

PERSONAL STATEMENTS – Paragraph Samples

Updated January 2019

Opening Paragraph

I will never forget what I refer to as “the night of the code strokes.” During an overnight shift in the ED, we were inundated by a series of cases requiring the most expeditious medical treatment I had ever seen. The mood was hectic, but controlled. That night was my first experience with helping run a code. I was surprised at the team mentality in the Emergency Department; every member of the medical team, including nurses and medical students, were involved in the decision making. After 35 minutes of chest compressions, I walked out of the room exhausted and realized the camaraderie that is required with the job, and that I hope to work in this type of team-based environment in the future. Furthermore, I learned that diligent history, physical exam, and procedural prowess is the cornerstone of effective patient care.

NOTE: Imparts the sense that he enjoys action, a good trait for an E.D. doctor.

“I really don’t care if I live or die,” a 14- year-old patient said while I was interviewing her in clinic one day. She was being seen due to the possibility of her having contracted an STD for a second time.

NOTE: Who wouldn’t want to keep on reading this?

“Think like a raindrop,” was the advice I received prior to leading a small group of underclassmen to replace a roof for a low-income, elderly woman. Precision is key when roofing, one-tenth of a degree is magnified when followed for the length of a roof and raindrops can sneak in through the smallest mistake. I found myself drawn to the details of the project, anticipating future problems, and preparing for them in advance so the shingles fit in their proper order. I enjoyed being the person to fill in the gaps, ensuring everyone had direction, and keep in mind the big picture. During my clinical rotations, I found these roles were filled by internists.

NOTE: Those first four words make you want to keep reading. Includes his personal strengths.

When I walked into the low-income OB clinic for the first time, I was a 21-year-old female with no children and no experience with pregnancy. I knew I wanted to help but I wasn't sure how I could. I felt anxious about connecting with people whose circumstances were so different than mine. I wondered if the patients would be able to trust me, but I was excited to be a part of a team that was willing and capable to care for those who needed it. These were women who had nowhere else to turn. They were afraid, more afraid than most people could ever imagine being. Who was I to help? **NOTE: Show she’s grown and learned during medical school**

Non-traditional students

My path to medical school strongly characterized me as an “atypical applicant.” I spent two years trying to work and go to college and quite frankly I didn’t have the discipline to pull it off. So, I left college and enlisted in the military. ... I took very well to the military. I liked being part of a team; I liked to contribute; I thrived in leadership roles. ... I *left* the [military] with the goal to go to medical school. I graduated “*summa*” ... And by the grace of God, was accepted into medical school.

NOTE: Described traits important for the military that are also important for a career in medicine.

I’ve always been a “big picture” kind of person, constantly asking myself what else is out there and what else could be accomplished. Nothing exemplifies this better than the seven years I spent at Auburn University. I studied things as large as populations and as small as the molecules driving them. I worked jobs as cool as a cowboy and as mundane as a sales associate. I lived in places as exotic as Sicily and as close to home as Farmville, a community of 500 people, where I served as a volunteer firefighter. At every stop along the way, I learned whatever I could about the world around me in an attempt to see the bigger picture. I can confidently say that I learned more about myself—that I’m a driven, resilient person with a passion for community health, who will overcome whatever obstacle lies between me and my dream of becoming a family physician.

NOTE: Packs a lot of personal bio into one paragraph

Explaining Academic Difficulties

I have loved every day I've been able to see patients, but getting to my clinical years took a little longer than I'd hoped. At the end of my first year of medical school, I faced a few personal trials and was required to repeat my first year. While this was a very difficult challenge, it was also a learning opportunity. I learned perseverance, dedication to medicine, and how to overcome adversity.

NOTE: Starts with a positive (love of patients) before bringing up the academic negative.

