

***UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE  
SNMA CHAPTER PRESENTS:***

**SAMPLE PERSONAL STATEMENTS**

**(Disclaimer: These essays reflect personal experiences and admission committees remember essays therefore; plagiarism would be both reckless and unwise.)**



# **TOP 10 MEDICAL SCHOOL PERSONAL STATEMENT WRITING TIPS**

–According to Geoffrey Cook, Founder EssayEdge.com

- 1. Don't Resort to Cliches.**
- 2. Don't Bore the Reader. Do Be Interesting.**
- 3. Do Use Personal Detail. Show, Don't Tell!**
- 4. Do Be Concise. Don't Be Wordy.**
- 5. Do Address Your Weaknesses. Don't Dwell on Them.**
- 6. Do Vary Your Sentences and Use Transitions.**
- 7. Do Use Active Voice Verbs**
- 8. Do Seek Multiple Opinions.**
- 9. Don't Wander. Do Stay Focused.**
- 10. Do Revise, Revise, Revise.**

**\*Keep in mind that available space for this essay on the AMCAS application 5300 characters.**

## Sample Essay 1

In the sweating discomfort of the summertime heat, I walked through Philadelphia International Airport with several overweight bags, tired eyes, and a bad case of *Shigella*. Approaching Customs, I noticed the intensity and seriousness on the faces of the customs officers whose responsibility were to check passports and question passengers. As I moved closer to the front of the line, I noticed someone reading a foreign newspaper. The man was reading about the Middle Eastern conflict, a clash fueled by religious intolerance. What a sharp contrast to Ghana, I thought. I had just spent three weeks in Ghana. While there I worked, studied their religions, ate their food, traveled and contracted malaria. Despite all of Ghana's economic hardships, the blending of Christianity, Islam, and traditional religion did not affect the health of the country. When I reached the front of the line, the customs officer glanced at my backpack and with authoritative curiosity asked me, "What are you studying?" I responded in a fatigued, yet polite voice, "Religious studies with a pre-med track." Surprised, the officer replied rhetorically, "Science and religion, interesting, how does that work?" This was not the first time I had encountered the bewildered facial expression or this doubtful rhetorical question. I took a moment to think and process the question and answered, "With balance."

Throughout my young life I have made an effort to be well-rounded, improve in all facets of my personal life, and find a balance between my personal interests and my social responsibility. In my quest to understand where I fit into society, I used service to provide a link between science and my faith. Science and religion are fundamentally different; science is governed by the ability to provide evidence to prove the truth while religion's truth is grounded on the concept of faith. Physicians are constantly balancing the reality of a person's humanity and the illness in which they are caring for. The physicians I have found to be most memorable and effective were those who were equally as sensitive and perceptive of my spirits as they were of my symptoms. Therefore, my desire to become a physician has always been validated, not contradicted by my belief system.

In serving, a person must sacrifice and give altruistically. When one serves they sacrifice their self for others benefit. Being a servant is characterized by leading by

example and striving to be an advocate for equity. As a seventh grade math and science teacher in the Philadelphia public school system, everyday is about sacrifice and service. I sacrifice my time before, during and after-school; tutoring, mentoring and coaching my students. I serve with vigor and purpose so that my students can have opportunities that many students from similar backgrounds do not have. However, without a balance my effectiveness as a teacher is compromised. In February, I was hospitalized twice for a series of asthma attacks. Although I had been diagnosed with asthma, I had not had an attack since I was in middle school. Consequently, the physicians attributed my attacks to high stress, lack of sleep, and poor eating habits. It had become clear to me that my unrelenting drive to provide my students with a sound math and science education without properly balancing teaching and my personal life negatively impacted my ability to serve my students. I believe this experience taught me a lesson that will prove to be invaluable as a physician. Establishing an equilibrium between my service and my personal life as a physician will allow me to remain connected to the human experience; thus enabling me to serve my patients with more compassion and effectiveness.

Throughout my travels and experiences I have seen the unfortunate consequences of not having equitable, quality health care both domestically and abroad. While many take having good health for granted, the financial, emotional, mental, and physical effects illnesses have on individuals and families can have a profound affect on them and the greater society. Illness marks a point in many people's lives where they are most vulnerable, thus making a patient's faith and health care providers vital to their healing process. My pursuit to blend the roles of science and religion formulate my firm belief that health care providers are caretakers of God's children and have a responsibility to all of humanity. Nevertheless, I realize my effectiveness and success as a physician will be predicated mostly on my ability to harmonize my ambition with my purpose. Therefore, I will always answer bewildered looks with the assurance that my faith and my abilities will allow me to serve my patients and achieve what I have always strived for and firmly believe in, balance.

