



# Medical School Admissions Blueprint Workbook

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## **How to Use Medical School Admissions Blueprint**

Step 1: Go right now and register for the “Must-Watch” webinar on how to use Medical School Admissions Blueprint. It’s an essential piece that will help you to get the most out of my system.

Step 2: After attending the webinar, begin the Medical School Admissions Blueprint and remember to complete each activity.

Step 3: Save your responses to each activity. They’ll come in handy when you begin to fill out your medical school applications.

Enjoy!

## **Section One: Medical School Admissions Blueprint Overview**

Welcome to the Medical School Admissions Blueprint with Andrea Woolf and Don Osborne, founder of INQUARTA, the nation's leading medical school admissions consulting program.

### **What is the Medical School Admissions Blueprint all about?**

Well, this blueprint is about taking you down a path from where you are right now to your completed application for medical school. The intention of this program is to make the whole process very accessible and easy to understand; it may seem like a scary process, but it is all going to be ok!

The blueprint is simple to follow. For the first time, you have a step by step system that you can follow all the way through the medical school admissions process. This system will help you get prepared for the application, as well as tell you what to do along the way in order for you to be the most qualified candidate and optimally, get accepted.

### **So what's in this Blueprint?**

The Medical School Admissions Blueprint is comprised of a series of audios, a workbook (which is a transcription of those audios), and a series of exercises you will be completing session by session. The Blueprint also includes a poster that is an overview of the entire blueprint and the step by step process we're talking about. It serves as your big, visual guide to the application process. It gives you your timeline, and a way to keep track of what you've accomplished, as well as what you still need to accomplish. It's a great way for you to set standards for yourself in order to have a much better chance of getting into medical school.

### **What ISN'T this Blueprint?**

While this system is tried and true, it isn't a magic pill. The Blueprint is going to help you by giving you a great deal of clarity. It's going to clear all the fog surrounding the medical school application process, and solve all of the nagging questions: "Should I do this?" or "Should I do that?"--All of that is in here. And along the way, you'll get tons of tips and secrets about what Don knows as a medical school admissions expert and what's been working for his clients since 1994. He's been doing this for over 14 years, and has worked with almost 4000 clients. In that time period, he's gained plenty of understand of what works and what doesn't work. But the Blueprint is not going to give information that is

ineffective: it's not going to tell you that you can get into medical school with a 2.0 GPA and a failing MCAT.

### **How does the Blueprint work?**

The Blueprint course starts with providing you with a perspective of what it takes to become a qualified candidate for medical school. Once you get the foundation, you will go through the actual admissions application process. Every step of the way, we will be covering what it is that makes a strong candidate, how to take a candidate who is on the edge of being a strong candidate and make them even stronger, and what to do if you have gaps in your candidacy. Gaps can include mistakes in your GPA, problems in your MCAT, or other areas of your application.

The Medical School Admissions Blueprint will also show you how to be persuasive in your application so that you stand out.

### **Here's a big secret right off the bat about getting into medical school:**

You've got to stand out and you've got to really differentiate yourself from other applicants.

Most students know that they need to do this but have a hard time implementing it because no one tells them what to do. This system will expose all those secrets about how you can stand out as a candidate.

### **So let's get started.**

The first thing you should do is find the workbook and familiarize yourself with it. After you find the workbook and look it over, the next thing you want to do is find the poster, and put the poster up on the wall. Then finally, you want to find your calendar. Decide how you are going to use the system: once a week? Once every weekend?

Whatever you decide, schedule your Blueprint time into your calendar, and treat it as any other sacred time: an appointment or another class that you take. This is a time where you demand of yourself that you sit down, and you go through the next step of the Blueprint.

### **The assignment for this module is:**

- 1. Get out the workbook and look through it**
- 2. Put up the poster**
- 3. Schedule your time to go through the next section.**

**Be sure you complete this assignment before you go to the next section so you can get the most out of this program.**

**Remember: YOU are an amazing PreMed!**

### **Section One Review**

1. The Medical School Admissions Blueprint is intended to provide students with everything they need to know about applying to medical school so that the application process is easier and less stressful.
2. The Blueprint System is made up of audios, a workbook, and a poster to help keep you on track during your application process.
3. The Medical School Admissions Blueprint is not a magic pill; it isn't designed to magically get you into medical school no matter what. Instead, it is a tool that has been crafted to show you the path to medical school and demystify the application process, why giving you helpful tips and tricks along the way.
4. Be sure to complete all assignments before moving onto the next section.

## **Section Two: Your Mindset**

Welcome back to the Medical School Admissions Blueprint. This section is all about your mindset as you go through the medical school admissions process.

### **How can I handle confusion?**

Most students who are confused about medical school admissions are confused because they are getting a lot of conflicting information. Here's what happens: you hear some advice from your pre med advisor, you hear different and conflicting advice from another student, and then you go online and you read forums or blogs and you get completely different advice again. The way to handle the confusion is to understand that there's more than one path to a successful acceptance to medical school.

When you're confused about a particular path, it's only because you're getting competing feedback. You need to pick YOUR path, the one that you feel is right for you. The path discussed in this Medical School Admissions Blueprint is a path that we know is super successful, so we will be describing that path in great detail in the upcoming sessions.

You want to pick your path and you want to stick to it; stay on YOUR path. Staying on your path eliminates the fog and the confusion. For example, you're on one particular path -- let's say the path in the Admissions Blueprint. If you talk to somebody else who has not listened to the Blueprint, and you begin to ask questions, you might say something like,

“So I heard it's a good idea for me to have a good GPA in order for me to be a qualified candidate for medical school. Is that true?” The other person will say something like, “Yes, it is true, but you also have to have...” and they'll give you some other information.

THAT is where the ambiguity begins to grow: the other person you're talking to is looking to help and they want to support you, but it creates confusion because you're looking for clarity about what you have learned in the Blueprint, and your friend doesn't know that system. So be careful about asking a lot of people for advice -- the funny thing about advice is that everybody has some regardless of

their experience level. So you really want to be super careful to not allow yourself to bring in a lot of competing feedback or suggestions because it's going to get confusing.

**I often find myself getting overwhelmed and then I just beat myself into a paralysis. What should I do?**

Overwhelm happens for premed students when you decide to think about all of the things you have to do at once. You work yourself up about how big the work load really is. Two points about that:

1. It's easy for your mind to decide something is really big when in fact, the workload isn't that huge. It's just a matter of your perspective — you decide that the workload is really big so that makes it true. It will help you a lot if you can decide that your work load isn't that bad, it just is what it is, and not give it a label like "overwhelming" or "I have so much work to do." Don't allow yourself to fall into the trap of language that is the predecessor to overwhelm.
2. Break down the feeling of overwhelm by chunking or by looking very carefully at what you need to do next. Instead of focusing on everything you have to do, focus on one thing you have to do. Work on that one thing and move yourself forward in that one aspect of your application. The rest of what you have to accomplish will still be there, even if you aren't focusing on it, so leave it alone for now. Multitasking is not a good idea for you as a premed. Multitasking will give you bad heartburn and a lot of grief, and you will get very little accomplished. For a lot of people, it feels cool to multitask -- to read an email while you are writing a paper while you're Instant Messaging while you are on your phone all at the same time -- but it doesn't get you very far. It actually slows everyone of those tasks way down. Pick one task, turn everything off, and do that one task. If you keep doing that throughout your time as a student, and you build that into a practice, you'll discover an amazing amount of success. That teaches you to do more in less time. This is actually a study skill technique I will be talking about in one of the bonuses in a future session.



## **What about denial? What can I do with that?**

Here's the thing with denial: let's say you're a premed and you aren't getting good grades in your sciences. You KNOW you aren't getting good grades. So you've got a choice at this point: you can face this, feel bad about it, process those feelings, mourn the bad GPA, and then take action. Or, you can set it all aside and ignore it.

Denial is the "set aside" methodology — where you're just completely going to say, "I'm not going to think about this, it didn't actually happen to me, and I'm going to deny the existence of my bad GPA." What you want to do is watch yourself with denial; be the observer of your own habits and begin to gently unravel the denial and face the truth. The truth is, if you're in denial about something, it's because you don't like what you are in denial about. You don't want to face the possibility that you might not get accepted to medical school, that you might not love the sciences enough to motivate yourself to do the homework, or any of these things that can come up.

So how do you address the denial? How do you actually move from denial into full integration, where you accept yourself, accept what is and then move on? We suggest journaling.

Start by writing yourself the beginning of a note: "Dear journal... " and then start to write your feelings out. "I'm so angry or frustrated or confused" or whatever the feeling is related to what you are in denial about. You begin to express to yourself your feelings, and your mind will take that information and will begin to provide you with some solutions around it. All you do is write down the problem and let your mind solve it. Starting a relationship between you and the topic of your denial takes all the denial out of it; it puts you in a whole new light, and actually allows you to begin solving the problem.

## **What about abandonment?**

Abandonment is a real common problem among premeds. Students take one class, get one bad midterm or final exam, and then abandon everything about medicine. It's a real tragedy because a lot of students abandon their dreams early in their undergrad careers and it's really not necessary.

Another aspect for premed students is that they feel abandoned by the system, or their support network. Think of this: in high school, you received a lot of support. Your teachers supported you, you had a firm and thick structure in your day, your parents may have helped you quite a bit with transportation, or food, and so on. You had a lot of structure. But in college, all that has shifted. To make things even more challenging, the educational philosophy has shifted as well. In high school, the burden of responsibility to teach the material was largely on the teachers' shoulders; they really didn't expect you to have read the book on your own or to have studied the material diligently. They didn't have that expectation of you, they expected that they would have to explain the material to you during every class, and that's how you learned most of the content of your high school life.

In college it's very different. Professors assume that you read the material, and that you are primarily teaching yourself the content for that particular subject, and then the faculty supplements the information you are reading. So from your perspective, it can really feel like the whole system abandoned you because all of a sudden the instructors – whose jobs in high school were to teach you everything – now have totally different jobs in college. But no one told you the rules; no one explained this change to you.

What do you do? How do you solve that?

If you feel you are about to abandon your career path, I really want you to double check. Check some external information before you decide that one bad grade means you can't be a doctor. Whether you go to your advisor, or you call a med school admissions office and speak to an admissions officer, or you talk to a current med student who might be on the admissions committee, it doesn't matter.

Just talk to someone with a lot of credibility, who can really help you determine if your path to medicine is it really over. From an admissions expert's perspective, it's not over. Most premeds will take themselves out of the running very early in the process, much earlier than they should, because they do this "all or nothing" thing where they say, "I have to have all perfect grades or I can't be a doctor at

all.” That’s just not the case. There are many students who became doctors who didn’t have all great undergraduate grades. So that’s one solution.

The other solution if you are feeling abandoned by the system, is to reframe the relationship. Remind yourself that you are realizing it’s not abandonment; it’s a shift in the social contract. Now the rules have changed, and it’s now your responsibility to own your own growth, your own process. Now you get to take on a bit more accountability and you are the one in charge of everything in your life; it’s a lot of freedom, but it’s also a lot of responsibility.

### **Sometimes things feel so futile; what should I do?**

The thing about futility is that you think you’re doing everything that you can do, and nothing’s changing. We see this often, primarily in grades. Students are studying really hard, using the same study techniques they used in high school where they had a high GPA, but in college they can barely muster a B or B+. You know something is wrong, so you try different things: you read differently, you buy different color highlighters, and you think you are doing something different, but still nothing is changing. Futility comes from that: the feeling of, “Ok, I’ve exhausted my options, there are no other options beside what I’ve already tried, so I’m done. I give up.”

That statement holds a false assumption: that you tried everything possible. Sorry to remind you, but you don’t know everything! The problem is that you’re assuming you tried everything there is to try, but you are only trying the stuff that you know to try. You want to switch gears. Stop beating yourself up about how it feels impossible and how you feel like you can’t make any difference, (in terms of your grades or whatever else the problem is) and instead go get some information.

If grades are the problem, you want to find other students who are excellent students, excellent students, and you want to model their study habits. Even if their study habits are radically different than your own, you want to go out and practice their study habits. It may mean abandoning your entire study system that you have developed since high school. But that’s ok! What you are doing now isn’t working anyways, so any change is going to be some new data. You want to get new information, new feedback.

You can also get studies skills help; there are books on study skills, classes you can take, and tutoring. Of all these different methods, I really like getting very clear about what you are trying to accomplish. For most college students, it's very wonderful that they say they want to learn the material, but there is a difference between learning the material and getting a good grade. The game of college is to get grades; learning is important too, but you're learning only from the perspective of improving your grade, not learning for the sake of learning.

This was the big mistake I made when I was a college student. I said, "I'm only here to learn for the sake of learning, for the purity of the knowledge, and I don't care what kind of grade I get." For a premed, that's not going to cut it. You want to be there for the grades, and you'll want to compete — this is a competition.

What does that mean? It means you want to modify your habits in order to turn this into more of a competition for yourself, so that you can succeed in that competition.

**Here's a great tip:** pre read course content so that you can anticipate what the professor is talking about. Also, you want to take specific kinds of notes (I'll get into this in the note taking module) so that you can identify what's going to be tested based on how the professor lectures. We'll talk about that in an upcoming session. Those are some nice ways to get around the futility problem.

### **Sometimes I'm just so hard on myself. What can I do about that?**

Being hard on yourself is all about judging yourself as being not good enough. Lets first start with a basic, fundamental truth: people are much more likely to be critical of themselves than to be kind. If we treated our best friends the way we treat ourselves psychologically, internally and emotionally, our friends would drop us right away.

We tend to be very cruel and very judgmental of ourselves; we're very critical and we do a lot of name calling. And none of that is of any value whatsoever. So if you are calling yourself stupid, and you're saying you aren't smart enough, or you aren't organized enough, or you aren't WHATEVER enough, none of that is going to change anything about you. But it will certainly allow you to keep beating up on yourself.

