



## How to Write the Best Personal Statement for Your Residency Application

Presentation by Stephen Peterson, MD, August 27, 2022

### F A Q s

#### **Personal Statement**

Q: How do you get across what your values are?

A: They're what you admire in other people. You admire their medical knowledge, their clinical skills, their compassion and their behaviors. You want to end up having that person's ability to communicate with patients. Showing what you admire opens a window into your soul. It show who you are and what you value.

Q: When we mention something that inspired us, does it have to be limited to a medical case?

A: No, but you're taking a risk if you start talking about something that influenced you many, many years ago. For example, you've decided to be a breast cancer surgeon because a relative died of breast cancer when I was five years old, and that shaped my life. You're not showing your evolution as a human being from the start of medical school to today. You don't want to end up making your personal statement sound like it's the one that got you into medical school. That is not a lifelong learner, that's someone who's going to copy somebody else's notes. We're never looking for residents who take shortcuts. We're looking for people who know who they are today compared to even as little as one year ago. As long as you can establish that, go for it.

Q: If someone solved a complicated case as a medical student during their rotation, is it a good idea to mention that as a story in the PS? Or would it seem like boasting?

A: Isolated cases may not have that much impact. So think of impactful experiences that happen once in a lifetime.

Q: Is it advisable to include certain limitations? We all have certain limitations we face during medical school, such as not having had a chance to use advanced forms of technology in patient care, and therefore you are seeking to get into a Residency program or a program where you can learn more.

A: You can, but it's a double-edged sword, because it looks like you're making excuses for not being the candidate that they're looking for. I wouldn't do it.

For example, we're all scared that first night of the ICU, but don't say it. Everything is about making sure that you're putting yourself in the best light. But more importantly, make no excuses.

Q: Can you actually talk about a famous role model when writing your application?

A: Yes, you can. You can talk about people who influenced you, but it's not as powerful in a personal statement as your journey in medicine. You will have a much more powerful personal statement talking about your evolution over the last four years of medical school.

We all want to go back and describe something emotional, and it's terrific, but it doesn't describe your evolution over four years of medical school. A lot happened in four years, and you're trying to capture your journey, because you're not the same person who started medical school, and what program directors want to know is what changed you? How did you evolve? How did you mature in medicine? And how is that affecting your choices of residency programs?

Q: What about students from countries where they go right into medical school after high school? When they write their personal statements, their early experiences may be much more recent than those of students who have gone through four years of undergrad and then four years of medical school.

A: That is an important perspective. But one of the things a program director worries about is if a candidate has started to forget their medical knowledge. If their scores are off the charts, okay. But if the scores are in between, is the broken director going to take a chance? They could be end up finding a real gem that just needs to be polished, but will they take a chance? The answer is usually no. Is that fair? No. But this is the reality that we're facing. So you want to try and end up making sure you're the best candidate you can possibly be.

Q: My Personal Statement runs a few lines over one page. Should I definitely cut that back down to one page?

A: Yes, you should try to get it on one page, if you can.

Q: I got a PhD. Should I mention this in my Personal Statement, or is it obvious from my CV?

A: They will see it from your CV. But a program director is going to select a candidate who will be beneficial to them or their department. Go on PubMed, for example, and see how many publications and on what topics the program director has published. Then try to work into your personal statement that you hope to have the opportunity to work with this program director on X project, particularly if the program director has his own lab. The average internal medicine resident does not have the expertise of working in a basic science lab. If your PhD has given you that background, emphasize it, because now you're an asset to a program director who has their own lab, and you're somebody who's going to help them publish.

Q: I have had two interviews in the last cycle, so there was definitely something they liked. They took a look at my personal statement and specifically asked me to tell them about myself in a very chronological order from after my residency in ophthalmology in my country to today. So my impression was that neither of them had read my CV. But how do I steer together the various things I've done?

A: Obviously, if you were selected for interview, they like something about what you've said to them. I wouldn't spend a lot of time talking about transitioning. But suppose you were applying for neurology, and your experience was in ophthalmology, you could say you were particularly interested in neuro-ophthalmology, and now you're applying for neurology and making that happen. Another question could be what was your experience in ophthalmology that made you want to go into family medicine? Not to be rude, but are you picking it because it's easier to get into? Or was there something specific about family medicine that made you want to make this transition?

Q: How can you talk about the experience of working in the community, addressing social determinants, and weave it into your personal statement?

