked lovingly about her, and I finished my job. Commute home in the dark, I beam; I was able to build rapport and assist someone who didn't believe in me at first. I strived to supplement my education with parallel experiences in research and volunteer work. In a course on stigma and bias, I discovered that minority status was a marker for increased IL-6 inflammation, and that individuals were prepared with stereotypes about race, sex or disease a lot, but often invisible. When I walked out of lectures, I planned how I could implement these findings in my own work. During data collection for a community sleep study, I applied my renewed perspective on the phone with a participant. I experienced exasperation in her voice, so I sincerely thanked her for her time. Suddenly, she started crying in the phone. As her personal story unraveled, I found out that experiences of racial discrimination violated every area of her life, including her health care — as a result, she felt alienated and left with inadequate treatment. When she expressed thoughts of suicide, I began to panic. But I kept my voice composed, strengthened her resilience and got a verbal confirmation that we would talk the next day. The disembarent marginalization she felt reflected my sister's situation years ago. But this time I was equipped with my education. The more I learned about the social determinants of health, the clearer it became that health care was inherently social. It strengthened my interest in medicine and motivated me to pursue research in social psychology. While I was trained on how to code facial expressions for my honours thesis, I dr. Sekhon, a geriatric psychiatrist, at a living facility. One of his patients was an injured former athlete struggling to stand. His wife held back tears as he burst and repeatedly referred to passing on in muted tones. Dr. Sekhon studies his patients' face did something unexpected. Instead of changing medication or suggesting tests, he urged his patient to stand for 10 seconds longer each day. There was a shift in the room, and I could measure it by the expressions on their faces. The man's eyes rippled into a real smile and his wife's enthusiastic resemblance dr. Sekhon's success reflects. The way a doctor could read facial expressions to address what the patient didn't verbalize was incredibly powerful — I was awestruck. Inspired by this observation, I wrote my honours thesis on the relationship between power and health outcomes. Experiences of disemly and of illness enlarge each other — but a doctor can empower someone in their most vulnerable moments by connecting with them. Much like my sister, many patients need clinicians who address both physical and invisible hardships. I am eager to be part of a new generation of healthcare providers with sensitivity to the diverse ways people communicate distress and well-being. One patient at a time can shift our archaic mindsets deep into our communities and ensure that every life we touch receives socially and culturally competent care. For me, studying medicine means being part of something bigger by empowering others — and putting myself along the way. During my last year of high school, I spent hours dreaming of what kind of dorm I wanted at NYU. Elijah is a 12th grader at The Times. And yet he had no plans to attend college. I met Elijah through a mentorship program at his high school; he was steps ahead of his peers. When asked about college, he looked discouraged. He explained that his housing project, built during World War II and notorious for lead poisoning, would be demolished by the end of the year with no promise of housing afterwards. During our conversation, he looked away and dropped his voice as he muttered that he couldn't even consider starting college when he was unsure if he would even have a home in July. Elijah was later forced to move to an even cheaper project and continue a damn cycle of poverty. Having worked closely with the underserved populations of New York City, I am well aware of the inequality in education and health that many face. Elijah and his family were unaware of the fact that their housing project was built on a foundation infected with lead and arsenic; speaking to Elijah taught me that promoting health outcomes goes beyond one's physiological state. The fact that every social determinant of health I saw was preventable was deeply undone. Elijah's situation conveyed a profound realization of the inherent link between economic well-being and health. Determined to learn how community health can drive change, I joined a free clinic the Bronx joined. Driven to investigate the social determinants that led to Elijah's situation, I became an administrator for the project, tasked with coordinating and performing health fairs students in the Bronx on different aspects of wellness. In the clinic, a young woman named Alicia showed me how NY really is a tale of two cities; neighborhoods just a few miles apart largely reflect disproportionate access to care. As I led Alicia through the stations at a health scholarship, her anxiety showed, especially when I offered a flu vaccine. Her continued reluctance with preventative care showed me that helping the underserved go far beyond delivering care; it involves building a more intimate relationship with the community served and developing long-lasting trust. The health insecurity has driven me to improve health care through a social lens in communities that are most in need. My exposure to direct care through the clinic motivated me to pursue a career in using clinical medicine to address social determinants of health. To further explore this idea, I spent time doing prostate cancer research at Shanghai International Hospital in China. I've lined up patient interviews to examine why the vast majority of men forget early detection rates. I came