**Demonstrating your Motivation**

*Why medicine?*

- Experience
  - Shadowing

- Personal Statement
  - Self-assessment skills

**The value of experience**

- Find out what the career is all about
- Clarify and validate your initial impressions
- Learn about “the dark side”
- Test your level of commitment
- Find out what you like and dislike
- Improve the articulation of your goals
- Enhance your motivation
- Understand other cultures
Experiences

- Broad interests and life experiences help you relate to other people
- Never choose an experience to “get in”
  - Choose an experience because it appeals to you or is important to you
- Choose experiences that are consistent with your present goals

Types of Experiences

- Meeting others’ needs (service)
- Team with a common goal
- Community (greater good)
### What did you learn?

- What did you think about what you did or what you saw?
- Extract meaning from each experience immediately (journal)
- How did the experience clarify your choice to be a doctor (or not)?
- **Reflect rather than describe**

### Examples

- Assisted and observed emergency department physicians prior to patient arrival, during patient assessment and care, and subsequent to patient discharge.
- Emergency medicine is also unique in that it incorporates many different fields of medicine, and there is a diverse array of patients.
- While working in the ER, I noticed that even when doctors were busy, the time they took to explain what was happening to the patient relieved a lot of the patient’s anxiety.
Her expertise is Hospice and Palliative Care, so as her shadow I saw many elderly patients suffering from dementia or chronic pain. It was interesting to observe her test for dementia and helpful to watch her interactions with these patients. Over six weeks, I listened to her address many issues related to losing independence and making decisions about end of life care.

Currently, I have 109 hours of observation. I learned a great deal shadowing physicians not only regarding patient care, but also about the relationship between doctors, the logistics of running a private practice, and health care economics.

I experienced the blending of compassion, humility and science and the impact it can have on patients in need of medical attention. I also saw the need for culturally aware physicians, and the importance of it when serving patients from diverse backgrounds.
Dr. F practices primary care in a small city in eastern Washington. He had opted for paper charting when given the choice and spent what seemed like the first 15 minutes of his consults asking the patients about their families before diving into the reason they were seeing him on that particular day. It was quite a contrast to my experience shadowing a family physician in Seattle. Dr. L worked for a large healthcare network using electronic medical records and constantly was under pressure to see more patients. This opportunity has driven me to further contemplate my future as a physician and how to strike a balance between these contrasting styles in my future medical practice.

Words that leave us hanging

- Broadened my exposure- how?
- Helped me understand- what?
- Made me realize-what?
- This experience has shown me the rewards- what are they?
- There are no words to describe-yes there are!
### How do I fit all my experiences in the AMCAS application?

- Group your research project, its presentation, honors, and publication, together
- Group academic honors together
- Group sports together

### Shadowing

- Not a "hoop" to jump through
- If you are not interested in shadowing then you are probably not interested in clinical medicine
- Find out what the career is all about
- Find a role model
- Recommending minimum of 40 hours
### Why shadow? Understanding doctor-patient interactions

- What seemed to make the doctor happy?
- What seemed frustrating to the doctor?
- How did the doctor adapt his/her communication style to the patient?
- How did the patients react to the doctor’s behavior?

### Why shadow? Understanding doctor-patient interactions

- How did the doctor handle a tough situation?
  - Can’t solve problem or cure disease
  - Patient autonomy in decision making
    - Won’t cooperate with Dr’s suggested plan
  - Patient keeps returning with same problem related to unhealthy lifestyle
    - Unable or unwilling to make a change
  - Delivering bad news
  - Not enough time
## What is it like to be a doctor in a particular specialty?

- Range of patients (age, gender)
- Types of problems (straightforward, complex)
- Predominance of chronic or acute problems
- Anatomic parts involved
- Large body of knowledge with moderate understanding or limited body of knowledge with in-depth understanding
- “Corporate personality” of discipline

## Possible lifestyles

- Solo practice or group (small or large)
- Academic medicine (research & teaching)
- Rural or urban
- Underserved (all of the time, some of the time)
## Personal Statement

- Motivation
- Why are you interested?
- In what ways are you suited for medicine?
- Show us how you know that this is the right career for you.

## Self assessment

- Strengths and Areas for improvement
- Biases
- Personal learning style
### Knowledge of self and medicine
(Strengths and areas of concern)

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Knowledge of self and medicine

What characteristics should a good doctor have?

1.
2.
3.

Look back at your experiences and see how they might show that you have these characteristics.
### Incorporating your findings into your personal statement

- How are you suited to medicine? (mix and match)
- Which experiences or people have had a positive influence?
- Don’t make reader feel like the 4th person you asked to the prom (when chronological is not good)

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While lying under a bug net in the attic of the village doctor's barn-like house I reflected on all of my experiences and the experiences to come and felt my desire to pursue the profession of medicine crystallize within me.
My desire to practice medicine came relatively late in life. I have always had diverse interests and found it difficult to choose just one course of study. Throughout school and into high school I excelled in math and so believed I might become an engineer. I also loved to write. Following the urging of my teachers and the school administration, when I began high school I skipped straight to sophomore English classes. I enjoyed writing and literature and for a time thought I might make a living out of it. My junior and senior years of high school I took all of my classes at the local community college, earning dual credit for high school and for college. Still relatively unsure of what I wanted to pursue, I dabbled in a variety of disciplines. I focused mostly on psychology and became deeply fascinated in the nature of the mind and infinite complexities therein.

I wondered if two very different sides of myself could ever have much to do with each other. I started my undergraduate career with a love of the humanities, arts, and social sciences; in addition to music and theater, I found psychology and sociology especially appealing because of their focus on human behavior. My fascination with people had been a longstanding and integral part of me, manifesting in my tendency to talk to strangers and attraction to crowded places. But over time, I found myself drawn to the hard sciences as well. Their concrete, physical subject matter and emphasis on logical problem solving viscerally appealed to me, and they offered a type of intellectual challenge and stimulation I found incredibly satisfying.
For someone such as me who is passionate about learning new things, the lure of a discipline which holds more questions than answers was strong.

During those months, I realized that medicine required a lot more than just a strong science background and communication skills. I marveled at the emotional maturity and experience it must have taken for the NICU physician to make life-and-death decisions for someone else and the added emotional maturity needed to overcome death.

But it was not until I began shadowing physicians that I really got to sit down and hear their stories. As I listened to patients express their ailments, circumstances, and worries, I realized that medicine was a field where I would not have to choose between the hard sciences and the social sciences. Each patient's story was a fascinating study in the connections between the body, the mind, and society. One man we saw was a heavy drinker with severe gastric reflux; effective management of his disease needed to address the psychosocial reasons for his alcohol use in addition to the reflux itself. I realized my love of psychology and sociology would be just as important as my love of anatomy and physiology in understanding patients' needs.
Over the years, my mental image of an "ideal physician" has changed greatly. I used to believe in the romanticized image of the physician as a healer equipped with a sharp mind capable of solving any problem. My current, more realistic image of a physician is a person with scientific and medical ability, strong written and verbal communication skills, emotional maturity, optimal time management, stamina, experience, and inquisitiveness.

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**Next Focus Group Session**

- 5-27-10
- The Interview, communication skills, health care issues, approaches to problem solving
Questions?