Sample 1:
Ob/Gyn Personal Statement

Throughout my third year of medical school, I asked every intern, and resident I encountered, “How did you choose what field to go into?” Asking this question is very much like asking people to tell the story of how they found true love: some people told a story of love at first sight, but most talked about working at discovering what they felt best at, what felt best to them, where they fit.

During my rotation in Obstetrics and Gynecology, I was lucky enough to experience both these feelings: the passion and the appropriateness. I enjoyed every clerkship of my third year, but during those months on the 5th floor of Elmhurst City Hospital, I was exhilarated. I loved the anxious joy of the labor and delivery room, the well-organized
tension of the operating room, and the intimate confines of the clinician’s office, where women bring problems that they are too scared or shy to talk about with anyone else.

But more than just loving those places, I fit there, because these are the talents that Ob/Gyn demands from me: The ability to make complex decisions quickly, often based on limited information. The skill of being efficient and unflappable during a crisis while not being emotionally remote. The slower-paced capacity of listening well in the midst of confusion. The patience to teach women basic facts about their bodies and discuss with them the decisions they face. The fact that I’m willing to learn Spanish on the move, and to compose a talk on labor breathing and pushing that I can deliver in two languages. My ability to be unreasonably cheerful at 3 a.m. with no sleep and little food.

I began medical school with the uninformed thought that I was, of course, going into Ob/Gyn. I had spent most of my undergraduate life working in women’s organizations, and pictured a career for myself in international health, with a focus on women’s issues. I entered Mount Sinai Medical School’s combined M.D./Master’s of Science in Community Health program, on my way to a career in Maternal and Child Public Health.

During my first year of medical school, I participated in the “Prenatal Partnership Program”, which matches medical students with pregnant teenagers. We become their labor coaches and medical advocates— not always the easiest job. My prenatal partner, D., like many other women in the program, was embarrassed into silence by the presence of anyone in a white coat. This reticence frustrated all of the health care providers who worked with her, including me. One day while waiting in the clinic, a visibly distressed D. came in, spilling over with words, telling me that a resident of her group home had kicked her in the abdomen during a fight over the TV remote control. D. had spent the entire night in the hospital, alone, attached to a fetal monitor. When we were called into the doctor’s office five minutes later, the doctor asked: “So, D., anything new since last visit?” D. smiled shyly at her lap, and shook her head, “No.”

I was shocked! Yes, there was something new! I didn’t want to infringe on D’s confidentiality, so I leaned forward, and whispered to D.: “Are you sure?” “Oh, yeah,” she said. “I forgot. Last night…” In the moment of encounter with the physician, D. had been too overwhelmed to connect the visit with her life, to offer any of her own information, and in this way, seriously compromised her own health care.

This story is now the one I tell every year at the Prenatal Partnership training for new volunteers. My encounter with D. motivated me to create the Prenatal Partnership Journal project. I published and distributed a pregnancy journal to be filled out by expectant mothers, now used in the program for over a year. It includes sections to be filled out before and after prenatal care appointments, places to note questions and concerns, in addition to spaces for basic information such as pregnancy dating, weight gain, and lab results. Based on early feedback, the journal is a great success, effective both in putting these teenage women in charge of their own health, as well as creating a context in which the they and their Partners can discuss important health issues.

Part of the reason I love Ob/Gyn is because I do find solving these problems so satisfying. “Ah,” said my physician father, when he heard this. “You are a surgeon.”, and he has proved to be correct about me, both in temperament and chosen profession. My enthusiasm for problem solving ranges from this clinical level to a more global scale. In the clinical arena, I am fascinated by the new resources and techniques discovered every day, and plan to pursue sub-specialty training within the Ob/Gyn field in the future. With that clinical training and my interest in public health, I will work on a more global scale to study how we can offer women in all communities access to safer childbearing, control over their fertility, and treatment of disease.

Upon finishing my third year of medicine, I realize how lucky I am. When I asked physicians about their choices, what I was really asking was: Where can I go that I can contribute the most? What can I do that will make me the happiest? Where will I fit? And my questions have been emphatically answered by my time in the operating room, the labor room, and the examination room. In the end, I have found that these questions are connected. For me to be happiest, I must pick the field that utilizes all of me— my temperament, my diverse interests, my intellect, my pragmatic philosophy. For me this field is Obstetrics and Gynecology.

