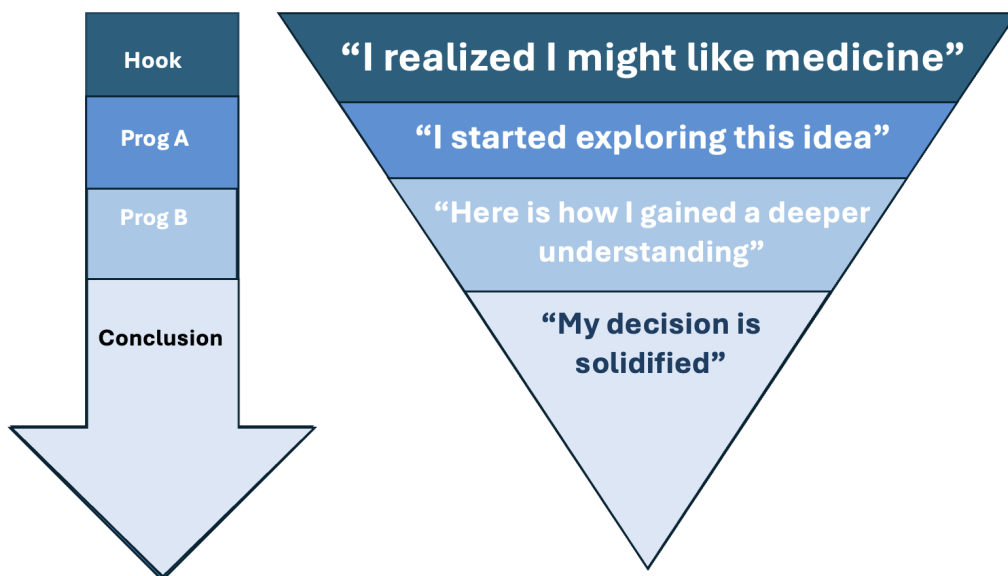




# **Medical School Personal Statement Example Pack**

## Introduction

- The following series of essays is meant to give you an idea of what to write for your personal statement and how to design it.
- Each example follows a slightly different approach to content; however, the overall format is the same, as detailed in the “Primary Application Guide.”
- In brief, every section should have a beginning (“Hook”), middle (“Progression”), and end (“Conclusion”), these will be labeled accordingly in the commentary. (See below for the funnel-like structure to strive for that narrows in on medicine.)
- In general, if the personal statement is 1) *genuine* and 2) *makes sense*, it will be strong enough for submission. You would be surprised at how hard this is.
- *Uniqueness is a fallacy.* In my years of reading hundreds of medical school personal statements, I have never seen a truly unique one. Not one. There are a few paths to pursuing medicine, not many.



## Example 1: Big Research Guy

Imagine being handed 100 million DNA base pairs—endless strings of letters—with no sense of what the mysterious code means. Instead, you are presented with a secondary signal: chemical modifications called histone marks, dispersed along the strand of DNA. Aside from that, there's no labeling or annotation to make sense of the noisy clues embedded within the code. Now, imagine being tasked with predicting where certain genes are. Seems impossible, right? I experienced the daunting nature of the task acutely when I was given this problem in class. After much struggle, I solved this problem in less than 200 lines of code using a Hidden Markov Model, a beautiful, holistic algorithm that unveiled a hidden structure within the chaos.

What I loved about this problem was how something so complex could be dissected into a comprehensible structure using logic. To me, the simplicity that emerged from confusion was beautiful and made me fall in love with science. Even as a kid, I was drawn to math and computer science because of their elegance, to the point where they became hobbies. I grew up competing in math and programming in my free time, and I still find myself working through LeetCode challenges or participating in quantum computing hackathons just for the joy and satisfaction of solving fundamental problems.

