🤖 Reddit Post

EDIT 05/20/26: Due to high demand, I'm now offering consultation and revision services starting at $50/hr. This includes the MCAT, personal statements, activity sections, and overall application framing/guidance.

TITLE: Pulling back the curtain (4.0/526, D1 Athlete, URM)

Before I begin, I want to thank my Lord and Savior, Jesus Christ, for my salvation and the faithfulness of God in my life.

PREFACE: My goal with this post is to hopefully help future applicants/reapplicants by giving a comprehensive look into an application that generated success in the 2025/2026 admissions cycle. When I was gearing up to apply to schools, I remember looking for samples of full applications online to see how everything fit together and the results that they yielded. I could usually only find bits and pieces from scattered examples, or they required payment. This post contains my personal reflections on my cycle and a link to a doc with my AMCAS primary, my secondaries, as well as notes that I took related to interviews and decisions as the cycle progressed.

This post isn't a formula for anything, just a sample of an application that worked, which someone can hopefully benefit from. I redacted/changed identifying details about others in my notes/essays. I didn't include my name in this post, but there's still a ton of personal info here, and I'm not at all a hard person to find, which is something I'm ok with.

For most of my interviews, I took very detailed notes afterward. Many of these notes contain the exact questions that I received. Is that unethical? You be the judge. Like I said, my goal is to pull back the curtain and provide y'all with as much info as I can.

MY BACKGROUND: A little about me. I try to carry a spirit of excellence into everything I do and don't like being average. This has both pros and cons. For me, the biggest areas where that showed up were sports and school. I believe that God has gifted me in many areas, and I acknowledge that I'm what many people would consider naturally intelligent. I work very hard (like I really do bust my butt), but I'm not naïve to the fact that I don't have to invest as much time into certain things to get good results. I don't say that to boast at all or sound prideful; this is just a fact of my life that I've come to acknowledge and be grateful for.

COLLEGE: I began college not super focused on my premed journey. My mom is an immigrant from Nigeria, and her one condition for me to keep playing sports in college was that I kept my grades up. Athletics was my main focus, and I started off playing D3 football and competing in track and field, then transferred to a D1 school to just play football. For the first 2 years of college, all I did was go to class and go to practice. No research, shadowing, or real clinical experiences. However, I've always been very involved in my church and local community, and I engage in mission/service work over the summer every year. If you read through my personal statement and other application materials, you can put the pieces together and get a much better sense of my journey through college and the timeline.

MCAT: I started to think about the MCAT the summer before my junior year. I put off studying all summer and didn't lock in until the Fall. I applied for the AAMC FAP, got access to the test prep materials, and started doing practice questions here and there. It wasn't until I scheduled a test date, though, that I started to take my prep seriously. I shared a post about my MCAT process last year [Link Here].

I think my application would have likely produced similar results with anything above a 520, but having a 526 didn't hurt (probably).

If you haven't already, take a second to skim my personal statement and maybe my NYU, Hopkins, or Duke secondary for more context before the next section.

REFLECTIONS: I'm really happy with the way things turned out, and I got interviews from almost all of the schools that I really wanted to interview at — minus Vandy (poured my soul into that secondary smh).

I believe my application was pretty strong from the perspective of stats and overall activities/narrative. However, I hinted earlier that there actually could have been a downside to such a high MCAT, which was reflected at some of the less competitive schools (relatively). I could just be coping, but I'd speculate that my waitlist at UMiami and my rejections from Emory, UMich, and maybe even Cornell have something to do with my stats. Maybe my writing was also worse for those schools? I don't know. You can read through the secondaries and decide for yourself. The biggest weakness of my application was definitely my lack of research experience and productivity. It obviously wasn't a dealbreaker for many schools, but I think my applications to Stanford, UCSF, Penn, and even Vandy could have benefited from more significant research. Duke, I have no idea what you wanted. Could I have benefited from a gap year? Maybe, but I had a great cycle overall and am truly grateful for how everything has worked out.

Final thoughts:

Contrary to what some may have you believe. I don't think med school admissions is a random process, not at all. I wouldn't say there's some fully reproducible formula that guarantees admission into any one school, BUT – there are trends! Many different things can work, and past performance is the best indicator of future success. That's why I'm sharing all this info about myself with random people on the internet. If you study enough film (i.e., successful applications), you can craft an application that gives you a very high chance of getting into your target school (assuming baseline metrics are met)

Obviously, there is variation in what schools look for, and there will always be outliers when you look at admitted students. But based on my experience at 2nd look events, I consistently saw the same ~30-40 people, which signals to me that a lot of these schools have core stuff that they look for. If you can study, figure out what that is, and then write yourself into some variation of that archetype, you will increase your chances of success. I know that may sound

reductionist, even polemical. Happy to discuss this further with anyone through DMs or the comments.