## Sample Essay 2

“911 operator, what’s your emergency?” “My friend has just been shot and he is not moving!” “Is he breathing?” “I don't think so!” “Are you hurt?” “No.” “Stay there, the paramedics are on their way.”

On April 10<sup>th</sup> 2003, at approximately 11pm, my best friend Kevin and I, intending to see a movie, headed out my front door. We never made it to see a horror movie; but our night was nothing close to mundane, when we became innocent victims to gang crossfire. As we descended my front door stairs two gunshots were fired and one person fell to the floor. Kevin was shot! I vividly recall holding him in my arms, and while he lost blood I almost lost my mind. All I wanted was to help, but there was nothing I could do. At 1am that morning Kevin's family and I sat in the emergency waiting room at Brookdale Hospital in Brooklyn, hoping and praying that the chief surgeon would bring us good news. While this event started me on my quest to become a medical doctor, at that moment all I could envision was a life of despondency.

According to author Jennifer Holloway, “tragedy is a substance which can ignite the soul.” When Kevin’s surgeon walked through the door of the emergency waiting room he did not have to say a word. Kevin’s family cried hysterically. I, on the other hand, could not cry. As fast as despondency had filled my heart, it was now gone; I was consumed by anger, frustration and motivation to change my life’s direction. The death of my best friend compelled me to pursue a career in medicine. This, I hope, will enable me to help save the lives that others try to take.

In the fall of this event, I took my first biology and chemistry courses. By the end of the year I excelled as the top student in biology, received the Inorganic Chemistry Achievement Award and was encouraged to become a tutor in general biology and chemistry.

Tutoring was a captivating experience for me. Questions raised by students challenged my understanding of scientific concepts and their application in patient care. To further develop my knowledge of medicine, I volunteered in the emergency department at Albert Einstein Hospital, in Bronx, NY. While shadowing doctors, I was introduced to triaging, patient diet monitoring and transitioning from diagnosis to treatment. This exposed me to some of the immense responsibilities of a doctor, but my

experience helping in the cancer ward was where I learned the necessity of humanity in a physician and how it can be used to treat patients. Peering through a window I saw Cynthia, a seven-year-old girl diagnosed with terminal cancer, laughing uncontrollably after watching her doctor make funny faces. For a moment not only did Cynthia forget that she was dying, but her smile expressed joy and the beauty of being alive. This taught me that a physician, in addition to being knowledgeable and courageous, should show compassion to patients. It also became clear to me that a patient's emotional comfort is as important as their physical health, and are both factors that a physician considers while providing patient care.

Although focused on medicine, I was introduced to research through the Louis Stokes Alliance for Minority Participation in Science. Here, I learned organic synthesis techniques, while working on a project to elucidate the chemical mechanisms of oxygen-protein binding and its relationships to anemia. I also received the United Negro College Fund/Merck Science Initiative Research Scholarship that allowed me to experience cutting edge research in Medicinal Chemistry, with a number of world-class scientists. At Merck Research Labs, I learned the fundamentals of synthesizing novel compounds for drug discovery, and we focused on treatments for cardiac atrial fibrillation. This internship changed my view of medication and their origins, and left me with a deep appreciation of the challenges of medicinal research. I also now understand that medical doctors and research scientists have similar responsibilities: to solve current and future health issues that we face.

Despite the tragedy that brought me to the hospital on April 10<sup>th</sup> 2003, the smells, the residents and the organized chaos of the emergency room have become an integral part of a new chapter in my life. On the day that my friend lost his life I found my soul in medicine. Today as I move forward on the journey to become a physician I never lose sight of the ultimate goal; to turn the dying face of a best friend into the smiling glow of a patient, just like Cynthia's. A patient's sickness can be a result of many things. But with the right medications, a physician's compassion and some luck, sickness can be overcome, and the patient helped. In time and with hard work it will be my privilege to possess the responsibilities of a physician in caring for life.