So if you imagine that this name calling and criticality is like beating yourself with a stick, you need to metaphorically put the stick down. Stop. Treat circumstances as what they are: circumstances. They are not opportunities to judge yourself as unworthy, undeserving, stupid, or whatever your favorite word is. Treat circumstances this way gives you freedom to come up with a new story about who you are. How about, you are fully capable! You can absolutely achieve this, it's just up to you to obtain the tools that will enable you to do this. That's a much more hope filled approach.

We're getting into the area of believing in yourself. I don't want to get too Tony Robins in this; it's not about having you read "Unlimited Power" or awaken the giant within. But I do want you to be able to say, "Yes I can achieve my goals and my dreams," and I want you to believe in yourself. Because once you begin to believe in yourself, it's easier for other people -- for example medical school admissions committees -- to believe in you. If you don't believe in yourself, it's much harder for anyone else to believe in you. You have to believe in yourself first: you have to start there, and then grow from there.

### **Section Two Review:**

1. Most confusion in the medical school application process comes from conflicting information. There are many different paths to medical school that can require different information; pick the path that works for you and **STICK TO THAT PATH** in order to avoid confusion. Also, avoid asking a lot of different people for advice – you will get a lot of different answers.
2. Avoid getting overwhelmed by focusing on one task at a time instead of focusing on everything that you have left to do. Complete one task, then move to the next task, and so on. A task is only too big and overwhelming if you tell yourself it is.
3. Face denial. Feel the negative emotions, accept them, and then move on and fix the problem. Avoiding a problem will only turn out worse for you in the end. We suggest journaling about the problem to help find a solution.
4. Remember: you haven't been abandoned by the system. The rules have changed. Once you understand that new rules and how your figure into them, you can accept the responsibilities that come with that change and adapt your strategies.

5. If you think you have tried everything, you really have just tried everything you know to try. Reach out to student groups, tutors, and study classes to figure out a new approach that you didn't know about.
6. Being hard on yourself accomplishes nothing. You need to believe in yourself before other people, such as admissions committees, will believe in you. Tell yourself you can do things instead of that you can't.
7. Be sure to complete the assignment before moving onto the next section in order to get the most out of this program.

## Section Three: Grades

Hello. Welcome back to the Medical School Admissions Blueprint. This section is about grades.

### What should I know about grades?

The first thing you want to take a look at as we get into grades are premedical prerequisites. There are many prerequisites for medical school admissions, but at this time we will deal with just the academic prerequisites.

Let's start with the basics. You need a year of general biology with a lab, a year of general chemistry with a lab, a year of organic chemistry with a lab and a year of physics with lab.

You also need to take a year of humanities. This requirement can be fulfilled with English or some other humanities course. Some med schools specifically require a year of English, while others just require a year of humanities, so that is something you should look into. Whatever course you choose for your humanities, make sure it's writing intensive, and that you are demonstrating your ability to write persuasively in written English.

You need a year of math, which is typically fulfilled with either a year of calculus or a semester of calculus and a semester of statistics. So those are the major aspects of academic requirements for medical school.

### Now, in terms of the grades themselves, let's talk about this first:

There are two kinds of grades that med schools look at. They look at your science grades and they look at your non science grades.

The science grades have their own special term in the medical school admissions world, and that is "BCPM:" biology, chemistry, physics, and math.

"Non science grades" means everything else. Med schools look at both the grades you earned, and the units or credits that you attempted — your workload.

You should also know that med schools place more weight on your science GPA than on your non science GPA; they give your BCPM GPA more emphasis in their admissions decision making process.

They also want to see an improving GPA **while** you are increasing your academic workload during your undergraduate career. It isn't enough to just improve your GPA; they want to see the number of units go up as they see your grades improve.

Some colleges have a system that allows you to remove a bad grade from your GPA and replace it with a repeat of that course if you don't do very well in a class.

Med schools, however, don't honor that removal. Med schools will look at both the original grade you received and the replacement grade. They will also look at every other college you have taken classes at. If you took summer school or if you ever took classes at a different school, medical schools will want to see those transcripts as well. This includes community college transcripts.

There are some students who take college classes when they are in high school; these students can be divided into two categories. The first deals with AP (Advanced Placement) classes. Some high schools send their students to a community college class for AP training to help students prepare for the AP exam. Medical schools will want to see that transcript, even though you technically took the class in high school.

The second category involves students who start taking actual college courses while they are still in high school. These students are enrolled in college courses because they want to take some more advanced coursework because they feel their current curriculum isn't challenging enough. Medical schools will definitely want to see transcripts of those courses as well.

**Here's a fact that tends to surprise premed students:** med schools don't really care what undergraduate school you attended. There are a lot of kids who attend a very prestigious college that is very well respected and well ranked, and therefore they expect to get "bonus points" for going to that college, competing with that caliber of students and doing well in that program. But medical schools



don't have a system in place to rank undergraduate programs. There are too many programs, and too many variables to do that kind of ranking.

Med schools also don't care too much about what students major in. A lot of premed students are bio majors, but that's primarily because being a bio major allows a student to fulfill premed prerequisites at the same time as he or she fulfills major requirements. These students are killing two birds with one stone, which is very convenient!

### **Do you have any tips on how to keep my GPA high?**

There is a huge trick that so few students see until frankly, it's a little bit too late.

**Here's what you need to do: you need to know that your GPA is calculated for medical school admissions primarily from the classes in your freshman year, your sophomore year, and half of the classes of your junior year.**

Occasionally it's all the classes of your junior year, but usually it's just the first half. You're really going to be evaluated for med school admissions based on two and a half years worth of classes, which for most students is like four classes in the first semester freshman year, four classes the second semester of freshman year, maybe some summer school, four more classes sophomore first semester, and four more classes sophomore second semester.

So you are looking at 20-22 classes at the most that will be determining your GPA and whether or not you get into medical school. So by far, the big deal secret trick to all of this is to get A's as a freshman. If you can get A's as a freshman, you can establish such a powerful foundation that your GPA has a better chance of surviving anything that happens later. This is especially helpful when it comes to organic chemistry, which can be a sort of gatekeeper class for a lot of students. You want to get great grades as a freshman, and you especially want to focus on great grades *in the sciences* as a freshman. That will make an amazing difference in your overall GPA. You'll be really surprised to see what a difference that baseline can really make. That's the main trick.

**You just mentioned that organic chemistry can be a gatekeeper class. What did you mean by that?**

When most students begin to struggle with medical school admissions, they generally struggle around organic chemistry. Most students have the most difficulty with organic chemistry, so many students treat this class as sort of a “Do or Die” class. It varies from campus to campus, but very often a lot of students think that if they can’t do well in organic chemistry then that’s a bad sign for them. You should go into organic chemistry knowing it is that sort of a course and you want to jump that hurdle very successfully. It will really help you to stand out academically as a candidate for medical school.

### **Section Three Review**

1. There are premed prerequisite classes that you have to fulfill before you can be a qualified candidate for medical school. There are science, humanities, and math prerequisites. Also, some medical schools specifically have an English requirement, so check on that.
2. Medical schools care more about your science GPA than they do about your non science GPA when considering you for admissions. They also want to see that your GPA increased as your course load increased as well.
3. If you remove a bad grade and replace it with a repeat of that course, medical schools will want to see both of those grades. In fact, medical schools will want to see transcripts of any other college courses you have taken, whether they are at another school, summer school, at a community college, etc.
4. Most medical schools don’t put weight on where you went to undergrad.
5. Keep your GPA by getting A’s your freshman year. Keep in mind, your GPA is comprised of grades from your freshman, sophomore, and half of your junior year.
6. Keep in mind that organic chemistry is a class that many students struggle with. Go into that class knowing that it is difficult and really try to perform in that class, because it is often a class that can put a dent in a student’s GPA.
7. Be sure to complete all of the assignments before going onto the next section.

## **Section Four: The MCAT**

Welcome back to the Medical School Admissions Blueprint. This section is about the MCAT.

### **What should I know about the MCAT?**

The MCAT is the great leveler. It is used because medical schools don't want to take the time to individually evaluate every undergrad program, every major, and then individually rank and cross tally all of that to figure out what is a good undergraduate program versus what is not. That is way too much work. So they delegate it all off to the realm of standardized testing, and then the Medical College Admissions Test or the MCAT was born.

Here's what the MCAT is all about. The MCAT is a unique examination to help a medical school figure out whether or not you have the ability to quickly make decisions with a degree of accuracy based on information that you've been provided in several different subject areas.

These subject areas are physics, general chemistry, organic chemistry, biology, as well as the verbal section. So you have two sciences sections to work out: biology and the physical sciences. Those are the first two of the three scores you will get.

The third section is verbal, and verbal reasoning seems to be the biggest opportunity to make you stand out compared to other students, because the verbal is the area where most students have a good deal of difficulty. Finally, there is essay writing. You will write two different essays -- about half an hour each -- in order for you to demonstrate your writing ability. Those essays are both scored individually and then that score is rolled up into a letter grade. However, this isn't the usual "A B C D F" grades; it's a unique letter system that starts with a "J" and ends with a "T".

The MCAT is scored on a 0-45 point scale. The average MCAT score is an 8-8-8, or a 24. What this means is if you distribute the number of students who take the MCAT, and then you graph that, you will see half the students have a score below 24 and half the students have a score higher than 24. But even though

that's the mean for the MCAT, it's not a competitive score. You also see that same distribution in the essay portion: the majority of students are getting an "O", some students are getting a "P", but those are about the letter grades to expect. Those are typical, average grades that are not competitive; you want to get higher than that in order to be a competitive candidate.

That's what you should know about the structure of the MCAT: it's a big long 5 + hour standardized test, its done on computer, and it measures all these different things in your candidacy.

### **What is a good MCAT score in terms of getting into medical school?**

There are a couple things to keep in mind here:

- 1) You would like to get a score of a 30 (I prefer students to get a 32 or 33 to feel assured that they will have a competitive chance at getting into medical school) but I have seen students get in with scores as low as a 29, 28, even sometimes a 27.
- 2) You want the scores to be balanced. Let's say you get a 33; it's much better for you to have an 11-11-11 than to have any other mix. You don't want to be lopsided. You don't seem as competitive because you aren't as balanced of a candidate as other students. So getting a good score on the MCAT means getting a score somewhere around 32-33 and having a balanced MCAT score.

### **Timing: When to take the MCAT**

The next thing you should know about the MCAT is timing. Timing on the MCAT is very important. You want to take the MCAT no later than the end of April or the end of May of your application year.

What this means is that in order to prepare for the MCAT, you are probably going to want to start preparing around January of your application year. Having a good three or four months to prepare is usually the minimum amount of time that you want to have in order for you to be ready on time and for you to be ready to take the test before things get out of hand in terms of your overall timing.

There are a couple of things to be concerned about: you can certainly take the MCAT in June and July, there are test dates offered, but there are problems with that which gets into the rest of the timing of your candidacy, so we really don't recommend that.

Unfortunately, a lot of students don't feel prepared to take the MCAT in April or May even if they started preparing in January, and as a result they tend to let their MCAT date slip back another month. You will see students reregistering or changing their registration a few times because they just don't feel prepared enough. You want to know that in advance—that is a habit for many thousands of students who want to squeak out a few extra weeks of study.

For that reason, I really recommend that you start studying in October, not January, before you apply. This gives you a good two or three months to start getting used to preparing for the MCAT, figuring out how to integrate it into your life, and you can begin to build good study habits around the MCAT. Starting your preparation in October gives you a chance to really take some practice tests and understand what a practice test looks like and what sort of scores you are actually getting on practice tests.

Most students are very surprised when they start taking the MCAT practice tests. They can't believe what they are actually getting versus what they expected to be getting. Don't feel bad about your practice scores. Just understand that the first time out, most students get between a 15 and a 20 on their very first MCAT practice test.

So you want to begin the process of taking those practice tests very early in the game so that you aren't surprised or shocked. Instead, you get a degree of confidence and comfort because you know you have the extra time that you need in order to prepare. I really like the October date best for that, and most students are going to take some time to integrate MCAT prep into their lives anyways, so I want you to start doing that earlier rather than later and you can have a good outcome and meet the timeline goal of April or May for the actual test.

### **What does it mean to “get ready” for the MCAT?**

We have a strong opinion about this. “Getting ready” means a lot of things. Many students get very time driven, i.e. “I need to take the MCAT so I can apply, and I want to take the MCAT early because I know about rolling admissions and the timeline,” and what happens is kids get so focused on the time that they ignore everything else. For us getting ready means:

1. Having a competitive MCAT score on your practice tests. Let’s say you’re taking the MCAT, you’ve been practicing and you plan on taking the MCAT May 15. You are doing a practice test the week before you aren’t getting scores anywhere near your target scores. You need to realize that there isn’t a lot that’s going to change in those few days. If you have a 24 or a 25 on a practice test the week before you are scheduled to take the test, it is highly unlikely you are going to see much of a change in your scores on the actual test. It is much more likely that, because you are so invested in taking the test, you will end up taking the test and committing a score to permanent record that probably won’t help you get into medical school.

And that’s a real habit, a real problem for a lot of students: they end up taking the test early just for the sake of taking the test.

2. Taking practice tests and getting the feedback from this “MCAT experiment” you are running. Run the experiment (take the practice test), get the data back (your scores), and see how you are performing. If you aren’t performing well, then don’t go farther! That isn’t going to help you. Getting ready means you understand that if you aren’t getting consistently good scores on your practice tests, it’s not time to take the real test.

A lot of times students will go ahead and take an MCAT “just to see what happens.” That isn’t a very good idea. So getting ready also means you understand that every time you take the MCAT, medical schools see that and they will interpret those results. Even if you are taking the MCAT just to rehearse, you don’t mean it to be your actual final score, medical schools don’t know that. They think you meant it. If you get a bad MCAT score on a rehearsal, that is not a good idea. That won’t help you get into med school — it’s going to make it harder for you later.

You also need to make sure your MCAT score is received on time. So we have these two competing time elements: we have getting your application and MCAT score in early, and you also have the pressure of making sure your score is competitive. These two things are really in conflict. To resolve them, to “get ready”, you need to sequence them.