If you read this far, congrats! I hope this can be a resource for you.

AMCAS Primary

📜ESSAYS

1. OTHER IMPACTFUL EXPERIENCES

As a child born to an immigrant mom, my early years were marked by instability, constantly bouncing between shelters and government housing. In 2014, as my family faced mounting challenges, I was sent to a boarding school in Nigeria, a transition that meant living with food insecurity, scarce water, and frequent power outages. Yet in this country marked by hardship and poor governance, the flame of hope burned brightly in every soul. I learned to see each day as a gift, focus on what I could control, and keep striving for better.

When I was old enough to work legally in the U.S., my mom brought me back, and I worked hard to support myself, determined not to be a burden to anyone. Earning money provided relief, but it also kindled an entrepreneurial spirit in me. I learned to evaluate opportunities, manage money, and make prudent decisions, eventually starting my own business.

My mom valued education above all else, and she passed that belief to me. Throughout high school and college, I've prioritized academics, balancing them with work and athletics. My journey has taught me the value of opportunity, and I recognize the privilege of living in a country where hard work can open doors. I thank God for the gifts I've been given, knowing they come with a responsibility to serve and uplift others.

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2. PERSONAL STATEMENT (PERSONAL COMMENTS)

My path to medicine was inspired by my mother. When I was 5 years old, my grandmother in Nigeria passed away from breast cancer complications, unable to access the emergency care she desperately needed. When my mother received the news, her grief was so intense that she was rushed to the ER in a state of shock. Puzzled, I wondered quietly, "Could emotion alone hospitalize someone?" Only years later through my own experience would I come to understand how emotional trauma can physically overtake us.

Fortunately, my mother recovered, and she channeled her grief into her work as a home health aide, treating every patient with the care she wished her own mother had received. As a child, I often accompanied her into the homes of elderly patients,

witnessing healthcare in its purest form. I watched her do more than just tend to physical needs. She remembered birthdays, made favorite meals, and listened to stories of lives well lived. Her compassionate care created profound human connections and restored dignity to people at their most vulnerable. In those tender moments, I began to see medicine as both science and service.

Later, my educational ambition led me to the University of Miami, where I was determined to earn my degree in Neuroscience and play Division I football as a scholar/athlete. Without an athletic scholarship, connections, or official access to facilities, I had to find creative ways to reach the football coaches. I would wait outside practices, leave notes, and even sneak into buildings hoping to talk to them, all while training independently. It was certainly a test of resolve, but nothing compared to the challenge I was about to face.

Halfway through a routine agility drill, my knee suddenly hyperextended and I collapsed. No collision, no dramatic fall, just a single step that changed everything. I had been injured before, but this felt different. It was serious, and I knew it immediately. The searing pain was eclipsed by disbelief. “This can't be happening,” I thought. After months of training to earn a walk-on spot on the football team, I saw my dream slipping away. My mind, seemingly desperate to escape the body that had betrayed it, grew foggy and teetered on the edge of consciousness. In a moment of startling clarity, I recognized what was happening. I was experiencing emotional shock, mirroring the very state my mother had found herself in years before.

My MRI read like a medical textbook: acute multiligamentous knee injury, torn ACL/MCL/LCL, meniscus damage, partial fractures. My knee was being held together by threads—a situation no amount of self-diagnosing on WebMD could have prepared me for. My surgeon back home said it would be at least eighteen months before I could return to sport, if I ever chose to. A day after surgery, still bedridden and heavily medicated, I got the call I had been waiting for, an invitation to join Miami’s football team. Life has a peculiar irony, yet what feels like a cruel joke can sometimes shape our deepest purpose.

Ignoring medical advice and my mother’s pleas, I returned to school ten days post-op. Barely able to walk and without insurance for out-of-state physical therapy, I faced a choice to remain a victim of my circumstances or to take control of my recovery. I chose the latter. Armed with faith and determination, I began my rehabilitation. Early each morning, long before campus stirred, I toiled on the field, hobbling at first, but then walking and soon jogging. Between classes, I scoured the latest ACL recovery protocols, developing an ambitious rehab timeline. What began as a personal recovery

effort became an exploration of human resilience and healing, transforming medicine from an abstract career path into a deeply personal journey of discovery.

Four months into my plan, I could run, jump, and even lift weights. For many, that would have been enough. But in those early morning hours, as I pushed my knee from merely functional to once again capable of elite performance, still I wrestled with deep questions. Why continue? Why pursue the extraordinary when ordinary would suffice? The answer came not in words but in moments: memories of my mom's sacrifices, visions of returning to the field, and the quiet certainty that my journey was preparing me to help future patients navigate their own valleys of doubt and despair. Eight months after I had been told it would take eighteen, I stood again in my surgeon's office, fully cleared to return to sport.

