

Personal Statements

This is the part that many students find the hardest to accomplish. Limit yourself to only one page. Surgical programs seem to like shorter, “to the point”, statements. Family medicine programs seem to want a more “up-front and personal,” detailed statement. In our opinion, **it is best not to include your views on politics, religion or controversial issues**. Remember, you don’t know who will be reading your personal statement and what his or her views might be. The personal statement, however, is your chance to stand out from the crowd, and also will give you something interesting to discuss at your interviews. Also remember – proper English, good grammar, spelling and composition all count!

In Livesay’s book¹, she lists the following as topics, which may be included in your personal statement, and suggests including three to four of these topics.

- ✓ Reasons for selecting the specialty
- ✓ Relevant experience
- ✓ Skills you provide which are especially valued by the specialty
- ✓ Personal and practice goals
- ✓ Educational experiences you are looking for
- ✓ Human-interest information

Another approach is the three paragraph approach defined by one student as the **“I love me, you love me, I love your program”** method:

1. “I love me” – This first paragraph includes information concerning interesting and unique features about you.
2. “You love me” – The next paragraph addresses the special skills and qualifications you have which will appeal to the program.
3. “I love your program” – The final paragraph explains why you’ve chosen them.

A punchy beginning that will catch their attention (or even a quote) is often a good idea, and can be discussed during your interview.

Advice from Peers

You can actually prepare and certify your residency application, and apply to residency programs using ERAS, even before you have a personal statement ready.² If you happen to have a good story to tell, about a patient encounter or an experience that captivated your interest in the field you’re pursuing, focus your essay on it. If not, create a simple, standard essay using the formats suggested in the *Survival Guide to Obtaining a Residency*, published by the Student Affairs Office. In either case, be sure to review your essay

¹ Livesay, Katherine [A Guide to Residency Matching](#)

² See the section “Preparing Your Application” for more details.

thoroughly for grammar and spelling errors. Write your essay over the summer and get it over with. **You should never delay your application because of your personal statement.** You'll be at a much greater disadvantage if you submit your application late than you will be if you merely have a lackluster essay. Also, you can have multiple personal statements that you send to different programs. For example you may submit a different personal statement to a Medicine Preliminary program than to the Ophthalmology programs you are applying to. Some people (very few) even individualize their personal statement for each program they apply to.

Personal Statement Samples

Emergency Medicine

I was at home on a college break, relaxing in my pajamas when I heard the knock at the door. The veterinarian explained to me in terms that I could understand at the time, "Your cow is going to explode and needs surgery...now!" She had eaten too much grass (about 35 gallons worth) in two days, which is way too much for a cow her size. The vet shaved an area on the abdomen and proceeded to scrub. I pushed up the sleeves to my nightgown and pulled the latex gloves up nearly to my elbows. He made an incision, smirked and instructed me to "dig in." I must have removed 10 gallons of grass from what now seems like the world's largest bezoars. He then gave me one large container of Dannon Yogurt to pour into the wound. He said it was to "jump start" her GI tract. He closed as I watched with my heart pounding. It had struck me that this cow would have died unless the cause was determined and action was taken immediately. In retrospect, this was one of my earliest exposures to emergency medicine.

From farming, to hiking and Scuba diving, I have always possessed a wide range of interests, with medicine being no exception. I entered medical school with an open mind, fully intending to narrow my interests down over time. I have always enjoyed working with adults and children, a broad spectrum of pathology as well as the incorporation of several medical and surgical disciplines. During my clerkships, I developed a sense of frustration over the repeated phrase, "You should have seen this patient when he first came into the ER!", which meant that I had already missed the most challenging and exciting aspects of treatment and diagnosis.

There are several reasons why I was drawn to emergency medicine. However, its most appealing features stem from its diversity and limitless opportunities for learning. One of my most enjoyable moments during my clinical years involved a night on call during my medicine rotation. Our team was in the emergency department with three patients bound for the intensive care unit. We were responsible for stabilizing three completely different

urgent situations simultaneously and efficiently while establishing differentials and finally reaching the diagnoses.

Throughout the years, my experience in the emergency department and urgent care center, as well as my service on the first aid squad, have sustained my interest in emergency medicine. These and several other extracurricular activities have given me the opportunity to develop into an effective teacher to both patients and fellow students. I have also had both laboratory and clinical research experience and would like to continue with similar endeavors both during and after residency. I see myself in the future as an emergency medicine physician continuing to treat patients while maintaining an active role in teaching within an academic setting.

My personal character makes me an ideal candidate for any emergency medicine residency program. I have been complimented during several of my clerkships for thinking well on my feet, especially in pressure situations. I have tremendous work ethic, which I have carried since childhood – diligent and focused in any task I undertake from cleaning pigpens to preparing for board exams. I believe that a good emergency medicine physician is also capable of juggling several situations simultaneously, which I have been able to demonstrate during many of my clinical rotations. I will contribute to any residency program both

professionally and personally. In turn, I intend to take advantage of every learning opportunity and to acquire the knowledge and ability to help my patients when they need it most.

Emergency Medicine

I was always afraid of Doberman Pinschers. Of all the dogs I had to handle in my eight years as a veterinary assistant, this was the only breed that seemed able to look me in the eye and make me question my own authority. I remember these dogs would look at me and seem to say, “Oh please, do you really need me to sit down RIGHT now?” In spite of this, at age 16, I found myself holding the leashes of ‘Hans’ and ‘Franz.’ Unfortunately, the stress of being in an unfamiliar environment was too much for the two Doberman Pinschers. Franz growled at Hans, then Hans bit and tore Franz’s ear. With blood spilling everywhere, Franz grabbed onto Hans’ neck (and a section of my scrub pants) and wouldn’t let go. Suddenly I was trying to extricate my leg, staunch Franz’s bleeding ear, separate the two dogs, and convince the owners that everything was under control. When the veterinarian’s, mean, six-toed cat walked in, everything after became a blur.

I learned a valuable lesson that day: triage. First you free your leg, then separate the entangled dogs, then apply pressure to the hemorrhaging ear, then try to calm the befuddled owners. I also learned something else. At the height of this confusion I was scared but I had only one thought: this is where I want to be... at the center of everything, involved.

