

## How to Write a Personal Statement for a Graduate Program in Health

### Define your mission statement

Before you begin writing, ask yourself: Who are you? Why do you want to be a doctor, a dentist, a PA, etc.? Who will you be as to be a health professional? How are you going to help your patients? What mark do you hope to leave on the field? By answering these questions, you can draft a thesis.

A good thesis tells the reader your clearly defined mission statement. The admissions committee should know after reading it, that if they just give you a spot in their entering class that you will \_\_\_\_\_. ← [Work tirelessly to cure cancer, be a relentless advocate for patients, bring dental care to rural communities, etc.] By being specific, you greatly reduce the chances that 10,000 other applicants have said something identical.

Saying that your mission is to become a doctor and that you have the skills needed to graduate is not specific enough. Your grades and resume should *show* the admissions committee that you are ready for graduate school. On the flip side, your mission, in its specificity, must be earnest and plausible. If you write that you're going to work to cure cancer but you haven't yet set foot in a lab, it's pretty hard to believe.

Do not feel pressure to say something grandiose. Some of the strongest essays entail relatively simple mission statements but become excellent when the candidate uses the essay to support that mission with thoughtful explanation as to why it's her mission and is able to show how she has *already* begun working on her mission.

If a mission does not pop immediately into mind as you sit to write the essay, then work backwards. Think of examples of significant events in your life that challenged you, that helped you to grow, and that illuminate your personality. Once you have documented these events, reflect: which are the most significant? Which changed your perspective on the field? Which shed light on how you will behave once in the profession? Use the common themes that you find upon reflection to draft a mission statement. Keep in mind that—while the mission statement must be true—it only needs to reflect one of your truths. If you currently hold five different visions of who you might be as a health professional, it's okay to choose one of those visions to explore in depth. No one will hold it against you for not writing about all five; there's a character limit.

### Select supporting examples

You need to explain to the admissions committee (1) who you are, (2) how you arrived at your mission, (3) how you have begun preparing to achieve your mission—including any obstacles you've had to overcome, and (4) how you've tested and subsequently refined your mission and the approach you are taking to achieving it. The answers to these questions do not need to go in a particular order nor do they need to be of equal length.

As an example, if your goal is to work to bring dental care to rural communities, you need to explain who you are and why this matters to you. Next, tell the admissions committee how you've already begun working toward your goal. This can be very literal, i.e. you volunteer at a non-profit focused on wellness initiatives for rural areas. It could also be less literal, i.e. the research project that you've worked on for five semesters has taught you persistence, and you will use your persistence to remain motivated when faced with challenging odds.

Including in your essay times when you have *not* been successful can be really helpful in framing how you've overcome obstacles, how you've grown, and how you've come to have a realistic mission that matches the person you are. It can provide the structure of a story within your essay—I started as X, then Y happened, and, because of Y, I now am Z—without having to fabricate drama. Look at the questions for the Common Application

for undergraduate admissions for good ways to frame an essay but add to each of these prompts: And how did it impact your decision to go into healthcare? How do you think it will alter the way you approach medicine?

- Recount a time when you faced a challenge, setback, or failure. How did it affect you, and what did you learn from the experience?
- Reflect on a time when you questioned or challenged a belief or idea. What prompted your thinking? What was the outcome?
- Discuss an event or realization that sparked a period of personal growth and a new understanding of yourself or others.

In general, the best stories are those that tell the admissions committee what you have learned about *yourself* and about the kind of health care professional you want to be, NOT what you have learned about medicine or what you've learned about life itself. They show that you've faced difficult moments and grown from them.

### **Tell your story in an authentic way**

In communicating who you are, it is best to show – through stories and examples – rather than to tell. That said, you do not need to use a writing style that is not comfortable to you. If you wouldn't typically start a story that you tell your friends, "Though the room swirled with activity, I fell still as the man clutched my hand tightly in his dewy palm," then don't do it in your personal statement. Be yourself. If you were an English major and you like creative writing, feel free to infuse a more literary style. If not, stick to a writing style that is comfortable to you. Reading essays that slip in and out of different writing styles, which is common when you are trying to force a style that's not of comfort, is disorienting. Trust that the content of your essay will be interesting and don't worry about making the style unique.

### **Fit your story within the character limits**

When writing your story, start by getting your ideas down without worrying about length. Once your ideas are on paper, revisit your mission statement. Are the paragraphs that you wrote addressing the mission—how you came to it? The barriers you've overcome to pursue it? The ways you've refined it over time? If not, you'll need to decide if your mission statement—now that you've done a great deal of writing and reflecting—needs to be refined, or if you have different supporting examples that you'll share that align better with the original mission.