The first thing that you focus on is making sure that you have a high enough MCAT score on your practice exams, and then when that shows up, then you take the MCAT. Now that may mean that you have to wait a year. You may need to take the MCAT the August after you intended to apply and you’re not going to apply in this particular cycle. You will apply in the cycle afterwards in order for you to become a more competitive applicant.

**If that’s what it means, then from our world, our recommendations and experiences, that’s what we want you to do.**

It’s a much more effective way of getting into medical school: although it may be painful to hear now, it’s a far better way for you to succeed ultimately so you can live your dreams and you can achieve the goals that you set for yourself. So remember:

1. Take practice tests and study until you are getting the scores you are targeting.
2. Then take the test in the right timing so you can make sure you have the score you need when its time for you to apply.

**What should I do now?**

Here’s what I love about this part of the Blueprint: when you think about MCAT, it’s really important to think about a timeline or schedule for yourself. In the workbook, we have a way for you to schedule for the MCAT and you can actually lay out a multi month practice plan or study plan for the MCAT, so you want to do that. The second thing is you should set a target MCAT score. We have a formula in the workbook for you to use to help you identify your target MCAT score. The final thing I want you to do is I want you to put into context your practice schedule with the application date that you have in mind. In other words, you want to make sure that the practice schedule for the MCAT matches the context with the application date so that you can actually complete your practice before you have to apply. You have to have those things in place for all this to work. Those are the big three things you want to be doing.

**The assignment for this section is:**

1. **Go to the workbook (below) and schedule your MCAT.**
2. **Target your MCAT score using formula in the workbook.**
3. **Make sure you start your MCAT preparation early enough so that it fits into your over all application timeline.**

**Be sure you complete this section before you move on to the next section to get the most out of this program. Remember: YOU are an amazing PreMed!**

## **Section Four Review**

1. The MCAT is a standardized test used to put all students, regardless of where they attended undergrad, on an even playing field. The test focuses on biology, physics, organic chemistry, and inorganic chemistry, as well as verbal and writing skills. The test is scored from 0-45 points, and you can feel like a competitive applicant with a score of 32 or 33.
2. If you are taking the MCAT in April or May, start the preparation process in October. However, if you do not feel prepared to take the MCAT when the time comes, it is better to take the test later and apply in the next cycle than to rush your MCAT and not get a competitive score.
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4. If you are taking the MCAT in April or May, start the preparation process in October. However, if you do not feel prepared to take the MCAT when the time comes, it is better to take the test later and apply in the next cycle than to rush your MCAT and not get a competitive score.
5. “Getting ready” means that you are taking practice MCAT tests and you are interpreting what your practice tests are telling you. It means you understand that you aren’t ready to take the MCAT until you are getting competitive scores on your practice tests.
6. Don’t take an official MCAT exam “just to see what happens.” There will be a permanent record of that score and medical schools will see that. Even if you didn’t mean for the score to be taken seriously, admissions committees don’t know that.



7. Be sure to complete the assignment before moving onto the next section in order to get the most out of this program.

## Section Four Assignment

**1. Decide when you want to take the MCAT and write the date below. Then, subtract 7 months from that date to find out when you should begin studying.**

Your MCAT date: \_\_\_\_\_

When will you begin studying? \_\_\_\_\_

We recommend taking the MCAT in mid April. October is seven months before April, so you should begin studying in October.

**2. Calculate your target MCAT score using the formula below.**

$$(\text{Verbal} * 2) + \text{PS} + \text{BS} \geq 73 - (\text{BCPM GPA} * 10)$$

verbal = your MCAT verbal score. Most medical schools give extra weight to this score.

PS = your MCAT physical sciences score

BS = your MCAT biological sciences score

BCPM GPA = your BCPM (Bio, chem, physics, and math) GPA

Example: Your GPA is 3.3

$$(\text{verbal} * 2) + \text{PS} + \text{BS} \geq 73 - (3.3 * 10)$$

73 – 33 is 40!! That sounds like an impossibly high MCAT score!

Remember, my formula gives extra weight to the verbal portion, so you need to factor that into your calculation.

40 represents your verbal score times 2, plus your PS and BS score

So we can divide 40 by 4 parts (verbal + verbal + PS + BS) to get your target MCAT score for each portion of the test

$$40 / 4 = 10$$

Your target scores:

10 on verbal

10 on PS

10 on BS

**Now calculate your own target score below:**

$$(\text{Verbal} * 2) + \text{PS} + \text{BS} \geq 73 - (\text{BCPM GPA} * 10)$$

## **Section Five: Experiences**

Welcome back to the Medical School Admissions Blueprint. This section is about experiences.

### **What kind of experiences do I need to get into medical school?**

There are four categories of experiences that you need, and we will discuss all four of them in this section. The first type of experience you need is patient contact. Showing your involvement with the patient community is a very big deal on your medical school application. You need to show community involvement, which is different than being in the patient contact realm. You also need research and leadership experience.

#### **Patient Contact**

So what is patient contact exactly? It means different things for different students. Medical schools are very clear: they want you to be in an Allied Health environment where you are collaborating, cooperating, participating, observing and primarily connecting to patients. They want you seeing, listening, talking, and working with patients. They want you to have a good understanding of what it feels like to be a patient. This is no surprise: sick people tend to be cranky. As a result, if you're going to become a doctor, you want to know early on what it's like to work with that kind of a customer and know that the patient could be non cooperative, hostile, combative, or could be unable or unwilling to understand you. You want to see all of those different things.

Patient contact also means being exposed to the various aspects of the entire Allied Healthcare system. It's a very good idea for you to spend some time in a hospital setting and volunteering at a hospital. When volunteering in a hospital environment, it is especially important to allow yourself to have the opportunity to rotate among departments. Some volunteer programs have rotation built into the program, but most don't. So it's up to you as the student to assert yourself and kindly request that you have the opportunity to rotate. You can request that at the beginning of your volunteer experience or you can request it along the way, it's entirely up to you.

Looking at the entire healthcare system is very important and valuable. It turns out that most of the elements of healthcare system can be found in the hospital environment: you've got the acute care ward, emergency, obstetrics, intensive care, radiology, anesthesiology, pharmacy, rehab, physical therapy and on and on. There are all kinds of opportunities to experience the different facets of medicine.

You need to have a broad basis of experiences you can draw from so that no matter what happens during an interview or as you are writing your application, you can speak from experience about what your personal knowledge is relative to the Allied Healthcare system. The more exposure you can have, the better off you are. At a minimum, you should have a total of about 100 hours of patient contact, and you should do that in at least two different settings. One can be a hospital, one can be a doctor's office, it doesn't matter what you choose. Stretch and find other avenues.

If you are interested in assisted living for geriatrics, or perhaps you are interested in hospice care, there are opportunities for you to volunteer in those fields as a student. It's a very good idea to spend at least some time in a free clinic and understand what's going on in this country in the terms of those patients who are the most in need and the most underserved.

Then, if you can, even spend some time outside of the US comparing and contrasting our healthcare system with the healthcare systems of other countries, especially countries where there's a great deal of need: Central or Latin America, Africa, and other parts of the world. There are a number of programs that make it possible to do this; if you are interested, we'd be happy to answer you questions and help you find programs. Just email [dono@inquarta.com](mailto:dono@inquarta.com)

So the first kind of experience is patient contact. Before I get into the second type of experience, **I want to answer a popular question: Does my medically related experiences have to be unpaid?**

Med schools don't care at all. If you can get a paid position, absolutely do that.

## Another question I get is, “Should I be an EMT”?

That would be fine, if it's where your interest in medicine is. If you want to do it because that's where your interest is, that's fine. But don't think it's the best or the only way to get patient contact in general. Lots of students worry about how to go about getting patient contact: where do they get access to it?

Start at your local hospital and ask for the volunteer office, or look it up on their website. Not all hospitals have a volunteer program, however, so you might need to make several phone calls.

If you want to get volunteer experience in a specific doctor's office, then call the doctors -- you might have to call 9 or 10 doctors before one of them will be willing to say yes -- and see if you can shadow him or her as a volunteer.

It is so common for students to treat their patient contact like a requirement that they must do instead of what it is: this great opportunity to learn a lot about medicine. As a result, students do not assert themselves. It's easy to get trapped into sitting behind the nurses' station with your nose in a text book. That isn't volunteer work. Don't rest and fall into a trap of being in a comfort zone, sitting in a hospital studying college material and calling that “patient contact.” Because it's not.

Close the book, begin talking to the nurses, the patients, patients' families, and the doctors. Express the truth: you're a premed, you are highly motivated to medicine, and that you'd love to learn more. Some doctors aren't willing to help you, and that's just the truth of it. Others will. It's up to you to be assertive and willing to put your hand out, shake a doctor's hand and ask for help. This is a very big challenge for a lot of students, **so here's a trick:** start having lunch at the hospital. Start to observe the people around you and discover how to identify doctors from other hospital staff.

Then I want you to invite yourself to sit with the doctor while he or she is eating lunch and just introduce yourself: “I'm a volunteer at the hospital, may I join you?” And see what they say. Learn about the doctors who are kind and compassionate based on their behavior at mealtime. Soon, you will find one or two doctors who are really approachable, and all of your unease around

approaching a doctor about shadowing him or her in a hospital environment will have melted away and you will have found a great ally.

There are a number of volunteer programs that have very strict policies about what you can and cannot do, but I have never heard of a single one that said you can't have lunch with doctors. This is a great way to access what you are really after, which is a connection with someone who is experienced in the field and then can guide you to understand what's really going on in the whole hospital.

### **Community Involvement**

Next is community involvement. In addition to being knowledgeable about what goes on in the Allied Health system, medical schools are interested in enrolling students who demonstrate a willingness to be involved in and contribute to their community. You define what your community is: your college, your fellow students, a subset of that (for example, a certain group on campus), cultural, ethnically based, or your religious community.

Medical schools want to enroll students who show a willingness to make meaningful contributions to their community, and you want to demonstrate that interest. The more you do of that, the better, but remember to always keep a balance. As we talk about patient contact, community involvement, and the other experiences you need, I want to caution you:

It's tempting to spend a lot of time in your volunteer activities, but you want to be careful because you can get out of balance, which can then affect your GPA. Your GPA has to come first.

### **Research**

The third kind of experience is research. I want you to understand that not every undergraduate college in the country has a strong research base: some have very robust undergraduate research participation, others have very little in the way of research.

Don't decide that just because there is a lot of research going on at your school, you have to do research. You do not have to do research: it's encouraged, but

still optional. It make sense to have some research experience because as a physician, you will be reading journals and summaries of research that you need to be able to interpret and understand so that you can apply that information to your own patients. Research is a good idea to understand so you can be fluent in your ability to read research. But it doesn't mean you are required to spend a whole year in a lab. If you are interested in participating and applying to an M.D.Ph.D program, or you think you want to do research while you are a med student, then you will want to have research in your experience set.

There are different kinds of research. There is hard physical sciences research, applied research and clinically applied research. Of those three kinds, try to do hard science research (bench science research) first. Bench research is the most fundamental research. While it is the most removed from having a practical impact on other human beings, it's also the basics of all fundamental science. So it's a good idea to have some basic skills under your belt. Then, if you want to connect with a clinical research program working with patient population later on, you can certainly do that. But don't exclude that first experience of basic science research. And don't decide that the labs you are required to take in your classes qualify as research: they don't.

You can take research for units and do independent studies if you want, but you don't have to. Plan on doing some volunteer work as an undergrad researcher, and begin to learn how a research program is built up. What does it mean to be a primary investigator? What are research assistants? What is the role of the PhD candidate or the grad student in a research lab? How do all these pieces fit together?

If your heart is set on top tiered medical schools, such as Harvard, Hopkins, Yale, Stanford and so on, then you will want to have a substantial amount of research as well as patient contact under your belt and on your application.

You need to be clear though: if you do not have the GPA and the MCAT score for these top tier schools, then spending your time doing research will not pay off.

## **Leadership**

The last kind of experience you need is leadership. It makes sense because physicians are leaders! In many communities, physicians have a very important, if not the most important, role as a community leader. They can become political figures or de-facto mediators inside the communities. A doctor can be very highly revered as a leader inside a community. Having good leadership examples in your background can be very valuable.

A good example of leadership doesn't necessarily have to be a high office: you don't have to be student body president to demonstrate good leadership. It does, however, need to be some experience that you had where you are responsible for impacting the lives of other students and influencing them in some way, generally to do something you want them to do. Learning leadership in college is extremely valuable. Very few people speak about growing into your leadership role while in college and using college life experience as an opportunity for leadership.

### **Is tutoring leadership?**

It is somewhat, on a small scale. Being an undergraduate assistant and leading a discussion session for a class definitely counts as well. The more responsibility you are taking on in the leadership role, the greater the leadership role is and the greater benefit it is to you. Both in learning leadership and the impact it has on your application. Leadership, like research, can also be very time consuming.

So if you are going to be a leader, be the kind of leader who enrolls other people and delegates. We all know there are two kinds of leaders: the kind who is able to encourage other people to participate, and the kind of leader that thinks no one can do it as well as him or her. This leader thinks he or she must do everything themselves, and then they get very deeply out of balance.

Be the first kind of leader; delegate so you can learn what it means to assign a task to somebody, have them agree to do it, and then actually have them do it. That last part is the biggest challenge. So having the opportunity to experience that in college is amazingly powerful and can really help you become a stronger



candidate for medical school. Those are the main types of experiences that medical schools are looking for.

### **Can I make up for a lower GPA or a lower MCAT with experiences?**

Here's the problem with that: if your grades are low and you have a lot of experiences, most admissions committee members will read the file and think that you spent way too much time on the experiences and not enough time on the grades. You need to be thinking like the admissions committee thinks. Come from their perspective and really honor what they want. We talked earlier about how grades are very important, especially your science grades. They make a huge difference in your chances of getting into medical school. So you can't really make up for a lower GPA or a lower MCAT with a lot experiences, nor do you want to.

Instead, it's a very good idea for you to be careful about taking the MCAT too early. Make sure you have your MCAT score where you want it to be in practice scores before you take the actual test, and that's a much better way of improving your shot than hoping that a medical school will see your extra involvement as a measure of your capability as a student in medical school. Don't try to overcome a low GPA or a bad MCAT with experiences.

