

Harvard Medical School

Annotated Medical School Essay Examples

Illustrative examples based on publicly documented admissions patterns. For educational reference only. Not drawn from real applicant submissions.

Admissions Culture and What It Means for Your Essay

Harvard Medical School accepted essays tend to trace a patient encounter or clinical experience to a systemic question, a research direction, or an ethical tension it raised. Essays that stop at the clinical encounter without analyzing what it revealed rarely succeed at HMS. The school rewards intellectual depth: the applicant who observed something, asked a harder question because of it, and pursued that question. Accepted applicants also tend to show breadth of intellectual identity. A background in music, linguistics, policy, or engineering is not a liability at HMS if it is connected to a specific clinical insight. The connective reasoning is what the essay must carry. Generic breadth claims ("I am curious about many things") fail. Demonstrated bridges between disciplines succeed.



Example 1: From Observation to Systemic Question

Private university · Neuroscience · GPA 3.89 · MCAT 522 · Illustrative example

Demonstrates intellectual depth: clinical observation traced to a research question.

Essay

The patient in Room 4 had been awake for three days. The attending documented delirium secondary to ICU admission. I documented what I actually saw: a seventy-one-year-old retired schoolteacher trying to reconstruct where she was by asking every person who entered whether it was Tuesday. She was not confused. She was doing systematic epistemology with whatever information the environment provided. I started reading about the neuroscience of temporal disorientation that night.

That observation led me to a year of independent research on circadian disruption in post-surgical patients, which led to a co-authored paper on light-exposure protocols in ICU design, which led to the question I have not been able to stop thinking about: if the built environment of a hospital routinely induces neurological symptoms in patients who did not have them on admission, what else is the environment doing that we are not measuring.

I want to train in academic medicine because the questions I am most interested in require both clinical access and research infrastructure. The patient in Room 4 is why I want to be a physician. The question she raised is why I want to be at a research institution that takes both halves of that seriously.

I am not a basic scientist who wandered into medicine. I am someone who finds clinical problems generative in the way that good research questions are generative. I want to spend my career at the place where the two are hardest to distinguish.

Annotation

Intellectual depth structure

The essay traces a single clinical observation through four levels of consequence: observation, research project, publication, and open question. This is the HMS structure working correctly. Each level earns the next.

The patient as a thinker

Describing the patient's disorientation as "systematic epistemology" is both accurate and intellectually generous. It shows the writer sees patients as cognitive agents, not cases. HMS readers notice this.

Research connection

The paper and the ICU design question are not dropped as credentials. They are shown as the natural consequence of the initial clinical observation. The essay does not credential-list. It reasons.

Final claim

The closing distinguishes between the reason for wanting to be a physician (the patient) and the reason for wanting to be at a research institution (the question). HMS rewards applicants who can make this distinction because it signals they understand what academic medicine actually is.

AAMC competencies demonstrated

Critical thinking, scientific inquiry, commitment to learning, service orientation, written communication.



Example 2: The Cross-Disciplinary Bridge

Private university · Philosophy and Biology (double major) · GPA 3.84 · MCAT 519 · Illustrative example

Demonstrates intellectual breadth connected to a specific clinical insight.

Essay

I spent four years studying two things that are supposed to be opposites: the philosophy of mind and the biology of the brain. The question that pulled me into both of them was the same one: what is the relationship between the physical substrate and the experience it produces. I did not know when I declared both majors that this was also the central question of clinical neurology.

In my second year of volunteering in a neurology clinic, I watched a physician explain to a patient with early Parkinson's disease that what he was experiencing in his hands was a failure of dopaminergic signaling in the substantia nigra. The patient listened and then said: "But why does it feel like I'm moving through water?" The physician said: "That's a good question." And then the appointment ended.

I have been thinking about that patient's question for two years. It is not a question neuroscience cannot answer. It is a question that requires someone trained in both the biology and the phenomenology to even hear correctly. Most clinical training produces physicians who hear the biology. I want to be one of the physicians who hears both.

Philosophy taught me that the experience a patient describes is data, not imprecision. Biology taught me what generates it. I want to practice at the intersection of those two disciplines in a clinical setting rigorous enough to take both seriously.

Annotation

The double major as argument

The essay does not explain the double major as a curiosity or an achievement. It explains it as a consequence of a single question. This is the correct framing for any non-standard background: not "here is what I did" but "here is why this combination was inevitable given what I was trying to understand."

The patient's question

The patient asking "why does it feel like I'm moving through water" is the pivot of the essay. The appointment ending without a real answer is the gap the essay exists to address. HMS readers understand that this gap is real and that it requires exactly the kind of training the applicant is describing.

The final claim

"Most clinical training produces physicians who hear the biology. I want to be one of the physicians who hears both." This is a precise claim that is falsifiable: either the applicant can demonstrate training that equips them for this or they cannot. The essay demonstrates the training. The claim is earned.

AAMC competencies demonstrated

Critical thinking, written communication, service orientation, commitment to learning, understanding others.

