University of Washington
School of Medicine

The Application - Holistic Review
What are we looking for?

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Don’t apply until you are ready- “just to see”

• Waste time (yours and ours)
• Waste money
• Lose one of 3 tries at UW
• You are screened based on what you’ve done, not on what you are planning to do.
• “Gap year”- do something appealing to you
Holistic review
What makes you who you are

See AAMC website
“Roadmap to Excellence”

“Must have” Experiences - Watch labels

- Clinical exposure = doctor-patient interactions
- Service = making a difference
- Leadership = guiding others, being responsible, initiating change, working toward a common goal
- Research = asking the right question, analyzing results, changing plan based on new information
MCAT

New MCAT
• We’ll use percentiles
• We’ll convert old MCAT scores to percentiles
• Our mean ~30 = 78th percentile
• Minimum is likely to be around 48th percentile

Timing
• Fall or spring ideal
• Summer date means application will be “complete” late
• If you don’t inform school of intent to retake, you are screened with your previous score(s)

GPA- below 3.5

How were these applicants accepted?
• Strong MCAT = above 30 (> 78th percentile)
• Additional science courses
• Completed a graduate degree
• Did a formal post-bac program

Additional strategies
• Make sure schools know you have done additional work
• Avoid pass/fail courses
• Get at least 3.5 in new courses
Be realistic about choosing schools

• Use the MSAR
• Take metrics (GPA/MCAT) seriously
• Applying to other “state schools” is risky
  • They prefer their own
  • They typically have less scholarships than private schools

Reflect

I ask you what the movie was about. You tell me that x happened, then y, then z. I still don’t know what the movie was about. You described the action, not the theme.

Have one “take home” message

Can keep it short
Reapplying

- Realistically appraise your application and/or interview
  - What was missing or insufficient?
- If you were offered no interviews, something is missing
- Get feedback
- If you got feedback and we suggested taking a year or more before reapplying, take that seriously
- Letters need new dates or updated content
- Demonstrate change

“Disadvantaged”

Types of disadvantage
- Educational
- Financial
- Psychological-i.e. lack of emotional support
- Lack of guidance- e.g. first to college

How we consider disadvantage
- Distance travelled
- Resilience
- Inner strength
- Ability to relate to patients
Personal statement

• Structure rather than random
  • Tell us what you are going to tell us = topic paragraph or sentence
  • Tell us what you are telling us = use examples
  • Tell us what you told us = closure
• Grammar and spelling check
• Why do you want to be a doctor?
  • How do you know?
  • What is your understanding of medicine?

“Non-traditional” applicant
Career change

• Do you know what you really want?
• What attracted you to your college major and/or first career?
• What’s missing from your current situation?
• Show that you are making an informed decision
Shadowing:

**PURE DESCRIPTION**

I helped to collect patient folders or to take files to labs. I shadowed in ob/gyn, pediatrics, internal medicine, and anesthesiology often attending morning rounds or observing surgeries. The experience gave me the opportunity to see the roles and importance of different departments.

VOYEUR

I tutored physicians as they implemented new electronic medical record software. This was a fantastic opportunity for me to see get one on one time with doctor's, learn their work flow, and witness how they charted their patients. I spent time with physicians from the ICU, birthing center, and even with anesthesiologists in the OR. I was fortunate to be able to witness multiple knee/hip replacements, an emergency C-section, and a hysterectomy using the Da Vinci robot.
LEAVES US HANGING

I gained valuable insights into the "behind the scenes" work in health care, including what doctors did or did not do that would complicate the work of support staff. I determined to be a doctor who listens to and respects everyone involved in his practice.

I saw how effective medicine relies on trust, which is dependent upon respect that can only come from effective communication. It was interesting to compare different doctors' approaches to building this trust. For family practitioners, trust could arise from long-standing relationships and sincere interest in the everyday lives of their patients. In the emergency room, where visits are hopefully less regular for a particular patient, this trust must be established quickly by demonstrating active listening and effective communication, thereby forming mutual respect.
That day showed me how physicians exhibit the critical thinking of lawyers, the patience of teachers, and the rapport leaders have with others. This began my love affair with medicine, as I was passionately attracted to the medical inquiry, detective work and collaborations within the field.

Leadership

While I once believed a leader’s job was to do the most work, I now recognize the role is less tangible and more complex. It is to inspire, assemble, and encourage your team; it is ensuring that end-goals remain in sight. It requires both nurturing and disciplining; it necessitates listening to the views of many, but also making unpopular final calls. And it means knowing when to follow.
Service

Pursuant to my interest in social justice, I participated in a study abroad program in Bangalore, India. Through interaction with NGOs in Bangalore, our group studied various social justice issues – including biopiracy, privatization, the garment industry, and Dalit activism – and examined their local and global consequences. We also practiced rigorous self-reflection regarding our engagement with the culture and physical space of the city. Overall, the experience helped me to develop an awareness of my role in the global struggle for social justice, as well as the politics that influence my interactions with others.

Homeless youth are often care-shy and successful interactions require a certain level of understanding on the part of care providers. In addition, the development of care plans must take into account our patients’ limited access to transportation, pharmacies, dental and eye care, as well as limited control over diet and ability to maintain good hygiene. I will now never forget the fact that the interaction between healthcare providers and patients is ultimately all about the patient—what can be done to recover their health and enable them to participate fully in life.
Bottom Line

- Know yourself and why medicine is the right career for you
- Know what you’re getting into and demonstrate it on application and in interview
- Make information easy to find on your application
- Watch the deadlines

Tomorrow: The Interview
What are we looking for?
Questions?