to understand the gravity of the issue when helping an elderly man diagnosed with late-stage prostate cancer who said: I never knew there was even a way to scan for this. No doctor ever told me. I left the clinic in shock at how health education in parts of China doesn't exist. At the same time, I felt motivated to pursue medicine and change thousands of lives directly. I have the knowledge that preventative health education is as much in the hands of doctors as it is of the education system, and direct, culturally competent work with patients in the clinic is crucial. Wanting to explore the same issue in America where we're expected to push the limits on health care, I joined NewYork-Presbyterian Hospital/Columbia University Medical Center under Dr. Avagyan. In the clinic, I observed the role of social class and race in prostate cancer treatment outcomes. Through patient interviews, we found that the majority of early-stage symptoms became unrecognisable due to a lack of information about the disease, both in the patient and medical communities. Subsequently, we created and implemented educational techniques to bridge the gap in medical knowledge of prostate cancer, for which I presented my findings to a medical audience at a conference. I understood that to confront the health differences I saw in the most tangible way possible in New York, I have to focus my efforts so that the clinic functions as a classroom. In New York, the extent of health disparity shaped my passion for pursuing medicine. I am to take a more comprehensive approach to medicine by investing in community-level health programs while working in the clinic to keep in touch with the populations I aspire to treat. Identifying educational inequalities, the clinical outcomes they manage, and engaging them directly will be the template for my career. My experiences with disadvantaged disadvantaged people in the clinic and classroom helped me so that the next time I met an Elijah or Alicia in the clinic, the interaction is extensive, culturally competent and combats the source of their turmoil. I am privileged to have the chance to pursue medicine to gain the necessary tools in collaboration with my own experiences to better provide holistic healthcare and education that are attuned to the communities I hope to serve. Every time I buy a new language, I recreate my thoughts. Japanese, Hispanic, and American Sign Language each introduce a unique set of grammatical structures, tone and prologies and idiomatic expressions. If the mental gymnastics of acclimatization to new linguistic mechanics is not challenging enough, truly communicating with a native speaker are a completely separate problems. Years of intensively studying Japanese bred a sense of skill, but even a whole summer of impressive learning at the University of Tokyo just scratched the surface of authentic communication. Though challenging, my experience there reaffirms why I love learning languages; it connects people. Likewise, compounds are made by medicine, a different kind of language. In medicine, I can communicate support and forge ties through my passion for health care. Just as when engaging in language, flexibility, perseverance, and empathy improves my ability to pursue medicine, not only sends me education and interests, but my desire to become a doctor. Effective communication, in both linguistics and medicine, is of paramount importance to effective leadership. That was evident when I led a seminar and week-long immersion trip to New Orleans to experience and work to improve the environmental and economic climate of the area. Intending to support the construction of new homes in the Lower Ninth Ward, our plans fell through when a miscommunication led to us coming up without the appropriate tools. That led to last-minute improvisation, and as the leader, it was mine to design. We found ourselves participating in unexpected tasks, such as marking cemetery graves. Initially disappointed by the mix-up, further reflection revealed how our flexibility and unexpected interactions established a unique understanding of people and culture. Mutual involvement gives meaning to duty, whether in a hospital, or dilapidatory cemetery. An appreciation of this mutual relationship built through communication is what excites me for the dynamic connections between colleagues and patients in health care. I explored language from a developmental perspective in my research at the Child Development Laboratory. Because of babies' inability to express themselves through words, I was intensely curious to delve deeper into their often underrated knowledge of language. Under Dr. Kirkland I examined factors contribute to, and downstream effects of early language abilities. Maintaining a level of intellectual curiosity is an essential component of successful learning, and is something I have not only promoted in research, but in my premed studies. This curiosity pushes me to go beyond what I see and learn, to find deeper connections between science and its application. I'm excited to promote and complement this curiosity as I dig deeper into the medical field. Unfortunately, common language does not necessitate perfect communication. I saw it firsthand while volunteering at county hospital. My responsibilities to take necessities, rooms and stockings taught me a lot about the operations of a medical clinic. In a clinic focused on the underserved, a recurring theme was how often patients wouldn't adhere to prescriptions or appointments. To be exposed to such unfortunate but common problems in health care, I redistributed myself to the field. Only in medicine can I use my unique skills and interests to their full potential. I don't yet have the qualifications necessary to treat patients altogether, but I look forward to being able to increasingly cure patients, especially