### **Sample Essay 3**

On Wednesdays, I was the only visitor for Jorge, an elderly patient in the AIDS and Tropical Disease Ward at Carlos III Hospital in Madrid. A native of Equatorial Guinea, Jorge had full blown AIDS and had been living in Spain illegally because, according to Jorge, his country lacked enough resources and trained doctors to provide an adequate level of treatment. Over several weeks I witnessed his losing battle, not only with a terminal illness but also with cultural incongruence and a continual feeling of unease, thousands of miles away from home. Talking with Jorge during my experience as a volunteer for the NGO *Soldarios Para el Desarrollo* in the fall of 2001, led me to question the justice of health care discrepancies that make it so difficult for people like Jorge to get sufficient treatment in underdeveloped nations.

Jorge was a victim of health care inequality, a subject that has been at the forefront of my mind since enrolling in “Race and Medicine in America” during my sophomore year. The course revealed to me the historically poor distribution of quality medical attention and how treatment continually evades socio-economically disadvantaged communities. I came to understand how, in the US, a national shortage of physicians and unlikely prospects of financial gain have caused few doctors to take an interest in these communities, leaving a diminishing level of access to services and expertise. This unfortunate reality inspired me to take an interest in treating these populations, in hopes of helping to improve the care for our country’s poor and underserved. Jorge’s story broadened my perspective, as I further realized that this need is exponentially worse in developing nations. The combination of my studies and real world experience strengthened my desire to practice medicine focused on treating underserved populations, nationally and abroad.

In pursuit of my goal, I sought additional exposure to medical conditions in the developing world. During the summer of 2002, I contributed to a public health research initiative in Ghana. My research on malaria infectivity in and around the capital city Accra sent me to shanty town communities with poor hygiene and chronic illness and gave me yet another perspective on the impact of economic disparity in health outcomes and treatment options. Exorbitant patient volume and endemic disease are but a few of the many obstacles to doctors serving these communities and trying to provide quality care.

Despite these difficulties, I witnessed skilled physicians in this setting performing complex procedures in substandard conditions. At the Komfo Ankye Teaching Hospital in

the urban village of Kumasi, I scrubbed-in during the removal of an osteosarcoma tumor from a man's jaw and an ileostomy, where I saw a scalpel filling the role of an absent screwdriver and doctors working in a hot ward with minimal ventilation and only basic amenities. These resourceful doctors were still able to perform, reaffirming my expectation that despite complications, the addition of well-trained doctors can make a marked difference. I began to understand how, by taking my medical school training to such environments, I could serve as an intermediary - bringing first world knowledge into a third-world context.

Since my time in Ghana, I have continued to participate to health care projects in poor communities. During the summer of 2003, I conducted research in an obstetrics ward of a public hospital in Sao Paulo, and the following fall participated in an infectious disease initiative that brought medical attention to impoverished suburbs of Lima, Peru. Most recently, I worked at a bilingual health clinic in Chicago serving a primarily Latino immigrant community. With each experience, I gained a deeper understanding of the complementary skills necessary to make a real difference.

I have learned that medical knowledge, cultural understanding, and political savvy are critical components to a holistic approach to community health care and development, and are skills possessed by the most effective contributors to positive change. I continue to hone my language skills in anticipation of serving Spanish and Portuguese-speaking populations; and I am building an understanding of how to work in a complex funding environment and link medical treatment with public policy. I wish to pursue my medical training and a Master's in Public Health, so that I can improve access to health care and serve as an effective physician.

My desire to perform medical public service developed from concern and sympathy for people in need of medical care, most specifically those with the least access. I further recognize the importance such compassion plays in effective communication between doctors and their patients. It was my childhood doctor's ability to convey understanding and elicit trust that inspired my initial interest in the medical field. He combined calm and compassion with medical expertise in a thorough form of healing that I grew to expect, but have infrequently witnessed in poor communities. As I strive to bring better health care to underserved populations, I hope to do so with the same personal care and attention that comforted me in my youth.

#### **Sample Essay 4**

Too young to volunteer in a hospital yet too old for summer camp, I was determined not to idle away my first summer as a high school student. Undaunted and striving to help my community, I inquired about our local nursing home. My grandmother refused to enter the brown building with me, unable to interact with residents who were ailing and terminally ill. With persistence, I toured the facility with my father and decided to volunteer. The residents who were so debilitated that they would never leave the care of the nursing home really moved me. It was amazing how the support of the medical staff and family members created an environment that allowed residents to live an enjoyable life. I will never forget one resident in his early thirties who was paralyzed from the waist down, unable to live as most young adults. I would run into him on the elevator almost daily. My encouraging words and energy as a young person often brightened his day, and in return made me feel very joyful to serve. It was quite extraordinary to know that such a small gesture could positively impact someone's life. From reading stories to assisting the professional staff with exercise routines for the residents, the experiences I had there were life-changing. It was then that I realized that my life would be most fulfilled working directly to improve the lives of others as it relates to medicine.

