Sample Personal Statements

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Emergency and Internal Medicine Personal Statement

I was ripped from sleep on a bright Easter morning by the sounds of shouting and crying. My family was frantically trying to arouse my unresponsive father. Later, I learned my father was clinically dead on arrival to the hospital. Despite the ominous forecast, an emergency department physician saved my father's life. This was the moment I considered becoming an emergency medicine physician, where I could care for people in their darkest hour.

In college, my interest in emergency medicine was renewed when I volunteered for an ambulance squad in my hometown. I was sent to the EMS Training Academy where I earned the Richard Freeman Award for highest GPA and later accepted a teaching position at the academy. Teaching became the most rewarding experience in my life, especially since I was constantly learning from instructors who appreciated my teachability. However, my interest in the care of ED patients grew.

Immediately after EMT school, I was hired as an emergency department clinical technician. My transition to working on the other side of the ambulance bay doors had begun. I learned new skills and honed my clinical instincts as I worked with physicians. As a result, my skills as an EMT improved and my promotion from cadet to crew chief occurred in less than a year. I was given new duties as a lieutenant and training coordinator responsible for training. My leadership abilities were recognized and I was elected to the executive board where I worked diligently to successfully merge our organization with a second ambulance squad. Yet, the bustle of working in the ED is what truly stimulated me. I was enthusiastic about the variety of cases and how well the emergency team worked together. The best part of my day was when the ED attendings would take the time to teach me about cases. I longed for a job which allowed me more one-on-one contact with the ED physicians.

I accepted a position as a Clinical Information Manager responsible for maintaining all clinical information relevant to patient care. After observing and recording the attendings' physical exam findings, I constructed a history and physical within an electronic records system. My history and physical writing skills and quality improved quickly due to sheer volume. Multi-tasking skills were required as I juggled lab results, diagnostic imaging studies and other pertinent patient information for every patient assigned to the ED attending. My experience laid the foundation for my future career in medicine.

During my internal medicine rotation, I was in the ED admitting a frail, undernourished octogenarian. I heard the raspy, guttural quality of his breathing prior to walking in the exam room. He coughed feebly with gobs of green mucous clinging to his beard. While he battled the pneumonia, I was completely involved with his care, from choosing antibiotic therapy, to diagnosing and treating his diabetes, to rounding on him several times a day. I successfully convinced him to attend rehab for physical therapy, despite similar failed attempts made by social workers and nursing staff. The day before he left, I found him clean-shaven, appearing healthy and looking ten years younger. My first image of him flashed in my mind and I was in awe of the change. I took excellent care of him, and that was my reward. He thanked me for spending time with him and explaining his course of care, after asking my chief resident if I could be his internist from then on. The bonds I formed with patients on the medicine wards were meaningful,

and I knew then I could make a difference on the wards as well as in the ED. In this way I could take complete care of patients from admission to discharge.

Early in my fourth year I began to realize the importance of socioeconomics pertaining to illness, learned to value the team approach to providing excellent, ethical medical care for my patients, and concluded that only pursuing a career in both emergency and internal medicine would allow me to reach all of my goals. I relish managing patients completely, requesting appropriate consults, and the cerebral process involved in detecting and treating illness as well as the rapid pace in the ED where I am able to see multiple patients quickly, stabilize and treat life-threatening problems, and use my hands to perform critical procedures. Preventing illness and educating patients as an internist is now fundamental to my medical philosophy. Engaging a combined residency in emergency and internal medicine will maximize my career choices and is consistent with my goals of ultimately pursuing both a clinical and academic practice.

My strong background in prehospital and ED patient care, teachability, multi-tasking skills, enthusiasm for learning, teaching ability, leadership qualities, and clinical skill set, alongside my excellent care of patients prepares me for a combined EM/IM residency. I seek a residency program which will provide me the opportunities to become a highly-skilled, confident, unusually well-prepared physician to practice and teach in a wide variety of settings while nurturing my compassion and love of teaching, and further developing my clinical instincts.