My medical experience to that point had only been with animals. When I became a student volunteer at the Mid Main Medical Center emergency department, that changed drastically. In the emergency department I witnessed the full spectrum of diseases and personalities. The patients ranged from an old farmer with a comminuted tibia fracture and hypothermia from his cow falling on him, to a depressed alcoholic, distraught because his wife left him. I loved not knowing every morning what I would be doing in the afternoon. I realized any area of medicine I pursued would have to have the excitement I originally sought, but also the variety of personality and pathology I had seen in the emergency department.

After the first year in medical school, I wanted an opportunity to gain clinical experience in the emergency department. I applied for a summer internship at Humboldt University in Berlin, Germany. At Virchow – Charite Hospital the emergency department is designed differently. The physicians ride in the ambulance to the site and administer the care there. The patient is then evaluated to see if they need to be admitted or can remain at home and follow-up with their physician. This gave me an amazing opportunity to not only treat the patient, but also learn to treat the family as well. Often the family was more frightened than the patient. We needed to go into their home, control the situation, and help guide them through whatever medical interventions were required. Often we had to explain to the family that there was nothing we could do. I saw that people were different during crises. Their true personalities would come out. Some families needed to feel in control, others to feel attended to. Many people I really liked; a few I really didn't like. However, I enjoyed working with them all. I realized one of the real values of emergency medicine was getting to be there for a person and their family during a crisis. Finally, having some medical training allowed me to truly help, to be part of the team. This was when I decided that I didn't only need the excitement or variety. I also needed to be part of a team that responded and was able to help people.

Internal Medicine

After eleven years of playing with the same model tennis racket, this past month I decided it was time to purchase a new one. I knew that if I wanted to raise my game to the next competitive level, I would have to spend time investigating and researching the latest advances in racket technology.

When I walked into the local tennis shop, I was bombarded with a multitude of brand names and models I had never seen or heard before. The owner of the shop noticed my frustration and suggested I take a couple rackets home to try them out. Over the next two weeks I played with a baker's dozen of "demo" rackets that enabled me to make an informed decision regarding the racket that best suited my game. As I played with each of the new rackets, I carefully weighed in my mind the gain in velocity and power to my groundstrokes against the loss of control and inconsistency that inevitably followed. I realized that I generated enough pace on my own and did not need the help of the latest breakthrough in engineering and design. In the end, I decided to forego the many new titanium-powered rackets and purchased a racket that emphasized control and accuracy over power and recklessness.

My dilemma in choosing the perfect racket for my tennis game parallels both the decision-making process I have made regarding which discipline of medicine to pursue for my residency training and the final result of the process. I have spent the last several months trying on the different specialties so as to find the “perfect fit.” I found myself asking the familiar questions: Can I do this for the rest of my life? Can I be happy sitting in a dark room reading radiographic films all day? Or what about the present “career of the month?” My investigative nature and meticulous approach to problem solving that allowed me to successfully choose the correct tennis racket also is the spark behind my decision to pursue the field of internal medicine. As a resident in internal medicine, I will be able to channel my detective skills and find the difficult answers to the many complicated disease processes.

During these past months, I also recognized how important it was not to lose hold of myself in the quest. As my search for the new racket demonstrated, it is crucial that I choose a medical discipline that best highlights my own strengths, desires and passion. One of my strengths as a future physician is rooted in my ability to be an effective educator. Prior to medical school, I spent a year as a permanent substitute teacher in local middle and high schools teaching children math and science. It was during this experience that I came to discover that I possessed not only the gift, but also the desire to teach others. During medical school I had the opportunity to teach HIV/health awareness to inner city youth in an after-school program. Additionally, I coached Little League and fostered a love for the game while teaching the rules and strategy of America’s favorite pastime. Recently I have appeared as a guest teacher for my mother’s second grade class, teaching her science and health units on the musculoskeletal system.

My clinical years in medical school furthered the commitment to pursue my vocation as physician-teacher. My third-year clerkship experience was highlighted by the instances in which I sat down with my patients and explained their conditions. Additionally, I enjoyed giving them the tools to institute lifestyle changes that could improve their health. I also looked forward to reading up on current therapies and diagnostic techniques in order to enlighten my fellow team members regarding challenging presenting problems.

As I embark on my residency training within the field of internal medicine, I look forward to gaining new knowledge and experience that will not only allow me to become a superior physician, but will also enable me to refine my skills as teacher-educator. My professional goals include practicing at an academic institution where I can combine my clinical responsibilities with daily lectures to faculty, residents and student alike.

Internal Medicine

Before I went to medical school I was an archaeologist. I was pursuing a Ph.D. in anthropology, and my area of interest was early human evolution. Although this, for many

years, was my work, gradually I came to feel that something was missing. In 1994 I went to a remote area of Africa to do research as a member of a large team of Americans and Tanzanians. On this expedition I volunteered to hold the first aid kit, and as a result there was a steady stream of visitors to my tent asking for treatment of everything from malaria to injuries to diarrhea. I could only offer aspirin, bandages, and the occasional antibiotic (this was probably fortunate in light of my rudimentary medical knowledge). I often felt like I was in over my head, but I also recognized how much I liked trying to help people who were sick. It was this involvement with people that I saw was missing from work in archaeology.

I left graduate school knowing that I wanted to become a doctor but unsure of exactly how to proceed and filled with uncertainty. Would I be accepted into medical school? Was I too old? Could I handle the workload? Although my training in anthropology gave me valuable skills in critical thinking and cultural awareness, going into medicine meant essentially starting over from the beginning. It wasn't easy. I found myself in basic science courses sitting next to college freshmen that might have been my students just a few months before. While friends my own age were settling down in their careers, buying cars, and houses, I worked at temporary secretarial jobs during the day to pay the bills and went to school at night. It took five years of hard work in the classroom before I ever set foot on the wards. I liked the intellectual challenge of it all but what really kept me going was knowing that someday I would be able to put all this knowledge to work in the real world as a physician.

Looking back on the last several years, it hasn't all been hard work and sacrifice. For one thing, I do try to maintain a life outside of medical school. I grew up as the daughter of an Air Force Physician and moved every few years throughout my childhood; as a result, I have family and friends scattered across the country and I make an effort to keep in close touch with them. They have been a constant source of support and encouragement. While I strive to keep some balance in my life, I have to say that I still derive my greatest personal satisfaction from my work. I found my third year clerkships to be particularly rewarding; what I loved best was getting to know my patients and hearing the stories of their struggles

and successes in life. With my anthropology background, I thought that perhaps I already knew something about human nature, but I learned so much more from my interactions with my patients. I consider the privilege of being part of the doctor-patient relationship to be the most fulfilling aspect of being a physician.