Once you settle on a final mission statement, cut anything that is not directly supporting it. Moreover, think about how much space a story is using toward your character limit versus its relative importance to your mission statement. If a sentence or series of sentences is not doing much to explain your thesis, cut it/them.

### **Edit and Finalize**

Have a number of people read your essay. Ask them what their big takeaways are, and make sure they are taking from the essay the things that you intend. Ask them, too, to share with you if there were any unclear sections. Do not let people rewrite sections of your essay. Your voice will be lost, and this essay is about you. Instead, YOU should keep refining your message until those reading it are able to affirm the takeaways and major traits that you were hoping to convey. Before submitting, be sure that your personal statement is an essay that flows cohesively. Again, make sure that it's not just a restatement of your resume or your transcript as both will be available to the admissions committee in other capacities. Be sure that your mission statement is prominently featured within the essay and well supported. Finally, have someone you *really* trust and/or the UMass Writing Center help you with a final edit.

## Jot down a memory of a time when....

1	happy childhood memory		
2	scary childhood memory		
3	you tried something new		
4	you learned a lesson about responsibility		
5	helped a friend or family member		
6	helped a stranger		
7	a stranger helped you		
8	a friend or family member helped you		
9	someone had power over you, and they hurt you		
10	wielded power over someone else, and you helped them somehow		
11	wielded power over someone else, and you hurt them somehow		
12	something happened to you that you don't understand		
13	other:		

In the last column, put a checkmark or a bow for any memory that shows you succeeding. Put a question mark or a messy squiggle for any memory that shows you as vulnerable, as struggling, as learning, or as wrong. You'll find this second group of stories will lead you to a more compelling mission, more compelling narratives--a more compelling personal statement.

**Towards a Mission Statement...** Pick two of these memories--one of which **MUST** be a question mark or messy squiggle. Thinking of only these two memories, what might be the mission of the work you will do as a doctor or dentist?

#\_\_\_\_\_ & #\_\_\_\_\_

#\_\_\_\_\_ & #\_\_\_\_\_

#\_\_\_\_\_ & #\_\_\_\_\_

## THE MOMENT

## THE EVENT BREAKDOWN

## THE DETAILS

## Personal Statement Examples

The following personal statements offer very clear mission statements but approach answering the key elements of a personal statement in different ways.

### Example 1:

It happened in a dusty Macy's parking lot. My mom asked me to grab a ten from her wallet, and I found a package labeled Suboxone. My mom saw me looking at it. With teary eyes, she slowly told me about overcoming her addiction to opiates. She had been dealing with addiction and now recovery, all alone. My heart hurt. How could I have not realized? She had always been too strong for her own good – a child of immigrants who dropped out at fourteen to raise her siblings. In that moment, I saw the pain in her eyes. The experience made it obvious to me that people should not have to cower in shame and handle adversity on their own. I realized my future would focus on medicine. I wanted to give people confidence and strength as they sought medical care by becoming a primary care provider.

Ironically, I watched my mom struggle with isolation and shame against a landscape of what many would consider to be one of the most open and proud communities in the country: Provincetown, Massachusetts. It's a place where newly-wedded gay couples skip through town, and stores display "I Love My Moms" shirts. Despite its welcoming spirit, even here, medicine has yet to find a way to uncouple shame from addiction. Moreover, my mom's situation reminds me that medicine, generally, is slow to shift its cultural norms. As a resident of P-town, it can be easy to forget that patient outcomes nationally for the LGBTQ community are still inferior to those who are heterosexual, but it is an unfortunate reality. This inequality drives me. I want to work beyond the walls of the doctor's office and to know my community truly. I want to address the medical needs of the underrepresented and underserved, empowering them to be advocates for their own health. I want to fight for equality for all people in the healthcare world.

With this driving force, I began as a volunteer at Outer Cape Health in Wellfleet, Massachusetts in 2015. I worked on their chronic pain management program, pulling statistics about opioid use in the community. In collaboration with the medical director, I compiled data that led to a grant to hire an RN case manager to monitor patients to reduce the risk of opiate addiction. While working with their medical records, I learned about the lives of patients in depth. It felt terrifying, inspirational, and, most importantly, human to understand chronic pain management not only from the perspective of how to handle these patients medically and technically but also personally. Seeing the passion that the medical director had for patients' welfare reinforced my desire to pursue a humanistic approach to medicine.