Sample 3:

“You don’t go into the field of Medicine unless you love people and the relationships you have with your patients.” These are the words of the Dean of my Medical School that solidified my desire to pursue a career in Internal Medicine. At the time, I was almost sure Medicine would be my chosen specialty, but like most students at the end of their third year, I occasionally doubted my decision. My Dean’s statement reinforced what I already knew—that in no other field would I have such great opportunities to form lasting relationships with patients and influence their lives in positive ways. One patient I cared for during my Medicine rotation stands out as an example. R.W. was a middle-aged man with depression and end-stage renal disease who was admitted for treatment of his second case of bacterial endocarditis. Although the residents I was working with cared about Mr. W, they did not connect with him and spend the extra time talking with him. He wasn’t always pleasant and they had other patients to see. I would talk to him, trying to alleviate his fears by explaining everything we were doing. I feel we became friends during his time in
One of the aspects of Medicine I most look forward to is the opportunity to teach. I have always loved teaching; it is a skill I began to develop in high school teaching swimming lessons. During the year between college and medical school I enjoyed working part-time as a substitute teacher, and in medical school I continued to teach as a Gross Anatomy TA. I also volunteered at local middle schools teaching about AIDS prevention, and as a partner to a pregnant teenager I was able to help her better understand what medical personnel told her. Teaching appeals to me because it challenges me to translate my knowledge into concepts that are understandable to others. As a physician I will be able to use the teaching skills I possess to help others understand their illness and ultimately lead healthier lives.

Along with teaching, leadership is an activity that has defined much of my life. Officially, I began holding positions as a leader in middle school, but I am sure my family would argue this trait began much earlier. This tradition continued through medical school, as I was co-coordinator of the International Health Group, first and third positions as a leader in middle school, but I am sure my family would argue this trait began much earlier. This lives.

I feel that a career in pediatrics will allow me to develop my professional interests. For example, pursuing a career in pediatrics would provide me many opportunities to continue working in the laboratory. Through my first and second years of medical school I worked on cloning and characterizing a transcription factor in the zebra fish, which has been shown to be important in embryologic heart and craniofacial development. In humans, a variant of this transcription factor has been shown to be the only known genetic cause of patent ductus arteriosus. I find the link between the basic science laboratory and human disease to be fascinating, and hope to have the opportunity to continue working in the laboratory in the future.

Sample 4:

The patient had been struck by a van while walking to school and had been lying quietly on a stretcher in the hallway of the E.R. for about half an hour.

“You can see him if you want,” my resident said. “Just make sure to do a complete physical.”

Okay, I thought, this should be easy enough. After a quick check of the vitals, I started by taking a basic history. The patient’s family was Korean, and spoke only minimal English. With a little effort, I found out that the patient was a healthy nine year old with no significant past medical history. The patient’s only complaint was that his legs hurt. Pushing up the cuffs of his jeans, I could see that he had some nasty abrasions. There were no obvious bone or joint deformities, and I was tempted to stop there. Fearful of presenting an incomplete physical exam, however, I asked the patient to undress so that I could do a more thorough physical.

After the boy took off his shirt I could see that he had no obvious chest or back injuries. His heart, lung, and abdominal exams were all normal. As the boy’s father stated to pull the jeans down around the boy’s hips, I heard the boy whimper for the first time. As I approached the boy, I saw a blood stain on the front of his Scooby-Doo underwear. Immediately, I left the room to get the attending. It turned out that the quiet nine year old boy whose only complaint was sore legs had a pelvic fracture.

From this patient, I learned how unpredictable and challenging a pediatric patient can be. It really demonstrated to me how differently kids and adults react to major illness and injury and it showed me how utterly meticulous you have to be in order not to miss anything. The challenges I encountered in caring for this patient really peaked my interest in a career in pediatrics.

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A career in pediatrics would also allow me to continue to develop my teaching skills. I feel that an integral part of being a physician being an educator, and that this is especially important in pediatrics. Throughout my undergraduate and medical education, I found that I enjoyed teaching. As a junior and senior in college I was a physics and organic chemistry teaching assistant. During first and second year of medical school I was a member of Students Teaching Aids to Students, where I helped to teach AIDS education in local junior high schools. As a second year student, I also tutored local high school students in physics and biology. In the future, I would like to continue to develop my skills as an educator, so that I can be of the greatest value to my future patients and their parents.

My ideal career would be in academia, and would include both research and patient care. I would eventually like to do a fellowship, and am particularly interested in pediatric cardiology and neonatology. Overall, I feel that a career in pediatrics will be exciting and intellectually stimulating and will give me opportunities to grow both personally and professionally.