A: For example, working at Essen and opened up a world of issues and made you decide to go into Family Medicine because you felt you could make a bigger difference in the social determinants of health in this community. Stating that you think you could contribute to that would certainly get a program director's attention in Family Medicine.

Q: Is it good practice to mention our childhood background in the PS: who we are, where we are from, what my childhood was like, etc.?

A: You can describe childhood experiences but link them to today with current situations that kept your interest going.

Q: How should one mention step attempts?

A: Mention red flags such as step attempts in the context of what you learned from it and how it made you a better learner.

Q: If we have a home country residency and US fellowship, is the year of graduation still the one from medical school?

A: Sadiq Naveed: Yes. Year of graduation is the day you graduated from medical school.

Q: Is it okay to share experiences about being frontline workers during COVID-19?

A: Sadiq Naveed: You can share any experience including COVID 19. In the personal statement, don't rewrite your clinical experiences, but rather what you learned.

Q: If I had a residency in my home country, how can I mention it?

A: Home country experiences are critical. Mention the things that you learned as a person and the qualities that you acquired. Not clinical though. You don't rehash your clinical experiences in a personal statement. You can refer it and what you learned from it. Use your experiences in your home country as a strength and figure out how they will fit in with the residency program, and how that will bring diversity or something unique.

### **Graduated over 5 years ago**

Q: What advice do you have for someone who graduated medical school more than five years ago?

A: Program Directors set the computer to knock out anybody who's graduated more than five years ago. If this is you, get a Masters in Epidemiology, Global Health, etc., because this will establish you as a new graduate.

Q: What can you do if you graduated more than five years ago?

A: If you pursue a graduate degree, say an MPH, what essentially happens is you're a new graduate, bringing different skills. It should be an advanced degree.

Q: I'm six years from graduation. If I had residency in my home country, how can I mention this in the PS? Should I explain why i'm applying for a US residency in the same specialty?

A: No. It's a very different kind of experience to get certain residences when you're in India or Pakistan. And you know internal medicine is actually almost more highly regarded in your home countries than here. For years American graduates are all going into specialties, leaving internal medicine, pediatrics and family medicine for the most part to international medical graduates. So you know we are the people looking for those jobs. You just want to make yourself the best candidate. You don't have to explain why, as a surgeon in Pakistan, you want to become an internist here. Your experience here has already opened up so many opportunities, and it's really just an exciting field that you've decided you want to be a part of here in the United States.

Q: Does the 5-year limit also apply to clinical work, i.e. if you've graduated and are working as a clinician in your home country?

A: As long as you are clinically active, that is what matters.

### **Publications**

Q: How should I list publications, posters, abstracts on my CV?

A: Do not lump them together. They're all separate categories. For example, if you have seven research projects and none of them translated into a poster presentation and abstract or full-link publication, it could look like academic insincerity, as if you're just making it up, so be very careful how you put that together.

Q: You brought up a salient point about sincerity within the publication section. If someone applies to Internal Medicine but has a Vascular Surgery case, report or qualitative public health project, should that be listed?

A: They know that in medical school you're going to work with different attendings, so the ability to do a project, present, publish, etc. is just the skill they're looking for in general, and it can be a surgical case, it does not have to be internal medicine.

Q: I had a couple of poster presentations at two different meetings, and they're published in the Ebook. How would you classify that for CV purposes?

A: It would be the same presentation presented twice. You first list it as a regional poster presentation. Then, if it's published, it's a published abstract. And you can list it three separate times as long as you can actually list where the abstract was published.

Q: If I have an abstract which I'm presenting at a national conference, and at the same time it got published, can I mention the same project/case report in abstract, oral, poster presentation and publication?

A: You can mention all papers in your resume - submitted, accepted and published.

### **Letters of Recommendation**

Q: What advice do you have re letters of recommendation?

A: Request letters of recommendation from attendings you admire and who know you well. Give them a copy of your updated CV and a copy of your updated personal statement. They should see themselves in your personal statement. And when they do, I guarantee you that letter of recommendation will already be ten percent better.

Do not ever ask someone for a letter who is not part of your personal statement and part of your CV. Make sure the three letters you get look like they're talking about the same person.

Q: Will a non-physician letter of recommendation work? In a clinical situation we work as a team with nurses. A lot of people get to know your work, not just physicians.

A: That's a really good question. It sounds perfectly reasonable to me, but I think the average program director would hold it against you. The program director would wonder, Is she not able to get an attending to write a letter of recommendation for her? They would assume you'd asked an attending, and the answer was, No. So again, it's a double-edged sword! I would certainly hope that you would get it from an attending. It's a safer route to go.

