

Dear students of the 2nd Annual Kaiser Permanente Pre-Medical Career Conference,

It was a great pleasure speaking with you, our future medical Jedi-in-training. As a physician and therefore a lifelong learner, I also came home from the conference to reflect on what I had learned. First, I wish I had the benefits of this conference in my youth. In the absence of early guidance, my journey was accidental and circuitous; yours can be more deliberate. Second, while you cannot duplicate the exact roadmap of any of the panelists, I can certainly help reshape your future in approximation. Third, I am told that arranging shadow or volunteer work is challenging due to liability and privacy concerns. On further reflection, I have a solution for that. In medicine, as is true in engineering and military campaigns, we strive to act upon modifiable factors to dictate future outcomes. My action to influence your future is therefore simple: Write you this long-winded letter and suggest a [homework assignment](#) to *double* your odds of success.

For military officer candidates, the key question that must be answered is this: Do they possess the mental and physical qualities to thrive and lead troops in combat? For professional school or job applicants, the questions are the same: Who is this random person? Why do they deserve a ticket to the chocolate factory more than the other [rockstar applicants](#) in the room? What is their capacity to love and care for the most destitute members in the community? Will they try again after they stumble badly, or will they fold and bolt from adversity? What have they done, young as they are, to demonstrate their true potential in making the world a little better? What will they bring to the team? These tough questions are designed to look beyond the GPA and prep school polish to reveal who you truly are. You can continue to tinker with your strengths, or you can labor to buttress your weaknesses and shortcomings. You can explain in words, or you can *perform and demonstrate by action*.

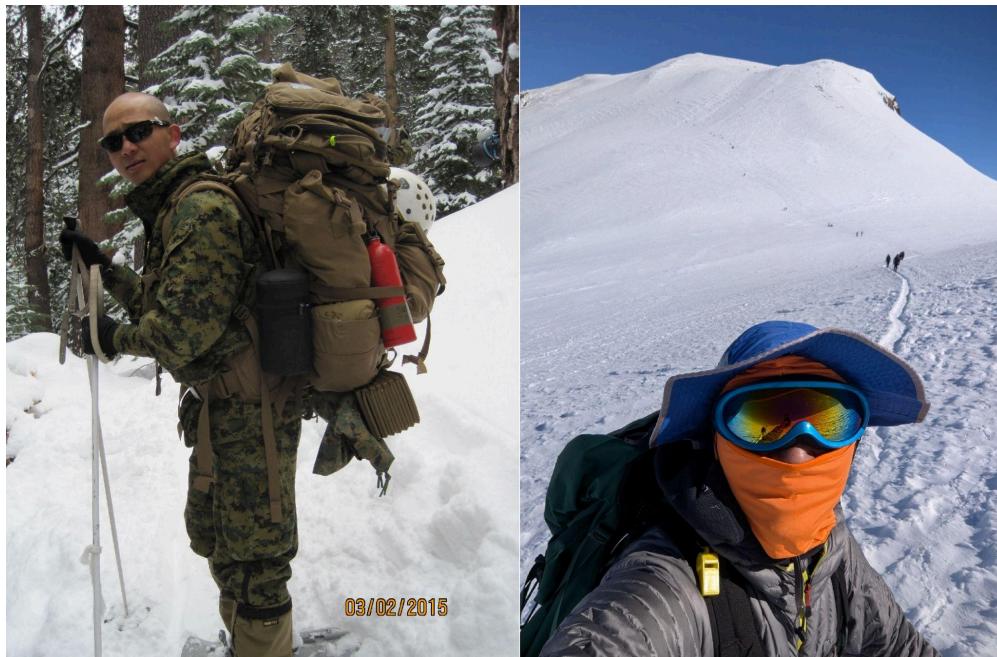
As mentioned, it was miraculous that a poor immigrant kid like me somehow managed to thrive in the military, finish college and graduate school, then go on to become a doctor. Would you believe that at age 34, medical school was not the most difficult challenge to ever stand in my path? I applied only once to [a single school](#), knowing with 100% certainty that I would be accepted. This is not false bravado or humblebrag; I earned my ticket with equity in sweat and blood. Many of my [military training events](#) and [engineering courses](#) were far more grueling than the hardest of medical training. My *ten gap years* of growth and discovery coincidentally answered all the questions directed at an applicant: recovery from an average GPA via tough graduate-level work; military service; work experience; [worldwide travel](#); character development; future potential; stamina as *demonstrated* by parenthood and completing ten marathons. Hitting these milestones was a joyful happenstance for me; your homework at the end of this letter will do the same with careful design. This assignment is meant to further develop your [discipline and grit](#) through action. In the final analysis, steadfast, [goal-directed action](#) is what separates the lucky winners from the dithering thinkers, dreamers, planners, talkers, and quitters.