As a medical student, I had the luxury of time to take detailed histories and listen to my patients. I know that time will become an increasingly scarce resource as I advance in my training, but I want to continue to practice medicine this way as much as possible. I believe that the field of internal medicine will give me the opportunity to do that. My primary goal is to become a clinician, but I have enjoyed my previous experience in teaching and research and hope to be able to incorporate these into my career as well. I have never regretted my decision to leave behind my previous life and enter medical school but neither do I regret starting late, because all of my past experiences have shaped the person I am today and the kind of doctor that I hope to become.

Internal Medicine

I was born and raised in Athens, Greece. After graduating from a science model high school, I was admitted to the Chemistry Department of the University of Athens ranking first among all candidates in the 1985 national examinations. I graduated second in my class. Having a deep interest in the study of science and the practice of medicine, I proceeded with advanced training in the field of Molecular Biology, which expanded and solidified my biological knowledge, while taking advantage of my solid chemistry background.

I obtained a Master's degree from Yale University, Department of Molecular Biophysics and Biochemistry, and a Ph.D. degree from Johns Hopkins University, Department of Biology. I first worked in the laboratory of Dr. J.M. Sedivy on a project involving the retinoblastoma (Rb) tumor suppressor protein, which is a known cell cycle regulator at the G1/S phase transition. We discovered that overproduction of Rb protein after the G1/S boundary causes G2 arrest, indicating that Rb protein is also interacting with some component of the cell cycle regulatory machinery during the G2 phase. I then worked in the laboratory of Dr. E.N. Moydrianakis on a project involving the study of the dynamics of the nucleosome, which is the elementary unit of chromatin structure. My Ph.D. thesis focused on the systematic study of the energetic of the core histone octamer, as they pertain to nucleosome stability. The simplest thermodynamic entity of this system, the H2A-H2B dimer subunit, was studied first. The parameters that regulate the thermodynamics of the most complex subunit of the histone octamer, the (H3-H4)₂ tetramer, were subsequently elucidated. My graduate work led to three first-author publications in the journals of Molecular and Cellular Biology (1) and Biochemistry (2).

Working for my doctorate degree exposed me to state-of-the-art basic research, and helped me acquire a thorough understanding of all related disciplines, including Medicine. It also made me realize that I am deeply interested in the study of human disease, and that I want to devote my energy and scientific potential to the improvement of human life. My first three years of medical school have certainly brought me closer to the realization of this goal. Medical school has been a wonderful experience: interesting, demanding, intellectually challenging, and above all rewarding! The combination of deep knowledge and thorough understanding of a very fundamental and demanding discipline, such as medicine, with its application in a way that directly influences human life and well-being is very appealing to me. It has kept me very busy and happy for the last three years, and I strongly believe it will continue to do so for the years to come.

I have balanced my academic and clinical responsibilities with an active personal life. I have been married for five years to a wonderfully supportive basic scientist, who understands the demands of a medical career. Our three-year-old son has been the center of our family, and a great source of love, fun, balance, and perspective in my life. Most of my spare time has been devoted to my son and my husband, who are my best friends and my continuous emotional and intellectual support and encouragement.

I have chosen a career in Internal Medicine, because I greatly enjoy its complexity and diversity. Taking care of patients with elaborate diseases and complex presentations is very interesting and challenging. My goal is to enter a program dedicated to fostering excellence in clinical skills and teaching, as well as promoting basic science and clinical research. I wish to get a solid clinical training in Internal Medicine, and eventually concentrate my interests

and efforts in a medical subspecialty. I also want to take advantage of my solid background in basic science and apply it in the biology of human disease as part of my postgraduate training. Ultimately, I would like to remain in an academic environment and practice medicine from an interdisciplinary angle, including clinical work, research, and teaching.

Internal Medicine

“Interested in Sex?” It was hard to miss the eye-catching advertisement-seeking volunteers for the Rutgers University Sexual Health Advocates. For most, it produced just a chuckle. For me, as an impressionable freshman, it did that and much more – stoking a passion for community service and health education that shapes my interests in internal medicine to this day.

Although titled a “sexual health” advocate training course, weekly topics included more than just discussion about sexuality and sexual health. The diversity within the classroom emphasized the social, cultural, and economic differences that existed in a seemingly homogeneous environment, as well as the presence of numerous barriers to quality healthcare faced by a significant portion of the population. In this context, I started to see the importance of addressing the needs of the community along with those of individuals. Whereas I had previously perceived the physician’s role as limited to improving the health of individual patients, my experience as a Sexual Health Advocate stressed the importance of addressing the importance of caring for both individual patients and populations as a whole.

In medical school, my experience as co-coordinator of another health education program (HIPHOP – Homeless Indigent Population Health Outreach Program) increased my exposure to the inadequacies of healthcare distribution in certain populations. In addition, it served as the springboard for the creation of my own program – APPLY (Advocating Preventative Programs for the Lives of Youth). This nine-course series of interactive workshops was designed to promote education about preventative health issues for adolescents. Based on interviews with local youth program coordinators and students, I chose topics such as cultural diversity, relationships, safe sex, drug/alcohol use, and domestic violence. This endeavor provided both the satisfaction of creating a project on my own along with a firsthand sense of the frustrations associated with implementing and evaluating such educational programs. Fortunately, as a result of its positive impact, APPLY has now become part of the Highland Park High School curriculum.

During the third-year clerkships, my internal medicine rotation exposed me to a group of patients much older than the adolescents with whom I had worked during my preclinical years. I was surprised to find myself spending extra time talking with older patients, getting excited by discussions on osteoporosis prevention, and addressing end-of-life care with patients and families. Later, in my geriatrics elective, I felt that I had discovered the ideal combination of primary care medicine, a rapidly growing community, and an opportunity to address that community’s evolving challenges. Moreover, geriatrics appeals to my interest in “team” medicine – a product of my community health background – since it relies so heavily on a closely coordinated effort among physicians, social workers, nurse practitioners, and family members to care for the medical and psychosocial needs of elderly patients. I plan to

use my training in internal medicine/geriatrics (perhaps along with a MPH) not only attend to the needs of individual patients, but also to facilitate community-wide programs and initiate policy changes that will improve the overall health and quality of life for the elderly.