Emergency Medicine Personal Statement

Leadership is a strong foundation for Emergency Medicine. It has been my experience that an emergency room cannot be run efficiently unless the attending physician knows exactly what is happening at all times. I choose to be a leader in this profession. I know that I have the talent to treat patients holistically in the crucial medical crisis window.

A physician who can handle a medical crisis while controlling the nursing staff, technicians, specialty consultants, students, and the patient's family deserves respect. The medical knowledge to stabilize the patient is crucial. Four years of medical school, five months of which were Emergency Medicine electives, have provided me with a sound basis of knowledge. The Emergency Medicine sectors I experienced were trauma, toxicology, pediatrics, fast track, ultrasound, psychiatry, and underserved populations.

In any workplace, it is important that the employees work together like a "well-oiled machine." In order for people to work at their maximum capacity they need to feel comfortable with their job and co-workers, feel a sense of accomplishment by the end of a shift, and see future progress in their chosen career path. As an Emergency Medicine physician, it is particularly important to create this environment for one's coworkers. I currently sit as the National Vice President and Speaker of the House for the Student Osteopathic Medical Association (SOMA). It is my responsibility to see that all twenty-one national board positions continue to progress in their projects of community service, professional development, osteopathic principles and practice, political affairs, international health, minority affairs, and research. As a team we review project proposals, implement new ideas, motivate student and physician participants, and run successful projects. My history in leadership roles will certainly guide me to achieve a "well-oiled" emergency room. I welcome the challenge.

Furthermore, as the U.S. population grows more culturally and ethnically diverse, and with Latin American citizens in particular, Emergency Medicine physicians need to adapt to this change. All the emergency rooms I worked in demanded Spanish translation. I am proficient in the language and culture that when urgently needed gives me a sense of insurmountable contribution to the community. In the future, I plan to educate my colleagues with simple steps to achieve culture competency so that these patients can be treated with the appropriate medicine.

Always keeping these thoughts of knowledge, leadership, and cultural and ethnic diversity in mind, as an Emergency Medicine physician I will continue to treat my patients with compassion and respect. Patients who present with emergent illness are frightened. They hold dear to their hearts the next words that come out of the physician's mouth. In the wake of demands for more patient flow, I will remind myself every moment before I pull the curtain open that this patient is my sole responsibility which includes their mind, body, and spirit.

In the future, I will help move Emergency Medicine to a higher level of technology, organizational flow, employee satisfaction, and patient-centered care. I recently entered

an ACOEP case presentation competition with a case of abdominal pain in a four-year-old male that presented to my emergency room. The competition challenged me to recognize the importance of every patient even with the simplest and vaguest complaint. The diagnosis was Guillian Barre. The national organizations that focus on emergency medicine have a purpose to engage physicians, interns and residents, and students on all that is emergency medicine. It is these organizations that help move medicine into the future. I will be a part of this movement. I have also been in contact with several physicians who do research on how to make emergency rooms more efficient without neglecting patient-centered care. I look forward to getting involved in all that is emergency medicine and becoming a leader in the profession.

Family Medicine & Primary Care Personal Statement

If there was a high school senior superlative, “The least likely ever to enter medicine”, I would have won it. At the age of nine I decided that I would be a fashion designer, and there my focus lay until I graduated from the School of Design with a Bachelor of Fine Arts. After graduation, I was lucky to land a job as an Assistant Designer in the heart of New York City’s garment center. On the chaotic first day I was told that if I did not sink, I would somehow learn to swim. I did learn and three years later I was offered my dream job as a Designer at Tommy Hilfiger. I felt that I had made it. I had a prestigious job that paid well and sent me on frequent trips to Europe, Asia, and the West Coast for “line development”.

Sometimes you need to have everything you ever wanted in order to discover that it is not what you wanted after all. I felt disillusioned and started to think that I should be doing something else. When a local homeless shelter was looking for overnight volunteers, I signed up.

My first evening on duty, I walked into the shelter expecting that I would get to sleep that night. That didn’t happen. Instead I spent the night talking to two frustrated elderly homeless men. As the hours passed, I realized what should have been obvious to me. The only difference between these men and me was a few ill-turned events coupled with a weak social structure that put them in their current situation. Before that night, I felt like most other sheltered Manhattanites. It was us, the urban city dwellers, and “them, the homeless” on the fringe of society. That night I began to see things differently. My bubble began to leak and my life began to change.