Our nation is critically [short on doctors](#) and dentists, especially in many underserved communities. Having spent 15 years in the least cerebral of gun clubs ([US Marine Corps](#)), I have a personal bias against any specious talk of “research”. A physician is fundamentally a people healer, and not a “research scientist” if one could help it. In my opinion, people who have an interest and talent in scientific inquiry should be on the MS/PhD track, rather than the MD/DO track. Why take a long detour through medical school if the goal is to invent the next cancer buster in a laboratory? While [graduate school](#) was serendipitous for me, the [work experience](#) that followed also nudged me to my true calling as a military physician. As an admissions panelist puts it, don’t waste your gap year on random research just to demonstrate your scientific prowess (acing the prerequisite STEM courses and MCAT is enough). Instead, strive to expand your interest and experience, nurture your humanity, and enlighten your soul.

As a [military physician](#) who served warriors willing to fight in hell [without hesitation](#), I must be willing and able to follow. In 2014, I trained for a full year only so I could *voluntarily* attend the brutal [Winter Medicine Course](#) at the famed [Marine Corps Mountain Warfare Training Center](#) (photo on left). In 2024, just for fun this time, I summited [Mount Adams](#) (elev. 12k feet) after two years of preparation (photo on right). So, how much are you willing to sacrifice to reach your goals? I will end this letter by sharing the [inspirational words of Naval Admiral William McRaven](#) from his address to the UT class of 2014. For the Jedi-in-training of 2025, your destiny is in your hands. Wake up every morning with intention and conviction, then go straight to work.

Cheers,

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HOMEWORK ASSIGNMENT FOR THE PRE-MED STUDENT

Jian Xu, MD

1. The gap year. Many people will change their initial college major, career choice, and even their spouse a couple of times in their lifetime. Before applying to medical school, you may wish to explore fully to find your [ikigai \(Japanese for life's purpose\)](#). Ultimately, perhaps your ikigai is *not* to become a doctor at all! Perhaps you are destined to become something else awesome, like [Kaiser Dr. Ken Jeong](#), who was reborn as a comedian and actor. Practical experiences are found outside of the classroom. To commit oneself to a lifelong profession, in the absence of adequate life or work exposure, is potentially ill-conceived. You will be judged more by your weaknesses than your strengths. As a deliberate risk mitigation strategy, gap years can serve to identify and shore up your weaknesses until they become negligible.

Not everyone needs a gap year or two, but I think everyone should plan on it as an integral part of their growth and self-discovery (especially if they have little work experience and are only average in a [roomful of rockstars](#)). Here is a thought experiment: if you failed to get into medical school twice in a row, what would you be thinking or doing at this [miserable moment](#)? What are your plans B and C? How will you fill your gap year with joy and meaning? How will you bring joy and meaning to people who need it? How will you reinvent yourself and rise from the ashes? If you worked as an [EMT](#), [CNA](#), [LPN/LVN](#), or an [RN](#), no one would question your *sanity* in wanting to care for *more* patients as a doctor. If you worked in any [public service](#), no one would doubt your *sincerity* in wanting to commit and serve the community again as a doctor.

