Johns Hopkins School of Medicine

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

Johns Hopkins School of Medicine has a strong institutional emphasis on urban health, health disparities, and the social determinants of care. This is not a soft preference. It is embedded in Hopkins's research agenda, its clinical programs, and the patient population it serves in East Baltimore. Accepted essays frequently demonstrate structural awareness: the applicant who has not only encountered health disparities but thought carefully about their causes, their mechanisms, and what it would take to change them. Clinical empathy is necessary but not sufficient at Hopkins. The school rewards applicants who can connect what they saw in an individual patient to a broader system-level question. Essays that focus entirely on a single clinical encounter without connecting it to a structural insight tend to read as underprepared for Hopkins's research environment.

Example 1: From Patient to System

State university · Epidemiology · GPA 3.78 · MCAT 513 · Illustrative example

Demonstrates structural awareness: clinical encounter connected to population-level insight.

Essay

Mrs. Alvarez had been to the emergency department four times in eighteen months for the same presenting complaint: uncontrolled hypertension. Each visit resulted in medication adjustment. Each discharge included a follow-up appointment she could not keep because she worked two jobs and did not own a car. I was a first-year pre-med volunteer writing down her medication list for the fourth time when I understood that the problem was not her medication.

I spent the following summer working with a community health organization that ran blood pressure screening at grocery stores in West Baltimore. The organization's data showed that 34 percent of patients who screened positive for hypertension had previously been diagnosed and treated. They were not non-compliant. They were structurally excluded from the follow-up system. The emergency department and the community health organization were treating the same population at different points in the same failure.

I want to practice primary care medicine in communities like the one Mrs. Alvarez lives in, and I want to be part of building the infrastructure that makes follow-up possible for patients who cannot navigate the current system. The Branches of Hopkins program and the Urban Health Initiative represent the institutional architecture that work like this requires. I want to train in a system that has already decided this work belongs in academic medicine.

I am not drawn to Hopkins because of its ranking. I am drawn to it because of what it has built in East Baltimore and what that infrastructure makes possible for a physician who wants to do this kind of work.

Annotation

The structural pivot

The shift from "I was writing down her medication list" to "I understood that the problem was not her medication" is the essay's central move. It demonstrates structural awareness emerging from a specific clinical encounter. Hopkins readers are trained to look for this transition.

The community health data

The 34 percent figure is specific and falsifiable. It transforms the anecdote about Mrs. Alvarez into evidence of a systemic pattern. This is the Hopkins essay structure working correctly: personal observation, population-level data, systemic conclusion.

School-specific framing

The Branches of Hopkins and Urban Health Initiative are named specifically. The essay is not flattering Hopkins. It is explaining why the institutional infrastructure matches the applicant's stated goals. This is what "why this school" is supposed to do.

AAMC competencies demonstrated

Service orientation, critical thinking, ethical responsibility, understanding others, commitment to learning.

Example 2: Research to Bedside in an Underserved Context

Private university · Biochemistry and Public Health · GPA 3.82 · MCAT 517 · Illustrative example

Demonstrates integration of research training with community health motivation.

Essay

The grant application called the community a "hard-to-reach population." I had been doing health education sessions in that community for two years, and the people were not hard to reach. The clinic was hard to reach. The bus did not run on Sundays, the forms were in English only, and the building did not have weekend hours. I started keeping a second notebook during my research visits, separate from my data collection forms, where I wrote down the structural barriers I observed. By the end of the year the second notebook was longer.

My research focused on metabolic syndrome prevalence in a predominantly Black neighborhood in Chicago with limited access to full-service grocery stores. The data confirmed what the literature predicted: elevated rates across every marker. What the literature did not address was what to do when the intervention requires infrastructure that does not exist. You cannot prescribe a grocery store.

I want to practice internal medicine in communities that are described as hard to reach and to spend my career working on what makes them hard to reach. Hopkins's research infrastructure in East Baltimore represents the closest institutional model I have found for the kind of work I want to do: primary care embedded in community, connected to a research apparatus that takes structural determinants seriously.

I came to medicine through public health. I am staying because I want to be the physician in the room when the data and the patient are both present.

Annotation

The second notebook

The detail of keeping a second notebook is specific and memorable. It shows the writer was paying attention to what the research instruments were not capturing. This is the kind of observational discipline Hopkins faculty look for.

"You cannot prescribe a grocery store"

This sentence is the essay's best line. It is short, specific, and it names a real clinical limitation without overstating it. It demonstrates that the writer understands the boundary between clinical medicine and structural change, which is exactly the right understanding for an applicant interested in Hopkins's urban health work.

Final claim

The closing sentence positions the applicant as someone who came to medicine from public health, not someone who is abandoning public health for medicine. This framing is correct and rare. It signals that the applicant understands what they are adding (clinical access) to what they already have (structural analysis).

AAMC competencies demonstrated

Critical thinking, service orientation, ethical responsibility, scientific inquiry, understanding others.