The Medical School Application Process

Part I

February 1, 2017

Part II- March 1- MCAT prep- tentative
Part III- April 5 (Dr. Witzburg)
The Application Process-2017

1. When to Apply
2. MCAT
3. AMCAS
4. Letters
5. Schools
6. Admission to BUSM
7. Timeline
8. Personal Statements
Apply June, 2017

1. Strong academic record in program
2. Competitive or near-competitive MCAT score
3. Solid record of service, clinical, research activities
Apply June, 2018

1. Never taken the MCAT

2. Have taken but significant improvement needed

3. Any incomplete grades or remediation exams

4. Need to strengthen GPA in MAMS Program

5. Limited service, clinical, research activities

6. Just don’t want to rush things
APPLY EARLY!!!!!!
Submit       Verified
(approximate dates)

June 1       few hours
June 5       few days
June 15      2-3 weeks
July 15      6-8 weeks

- AMCAS does not begin sending applications to medical schools until late June
- Will receive secondary late June (even if waiting for MCAT score)
- Cannot submit secondary if not verified
- Interview slots fill up quickly
2. MCAT

June dates to apply 2017

Consider August dates if waiting to apply in June 2018
3. AMCAS

Site opens early May - add coursework, experiences, order transcripts, enter recommender information

Applications may be submitted early June

SUBMIT AMCAS IN FIRST WEEK!
Should I still apply in early June if I am taking the MCAT in June?

YES!

Consider submitting AMCAS with 1-4 schools listed until MCAT score available. Can add additional schools later.
AMCAS Application

1. Grades/courses
2. Activities Paragraphs
3. Personal Statement
4. Letter IDs
5. Schools?
Grades/Courses

- Make sure that Course name matches EXACTLY what is on transcript- order official transcript from every school attended for both AMCAS and for you

- All major courses in MAMS Program = BCPM
- Do not use “Health”

Biostats = Math
Biochem = Bio
Physiology, COT, Pathology, Pharm = Bio
Biomedical Information = Bio
Thesis = Bio, Other (Grade = J)
Activities Paragraphs

Experience Type: Teaching
Experience Name: Teaching Assistant      Dates: 06/2014 – 12/2014
Total Hours (per time period): 500
Contact Name & Title: Dr. Gwynneth Offner, Course Manager
Contact Phone and Email: 617 6388221; goffner@bu.edu
Organization Name: Boston University School of Medicine
City / State / Country: Boston MA / United States of America
Experience Description:

What it is
What I did
What I learned, felt, experienced, etc

Do not use bullets; be clear and concise!
Can use descriptions entered on Biosketch
- Maximum 15 paragraphs- do not need to use all! up to 3 of these can be “most significant” (extra characters)

- College, post college and graduate school

- Do not include high school unless activity continued on

- Should combine related activities (publications, different roles in a single organization)

- Can enter “future” activities (thesis research), but only be specific if you are certain that the details will not change. Will have to use current date as start date- explain in the paragraph
4. Letters

In general, two sets of letters

Undergraduate
- Committee letter
- Letter Packet
- Individual Faculty Letters

Graduate- MAMS Letter Packet

Each letter (or letter packet) needs AMCAS Letter ID form
Undergraduate (if 3 years or less since graduation)

1. Committee letter
contact pre-professional office for an updated letter

2. Letter packet
contact individual recommenders and request that they update and send to pre-professional office

3. Individual faculty letters
contact faculty, ask them to update and upload to AMCAS or Interfolio
Graduate- Letter packet (usually 3 letters)

Director’s letter

Advisor’s letter

optional: 1 letter from GMS faculty member (Physio, COT, Biochem, Pharm, Path)

- possibly 1-2 additional letters from post-undergrad volunteer/research positions

Note: Letters should all be submitted electronically to mams@bu.edu

We can not transmit undergrad letters or use Interfolio. Letters must be included in letter packet
AMCAS Designation:

Undergraduate: as appropriate, committee letter, letter packet or individual letter

Graduate: **Letter packet**- request Letter ID on AMCAS, list me as primary author and add advisor, other faculty, outside letter writers as “additional authors”.
5. Schools

25-30 MD schools

State of residence school(s)
Range of competitiveness
Consider including private and OOS public:

BU, NYMC, Albany, Tulane
Eastern Virginia, Drexel, Creighton
Tufts, St. Louis, Wayne State
SUNY Downstate, Temple,
Mich State, Hofstra, VCU, GW
Vermont, Uniform Services

Use MSAR (new version in April), advisor, me for guidance
DO Schools?