### **What else can I do to improve my chances?**

This comes to a great point in the whole realm of experiences: I want you to have high quality experiences, not high quantity experiences. I would much rather have you identify three or four experiences that you are really interested in and have you get deeply involved with a multi month or multi year commitment, than to have 30 or 40 experiences, none of which you participated in for more than a quarter or semester. The main thing you can do to improve your chances through your experiences is to demonstrate a long term commitment and by raising the quality of your participation: get more deeply involved into fewer experiences and have a real engagement so that you can be of consequence within that particular experience.

### **What should I do now?**

In the workbook, there is an opportunity for you to identify some key experiences. I want you to pick out a few experiences that you will focus on and then in the second step, keep a journal of your experiences and of the progression you have made in those experiences.

**The assignment for this section is:**

- 1) Go to the workbook and identify key experiences**
- 2) Keep a journal of your experiences and the progress you make in them**

**Be sure you complete the assignment before you go to the next section to get the most out of this program. Remember: YOU are a Successful PreMed!**

## **Section Five Review**

1. You need four types of experiences for medical school:
  - a. Patient Contact
  - b. Community Involvement
  - c. Research
  - d. Leadership
2. “Patient Contact” experience means you have been in an Allied Healthcare system, talking to, engaging with, and helping patients.
3. There are many programs that help premeds get involved with healthcare outside of the United States. For more information on these programs, email Don Osborne at [dono@inquarta.com](mailto:dono@inquarta.com)
4. Your medically related experiences do NOT have to be unpaid.
5. Being an EMT is a great way to volunteer, IF that is where your interest in medicine lies. But it is not the “best” or only way to get patient contact.
6. STAY IN BALANCE. Being a balanced candidate makes you competitive. It may be tempting to spend a lot of time volunteering, but be sure that your GPA doesn’t slip. Your GPA has to come first.
7. Research experience is recommended, but not required. If you want to go to a top-tiered medical school, however, you need to have research experience.

8. Your leadership experience does not have to be a high office, such as student body president. Leadership experience is having an impact on the lives of other students and influencing them in some way. The more responsibility you take on in a leadership role, the greater the leadership role is and the greater benefit it is to you.
9. Don't try to make up for a lower GPA or a low MCAT with experiences. Instead, work on practicing for the MCAT and having competitive scores on practice tests before you take the actual MCAT. This will help you much more.
10. It is more important to have high quality experiences than high quantity. 3 or 4 experiences that you were dedicated to for a length of time and that you got deeply involved in is much better than 30 or 40 experiences that you just dabbled in for a semester.
11. Be sure to complete the assignment before you go to the next section to get the most out of this program.

### **Section Five Assignment: Experiences**

In this exercise, write down experiences you have gained throughout your undergraduate career. Be sure to highlight how these experiences relate to their respective category. You do not need fill all of the spaces; they are there for your brainstorming.

#### **Category One: Patient Contact**

## **Category Two: Community Involvement**

## **Category Three: Research**

## Category Four: Leadership

## Section Six: Letters of Recommendation

Welcome back to the Medical School Admissions Blueprint. This section is about letters of recommendation.

### Who should I ask for letters of recommendation?

This is a big segment about how to do it right and how to get a quality letter of recommendation. You want to start by asking two faculty — this could be a full time faculty member, it can be an assistant professor, an adjunct professor, a lecturer, any category of teacher who gave you a letter grade of A or A minus — who are in the sciences (meaning biology, chemistry, physics). You can ask a math professor, but it isn't recommended. You will also want to do one of these letters in your major if you are a science major.

So you want to get two letters like the one's described above. The third letter you are going to get is a non science letter of recommendation, from a professor who gave you a grade (A or A-) in a non science course. We personally prefer an English or Humanities letter of recommendation (LOR).

These are classes where you've done a lot of written persuasion in English formal writing, so the recommender can talk about your ability to communicate in written English. If you are a non science major, you are going to want to get this non science letter from a class in your major. So if you're a music major, get a music recommendation, and so on. Those are the first three letters, and those are the academic letters.

A lot of times students have questions regarding "Can I do this, can I do that" in the academic letters. Let's go ahead and break down some rules around this. Here are some things you **can** do:

You can absolutely ask a TA for a letter of recommendation. You are absolutely allowed to do that. When you do, however, it's a very good idea to have the letter cosigned by the professor. The TA will do that for you because the TA meets with the professor on a regular basis, so it's pretty easy for them to get the letter cosigned by a faculty member. You can also have a teacher who used to teach at your school but no longer does write your LOR. Sometimes they still have stationary from the university, sometimes they don't, but either way is fine because they will be able to identify themselves as a faculty member at the time that you took the class.

You also can have guest lecturers who are not permanent members of the faculty write your LOR. If you have more than one instructor and one instructor was only involved for part of the class, you can also ask that professor as well.

What you **cannot** do:

You cannot have a research letter fill in the spot for an academic letter. Even if you got units and a grade for the research project, it still cannot take the place of an academic letter. If you are working in a lab and you have a primary researcher who is or is not a faculty member, is or is not teaching a class, and he or she has never had you as a student, you can not ask that recommender to write you an academic letter of recommendation. It won't fit. For many students around the country, when they do independent research projects and they get a letter grade, they want to use that independent research study professor for a science LOR, and the truth is that it won't qualify.

Those are the three academic letters. The next letter is a patient contact letter. The patient contact letter is one of my all time favorite letters. It's a letter where someone in your life who has been able to observe your behavior pattern around patients is able to discuss things like your professionalism, including things like you are timely, you keep your word, you are committed to your work, you are responsible, you do what is assigned to you, you are capable, etc. They also talk about the whole heart side of this, which is are you able to connect with patients: do you look them in the eye, do you actually really listen or simply just wait for the patient to stop talking so you can talk, and so on.

Patient contact letters can be tricky to obtain, because most students don't have someone walking around them all the time observing them working in general, much less in a hospital environment. But there are a couple things you can do. You can absolutely speak with a physician or a nurse where you are volunteering and you can ask them up front if they would be willing to write you a LOR. If they say yes, you can then ask if they would please observe you as you work with patients.

If you are not able to work with patients for whatever reason, then you want to find a way to do that anyways. Talk to family members and then the family member can invite you to talk to the patient. Translation is a very good mechanism for gaining patient contact. If you are bilingual, offer your services as a translator and then you can get right in there and get involved with the patient very quickly and on a deep and meaningful level because you are probably going

to be translating for the doctor, which is very useful. So that's the fourth letter, the patient contact letter.

Then you've got room for one or two other letters. These letters are optional and you really have a lot of different options here. If you have research experience and you want a primary investigator LOR, then this is a great spot for it, this fifth position. I want you to have a research experience letter if you're going to be applying to MDPHD, or if you are going to be applying to a research oriented medical school.

You can also have letter of leadership from community involvement. You could have a letter of any other part of your life where you've made a meaningful contribution and that you think is going to show you in the best possible light for your candidacy to medical school. That's the main structure of letters.

There are a few things that you should be aware of when you work your letter of recommendation process and we will be talking about this quite a bit in the next few minutes. You want to understand if your particular school has a letter file service, a committee letter or the composite system. There are different systems that different undergraduate programs have and each of those systems has a different way of operating with your letters of recommendation. So that's the basic overview of who you should ask for letters of recommendation.

### **How do I get a letter of recommendation?**

It goes beyond just asking somebody for a letter. It would be easy if you could just go up to somebody and say "could you write me a letter?" and they write it. That really rarely happens.

Instead, you have to create a relationship. The trouble for most students is that the relationship part is very difficult. Faculty are busy, doctors are busy, and it's hard to really break the ice and connect to ask for a letter. One of the big problems students have is that they suppose they could go to office hours, but they don't really have anything to talk to the professor about. They don't have any questions about the class, they understand the material, they do the homework, and they don't really have in much of the way of questions for the professor. So what should they talk to the professor about?

This ice breaking mechanism will solve that problem and give you something immediately to talk about. **Here's how you do it:** you ask whoever you want to connect with, whether it's a faculty member or a physician, the following question: "Hi, my name is..." Then you say, "You don't know me very well but I'm a premed



and I'm planning to apply .....and I don't feel comfortable talking with you about obtaining a letter of recommendation because we don't know each other very well. What I would like permission to do is to sit with you for about 10 or 15 minutes, give you an overview of the contributions I've made here at the college and the contributions I've made as a student, both academically as well as in my community involvement."

At the end of that, you say, "If you're comfortable, I'd like you to write me a recommendation to medical school. Would that be ok?" The professor either says yes or no. Both answers are great answers because you get a decision and that's what you're looking for. You want a decision very early in the game; you want to know if a recommender is willing to write you a letter very early in the process so you can connect and engage that recommender. If a recommender is not going to write you a letter of recommendation, you also want to know that very early so you don't accidentally end up hoping for a letter that is never going to show.

Once a recommender has said yes, then you are able to build the relationship, and you schedule time with the recommender to interview and have a conversation. This whole process is called an upfront contract. It's building the relationship between you and the professor, and now you have an automatic topic the two of you share, which is your candidacy to medical school. It's a great way for you to open that door and to have the opportunity to talk about your candidacy. You can now ask the professor for all kinds of advice relative to class, study skills, or anything else. You can speak with them about their experiences working with other students who were premeds and how those students were able to improve their chances, how to stand out, etc.

**What I really want to say about the letter of recommendation process is that the key thing to remember is this:**

It's very difficult for a recommender who has no idea who you are to sit down right away and write you a LOR. Many times that does happen, that is a reality. But that happens because of templates in Microsoft Word and so forth, and the letters are just not the same. You really, truly, want to maintain a relationship with your recommender. Build it, develop it, maintain it and then obtain the letter of recommendation. And again, it's absolutely ok to tell the recommender up front that you are interested in getting a letter.

**At what point would you suggest connecting with the recommender?**

Connect early. If you are a sophomore listening to this audio and you aren't applying for a year or so and you think the professor of a class you just started might be a good person to get a LOR from go right away to office hours and connect with that professor. Tell the professor that you are a premed and that you are thinking of possibly asking for a LOR, but the class has just started, so is it ok if you just ask the professor for the possibility of a letter. Tell him or her that you want the professor to observe you academic work in the class and then at the end of the semester, the two of you can debrief. Then the professor can tell you if he or she is comfortable going further. If so, then you can tell the professor your motivation to medicine and so forth.

### **How do I manage the letter of recommendation process? How do letters get from my recommenders to the med schools I'm applying to?**

We talked about this briefly a moment ago when we discussed the different kinds of letter formats. There are different letter services. First, there is a letter file service: the school has a virtual folder where your letters will go. They sit there, and once you receive a secondary application for medical school, you call your premed office or your career center and they submit the letters for you directly to the medical schools.

You may also have what is called a composite letter. A composite letter is when the premed advisor (usually one person) is responsible for creating an excerpt of the strongest elements of your letters into one letter. It's essentially a cover letter that the advisor sends to the medical school on your behalf when you receive a secondary. The premed advisor attaches all of your letters, but he or she also writes their own letter and then picks out highlights from the other letters for the medical school. Ideally, this is meant to facilitate and lift up the highlights of your candidacy.

The third option is the committee letter. You have a premed committee that actually convenes, evaluates you as a medical school candidate, and then decides what kind of letter they want to write. It is then signed by all of the committee members. Be aware that a lot of schools don't have committee letters, so don't feel bad if you aren't able to get one. Also, you need to understand that committee letters may have a different process than the "two science letters, one non science letter, patient contact letter..." and so forth letter file that was mentioned earlier. So if you have a committee, check with them. Often they do have very similar requirements as the letter file service does, but it's always a

good idea to just check. You can't go wrong by submitting these letters to the committee for review and evaluation of your candidacy.

Be aware that AMCAS has started to provide a letter file service. You will be obligated by the AMCAS system to submit your letters of recommendation to AMCAS. This becomes complicated, because you are managing your letters for some schools, but AMCAS is managing your letters for others schools, so be aware of that and keep track on a school by school basis. Know all of the schools you are applying to, what their policy is regarding receiving letters (should they come directly from your undergrad school, or come from AMCAS?). There are lists available online to help you figure out which schools require which submission format, and the medical schools will tell you what their requirements are as you begin to apply and go through the process. It's a big topic of conversation; managing your letters can be tricky. Make sure you have the right content and the right system in place to manage all this.

One more note on the letter file service for AMCAS: when you make your request to AMCAS for your letter files, they will ask you for a status check. Is the letter you are requesting coming from an individual person who sent us the letter directly? Or is it going to be a committee letter, or will it be the whole letter file? You will check one of those options off in the AMCAS application online before you print out the request form. You have to use the request form because that has your AAMC ID on it, which is required by AAMC in order for your letters to go to the right spot. All this has to converge in the correct way for it to work well.

### **What should I do now?**

There are two things to work on for this assignment. First, I want you to go to the workbook and make a list of your potential recommenders. Then, read the segment in the workbook titled, "Trust, but Verify".

### **The assignment for this section is:**

- 1) Go to the workbook and make a list of your potential recommenders**
- 2) Read the segment in the workbook on "Trust, but Verify" that you will find in this section of the workbook.**

**Be sure you complete the assignment before you go on to the next section to get those most out of this program. Remember: YOU are a doctor in training!**

## **Section 6 Assignment: Who will be your recommenders?**

1. Name and title:

Action plan (How will you create a relationship with this person that will result in an outstanding letter or recommendation?):

2. Name and title:

Action plan (How will you create a relationship with this person that will result in an outstanding letter or recommendation?):

3. Name and title:

Action plan (How will you create a relationship with this person that will result in an outstanding letter or recommendation?):

4. Name and title:

Action plan (How will you create a relationship with this person that will result in an outstanding letter or recommendation?):

5. Name and title:

Action plan (How will you create a relationship with this person that will result in an outstanding letter or recommendation?):

6. Name and title:

Action plan (How will you create a relationship with this person that will result in an outstanding letter or recommendation?):

## **Section Seven: School Selection**

### **How do I pick which medical school to apply to?**

The medical school selection process is a big project. There are several steps, but I hope to make this as easy and simple as possible.