With a strong interest in clinical medicine, I continued my studies at the University of Maryland, Baltimore County (UMBC) as a biology major and a Meyerhoff scholar. I embarked on several projects within the disciplines of immunology, cell biology, genetics, and vascular biology. These research projects gave me an indescribable experience as a participant in the discovery process and newfound appreciation for biomedical research. I was ready to work in the hospital and wondered how various scientific discoveries were being used in medicine. To answer this question and gain first hand experience of life inside a busy hospital, I began volunteering in the shock trauma resuscitation unit at the University of Maryland Medical Center (UMMC) in Baltimore. On my first day as a volunteer, I was a bit nervous, unsure of what to expect. However, once I suited up and walked into the shock trauma room, I knew medicine was the profession I was meant to pursue. Through my work, I witnessed the

medical staff working tirelessly to stabilize and care for patients who had experienced car accidents, stabbings, and other forms of trauma.

I will never forget walking into the shock trauma room to find a crying mother and grandmother as they saw their son and daughter severely injured from a car accident. As I looked into the next unit, there was a middle-aged woman who was recovering from a stab wound. Walking away from her unit, I could hear her call “Miss....Miss, can you help me?” I didn’t know what she wanted, but I quickly turned to talk with her. She wanted her food heated and the nurse’s assistance. Although I could not physically interact with her, I felt like a part of the medical team---working to ease suffering and serve those in pain. The most striking incident occurred one Saturday morning when I walked into the resuscitation unit and saw a pool of blood surrounding the rolling bed of one patient. The doctors and nurses tried everything possible to save his life. However, they were unsuccessful and he died. I watched the reactions of the staff as they silently covered his body and rolled it away. It was then that I realized that one day I would be in a position to save someone’s life. I immediately thought about the family of the deceased patient. Most importantly, I understood the important role that I must be prepared for in helping families deal with such a life tragedy.

As I was walking back to the locker room, I started to reflect on the joy I got from volunteering in the hospital and mentoring community kids, combined with my passion for science. I knew at that moment that I would love working as a physician who could not only heal and alleviate pain, but who can educate and innovate. The opportunity to change even a fraction of the lives of those in a city or underserved country is quite amazing. With the untimely death of various community members due to the advanced stages of cancer and the higher incidence of human immunodeficiency virus infection in minority women, I am inspired to join the struggle against deadly diseases and sickness. As I continue to strive for more, I can remember a quote by author Anna Eleanor Roosevelt: “When you cease to make a contribution, you begin to die.” I not only want to treat patients in the clinical setting, but am driven to improve the treatment and diagnosis of life-altering diseases through public health research. Without reservation, this will be my contribution.

## **Sample Essay 5**

The litter bearers burst through the triage area doors from the dusty Afghanistan night carrying three soldiers injured in an IED blast. The tent that housed the trauma bay hummed intensely yet somberly as the medical staff began evaluating the casualties. My trauma shears ripped through the soldier's charred uniform while I performed an initial assessment of the casualty with the attending physician. Exposing the injuries, I found that the soldier was badly burned due to the blast. He was unconscious, suffering from a compromised airway and his skin was peppered with shrapnel. I attached monitoring equipment, started a peripheral line and began cleaning the burns that blanched the majority of the soldier's upper body. Through the synchronized chaos of surgeons directing treatment, anesthesiologists intubating and nurses administering initial medications, I understood the fluid relationship between the levels of medical hierarchy. I became part of an intricate network of communication, and the demanding process of saving a life.

Nothing has been more rewarding than serving my fellow soldiers and the local Afghan community during a year long deployment overseas. Working in a combat support hospital under personalized mentorship of a cardiothoracic, orthopaedic and general surgeon gave me the opportunity to learn about long and short term care, processes of diagnosis and proactive medical treatment in trauma situations. After serving in a combat zone I realized that a life is the most magnificent and powerful force in existence. It compels us to bridge language and cultural barriers, and it is the common denominator amongst all human beings. As a physician, my priority is the preservation of that which is most precious to us all.

