



Sample Personal Statement/Comments Essays written by medical school applicants from Johns Hopkins University

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Sample1

Even the churning of the broken toilet could not drown out the yelling. I put down the screwdriver, walked to the kitchen, and tried to relieve the tension between my mom and brother. As I spent weekdays repairing items at my mom's house and mediating arguments in my immediate family, I spent weekends constructing equipment for my dad's biotech startup and navigating the dynamics in my stepfamily. This passion to build both objects and relationships, to understand and creatively bridge perspectives, has led me to medicine. In medicine, I have found the opportunity to connect with people and invent solutions to their problems through a deep understanding of both patient needs and medical innovation.

Inspired by a childhood love of building, I entered college as an engineer and learned how to build ideas into reality. I joined XXXs, a student team innovating a device to treat hemorrhage. As I learned about the problems Dr. XXX and her patients faced in Baltimore and Sierra Leone, such as the high costs of current solutions and the difficulty of accurately placing them in the uterus, I was determined to use my technical skills to solve them. My team tackled these problems by creating a device with affordable materials and tactile feedback. However, while I enjoyed using my scientific mindset to devise solutions, I soon realized the necessity of integrating both technical and clinical perspectives. Solely an engineering viewpoint lacked a direct understanding of patient care. When I later worked with engineers at a medical device company, we relied on physicians like Dr. XXX, whose clinical insights taught us how to properly tailor our prototypes to patients' needs. To create the most impactful patient-centered technologies, I needed to appreciate the patients themselves. I became motivated to advance medical innovation while maintaining a strong connection to the people whom I serve.

To better understand people and patients, I strove to build relationships with the members of my community, much like the ones I grew up building in my family. I learned that building relationships, while involving an ingenuity similar to that of creating devices, requires a unique appreciation for each individual. To form these connections, I started volunteering in Baltimore clinics. At the XXX Emergency Department, I interacted with children in their most vulnerable states, learning about their families, best friends, and favorite toys. Driven to help them in any way I could, I used blankets and dolls as medicine, witnessing how a simple human connection had the power to uplift and heal. At the XXX Free Clinic, I learned about patients' lives apart from their illnesses. XXX did not just have bad knees—he was a loving father and a human trafficking survivor. We bonded over our love of languages, and he trusted me to translate and teach him about his medication. Building these special relationships between caretakers and patients has drawn me to medicine. I want to care for people by understanding their challenges and helping to heal them.

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Looking to unite my passions for building devices and relationships, I became interested in the intersection of medicine, engineering, and business to bring patient-centered technologies into the hands of patients. During my senior year, I founded XXX, a startup developing a novel feeding tube. As my team interacted with people along the feeding tube care pathway, I realized the impact a new device could have on patients if implemented properly. Parents desperately wanted an improved tube after witnessing their children undergo painful replacements, but nurses worried that hospitals would not integrate a new product into their system. I was committed to overcoming these commercial barriers and worked in healthcare consulting to learn about marketing medical products. I guided my team to craft business models and foster connections with non-profits, pitching to investors and promoting our device to patients nationwide. Throughout this process, I never lost sight of our project's clinical context—something that only doctors could truly understand. Our clinical mentors had a unique appreciation of how products fit into the patient care workflow. Without their guidance, our device could never be fully adopted. I realized that a physician's perspective is critical, and now aspire to explore medical entrepreneurship as a doctor who bridges clinical, technical, and commercial viewpoints. I want to push the frontier of patient care by developing technological innovations and ensuring that they are effectively delivered to patients.

I grew up repairing items and relationships at home. Now, I aspire to do so in the clinic. As just an engineer or a businesswoman, I am most limited by my understanding of those whom I want to serve. Going to medical school will provide me the clinical perspective necessary to bridge these roles and become a doctor who cares for patients and addresses their needs through technical and commercial innovation. Like fixing a toilet or resolving family arguments, medicine allows for the building of technologies and relationships to serve people in the most meaningful way—by impacting their health.

Sample 2

The LGBT+ identities can be uniquely isolating and, for me, growing up in a family of Jehovah's Witnesses didn't help. While the church played a part in the formation of my moral compass and taught me valuable lessons that I am grateful for, their view of LGBT+ people is intolerant at best. Similarly, my extended family leans conservative and values a traditional family model. A lack of gay male role models, living in an intolerant environment and an irreconcilable conflict between my religious and sexual identities resulted in deep-rooted depression, internalized homophobia and anxiety. This affected every aspect of my life for a long time as it taught me to police my own behaviors, my wants and even my thoughts.

In this way I was denied, or perhaps rejected out of fear, any sense of community and support network for most of my adolescence. However, I will never forget the help I received in

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making my first step towards self-acceptance. My pediatrician of 14 years asked my mother to leave the room one day during a visit and asked me point blank about my orientation. And I told him. I told him what I had never verbalized or admitted to anyone including myself: “Dr. Zuba, I think I’m gay.” And his response was one of the earliest affirmations I had heard on the matter. He disclosed that he too was a gay man and spent the rest of the visit convincing me that things would get better and that he would be there for me if needed. After that I looked forward to every appointment I had with him.