Step 1 is to identify yourself as a clinically oriented or research oriented applicant. If you're clinically oriented, you can pick schools that are interested in creating clinicians. Sometimes clinically oriented programs are called "community medicine." If you're research oriented you might want to look at schools that are more researched biased.

Where do you find out whether a school is research or clinically biased? Go to USnews.com and check their rankings. In the US news rankings, however, you might find some schools that are ranked very highly for both clinical and research, which means the school is positioning itself as being effective for both. In situations like that, look at the other stats of the school to see if it is competitive. If it's a top program and they want super high MCAT and GPA, then the majority of their enrollment is probably for a research program.

Once you have identified whether you are clinically or research oriented as an applicant, you want to double check if your stats match what you are targeting. If you feel you are research oriented, than you want to have a GPA of 3.75 or higher and an MCAT score around 36. If you feel you are more clinically oriented, you can have a GPA that is a little lower (about 3.5 or 3.6) and MCAT scores around 30-32. If you are very research oriented but your GPA and MCAT are low, you are much better off applying to clinically oriented medical schools and then attempting to do research while in those programs. Don't worry: every medical school has some research going on, so you will always have an opportunity to do research once you get into a school.

Now you have to understand something called "state residency requirements." Most medical schools that are publicly funded have a strong bias in favor of applicants from their own state. So if you live in California, and you want to apply to medical schools in the UC system, your odds of getting accepted are much better than if you apply to the UC system and you are not a California resident.

Every year students spend thousands of dollars applying to schools that they can't get into because they don't have the correct residency requirements. Understand the school's state residency requirements before you apply.

Here's a trick to make this easier: go to a medical school's admissions webpage. On that webpage, it will typically say whether or not a school accepts out of state students. But be sure to pay attention to how it is worded: if a school says they have a preference for students applying in state, that is basically the same thing as saying they require their applicants to be from in state. Compare the statement of the school with the actual facts. You can get the statistics about how many students a medical school accepts from the AAMC website. [There is also a link in this workbook.](#)

The next thing you have to do is figure out whether or not your target school has a WICHE (Western Interstate Commission for Higher Education) affiliation. This is a very special status that some medical schools have. Not every state in the US has a medical school in it. Those states who do not have their own medical school have an agreement set up with other states. These other states that have medical schools authorize a student from the first state to apply to their state medical school and be treated as if that student had in state residency. After this lesson, there is a more detailed discussion about who is a WICHE giver state and who is a receiver state.

[Click here to learn all about WICHE.](#)

Be sure that you are also very clear about the missions of medical schools you are interested. Some have very clear missions. For example, Howard University is targeted specifically for minority programs. So make sure you are applying to a program that is designed for you. You can find the mission statement on a school's website.

Now that you have this groundwork established, you can start looking for the medical schools that are the best fit for you. Look at the number of possible seats that you are applying for. The goal here is to maximize the number of seats you are applying for. You want to apply to the schools that have the most seats available to you so that you have the best chance of getting accepted.

## **What is an Osteopathic medical school?**

There are two different kinds of medical schools in the US: Allopathic and Osteopathic. Allopathic medical schools confer an “MD” degree, while Osteopathic schools confer a “DO” degree – Doctor of Osteopathy. The main difference in these types of medicine is a philosophical difference of how the human body wants to return itself to full health. For a more detailed explanation, [visit Wikipedia](#) (LINK) so you can read up on what Osteopathic medicine is all about and how it is different than Allopathic medicine.

## **Isn't Osteopathic medical school not as well regarded?**

That is a very common question. One reason students worry about this is because they are afraid if they get a DO degree, they won't be able to get the super competitive, super specialized residency that they want. Now, the following is a fairly confrontational statement, but it needs to be said: If you are looking at Osteopathic school because your GPA and MCAT scores are not high enough for Allopathic medical schools, then you don't want to be thinking about super competitive residencies anyways because your undergraduate track record has shown you aren't going to be very competitive in those programs. Don't allow yourself to get trapped into thinking you have to go to an MD program even though your GPA and MCAT aren't competitive just so that you can do this specific residency. Don't do that to yourself.

Instead, accept the truth. Your GPA and your MCAT are not as competitive as other students, and then apply to medical schools where you ARE a more competitive applicant; this may include Osteopathic programs.

Once you are in the Osteopathic program, get great grades! Do really well and get high honors, and get awesome letters of recommendation. Then don't expect yourself to go directly to a top tier, super competitive residency in heart transplant right out of school. Instead, accept a residency you can get, then demonstrate your strong capabilities in the residency, continue to get great references, built up a network so that when you are done with your residency you can apply for either board certification or a fellowship (and here you can get the super specialization



you were looking for.) A successful path that can get you what you want can be the following example:

1. Go to an Osteopathic or even Caribbean medical school.
2. Get into a primary care residency program after you graduate.
3. Complete the primary care residency program with a great track record
4. Apply for a fellowship in non-invasive cardiology, and then this is where you get your specialization.

This is a very common occurrence. Here's the bottom line:

More important than the degree you have is who you are. Your professional track record along the way will carry a far greater weight than if you are an MD or a DO. Don't allow the ignorance of undergrads to influence you along the way. Don't let the gloating of MD students color your interpretations; instead, go straight to the source. If you are thinking seriously about doing some kind of competitive residency or field where you are super specializing, look for physicians in that field and talk to that specialist about how they feel about DO vs MD for that specialization. But don't just get the opinion of one physician; get many opinions so you can build an understanding of how the field as a whole feels about this issue.

### **But what about Caribbean schools? Aren't they less respected as well?**

It's the same problem as with Osteopathic schools: if you are concerned about respect, but you are also considering a Caribbean program, you are in conflict because you are probably considering that program due to low GPA and MCAT scores. You have to let go of this idea that you should only go to medical school if it's an extremely well respected medical school; if you think like that, you will never get into med school. You need to be willing to accept the truth about your candidacy: if your GPA is below a 3.3 and your MCAT is below a 29, Caribbean programs might be your only choice.

Caribbean programs have you spend two years out of the country doing your regular book coursework in the Caribbean. Once that is completed, you come back to the US and depending on the program, you will complete your clinical experiences of your medical education in the US. You will do that primarily

through clinical programs as opposed to hospital settings. You will be in a clinic working with medical residence and teaching faculty who will be teaching you the practical applications of what you have learned so far in medicine.

You will have a very similar experience as US medical students will have, you will have a degree conferred on you that is the same in terms of defining what you studied as a US student, and many of these Caribbean programs are accredited by California, which is one of the most stringent accrediting bodies in the US anyways.

So if you attend a California accredited medical school in the Caribbean, you can be assured that your degree will be accepted by US medical residencies. Be careful though, because you are very likely going down to the Caribbean because your GPA or MCAT isn't high enough; most often it's because of your GPA. Realize that you are going down to a Caribbean medical school and taking all your prior study habits with you!

You need to really change it up and have a very solid level of commitment and an intention to really perform at the medical school so you can move forward in your life. Caribbean schools can often be a wonderful safe haven for a student who would otherwise not have an opportunity to become a physician. So don't let the fact that the Caribbean program isn't as prestigious affect you: this is your shot at becoming a doctor. TAKE IT.

Also remember that as important as the name of the medical school you attended are the grades you got in med school, and your STEP-1 scores. Regardless of the program you attended, if you don't have good STEP-1 scores, you are going to have a very hard time getting into a residency.

Finally, be serious about your residency. If you are competing for a residency without a competitive med school track record and you went to a Caribbean program, it is very important for you to network with the medical residency directors at the major teaching hospitals in the US so that they know who you are, how committed you are, what you are after and what you are willing to do so that they can feel comfortable accepting you into their program. Don't decide that you, as an undergraduate student, know the right way to behave around Caribbean programs because you don't "like" them. There have been so many

students who were prejudiced against Caribbean and Osteopathic medical schools and apply only to US medical schools year after year and their life is on hold for years because they never get accepted. That is a very discouraging and painful approach to medical school and it is not what medical school is all about.

### **What about other parts of the world: England, Ireland, the Phillipines, and so on?**

These kinds of medical degrees are fantastic, but we don't know a ton about the curriculum of international medical schools. But I do know that it's difficult to get that medical degree accepted in the US so that you can then compete for residency. If you consider any of those international opportunities, be aware of two things:

1. Check out whether medical schools in the US will accept that degree that you are thinking of obtaining and allow you to compete for medical residencies in the US
2. Understand that for the most part, when you are studying for medicine in an international program, the intention is that you will end up staying in that country and practicing medicine there.

### **What should I do now?**

The school selection process can be quite involved, and the Blueprint tries to make it super easy for you. In the workbook, there is a school selection exercise for you to complete. That is the main exercise I want you to complete.

### **The assignment for this section is:**

- 1. Go to the workbook and complete the school selection exercise.**

**Be sure to complete the assignment before you go on to the next section to get the most out of this program. Remember: YOU are an amazing PreMed!**

## Section Seven Review

1. In order to find out whether a school is research or clinically biased, go to [usnews.com](http://usnews.com) and check school ratings. If you find schools that are ranked highly for both clinical and research, look at the school's statistics. If it's a top program that requires super high MCAT and GPA numbers, then the majority of their enrollment is probably for a research program.
2. Make sure that your stats match your research or clinical orientation: if you feel you are research oriented, your stats should be around a 3.75 or higher GPA and a 36 MCAT. If you feel you are clinically oriented, your stats should be around 3.5 or 3.6 GPA and an MCAT between 30-32 points.
3. Be sure to check all schools that you are interested in applying to for "state residency requirements." Be sure to also check to see if the schools you are applying to have a WICHE affiliation and make sure that you are a candidate who qualifies for that school's mission.
4. Osteopathic medical schools confer "DO" degrees, whereas Allopathic medical schools confer an "MD" degree.
5. Osteopathic schools accept students with lower GPA and MCAT stats than are necessary to enroll in an Allopathic program.
6. If you go to Caribbean or Osteopathic medical school, remember that you can still get to your end result of being a great physician! Get into medical school, and then get great grades in your program.
7. International medical schools are fantastic, but you need to realize that it is very difficult to get these degrees accepted in the US. Those opportunities are usually taken by students who plan on staying abroad to practice medicine rather than return to the US.

## **Section Seven Assignment: School Selection Exercise**

Instructions: In this exercise, simply fill out all of the information asked for below. This will give you a clear, visual picture of what schools you are interested in and which schools you need to consider.

1. Review the instructions for school selection from this section and create a preliminary list of schools that you might apply to in the future.

Osteopathic and Caribbean Medical Schools: If your GPA is not 3.5 and your MCAT is not greater than 30, you need to strongly consider applying to Osteopathic and Caribbean medical programs. Your odds of getting into medical school and fulfilling your dream of becoming a physician will improve greatly if you apply to these programs.

1. Visit AACOM.org and identify several osteopathic programs you will apply to in the future.

## **Section Eight: The Application Process**

Welcome back to the Medical School Admissions Blueprint. This section is all about the medical school application process.

### **How does the medical school application process work?**

That's a really big question because there are a lot of moving parts to the medical school application process. What we are talking about here is a distinction between admissions and your admissions strategy versus the actual application itself. We are talking about how you literally, physically apply to medical school.

Let's start with an overview of the application process. There are a number of elements. The first part is the primary application, the second part is the secondary application, then you have the interview, (a live interview between you and one or more admissions committee members), the second look, and then you can have an acceptance, rejection, or waitlist. Those are all the major elements of the medical school application process and they all happen in a sequence.

### **So what is AMCAS?**

AMCAS stands for the American Medical College Application Service. It is the main organization that both runs and is the application process. You can find the AMCAS application on the AAMC.org website. AMCAS is the application, and it is also the organization that operates the application process.

There is a lot inside the AMCAS. When you apply through AMCAS, you are applying to Allopathic Medical Schools (medical schools that confer an MD). When you apply through AMCAS, you are applying for a Medical Doctor degree. The AMCAS application is run by the same group of people who run the MCAT. AMCAS is the primary application and is the application for MD or Allopathic medical schools.

### **How do you apply to medical school?**

You go online to AMCAS, and you begin to fill out the online AMCAS application. You fill out all of these different parts (which we will talk about specifically in a future session) and then when you finish that, you hit the “Submit” button and that’s physically how you submit the application. Once that’s done, you have begun (but not finished) the online application system. There are other steps to take.

After the application is completed and you submit it, then medical schools will also want something called a secondary application back from you. This is a whole other aspect of the medical school application process. Once that secondary application is completed, you are eligible to be considered for an interview, and then the interview process is done. From their acceptance, rejection, waitlist, possibly second look and a re-interview can occur.

### **How do you apply Osteopathic medical schools?**

Allopathic medical school is AMCAS. Osteopathic medical school, on the other hand, is run by the same organization that runs the Osteopathic medical schools: AACOM. They have something called the AACOMAS application. The AACOMAS is the primary online application for Osteopathic schools. When you apply to medical school, you will be thinking about applying to a lot of different types of programs and you may be filling out multiple primary applications.

### **How do you apply to Texas medical schools?**

Texas medical schools have their own system that is different from any other system in the country. This applies specifically to the UT (University of Texas) schools; for example, private schools like Baylor don’t participate in this system.

The UT system is called TMDSAS, and is its own separate system. If you are eligible for public Texas schools, you will follow that process. TMDSAS is really only for students living in Texas who have permanent residency there. If you aren’t a Texas student, then you probably won’t be applying to Texas medical schools. So if you are thinking, “how do I get myself into a Texas medical school, I want to do that” and you’re not a Texas resident, you will first need to establish Texas residency before you can actually apply in the Texas system.

