

## **Personal Statement Format Medical School**

I was one of those kids who always wanted to be doctor. I didn't understand the responsibilities and heartbreaks, the difficult decisions, and the years of study and training that go with the title, but I did understand that the person in the white coat stood for knowledge, professionalism, and compassion. As a child, visits to the pediatrician were important events. I'd attend to my hair and clothes, and travel to the appointment in anticipation. I loved the interaction with my doctor. I loved that whoever I was in the larger world, I could enter the safe space of the doctor's office, and for a moment my concerns were heard and evaluated. I listened as my mother communicated with the doctor. I'd be asked questions, respectfully examined, treatments and options would be weighed, and we would be on our way. My mother had been supported in her efforts to raise a well child, and I'd had a meaningful interaction with an adult who cared for my body and development. I understood medicine as an act of service, which aligned with my values, and became a dream.

I was hospitalized for several months as a teenager and was inspired by the experience, despite the illness. In the time of diagnosis, treatment and recovery, I met truly sick children. Children who were much more ill than me. Children who wouldn't recover. We shared a four-bed room, and we shared our medical stories. Because of the old hospital building, there was little privacy in our room, and we couldn't help but listen-in during rounds, learning the medical details, becoming "experts" in our four distinct cases. I had more mobility than some of the patients, and when the medical team and family members were unavailable, I'd run simple errands for my roommates, liaise informally with staff, and attend to needs. To bring physical relief, a cold compress, a warmed blanket, a message to a nurse, filled me with such an intense joy and sense of purpose that I applied for a volunteer position at the hospital even before my release.

I have since been volunteering in emergency departments, out-patient clinics, and long term care facilities. While the depth of human suffering is at times shocking and the iterations of illness astounding, it is in the long-term care facility that I had the most meaningful experiences by virtue of my responsibilities and the nature of the patients' illnesses. Charles was 55 when he died. He had early onset Parkinson's Disease with dementia that revealed itself with a small tremor when he was in his late twenties. Charles had a wife and three daughters who visited regularly, but whom he didn't often remember. Over four years as a volunteer, my role with the family was to fill in the spaces left by Charles' periodic inability to project his voice as well as his growing cognitive lapses. I would tell the family of his activities between their visits, and I would remind him of their visits and their news. This was a hard experience for me. I watched as 3 daughters, around my own age, incrementally lost their father. I became angry, and then I grew even more determined.

In the summer of third year of my Health Sciences degree, I was chosen to participate in an undergraduate research fellowship in biomedical research at my university. As part of this experience, I worked alongside graduate students, postdoctoral fellows, medical students, physicians, and faculty in Alzheimer's research into biomarkers that might predict future disease. We collaborated in teams, and by way of the principal investigator's careful leadership, I learned wherever one falls in terms of rank, each contribution is vital to the outcome. None of the work is in isolation. For instance, I was closely mentored by Will, a graduate student who had been in my

role the previous summer. He, in turn, collaborated with post docs and medical students, turning to faculty when roadblocks were met. While one person's knowledge and skill may be deeper than another's, individual efforts make up the whole. Working in this team, aside from developing research skills, I realized that practicing medicine is not an individual pursuit, but a collaborative commitment to excellence in scholarship and leadership, which all begins with mentorship.

Building on this experience with teamwork in the lab, I participated in a global health initiative in Nepal for four months, where I worked alongside nurses, doctors, and translators. I worked in mobile rural health camps that offered tuberculosis care, monitored the health and development of babies and children under 5, and tended to minor injuries. We worked 11-hour days helping hundreds of people in the 3 days we spent in each location. Patients would already be in line before we woke each morning. I spent each day recording basic demographic information, blood pressure, pulse, temperature, weight, height, as well as random blood sugar levels, for each patient, before they lined up to see a doctor. Each day was exhausting and satisfying. We helped so many people. But this satisfaction was quickly displaced by a developing understanding of issues in health equity.

My desire to be doctor as a young person was not misguided, but simply naïve. I've since learned the role of empathy and compassion through my experiences as a patient and volunteer. I've broadened my contextual understanding of medicine in the lab and in Nepal. My purpose hasn't changed, but what has developed is my understanding that to be a physician is to help people live healthy, dignified lives by practicing both medicine and social justice.