Q: What about recommendation letters from program directors in our country? As an IMG, which works best: 4 LORs from the US or 1 from our country and 3 from the US?

A: In general I would try to make sure that all of your letters were from the United States. I'm going to be careful how I say this, because I mean no disrespect, but a lot of these program directors are tough characters, and they're not always the nicest people. The issue of value judgments is something that we're all very worried about. It has been years and years and years since someone has asked me where I went to medical school, and I'm very proud of the fact that I went to medical school in the Philippines and got great training there. I'm even prouder of the fact that almost all of my teachers had a child who rotated under me during my twenty six years as a program director. This stopped when I came to Brooklyn nine years ago. So do not apologize for being an International Medical Graduate, but try – and again, I apologize for saying this – try to look as Americanized as you possibly can. It will open a lot more doors for you, and I think you're much safer looking more Americanized in your personal statement and your CV.

It also depends on the length of clinical experience from the LOR writer from your home country. If you have spent significant time with that person, it will be helpful to have a LOR from that LOR writer. If you have two or three years of home country experience like residency, I want to know how you did in that residency, and I want to know it from your supervisor. If you spent only one to two months, then it's inconsequential.

Your experience in your home country is really important. If you've done an outstanding job for some of the specialties, you can submit the standard evaluation letter in lieu of the chair letter. That is something you can utilize for your internship and still submit the letters from your US clinical experience.

If you have US clinical experience and letters from here, you definitely want to utilize them. Remember, you're trying to market yourself.

### **Selection Process**

Q: How does a program director go through two thousand applications to select forty people?

A: First, we set the computer to knock out anybody who's graduated more than five years ago. So if this is you, get your Masters in Epidemiology, Global Health, etc., because this will now establish you as a new graduate. Second, the computer will establish certain grades. Third, we go through Program Director letters of recommendation and the personal statement. One of the most important things we look for in the whole application process is the marriage of your personal statement and your CV.

### **USMLE Scores**

Q: What if your USMLE scores are weak?

A: You can't retake the exam, and it is what it is. I advise people to go back and get a Masters in either Global Health or Epidemiology and do it at a medical school. It might be more expensive, but when you do your clinical research project, for example, you can do it through the Department of Medicine and make contacts that could lead to a residency position. However, don't pick the best medical school. Your chances of getting into their program will be enhanced at a weaker school.

Q: I did not score that well because I was doing two things at that time. Is there a way I could in the personal statement about why I was underprepared and how I worked on it?

A: Sadiq Naveed: All of us have strengths and weaknesses. What matters is that you are aware of your weaknesses and what you are doing to work on them and improve. Not every deficiency is a red flag. There are some deficiencies that actually make you stronger. So talk to your mentors. I'm from the group of people who believe that deficiencies should be mentioned, because if you were willing to work on them and show your resilience, that's a good thing.

Q: What are borderline scores for IM? Is 240+ in both steps good enough for IM?

A: IM average scores are in the 250s right now.

### **Other Degrees**

Q: An MPA can cost as much as \$30/40,000. Does everyone need another Masters degree?

A: Talk to a mentor and decide. What is it that you can do to improve your resume? Some students enhance their application by working in a research lab. But you want to make sure your name will be put on the paper. Talk to students who rotated through that lab. What was their experience? Did they get

on the paper, etc., and make sure that you're able, if selected for interview, to talk about that research project in a very meaningful way.

Q: I have a degree from a Caribbean medical school from over five years ago. But I attended a year at a US school to gain some experience inside the US. Would that overcome the five year plus gap?

A: It could be beneficial if you play it right.

Sadiq Naveed: I would not advise going to medical school again. It is an expensive and time consuming process. See what else you can do.

Q: If I'm doing an MBA in healthcare management, should I highlight that in my resume, i.e. being an old graduate done with steps but still learning?

A: YES absolutely. But make it relevant

Q: What are "average" scores for IM? What defines "borderline" scores?

A: There is no such thing as "borderline" scores. Each program is different.

### **Signalling**

Q: I have a question about this year's applications and program signaling. If I signal a program, does it mean I am interested? How will the program director see the signaling?