When a friend told me about a group of doctors that provided homeless healthcare in NYC, I was intrigued, and asked if I could spend a week with them. After calling incessantly over the course of a month, they finally agreed. That week I saw firsthand how psychosocial and physical well-being are entwined, and how truly successful empathetic medical care encompasses both. By that Friday afternoon, I had a new career path. I knew that I needed to go to medical school.

Despite not having set foot in a science lab or lecture since high school senior physics, I enrolled in my first general chemistry class. The class was a shock and a struggle, but after completion, I had the courage to take the scariest step of my life. I quit my job, walked away from a comfortable and successful career and enrolled in a post-baccalaureate pre-medical program where my situation was quite the opposite.

Five years later I am in my final year of medical school. I consider myself fortunate to have learned what it is to live a life plagued with disease, addiction, mental illness, extreme poverty, and/or HIV/AIDS from my patients. Incorporating this knowledge along with the understanding of the pathophysiology of the disease and currently accessible medical treatments is paramount to providing truly comprehensive and successful health care. It is on this foundation that I wish to continue to build during my post-graduate training in primary care. Furthermore, I find that I continue to be drawn to

patients with chronic disease, especially HIV and the metabolic triad of hypertension, dyslipidemia and diabetes, especially when these conditions are exacerbated by lack of health care. This lack of health care is sometimes secondary to the unavailability healthcare resources, however, more often in my experience, it is due to a lack of patient compliance that stems from the patient's perception of more important psycho-social stressors coupled with a absence of understanding about the severity of their disease. I love the challenge of helping and encouraging these patients take the steps necessary to maintain a state of health, and feel an obligation to care for those for whom it is too late.

I was recently asked what my plans are as a physician. The answer was an easy one, to provide primary care to an urban population. I was then asked, "What do you want to do when you realize that that's not all that its cracked up to be?" After thinking about this question, I realized that I already am serving these patients. Medical school is not easy. It has come to me at great cost. Every time I feel fatigued with the mountain of information that needs to not only be consumed but mastered, every time I visit friends with homes, and families, and the successful exciting careers that I could have had, I stop and think of the people who are marginalized, my future patients, and I know that I do this for them. This invigorates me. The excitement and fulfillment I feel as I do this work is what makes me confident that this will always be "all that it is cracked up to be".

Family Medicine Personal Statement #1

The thought of becoming a physician entered my mind very early. This grandiose idea entered and bounced around the walls of my cranium while attending a small private school in a sleepy town somewhere in New Jersey. Tirelessly engaging and actively challenging myself in my favorite subject, sixth grade recess, the magnitude of my adolescent decision was grossly underappreciated. However, my newfound career choice provided excellent tea time table talk between my proud parents and their distinguished associates. In reality, my humble guardians thought my lofty aspirations were out of reach for this hometown dreamer and spawned from ideas of my aspiring colleagues. After all, the title of physician had been very elusive in my family and my grass-stained schoolboy uniform would be more indicative of an alternative career path.

The years marched on and my academic desires shifted from scoring the game-winning goal to learning about science and eventually medicine. Interestingly enough, my career choice never changed and my ambition remained to become a physician. Growing up with all the distractions and career choices an individual must face as a young adult, my frequent visits to the doctor's office for asthma and allergy relief provided a window into the future so I could see similar ambitions fulfilled. These frequent office visits gave me great excitement and refueled my desires to continue down the academically challenging road until gaining access to the study of medicine.

My transition to the field of medicine was confirmed through my grandfather's heroic battle with Progressive Supranuclear Palsy. Becoming an active member in my grandfather's treatment provided a unique opportunity to observe the innermost workings of a doctor-patient relationship and the importance of a thriving relationship as it relates to overall quality of care. To observe this type of professional relationship maintained between my grandfather and his doctors, and one day provide similar medical expertise on a continual basis, became a very appealing and rewarding aspect when choosing a career in medicine.