Medical school is a journey for all of us, yet it brought unique challenges for me both personally and academically. It showed me early on that life does not pause for my education. As I welcomed the birth of my daughter during first year, I quickly found myself struggling with balancing family and academics. Although, my classmates claim I made it look easy, I did not feel graceful at the time. However, looking back I can say without doubt I am a stronger person than the one who stepped into the lecture room on the very first day of medical school three years ago. **NOTE: Explains why scores might be a little low, without directly saying it.**

I entered medical school with a desire to work hard and make the best grades possible. Medical school proved much harder than I ever imagined, and my first and second year were spent struggling to stay afloat. When I found out I failed Step 1, I was crushed. I found myself questioning if I was even capable of providing patients with the care they deserve. But I pulled myself together, studied as hard as I could, and passed step 1 on my second attempt. Through the struggles I went through, I learned that persistence is invaluable for a medical student. I hope to apply that persistence to my residency training, and ultimately to patient care. Providing the best comprehensive healthcare to all patients, including underserved populations and Medicaid patients, is my ultimate goal. In my residency training, persistence and determination will be the cornerstones of my medical education. **NOTE: Transitions the difficulty in to a strength for residency training.**

Patient Experience

The experience that confirmed my choice of pediatrics was one where I felt I had failed. I was on pediatric surgery, and a 12-year-old patient came in for abdominal pain. Imaging found an abdominal mass that needed to be biopsied. After the surgery, I rounded on him every morning for several days before the pathology results came back. His dad or mom was always there. You could tell they expected the worst and that they were being strong for their son's sake. The day pathology confirmed the diagnosis of cancer was difficult. I was in the room for the conversation where the parents were told, and that was probably the hardest part. Seeing them in that moment of ultimate weakness is hard to describe. It felt like we had let them down. They put their trust in us and all we had done was tell them their son had cancer.

It took a great deal of reflection for me to come to terms with this. In the end, the experience transformed me for the better. It increased my passion and desire to do the best I could for each and every patient. It taught me to enjoy the small things, to enjoy the smile that patients put on your face. And it showed me that you truly do have to do what you love.

NOTE: Demonstrates an understanding that despite the difficult parts, this is the right career choice.

"I know my health. I live my health. Ask *me* about my health." These words, spoken by one of my patients during my first week on internal medicine, remain clear in my memory. My patient was a young woman who had been admitted for sickle cell crisis just a few hours prior to our meeting. It was early morning when I knocked on her door and began talking to her. I was attempting to piece together her story with notes and lab values I had seen in her chart, while trying to recall what I could about sickle cell crisis (and also wondering how my residents could keep so many patients straight). At some point, she interrupted the thoughts in my head and implored me to ask her *what* she thought was going on and *how* she wanted to be helped. I will always be grateful for her words.

NOTE: Recognition that patients need to be heard, not just tended to.

I have discovered that not all patients have happy stories or easy questions. The first time I saw a cancer diagnosis, I was a brand-new medical student working at the homeless clinic. My patient was an older woman, with tears in her eyes as she showed me the ulcerated mass on her tongue. In too much pain to speak, she let her friend tell the story of how it started growing six weeks ago. Her insurance has lapsed, and they were lost. She had smoked for 40 years, and what could this be? I held her hand and told her we were going to help. My attending confirmed - most likely carcinoma of the tongue, but it would need a biopsy to be sure. I found myself thinking, who is going to take care of this woman? Who will keep her from falling through the cracks? If I was her doctor, could I have prevented this? This woman needed someone who had known her for years, not a new stranger in a cold clinic. Someone who had treated her hypertension and her husband's depression, and when the time comes, someone to talk to her about cancer and eventually her end-of-life decisions. I couldn't be that person for this patient, but I hoped that one day I would be for others as their family physician.

NOTE: Shows the thought process of looking at the big picture of patient care

I have worked to help patients overcome these barriers to healthcare through a medical mission trip to the Dominican Republic, a rotation in a public hospital in London, and by working locally at the Huntsville Free Clinic (HFC). After seeing an HFC patient who "would love to eat better to stop passing out all the time" I suggested a nutritional supplement to help prevent hypoglycemia. Yet, she couldn't afford to buy one. I hated that I had not considered the possibility, however, the encounter spurred a concept that involved helping the clinic stock free medication, nutritional supplements, and other supplies. Over the following year, I worked on publicizing and collecting donations to generate a pool of supplies that can be distributed to patients directly from the facility. This is an ongoing effort which I hope will improve patients' transition from hospital to home, without regard to income. **Note: Demonstrates not only learning but action.**

Strengths/Passion for this Specialty

Over the next few weeks of my internal medicine rotation, I went from not knowing much about the specialty to going home every night with patients' symptoms, signs, lab values and trying to solve puzzles. Without realizing it, I was using any spare time I had in the hospital or at home mulling over the details of a confusing patient I had seen or that another student or resident had discussed. I had found a specialty in which my obsession with detail was not only helpful but a necessity. I gravitated towards unsolved questions. I desired more puzzles, more opportunities from which to learn. Before long, I knew the details of all the patients on our service and kept myself updated on how they were doing. I had discovered a specialty in which my detail-oriented nature and enjoyment of puzzles could be integrated with my interest in helping patients and building long-term relationships with them.