Obstetrics and Gynecology

After working six years as a research engineer for a medical device company, I decided to pursue a career in medicine because I wanted to get closer to the patient. Although I enjoyed working with a team of engineers, biologists, and physicians on various projects to develop and to improve both noninvasive and implantable devices, I often felt too distant from what I enjoyed the most, which was interacting directly with the patient. Instead of working at a desk or in a lab, I felt much more at home talking with the individuals I was trying to help. The long hours and sleepless nights of medical school have not dampened my enthusiasm to connect and interact with the patient. The experience has only strengthened my decision to become a doctor.

Ultimately, it has been the OB/GYN patients on my third and fourth rotations that have guided my decision to pursue a career as an Obstetrician/Gynecologist. When I think of OB/GYN, I envision a field of medicine with a spectrum of emotions from the greatest of joys to the deepest of sorrows. The euphoria inside the delivery room as a mother and father hold their newborn child for the first time defines obstetrics to me. Reproductive endocrinology reminds me of the quiet sorrow of an infertile couple as they seek fertility advice with great hope. The fear of an acutely ill woman in the ER with a tuboovarian abscess encourages me to learn more about pelvic and abdominal anatomy. The courage of a middle-aged woman with probable ovarian cancer as she awaits exploratory laparotomy inspires me to work hard. Maternal-fetal medicine reminds me of the patience of a young woman as she spends four weeks bedridden in the hospital for pre-term premature rupture of membranes. These patients, plus many others, have helped me make the decision to pursue a career in OB/GYN.

As I embark on this career, I hope to utilize my bioengineering background to advance the field of OB/GYN. Through the union of these disciplines, I hope to contribute to the

development of new devices, such as an improved-resolution ultrasound or modified surgical instrumentation for gynecological procedures. In addition, I will strive to identify new technologies that will have a positive impact on the health and well being of my patients. Most importantly, I will ensure that these advances will complement, rather than replace, the compassionate care already prevalent in the field of OB/GYN. With these goals in mind, I look forward to beginning my OB/GYN residency next year.

Oncology

I missed having a big garden. I planted some vegetables along the driveway this summer and crowded my porch with pots of flowers and herbs. After picking through my garden one

morning, my hands smelled strongly of herbs. The smell of cilantro in particular reminded me of when I lived and worked in Atlanta after college. During that time, I was involved with a volunteer organization that arranged activities for the children of women at a local shelter. Working with the children forced me to re-examine my values and ambitions and ultimately, my career choice. I decided that I wanted to use my interests in health and in helping to improve the lives of others to become a doctor.

While weeding the garden, I had the opportunity to think about my experiences in medical school, the decisions I was faced with, and what I hoped to become. I was pleased with my medical school experiences. While I was challenged academically, I never felt the workload was unbearable and I was able to give time to several volunteer and well-being activities. These experiences broadened my professional and personal outlook. The administrative and interpersonal skills that I successfully used in the corporate world made me a natural student leader at my medical school, recognized by both the administration and my fellow students as the person to call upon to get a job done. My business sense and political savvy also proved invaluable in making me an effective board member and national treasurer for the American Medical Student Association (AMSA).

I wondered what the growing season would be like in the northwest. My fiancé received a post-doctoral fellowship at the University of Washington and we planned to relocate after our wedding in December. We looked forward to leaving the east coast and the Seattle-Portland area seemed a perfect setting in which to complete our studies and also continue to enjoy back-packing, skiing, canoeing, fishing, and of course, my gardening.

While recounting my successes was easy, contemplating my future usually made me a bit nervous. But I was relaxed amongst the basil and rosemary and morning glories and I formulated a series of goals. They included completing an Internal Medicine residency and, perhaps, concentrating my interest and efforts in a medical subspecialty. In particular, I realized I was interested in Oncology. I never shied away from emotional gravity, and found working with terminally ill patients, both in the HIV clinic and on the Oncology service, to be an interesting and fulfilling experience. I also appreciated the research element involved in cancer treatment and looked forward to applying my research experience to studies in clinical oncology. I entertained the idea of teaching medical students and post-graduates. I was trained as a trainer while working for Marriott and I enjoyed using those skills as a teaching assistant and private tutor. My litany of dreams went so far as to include becoming Dean of a medical school... (or finding a way to use all of my tomatoes!).

Orthopedic Surgery

During medical school, I have had many experiences that have initiated and reinforced my desire to become an orthopaedic surgeon. My initial interest in a surgical field was kindled during gross anatomy. I was fascinated by the manner in which the anatomic and embryologic relationships of organs and tissues correlated with their pathophysiology. Subsequently, I have been impressed by the definitive corrections produced in the operating room, especially by orthopaedic surgery. Instead of just offering a diagnosis and prognosis, I have seen orthopaedic surgeons pursue correction and comfort. Orthopaedics distinguishes

itself to me as a sophisticated specialty of tremendous breadth with a practical focus. Its combination of elective and emergent cases and its range of therapeutic options, encompassing both operative and non-operative patient management, exemplify the scope of this field. In addition, orthopaedic problems impact people of all ages, genders, and backgrounds and include congenital abnormalities, trauma, and joint reconstruction. Finally, I admire this field's ability to restore a patient's feeling of dignity and self-worth through the renewal of function and independence. I am enthusiastic to meet the challenges that orthopaedic surgery will pose to my clinical evaluation, judgment, and talents.

My experiences over the past two summers have enhanced my regard for research and advancement in orthopaedic surgery. Last year, I pursued an opportunity at the Hospital for Special Surgery to analyze the resistance to passive motion at the elbow. During the previous summer, I was awarded a research fellowship at the Orthopaedic Research Laboratory at Robert Wood Johnson University Hospital. In the laboratory, I investigated the enhancement of synthetic collagen ligament prosthesis with polymer coatings. During both experiences, I was entrusted with a great amount of independence, latitude, and responsibility. The autonomy, coupled with periodic guidance and assistance, greatly enhanced my command of the subject matter and my appreciation of the value of academic involvement. These research opportunities have provided me with an intimate introduction to the dynamic nature of orthopaedics and a desire to contribute to the vibrant advancement of this specialty.