The reasons I decided to choose a career in medicine have changed throughout the years. In its infancy, my motivation in choosing a career in medicine had strong ties to an altruistic upbringing. After advancing from my canary yellow egg shell nestled at the Jersey Shore, my motivations adjusted from simply caring for people to having a more active role of patient advocate and educator. These subtle changes reflect advances in my own maturation, education, and ethos.

As a medical student, I have become strongly enamored and appreciative of every field of medicine that I have encountered during my rotations. While enjoying all of my assigned clerkships it became apparent to me that I would be best suited for a career in family medicine. Family medicine is right for me because it deals with a broad base of competencies that I am excited to learn and engage. Family physicians are able to treat common complaints, manage acute and chronic diseases, and detect life threatening hidden conditions throughout all stages of life in all types of patients. It is an honor to be on the frontline of the healthcare profession as many family physicians find themselves.

Furthermore, I am eager to embrace a role that has considerable responsibility grounded in preventative medicine and continuity of care.

When applying to a residency program, I am looking for an academic program that is committed to the education of its colleagues as well as the wellbeing of its patients. I look forward to working in a professional environment with a foundation built on core clinical knowledge, evidence-based medicine, osteopathic philosophy and patient wellbeing. In conclusion, I am excited to start a new dynamic stage in my life and aspire to develop long lasting relationships with collogues that seek to touch one life at a time.

Family Medicine Personal Statement #2

Prior to beginning medical school, I thought that I might like to be a family physician but I wanted to experience classes and rotations with an open mind. During the last three years, I have tried to do just that. . . and have found that I enjoy everything! For me, Family Medicine is an excellent blend of knowledge, research and patient interaction and education.

The knowledge base required of a family physician is both challenging and exhilarating to me. As the primary care physician for a variety of patients, I anticipate reading and learning every day about a diverse number of topics. I also look forward to using technology as a part of my own education and that of my patients. Textbooks and the most-recent journal articles are available on-line; these resources often have patient information packets that can be easily distributed as learning tools. I have used electronic medical records in several rotations and have enjoyed learning how technology can make patient interactions more efficient and more meaningful for both physician and patient.

Family medicine also offers a unique area for research. The patient population in a specific community may lend itself to further investigation of conditions such as coal-workers pneumoconiosis, melanoma or adolescent pregnancy. A research topic may be inspired by a specific patient. This is another instance in which patient education is important; I believe that if patients understand that they are teaching us just as we are teaching them, a fruitful research relationship may be born.

As you can see, education holds a special place in my heart. In my “former life” I was an academic advisor and a grade-school teacher. During those experiences, I learned that I enjoy problem-solving and interacting with a wide variety of populations --- from peers to children to the elderly. In addition, having a diversity of tasks throughout the day energizes me. The same has held true while on clinical rotations. My most-fulfilling days have been filled with everything from pre-sports physicals to sewing lacerations. What I especially love is the opportunity for teaching that is inherent in each of these interactions. I anticipate my role in educating and guiding patients through transitions in their lives so that they may find fulfillment and enjoy good health throughout their lives. Using my talents of teaching and communicating, my patients will be confident in knowing their bodies and understanding their own physiology so that they may take an active role in caring for themselves. Besides teaching patients, I am hopeful that I will instruct students. Family medicine residency is the perfect place to begin working with both populations.

In addition to teaching, I am also excited about learning! I am looking for a residency that focuses on evidence-based medicine and that views journal clubs and procedure days as valuable parts of the educational experience. Of course, nothing is a better teacher than experience itself, so I am also seeking a program that allows for increasing amounts of responsibility throughout the years and both hospital and clinic time. At the end of residency, my goal is to be a competent, confident physician who is ready to educate, research and learn for the benefit of patients and the community.