2. The “experience conundrum” of a job seeker. We can’t get a job without experience, but we can’t get experience without a job. The same conundrum applies to the nebulous med school entry requirement of “transformational clinical/medical exposure”. Well, if you can’t find any clinical shadowing or work opportunity, create one yourself. Ultimately, a good doctor is someone with a big heart who can empathize with the most unfortunate members of their community (who simply do not care if their doctor had a good GPA, traveled to five continents, and interned under Mother Teresa). If you watched the excellent [medical drama The Pitt](#), you will see that good professionals are memorable for their unwavering humanity and for being vulnerably and imperfectly human. These intrinsic qualities can’t be learned from textbooks. Instead, you develop them by going outside and interacting with people.

Go to random places, talk to people in distress, and practice your [listening, interviewing, and empathy skills](#). Find out what makes people cry, laugh, sad, angry, or happy; find out what they do for a living and what they regret *not* doing in their lives; find out how they succeeded or failed; find out what little things you can do, at the moment, to help or comfort them; find out which people make you sick to your stomach, then subdue that reflex of disgust or fear so that one day you may have the privilege to care for them as a doctor. Wherever you choose to go, be safe, be kind, and bring small treats or comfort to *everyone* you meet. Dress and act the part of a poor [journalism student](#) (for that is who you are). Gently but firmly request permission; always respect privacy and personal boundaries. If people say no, move on and try again.

Here are some suggestions on where to start your *clinical exposure* by interacting with people; the actual study of medicine is less important and can come later.

- local ER waiting room on a busy night (your learning starts here, not in the back).
- local VA hospital or clinic waiting room (find the old or disabled veterans who smell bad).
- local homeless shelter, halfway house, AA meetings, etc.
- nursing home or assisted living (find the old residents, the older the wiser).
- ride an ambulance, shadow a social worker, visit a local 988 suicide call center, etc.
- volunteer at a school, food bank, soup kitchen, homeless shelter, community center, etc.

Put your frame of mind in people's tired and worn shoes. Log all your hours of *clinical exposure* and reflect on what you have learned about people and their dreadful circumstances. When you have talked to 100 sick, poor, angry, or frightened people and start to enjoy the interaction, then perhaps you may excel as a social worker, general practitioner, or psychiatrist. Why 100? That's the minimum number of patients a primary care physician will see in just one week. When you have logged 100 contact hours and wish for 100 more just for extra credit, then perhaps you may excel as a surgeon or a hospitalist. Why 100 again? That's the number of work hours in a busy week during [residency training](#) and beyond. When you have completed this assignment and discovered that needy or talkative people are not your thing, then perhaps there is salvation working as a radiologist, anesthesiologist, pathologist, or medical examiner.

3. The marathon, also known as the "long journey to become a doctor". We don't have to be good at any sports to become a doctor. If you have no talent for competitive [sports or hobbies](#), running an actual [26.2-mile marathon](#) is one way to *demonstrate* your stamina and mental fortitude. Marathon training is one practical way to prepare us for the real deal: slogging through college, medical school, and residency training; in short, life in general. The barrier to entry is merely time and a pair of running shoes; that, and the discipline to get out of bed and put shoes on our feet daily, rain or shine. The [prerequisite preparation](#) is straightforward: a non-runner might run roughly 600 miles over 12 months to be able to finish a 26.2-mile foot race. Counting run time and recovery time, 600 miles of running might take you 6000 minutes or 100 hours. Just like assignments #1 and #2, running gets us outside of textbooks and classrooms; it pushes us beyond our physical and mental comfort zones; it prepares us for medical school in a very practical and measurable way, one mile at a time.

I have hyperlinked [four favorite books](#) in my letter; I recommend implementing their ideas via this homework. When you have worn out two pairs of running shoes over [100 hours of running](#), when you have logged [100 hours of interaction](#) with people in distress, and when you have completed an [intentional gap year](#) to strengthen your heart and your spirit, your pre-med preparation is then complete. You no longer have to explain your weaknesses or shortcomings; you have now vanquished them. That was how I completed ten marathons and ran my way into medical school at age 34. Good luck on your journey to medical school. Best of luck in discovering your ikigai.

Cheers,

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