Sample 5:

7: 50 AM. The code finished. I had lost my first patient as a medical student. I was filled with a spectrum of emotions and did not know how to react. I felt a comforting hand on my shoulder and heard a familiar voice say “take a few moments away from the floor and when you are ready we can talk about this.” It was the voice of my medical resident.

I clearly needed time to gather my thoughts and make sense of this situation for myself. I have always taken great pride in the consequences that result from my motivation, enthusiasm, and persistence. However, this was an instance where my benevolent intentions were incongruous with the associated outcome.

When I came back to the floor I met with my resident. He disclosed a similar encounter he had experienced earlier in his residency. As he spoke, I realized that I view Internal Medicine as the ultimate challenge, and that is why I am drawn to it. This patient, along with the others on our service, was being treated and cared for with the best medicine had to offer. Yet our efforts did not translate into continued life for this patient as it did for all the others.

I was humbled by the prospect that sometimes my strongest performance may not be enough, when choosing to measure success based on the outcomes of my actions rather than the intentions driving them. However, at the same time, I felt invigorated by this realization and fortunate to have appreciated this lesson during the primordium of my medical education.

For me, this exciting challenge is what Internal Medicine residency is all about. Whether it is the intellectual pursuit of understanding complex disease processes, developing meaningful relationships with patients and their families, or conducting research to forward patient care, I am passionate about the practice of medicine. Internal Medicine training will provide me with the firm foundation upon which to build a productive career.

Several experiences during medical school shaped my aspirations to be most compatible with training in Internal Medicine. During the preclinical years, my determination led to winning the Dr. Morris B. Bender Family Award for Excellence in Neuroscience. This prestigious award is given to the second year medical student with the top academic performance in the Brain and Behavior course. This honor demonstrates my achievement in the basic sciences. Additionally, the first two years of medical school involved a sincere commitment to the medical center and surrounding community. Whether it was being a leader as Vice President of my school’s AMSA chapter, or running in an organized race in Central Park to benefit home delivery of meals to patients with AIDS, I always enjoyed enriching the lives of others. These two activities are examples from a larger group that were recognized by the receipt of awards for Outstanding First Year and Second Year Medical Student.

Another direction in which I focused my energy was research. I enjoyed the opportunity to join a research team and benefited from the relationships I developed with several mentors. It was exciting to see my work result in a presentation at a national meeting and first authorship of an article featured as the lead article in a peer reviewed journal. Teaching is also an interest that was refined during medical school. As a teaching assistant for both the anatomy and histology classes, I was afforded the chance to interact with terrific medical educators and instruct many students.

These broad interests that include academics, leadership, community, research, and teaching, coupled with a goal of establishing extensive clinical expertise, makes Internal Medicine the residency for me.

The root of these interests and accomplishments originates from my desire to better people’s lives, as detailed in the story I shared. Moreover, experiencing that situation with a resident I consider to be a valued mentor added to its positive impact. He embodies the maturity, competence, and professionalism that I will strive to achieve during residency. Working on his medicine team provided me with a preview of what a privilege it truly is to be a physician. A privilege I am eager to call my own.
As I sit organizing the multitude of papers accumulated during my third year medical school clerkships, I come across my patient logs – neat columns tracking each case I have followed over the past year, reduced to the barest essentials of initials, date, complaint, and diagnosis. These pages hold many entries, and although for some, the details are now blurred, for others, the very story itself seems to jump out as I skim the page. From the sheet labeled “psychiatry” there is RS, 46 years old, diagnosed with psychosis, his odd writhing movements long attributed to the effects of medication, until asked about his family history. On the sheet from my inpatient medicine rotation, I see the initials KC. As I recall her, my very first patient from my very first day, I am reminded of the long and unfruitful work-up she had undergone to evaluate her difficulty swallowing, until I asked her if she ever felt weak, and she nodded yes. And then there are the initials TW, staring out at me from my family practice log, conjuring up images of a frustrated young man, long written off as neurotic for his recurrent complaint of dizziness, misdiagnosed and misunderstood until I elicited from him the specific head motion that made his dizziness worse.

The patients, the settings, the complaints, were diverse, yet ultimately, united by two themes. First, by the thrill I felt as the questions that I asked yielded new clues, insights, and ultimately answers, as if I were discovering those last few pieces to a jigsaw puzzle, that once found, reveal the completed, final picture. And second, by the fact that all these cases, after completion of history and physical, proved to be neurologically based.