Years later, biology began to take center stage in my interests. In college, I realized that I could use my skills in logic and programming to uncover the elegant systems hidden behind the surface. The deeper I delved into problems like gene prediction, the more I saw the unfathomable organization behind the complexity. This led me into research, most notably my current project on B-Lymphoblastic Leukemia, where I focus on elucidating cancer at the molecular level and exploring rare cells involved in relapse. The thought of a single flaw in the process of cellular reproduction leading to catastrophic consequences motivated me to relentlessly tackle the most challenging puzzle I had ever encountered.

Yet, the most meaningful aspects of my deep dive into biology have been the glimpses into the human impact that scientific discovery can have. One afternoon, I shadowed my research mentor in her pathology lab, where we examined bone marrow and peripheral blood slides from leukemia patients. While I had spent considerable time studying the molecular signatures of these cells in the lab, seeing actual cells from real patients was an entirely different experience. I was jarred by the appearance of the deformed blasts, and the thought that they could survive and proliferate despite all the body's safeguard mechanisms. It was unsettling to realize that someone could be living with blood like this, and a desire to confront disease more directly was sparked within me. The reality of witnessing cancer with my own eyes made it feel tangible—something I could fight.

These experiences in the lab stood in stark contrast to my time volunteering with the Crisis Text Line, where, rather than genetics and molecular biology, relationships were the focus. On one memorable occasion, I spoke with a college student struggling with severe depression. Though he was initially guarded and provided short responses, he gradually opened up as our conversation progressed. It was fulfilling to actively listen and support him; hearing subtle positive changes in his mood brought me joy. In many instances like

this, I was forging authentic connections and impacting someone else's life in concrete ways.

While reflecting deeply about my motivations and sources of greatest fulfillment, my decision to pursue medicine has solidified. The field sits at the intersection of two key elements: science and humanism. To treat patients effectively, physicians must not only master pathophysiology but also the interpersonal challenge of building enough trust within patients for them to accept the recommended course of treatment. While the intricacy of genetics, the pursuit of technical problem solving, and the haunting appearance of deformed blast cells will stick with me, I'll remember that ultimately, my efforts will not be for my own intellectual gratification, but something much greater.

### Comments

- **Theme:** Technical Problem-Solving
- **Hook:** Intellectual challenge, mystery, and wonder of math/science
- **Progression A:** Research in cell biology, pathology lab experience
- **Progression B:** Crisis Text Line
- **Conclusion:** Medicine represents the most meaningful intellectual challenge
- **Outcome:** Admission to Top 20 US MD-PhD program
- This personal statement is particularly good at understanding who the applicant is, and his passion for research and academics is demonstrated clearly.

### Example 2: The Musician

The lights dimmed in the cavernous, soundproofed room, softly illuminating the band's members. Guitars, a keyboard, and a glimmering drum set filled the room, each with their respective musicians poised to play. Microphones were meticulously placed around each member, as if similarly awaiting the first note. The subtle tap of the drumsticks clicked with the words "One, two, one two three four" as a heavy rock riff roared to life, each member of the band performing in perfect sync.

But I was not in the room. I stood in an adjacent room separated by glass, watching them intently, perched at a spaceship-like audio console. A thousand glowing buttons and knobs were positioned beneath my fingers. As the song progressed, I went to work, making minor adjustments to ensure the perfect mix. While I had enjoyed playing music myself, I preferred orchestrating every instrument in the room simultaneously. Volume, frequency, effects, and even sound directionality could be modulated to create a refined recording. For years, I had studied every detail of recording technology, from the digital audio workstation software to the microphone types and placements. To me, recording music is a blend of science and art, where tweaking sound waves using electronic devices merges with the distinctly collaborative, spontaneous experience of harmony and melody.

My blissful experience in the studio came to an abrupt halt in 2021, when the COVID-19 pandemic decimated the live music industry. In-person recording was nearly impossible. In my last semester of college, I began to question my path in audio engineering for the first time. During that time, a close friend's father passed away from COVID-19. I was deeply shaken by the news as the realities of the pandemic struck close to home. By necessity, I began reflecting on other ways to serve those around me, if not through the joy of music. Perhaps, I thought, I could find the intersection of science and humanism in another field, one that would improve the lives of others in a meaningful way.

