Medical students applying for anesthesiology training through the Electronic Residency Application Service (ERAS) submit 1-page personal statements in which they describe themselves and why they are applying. Having read hundreds of statements over many years, I offer some observations on what applicants commonly write about, and cite examples from recent applications. My primary goals are to identify personal statements as information troves about the specialty, to observe what attracts students into anesthesiology, and to stimulate further review of personal statements. A secondary goal is to offer applicants guidance on writing better statements. A caution is that this guidance is based on my observations, and may not apply to others involved in resident selection.

BACKGROUND
ERAS facilitates residency applications by collecting multiple documents into one file that includes grade transcripts, test scores, evaluation letters, and other information, as well as a personal statement. Most applicants use ERAS, and apply to multiple programs. They pitch themselves to residency directors and admission committee members primarily through their personal statements, hoping to gain an interview. Students recognize their statements as important, to be crafted with care, because more apply than positions available, and because some programs are very selective.

Serving on residency admission committees for nearly 20 years, I have found personal statements to be rich sources of information, worth reading, and often enjoyable. Individually, they fascinate. Collectively, they describe the backgrounds, interests, activities, talents, and goals of future anesthesiologists, what they perceived the specialty to be about, and what its leaders want to read. With this in mind, I reviewed the personal statements of the 65 applicants invited for interviews at West Virginia University during 2010, a time during which I did not participate in resident selection, yet had access to the statements. This paper reflects generally on what I have read over many years, and cites representative examples from these 2010 personal statements. The Association of American Medical Colleges, which runs ERAS, permitted this examination, and the West Virginia University IRB exempted it from detailed review. Applicants quoted in this commentary granted their permission, with a promise of confidentiality.

ERAS provides few directions for composing personal statements beyond size limits and characters allowed. The American Medical Association (AMA) website, however, advises applicants to answer 3 questions: (1) What got you interested in anesthesiology? (2) What are you looking for in a residency program? and (3) What are your goals as an anesthesiologist? Residency guides appearing early in Google Web searches often include variants of these 3 questions, and most applicants attempt to answer them.

This paper is organized around these 3 questions, personal information included in the statements, writing style, and writing help.

WHAT GOT YOU INTERESTED IN ANESTHESIOLOGY?
Personal experiences with anesthesiologists both before medical school and during medical school clinical rotations attract many students into anesthesiology. Of the 65 statements reviewed, 10 described influential personal experiences before clinical rotations, and 18 during them. These personal experiences, often poignantly described, ranged from surgery on the parents or children of applicants to surgery on themselves. The skills and competence of anesthesiologists awed youthful observers. “At the age of thirteen, I had undergone a simple surgery to remove a cyst from my neck. My mind was filled with questions .... An anesthesiologist entered the room with a comforting smile on his face .... With his compassion, he gained my trust that I was going to be safe and comfortable under his care.”

A typical clinical experience involved active participation: “I became a part of the team during preop and postop management, placed IV lines and laryngeal mask airways, and even intubated patients in the operating room .... I enjoyed every moment.” Performing procedures was the common hook: “Through my clinical rotations I learned that I also liked working with my hands,” and “The theme
that resonated through every rotation was my desire to seek out technical procedures.” Twenty-two of the 65 essays included positive statements about personally performing procedures. Several applicants often described their nascent abilities or already acquired competences with procedures, and equated performing them with helping patients, earning recognition, and achieving personal satisfaction.

Many applicants found preoperative discussions with patients important and satisfying, and described their interpersonal skills and counseling abilities as reasons they should excel as anesthesiologists. Applicants often described fear and other emotions of patients before surgery and how a compassionate anesthesiologist had relieved and comforted their patients. They found the trust that patients place in anesthesiologists as evidence of professionalism in the specialty and a worthy career.

I am interested in the short term interactions that take place prior to, during, and after the procedure that is being performed. In this short timeframe, the anesthesiologist must gain the trust of their patient and be able to provide the information needed to place them at ease. I want to have the above responsibilities and know at the end of the day that I, along with the staff, did the most within our abilities to uphold the principles of beneficence and nonmalefeasance.