One day on my family medicine rotation, our rounds in the nursing home were interrupted by a patient's daughter, "Nancy", who was upset, overwhelmed, and confused about the recommendation of hospice care for her elderly mother, who had late-stage malignancy. My attending sat down with Nancy and went through everything he knew about the case. Then he did something else. He talked about the end of life. He did not speak about physiology but about his own experiences. These are the times, he said, to celebrate that person's life, share advice and make sure they know how much they mean to you. He recently had this experience with his mother-in-law. In the midst of telling stories, he asked her if there was any advice that she would like to pass along to others. She promptly responded, "You know, I think I would have used more moisturizer." Our patient's daughter laughed and talked about conversations she would like to have with her mother ... I've also learned, from my Family Medicine attending quoted above, that the opportunity to be with people during critical and fragile moments in their lives is a privilege and a calling.

NOTE: A good story about the importance of a patient's family relationships, but also shows the student understands there is much more to learn from an attending than just academics.

On my surgery rotation several months later, I frequently stayed with the patient at the end of the case in order to round with the primary team. My attending surgeon commented that I was “so internal medicine.” He recognized my interest in seeing patients and began to call me in the evenings or on the weekends to give me the opportunity to see and work up new consults. Later, in the month I spent in Tanzania, I found myself enthralled by my preceptor’s ability to use patients’ stories and physical exam findings to solve their puzzles.

NOTE: Demonstrates the student’s interest in the specialty stretches across all patient experiences.

On each of my clinical rotations I found myself gravitating towards the patients with neurological pathologies. On pediatrics, it was the children with epilepsy or the strange admission where I encountered a two-year old girl with CIPA (Congenital Insensitivity to Pain with Anhydrosis). On Family Medicine it was a young woman recently diagnosed with multiple sclerosis and the man who was recovering from a stroke. On Internal Medicine I was drawn back to the room of a woman with a magnetic gait. On my neurology rotation, I helped a Parkinson’s patient cross the threshold of a door after swaying for five seconds before finally walking through it. Outside the life of the hospital, I was drawn to the Alzheimer’s patients in the nursing home where I volunteer with friends on Saturday mornings. While in Uganda my attention was turned towards those with HIV and TB encephalitis, cerebral malaria, and children in a small village with seizures due to neurocysticercosis.

NOTE: Shares some personal information also – volunteer work, mission trip.

My strengths include risk management, teamwork, and attention to detail. The responsibility of caring for two patients in one body is exclusive to OB/GYN. I realized that this unique and challenging aspect requires risk management skills in order to maintain a balance between the health of the mother and the health of the fetus. I strengthened my risk management skills during a rotation in high risk obstetrics. For example, I helped take care of mothers with pre-eclampsia and premature preterm rupture of the membranes, and fetuses with left hypoplastic heart and neural tube defects. My next strength is teamwork. I learned the power of teamwork during my medical mission trip to the Dominican Republic. My team consisted of medical students, doctors, pharmacists, and religious leaders. We went to a new village each day, and transformed a local church into a medical clinic. In one day we treated hundreds of patients. This culmination of teamwork and the results we achieved were truly gratifying. Lastly, I worked with the fruit fly, *Drosophila melanogaster*, for my undergraduate research project. I became an expert at sorting and sexing the flies, while running precise tests. This required meticulous attention to detail, and I will use this skill during OB/GYN surgery.

NOTE: Specific examples of her strengths.