It is this that draws me to neurology. There is little in my life, my medical studies included, that I pursue on a superficial level. Throughout my clinical experiences, I often find myself continuing to ponder cases long after the patient has left the hospital or office. In neurology, I welcome the opportunity to move beyond the precursory, and the chance to consider each case in depth, as an opportunity for new understanding. In all my clinical and research experiences, I have yet to see a neurologically based case from which I learned nothing, or that did not motivate me to read more, to think more, in anticipation of cases to come.

As much as I am drawn to neurology by my fascination for and desire to delve into the workings of this infinitely complex system, my attraction for the field goes beyond this. For me, the challenge of entering the realm of patient care for those for whom there may be no definitive cure or prescription for ultimate relief, brings with it the opportunity to call into maximum use all resources of compassion, patience, and understanding that transform a mere day of work into a day of worth.

My desire to participate in this dynamic and ever expanding field extends beyond merely being on the receiving end of knowledge – I want to contribute. I first experienced the excitement of research during my first in depth project in college, a thesis awarded honors exploring executive functioning in Alzheimer’s disease and vascular dementia. Three years post college graduation spent in Boston at Massachusetts General Hospital, coordinating clinical trials in psychopharmacology, as well as longitudinal studies with thousands of subjects, exposed me to the complexities involved in the development of a research study, from the initial grant writing and submission, to the final analysis of the data. As a first year student, intrigued by the clinical issues encountered in a neurology elective in neuro-aids, I was able to develop some of these questions into a fellowship sponsored research project correlating the clinical diagnosis of HIV associated myelopathy with the histologic diagnosis of vacuolar myelopathy. And now, after a year focused on my clinical clerkships, I have returned to neurologic research, looking at the effects of botulinum toxin injections on the hemiplegic upper limb.

While I am eager to continue my research in neurology, I also however, look forward to continued patient contact in an individualized setting. Patient relationships have been important to me since my preclinical years, when I spend weekends or evenings caring for indigent patients in a free clinic, or stood out on the street in wintertime giving flu shots to New York’s homeless population. This past year during my clinical rotations, I have thrived on the excitement and sense of challenge felt from seeing the uniqueness of each case stemming from the uniqueness of each individual.
I am looking for a residency program, that will allow me to continue to develop my potential in these areas, combining academics with clinical care, and presenting me with new challenges throughout.

Sample 7:

Radiology captivated me early on in medical school, when I encountered radiographic images demonstrating pathology as part of my pre-clinical courses. However, my clinical clerkships, and my experiences outside the regular medical school curriculum, have been essential in cementing my decision to become a radiologist.

I am drawn to the direct, visual manner in which radiology provides answers to diagnostic riddles, as well as the skill required to interpret radiographic manifestations of disease with the differential diagnosis and attendant limitations and idiosyncrasies of the study in mind. The everyday, collaborative interactions between radiologists and clinicians in different fields are also very attractive to me, and in my clerkships I appreciated seeing radiologists communicate in the language of each specialty to provide indispensable information for patient care.

During my medicine clerkship, my team took care of a young man whose initial complaints were suggestive of tuberculosis. Chest films, a chest CT demonstrating mediastinal lymphadenopathy, and a CT-guided renal biopsy were all vital steps in the work-up leading to the diagnosis of Goodpasture’s syndrome. A myriad of other clinical experiences have illustrated to me how radiology is pivotal to many aspects of patient care, in every specialty. Indeed, I have memories from almost all my clerkships of taking (often speeding) patients to the radiology department for crucial imaging studies.

Apart from courses and clerkships, my time spent working as a teacher, artist, and researcher has been influential in my choice of career. As a CPR instructor and teaching assistant it is a pleasure to facilitate learning in others while solidifying my own knowledge base, and the one-on-one teaching that is exemplified by academic radiology is appealing. As someone who enjoys creating art, I am visually oriented, which makes radiology a natural match. My research experiences before and during medical school have been meaningful to me, and it excites me that radiology is such a dynamic, growing field with so many active areas of research. I am impressed by the vast potential for offering patients less invasive and/or more effective alternatives for diagnosis and therapy, for everything from MRI-guided interventional procedures to virtual colonoscopy. The current research project I am participating in with my mentor is aimed at visualizing the microscopic laminar pattern of human cerebral cortex, using high-field-strength MRI. With increasing resolution of imaging, the day may come where patients can, in certain situations, undergo non-invasive MRI for pathologic diagnosis, rather than under the scalpel for biopsy. Characteristics that have been advantageous in my research experiences, such as being methodical and detail-oriented, should also be valuable in a radiology residency and career. Furthermore, my thirst for knowledge, strong work ethic, and motivation to provide excellent patient care within a team setting are qualities that I demonstrated during my clerkships, and are consistent with my idea of a successful radiologist.