Include 5-6 and consider:

NYCOM (Long Island)
PCOM (Philadelphia)
UNECOM (Maine)
Touro NY/Nevada/CA
Western (CA)
LECOM (PA)
Private Top-tier Reach MD Schools (pick 1 or 2 of these unless you have exceptionally strong credentials)

Stanford
Yale
Emory
Northwestern
U Chicago
Johns Hopkins
Harvard
U Michigan
Wash U
Dartmouth
Einstein
Cornell
Columbia
NYU
Sinai
Duke
Case Western
Penn
Pittsburgh
Vanderbilt

Private MD Schools where past MAMS students have interviewed/been admitted:
Private MD Schools where past MAMS students have interviewed/been admitted

George Washington
Georgetown
Rosalind Franklin
Loyola
Rush
Tulane
BU
Tufts
St. Louis
Creighton
Albany
NYMC
Rochester
Wake Forest
Drexel
Jefferson
Temple
Miami
Hofstra
Quinnipiac
USC
Oakland University
Cooper Medical School
State Schools where Past MAMS Students (non-residents) have interviewed/been admitted

Commonwealth (PA)
U Illinois-Chicago
Indiana
Wayne State
SUNY Downstate
U Toledo
Cincinnati
Penn State
Vermont
Eastern Virginia
Virginia Commonwealth
Michigan State
Western Michigan
Wright State Univ (Ohio)
Florida International
Florida Atlantic

DO Schools to consider

University of New England
PCOM (PA and GA)
6. BUSM Admissions
7. What should I do between now and June?

1. Register for MCAT
2. Contact Recommenders for letters
3. Complete Personal Statement
4. Complete Activities Paragraphs
5. Decide on List of Schools
6. Order transcripts after May (undergrad) and after Spring grades posted (GMS) using AMCAS transcript request forms
8. Personal Statements
1. I have wanted to be a doctor since I was 6 years old. My grandfather was in the hospital after suffering a broken hip and I will never forget how scared I was with all of the white coats rushing around him. However, one of the doctors in a white coat came up to me, took my hand and told me that my grandfather would fully recover. I want to be that doctor, caring not only for my patients’ physical needs, but also for the emotional needs of their families.
2. In college, I explored many interests and made significant contributions to my school and community. However, I now realize that as passionate as I was about those activities, I let my grades suffer and had several semesters in which I did not perform to my potential. I worked very hard in my senior year and was able to attain a 3.8 GPA in my last two semesters. I urge the committee to consider this improvement when evaluating my application.
3. I will never forget the night my uncle complained of dypsnea shortly after dinner. As he clutched his chest and became diaphoretic, I dialed 911, fearing that he was experiencing an MI. The paramedics came and transported him to the ER where a swarm of white coats surrounded him. As I heard the words V-tach and amiodarone, I explained to my family that it was an irregular heartbeat and that my uncle should fully recover.
4. I entered college knowing that I wanted to be a physician and began to explore all areas of my future career. I spent a summer as an IRTA fellow at NIH where I worked in the laboratory of Dr. X investigating the changes that occur in the brain during learning. I interacted with residents, fellows and medical students and had the opportunity to present my research in a poster at NIH science day. Here, I came to understand the critical link between research and medicine and I intend to stay involved in research throughout my medical career. I also volunteered in the ER at a local hospital where I was able to help the nurses and interact with patients, assisting them with personal tasks and just sitting and talking to comfort them. This exposed me to the human side of medicine and made me realize just how important this can be in effective patient care. I will always take those few extra minutes to comfort and reassure my patients, knowing that this will make me a better doctor.
5. My aunt was diagnosed with colon cancer when I was a senior in high school. She went to several doctors who dismissed her symptoms and told her there was nothing wrong. I had read many articles on cancer and urged her to make one more appointment. She was discouraged because the doctors had only spent 10 minutes with her and had interrupted her constantly when she tried to ask a question. As someone who aspired to become a physician, I found their rudeness shocking and unprofessional. The fourth doctor patiently took the time to listen to her and answered all of her questions. He ordered a few tests and called a few days later with the diagnosis. As dire as it sounded, he reassured her that the cancer had been detected early and that she had a very good prognosis.
6. Jose clung to his mother waiting in line at the clinic our mission team set up in Guatemala. He had no shoes and beneath his torn and dirty clothing, I could see that he was severely malnourished. I went on this trip because I wanted to help Jose and the others waiting in the line but I was shocked and heartbroken to see the terrible conditions in the village. The day before, we saw 50 patients before noon. Using my Spanish, I was able to ask the patients why they were visiting the clinic and took their vitals. I cleaned and sutured wounds and prescribed antibiotics for patients with common infections.
7. Sometimes its like you are looking down a long tunnel. You don’t see anything except the catcher’s mitt; not the crowd, not the coaches, not even the hitter. Everything becomes secondary to the execution of the pitch. Maybe it’s because you’ve got the hitter fooled or maybe it’s because you’re just too fast for him that day, but you just know that the end result will be the pop of the mitt and the exhilaration as the world around you comes back into view.

That’s life as a pitcher, for better or worse. You are at the center of everything and the game does not begin until the battle between you and the hitter is won or lost. I love that pressure and for most of my life, there was no place I would rather be than on a baseball diamond. However, other interests have taken precedence in my life. The thrill of learning the scientific principles behind medical treatments and the realization of my academic potential now give me the same satisfaction as victory on the pitching mound.