The impetus for pursuing a career as a physician began during my involvement in the Minority Medical Education Program (MMEP) in the summer of 2001 at Yale University, where I participated in a rigorous eight week program that mirrored the experience of a first year medical student. The curriculum focused on writing and communication skills, medical ethics and core science knowledge. Additionally, the program encouraged team building, small group discussions about current medical developments and molding the future of healthcare. I received close mentorship from first through fourth year Yale medical students during the MMEP, as well as opportunities to shadow physicians in the New Haven Hospital emergency room,

oncology ward and cardiology department. The MMEP shaped my focus as a young student aspiring to inherit the future of medicine, and provided me with realistic expectations for my life long pursuit of medical knowledge. During the MMEP I found joy in the practical application of my undergraduate studies, as well as an appreciation for the dynamicity of my forthcoming medical education.

The following summer I participated in the Infectious Diseases Undergraduate Research Program at the University of Iowa. Over an eight week period I studied trends of nosocomial versus community acquired Methicillin resistant *Staphylococcus aureus* (MSRA) infections at 140 statewide, long term care facilities. I used pulse field gel electrophoresis to categorize and group different strains of MSRA taken from patients at the different facilities and track patterns of prevalence. The summer long project added perspective to the obligations and responsibilities of being a physician. At the culmination of the eight weeks I understood the importance of medical research and the interdependency between the laboratory and clinical realms. I realized that it is critical to be immersed in medical literature and to foster an atmosphere that encourages aggressive medical research. I also learned that the term “medical community” signifies a constant discourse between the many facets of medicine. The commission of every physician is to juxtapose ideas, plans and research with the unified goal of improving the quality of life.

Lastly, when I think of the role of a physician I am reminded of a quote by Robert Browning that states, “But a man’s reach should exceed his grasp.” The face of healthcare is constantly changing. The medical field needs professionals with imagination and vision. I will fill that necessity and I will provide the same quality of care that I desire to receive. It is my dream to serve humanity.

## **Sample Essay 6**

I energetically clap my hands as we chant in unison, "Ooh, I feel so good, like, I knew I would... Ooh, I feel SO GOOD!" This has been our weekly ritual for the last three years: me in a circle of women prisoners at the Rhode Island Correctional Facility, all of us yelling at the top of our lungs while a Corrections Officer stands outside the door. As our chants reverberate off the empty walls, Cherry, a pregnant inmate who has been in this facility most of her adult life, takes the lead and we echo her moves.

When I "go inside" I forget where I am; the women are eager to clip pictures for a collage, learn West African dance steps that I myself perform at Brown, or write poems on romance or motherhood. Enclosed by locks and patrolled by guards, I help inmates find a way to escape through artistic expression; their enthusiasm affirms the importance of my role as a facilitator of art and writing workshops with SPACE, Space in Prisons for Arts and Creative Expression. I, in turn, am humbled by the poems and artwork the women produce as the workshops provide a creative outlet to assert their unique stories.

Sitting alone with forty unexamined boxes in the Brown University archives, I was reminded of my experiences with the SPACE program, and I began to appreciate the importance of having a medium for relaying untold stories. While researching the off-praised fifty-year-old cooperative between Brown University and Tougaloo College, a historically Black private school located in rural Mississippi, I examined the past through narrative, and I unearthed personal accounts outlining a history that had long been forgotten. One day, I found a letter with "To be read and destroyed" scribbled in the margin. The letter outlined Brown's role in the forced resignation of Tougaloo's president in 1964 for his support of the politically minded students at Tougaloo, who organized and led numerous demonstrations throughout Mississippi at the height of the Civil Rights Movement in America. Newspaper clippings detailed community outrage at the firing, while hand-written flyers rallied student groups to oppose the Brown-Tougaloo relationship through demonstrations. The research took me to the tiny Tougaloo archives and back to Brown to conduct oral history interviews. The work was instrumental in providing Brown-Tougaloo exchange participants the opportunity to challenge misconceptions of their experiences; the documents we collected are now available on a website about the Brown-Tougaloo relationship and the events of the Civil Rights movement.