Other attractions to anesthesiology included the need to make decisions rapidly, their life-or-death importance, teamwork, the operating room environment with its attention to protocols and details, breadth of the specialty, and basic science foundation.

[An] aspect that I find unique to anesthesia is the minute-to-minute changes in patients and how quickly they can go from stable to unstable. It takes quick decision making and confidence to respond to such changes and I find this art of anesthesia to be the most exciting and rewarding.

(It is) a field that requires the practitioner to be in control and totally responsible for the patient.

When I saw the anesthesia supply cart with color coded drug labels, I knew I belonged.

No applicants mentioned work hours, lifestyle, income, employment arrangements, or job security despite studies that list these as important determinants of specialty choices, an acknowledgment that personal statements are as much about personal marketing as revelation, about emotional connection as well as rational argument.

**WHAT ARE YOU LOOKING FOR IN YOUR RESIDENCY PROGRAM?**

Applicants seemed to answer this question more from duty than from insight, often devoting 1 sentence to it. Some combined desired program attributes with their life goals. Some just restated their anesthesiology interest or personal skills. Others acknowledged their lack of sufficient experience to answer the question properly. “Although I do not know how I will choose to direct my career, I am looking forward to a residency program that is rich in resident education and clinical experience.” These answers provided little help in understanding the applicants, only their reading and writing abilities and chutzpah.

**WHAT ARE YOUR CAREER GOALS?**

Approximately half the applicants stated that they were embarking on a career, destination unknown. Many qualified their statements with “if,” “probably,” or “perhaps.” For instance, “After residency I have hopes and dreams of perhaps pursuing a fellowship in pain medicine and one day practicing in the South or Midwest.”

Many applicants just aspired to program admission, evidence of the current competitiveness of the specialty and their lack of sufficient life experiences to answer the question cogently. One wrote, “Given the opportunity to pursue this specialty I know that I can develop into a hard working and highly skilled anesthesiologist who looks forward to each day with the same excitement that was there since the beginning.”

**PERSONAL INFORMATION**

Most applicants enriched their statements with personal histories, usually as preambles or asides. These biographical anecdotes helped explain their backgrounds, qualities and styles, often making me want to meet them, with questions in mind. Examples:

I was born and raised in an ethnic community.

We had to start from scratch, I had to learn a new language, and my sister had her heart surgery.

I am an Italian-born, Christian, Israeli-Arab-American.

My father is a pediatric anesthesiologist.

My third year of medical school began with a Hodgkin’s diagnosis.

Another favorite job was working as a front desk clerk for a small motel called Claridge Inn.

Applicants have fascinating histories, reflecting the diversity of the United States and those who wish to study here. Their anecdotes were humanizing and intriguing, and sparkled more interest in meeting them than their presumed required answers to desired program attributes and career goals. Studies correlating elements of the abundant personal information with training and practice outcomes may provide further help.

**WRITING STYLE**

The AMA Website also advises, “Begin your essay with an attention grabber: a quote, a story, an anecdote, or a riddle.” Many students followed this advice, with results that seemed contrived, unrelated, or weird. Sample beginnings:

It was a cold winter morning, the air was dry, but the mood was bleak.

You can’t connect the dots looking forward; you can only connect them looking backwards. Steve Jobs.

After reading numerous attempts at flashy beginnings and creative writing, I would advise applicants to try only if they have a flair for writing. Few science majors can compose an essay so gripping that it helps them, and few
admissions-committee anesthesiologists have sufficient time to read and recognize them. Quotes from Mark Twain, Eleanor Roosevelt, and Rabindranath Tagore (Nobel Laureate), among others, were not as illuminating as simple personal statements. Beginning with bits of personal history seemed more compelling and memorable.

Last sentences are also important, commonly read during quick reviews. A positive ending usually left me feeling good, often uplifted, and positively inclined towards the applicant.

I may not know where I will be training yet, but I know with complete certainty that anesthesia is the most unique and fascinating field of medicine I have been involved with and I cannot wait.