Inspired by the courage of physicians during the pandemic, I turned to the field of medicine. After graduating from college, I started a post-baccalaureate program, where my interest in human physiology and biology was reignited. The mechanistic yet mysterious inner workings of the body enthralled me; a feeling which I took as a sign that I ought to get closer to the clinical setting, and thus, more in touch with the humanistic side of medicine.

This led me to pursue my first clinical experience working as a medical scribe. At first, I was simply focused on accurately charting. There was an endless stream of pertinent history, diagnoses, exam findings, and lab values. However, as the charting became second nature, I had more cognitive space to listen to patients' stories and to digest the thought process of the physician's diagnostic and treatment plan. I started noticing subtle behaviors among physicians: communicating diagnoses with a personalized approach, fine-tuning medications, and judiciously ordering tests based on their index of suspicion. These details reminded me vividly of my time in the recording studio, honing sounds into a cohesive song—attending to each detail but never losing sight of the whole picture. The physicians were the orchestrators, the producers, of patient care. The “song” of a patient's health was composed of an elegant mixture of science, intuition, compassion, and artistry.

Around this time, I also joined a research team studying aspirin-exacerbated respiratory disease (AERD), which causes asthma and chronic sinusitis. One day, I observed a patient, “M” who had hearing loss and chronic ear infections as a result of the disease, which was an unusual presentation. I considered my musical experience and the value of hearing, and I decided to dig deeper into the adverse auditory effects of AERD. Using a local database, I found that a significant proportion of patients with AERD experience hearing loss, and I presented my findings at a national conference. The experience left me energized. The process of exploration and discovery through a precise, analytical approach was encapsulated in medicine, reminding me of the core principles that had drawn me to audio engineering years prior.

On my journey from music to medicine, I have seen many parallels between the two fields. Medicine, like music, requires enormous technical precision, teamwork, and creativity. At this juncture in my life, I eagerly look forward to how I can use my strengths to improve others' lives and continue to build these core attributes within myself. Ultimately, my goal will be to serve those in my community who need it most, with every

prescription and diagnosis creating a brighter melody within each patient's own unique song.

### Comments

- **Theme:** Creativity and Precision
- **Hook:** Audio Engineering, Artistry
- **Progression A:** Scribing
- **Progression B:** Asthma Research
- **Conclusion:** Medicine is an Art Form
- **Outcome:** Admission to U.S. MD Program
- The hook in this personal statement is great, and the metaphor between music and medicine carries through the essay to create a clear theme.

### Example 3: Family Cultural Roots

My childhood mantra revolved around two syllables: 'xiao xin.' Literally translated as 'small heart,' my mother morphed the phrase's colloquial meaning, "be careful," into an unconventional expression of "I love you." When I turned 18, my mother's kind-hearted warnings preceded my OB-GYN appointment. She clasped her hands in mine, eyebrows furrowed. "Don't let them hurt you. Xiao Xin." Previously, these words tended to preclude me from touching hot pans or running too fast, but this time, I was perplexed at their use. The typical sense of danger was lacking. Growing up, the doctor's office had always been a place characterized by pleasant conversation, tote stickers, and lollipops.

In hindsight, I realize how oblivious I was to her pain. My mother had suffered two forced abortions and three subsequent miscarriages under China's One-Child Policy. The doctor's office had never been 'fun' for her, showing her time after time that her body was not her own. My mother's sad story motivated me to pursue research on the ethics of forced abortions during the One-Child Policy. Hours of poring over primary sources culminated in an opportunity to present my findings at Georgetown's Medical Humanities Showcase. I hoped to raise awareness about reproductive justice and autonomy in any way that I could.

My deeply rooted commitment to becoming a compassionate physician began the day I saw my mother's fears reflected in the eyes of patients at Georgetown Dermatology, where I worked as a medical assistant. I met Susan, a 30-year-old woman with Down syndrome who presented for excision of a squamous cell carcinoma. The moment she entered the exam room, she burst into tears: "I don't want to do this. I'm scared." I paused the patient intake and reassured her, offering to call her caretaker in for support. Despite my best efforts, she continuously shook her head.