: My visions for eliciting personal narrative are embodied in my approaches to healthcare. For four years, I conducted biomedical research on the underlying reasons for increased incidence and mortality rates of prostate cancer in African-American men; this first taught me the importance of evaluating economic, social, and cultural histories for the insight they offer in examining health. While personal narrative offers patients distinct voices for their stories, in serving the needs of the people, physicians are afforded the unique opportunity to mediate and then to validate those narratives, bridging personal stories with physical observations. This fusion of the social and corporeal has been reiterated in my experiences as a student conducting clinical health research both domestically and abroad

I shrug, wiping the perspiration off the side of my face onto my sleeve. Our team has been working outside for almost three hours measuring fasting glucose levels, taking blood pressures, and calculating Body Mass Indexes for a rural family in modernizing Samoa. For many I will counsel this summer, obesity, diabetes, and hypertension will be linked to perceived social pressures to maintain material lifestyles exceeding individual financial means. The glucose meter beeps abruptly; I lean over the table to see the reading, while an old woman sits across from me tending her bleeding finger. "La'i mai suka": "You do not have diabetes," I announce, checking the "normal" box on her information sheet. One of the Samoan field assistants translates for me as I explain the importance of exercise and healthy eating, listing traditional Samoan foods as better options to canned spaghetti sandwiches. She nods, understanding.

The activities I pursued as an undergraduate were chosen not for utility to some future plan; instead, my interests in a wide range of human activity helped me to discover the significance of bridging everyday peoples' narratives and their health needs. Further, eliciting the voices of others helped me to realize why I am so compelled to pursue medicine. Each experience has taught me the importance of real communication in healthcare: paying close attention to how people feel and the meaning of what they say. I am enriched by the individuals I have encountered; I marvel at their unique stories, and I appreciate how each person is validated and empowered in exchange for sharing his/her history. Our interactions sit at the heart of humanistic sensibilities to healthcare; I am determined to become a physician, where I can help to relay stories that otherwise might remain untold.

## Sample Essay 7

Sweat profusely ran down his face and dizziness clouded his world. Though he was not feeling well, he ignored these signs and the repetitive, “Daddy, are you okay?” for the fear that he would display any sign of weakness in front of his children. After several hours of denial, his body gave the final warning that all was not well and the man collapsed in a pool of vomit. That man was my father and I watched as he too weak to stand and vomit on his mouth and clothes, was transported to the nearest medical center with the help of my sister and grandfather. After numerous CAT scans and other tests, we learned that my father suffered a minor stroke. Though he suffered a stroke the day before, my father, against the doctor’s advice, went to work the next day to ensure that his condition was not a financial burden on our family. Seeing my father suffer many complications from diabetes and hypertension, I strove to learn more about these diseases by reading medical literature to see how they could be controlled and prevented. However, watching my father sacrifice his health for financial reasons had a lasting impression on my motivation in medical care.

My father was diagnosed with diabetes and hypertension when I was ten years old. His lack of treatment worsened his diabetic condition and my sophomore year in college, he was put on insulin. To this day, I am convinced that if we could have afforded adequate health care my father would have not sacrificed his health and thus he would not have suffered many complications.

My primary interest in hypertension and diabetes is personally driven. For two summers I worked in Dr. Yan Huang’s lab where I conducted two independent research projects on the correlation between diabetes and atherosclerosis. One of my projects was concerned with controlling the regulation of connective tissue growth factor (CTGF) expression in vascular smooth muscles cells by thiazolidinediones (TZDs). In this project we hypothesized that the diabetic class of drugs TZDs would reduce CTGF expression in vascular smooth muscle cells, which would in turn reduce atherogenesis. We did an in vitro study and were able to determine that TZDS did reduce CTGF expression in vascular smooth muscle cells. My research for that summer was recently accepted for publication in the journal *Atherosclerosis*. I saw the importance of biomedical research in clinical care. In addition, my project has taught me about the effective treatments for diabetes and I learned about the seriousness of my father’s disease. However, from reading medical literature and

personal experience, I learned about the health disparities that existed among minority groups as well as those of lower socioeconomic class. This information further reinforced my determination to pursue medicine to counter these disparities.

As a serious student, I felt that I should contribute equal time to volunteer work. I participated in an alternative spring break project in Logan, West Virginia through the Pre-medical Organization for Minority Students (POMS) in which we visited the underserved area of Logan, West Virginia and were able to get first-hand clinical experience. From this experience, I obtained skills in taking blood pressure, blood glucose levels, and urinalysis and used these skills while visiting senior citizens residences. Through my interaction with the seniors, I realized that communication and trust is vital for a healthy patient-physician relationship. In addition to doing health related activities, I was able to talk to students from disadvantage backgrounds on the importance of getting a postsecondary education. My goal in doing this was to give back to a community similar to my own because my environment gave me the right foundation to become a strong, intelligent individual. However, the most rewarding part of the trip was sharing with the local high school students my life story and how I found motivation in my disadvantage situation and used it to excel. I believe that it is important for them to see someone like themselves, so that they may be inspired to succeed as well.