Websites that offer advice on writing personal statements often emphasize that applicants should market themselves because of the competitive nature of the residency application process. That applicants were selling themselves in their statements, however, was sometimes too obvious, even annoying. One egocentric applicant used the pronoun “I” 39 times in 43 sentences, making me hope that we would not work together in the same operating room for any prolonged time.

What some applicants thought might make them good candidates sometimes seemed naïve, even humorous.

I am comfortable manipulating sophisticated equipment.

I have been told by people who I work with that I am a good team player in that I help my fellow team members if I am done with my tasks.

Also humorous were overly flattering or heroic descriptions of anesthesiologists. These embellished realities, probably fantasies, entertained me more than they promoted the applicant:

“No”, He says with a firm voice, “There isn’t time, we have to open her chest wound now!” Shocked, I say: “Here? Bedside?” Again he firmly answered “Yes!” That day he saved her life and I was lucky to witness it. He was the leader I long to be, the person with the right action at the right time. I saw him telling her parents what happened as the mother jumped and hugged him. That was all I needed to see, it was him who I want to be! A leader; a savior; a person who takes action.

I did find talented writing and attention-grabbing stories from applicants whom I then wanted to meet:

Help only came from the few safe houses that would provide a place to sleep, and guide us in the right direction in the morning. I recall falling off my horse three times as we tried to cross the cold, rock infested river …. With both feet blistered, my mother could no longer walk, and as I made it down with my sister, my mother lay down and rolled the entire way, determined to reach our destination.

WRITING HELP

More often than talented writing I found awkward wording, singular–plural mismatches, buzz-word nonsense, mixed metaphors, and run-on sentences.

I like to take full responsibility to simplify the most complex of situations for everyone on the team while engendering trust and establishing myself as the low maintenance intern who knows how to perform on and off the field.

Awkward writing seemed less frequent though than the number of applicants for whom English was a second language, perhaps indicating third-party help. The AMA advises, “find out if your school has a writing office, which can help you” and “have your program director evaluate/critique your statement.” The Society for Education in Anesthesia advises medical students, “Obtain and read some previously written personal statements as examples. Identify styles that appeal to you and incorporate these when you write your own statement.”

Applicants can also help themselves by writing their statements as drafts, and revising them later when alert and happy.

Further advice is to be original, avoid plagiarism, and never buy an essay. Admissions committees are discovering that businesses will edit or even write application essays. They charge $49 to $525 for purchases of editing only to “Personal Statement writing service plus CV editorial service plus Letter of Intent (all in English).”

Recent studies using software that detects similarities between resident personal statements and Web page material or previously submitted essays have found evidence of plagiarism in 2% to 5% of statements. Although some of the 65 essays I reviewed contained varying styles and many had common themes, none was obviously lifted or faked. Such personal statements are likely to be screened in the future though by plagiarism-detecting software.

SUMMARY

Personal statements in ERAS residency applications contain abundant personal information and interesting stories in which students describe themselves and their perceptions of the specialty. The writing quality varies greatly, enjoyable when good and tolerable when bad. The content helps us understand our specialty. To the extent that these essays reflect applicants and more broadly all anesthesiologists, we are diverse, enthusiastic, astute, professionally oriented, and patient-centered, and we enjoy performing procedures.

Meaningful interactions with anesthesiologists, performing procedures, the operating room environment, and the critical nature of anesthesiology attract many into the specialty. Applicants shine when writing personal statements that describe themselves, their backgrounds, important life experiences, and values, as well as why they are interested in anesthesia. Their descriptions are best when they are simple, genuine, and positive.

ERAS could help applicants with their personal statements by providing more information and guidance, as well as appropriate examples. Program directors could help by describing how they will use the statements. Researchers could help by correlating personal statement attributes with training and practice outcomes, creating an evidence basis for advice.

**DISCLOSURES**

**Name:** Robert E. Johnstone, MD.

**Contribution:** This author designed and conducted the study, analyzed the data, and wrote the manuscript.

**Attestation:** Robert E. Johnstone approved the final manuscript.

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