An entire year of broad clinical experiences in the hospital wards and a sincere evaluation of the various medical fields have solidified orthopaedic surgery as my field of choice. My father, himself an orthopaedic surgeon, has exposed me to the realities of life as an orthopaedic surgeon and has, by example, encouraged my development of a strong work ethic. My goal is to maintain academic involvement and to perform in orthopaedics with a confidence and skill that is founded on a thorough background of good training. I aspire to join an environment that stresses excellence, independent thought, and responsibility.

Furthermore, I seek a program that encourages the transformation of industrious and ambitious medical students into worthy orthopaedic surgeons.

Pediatrics

When asked to reflect on her career, world tennis champion Martina Navratilova remarked that she was "not just involved in tennis, but committed." She continued, "Do you know the difference between involvement and commitment? Think of ham and eggs. The chicken is involved. The pig is committed." A humorous and simple statement, but one that made me stop and think about how I was approaching the goals and dreams in my life. Our responsibility to reach out to others in need is something I feel strongly about, and is a primary reason I want to be a physician. Since college I have been helping people in my local community (Hospice, SHARRP, mentoring) and also in foreign countries (CSV in U.K., WITS, child sponsorship in India³). But am I committed or just involved? How did I

³ Samaritan Hospice, 1993-95; SHARRP, 1995-96; Early Start Mentoring Program, 1998-99; Community Service Volunteer, Kent, England, 1995; Wesleyan International Theological Seminary, Nigeria, Africa, Student

measure up? Not as well as I liked. While all these experiences have shaped me and influenced my priorities and goals, they have not taken me beyond the comfortable surroundings I know well. Spending four weeks on a Fulbright Global Medicine grant in Southern India, learning about and participating in a culture very different from mine, would stretch and challenge me.

After graduating from medical school, I plan to enter a pediatric residency program, and then I expect to sub-specialize in gastroenterology or cardiology. Throughout my training and as an attending I will be committed to international medicine and mission work, and helping people around the world to live better and healthier lives. In light of these long-term career goals, my objectives for the trip to Bangalore, India are four-fold. First I hope to expand my medical knowledge and clinical skills in neurology and psychiatry. Second, as our time is split between the prestigious urban-based NIMHANS and the tribal VGKK primary care center, I plan to learn about diverse approaches to healthcare delivery in a foreign country. Third, I expect to converse with patients and their families and discover their expectations for and experiences with the medical community. Lastly, I hope that I will be useful; that the month I spend in India will be as fruitful for my hosts as I expect it to be for me.

Four weeks in India is a very short time, and I understand that the impact I will have on the people I encounter will be limited. The real effect of my trip will be the lasting change in my attitudes and goals, and how in the future I will use my experience to help those less fortunate than I. Surprisingly, in a world full of million-dollar commercials, Internet access and highway billboards, the most effective way to advertise remains word of mouth. So I'll talk it up. I'll encourage others to become more involved. I'll educate my colleagues, fellow students and peers about the tremendous needs around the world, and the opportunities they have for service. I will encourage others to believe that how "we," the wealthiest nation on earth, care for and treat the most vulnerable and needy amongst us is a reflection of how well we function as a society.

Pediatrics

Three-year old Emily and her five-year old brother Patrick were in the office for their annual well-child check-ups. Emily clutched her mother's left leg as they walked from the waiting room. She wailed in horror when the nurse placed her on the scale. I did not know why she was so frightened by the doctor's office, but I hoped to allay her fears. I entered the room to find Patrick amusing himself with the stool-on-wheels and Emily securely nestled in her mother's arms. I turned my attention towards Patrick who pretended he was on television. At first, Emily remained silent and wary. However, the more Patrick talked, the more Emily wanted to chime in. Without tears or screams, I let Emily finish her transformation into the next talk show queen.

I first discovered the joy and satisfaction of working with children through a student organization called HARMONY (Harvard and Radcliff Musical Outreach to Neighborhood Youth). Over the course of two years I rode the “T” to my seven-year old student Victoria’s apartment in Chinatown each Sunday for our lessons. Between her six-year old brother Jared’s frequent appearances, we learned posture and bowing, reading notes, and “Twinkle, Twinkle.” We did not create the next violin prodigy, but we did build a wonderful friendship.

Music has been an integral part of my life since I was four years old. Nearly every week for thirteen years my mother drove my sister and me to our violin lessons. For seven years, every Tuesday evening during the school year was spent at New Jersey Youth Symphony rehearsals. I can still remember my first “violin:” a crackerjack box with a wooden ruler taped down the middle and an oversized Disney World pencil for a bow. Although my first squeaks were likened to the sounds of serenading cows, my teacher assured me that I would make music if I had the discipline to practice. Instead of playing outside after school, I was inside mastering scales, etudes, and concertos. Thousands of hours later, the noise became music.

Through two decades of training, I’ve developed a repertoire of skills that have been invaluable both on- and offstage. One of the first lessons I learned was the art of listening. I need to listen to myself and to others or I’m just making noise. Playing in ensembles taught me to be a team player. When performing with groups as intimate as quartets and as large as symphony orchestras, we must support one another to create a coherent musical dialogue. Being concertmaster introduced me to leadership. I learned patience during hours of rehearsal, sometimes trying to perfect one-minute of music. I learned to rely on my sense of humor to help me laugh through traumatic auditions, rehearsals with temperamental conductors, and generally embarrassing moments.

My freshman-year college roommate predicted that I’d grow up to be a pediatrician with ducks on the walls of my office. Maybe she thought my Smurf collection was reflective of my future profession. What first attracted me to Pediatrics was the opportunity to affect and influence lives. As a pediatrician, I have the chance to make an early diagnosis of a treatable disease. I have the chance to start children on a path of healthy habits. I have the power to be a role model. My third year Pediatric clerkship solidified my decision. I was happy to be on the ward by 6:30 AM, excited to talk about Pokemon with my patients, and satisfied to watch them leave the ward healthy again. At the end of the day, I felt content that I had helped someone that day. Caring for children satisfied both my personal goals as a doctor and my intellectual curiosity. Although it is early, I envision myself taking the path of a sub-specialist, perhaps a pediatric cardiologist. Regardless of what path I choose, I know that I am looking for a career that affords me both personal and professional satisfaction. I believe that I’ve found that in Pediatrics.