## **How do you apply to Canadian medical schools?**

Canadian medical schools are really different because they don't have a group service. You apply to Canadian medical schools on an individual application by application basis. Canadian medical schools skip the secondary application process and they have only one application that you go through. It's much more like applying to undergraduate schools. You get the application online from the school's website, you fill it out for that program, and then you send it back. Canadian medical schools are also much more focused on accepting Canadian citizens than on accepting US citizens, so really look carefully at the citizen preferences that the medical school requires. If you are Canadian and considering applying to Canadian medical schools, know that for you, the Canadian system for applying is that you apply to each medical school with that school's specific application.

## **What about Caribbean medical schools?**

The Caribbean programs are very similar to the Canadian system. They have their own separate, unique applications and they don't have a secondary application -- you apply with just one application and that completes your application to that school. If you are applying to several Caribbean programs, you are going to be filling out a separate Caribbean school application for each program.

## **What should I do now?**

Evaluate the kinds of medical school application systems that you are considering. In the workbook, you will find a check list where you can check off which application systems you will be using. You want to go to the workbook to do that.

**The assignment for this section is to:**

- 1) Go to the workbook**
- 2) Evaluate which application systems you will be using.**

**Be sure to complete the assignment before going on to the next section to get the most out of this program. Remember: YOU are an amazing premed!**



## Section Eight Review

1. The entire application process is comprised of multiple parts:
  - a. The primary application
  - b. The secondary application
  - c. The interview
  - d. The second look
  - e. Acceptance, rejection, or waitlist
2. AMCAS is the American Medical College Application Service. This organization both runs and is the application process. The AMCAS application can be found on the AAMC.org website.
3. Osteopathic medical schools use a different system: the AACOMAS. It is the Osteopathic schools' version of the AMCAS.
4. You **must** be a Texas resident in order to apply to the UT (University of Texas) medical schools. The UT schools also use their own system: TMDSAS.
5. Canadian medical schools don't have a group service, such as AMCAS or AACOMAS. Instead, you apply to Canadian medical schools in the same way you applied to undergrad: you get the application for each school, fill it out, and send it in. There is also no secondary application needed for Canadian schools. These schools are also much more likely to accept Canadian students than US citizens.
6. The Caribbean medical schools are very similar to the Canadian schools; you send fill out the application for each school, send it in, and then you are done applying. There are no secondary applications needed.
7. Be sure to complete the assignment before going to the next section to get the most out of this program.

## **Section Nine: What's in the application?**

Welcome back to the Medical School Admissions Blueprint. This section is all about the medical school application.

### **What is in the medical school application?**

We have to take apart the medical school application and separate the process from the different pieces. In a previous session, we talked about the application process being the Primary application, secondary application, and so forth. In this session, we are talking only about the medical school application, most commonly called the Primary Application, or the AMCAS or AACOMAS. This session just deals with that part of the application process.

### **What is in the primary application?**

For Allopathic MD programs, the primary application has a number of pieces in it that you need to be aware of. Inside the primary application is something called the “personal statement”, some people call it the essay or the application essay, statement of purpose, you're “Why do you want to be a doctor?” All these different terms are for the Personal Statement.

The personal statement has some boundaries. The maximum numbers of characters is 5300 characters. You are limited to just a little over a page. You also have to answer in some way the implied question, “Why do you want to be a doctor?” You want to be sure you have clarity around that. There aren't heavy prompts with the PS. There's no specific language in the instructions about your PS and what you should or should not write. A lot of students are surprised by that; that there is no specific prompt. The AMCAS instruction booklet is about 100-150 pages and the instructions for your PS are about three paragraphs long inside the whole book. So there is not a lot said. But here is what IS said:

You want to talk about why you want to be a doctor. Medical schools place great weight and emphasis on what you say.

Those are the main criteria that the instructions provide you. Not a lot of help. Let's take a look at what is the potential of the personal statement. Most

applicants would prefer to start the application process by sitting down with a medical school admissions dean and having a conversation. Talking about your passion, your motivation of medicine, so you can explain to the dean why you want to be a doctor and what makes you a really good candidate to be a medical student. Everyone wants an interview first because people believe they can engage and connect with the interviewer face to face.

Unfortunately that's not how it works. So the process forces the first impression of you to the admissions committee to be written. The personal statement is the only place you have where you can speak about who you are, what your values are, your personal motivation, what you stand for, what matters to you about medicine, and why you are applying.

Let's be clear: committee members can learn about your grades in the grades section of the AMCAS, your experiences in the experiences section of the AMCAS. So don't write retell committee members in your Personal Statement that you have good grades; they can see that. If your experiences have been reflective of your motivation, they get that you are motivated to medicine and committed to serving other human beings.

What's left is for you to help them understand in your words who you really are, what you stand for, what you are committed to, and why you are willing to go through the hell that is medical school in order to achieve this. In a previous session we talked about having a big "Why", a big, hairy audacious goal.

It's important for you to connect to that goal as you develop your personal statement so that you have the sense of confidence and sense of long-term multi year effort that you can then express through your words in the personal statement.

Basically, the PS is a big deal part of the primary application because it's the only place you can really show who you are: your humor, emotions, values, background, the impact your experiences have had on you. It's the only place you can really answer that big question "Why?" Those are the things you want to be considering in your personal statement. In fact, in a future session we will be talking in great deal about what to include in the personal statement.

Another section inside the AMCAS is the experience descriptions section. This is where you put in the experiences that you've had. There are some criteria around this: medical schools are interested in your post-secondary experiences, which means after high school. The day after high school begins your experiential life for med school applications. We will talk more in depth about what you should include in your experiences section in the Experiences Descriptions session of the Blueprint later on.

There are some parameters around experiences. The maximum number of experiences you are allowed to list is about 15 experiences. You only have about 1000 characters to describe each of those experiences.

Next is grades. There is a huge section on grades in the online application. You will be typing by hand every grade that you received in every course that you took. You will be identifying the semester or quarter you received those grades, and what category those grades are part of. Sometimes it's tricky, because sometimes you have a class that is both psychology and biology—so which one is it? The way to break the tie is what is the majority of the class? Whatever the majority is, pick that category. The grade data entry process is a huge deal and you have to take a lot of time to go through and get all your grades entered into the online application. That takes many hours to work on. Later on we will be talking about an assignment to help facilitate that.

The next section is the biographical data section. This is different than a biography, you are just entering the normal information you would write when you are filling out a form: your name, address, city, state etc. You will also be entering some information about your parents. Names, what sort of education they have received, the name of their colleges if they attended post secondary, etc. It's a rather short section. You don't have an opportunity to say much about your childhood and your upbringing in this section.

The last section inside AMCAS is the school selection section. Here you will actually pick which schools you will be applying to. It's a drop down menu. You check a box next to each school you are applying to. You will apply for MD only or MD and another degree. You will also have the option to apply early decision. This is a way for you to share with a medical school that you are very interested in and committed to their program.

There are also a lot of restrictions regarding early decision; the main one is that you may only apply to one school if you want to use early decision. That can be a real problem. You might want to apply to 25 or 30 schools, but you can only apply to one when you pick an early decision school. You can't apply to any others, even in regular format. It's just that ONE school for the entire application. What that gives you is an assurance that the medical school will make a decision about you by the middle of October.

The decision will be Accepted, Rejected, or We Can't Decide. In the last case, they put you in the pool with the rest of the students applying to their program. It gives the medical school a lot of assurance that you will be attending their program if they say yes, and it gives them an opportunity to pick and choose if they want to enroll you. It doesn't really help you in terms of an admissions strategy.

If a medical school decides they aren't sure about you, they simply put you in the regular pool. Plus, once you get told either Rejected or that you are going back to the regular pool, it is late October and you are way behind in the application process if you want to apply to any other schools. In a future session we will talk about timing and the specific advantages you can have in timing, so you want to listen to that timeline session and read through that in workbook before you make a decision regarding the early decision process.

### **What else should I know about the application?**

There are some optional sections in the application in the AMCAS. The first one is the research segment. If you are applying MDPHD, then AMCAS opens a new, longer essay for you. This is much more specific about your research interests.

Think of it as a miniature dissertation proposal, where you are actually submitting what your intention is and what you want to accomplish in that research area. That implies that a medical school that does not have anyone who can mentor you in that area of research is going to be less interested in your candidacy. So you have to use the research segment very carefully if you are going to be applying to elite competitive programs like MDPHD.

The other option you have comes up if you mark on the AMCAS application that you are disadvantaged student. The application will allow you to then write the Disadvantaged Student essay. This is a shorter essay where you let med schools know why you think you are disadvantaged.

There are several different areas that most medical schools really evaluate as accepted disadvantages. Those are financial, social, educational, and healthcare related disadvantages. Financial: you were raised below the poverty line. Social: prejudiced against because of your race, ethnicity, religion and has influenced/ impacted you. Educational: missed years of grade school or for no fault of your own – unable to obtain the education (country in civil war, etc) then were able to make it up when they came to US. Health: lack of access to healthcare—you literally had no access to doctors in your community, no clinics, hospitals, etc.it is NOT that your parents didn't have insurance.

### **How do I submit my MCAT score?**

When you take the MCAT, it is automatically submitted to your AMCAS application. For the MD programs, as soon as you submit your AMCAS the programs will receive your MCAT score. You don't have to do anything.

For AACOMAS, you have to specifically tell the MCAT program office that you want to have your score reported to AACOMAS. There is a form in the AACOMAS process that will help you do that. For other schools, like Caribbean, you manually request that you MCAT score be submitted to the individual medical schools.

### **Do I need to have my MCAT score before I submit my AMCAS?**

No! You don't need your MCAT score before you apply to medical school, which really surprises a lot of students. Many students make a huge mistake: they are taking the MCAT and holding off from submitting their AMCAS until after the MCAT is done. If you reverse that sequence, and you just submit your AMCAS when it's ready and then take the MCAT when you are ready to take it, you have a big advantage over other students because you are completing parts of your application sooner than other kids and it allows the process to unfold. TIP: Medical schools will send you a secondary when you submit your AMCAS

without having seen your MCAT score. That's moving your application forward faster. Submit your AMCAS application as close to June 1<sup>st</sup> as possible, whether you have your MCAT score or not. That's the trick about MCAT score.

### **What about letters of recommendation?**

Because the AMCAS is taking over the process of letters of recommendation service, you have to play a slightly complicated game. Identify: what medical schools am I applying to that are using AMCAS for the letters of recommendation? What medical schools am I applying to that are NOT using AMCAS for the letters of recommendation, so I have to send the letters directly from my premed advisor or other letter service that I'm using?

The point is that no matter what, you will always be sending all of your letters of recommendation to AMCAS. In early May, you want to fill out the letter of recommendation section, get that completed, and submit the necessary forms to your recommender or premed office so that AMCAS can receive your letters. Once you do that, you are pretty much covered on the schools that are using AMCAS for your letters. Then all you have to worry about is getting your letters to the med schools that are NOT using AMCAS letter service.

### **What should I do now?**

- 1) Go to the workbook
- 2) Collect all your transcripts from your colleges so you have that ready to do school date entry
- 3) Plan to fill out your application starting May 1<sup>st</sup> for AMCAS, AACOMAS, and Texas

**The assignment for this section is:**

- 1) Collect all your transcripts from all colleges.**
- 2) Plan to fill out your application starting May 1<sup>st</sup> for AMCAS, AACOMAS, and the Texas system.**

**Be sure to complete the entire assignment before moving onto the next section in order to get the most out of this program. Remember: YOU are a successful PreMed!**

## Section Ten: Osteopathic Applications

Welcome back to the Medical School Admissions Blueprint. This section is all about the Osteopathic Medical School Application.

### What's in the Osteopathic medical school application?

This application is the same as the Allopathic application. They're the same pieces and parts, you just apply through a different service. Everything that is in the Allopathic application-personal statement, experiences, biographical data, grades, the schools you are applying to- all that will appear again in the Osteopathic application, however there are a couple of things to be clear about.

In the AACOMAS application, you will be writing an essay on your motivation to medicine. I want you to write an essay specifically focusing on your motivation to Osteopathic medicine instead of focusing on your motivation to medicine in general. You can show that you are clearly and specifically interested in applying to and receiving Osteopathic medical training.

To do that successfully, you need to research Osteopathic medicine-go to some campus tours if you can, visit a medical classroom, speak to existing Osteopathic med students, interview them, get a good understand of what that is. Also speak to Osteopathic physicians to get an understanding of what their lives are like. Be aware of a couple things regarding the Osteopathic medical school application.

- 1) For most students, Osteopathic medical school is a good back up plan because these schools don't have quite the standards for GPA and MCAT that Allopathic schools do. I don't want you to treat it as a back up school. Give them full consideration and merit and respect, they are a recognized degree conferring medical school in the US. The education you will get from them is very good.
- 2) There is prejudice towards the Osteopathic medical school application. Many premeds are enchanted by the romantic idea of being an MD, and the idea of being a DO is a step down to them. This can be perpetuated by med students, especially MD, who are in the "cool kid" club, so they think they are better. I want to dispel that. Do this research, interview the



students. Figure out for yourself if you think Osteopathic medical school is right for you.

In terms of the Osteopathic Medical School Personal Statement, all of what you are doing is preamble to sitting down and writing a great essay that speaks to your motivation to Osteopathic medicine. That's the main piece of what's inside the application.

It's also a very good idea to have a letter of recommendation from an Osteopathic physician. The DO letter of rec is really important. It's mentioned in DO secondaries as "preferred", but I want to encourage you to think of it as required. It's your one opportunity where you can say you have shadowed a DO, you know what their life is like, as all the questions about the differences between Osteopathic medicine and Allopathic, this is the person you have asked. You can get the understanding from someone who has already gone through it. Are all the fears and prejudices unfounded? And don't take one person's answer as word—talk to a few physicians.

### **What should I do now?**

- 1) Go to the workbook and write your specific motivation for why you want to attend an Osteopathic medical school
- 2) Find an Osteopathic physician to shadow in order to obtain a DO letter of recommendation.

### **The assignment for this section is:**

- 1) Go to the workbook and write your specific motivation to attend Osteopathic medical school.**
- 2) Find an Osteopathic physician to shadow, so you can obtain a DO letter of recommendation**

**Be sure you complete the assignment before you go to the next session to get the most out of this program. Remember: YOU are a Doctor In Training!**

## **Section 11: The Personal Statement**

Welcome back to the Medical School Admission Blueprint. This session is all about the Personal Statement.