Family Medicine Personal Statement #3

The scenario is a constant presence in my life: I awake to the familiar tone of my phone only to discover there are hours left before my alarm will sound. Startled, annoyed, I recognize the voice on the other end even before answering. There is a fleeting moment when I dare to ignore the intrusion, but my compassion always prevails. As the only medical student in the family, I've become the resident expert, and that means I'm always on call. It's my brother, of course, with yet another medical emergency requiring triage over the phone. His young life already plagued by a variety of ailments, not the least of which is his Bipolar Disorder, my brother will do almost anything to avoid another doctor's visit. It's become increasingly clear that while the marvels of modern medicine prove his saving grace, the pitfalls of an overworked and often intolerant system have proven his demise.

I've been there since the beginning. What baffled me as a child has enlightened me as an adult. I've seen how a little boy with visual disturbances, learning disabilities and Attention Deficit Disorder neither fits nor functions in a traditional mold. Without the vigilance of astute physicians diagnosis can be delayed. Without the persistence of committed practitioners follow up can be lost. Without the patience of a gentle soul the voice of a troubled young man may not be heard.

Living with mental illness you learn to expect the unexpected. The chaos breeds its own rhythm almost soothing in its familiarity. It's made me the type of person who can think on her feet and roll with the punches. I've learned to revel in small victories. I've learned not to wallow in monumental setbacks.

In many ways family practice chose me. My life course so far has effortlessly cultivated qualities I now know exemplify a family physician. Patience is a virtue I once endured in childhood and now conscientiously practice in my daily life. My brother's special needs far surpassed mine as we grew up and consequently, my turn had to wait. Self motivation was simple; school came more easily to me. Compassion blossomed as I witnessed my brother struggle, consumed by and often helpless against his illness. Dedication and perseverance were my responsibility because I had no excuse to give up. I owed success to my family, my brother and myself because I never had to combat the obstacles he did. In the end I am left with gratitude. Not only am I supported by a family whose love is as fierce as their troubles, but I've had the opportunity to witness the intimate nuances, for better or worse, of what will eventually become my chosen profession.

Medicine was never a question. It's what I always dreamed I'd do. Experiencing the system from the inside out has only heightened my desire to join the team. I've seen my brother's eyes well up when he lists his medications and suddenly a healthcare professional can't look him in his tear-filled eyes. It's shown me that tolerance is of the utmost importance in patient care. I've helped sort out the mess when my brother has neglected to take charge of his health, and once again he's in a jam. It's illustrated the necessity of continuity of care. I've heard the fear in his voice when he doesn't know what's wrong and has no idea where to turn. It's helped me recognize that not everyone can navigate our system without a little help.

I imagine my role as a family physician will be much the same. Someone has to be at the helm of the ship. Someone has to be there to guide patients toward healthier living, and when that isn't enough, toward safe, effective interventions. Someone has to take an interest and see that the individual parts of the network are working to achieve the same goals. If I can be that someone and approach each day with a bit more tolerance and a little more patience then that will be my gift to my brother. I will promise to remember where I've come from and always be an open ear so that his voice and the voices of others like him may be heard. And while I may not always welcome that middle of the night phone call, I will promise to hear my brother no matter who is on the other end.

Family Medicine Personal Statement #4

My grandfather teases me that I will be a country doctor with a red Ford pick up truck and a license plate that says "FamilyDoc." He smiles warmly and insists that family medicine is the only field for me. I have always agreed. I fell in love with medicine at the age of two and it remains the love of my life. No other field inspires me or calls to me as medicine does and no other specialty speaks to my passions and strengths like family medicine.

Family medicine represents an opportunity for me to be an educator and an advocate for each patient. As individuals face the incredibly complex medical system they search for comfort, guidance and accurate information. I plan to fulfill these needs by actively listening, withholding judgment, carefully considering the diverse needs of each person I treat, and recognizing that small gestures often convey more meaning than long speeches. Empowering my patients to take an active role in their health will promote compliance, trust, and honest communication.

A family medicine residency will set the foundation for a life of learning and exploring medicine. I look forward to developing my clinical reasoning and diagnostic skills. Efficiently navigating the ever-expanding resources and incorporating that information into my practice represents another important goal. I aspire to be a brilliant diagnostician and clinician, but a humble student when seeking help from colleagues and mentors.