I will never forget the moment I knew I wanted to become a family physician. Our patient was a 74-year-old man with diabetes, hypertension, and heart failure- things that we commonly saw in rural Alabama. We walked in the room- “Hey doc. Having a good week?” “Yes sir. I can’t complain. You?” and the conversation continued. As the conversation progressed, the doctor sat down on the floor and got toenail clippers out of his pocket. He sat on the floor and chatted with the man while cutting his toenails. When this was over, the doctor said he would see the patient in a few weeks, shook the man’s hand, and we left the room. No charts. No documentation. Just on to the next room. As we left the room, the doctor began to teach me the importance of foot care in diabetic patients and told me the man lived alone and had no one to “check his feet” so he occasionally stops by to have his feet examined. At that moment, I knew I had found what I wanted to do. A man with years of education and experience is humble enough to sit on the floor and clip toenails because his patient needed it.

NOTE: One doctor made a difference in the patient and the student’s life

Talking about Scholarly Activity:

In my career, my goal is to become a well-respected pediatrician both for my medical contributions and for my compassion for others. I also believe that the greatest doctors are those who give back to their community. For this reason, I plan to volunteer my time and services to committees that advocate for children's rights. One area that I am particularly interested in is child abuse and reporting. During my scholarly activity, I reviewed state laws regarding mandatory reporting and the incidence of child abuse cases filed to determine whether the differences in state reporting laws contribute to the number of abuse reports filed. The outcome of this research will form the basis for advocating for standardized nationwide mandatory reporting laws.

NOTE: Demonstrates long-term interest in specialty.

What Student Wants in Residency:

I am especially interested in primary care, and my ambition is to serve as a physician for a diverse population in areas where medical professionals are in critical need. I also hope to contribute to the healthcare system by utilizing my skills in epidemiology and the resourcefulness I gained from field work in diverse international settings. I am looking for a residency program that allows me to achieve these goals providing a broad range of opportunities in both ambulatory and hospital settings. I look forward to a challenging and rewarding experience and working as part of a strong and ambitious team.

NOTE: Clearly states her career goals and shows that her background supports those goals.

I am interested in a residency program where I can establish my foundation as a physician. I hope to work in a program led by physicians who want to teach and mentor their residents. As someone who enjoys working with her hands, I would like to continue to improve my procedural skills. As a former teacher I enjoy working with students, and I hope to be a valuable educator as a resident in the future. Most of all I endeavor to find a residency where I can become an integral part of a team that provides excellent patient care.

NOTE: Good way to slip in a little more about background – i.e. teacher.

In residency, I desire a curriculum that provides strong gynecological and pediatrics experiences, as well as adult critical care. I would like to have opportunities to become experienced with IUD placement and colposcopy, so that I can more thoroughly manage care in my female patients, and not feel the need to refer them for birth control needs or an initial abnormal pap smear. I also hope to receive training time in both the PICU and adult ICU, in order to develop the skills and confidence to manage critical illness in all of my patients, regardless of age. I look forward to training in a residency that allows families to trust me as their internist, pediatrician, gynecologist, and obstetrician.

NOTE: Family medicine applicant who is very specific in the skill sets she is seeking.

I want to secure grant funding for research performed during residency. As a result of my research, I want to publish at least two papers in peer-reviewed journals. As a resident, I also want to interact with medical students by teaching and fostering interest in otolaryngology. My long-term goals are similar. I want to work in an academic setting with three primary responsibilities: patient care, research, and medical education.

NOTE: Very specific and enumerated goals.

Examples of well written Personal Statements (edited for space)

Weaves specialty choice into every paragraph:

“Hey Doc, you might want to talk a look at this.” On my computer rested a radiology report for a patient I saw with my rural preceptor. She came to the office with left upper quadrant pain, early satiety, and abdominal distention. Due to the patient’s age and family history, I was worried that her vague symptoms could be related to ovarian malignancy; thus, I enquired to my preceptor if he thought ultrasonographic imaging would be appropriate. He readily agreed with my rationale. This report reflected my gut feeling that something was wrong: “There are multiple solid masses in the liver...dominate mass measures 17.0 x 12.9 x 18.1 cm. Follow-up CT recommended.” Although it may sound strange, reading those words convinced me I wanted to become a radiologist.

I wanted to be the person to give an answer for that patient. I wished I could have performed the patient’s ultrasound examination and subsequently analyze the findings. One of my family medicine patients suffered mortal complications from the rupture of a massive basilar artery aneurysm, and I used his tragic CTA findings to give insights on how to understand the Circle of Willis and how its anatomy explained the patient’s unfortunate condition.