Inspired by my volunteer experience, I joined AmeriCorps VISTA upon graduation in 2017. I relocated to my service site, Montana Primary Care Association, and began to work on the Cover Montana project, which aims to increase the number enrolled in health insurance coverage. I eagerly dove into my first task, coordinating with the directors of six health centers to put on suicide awareness concerts in each rural community. It was a great idea, but I had no experience in event planning nor any clue what the communities were like. With such determination to make an impact, it took me weeks to acknowledge that I needed help. Swallowing my pride, I reached out to my supervisor and got the background information I desperately needed, including the fact that the Fort Belknap Reservation, a community to be served by one of the concerts, has six suicide attempts per week on average. With the community issues in context and ideas for large-scale planning, I was ultimately able

to bring singer Jason DeShaw's message about his struggle with bipolar disorder to 400 students and 120 health center employees. The experience also taught me the importance of humility and reinforced my commitment to knowing the community that I hope to serve. These lenses will inform how I approach my work as a physician.

In general, humility has also been integral in establishing roots in these cowboy communities. While it's easy to see the differences between their conservative views and the liberal ideas with which I was raised, I learn so much from listening. I have been surprised at how easy it is to find similarities between the struggles of rural Montana medicine and that of the LGBTQ population of my hometown, both of which are frequently underserved by medicine. Belief systems differ, but when discussing access to great healthcare, the conversations are parallel: everyone deserves a voice in their healthcare. As a doctor, I will provide medicine to communities where voices have been hushed.

When I learned of my mom's addiction, it created a desire to pursue a medical career focused on delivering equality-based primary care where patients feel heard, supported, and empowered. Informed by my experiences in my hometown and in Montana, my goal is to work as a primary care provider for underrepresented communities. I've seen the challenges of this tough, yet rewarding, occupation, and I am ready to embrace a medical career. As a physician, I will provide holistic healthcare to all. I plan to change the communities I work in by laying groundwork to increase the community member advocacy in their own healthcare while providing comprehensive care.

### **Example 2:**

A homeless woman with an extensive history of mental health issues and visits to our ER was brought into our ward after being tasered and arrested for "disturbing the peace." The nurse brusquely asked her to remove her pants for the doctor to examine the taser site. She refused. She was livid as the policemen pinned her while the nurse ripped off her pants. I caught the woman's gaze—anger, mixed with sadness, fear, defeat. After the doctor's exam, I cleaned her wounds and helped her wash up. She was still shaking. I leaned over to clean a laceration on her forehead. "Nemo?" Her eyes lit up as she caught sight of the *Finding Nemo* sticker on the back of my nametag. Her fiery exterior dissolved as we connected, sparked by our shared love for the endearing clownfish. Security left, and the police squad dwindled to one. I brought her some juice, and we continued to chat amicably, her blood pressure quickly normalizing. When it came time to leave, she teared up as she thanked me and invited me to the movies to see *Finding Dory* with her. I left my shift elated that I could offer this patient some form of healing—a human connection.

Though this is her story, it is not unique. This is the story of every patient with whom I have interacted. People who are not just patients, but humans, humans whose illnesses are manifestations of biological and social influences and whose experiences of illness are mediated by culture, society and personal circumstance. Since my first immersion in the medical field at age 17—a mission trip to rural Nicaragua with Tufts Medical School—these lessons have been clear. As I triaged patients, took medical histories in Spanish, learned to perform pelvic and rectal exams, wrapped injuries, and took on any other tasks with which they entrusted me, I discovered my niche in medicine. With our limited resources, many times all we could provide was temporary relief; however, being there as a compassionate listener and a witness to their pain, I provided another form of healing entirely. I watched as a woman with chronic asthma was sent home after a nebulizer treatment only to return home to cook dinner in the unventilated oven that likely caused the asthma. Situations like this made me realize that healing involves more than treating symptoms—it necessitates a contextualized and personalized whole-body approach.

When I returned, I channeled my inspiration into volunteering in the ER and reading voraciously, particularly the work of Dr. Paul Farmer. At UMass I grew fascinated with organic chemistry reactions, biomolecules, and organ systems. I studied social determinants of disease, social justice, and inequity in health and healthcare eager to translate those learnings into practice when caring for patients. I became certified as an EMT and started working in EMS and as a technician in the ER. I volunteer with the elderly, the homeless, and people with mental and physical disabilities not only to gain insight into how they perceive and experience their health but also because I genuinely enjoy it. My patients and companions at volunteer sites reinforce my love of caregiving and remind me to value each person's unique history as a path to understanding their suffering and promoting healing. No matter how exhausted I am after a 24-hour shift or how grimy I am after a night spent being puked on by intoxicated concert attendees, I leave invigorated by the intellectual challenge and raw humanity innate to the field of medicine and fueled by the incredible people I connect with.

