

Personal Statement: Sample 1

"I quickly scanned the cluttered table. All I had was all I was going to have—the stethoscope slung around my neck, the dirty nasogastric tube, and my shaking hands.

"How's she doing?" Dr. Gillian, the American physician yelled, craning her head in my direction, needle in hand. Blood and amniotic fluid seeped everywhere, uncontrollably.

"Pulse is 60; respirations are sporadic," I replied, as calmly as I could muster. "Her color is improving, but tone is weak." She is not making any noise, I thought, biting my lip. My classmate, Julie, assisting the surgery, shot me a worried look. Dr. Msema, the remote hospital's medical director, and a lone nurse uttered a quick prayer. In the middle of the Tanzanian rain forest, the practice of medicine unfolded before me. I relied on instinct bred as a Basic Life Support instructor. With my left hand, I maintained a patent airway, and with my right, I listened to her heart and felt her pulse simultaneously, all the while counting her halting breaths. I rubbed her tiny body vigorously, triggering a weak, non-sustained cry. No change. I reported the news to Dr. Gillian, busy sewing the womb, and repeated the automatic cycle. The nurse calmly tapped me on the shoulder, motioning she wanted the baby. "Hapana!" I shook my head no in Swahili.

"Lauren, it's okay," Dr. Gillian reassured me. "They're going to weigh and wrap her." The nurse took the baby away, still floppy and blue-tinged. I trailed her next door, watching as she placed the baby on the scale and bundled her in colorful cloth.

Growing up on an Iowa farm, Africa was more than a world away. My days were safe, healthy and full of remarkable influences. My mother enrolled me in a local 4-H club which became the springboard for my interest in leadership, service and immersion in community. With my two younger sisters in tow, we camped our way through nearly all of the continental states by the time I graduated from high school, instilling a sense of independence and respect for people with different backgrounds and beliefs than my own. My career path coalesced for good when I committed to serving AmeriCorps in a community health center after college. I fell in love with primary care, public health and matters of social justice.

Once in medical school, I loved being on the wards, interacting with patients of all ages and learning their stories, but despite my satisfaction, I sensed a dimension lacking in my work. I saw the need to improve the health care delivery system but failed to understand how to do it. After my second year of training, I moved to Washington DC to broaden my education with a degree in health policy. I worked as an intern in Senator Tom Harkin's office as a research assistant to his health care staff, where I filled my days with analyzing data and preparing memos on everything from SCHIP and Medicaid to health care reform, minority health, and preventive medicine. My time on the Hill taught me what a unique and valuable perspective a physician offers in the dialogue about health policy, health financing, access to care, and quality of care. Despite the excitement of grassroots campaigns and the waxing and waning momentum of health care legislation, nothing compares to caring for another human being, and I returned to medical school with a deeper appreciation of the intersection between health policy and the act of caring for patients.

In many ways, family medicine melds all of my interests. I can practice in the states or abroad, in rural or urban areas, in academic or community health settings. It gives me the opportunity to meet diverse patients from all walks of life and to be present for important moments that they experience in regards to their health. And I can still play a role in advancing the field through policy research and advocacy. I want to be the family doctor who advocates for change with her patients and who understands that the amount of money one possesses should not dictate the quality of care one receives. I want to be an effective clinician in order to be a more credible policy maker and I want to be an effective policy maker who lets her practice experience inform her policy positions.

In Tanzania, in the deserted chaos of the operating room, Dr. Gillian relaxed with a cup of coffee. Dr. Msema recorded the operation in the log book, and the nurse sterilized instruments next door. The overhead surgical light pierced the shadows and illuminated the girl's pale, tiny face, swaddled with in bright colors. Although still precarious, she had somewhat stabilized. With such a large head at birth, Dr. Gillian, Julie and I conjectured hydrocephalus. We were never certain, but a week after I left, she died. As I look back, that little girl taught me about the difficult, yet delicate tension between knowing when to act and when to be still. As the palm trees swayed in the gentle breeze outside, all that mattered in that moment had been her shallow breathing and my hand on her heart.