those whose health care is hampered by language and other barriers. Unobstructed language can be a powerful tool for positivity, which was made clear when serving as a counsellor at Camp Stevens, a summer camp for children whose parents were affected by terminal illness. As the focus of Camp is not their parents' condition, the challenge lies in showing compassionate support without expressly addressing one of their biggest problems. I had success in showing inexplicable support one day when I saw a camper sulk. When conviction for joining a Camp Match failed, I just spoke to him. I was surprised at how well this 9-year-old and I connected. He eventually dropped up and joined a game of football. While I'm lucky to find success here, I can't help but think of the effect I can have on future patients. Whether it's a diagnosis, or assessing options with a patient, unspoken support is critical to effective medical practice, and is a facet I look forward to exploring more as a clinician. While I have a fascination for languages, I am less interested in the languages themselves as much as the connections they create. And while all languages can communicate compassion, medicine encapsles the essence of compassion. Doctors have the unique ability and responsibility to treat both, and communicate support to their patients. Connecting with, and transferring support to others is my defining goal, both in learning new languages, and in working to become a great doctor. As I continue to study new languages, medicine is the primary tongue I want to master as I focus my skills and passions on forging connections through healing. Like the roar of the same ambulance my grandmother took to the rushed, the doctor's words continued to echo without meaning long after he told them. At eight years old, I was sure that close run-ins with death were the stuff of movies — nothing more than a shambles for a fictional fictional to overcome. So when the doctor's words finally came out of meaning, I realized that my grandmother wasn't as invincible as she was leading. My abuela's heart attack left her body deceptive, willing her once filthy spirit and passing me on in unbelief. She recovered within a few weeks of medical supervision, but this event planted in me an interest in the medical profession that just continued to grow. Since then, I have nurtured and investigated this interest in medicine throughout my undergraduate studies and extracurricular efforts. As a student, I devoted the majority of my time at UT Austin to understanding the biological, physical and chemical processes of the world we live in. To satisfy my intellectual curiosity, I decided to apply the knowledge I mastered in the classroom by engaging in research. At the Biosciences Laboratory, I used molecular biology, analytical chemistry and microbial genetics to help discover and characterize an important group of genes involved in the biosynthesis of vitamin B12. Like a detective, I uncovered clues with each set of experiments I performed. Each clue slowly revealed how this group of genes operate together to synthesize a molecule central to human metabolism. In many ways, medicine is no different. When I got dr. Reese, a heart electrophysiologist, had shaded, I realized that he was also a detective — carefully taking his catheter along the patient's left atrium to map which regions of the heart were responsible for the arrhythmia that the patient had caused so much concern and discomfort in the past. In medicine, just like in research, a doctor uses all the tools at his or her disposal to uncover clues that will ultimately help diagnose and treat the patient. My experiences as an undergraduate researcher have continuously reaffirmed my desire to choose a career that is intellectually challenging and grounded in the sciences. But medicine isn't just about science; it's about people. When I got dr. Warren, an endocrinologist, shadowed, I learned that being a doctor means so much more than knowing the physiology of a certain disease state. Being a doctor means having a patient trust you to add needles in their neck to biopsy a suspicious thyroid knot. This means dealing with the frustrations of patient non-compliance and the exhaustive amount of paperwork, which each patient follows encounter. But more than that, I learned that being a doctor meant getting the privilege of building a relationship with that patient and the responsibility to leave that individual in better health than when they first entered your clinic. I look forward to one day building this kind of relationship with patients of my own as I progress through my journey to be a physic lord. Although many of the experiences I've had while shady doctors are motivation and at times even humble, my most direct exposure to medicine is through my volunteer work at St. St. Medical Center. It was during this time that I realized how far a hot smile or a reassuring knaus could go into easing a patient's concerns about their upcoming procedure. As a volunteer, what I did was important, but I wanted to do more for my community and I refused to wait until I was a doctor to do it. During my junior year, I designed and taught a semester-long course sponsored by UT's Public Health Department. This course focused on the American obesity epidemic from a biological and community perspective. I wanted my students to understand that obesity is still a major problem in the United States and especially in Austin's low-income neighborhoods. Most of my students were Economics or Business majors who had never taken a public health course, so I saw this as an ideal opportunity to impress the importance of this issue on them. Every class I learned was an adventure: I had a lesson plan, but I made my students' interests color the direction of the course. From this teaching experience, I learned