Pediatrics

A career in medicine has long been my goal; however, I chose to avail myself of various opportunities in other areas before enrolling in medical school. I did so in the hope of gaining experiences that would serve to make me a better, more well rounded person, and, ultimately, a better physician.

As a child, I was selected to participate in an academic program, which enabled inner-city minority children to attend private schools. This program not only opened the door to a world of opportunities heretofore unavailable to me, it also instilled in me the value of hard work and dedication in achieving one's goals.

During my time at Yale University, the White house Internship Program, and the various clinical research projects in which I have participated, I took advantage of a wide variety of opportunities with the goal of making certain that my desire to work directly with people, especially children and the underprivileged, and pursue my love for the sciences would be best satisfied by a career in medicine. Activities such as tutoring inner city youth, teaching English as a second language to elderly or developmentally disabled individuals, in addition to my academic and research experience, solidified this career choice.

Another valuable experience was that of participating in a medical missions trip, which provided free healthcare to a destitute area in Haiti. I was struck by the large number of people serviced by the clinic in such a short amount of time. Once again, I was most deeply affected by the children I dealt with and I felt that pediatrics would be the specialty that suits me best. I was also impressed by the hard work and dedication of the doctor who led the group and determined that I would continue to be a part of such endeavors upon completing my medical education.

I was accepted to UMDNJ-Robert Wood Johnson Medical School in 1997. I found that my four-year absence from an academic setting made the intense workload even more of a challenge. Once again, hard work and determination paid off. My grades steadily improved during the course of my medical school career as I developed those skills that would aid me in a career of learning.

My third year clerkship in pediatrics confirmed my interest in the field. I learned that I felt most satisfied and challenged when dealing with patients in this age group and with the diseases and conditions specific to this specialty. I eagerly sought such contacts even during the other rotations such as family practice and surgery.

In summary I am a mature dedicated individual with a strong work ethic and a desire to serve. My experiences and training have served to solidify my goals and reinforce my devotion to the field of medicine, and to pediatrics in particular.

Pediatrics

The year is 1993 and Civil War continues in Sudan between the northern Islamic fundamentalists and the southern black African and Christian rebels. Photojournalist Kevin Carter is on assignment chronicling the events of the war. One photograph, "Death Vigil in

Sudan”, would earn Carter a Pulitzer Prize. Shocking in its content, the photo depicts a small African child, perhaps 18 mos. old, abandoned, squatting naked in the dry, dusty savanna of southern Sudan. The genderless child is bent over forward, exhausted, with his forearms and forehead resting on the ground. The child’s shoulder blades jut up to the blue sky, while his swollen belly hangs downward exposing his emaciated ribcage. He is dying of starvation as a result of the civil war. Behind the child stands a grotesque figure, a carrion-eating vulture. The vulture’s small black eyes, framed by a white bill and hood, watch and examine the helpless infant. There is no follow up picture. You’re left suspended; staring at the scene wondering how long the vulture will wait until it advances. A year later, partially spurred on by his horrific memories from Sudan, a despondent Carter would commit suicide.

When I first saw this photo, I was transfixed. I put the photo down only minutes later to pick it up again and wonder “how could this happen?” What is it about children that affects us so deeply? Some of the most emotionally driven and controversial issues of our time involve children: the shootings at Columbine High, pedophiles, the abortion debate, gun control, euthanasia... is it their innocence, vulnerability, lack of comprehension, dependence, or their obvious need for love? Perhaps we see their unknown potential, their unearned trust in us, or maybe our hopes and dreams for their lives? Whatever it is, our feelings about children are powerful.

My decision to pursue a pediatric residency position is three-fold. First, clinically, the patient population is wonderful. Children are our future. To care for them and their families, though at times difficult, I feel to be an honor. I began working with children as a junior in college when I was asked to coach some of the local soccer teams. At first I was pretty nervous – would I say the right things, could I communicate with them, how should I act? But I quickly realized I just needed to be myself, to make it fun, and to be honest and approachable. During medical school I continued working with children as a health educator, a mentor and then finally a third and fourth year medical student. I quickly learnt that developing relationships with parents or guardians was critical to success, and constituted much of the “art” of pediatrics.

Second, scientifically, pediatrics is a very exciting and rapidly growing research field. My two years in the lab during medical school, where I studied the development of the mammalian nervous system, has given me a tremendous appreciation for embryogenesis and the complexity of human development. I plan to continue my involvement in research throughout residency and my subsequent career.

Lastly, but probably most important, I chose pediatrics as a career because I want to help and to encourage others to help children around the world to live better lives. I feel passionately that how “we,” the wealthiest nation on earth, care for and treat the most vulnerable and needy amongst us is a reflection of how well we function as a society. In addition, my efforts will not be restricted to the United States. In February of 2001, I plan to travel to India on a medical mission to help distribute basic medical care to children and their families. I’m unsure how my actions may affect situations like the one Kevin Carter witnessed in Sudan, but I’m making a commitment to get involved.

Pediatrics

I returned from my junior year abroad with renewed self-confidence earned by navigating the difficulties inherent in living in a foreign country. This confidence translated into an increased enthusiasm to pursue a career in medicine, a desire I have held since childhood. So it was a disappointment to realize that because I had not been able to take organic chemistry in England, I would have to wait a year after graduation before starting medical school. However, this apparent set-back led to an overwhelmingly positive experience that in turn provided me with a guiding sense of direction. Working as a phlebotomist that year, I enjoyed contact with patients in all areas of the hospital but was most drawn to the pediatric ward and nursery. The technical challenge and personalities of the young patients proved a very satisfying combination.

Thus, as I entered medical school I knew I was drawn to children but to pediatrics as well? A Community Child Health Elective provided my first clinical experience at a local general pediatrician's office. There I gained great respect for the breadth of knowledge necessary to be an effective general pediatrician and enjoyed the diversity of patient complaints. I also admired the continuity of care and the relationships the pediatrician formed with each family. My clinical experience complemented a Medical Genetics course offered the same semester. Normal human development became much clearer when I learned of the many possible causes, manifestations and consequences of abnormal development.