I want to go to medical school because I want to continue to learn about the human body. I want to learn how it interacts with the world around it, what makes it sick and what can be done to prevent or treat illness. I look forward to that opportunity like I look forward to the next baseball game. It will not be easy, but I know that as obstacles arise, they can be overcome through shrewd thinking and determination. The last play will end and the next play will begin with the ball back in my hand. I am ready to take the next step in my journey to becoming a physician.
Personal Statement

- Not just a recapitulation of activities

- Personal vignettes/stories

- Do not include anything negative; do not make excuses for poor academic performance. Use secondary questions for this information

- Portray yourself as someone the reader would like to meet
- Why you and not another applicant with the same academic credentials
Personal Statement should reflect YOU

Work with your advisor on this after discussing Biosketch

Don’t send to 20 friends

Not appropriate to use professional or student-run editing services
I frantically rummage through my cupboards on Thursday morning. It's my first time cooking by myself for Thanksgiving, and the small group for which I planned an intimate meal has nearly doubled overnight. Little do they know the food preparation had begun days ago with boiling of brines and the rolling of pie crusts. I am determined not to turn anyone away, because the purpose of dinner is to welcome the stragglers without family or funds for a plane ticket home. There may not be enough chairs, but there will be enough food. According to my Nonna, leaving a guest hungry is the worst kind of 'mala figura,' a bad appearance. I can picture the wrinkles resting about her face as she speaks. They contrast sharply with her capable fingers, plump like cooked sausage, that can knead dough for bread or gnocchi by expertly folding it over and pressing it across a floured board with the heel of her palm. Gnocchi! That's it! I swivel toward the fridge and extract the packaged pumpkin gnocchi whose flavor I had intended to imitate with leftover sweet potatoes. For the sauce I use a little cream from the desserts, some basil from last week's pesto, and presto! My company will be none the wiser.

When hosting dinner, my goal is to ensure my guests are relaxed and comfortable, remaining blissfully unaware of the efforts to achieve this. Hours in the kitchen learning and practicing are ultimately employed in serving a guest, much like medical knowledge is applied for the benefit of a patient. Especially useful are the problem-solving skills that help me adjust to unexpected circumstances and avert the occasional impending disaster. There is creativity in testing recipes and finding how ingredients harmonize in a particular flavor, just as ingenuity is helpful to determine how disease states can cause certain patient symptoms. A recipe is often a mere guideline, changing in each unique situation. For instance, Nonna's gnocchi recipe says to just add egg and flour to leftover mashed potatoes. How much flour depends on how much potato is available. Her secret? Keep adding flour until the dough "feels right."

The practice of medicine simply feels right for me. Being a physician is not what I had always dreamed of doing. My desire results from a culmination of small experiences over time while I tested different flavors to see what suited me. As an undergraduate I studied chemistry and biology and found I enjoyed the laboratory. While volunteering at Harbor-UCLA Medical Center, I preferred clinical work over basic scientific research. In the clinical laboratory of St. Joseph's Medical Center, I wanted to learn the clinical significance of the tests and how patient care depended on the results. Now studying physiology and histology at Boston University has inspired me with a hitherto unknown fervor, which hopefully represents a taste of what is to come with further study.

It was at my family's dinner table that I initially became an inadvertent student of medicine. Dinnertimes were often delayed in anticipation of my father's arrival home, but when we sat together to share stories about our day, his were the best. He is an obstetrician and gynecologist, and he demonstrated the dedication necessary to delicately balance the personal and professional roles of a physician.
Around the table I could inquire about the meaning of a medical term or the logistics of a procedure. But my father's stories also revealed characteristics which I admire and emulate, like his compassion, professionalism, active listening, and constant commitment to improvement. Most importantly, his tales were compelling because of the personal relationships within them. I especially loved to hear how his recommendations affected his patients because they are the reason for all he does. At their core, my father’s narratives were about the individuals he healed.

Similarly, the motivation for preparing a meal, the true purpose of it, is the people with whom I share it. This is exemplified magnificently at Rosie's Place, a respite for women in need. The food I serve is far from gourmet, but it is powerful in its ability to draw forth the overlooked and the hurting and give them the courage to seek help. The meal exists to give our guests sustenance and refuge from hunger, much like the purpose of a physician’s medical training is to provide relief from her patients’ ailments. We attend our company with hospitality. I aspire to become a physician so I may serve my patients with the joy and fulfillment that I serve dinner guests.

Like medicinal practices, culinary techniques and ingredients vary widely across the globe reflecting unique societies, environments, and cultural tracitions. At Thanksgiving, we gather around a meal to give thanks. I look at the strange and familiar faces crowded around my makeshift table, and I am grateful. I am grateful to be able to accommodate these people whose cheerfulness will nourish our souls as food nourishes our bodies. Like the preparation of a Thanksgiving meal, the practice of medicine is the culmination of learning and practice applied toward the service of others. As I strive to be a gracious host at the table, so do I strive to become a caring physician at the bedside.