Overcoming all this and learning to see my orientation as an enriching asset rather than a point of shame during college was a marathon of an obstacle but, oddly, I now appreciate that hardship. My experience as a marginalized member of society motivates me to pursue work that supports others who hold similar status. And to this end, it caused me to gravitate towards support networks and communities full of some of the most incredible people. As a Resident Advisor I found great fulfillment and learned many lessons in supporting students of all identities and backgrounds in their personal and academic lives. I found a community of dedicated, brilliant and diverse people in the other RAs on my team. As a Health Leads advocate I worked with a team of students, clinicians, and social workers to reduce barriers to the health of those in one of the most underserved, yet resilient, populations in our country, East Baltimore.

My conviction and determination were renewed on the morning of June 12, 2016. I had just attended my first Pride the day before and was still coming down from the high of what was the most affirming and uplifting experience of my life to date. As it turned out, the next morning I would not float gently down back to reality but rather would be slammed to the ground when I read that 49 LGBT+ people had been murdered and 53 more injured in the Pulse night club shooting during their LatinX event. Spaces in which LGBT+ people can be fully free to express themselves are rare and this shooter took that from so many people. I decided to support the gay community more directly by becoming a SafeZone trainer so that I might equip allies and LGBT+ people alike to diffuse this kind of hatred in their own spaces. I hope to bring this experience and training to the clinical space as well to ensure that it is an inviting and inclusive environment for all.

Building community and supporting those who need it is a passion that developed over the years. I chose medicine as the medium by which I support the community I live in because of the unique role and privileges afforded to a physician. Physicians are trusted with deeply personal information and are given the opportunity to address the needs of a patient that even their closest family members might not be privy to, as was my experience. I live openly because visibility and exposure to those unlike ourselves is crucial to changing negative attitudes and stereotypes. One of a physician’s most important roles is to educate the populations they serve about health maintenance. Related to that is their responsibility to also help those they work with in addressing their own implicit biases. Health is our most basic need and is at the intersection of all issues of social justice. I seek to position myself at that intersection so that I will be able to cause the most change in my community possible.

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Something else that I know about myself is that I am rarely content unless I perform at the highest level I can. As I gain more exposure to medicine I come to value the problem-solving process of synthesizing an approach to patient care from cultural, biological and social perspectives more and more. And while other healthcare roles offer the opportunity to participate in this process, I want the additional training, education and responsibility of a physician to be able to work at the highest possible level. When I inevitably hit the limitations of what I can do for a patient I want to be equipped to at least try to develop a novel solution.

Identity informs experience and colors perception. And if not for my LGBT+ identity, I would not have the resolve to pursue this field.

Sample 3

I love writing stories. But even more so, I love listening to stories. The setting of my narrative is the Appalachian town of Hagerstown, Maryland, where history and storytelling have always been inseparable. Growing up, my backyard, farmland once part of Antietam National Battlefield, was a treasure map. My brothers and I would spend the weekends with rusted shovels, dulled hatchets, and a single metal detector, searching for artifact that would invariably tell a tiny tale: a metallic cartridge, a uniform button, or a wedding band.

My story and my interest in medicine begins in Hagerstown. Hagerstown is situated at the interchange of two major U.S. highways: Interstate 70 and Interstate 81. It's the crossing point of eight lanes of concrete, a cloverleaf that connects North, South, East, and West. What was once a vein of healthy commerce for my town became a deadly drug route, supplying the opioids that would consecrate my home as an epicenter of the US opioid epidemic. In high school, my best friend suffered from substance abuse. That same year, my next-door neighbor overdosed on heroin. As my friend left school for treatment, pain and healing were, simultaneously, the story of my home.

These personal histories motivated me to participate in the Health Career Opportunity Program at New York University to learn how health professionals mediate the process of healing. I was moved by the story of Ms. E, an Auschwitz survivor who had been admitted for an altered mental status following an overdose of her prescribed medications. Ms. E had one rule: before you could enter her room, she had to tell you her story. The story never changed: it started and ended with the Holocaust, and the only characters were the guards who watched her. Each day, the doctors, nurses, social workers, and I appreciated her story with the same attentiveness as the day or hour before. In that moment, however, the most important detail to Ms. E was that we heard her. Only then could we admire her favorite yellow boats crossing the East River and discuss treatment plans.

Through Ms. E, I learned that histories are integral to both medicine and healing. A patient's

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story must be heard and respected in order to be integrated into the treatment plan. Ms. E's discharge plan was complicated by the fact that she associated in-home nurses with Nazi guards. A new cocktail of medications and dosing regimens needed to account for this factor. I learned that the best medical treatment we could deliver addressed not only the symptoms, but the person and their history.