### **What should I write about in my Personal Statement?**

There is a lot to talk about when it comes to your personal statement. You want to have great content in your personal statement, and you always want to be able to expand on your experiences, to be able to articulate your motivation to medicine, so there is so much involved in writing your essay. It's one of the most exciting, and yet confronting aspects of being an applicant to medical school.

For the first time, you are faced with sitting down with a blank piece of paper and defining in writing the deepest, most impactful parts of you as a human being as you try to express it through your desire to be a doctor. It goes so far beyond, "I want to be a doctor because I want to help people." You really want to find an opportunity to weave your motivation with your experiences and your academic capability. You begin to build a tapestry of your life, standards, morals, weaving them all into this one beautifully orchestrated piece of work that uplifts and fulfills an admissions application reader. You have about ten, maybe fifteen minutes to capture a reader's attention. So your essay has to have enough punch that it will actually reach out and capture the heart of your reader, or pop them in the nose and get the reader to really understand who you are and what your passion is.

The hard part of describing the personal statement to students is that it sounds very unapproachable and creates impossibility in their minds. It really can be much easier than most people think.

We just need to break it down into a step-by-step process, so you can go through the process of crafting one sentence at a time, then combining sentences to make a paragraph, then building an essay from those paragraphs.

## **Can you share any secrets about how I can approach my essay writing?**

There is a long series of secrets that help students develop their essay for medical school. Let's get into the step-by-step process of developing your essay for your application. A successful personal statement does three things:

1. The application clearly tells the admissions committee why you want to be a doctor. It has to go beyond the cliché.
2. It shows that you have multiple experiences that have prepared you to be not only a qualified med student, but that have also prepared you to understand what being in the field of medicine is all about.
3. It illustrates that you have the qualities that will make you a great doctor. Compassion, empathy, a willingness to do whatever it takes, etc.

It's always more successful to show than tell. The best essays communicate all of this content in a story. You are looking for a narrative, so that you can show your readers rather than tell them about your experiences and your qualities.

Let's look at an example. You write, "I feel that I can be compassionate in crisis situations." You are telling the reader something, but you have no real evidence to back it up and prove it. Instead, write, "as the elderly lady gasped hoarsely, I found myself grabbing her hand. I wanted to push air into her lungs and I squeezed her hand tighter."

In that last sentence, you are showing your reader that you're compassionate. You are really trusting your reader to make the interpretation. The writer who tells, doesn't trust the reader to understand what they are trying to say. The writer who shows who they are is really giving a great statement of trust and a leap of faith that the reader is a smart person and is able to interpret these experiences and these moments so that the reader can love the applicant.

In *Personal Statement Secrets*, we have some great essay samples and templates that offer a shortcut for drafting your personal statement by just following along our template from module to module. We will be incorporating some of the essay samples in this Blueprint. If you are interested in learning

more about Personal Statement Secrets, go to [www.personalstatementsecrest.com](http://www.personalstatementsecrest.com). You will find an opportunity to get a discount code to get PSS very affordably.

### **What should I avoid in my essay?**

If you do nothing else, do yourself a favor and do not write the following essay:

“I was born on my birthday, then I went to grade school and high school. I did well in high school. Then I went to college and I did well in college and now I want to be a doctor, please let me in to your school.”

In other words, avoid this whole “timeline” path that so many students take.

They start at the beginning--say the beginning of college--and they go through day by day by week in order. It bores readers to tears and it's just the worst way to craft a story. It has no arc in it, there is no real structure to it other than the calendar, and it becomes almost pointless.

Yet probably 30%, maybe more, of all personal statements are written like this, because most students just don't spend a lot of time re-conceiving their capabilities and their willingness to create a story.

Some students feel like if they don't say, “well this came first”, then they are misleading the reader. But it's your story: you can tell it anyway you want. This isn't a story to necessarily deliver a series of facts about your life or a sequence of events. What you are trying to do is convey some very important points about who you are and your motivation to medicine. So be willing to rearrange and give yourself literary license so you can use your experiences and the lessons you have learned to make the point you want to make about who you are and what you stand for. Let the reader know who you are, rather than letting them know what happened to you.

Avoid the, “I want to be a doctor because I want to help people.” When you say that, you are really saying, “I don't know why I want to be a doctor, I just feel like I do.” That is so unfortunate, yet students always get stuck in these clichés.

You've got to let that go. It's just not good enough. Replace it with something far more specific. If you want to help people—how? In what way? Be clear! Figure it out for yourself first. The reader needs to know not just that you want to help people, but what motivates you to help people, and how you see yourself expressing your motivation. The more articulated and specific you can be, the better. It connects you to your reader and your reader actually has empathy and compassion for you, which is what you are after. If you want to be persuasive in your writing, (and you do), then you have to connect to them emotionally since you don't get to meet them face to face initially. Your writing has to be emotionally rich.

Be careful about other extremes. "When I was young, I was (insert act of violence here), and now I want to be a doctor." It's too shocking and too extreme. The reader doesn't know how to take that in and deal with that, and then connect that experience with your motivation to medicine. Avoid extreme statements. If you had something violent that did happen to you, and it's very meaningful to you, and it's something you would really want admissions committees to know about, try to find a different way to say it. Say you had violence done to you and that it has influenced you, but don't get into the gritty detail about the violence itself. It disconnects your audience from you because it's too shocking.

### **What about my religious beliefs? Can I include those in my personal statement?**

You absolutely can. There are a lot of questions about this. The big worry for students is that if they write about their religious beliefs, the reader is going to reject the student because he or she has religious values.

I have two answers to this worry: 1. People who are well educated are more open-minded and more willing to accept the beliefs of others. 2. If a particular medical school is concerned about your religious values and that they are not going to accept you because of those values, you should know that before you were accepted by the school. Rather than get in and experience any sort of persecution or prejudice because of your religious values. Don't be concerned about putting your religious beliefs into your essay.

This doesn't mean, however, that it is necessary for you to evangelize in your essay. You can say your personal religious beliefs have influenced you greatly to

serve other people, and you are committed to serving human beings. You don't need to say that you feel the need to serve other human beings because of your belief in the Lord Jesus Christ and start quoting scripture. You can articulate the same values without making direct references, and still get the point across just as effectively.

### **Can you give me some writing exercises to help me get started?**

The Core Themes exercise will allow you to brainstorm your strengths and your experiences that make you stand out.

1. Describe a talent that you have that others might not be aware of. It doesn't have to be a huge talent, like you invented gravity. It can be something small: you play chess, you ride horses, or you show dogs. It can be anything.
2. Answer the question, "What does altruism mean to me?" Follow that with writing down what you do to show that you are altruistic.
3. What are your unique character traits? These traits aren't the color of your eyes. A character trait is an aspect of your personality. Maybe you are very curious, or you just love media, or you value keeping your word. These are all examples of character traits.
4. What patient contact experiences have you had? Write down two or three examples of experiences you have had. Students will write down, "10 hours at hospital." Well, that isn't what you are looking for here. You are looking for a moment in time where you had a meaningful, emotionally rich and fulfilling connection with the patient. Describe that moment in time.
5. What accomplishments have you achieved? What have you done? Maybe you have gotten a job and have been recognized by your employer, or you were elected into an office on campus.
6. What motivates you to pursue a career in medicine? Write down three to seven ways of expressing your motivation. What's in it for you? What do you hope to achieve? One helpful technique is to fast forward your life and look back and see what has happened in your life. In your imagination, what did you achieve?
7. Demonstration of ways you showed leadership. Again, being a TA, running a club, tutoring are all examples of being a leader.

Other questions to think about are things like: how does your research background or your science background relate to medicine? How does your leadership or your community involvement relate to medicine for you? How does a medical school education help you fulfill your dreams in life? What will it do for you personally, not professionally.

What should I do now?

1. Go to the workbook and create your core themes. It's a good writing assignment to work on.
2. Find people in your life that you trust and talk to them about your beliefs and values so you can try on words around your values, and see how you can express yourself. You want practice explaining to others who you are, what you stand for, and why you want to be a doctor.

**The assignment for this section is:**

- 1. Go to the workbook and do the exercises on creating your core theme.**
- 2. Talk to people you trust about your beliefs and values and define why you want to be a doctor.**

**Be sure to complete the assignment before you go to the next section to get the most out of this program. Remember: YOU are an amazing PreMed!**

## **Section 11 Exercise: The Core Themes Exercise**

**Instructions: Take a few minutes to answer the following questions. Use these answers to begin building the core themes of your personal statement.**

Describe a talent that you have that others might not be aware of. It doesn't have to be a huge talent. It can be something small: You play chess, you ride horses, or you show dogs. It can be anything.

Answer the question, "What does altruism mean to me?" How do you show that you are altruistic?



What are your unique character traits? These traits aren't the color of your eyes. A character trait is an aspect of your personality. Maybe you are very curious, or you just love media, or you value keeping your word. These are all examples of character traits.

What patient contact experiences have you had? Write down two or three examples of experiences you have had. Many students will write, "I did 10 hours at a hospital." Well, that isn't what you are looking for here. You are looking for a moment in time where you had a meaningful, emotionally rich and fulfilling connection with the patient. Describe that moment in time.

What accomplishments have you achieved? What have you done? Maybe you have gotten a job and have been recognized by your employer, or you were elected into an office on campus.

What motivates you to pursue a career in medicine? Write down three to seven ways to express your motivation. What's in it for you? What's in it for your patients? What do you hope to achieve? One helpful technique is to imagine you're an 80 year-old reflecting on the events in your life. In your imagination, what did you achieve?

How have you shown leadership? Being a TA, running a club, tutoring are all examples of being a leader.

## **Section 12: Experience Descriptions**

Welcome back to the Medical School Admissions Blueprint. This session is all about the Experience Description section of your primary application to medical school.

### **What should I know about the experiences description section?**

There is a lot to talk about. Here you will list your post secondary experiences and the experiences will be work, extra curricular activities, as well as things like honors, awards, publications you would like to bring to the attention of the medical schools.

Paid employment, volunteering, medical or clinical volunteer status, research or lab work, teaching, tutoring, conferences you attended, all your hobbies, your leadership...these are all categories. Its all really up to you to decide how you want to identify the types of experiences. You only want to enter significant experiences; not necessarily a bowling trophy you won at a local tournament on a weekend.

The goal is to give medical schools high quality info about you with your high quality experiences. The online application has a maximum allotment of 15 experiences that you can enter, and you can easily do 8-10 of those experiences- you aren't expected to complete all 15.

Don't exaggerate lesser experiences just to try to have 15 things to put down. Just put your strongest experiences into your application. Also, put all your honors and awards in one section; don't list one experience as "Dean's list first semester" and another separate experience as "Dean's list second semester."

Describe each experience, maximum of 15, with 10 being perfectly fine. Each experience has a description that is about 1325 characters long. This typically catches students-it's really a max of about 200 words. Also, when you enter your hours that you have committed to each experiences.

Unfortunately, the way the application is set up, you are forced to guesstimate your hours committed. Even though you experience may not have had the same

number of hours each week (i.e. that experience was over Spring Break, not recurring) so how do you identify hours per week? You can estimate of the average hours per week. It forces you to put a number unfortunately. So just take the total number of hours you did (lets say for three weeks, you did 30 hours) then put 10 hours per week. That's fine, that's good enough.

### **How should I write my experience descriptions?**

The descriptions themselves are a really big deal. Think of the experiences as like another essay. When you combine all the experience descriptions, you really are telling a story about yourself and your experiential life. The grades tell a story of your academic life, PS tells the story of your motivational life and your future, then your experiences tell a story about the life you've actually lived, so its very important and often neglected.

Here's an example. A student is a member of a pre med club. They name their experience "premed club" and then they say, "I was in a pre med club." Don't do that. That doesn't tell the committee anything about your involvement, any activities you did, and most important of all: you're looking to identify the impact the experience had on your life.

Or you are looking at the impact that you made on the organization. What did you contribute? That could be something like "As a leader I raised membership by 100%" You are looking for impact and results. You can use a resume format in compiling your experiences. Start by drawing from basic resume structure for how you go about writing an experience, but also explain the responsibilities and accomplishments that you had.

Don't be afraid to use active verbs. And be consistent with your style of punctuation: use semi colons, use periods, but pick something and stick with it. Also make sure in every description you have a results oriented statement and you can really declare some benefit or impact. When you are done, read all of your results statements, and see if they create a story about you. Are you a consistent contributor? Do you consistently show up and improve circumstances or are you more of an observer? You want to make sure you are connected to your community and that you make a difference in the lives of other human beings.

## **If I work at a sandwich shop, how can I make that into a good experience?**

The sandwich shop experience is a classic example of how you can take something that is not related to medicine and turn it into a great experience for your application. You can describe your experience in one sentence: you made sandwiches, took orders, and served customers. That's the actual experience.

But it doesn't say anything about what you may have learned or the results. Some of the results: maybe you learned to multi task in a very face paced environment; you learned to cooperate with coworkers; you figured out how to manage multiple day to day responsibilities even when it isn't your personal responsibility, how you picked up the ball; how you learned to deal with difficult customer. Learn to anticipate inventory requirements. These are all analogous to things you could be doing as a physician.

So the goal for a good result statement is that you can write about a skill you gained that can be transferred to your life in medicine. A skill that cannot be transferred to medicine is " I learned to make a sandwich." A skill that can be transferred to medicine is "I learned to deal with cranky people"—because there are cranky people in medicine because they don't feel well. That's a great way of describing your experiences so your medical school application reader can really evaluate and understand who you are as a candidate.

### **What should I do now?**

- 1) Go to the workbook and find the pages to inventory your experiences
- 2) Write the results statement for each of your experiences
- 3) Highlight your top five experiences because the highlighted experiences are the ones you will be most interested in talking about in your personal statement. So highlighting those can be very valuable in making a connection between what you want to say and the rest of your candidacy.

