SAMPLE PERSONAL STATEMENT #1

The Casita ("little house") is rumbling with the chatter of many patients as I arrive Sunday morning. As soon as I enter, I know that I have a packed schedule. I drag a scale, a locked box with paper charts, and computers into the crowded Casita to set up for the free monthly clinic at Our Lady of Guadalupe Catholic Church. As soon as I have a chance to set down all of my equipment, many of the patients approach me with hugs, stories of their recent achievements and challenges, and updates on their families. The volunteer receptionist turns to me and says that one of our patients, a young gentleman who has lowered his hemoglobin A1c from 10% to a pre-diabetic level through a healthy living program offered at our clinic, has just requested me as his medical student provider for the day. In that moment, I am reminded of how fortunate I am to be an integral part of the treatment team. That day, as part of my Albert Schweitzer fellowship, I would see nine Spanish-speaking patients in three hours for both acute and chronic care needs.

I cherish my Albert Schweitzer project as it reminds me of the complexity and the longitudinal relationships that await me in a future career in internal medicine. My third year of medical school was especially helpful for forming a systematic approach to evaluating complex medical problems. As part of the Charlotte Longitudinal Integrated Curriculum, I had the opportunity to follow patients and families across specialties for half of my clinical year to better understand their experience in health care. I enjoyed tailoring evidence-based medicine to each individual based on their unique profile. I recently completed several acute/critical care rotations where I saw the breadth of pathology. I gained confidence working with unstable patients and prioritizing multiple concerns at once. As I prepared my patients for care in other departments, I realized I wanted to more fully understand their illnesses and monitor their progress. With my internal medicine acting internships, these goals came to fruition as I managed patients further in their medical journey.

With increasingly complex patients, internal medicine necessitates a multidisciplinary approach to optimize patient care. Whether it is discussing the best use of medication with pharmacists and subspecialists for a woman with severe heart failure or participating in team-based resuscitation for a coding patient, I have valued the experience to work jointly with others towards a common goal. I participated in my first code during my internal medicine rotation. While I carried out chest compressions, one resident took charge to assign roles, clearly communicate the anticipated next steps, and encourage all members of the team. In the next few minutes, the patient had a secure airway, experienced return of spontaneous circulation, and was able to be transferred to the intensive care unit. I seek a residency program that values the role of teamwork in medicine to provide better care, and greater hope, for patients.

As a future team member in internal medicine, I also anticipate leading with reverence for life as I saw demonstrated during my first code. Despite our streamlined efforts, the patient lost pulses twice more after reaching the intensive care unit. After the team had reassessed the patient's prognosis, we completed the code, and the resident refocused everyone present by asking for a moment of silence out of respect for the gentleman who had just passed. That moment was the first time I witnessed such reverence for life in a medical setting. Dr. Albert Schweitzer stated that reverence for life "contains everything that expresses love, submission, compassion, the sharing of joy, and common striving for the good of all." I look forward to training in a field that aims to understand community needs through compassion and longitudinal care, thrives on team-based solutions to problems, and cares for life through its final stages.

SAMPLE PERSONAL STATEMENT #2

I first heard of retinal implants as a senior in one of my undergraduate engineering classes. The fact that we could translate external video input into neural signals for the brain to interpret light immediately piqued my interests. It was a coupling of my budding passions: engineering and medicine. As a biomedical engineering and applied mathematics major, the applications of Fourier transformations, differential equations, and control systems to medical problems led me to marvel at the beautiful order and structure of the human body. One of my favorite projects was using Matlab to program the actions of the Na+ channel and its four gates. I am still in awe that we can model microscopic electrical channels—a complex interaction of proteins that dictates the foundation of neural impulses—and even more amazed that we can take advantage of that knowledge to make things like retinal implants possible. Learning how to frame medical ailments in the context of quantitative models and problems has equipped me with a unique perspective and an invaluable tool with which I can provide the best care for my patients.

Ever since I was a child I have been inquisitive, taking apart TV remotes and broken computers in order to gain an understanding of how they work. Both being software engineers, my parents constantly encouraged my curiosity and taught me that solving a problem involves dissecting it into small digestible pieces. Ophthalmology embodies that concept of analytical thinking, and has the optimal blend of math, medicine, and innovation. For instance, optics and physics dictate the foundation behind basic refraction. Mathematical modelling also lays the basis for complex technology and procedures such as intraocular lens development, LASIK, and microscopic surgery.

Ophthalmology has always been at the forefront of discovery and clinical application of technology and science. There is a constant flow of innovation, like the retinal implant, that transforms patients' care and lives. I have been involved in medical research and innovation ever since I was an undergraduate, where I co-invented a punch biopsy and patented this work. Throughout medical school, I have been first author on two technology-related projects in ophthalmology. One involved a novel device, the retinal oximeter, and the other utilized wide-field autofluorescence in the characterization of peripheral retinal pathology in age-related macular degeneration. The challenge from working on such projects reaffirmed my belief that ophthalmology is the field for me. But my passion for the field is based not only upon the science and technology, but also upon helping my patients' lives by improving, restoring, or – once thought to be impossible – creating vision.

Patients trust us with one of their most guarded senses, vision, and witnessing their gratification provides me with an immeasurable sense of accomplishment. As a resident, I plan to continue my involvement in academic research, patient care, and medical innovation. I am excited to start my journey to become an ophthalmologist and expand my knowledge in all those areas. Through my intellectual curiosity and passion for medicine, I hope to better the lives of patients much like the innovative pioneers who, 50 years ago, thought that implanting an electrical device in an eye was not such a bad idea.