Osteopathy represents a long tradition of primary care and preventative medicine. When I applied to medical school I looked only at osteopathic programs because I believe that healing is intimately connected with touch. My years at Philadelphia College of Osteopathic Medicine only strengthened this belief and I intend to continue my education among osteopaths. I hope to improve my palpatory skills and emphasize these techniques during office visits and inpatient care.

As a physician I will possess the power to make idealism a reality for my life and my patients. There will be time to be a loving mother and wife just as there will be time to dedicate an hour to the confused adolescent or the perimenopausal mom. There will be time to go to conferences on diabetes and obesity and there will time to go to soccer games and the beach. I will find balance and richness even in the most challenging years. I accept that the best medicine is not always convenient, cost effective or traditional. I acknowledge that listening to patients is often more important than offering advice. I believe that life is a process worth savoring, as my education has always been.

IMED Personal Statement

Sir William Osler once said, "*The good physician treats the disease; the great physician treats the patient who has the disease*." I believe that the current practice of clinical medicine is, for the most part, very linear. In fact, most of the progressive programs these days are adopting the "pathways" system. Basically, a checklist to ensure that when Mrs. Smith with chest pain comes in, you do X, Y, and Z. Our scientific society has created an environment where pragmatism reigns supreme. This methodical approach may sound boring but, in reality, it is truly the most efficient system in which to practice medicine. In some cases, research studies and evidence-based medicine have obviated any ambiguity from the equation. The countless hours of study we invest eventually sink in, until we reach a level of knowledge that is sufficient to be a competent physician.

However, this is only one dimension of the art of medicine. Every physician must have a phenomenal fund of knowledge, but once this is achieved, what separates a good physician from a great physician? The answer is character. The most intelligent person in the world can walk into a room and tell a patient that they have Diabetes. The patient can then leave the room feeling safe and secure, or in search of a new physician. The physician patient relationship is of paramount importance in healthcare. The so-called "healing touch" is not some magical entity. When a patient has a poor relationship with their physician they are reluctant to comply with medications, or change their lifestyle. As physicians it is our duty to do more than carry out the "pathways." To truly practice the art of medicine we must be much more than colossal memory banks. We must be pillars of our community, and properly utilize our knowledge to change the lives of our patients.

I chose to pursue internal medicine after thoroughly scouring many facets of the medical profession. Internal medicine encompasses everything I intended to be when I entered medical school. It is by far the most eclectic field I have experienced. Each day presents a new challenge. Furthermore, a residency in internal medicine reinforces a stalwart understanding of the fundamentals of medicine, while affording one the opportunity to explore countless other avenues via fellowship training.

While studying at Salisbury University in my undergraduate days, I participated in research involving the Chesapeake Bay Blue crab (*Callinectes sapidus*). I became proficient at PCR, DNA/RNA isolation, and Northern Blot. During residency I intend to utilize my skills to aggressively pursue research in the field of infectious disease. I am particularly interested in the recent increase in the virulence of *Clostridium difficile*, and the role of probiotic therapy in attempting to treat this infection. With the evolution of superbugs, the chasm between resistance and new treatment modalities is growing wider by the day.

The field of medicine is constantly evolving on multiple fronts. Economics, public health, research and development, and health access are all in a constant state of dynamic equilibrium. I anticipate that enormous changes will take place during my career in

medicine. I look forward to being a leader in my field, and am honored to have the opportunity to fulfill my duty as a physician throughout an extremely compelling era of change.

OB/Gyn Personal Statement

The experience will eternally remain burned into my memory. It was an April afternoon, bright and crisp, and I eagerly started my first day on an ob/gyn service. I was informed by an attending that there was an impending delivery, so I hurried as fast as my feet would take me to the third floor. I attempted, on my journey, to mentally review the cardinal movements of labor, but I only heard the steady gallop of my heart in my ears. I got into the room, introduced myself, and immediately gowned and gloved. There was initially a great deal to take in, from the waveforms on the monitors, to the facial expressions of the expectant mother, to the swift actions of my experienced attending. It was pure excitement. I continued to watch the physician as she masterfully orchestrated what she had likely done thousands of times previously. She assessed and she acted. As the contractions progressed and the intervals shortened, I observed the mystery unfold. The baby's head crowned and the sounds of the restless mother and the encouraging nurses filled the room. After a few fleeting minutes, there was a new voice in our company. From that day, I was immersed in the field of obstetrics and gynecology.