**Assignment for this section are:**

- 1) Go to the workbook and inventory your experiences**
- 2) Write your results statements for each experience**
- 3) Highlight your top five experiences**

**Be sure you complete the assignment before you go to the next section to get the most out of this program. Remember: YOU are a successful premed!**

## **Section 12 Activity: Your Experience Inventory**

Experience #1: (title: What would you call this experience/accomplishment?)

Hours committed per week:

Description: (200 words max, bullet points are OK)

Experience #2:

Hours committed per week:

Description:

Experience #3:

Hours committed per week:

Description:



Experience #4:

Hours committed per week:

Description:

Experience #5:

Hours committed per week:

Description:

Experience #6:

Hours committed per week:

Description:

Experience #7:

Hours committed per week:

Description:

Experience #8:

Hours committed per week:

Description:

Experience #9:

Hours committed per week:

Description:

Experience #10:

Hours committed per week:

Description:

## **Section 13: Secondary Applications**

Welcome back to the Medical School Admissions Blueprint. This session is all about your secondary application.

### **What are the secondary applications all about?**

Let's talk about the difference between corresponding directly to a medical school and corresponding to medical schools through a common application process. There is a real difference for you between what you have ever experienced applying to an institution before and how the medical school application process works. It's dramatically different. In college, you filled out one application, sent it in, and in some instances there was a common application you would send into more than one school, and then you would be done!

That's not the way it works in medical school. You send in the common application (which is your primary application) and then you receive additional material back from the individual medical schools. There's a great analogy for all this: an analogy of courtship. The primary of application is the same as putting an ad in the personals section of a newspaper. You talk about your attributes, and what you are looking for, but you put it out there blind and anyone can read your ad. You aren't able to tailor what you say to the individual.

Then, if you get a response back, (your secondary application) you now have the opportunity to write something far more specific and detailed than you were able to do before. This time you are able to sit down and be specific about those parts of your interests that most line up with the interests of the medical school. You are actually able to sit down and write details about your feelings about the individual school and why you want to participate in that school's community.

This is your opportunity to write a love letter between you and the school, and get much more engaged, personal and specific than you can do in a primary application. So take advantage of this opportunity! Really craft your secondary to give as much detail as you can in order to persuade medical schools that you really are a thoughtful candidate and that you have considered carefully your choices.

about medical school. Show them you have thought out very careful reasons why you have picked this one medical school, their medical school, to apply to.

### **What are some of the elements I will see in the secondary?**

It will ask you for some money, name and address, the names of recommenders, you might be asked for a photograph. (Don't read anything into that, they don't decide if you are a better or worse candidate based on what you look like.) A major element you will see is essays. Most students who apply to medical school are focused on writing the personal statement for their primary application, but very few students focus on the 30-100 pages they might write in secondaries. It's a fairly ignored aspect of medical school admissions, and so it's almost always a big surprise to students when they first apply. They all of a sudden get hit between 4 and 8 weeks after they apply with this tremendous amount of requests for additional information in the form of secondary essay topics. We are going to get into those topics and really give you a huge advantage. Knowing the topics this early in the process makes things so much easier. Whether you are applying tomorrow or applying in two years, you want to know these topics and begin to think about them.

The challenge is that no two medical schools use the same secondary essay prompt. You are going to have to really work; there is a lot of stuff to think about. There is some good news though; these themes tend to repeat. There also are not an infinite number of essay prompts.

Ideally, you'd gather all the secondaries up in advance, lay them out, then identify major themes to write about. Then write to those themes first, and then tailor your answer to the specific school asking that question theme.

I've got good news: I've already done that. I've gathered all the secondaries up, identified the major themes, and will share them.

**Theme 1: Diversity.** How would you contribute to the diversity of the educational experience at this university? Diversity means anything that you want it to mean. You want to show who you are and that you are contributing from your own values. Cultural differences, traditional beliefs, etc. You can describe something outside of sciences that shows that you have diversity. For example, maybe you

practice a certain type of dance, or an appreciation for a specific type of music. Identify a sense of difference and bring that out so that you can contribute to a more enriched student community.

**Theme 2: Leadership.** You can get into a lot of detail about the groups you have led. The groups you have formed, the successes you have had working with others, whether it's formal or not. Remember, there are all different types of leadership, so if you don't have formal leadership, that's ok. You can have informal leadership; maybe you took over a situation of some sort—you got people together so that you could play in a sport, you were an informal leader and coach of your team.

**Theme 3: Experience with Patient Contact.** Here you want to relate an experience where you felt you truly helped someone. Focus on one specific story. In your personal statement, you might have had two or three short stories about experiences, but here you can dig deeper into one experience and talk about it. This can be in a hospital setting, a community environment, a setting completely outside of medicine, but it was a way for you to really demonstrate your altruism and your connection with another human being.

**Theme 4: Research.** What sort of research have you pursued? What did you learn that makes this type of endeavor worth recommending to others? Even though you might want to describe the specific skills that you learned during your research, focus on the specific break through, the “Ah hah!” moment that you had during the work that you did. It doesn't have to be a scientific breakthrough; but it's something that really had an impact on you. Maybe you recognized for the first time how research plays an important part in the lives of other human beings. Maybe you realized that the research you are doing might not have a consequence for human beings for several generations, and you begin to see the long view.

**Theme 5: Describe a challenge you have over come.** What is a difficult situation you encountered and how did you deal with it? There should be a story of transformation here. Even if you dealt with the situation badly. If you had a difficult challenge, and you completely botched it: what happened after. Who have you become as a result of that experience? Ex: I saw someone cheating and I let it go, I never confronted them. It really has had an impact on me

because I realize that not only did I let down myself, I let down the person who was cheating and the larger academic community that I am a part of. Difficult experience essays are a great place to express stories of transformation.

**Theme 6: Values and Beliefs.** Most of us live by some values, some belief system that serves as a guiding principle of daily life. What influences have been particularly important to you? Describe both your values and the things that have been influential on you. You can take a simple value, aka perseverance, and give an example of a specific circumstance where you can exemplify your belief. Allow the story of the circumstance to help create evidence and support for the value and belief system that you have.

**Theme 7: Extracurricular Activities.** Describe a hobby or a major non-academic interest that you have. The goal here is to show that you are well rounded. You want to be able to say you are passionate about something other than medicine and science. So pick one or two of your hobbies and interests and write about them. As long as it's something that tells the committee about you and who you are, it's ok. That's what the goal is.

**Theme 8: Where do you see yourself contributing to medicine?** How do you see yourself contributing to medicine in the future? What do you hope to contribute? What do you want to solve? Is there one aspect of medicine that you are particularly passionate about? Once you are established as a physician, how do you plan to give back to the community? You can use any of these angles as prompts in order to help a medical school really identify how you see yourself making a contribution to medicine.

**Theme 9: Any other information you wish to share?** This is a "kitchen sink" type of prompt. You get to answer the question, "What else would you like us to know about you that we haven't asked?" This question comes up a lot.

Commonly, you want to use this as explanation of low gpa/low MCAT score, some other disadvantage you've had that has not been addressed elsewhere. That's the most common thing. A lot of students struggle with this because they want to answer the question, and they are really nervous about leaving an essay question blank. But if you do not have something you wish to communicate, you do not have anything else that is a gap in your candidacy or anything else that



needs explanation, then there's no reason for you to answer this question as long as its optional in the secondary. If you believe there is a legal issue in your life you want to elaborate on or explain, this is the place to do it. If you have had academic issues—probation, low GPA, this is the place to explain this. Tell what is going on it. And don't be afraid! It's not about making an excuse. We're talking about giving reasons. If you had a family crisis, a family member got very ill, and then you got a low GPA that semester, that is perfectly ok to say. If your GPA has improved since the family member got healthy again, use that as a story of transformation. You made the choices you made, and then you were able to come back and lift up your grades.

For the MCAT, it isn't enough to say "I'm bad at taking standardized tests." You want to communicate something far more specific. The MCAT is a unique exam and it is focused more on standardized test tricks than content, and you are better at tests that measure content, like your board will be testing you on.

**Theme 10: Why this school?** We will be getting into the "why this school" essay question in another section.

### **What else should I know about the secondary?**

After you have gotten through these themes and have written your essays, it's tempting to get into perfectionism. You can spend all summer writing secondaries and never turn them in. Remember: timing is really crucial in the essentials. Let's put this in context: you have submitted your primary, turned in your transcripts, taken the MCAT, submitted letters of recs, and now you are getting secondaries back. You feel like you have applied to medical school; but you haven't really finished. You haven't started to be evaluated yet because your secondaries aren't done. You really want to be careful and send your secondaries back as fast as possible. A great trick is to get your secondaries done in advance before you get the secondary application. Get the theme prompts done, help yourself out. You will be amazed how powerful that can be for you.

### **What should I do now?**

- 1) go to the workbook and brainstorm some topics for the main secondary essay prompts which we have listed in the workbook

- 2) write first drafts of your secondary essays early so you can send the completed essays to medical schools earlier than you would otherwise be able to do

**The assignment for this section is:**

- 1) **Go to the workbook below and brainstorm some topics for the main secondary essay prompts**
- 2) **Write first drafts of your secondary essays early so you can send the completed essays to medical school earlier.**

**Be sure that you complete the assignments before you go to the next section to get the most out of those program. Remember: YOU are a doctor in training!**

## **Section 13 Assignment: Secondary Application Exercise**

Instructions: For each secondary application theme, jot down some ideas about how you would answer the question. Feel free to continue on additional pages of paper outside of this workbook.

**Theme 1: Diversity.** How would you contribute to the diversity of the educational experience at this university?

**Theme 2: Leadership**

**Theme 3: Experience with Patient Contact**

**Theme 4: Research**

**Theme 5: Describe a challenge you have overcome**

**Theme 6: Values and Beliefs**

**Theme 7: Extracurricular Activities**

**Theme 8: Where do you see yourself contributing to medicine?**

**Theme 9: Any other information you wish to share?**

## **Section 14: Secondaries, Part Two**

Welcome back to the Medical School Admissions Blueprint. In this section, we will talk more about secondary applications.

### **What can you tell me about answering the “Why this school?” prompt in my secondary application?**

This prompt is very tough on students because often they don't know why they are applying there, they just want to get in! But you have to write this essay from the perspective of how you see yourself as a good fit for the medical school. The trick is to start by taking a few minutes and doing some research to figure out your reasons why you and the school might be a good fit. Here are some questions to ask yourself:

#### **What is this school's medical and educational mission and how do I relate to that?**

Why is this school in existence? What sort of community does this school hope to serve and how do I fit into that community?

What specific extra curricular on campus events or activities might be a fit? This school has all these activities—which ones do you fit into?

What specific off campus extracurricular activities does this school participate in that might be a fit for you? For example: med school that does international service work, with med students traveling around the world

What are some specific academic activities that might be a fit? A particular project that the school is involved in?

What specific person might be a good match for your interests? A faculty member, researcher, etc. You might be motivated to go to a particular med school because the research you've been doing in undergrad is being run by someone who's mentor is a faculty member at the med school you are applying to. Or is there a specific lab or research project you want to get involved in.

Once you have this basic information, you are ready to ask yourself more advanced questions regarding why you are picking that particular school. Your goal at this stage is to find a personal connection between you and the school that will allow you to elaborate on why you want to apply to their program.

Who do you know who has been or is currently involved at the school? If you don't know anybody there, you can call the advising office and ask to speak with a current medical student and have that student discuss a typical day in their life as a med student with you. Your goal is to look for common ground between your life and the life of the student on campus so you can describe in your secondary how well you fit in. you can literally say that you were on the phone with a current med student, and describe what the student said about their life, and how you see your life fitting into that and that's why you want to apply to the program: because its such a good match for you.

Now that you have completed this research and you have this review of your prior experiences, you're goal is to compare the information you learned to your own life, looking for commonalities so that you can use those to write your "why this school" essay.

Because you might be applying to multiple medical schools, your goal is to lay out an overall template of your answer. Then you can create specifics: names of faculty, programs, circumstances, etc. There is also a template in the Medical School Admissions Blueprint to help you with that.

### **What should I do now?**

- 1)Go to the workbook and find the "why this school?" template
- 2) as an exercise, pick one medical school and start to write your answer to "why am I applying to this school?" and write your answer to that question to get your essay started.

**Your assignments for this section are:**

- 1) Go to the workbook and find the “why this school?” template**
- 2) Pick one medical school and draft your answer to the “Why this school?” essay**

**Remember: YOU are an AMAZING PreMed!**

### **Section 14 Assignment: “Why this school?” Template**

**Instructions: Pick one of your top schools from the “School Selection” assignment and visit their website. Answer the following questions with information you find.**

**Your answers to these questions can form the basis of a persuasive answer to the “Why this school?” question, so keep track of your responses.**

Name of school:

Why does this school exist? What sort of community does this school hope to serve and how might you fit into that community?



What extracurricular activities or campus events might be a fit? What off-campus extracurricular activities might be a fit for you?

What are some specific academic activities that you would participate in if you were a student? Example: Research projects, community service projects, student medical journals

Using your responses to the previous question, prepare an outline to answer the “Why this school?” question. Summarize what appeals to you in the form of an answer to the question, “Why this school?”

## Wrap it up!



Thanks for listening!

I hope “Medical School Admissions Blueprint” helped to clear up any confusion or uncertainty you had about med school admissions. I did my best to include every single bit and piece of information I have learned about admissions in 17 years as a premed expert, and I’m confident that you’ll be ready to get into med school if you follow my Blueprint with diligence.

If you haven’t already watched the [Blueprint Intro Webinar](#), you need to watch it now. The Intro Webinar is required for you to fully understand how to use my system. It’s an essential piece that will help you to see how each component of the Blueprint works together to make an easy-to-follow med school admissions plan.

The Intro Webinar also introduces you to Kristine Jones, the former Dean of Admissions at Rosalind Franklin Medical School (formerly known as Chicago Medical School). Kristine runs INQUARTA’s Premed Private Circle, which includes a coaching call twice a month to provide personalized help for premeds who want guidance from an admissions expert.

Go watch the webinar now! [Sign up here](#).