Because of my appreciation for the patient's story, I have come to understand how the patient's narrative can be a crucial tool for overcoming social determinants of health and countering health inequities. While volunteering in the Johns Hopkins Pediatric Emergency Department, I often worked at the intersection of medicine and social realities such as poverty, hunger, and homelessness. As a part of a clinical research project, I assessed the prevalence of food insecurity by administering a survey to patient caregivers. The focus of the questionnaire was the potential development of a food pantry within the hospital. After the first three survey questions, a caregiver had to speak English to proceed through the rest of the study. This stipulation excluded many of the families whose voices continue to be integral threads within the fabric of the Baltimore community.

Upon entering the rooms of non-English speaking families, I found myself both conflicted and challenged. How could we increase access to nutritional foods if only select voices were heard? I made a personal concession that I could still describe why I had entered the room. We had conversations in Spanish about the blueprint for the envisioned food pantry that often led to personal stories of hardship. The room transformed into a space where the patient's narrative was welcomed. Irrespective of the time of day, many of the children hadn't eaten anything since they had left school. While I couldn't rewrite the protocol, I could bring the child saltines and apple juice. The heartbeat of medicine is storytelling. Through storytelling, the patient's history is recorded and appreciated. Through storytelling, the physician is called to adapt treatment plans. Through storytelling, the physician can recognize the circumstances, cultures, and conditions of a patient.

My desire to attend medical school is inseparable from my resolve to not only hear, but to integrate, each patient's narrative into the medicine I hope to practice. My experiences in Hagerstown, New York City, and Baltimore have taught me that storytelling is universal and essential to the patient experience. I believe that as a physician, I will be able to listen to and respond to stories in real time, with characters who breathe and dream across different settings and different languages. While my weekend quests for Civil War memorabilia never turned up anything more than centipedes, I have not stopped searching for buried history. Mounds of overturned backyard have turned into a deep commitment to foster healing as a physician who recognizes the most important details of a patient's history: the elements of their own story.

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Sample 4

My introduction to medicine was unlike the norm—rather than focusing on human patients, I was focused on horses. I observed our resident veterinarian administer injections, treatments, and X-rays to our horses. However, with the outbreak of EHV-1, our veterinarian's normal procedure was replaced with quarantine protocols. Short staffed, I took the opportunity to help, gaining first-hand experience with taking temperatures, feeding, and quarantining our horses. Never having dealt with something like this before, I began picking up new public health concepts quickly. Even when studying or competing, I found myself thinking about new disease prevention strategies such as designating specific supplies to each horse in order to mitigate cross-contamination. Initially thinking nothing could surpass what riding meant to me, my mindset shifted as I began engaging with these medical concepts, filling me with an immense sense of accomplishment and drive.

Rather than abandoning my riding when beginning college, I joined the equestrian team to keep that part of my life alive. Now only spending two days a week riding, the pursuit of knowledge in the sciences and humanities became my primary focus. Late nights at the barn were replaced by prolonged organic chemistry study sessions or the blindingly bright lights of the emergency department.

Serving as a patient advocate, I became accustomed to the hustle and bustle that composed a normal Monday in the ED. The never-ending buzz of the ED, coupled with the ability to establish interpersonal connections with patients, made me fall in love with medicine even more. I remember walking into a patient's room one day for a quick check up, which ended in an hour-long discussion about everything from his struggles with gallstones to how McDonald's chicken nuggets were going to be his first meal after he was discharged. Volunteering in the ED gave me a chance to connect with a patient through story, laughter, and even tears. It was remarkable how a simple conversation about crab cakes and Baltimore cuisine, or listening to someone vent about their long wait, could positively impact a patient's day and assuage their concerns. My long-standing love of animals was soon dwarfed in comparison to my love of talking to people. As much as I loved treating horses, it left me wanting something more. That something more came in the form of connecting with patients, having the ability to not only treat their physical ailments, but provide them comfort and compassion via a simple conversation. In the emergency department too, every day felt like a learning experience, with every patient displaying a unique set of symptoms and challenges. All around me I saw doctors efficiently diagnosing and treating numerous patients simultaneously. I felt drawn to this fast-paced environment and the quick-witted brilliance that accompanied it. Emergency medicine doctors were the jack of all trades and the ones who saw it all. It was through watching these doctors employ lifesaving treatments under immense stress, that I was drawn further into medicine.

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The same passion for self-improvement that defined my horseback riding career now drives me toward a career in medicine. Medicine excites me because of its ability to be both fast-paced and organized, inquisitive and matter of fact, and personal, yet objective. Like the horses during the EHV-1 outbreak, each patient represents a new and complex puzzle to solve. The critical thinking and determination that I witnessed doctors employ in the emergency department represents the type of intellectual challenge I crave in my future. Coupling this fast-paced environment with the ability to connect with and care for others is what cemented my desire to work in the medical field. Medicine fosters a profession where I can hone and build upon skills I culminated throughout my experiences that winter, in the ED, and throughout my undergraduate studies—an environment where I can learn, solve complex issues, and overcome unforeseeable obstacles.

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