I know that the field is not always this bright. An inspiring pathology professor from my school often said, "It's not all peaches and ice cream." I learned this quickly on my rotation. I witnessed women with post-pardum hemorrhage, gynecologic malignancies, and dangerous fetal heart tones. I found that managing patients in these critical situations could be equally challenging and rewarding. The first surgically managed ectopic pregnancy that I witnessed involved a woman who had come exceedingly close to rupture. The operation was arduous but inspiring, since the gynecologists were able to preserve the life and fertility of this young patient.

The very nature of the training of an ob/gyn complements my interests and background. In the years between completing my undergraduate studies and starting medical school, I wore many hats within medicine. I worked as a cardiac pacemaker technician, physical therapy aide, dermatology technician and researcher. These varied fields appealed to my different interests and all required distinct skill sets. Through treating vitiligo, degenerative joint disease, AV heart block, and countless other pathologies, I learned that I want to do something that is both dynamic and diverse.

The same can be said about my chosen specialty. As surgeons, primary care providers, and critical care physicians, obstetricians and gynecologists are trained to address a myriad of concerns within women's health. This facet of the field is one of the most appealing to me. The thought that a typical day could contain a hysterectomy in the OR, a pap smear in the outpatient clinic, and a c-section in labor and delivery is enticing and exciting.

Prevention and patient education are facets of medicine that are also appealing to me. At a time when a significant portion of the women throughout my rotations are obese and have poor health choices, I perceive a responsibility to get involved. As a first year in medical school, I started a Nutrition and Medicine Club to address food choices of those in my community as well as to educate future physicians about how to advocate healthy eating. One project involved going to a local Salvation Army center for homeless teens and holding classes on nutrition. As primary care doctors for women, ob/gyns have the role of teaching patients not only how to manage disease, but also how to prevent it.

At the beginning of medical school, I remember deliberating with a friend about the selection of a medical specialty. I vividly recall her saying, “ You have to do what gives you life.” I carried that sentiment with me as I searched throughout my third year of training. I enjoyed the varied rotations, but none as many as that month this past April. I can think of no better way to spend my life than to empower women to live theirs in health.

Psychiatry Personal Statement

"Life has value only when it has something valuable as its object" - *Hegel*

A life of value is one that has as its goal service to humankind. It is this desire to help my community that led me to teach high school science and then to pursue a career in medicine. My path has been shaped by the examples of many people. Two who taught me the rewards of service to others were my mother, a teacher in the inner city, and my friend Jill, a nurse who worked with AIDS patients in the 1980's. From them I learned empathy, drive, commitment, and most of all I have seen the satisfaction that a life of service can accomplish.

Not only have these people influenced me, but my education and experiences have as well. I attended Sarah Lawrence College and studied music as well as the humanities. As a graduate of a liberal arts program focused on reading and thoughtful writing and discussion, I bring to my career a holistic point of view. Having learned initially to see connections between texts and philosophies, I am now able to apply this skill to see connections between symptoms and presentations of disease. In addition to my years at Sarah Lawrence, I spent a year abroad at the University of Auckland in New Zealand where I learned how to integrate into another culture and establish self-sufficiency 8,000 miles from home.

Following my graduation from Sarah Lawrence College, I decided to go to medical school; I realized that medicine is a superb combination of my love of science and my desire to benefit others. While I completed my pre-med classes, I was appointed to a teaching position at Soundview Preparatory School. This was a truly wonderful point in my life as my science knowledge was burgeoning and I was forming meaningful relationships with my students and co-workers.

Since I have been in medical school, I have seen the importance of being an accomplished and compassionate doctor. If a patient is able to see commitment from his doctor it supports a productive doctor-patient relationship without which effective healing cannot take place. During my clinical rotations I have found that the exhaustion accompanying a grueling day is wiped away when I successfully connect with a patient and empathize with his concerns.