Panic began to set in. Then I realized—I had not even asked the patient what she needed. “What can I do to help?” I asked. Her tears slowed, and she whispered, “Can we hold hands?” Although I was initially meant to assist with the procedure, my role switched to that of an emotional anchor. With my latex-covered palms in hers, I encouraged her: “Squeeze as hard as you need to.” And she did. I would have stayed like that for hours if she needed it, just as my mother did for me before my OB-GYN appointment. Serving as Susan’s confidant and advocate inspired me to pursue a career filled with opportunities to support others holistically.

Susan taught me how patients with intellectual disabilities face barriers when navigating a healthcare system that often overlooks their needs. Her vulnerability in that moment was an invitation to truly listen. As I observed my physician mentors in many similar interactions, I saw how bedside manner requires a supportive presence and the genuine desire to elucidate the patient’s root concerns. In many instances, I noticed reflections of my mother’s fear of sterile exam rooms, a pattern that solidified my resolve to become a physician who cares for the whole person.

My interest in patient-centered care prompted me to pursue a clinical bioethics fellowship at the Lynch Center for Ethics, where I spearheaded a medical literacy program focused on streamlining interpreter request processes and developing multilingual educational materials. Seeing patients’ confusion evaporate in real time has reminded me that clear communication forms the foundation of a trusting connection with one’s physician. Having served as the de facto English translator in my household for as long as I can remember, this hit close to home. I have always embraced this default role, whether aiding my father in proofreading his emails or patiently coaching my mother through the pronunciation of words like ‘mosquito.’ Unexpectedly, this longitudinal training made translating advanced directives for Mandarin-speaking patients a seamless experience. Remarks ranged from “I am so lucky to have you here” to silly banter like “now we can joke in secret.” Each patient presented an opportunity to advocate and build up others in my community.

I am pursuing a career in medicine so I may continue bridging communication gaps and, in doing so, empower individuals to play an active role in their healthcare. I feel motivated to promote the voices of patients who are often silenced. With this goal in mind, I hope to cause transformative change in many future patients who share the same fears as my mother once did. By addressing their social determinants of health and personalizing my communication style, I will aim to build trust and openness in every interaction. It is my hope that going forward, ‘xiao xin’ will remain reserved just for hot pans and running, providing reminders of ‘I love you’ only in areas where it is needed.

### Comments

- **Theme:** Humanism and Ethics
- **Hook:** Family Upbringing Anecdote

- **Progression A:** Dermatology Job
- **Progression B:** Ethics Fellowship
- **Conclusion:** Physician's role offers the opportunity for advocacy.
- **Outcome:** Admission to U.S. MD Program
- This style of PS is more emotional and deeply personal, but it works well because the anecdotes and conclusion in the body paragraphs match the introduction.

## Example 4: Personal Healthcare Experience

"The results on all your lab tests are positive, you have Rheumatoid Arthritis (RA), but we can still try for remission with the help of..." my rheumatologist's voice trailed off as pessimistic thoughts consumed me. "These pains will only get worse; I guess I will suffer for the rest of my life," I worried. At just sixteen years old, every aspect of my future seemed to be in question—how would I be able to succeed in life if getting out of bed was excruciating? That day when I received my diagnosis remains one of the most vivid memories of my life.

With the support of my family and close family provider, Dr. Pae, I battled with RA for four strenuous years. The pain and dietary adjustments made even routine tasks very difficult. Through it all Dr. Pae instilled hope and optimism. Each appointment, he showed compassion and genuine concern. Though I was young, his approach empowered me to have agency throughout each decision in my treatment plan. Simply put, I felt heard. To this day, I thank Dr. Pae for changing my life's trajectory and inspiring me to devote my career to caring for others in such a kind, humanistic way.