A: That's less in my area of expertise. I have not been doing this for nine years. My own program, director at Methodist has said to me that it helps to narrow the geographic area you're interested in. Everybody's applying in the New York Tri-State Area. So look at programs that did not match last year. Those are the programs to start with. They may be in Alabama, and you go. You may not want to live in Alabama, but you can do anything for three or four years. Your job is to get into a program. You want to end up showing people that you want to be in a particular area. We all want to end up being close to home, but quite honestly, I always recommend that people with borderline USMLE scores start with programs that didn't match last year. There may something wrong with that program, or a program may be on probation, with all kinds of issues against it. But they're not going to close the program. They're going to have to fix it, and by the time you graduate, they will be off probation, and it will be all fixed. So I suggest that you start with those programs.

We've been addressing signal preferencing. The data shows that program records are looking at signal preferencing but not so much geographic reference. How it affects IMGs is still a question. It is positively affecting US seniors for internal medicine. For example, some programs get up to 6,000 applications for however many spots they have. So if you have a good application and you signal them, it will work in your favor. Geographical preference has not been shown to be as much of a benefit right now for IMGs. As an IMG you don't need to signal for geographic preference.

### **Miscellaneous**

Q: Are US rotations in a department other than IM/FM a red flag for an IM application?

A: Not a red flag, but try to gain experience in respective specialities.

Q: Could you please talk about a letter of intent and how it would affect our residency application? Also, how do you go about writing a letter of intent?

A: Letters of intent are important. Please send them to programs that you are really interested in.

Q: Which is preferred, IM SEL or Department Chair LOR?

A: You can either have a SEL or a LOR from the same person.

Q: Is SEL mandatory for IMGs?

A: SEL is not mandatory for anyone, but if a program prefers it, you should try to submit it if possible.

Q: How much would Step 3 improve one's competitiveness?

A: If you pass STEP 3, its a big plus for IMGs. You MUST NOT fail step 3!

Q: How do we find those programs that did not match?

A: <https://www.nrmp.org/match-data-analytics/residency-data-reports/>

### **Final Advice**

#### **Personal Statement**

Make sure that last paragraph represents Wow! Somebody who reads your personal statement should learn something about you, even somebody who knows you better than anyone: Mom, Dad, your spouse, some significant other. It should be that warm. If you read it out loud and it doesn't move you, it's not going to move anyone.

#### **Interview**

When you get an interview, one of the things that I coach our residents going for fellowship is that if you're going to a specific program, applying to a specific hospital, look online to see who the faculty in the department are, and know the program director and the associate program directors. Look them up on PubMed, find out what they've done. When you're actually interviewing, you want to know who the main people that you're going to be interviewing with are.

Because you don't want to say, "Oh, what opportunities will I have for research in this program?" You want to say, for example, "Dr. Gamshan, I've noticed in your CV that you've done such and such. Will I have an opportunity to work with you on this project?" This shows that you really are interested in the program and you've done your homework. Now, there's no way you're going to remember everything about every person's CV. So when you're researching the program, take a little five by seven card and write down the program director, the associate director, what they've done, what their interests are. Keep those cards in your pocket when you're on an in-person interview. If online, keep the cards right next to you. The resident who does their research for interview is someone who looks things up. Those are the most reliable people. Show them that you're willing to do the work, even to prepare for an interview.

What matters is how you tie up past experiences to the present.

#### **Miscellaneous**

Remember, the personal statement is not a resume and vice versa.

Even though the last paragraph is very important, the first sentence is also very important. There is no template. Your personal statement should be so personal that nobody else can put their name on it.

Be curious during medical school, be curious during residency. Try to figure out everything. If you have to Google it, Google it.

Talk to your mentors, take good care of your mental health in the next three to four months, and don't at any point underestimate yourself. You are all good enough.

Our goal has always been for you all to understand that we have to narrow the gap between US seniors and IMGs. And the way you do that is to start thinking about what it is that they're doing differently, whether it's in undergraduate or in med school. Maybe even try to talk to some of them and see how close you can come to that.

And I know we don't like or want to say this, but really what you're doing is selling yourself. You have to market and highlight your strengths and show why should I look at you and not at somebody else. So if you write a personal statement that is similar to every other applicant's, it's not going to be of interest to me.

### **Follow-Up**

Q: Is the Personal Statement program available on YouTube?

A: Yes, it can be viewed on the MSSNY YouTube channel at <https://www.youtube.com/channel/UCpostWL3xnzDz7f10cD4MmQ>.

Q: How can we remain updated for future events?

A: Please subscribe for invitations to future events <https://nyreach.org/nyreach-list>

Q: Does EssenMed sponsor visas for non US IMGs?

A: We do not currently sponsor visas for IMGs. Please register on the NYREACH list serve <https://nyreach.org/nyreach-list> to get any future updates.

**GOOD LUCK!!!**