By far, my most rewarding community service has been with the College after School Team (C.A.S.T), which is a program that provides free tutoring and mentorship to disadvantaged, inner-city high school students that are at risk. My duties included tutoring, during activities with the students, preparing students for the route to college by working with them on standardized tests and college applications. I consider this to be the one of the most rewarding community service that I have become involved with because I am able to see a progress in students and watch them succeed.

After seeing firsthand the waste in health due to the lack of health care in my community and family and the health disparities that exist among minorities and those of the lower economic rungs of society, I am aware of the need for physicians in medically underserved areas. As a potential physician, I wish to eliminate health disparities that exist among minorities and lower income individuals by making health care available to those who would not otherwise have access to it. Medical school would provide me with the skills needed to counter the health disparities that exist domestically and globally by providing experience in such areas.

## **Sample Essay 8**

A little boy in a rural town in Mozambique is competing with 100,000 patients for the attention of the only three doctors available to him. Meanwhile, in Nicaragua a mother is torn between spending money to put food on the table or tending to her son's illness as they survive on only one dollar a day. The struggle continues as a black mother mourns the loss of her infant daughter because the infant mortality rate amongst the African-American community is twice that of any other ethnic group in America. With the world becoming increasingly more connected, we cannot continue to detach ourselves from these issues.

I have always felt attached to and compelled by the problems of the world, therefore these stories of disparities and inequalities have always distressed me. In fact, it was these stories that urged me to pursue sociology as a major. Focusing on international social change, I have learned many of the extreme social issues affecting the world today. These issues have inspired me to want to be in the forefront of combating these problems with the best of my capabilities.

Those capabilities and opportunities for me lie in the field of medicine. I have wanted to be a doctor from the time I was a child and as I excelled in the sciences throughout my education, that interest developed even more. The University of Michigan provided many outlets for students to gain medical experience and I took advantage of many opportunities there, two of them being my job as a nurse assistant and my Distraction Osteogenesis research. Working as a nurse assistant in the hemodialysis unit for over a year, allowed me to develop health care professional- to- patient relationships and it allowed me to see the doctors and nurses in their working environment.

Whereas my research, which investigates the effects of radiation on bone healing, involves surgical procedures in which I assist in and require me to do post-operative rounds. The rounds are performed twice daily during which we give medications to the rats, feed them, identify and care for infections, take daily notes on their overall health, and distract their mandible. This experience gives me a glimpse of how medical student

rotations are conducted on the wards. Opportunities like these and many others continue to nurture the spark for medicine that was ignited when I was young.

Growing up, my idea of medicine was confined to dealing with patients in a doctor's office. However, majoring in sociology has allowed me to see that I want to practice a kind of medicine that extends beyond the walls of an office and into the community where disparities in infant mortality have to be addressed through research and education. Furthermore, my travels to Nigeria in December 2004 and my recent trip to China in May 2007, have shown me that medicine can transcend the borders of the United States to places like Nicaragua where I can organize mission trips to provide free, quality health care for those that would never be able to afford it.

Achieving quality health is a product of both good physiological maintenance and a healthy living environment. My sociology background has taught me that people not only require their health needs to be addressed but also other life issues as well. I have learned that addressing both of these factors can positively impact a person's general health. My application of this knowledge is apparent through my work on campus in different organizations, especially as the health committee chair of the National Association for the Advancement of Colored People (NAACP) - UM Chapter. As health committee chair, I partnered with several professional health school organizations to put together a health fair. There, we provided free screenings for students and people in the Ann Arbor community for cholesterol, blood pressure, body mass index, glaucoma, and diabetes as well as counseling regarding other barriers they felt were preventing them from attaining good health.

What I can do as a doctor in the future is build upon the efforts I demonstrated in college by merging the principles I will learn in medicine with those that I have learned in sociology. My mission will be to change lives. I am not a superhero, I am but one person who believes that the needs of the less fortunate should not be overlooked. As long as I am equipped with the armor of medicine, I can help see to the improvement of some of the disparities that prevent people from receiving optimum health care in the United States and abroad. So I hope that I will be given the opportunity to affect the life of that little boy in Mozambique, as well as many medically disadvantaged across the globe.