My first foray into the healthcare field was as a pharmacy technician. I had just completed my certification exam and was hired for my first job at Costco. With only a conceptual understanding of tech duties, the majority of my learning happened while on the job. I learned quickly that affordability can be a significant barrier to healthcare access. On one occasion, I met a patient who was spending more than their mortgage on insulin. In many cases, patients would simply leave empty handed. Seeing the astronomical cost of many life saving drugs shook me to my core. In some cases, I would scrounge up an online coupon or identify a patient assistance program to ease the burden, but most of the time there was little I could do. I was constantly reminded of the conversations between my Mom and Dr. Pae about our limited treatment options for RA given our budget.

Motivated to be more involved with the underserved patients in my community and gain hands-on patient care experience, I started volunteering in Mansfield at the Missions Mansfield Clinic. There I helped with medical assistant duties like triaging, paperwork, vaccinations and translating. One day, "Señora L" appeared worried upon entering the clinic. I welcomed her into room 2, gathered her vitals, and then inquired about the reason for her visit. In response, she nodded. Sensing her unease, I switched to speaking Spanish, and her anxious expression softened. When I asked why she seemed distressed,

she explained that she did not see our receptionist Anna at the front desk, our only Spanish-speaking staff member. In Spanish she said, “I was told Anna would be here. She usually takes care of translating and helps people without insurance. Should I leave and come back another day?” She was concerned about effectively communicating her health concerns. She shared that her current medication was not controlling her blood sugar levels, and she worried that she would be unable to continue paying for her insulin.

After conveying her concerns to my team, Señora L was promptly enrolled in a program addressing financial limitations to cover her prescription costs. Simultaneously, our physician had already selected a more affordable medication and suggested a diet to try in the interim. Throughout the visit, I translated the proposed plan of action as best I could. When the diet plan came up, she expressed concerns regarding adherence due to her culture’s staple foods. In response, I shared my own experience with dietary restrictions, like how I could no longer eat gluten because it worsened my flares. I explained how my Hispanic family had helped me make adjustments. I provided ideas for alternative recipes to replace the delicious ones she was accustomed to. I asked her if she ever tried using quinoa in a sofrito instead of Mexican rice. Or if she ever tried almond flour tortillas. “I promise they taste better than you think!” I said. Señora L chuckled and her tense facial expression slowly transformed into a relaxed smile. I sensed that she was able to leave her visit with a renewed sense of confidence in her ability to manage her diabetes.

This sequence of formative experiences shaped the physician that I hope to become: one who treats the whole patient, and considers not just pathophysiology, but also crucial aspects of patients’ livelihoods outside the clinic. When I encounter patients like Señora L, I aspire to provide the most culturally sensitive care that considers the individual’s social determinants of health. I hope to support and guide others in navigating our complex and costly healthcare system, advocating for them to the greatest degree possible. Like Dr. Pae, I hope to demonstrate an unyielding, generous sense of service and empathy towards my future patients. As someone who has experienced healthcare from both the patient and staff sides, I understand firsthand the comfort and importance of having a doctor who genuinely listens, cares, and tailors treatment to the patient. Though I once perceived my illness as a curse, I am grateful for how it has given me a sense of purpose—to be a great physician capable of re-instilling hope and faith in patients who have lost it.

### Comments

- **Theme:** Personal Experience with Rheumatoid Arthritis
- **Hook:** Family Upbringing Anecdote
- **Progression A:** Pharmacy Tech
- **Progression B:** Volunteering
- **Conclusion:** Cultural sensitivity and Humanism in Medicine
- **Outcome:** Admission to U.S. MD Program
- This is case and point of how content can be scraped together to create a narrative.

## Example 5: Random Hobby

Throughout my childhood, the corner of my basement offered a glimpse into a thriving, mysterious world. The vibrant neon colors engulfed the dimly lit room with every imaginable hue. The yellow tang's dazzling yellow, the carpenter wrasse's sparkling blue, and the fire shrimp's blazing red mesmerized me as I sat for hours watching them swim. The intricate ecosystem contained within the glass tank was made possible by a meticulous planning process. For saltwater tanks like mine, the well-being of the fish necessitates that many parameters are closely monitored. I programmed lights to simulate dusk and dawn and pumps to create spontaneous tidal waves simulating the dynamic nature of ocean currents. I tracked various chemical levels in the water, such as calcium, alkalinity, and nitrates—one slight change in any of these levels could lead to devastating consequences.