to take complex ideas about biology and public health and make them accessible and relevant to a group of individuals who come from very different backgrounds. I am grateful for the opportunities I had to volunteer and to learn from my professors, research mentors and the doctors I have shadowed — but I am just as grateful for the opportunities I have had to teach others. In choosing to become a doctor, I found a profession that effortlessly combines my unwavering curiosity for science and medicine with my passion to help others. Although I understand that the journey to becoming a physic lord is long and demanding, my experiences have assured me of my choice: I can't imagine a profession for myself as personally satisfying and intellectually fulfilling as medicine. As a bacterium that thrives in a pH of 2.0, Helicobacter Pylori is most commonly known for its effects on the stomach. Yet in the fall of 2012, this microorganism was responsible for sparking a change of heart in a high school senior who was previously determined to avoid following a career in medicine. Years of empty lawn chairs at football matches and unattended music performances have convinced me early on that medicine was simply not for me—that my doctor parents were plagued with a propensity for self-destructive altruism that graciously skipped over me. In fact, as a sixth-grader, he's a sixth-grader, he's not going to be a member of But in my final year of high school, I sat waiting for a urea breath test to confirm the reason for nagging pain in my stomach and found myself transfixed by my Dad's telling of the discovery of H. Pylori. The story of Dr. Barry Marshall fixing his own body to prove this bacterium causes ulcers with something deep within me. I considered this stirring example of self-sacrifice and was moved by the idea that Dr. Marshall must have experienced a profound pride in knowing his work had positively impacted the lives of others. I started my journey to a career in medicine, hoping to experience such a sense of fulfillment. I was lucky enough to get a taste of this feeling in my time at Stanford. In my first year volunteering on the management team of the Special Olympics, I shared in an athlete's delight as I watched him step up to the line, close his eyes, and kiss the shot put before his winning throw. I can remember this warm, simple sense of shared happiness and performance as opposed to the more epter metals satisfaction that comes with individual achievements. It's the same feeling that makes my experience as a big brother to Ricky so rewarding; when he opens up to me about his relationship with his father, I am humbled and deeply grateful for the opportunity to be part of his life. These are my

experiences in the hospital that have convinced me I'll find even greater content than physic lord. In my time shadowing Dr. Robert Martin in San Francisco, he continually insisted that there was no work more rewarding than caring for a fellow human being. I could see the sincerity behind his words when I observed how heartily he would pat his patients on the back at the end of an appointment. And I can still clearly remember the clarity I saw in his eyes when he told me the best part of his job — telling a patient that he doesn't have cancer. My time shadow doctors also gave me high school concerns about being able to integrate medicine with my love for the humanities, especially my love of analyzing literature, film, and poetry. I observed Dr. Martin assemble disparate pieces of information about family history, social behavior, and personality traits to get a more complete picture of a patient's symptoms. This process spoke to the part of me that liked reading Robert Frost's After Apple-Picking and analyzing the poem's message about how one's life work can be immensely fulfilling, even if it's deeply exhausting. In addition to the human aspect of the field, I believe a career in medicine will also allow me to inddent on my evolving passion for science. In the past three years, I've done research at the Stanford School of Medicine where I worked on expressing and purifying an RVG-Lamp2C fusion protein marker. My time in the lab taught me how to be thorough and accurate in my experimentation and thinking. Most importantly, my frustrations, setbacks and successes have promoted both a profound appreciation of science and a hunger for a greater understanding of how life works. I saw this manifest itself in my leave term job at ahealth care information when I stumbled upon an article about the gut microbiome is a potential treasure trove of drugs for obesity, type 2 diabetes, and and metabolic diseases. Right now, I remember being a colon in my hands in Dr. Martin's operating room held and awe was by the idea that that instantly tangible collection of tissues is key to so many elusive cures. I found myself itching to contribute to our understanding of this incredibly promising and fascinating body system. I married H. Pylori for putting me on a path that allowed me to grasp my parents' choice of occupation. I now know that the price of missing out on a career medicine is greater than the personal sacrifices that inevitably come with such a demanding training process and line of work. My experiences at Stanford have convinced me that understanding the human body and caring for people are my life callings. I'm unsure about whether I can pass it on to my future kids so they can take a less circuit route to understand my choice of career, but I know that my experiences have left me well prepared for the challenges that await me. THERE'S NO NEED TO STRUGGLE THROUGH THE MED SCHOOL ADMISSIONS PROCESS ALONE, ESPECIALLY WITH SO MUCH ON THE LINE. SCHEDULE YOUR COMPLIMENTARY 30-MINUTE CONSULTATION TO ENSURE YOU LEAVE NOTHING TO CHANCE. Chance.

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