I now advance to a career in Psychiatry equipped with the tools of my past experiences and my education. Psychiatry is a perfect amalgam of my aspirations to give to others and my training as an osteopathic physician. One of the three tenets of Osteopathy requires the physician to treat both body and mind; Psychiatry, with its ever-increasing understanding of the neurochemical basis of mental illness, is firmly rooted in the body, and yet it does not neglect the influence of a patient's psychosocial environment on his health. As a psychiatrist I will become part of the social milieu of the patient as well as prescribing medication to treat the physical ailment; treatment thus provides a connection between mind and body. As a Psychiatrist, not only will I be able to practice Osteopathic medicine by treating the whole person, but I will also fulfill my goal of service. Each patient interaction will function to heal an individual and will add significance to my day; the sum of these interactions will improve my community and therefore be the object of value in my life.

Surgery/ENT Personal Statement

I didn't want to be a surgeon. I'm not quite sure how this conviction formed, or why…and I wasn't sure what it was that I wanted to be. But I had convinced myself that I didn't want to be a surgeon.

Then I was handed a scalpel. I learned the basics of cutting, dissecting, and suturing, and I fell in love with the hands-on nature of surgery. I saw the pictures from the anatomy textbooks come to life and witnessed the impact surgery had on people's lives. Suddenly I had a newfound respect for surgeons. I also discovered that I felt at home in the operating room. I have been playing the cello for 18 years, and I was amazed at how much that training overlapped with my experience in the OR. There is a certain discipline that a classically-trained musician learns which reminds me of a surgeon's methodical approach to a case. The way in which each member of a surgical team makes a contribution to ensure that a surgery runs smoothly parallels the way in which each section of an orchestra plays its part to contribute to the symphony as a whole.

One of the most intriguing things about music is the way it continuously challenges me. Each time I sit down to approach a new piece, it is like a problem waiting to be solved. Years of practice, study, and repetition have taught me to take chaotic marks on a page and make sense of them – to give them life and meaning. In order to make music, I must rely on my knowledge of the basic notes and rhythms and build from there. I must be able to think quickly, to adapt and adjust, and to prepare for what comes next, without jumping ahead. I need to follow the conductor's lead and express what the composer intended, while simultaneously taking ownership of the music I'm creating.

I believe the same goes for surgery. Each case is a puzzle waiting to be tackled, and the surgeon's armamentarium lies in her knowledge of anatomy, landmarks, tools, and surgical techniques. However, it is the fact that each person's anatomy is slightly different and the adjustments that are made because of this that makes surgery an art. It is the interaction amongst members of the team that dictates the tempo of the case and the ability to anticipate each other's needs and respond to the unexpected that represents dynamics. These are the nuances that make surgery so compelling. Surgery, like music, has many layers; each can be happy and sad, simple, yet challenging. Both require a certain dexterity, discipline, a devotion to practice and learning, a sense of confidence, and an ability to adapt and work as part of a team. There is an intuition and a level of emotion involved, as well as an intimacy between the surgeon and patient or musician and listener that is unparalleled.

So why otolaryngology? Although I was initially drawn to general surgery, there was a harshness about it that didn't suit me. Furthermore, there was an aspect of medicine that I knew I'd be missing. I want to have a base of regular patients whom I can see and treat in an office. That type of relationship is often lost on surgeons, yet one I believe otolaryngologists are able to maintain. When I finally stumbled upon an otolaryngology rotation at the end of my third year, I found it had everything I'd been looking for in a specialty choice. It was both surgery and medicine; and it was interesting! Moreover, the surgeries were fine and delicate – a seemingly natural transition for a string player and a stark contrast to the very issue I had taken with general

surgery. After four summers of volunteering at a pediatric oncology camp, the opportunity to work with both children and cancer patients was what initially drew me to medicine. With otolaryngology, I would be able to do that without it comprising my entire practice. Ultimately, an otolaryngologist deals with things that matter to people: hearing, speech, breathing, their outward appearance. As a musician I have had the opportunity to touch people's lives. As an otolaryngologist, I set out to do the same and look forward to the challenges ahead.