I thrive under the pressure of running a code in the back of an ambulance, working as a team to care for critical patients, and tending to patients in the chaotic ER. Yet I know the importance of spending an extra moment with a patient, sharing a joke, holding their hand on the trip to the hospital. I have struggled to adjust my desire to spend unlimited time at the bedside of each patient to accommodate the fast-paced environment and competing priorities characteristic of emergency medicine. To that end, I am finding a balance in which I can forge a personal connection with each patient while tending to all patients in an efficient manner. Above all, I know that there is always time to treat patients with kindness, understanding and respect.

I now have the privilege of working as a research assistant in Paul Farmer's department at Harvard Medical School, studying multi-drug resistant tuberculosis and global health equity. I am inspired daily by brilliant researchers who are dedicated to bringing healthcare to the patients who are most vulnerable. Similarly, I aim to dedicate my career as a physician to providing care to those who need it most.

Every day we are exposed to people's pain. As fascinating and educational as an exotic virus or abdominal aortic aneurysm is, our patients are more than the host of a pathogen or the canvas of a medical mystery. As I look forward to a career as a physician, I will preserve patients' dignity and respond to their suffering with compassion, an open mind and a comprehensive approach to healing, whatever that may be. I am thrilled to dedicate a lifetime to learning the science and art of medicine and healing, and I vow never to lose sight of my motivation: the service of humanity.

### **Example 3:**

"Ahoy, matey! Time to swab the tooth deck!" In response, I – at age 6 – eagerly hopped down from my chair and strutted across the waiting room. As I approached the bandana-clad swashbuckler, the guise began to fade, but my excitement had just begun. The buccaneer, my dentist, removed his costume to reveal his pristine white scrubs. The check-up was not prolonged by cavities but my insatiable curiosity regarding each procedure. From here, my infatuation with the field of dentistry only grew. Playing off of my childhood obsession with pirates, Dr. Dave, my pediatric dentist, alleviated any potential fear and allowed my natural fascination with the profession to manifest.

After the appointment, Dr. Dave told my mother he had never seen a patient display such a prominent interest in dentistry and offered a shadowing opportunity once I turned 16. Needless to say, Dr. Dave received a call from me on my 16th birthday. In shadowing Dr. Dave, my most important conclusion was that although most

dentists have similar skill sets, the greats distinguish themselves via their interactions with patients. The mouth is a very personal space and, as such, requires a solid relationship and an approach specific to that individual.

As a child, this task of putting others at ease seemed simple; however, I have come to see the finesse required to do this well. In particular, when I started working as a chemistry tutor, I assumed that I had excellent communication skills. My ego, however, was taken down a few pegs when I saw one of the first students I tutored, an international student, working with a different tutor only a day after he had come to work with me. I could overhear his session a bit and realized they were going over the same content I had attempted to cover. After an evening of feeling frustrated and defeated, I decided to ask my supervisor for some advice. She walked me through some ideas for working better with non-native-English speakers for future appointments—write down key concepts, speak slowly, and check for understanding. I worked diligently to internalize her suggestions. In time, I found that I was tutoring a higher proportion of international students than many of my peers; they were requesting me intentionally. I learned from this experience the importance of humility and asking for help. It also cemented the idea that—whether tutoring or trying to put someone at ease more broadly—I need to listen and ask thoughtful questions.

Growing my communication skills has been one of the many ways that the pursuit of dentistry has helped to shape me. Wanting to be like Dr. Dave, I knew that I would have to improve my manual dexterity, so I had my mom show me how to sew. I began to make traditional mini-quilts that would make any granny proud. In time, however, I began to explore improvisational quilting and found it was an amazing outlet for my creativity. Along the same lines, I knew I would need a scientific background to be a dentist, so I studied biology in college. What began as a perfunctory endeavor morphed into a passion when I took a position in Dr. Murphy's laboratory and was actually able to apply the concepts I was learning in the classroom first hand. These experiences individually have reinforced my desire to go to dental school—showing me that I truly enjoy the art and science that merge in the field of dentistry. The overall journey, however, has been even more meaningful.

My journey to dental school has pushed me out of my comfort zone and taught me how to work with people who are different from me. It has allowed me to delve into improvisational quilting and to study synaptic transmission in the lab. The process of simply applying to dental school has helped me to grow infinitely and shown me how much I can accomplish when I push myself. As such, I can only imagine how much I will develop while working in this field. My dream is to continue evolving, pushing boundaries, and thinking creatively to become a dentist who will make Dr. Dave proud. Like Dr. Dave, I want to use my love of science and creativity to put my patients at ease, letting them know that they are my top priority. Moreover, I will endeavor to keep learning throughout my career to ensure that my patients are always afforded the best possible care. Lastly, I have been practicing my pirate impersonation in case it can help.