Ideally, I hope to join a residency program in a large academic center that has a strong foundation in teaching, patient care, research, and service to the community. While my priorities during residency will be to develop my skills as a radiologist and help patients, I would also like opportunities to become involved in basic or clinical research. Eventually I hope to pursue a career in academic radiology, so research and teaching opportunities are important to me. With such training, I look forward to working with other physicians to provide stellar patient care, contributing to the further growth, advances and innovation of radiology, and teaching the next generation of radiologists.
Commitment to my education and training has provided me with experiences which have been diverse in scope; each with a unique lesson and each bettering my understanding of my interests and ambitions. I do not pass up an opportunity whether on the playing field, in the classroom, or on the wards.

The opportunity to attend a military high school with a national reputation for academics as well as ice hockey marked the beginning of my formal education. In the classroom, I committed myself all around discovering early on my interest in mathematics. On the playing fields, I came to high school knowing I wanted to play ice hockey and soccer but also needing a new challenge, so I picked up lacrosse. While I had no aspirations for a military career, the military system provided me with the opportunity to learn leadership skills first as a follower and later as the second highest ranking cadet in command of a regiment of over 500 young men with responsibilities including organization of all school meetings, designing and implementing plans that would ensure students were keeping their living environments clean and safe, and reporting to the school administration about the performance of my fellow students both in and outside the classroom. In this time, I authored a manual that explained to new cadets the specifics of their responsibilities regarding proper wear of uniform, cleanliness of living space, and classroom requirements.

Princeton University was a place where I pursued several of my interests, which at the time included medicine, business, education, and athletics. I sought out nontraditional curricular options that might allow time for exploration of these and was accepted into Mount Sinai School of Medicine's Humanities in Medicine Program, which is a program that offers early acceptance into medical school to those who plan to become physicians but would like to focus on the humanities and social sciences with their undergraduate education. I studied economics and eventually focused on health care later writing my thesis on the effect that provision of maternity leave benefits has on the employment behavior of women. In addition, I completed the equivalent of a major in elementary education earning the opportunity to teach third grade at a local elementary school for a semester.

I graduated college with the opportunity and desire to become a physician and, at the same time, would soon find out that while a major part of my training would take place within the walls of a hospital, a no less important part would take place in the neighborhoods of the East Harlem community of which I was soon to become a part. I committed a significant amount of time over the past four years to community outreach efforts including education of the homeless, mentoring high school students, clothing and food drives, and raising money for those suffering from AIDS. Within the hospital, I served my school as the community service representative on student council, as a representative for the American Academy of Medical colleges, and as secretary for the Sinai chapter of the American Medical Student Association. As a member of student council, I developed a website that is now accessible from Mount Sinai's homepage which is devoted to disseminating information to the Sinai students and physicians regarding community service projects that are ongoing and other opportunities with the goal of increasing the level of participation in such efforts.

With these experiences along with my studies, my interests in medicine and patient care focussed into what I envisioned could lead to a rewarding and fulfilling career. Specifically, I was most interested in physiology and pharmacology in the classroom and hands on procedure oriented care with patients on the wards and in the operating room. The Department of Physiology and Biophysics offered two medical student research fellowships each year to first year students of which I was the recipient. My research in cardiac physiology over the next year and a half further solidified my interests in physiology. My clinical experience in the operating room in my anesthesiology and surgery clerkships along with my experience as part of the transplant team at the Recanti/Miller Transplant Institute left me at the beginning of my fourth year of medical school prepared for and excited to commit myself to train for a career as an anesthesiologist.

Leadership, teamwork, responsibility, and service are what I have learned and taken away from my education thus far and these four attributes are what I will offer to the residency program in which I train and eventually to the specialty of anesthesiology. As a house officer, I will continue to pursue my research interest in cardiology and am particularly interested in gaining clinical research experience since, thus far, my learning has been limited to basic science. Finally, I will continue to commit myself to community outreach efforts in this urban environment in which we live.