The organisms in my aquatic microcosm were carefully chosen. I added macroalgae, which housed copepods, a natural source of live food for fish to hunt. I balanced the tank by including surface feeders, mid-water swimmers, and bottom-dwelling species. I ensured that the interspecies relationships would be compatible. For example, Anthias are best in groups, whereas others like surgeonfish are better kept isolated. In retrospect, my instinct to nurture and protect with a detail-oriented approach foreshadowed my interest in medicine. As I began to consider career options, I knew that I wanted to find a field that would provide the same fulfillment that caring for fish brought to me.

As I shadowed numerous physicians, I noticed striking parallels between their approach to patient care and my childhood hobby. I was impressed by how physicians meticulously monitored a range of physiological parameters, adapted their management based on evolving data, accounted for drug interactions, and strove to stabilize patients under stressful conditions. I enjoyed observing the methodical, stepwise process leading up to a procedure or diagnosis, from setup through intervention to follow up. Despite subjecting patients to an unfamiliar and often intimidating clinical environment, these physicians' empathetic, reassuring demeanor combined with their mastery of medicine enabled a seamless progression through each patient encounter. Reflecting on my hours spent measuring chemicals in test tubes and programming various settings to curate optimal conditions for my fish tank, I realized that a career in medicine would be the perfect path for me to leverage my tendency to be attentive, supportive, and precise.

As I spent more time shadowing physicians, I realized that their detail-oriented problem-solving skills extended far beyond the clinic or hospital. While shadowing Dr. James at UnityPoint Hospitals, for instance, I learned about a costly medication and observed how the team weighed pros and cons, considering both scientific evidence and the patient's broader well-being. They evaluated financial, logistical, and patient-centered aspects to ensure optimal care. This system-level thinking resonated with me as a health management major, reinforcing my commitment to driving quality improvement in patient care throughout my career.

Although my fish tank was a solo venture, the team-based environment in medicine deeply appealed to me. I enjoyed seeing how physicians, nurses, technicians, social workers, and other staff collaborated as a coordinated unit. As a lead volunteer at Gateway 180 tutoring, my responsibility was to lead group tutoring sessions for children living in a homeless shelter. Although motivating them to study was challenging, I promoted collaboration and constant feedback among the tutors to achieve our goals. Through this experience, I realized that to reach my full potential, I need to learn from and grow alongside like-minded individuals.

The unique task of mastering both the medical and interpersonal aspects of patient care is both daunting and exciting. My goal is to become a physician who is meticulous, confident, compassionate, and team-oriented. While caring for people involves much higher stakes than managing the delicate balance of a saltwater fish tank, the same fascination and curiosity that once absorbed me as a child will fuel me to embrace and conquer the challenges of medical school and a career in medicine.

### Comments

- **Theme:** Meticulous, Attention to detail
- **Hook:** Fish tank
- **Progression A:** Shadowing
- **Progression B:** Volunteering
- **Conclusion:** Personal strengths converge in the field of medicine
- **Outcome:** Admission to U.S. MD Program
- Fish tank seems like a reach, but it makes the statement readable and adds a lighter tone while still conveying the aspects of medicine that attracted the applicant.

### Takeaways

- None of these drafts are technically perfect, but they get the job done.
- All follow the same format ("Hook"), middle ("Progression"), and end ("Conclusion")
- Their variety is meant to demonstrate that you can take many different approaches to content. See how the pieces of your application fit together and weave a story together from those pieces.
- Think broadly about what hook topic to choose. Pick something that represents you at your core and that you get excited to talk about.
- The Hook is often the most personal part of the essay.
- As long as it is 1) genuine and 2) makes sense, it is good enough.