I had done research one summer centered around using microbubble contrast-enhanced ultrasound to characterize indeterminate renal lesions. I began the project as someone who was incapable of understanding what those series of words actual meant, but by the end I was trying to explain the various septations and wall patterns of lesions suggestive of malignancy to my exasperated, but thankfully supportive, parents. It is this constant teaching aspect of radiology that attracts me to the field. The most obvious instruction one gives as a radiologist is assisting physicians with disease diagnosis and pathology localization, but I see a burgeoning, ever-questioning group of pupils waiting ahead for radiologists: their patients.

As society becomes increasingly tech-savvy, there will be an increasing desire from patients to access their medical images digitally. With that, there comes the concurrent expectation that radiologists will have to be responsible in disseminating this information, as well as explaining the abnormalities. As this latter role has traditionally been in the hands of primary care physicians and/or specialists, radiology will have to adapt and rise to this challenge.

I am looking for a residency program that wants to prepare its students for this inevitable future. Such a program would obviously need to be strong in giving its future radiologists extensive breadth and depth in commonplace and emerging image modalities with distinguished skills in fostering student independence. As part of that independence, the program must have a strong emphasis on how best to explain radiologic findings for both physicians and laypeople. Additionally, I hope for ample opportunities for resident research, as well as strong mentorship from both upper level residents and faculty.

A very personal story - background on his youth, a challenging personal situation during medical school, his current family situation, how this all led to his specialty and his future goals:

“Do you think we can take in a 2-year-old?” Unsure if my wife was joking, I stopped midway up the steep hill on 19th Street in Birmingham to catch my breath, which was now short for reasons other than the strenuous walk. My wife went on, explaining that her niece, Gabby, needed a home. Nobody else in the family was able to help, and if we didn’t, she would likely end up in foster care.

Though we later discussed it at great length, my mind was made up before I summited the hill. My parents, who worked at a children’s home in Alabama for most of my life, showed me the impact a loving home could have on a child’s life. I couldn’t imagine saying no to this little girl. Less than a month later, we received full custody of Gabby and it became the three of us (plus the cat). It was my first year of medical school, my wife worked full-time, and we were the sole caretakers of a toddler. Through all the stresses of those early times, one thing stands out in my mind as perhaps the most stressful of all—her nighttime cough.

That cough kept us awake at night. Each time Gabby let out a string of coughs, I crawled down to the edge of the bed and put my hand on her chest to make sure she was still breathing. We had been told that she might have asthma, but that was all we knew. We didn't have any of the documentation most places required for care. We had no Medicaid information, Social Security number, birth certificate, or medical history—only a piece of paper signed by a judge that said we were responsible for her. My wife and I were at a loss—how could we care for this child if we could not get her most basic healthcare needs met? Thankfully, we stumbled upon Christ Health Center, a Federally Qualified Health center (FQHC) in Birmingham.

Christ Health Center was exactly what our family needed. In addition to caring for Gabby's needs when most other places would not, I saw there a model of the sort of clinical work I intend on doing after residency. I was so impressed I signed up to do an elective rotation with them between first and second year. Prior to that, I was fairly certain I wanted to practice family medicine and work with the underserved in some way; after my first day at Christ Health Center, there was no doubt left in my mind. My draw to family medicine in general, and FQHCs in particular, is the potential for community change. At Christ Health Center, patients often came in with their entire families and everyone in the room had an issue to address, medical or otherwise. I learned some of the nuances of working with a community and gained skills necessary to help meet these needs. Usually, it was just a word of reassurance; other times, it was patient and family education; and occasionally, it was setting them up with resources for food and housing.

The lessons of those few months are often in my mind as I see patients. During my family medicine clerkship, I was tasked with doing the H&P for three different children in the same room. Inside, I found a frazzled mother completing paperwork while the kids scrambled about the room. She tried her best to calm them as I started on the histories, but to little avail. She grew more and more dispirited as she continued answering, "I don't know." Finally, on the verge of tears, she said, "I'm so sorry. I just got custody of all three of them and don't know anything about their histories." I paused, remembering Gabby's nighttime cough. Finally, I said, "Don't worry, we'll take care of them. I know exactly how you feel."