The summer following my first year I worked for the director of the Medical Genetics course, who eventually became my advisor. Although the majority of my work was in front of a computer, I was invited to participate in the pediatric genetics clinic. This experience brought the previous semester's course work to life. Clinical genetics presented diagnostic challenges and required a level of clinical expertise and basic science knowledge that made the possibility of pursuing a subspecialty quite appealing. Yet the wide variety of diseases encountered required the breadth of knowledge of a general pediatrician. The physician's role as a case manager, who recognized problems and made referrals to appropriate subspecialty physicians, physical and occupational therapists and home health care workers, also impressed me.

All of these experiences have helped form my expectations of my career as a physician. I want to work with children in a position that will provide constant intellectual challenges while sustaining continuity of care. I look forward to teaching patients and their families strategies for health care and prevention. I eagerly anticipate the opportunity to teach medical students and hope to convey to them my enthusiasm for pediatrics. My experience in genetics was fascinating, and I am certainly attracted to the possibility of sub specialization and a position in an academic institution. The question of sub specialization or general practice is one that time and experience will resolve. For the present, I am content with the knowledge that I will be a pediatrician and look forward to my training.

Radiation Oncology

“One of the essential qualities of the clinician is the interest in humanity, for the secret of the care of the patient, is in caring for the patient.”

Francis Weld Peabody (1881-1927)

There is no stronger bond in medicine than the bond between a patient with a chronic illness and his physician. The oncologist plays numerous roles when caring for patients, a healer, an advisor, and a shoulder to cry upon.

During my internal medicine rotation, when the day’s work was complete, I would always find myself back on the second floor with patients who were admitted for chemotherapy. Their prognoses were mixed. Some patients would be leaving in the next day; others were never expected to leave the hospital again. I shared stories about my relatives who fought cancer. I spoke of my grandfather who lived to be 93. He lived a healthy and active life for more than ten years after treatment for prostatic adenocarcinoma. My grandmother is still going strong at the age of 84, more than five years after the diagnosis and treatment of infiltrative ductal carcinoma of the breast. The patients seemed to enjoy discussing the human aspects of their diagnoses after long days of medical discussions. Cancer patients’ will to live, drive to fight their disease and resolve to expect the most from themselves until their very last breaths provide a constant reminder of the strength of the human psyche.

The individual with a chronic condition is perhaps the strongest of all people. I can find no better proof of this than my brother. He was born with cerebral palsy and is unable to walk without the aid of a walker. Watching him begin to understand his limitations and challenge limitations thrust upon him by others has been an inspiration. He always took offense at the word “never.” He was told he would never be able to attend public school, never go to college and never drive a car. Today Ed is a graduate of the same high school as his siblings, a senior at Lafayette College (to attend law school next year), and commutes to work one hour away from his home.

My dual degrees in Mathematics and Psychology from Duke make Radiation Oncology a natural professional choice for me. My fourth year multidisciplinary elective at the Cancer Institute of New Jersey solidified my desire to enter Radiation Oncology as both a clinician and academician. I love to teach – in addition to clinical practice, my long-term goals ultimately include an appointment to a medical school faculty. I look forward to teaching students of all levels, from undergraduates with an interest in the physics of Radiation Oncology to the residents who represent the future of the field.

Radiation Oncology

I was born in Taiwan and received nine years of education on this island. At age 15, my mother, who knew little English, brought my younger brother and me to America, hoping that an American education would give us opportunities to pursue our interest and dreams. My father was a civil servant and stayed in Taiwan to make ends meet. The transition had

great impact in my teenage years and placed much responsibility on my shoulders, but it enriched my personal growth and helped cultivate my strength and independence. I adjusted quickly to the new environment and acted as a surrogate parent, assuming a key role as the head of household. Demanding situations and various life experiences gave me a special appreciation for support of family and access to resources. I became more mature than many of my peers. I took several part-time jobs to contribute to my family's strained budget, but I did not compromise my academic performance or my active involvement in extracurricular activities. Considering my background, I have come a long way and have demonstrated that I am a survivor, am goal oriented and know how to apply my talents towards success.

As a graduate student at Johns Hopkins specializing in epidemiology, I developed a special interest in cancer research. I conducted studies to investigate the effect of several molecular markers on the survival of colorectal cancer patients. My interest in research bloomed, but at the same time I desired patient contact and interaction. I came to medical school; my conscientious efforts to maintain an open mind to other medical specialties were not very successful. No matter what rotation I was on, I always found myself drawn towards cancer patients. As a medical student, I took various electives in surgical oncology, gynecological oncology, medical oncology, and radiation oncology. It became clear that radiation oncology is the field that permits me to combine my interest in direct patient care with my engineering training. My radiation oncology rotations, both at the University of Pennsylvania and St. Peter's University Hospital, only solidified this impression and reinforced my decision. I am intrigued by the intricacy and detailed nature of the work, the need for precision, the technicalities, and the challenges. I witness how radiation treatment, either definitive or palliative, can have substantial impact on the quality of life of many patients. More importantly, I am impressed with the interaction and rapport that a radiation oncologist establishes with the patients. During my rotation at the University of Pennsylvania, Dr. Glatstein's inspired teaching repeatedly demonstrated that patients, not diseases, are being treated. Understanding the patients is the essence of this profession and is the primary reason that I am in medicine.

I am seeking a position in a research-oriented radiation oncology residency program. Through the training program, I want to learn the fundamentals to strengthen my clinical skills and to build a solid foundation for my career. Radiation oncology solidifies my passion for clinical medicine because of its multidisciplinary approach to management of cancer patients. It is a challenging and intellectually stimulating specialty. While the clinical aspects of radiation oncology entice me, I also have a strong interest in clinical research. My graduate training in genetic epidemiology has established my interest in clinical research and paved a solid foundation in study design and conception. I am particularly interested in genetic susceptibility and gene-environment interaction in patients given therapeutic radiation. Upon the completion of my training, I want to pursue academic practice in radiation oncology. It is in academic medicine that I feel that I may make contributions to advance our understanding of cancer by conducting research, engaging in teaching, and practicing clinical medicine.

Radiology

Discipline and hard work have been hallmarks of my life since childhood. Being first generation American and the oldest of three sons, I learned the importance of self-determination from my mother and father. Having emigrated from Europe in the 1960s, they left their homeland with elementary school educations and a drive to build a better life for their family. From the time I was eleven years old, I spent most of my summers helping my father. A general contractor by trade, he taught me the importance of having an honorable and conscientious work ethic. His drive for personal excellence in his craft inspired me at an early age to seek out and perfect my stronger attributes for as long as I can.

Visual recognition and retention have been my stronger attributes for as long as I can remember. As a teenager, I studied the Asiatic discipline of Okinawa karate-do with much enthusiasm and devotion. I was unaware of it at the time, but looking back, I now realize that I was able to achieve proficiency in the art due to the very nature of its organization. One did not progress by reading or listening to discussions about the intricate movements; but rather it was by careful examination and inspection of the graceful maneuvers that one could grow and excel. My instructor quickly took note of my strength in this area and consequently I was one of the select few who were able to attain the rank of black belt within a two-year period.

In medical school, I also found that I was innately more adept at recognizing and retaining material when it was presented in a visual context. Proficiency in subjects such as gross anatomy, histology and pathology further strengthened this impression. It was at this time that I began to nurture my desire to pursue a career in the field of radiology. This desire was confirmed during the third year clinical curriculum. I not only looked forward to reviewing the diagnostic studies for the patients whose management I was directly involved with, but I would also spend “quiet” nights on call in the radiology department going over various studies trying to appreciate normal findings as well as attempting to pick out the documented pathology. I was intrigued by the limitless involvement of the radiologist in the various fields and clinical problems at hand. He/she is an important active member of the management team and provides a critical piece to the clinical puzzle. It is a field, which interacts with all areas of medicine; consequently it continually offers opportunities for learning and new challenges.

There are many aspects of radiology, which I find fascinating at the present time. With this in mind, I would like to spend my residency training in an environment where I can gain the most knowledge and clinical experience. Upon completion of my training, I wish to remain in a setting in which I can actively participate in this ever changing field.

Radiology

While eating Chinese food for dinner one evening about six months ago, I opened a fortune cookie and read the insert, “Happiness is often the result of hard work.” I liked the saying and have often thought about how it applies to my life. I have a strong work ethic and have had a

broad range of experiences. In my opinion, each experience has contributed to my goal to become a radiologist, a researcher, and a teacher.

While studying biomedical engineering as an undergraduate, I became interested in radiology. My studies provided me with a broad knowledge of engineering principles and their applications to living beings and medical technology through lectures, rigorous laboratory assignments, and team projects. Having worked on numerous team projects while studying engineering, including a project where we designed and constructed therapeutic toys for children with cerebral palsy, I learned how effectively and efficiently tasks can be performed if there is communication between team members. In short, I learned to become a team player. I believe that taking care of patients requires a team approach and that radiologists are an important team member providing diagnoses and sometimes minimally invasive treatments.

While my undergraduate education involved mostly team projects, my graduate level work focused more on individual research. Performing technical research has made me a critical thinker and has helped me develop my writing skills. For my master's thesis, I developed a device to perform MRI guided breast biopsy and biopsy planning software for interactive, quick, and accurate needle localization. After testing the device and software on phantoms, I was able to conclude that MRI guided breast biopsy may become a useful procedure for obtaining a minimally invasive biopsy. After only one year of graduate school, I decided to pursue a career in medicine and finished my Master's thesis during my first year of medical school.

Pursuing a Master's degree in biomedical engineering introduced me to the technical aspects of radiology. A summer fellowship at Memorial Sloan Kettering Cancer Center in the breast-imaging department solidified my interest in radiology and provided me with experience in diagnostic radiology. During that summer, I learned the basic principles involved in interpreting breast images. I also had the opportunity to observe techniques used to diagnose and treat breast lesions. I contributed to a paper published in the American Journal of Roentgenology on epithelial displacement following breast-needling procedures. Having proven to my preceptor during the fellowship that I am an effective communicator, she gave me the opportunity to present the data at a conference at Memorial Sloan Kettering Cancer Center and at the 99th meeting of the American Roentgen Ray Society in New Orleans.

In addition to my research experiences, I wish to pursue a career at an academic center because I enjoy teaching. In high school, I tutored several of my peers in algebra, trigonometry, and calculus. As a senior in college, I elected to become a teaching assistant in biomathematics course. As a teaching assistant, I provided review sessions for the class as well as individual tutoring. My most rewarding teaching experience occurred during a year of service as a member of Americorps. During this year, I visited several health clinics, schools and Head Start programs in Paterson, New Jersey to provide the Medicaid population with information about primary and preventative health care services.

My engineering degrees and research experiences make radiology a natural choice for my profession. I look forward to training in an environment where I can gain clinical knowledge, research, and teaching experience. While I have enjoyed studying all aspects of medicine as a medical student, I believe that a career in radiology will make me happy and fulfilled.

Urology

When I was young, I loved accompanying my father on rounds. Initially the selling point was the Nathan's French fries or chicken McNuggets for lunch. I began to spend more time with him in the office, helping with filing or greeting patients. I saw the excitement of a busy private practice in urology and the many challenging and complex problems that patients presented. I witnessed the dual role of the urologist as an office practitioner and surgeon, spending one Father's Day engrossed in a nephroureterectomy for TCC of the renal pelvis. I saw his love for helping others and his excitement for future advances in the field. His value as a mentor and a role model cannot be understated.

This introduction to urology was supplemented by a summer spent in the dynamic arena of urologic oncology. At Memorial Sloan Kettering, I was able to participate on rounds, in clinic, and in the OR, and felt a part of the team. I was encouraged to think, to question and was exposed to the intellectual challenge of diagnosing, treating and preventing urologic malignancies. The database that I created comprised over four hundred patients who had radical cystectomy/ileal conduits. Hopefully this information can elucidate trends linking patient outcome to improved diagnostic methods, treatments and quality of life.

At third year rotation in urology at Robert Wood Johnson University Hospital, I confirmed my career choice. I had the opportunity to join a busy urology service and learn the basics of patient management. I'll never forget the face of one patient, a police officer, as he thanked the team profusely for a cystectomy/neobladder operation that rid his body of cancer while preserving continence and quality of life. Helping out in his care was both educational and enjoyable. This rotation allowed me to spend time with residents and attendings and observe their responsibilities and dedication to the field. I can envision enjoying urology as much as they do and look forward to the opportunity to begin training.