That afternoon on the field was certainly a hurdle in my athletic journey, but it galvanized my medical one. Today, when I step into clinical settings, I recognize my story in many patients. I understand the fear and uncertainty of a serious condition because I've lived it. I see my mother's compassion in physician-patient interactions, yet I also recognize gaps in care akin to my grandmother's experience. As both a former patient and a future physician, I've come to see that medicine's greatest impact lies not just in treating conditions, but in nurturing the extraordinary resilience within each person. I will strive to combine technical excellence with empathy, to provide holistic care, and to be fully present for patients as they navigate their own paths toward healing.

📊 GRADES + GPA

Verified GPA

- Cumulative Undergraduate GPA: 4.00
- BCPM GPA: 4.00 (50 credit hours)
- AO GPA: 4.00 (34 credit hours)

Coursework Highlights

Johns Hopkins (Freshman Year)

- Organic Chemistry I — A
- Organic Chemistry II — A+
- Organic Chemistry Lab — A
- Calculus II — A
- Cognitive Neuroscience — A
- Advanced French — A
- Writing — A

University of Miami

- Genetics — A
- Physics I & II — A
- Biochemistry — A
- Cell Biology — A+
- Neurogenetics — A+
- Psych Stats + Research Methods — A+
- Psychobiology — A+
- Spanish (multiple levels) — A / A+

AP Credits (Pass)

- Biology (multiple)
- Chemistry
- Calculus I
- Computer Science

🧪 MCAT

Test Date: 03/21/2025

- Total Score: 526
- Percentile: 100th

Section Breakdown:

- Chem/Phys: 131 (99%)
- CARS: 132 (100%)
- Bio/Biochem: 132 (100%)

- Psych/Soc: 131 (97%)

Experiences 💃

1. Physician Shadowing (Most Meaningful)

Description:

During my time shadowing at a neuromuscular disorder clinic, I saw firsthand the profound impact that rare diseases can have on patients' lives. One day, I observed the case of a young woman with Charcot-Marie-Tooth disease type 2A (CMT2A), a rare and progressive neuromuscular disorder. As (REDACTED, physician name) reviewed her symptoms and treatment plan, she began to tear up, expressing how much the disease had altered her life. "I know you do your job and then go home, and you don't remember me, but this impacts my whole life," she said. Her words resonated deeply with me, underscoring the emotional weight of both the patient's journey and a physician's role in navigating such delicate moments.

Most Meaningful Essay:

Her words revealed a side of medicine I hadn't considered—the emotional divide between a physician's routine and a patient's reality. For her, the disease was life-altering, a constant weight. But for (REDACTED, physician name), it was one of many cases that day. In that moment, I sensed the fine balance between maintaining professional detachment and offering genuine empathy. I realized that while medical knowledge is essential, a key part of a physician's impact comes from their ability to be fully present with their patients, even in brief encounters.

This experience also taught me that patients often need more than clinical solutions—they need to be seen, heard, and understood. (REDACTED, physician name) calm demeanor and willingness to listen provided comfort, even as the patient wrestled with the challenges of her condition. It made me think about the kind of doctor I want to become, not just one who diagnoses and treats, but someone who can connect with patients in vulnerable moments.

I left the clinic that day with a sharper understanding of what it means to provide care. More than identifying symptoms or prescribing treatments, it's critical to recognize the burden of illness upon a patient's life and to offer a steady presence amid their uncertainty.

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2. Orthopedic Surgery & PT Shadowing

Description:

Shadowing (REDACTED, physician name), an orthopedic surgeon, exposed me to excellence in medicine. Residents often described his speed and efficiency in the operating room as optimizing both patient outcomes and hospital operations. Watching him work inspired me to pursue the same level of expertise in my own training.

In an adjacent physical therapy clinic, I saw patients I had observed in surgery just days before. This continuity highlighted how successful recovery requires continued treatment and commitment well beyond surgical intervention. My personal experiences with injury and rehabilitation made that lesson deeply personal, strengthening my understanding of comprehensive care and my interest in orthopedics.

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3. Research (Kinesiology Lab)

Description:

What began as a return-to-play evaluation for my knee at (REDACTED, lab name) became a springboard into hands-on research. I once viewed research as repetitive and procedural, but this lab offered direct interaction with patients and diverse subjects, expanding my perspective. After expressing interest in an ongoing project during my initial visit, I was given the opportunity to assist in the lab.

Not long after, I proposed a study on the effects of blood flow restriction (BFR) training on motor learning. This project has received IRB approval and will soon begin enrolling participants.

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4. Leadership – Worship Leader

Description:

As a worship leader for Fellowship of Christian Athletes (FCA), I help coordinate weekly rehearsals, co-lead a worship team, and mentor younger members. Leading worship

with my guitar and vocals has built my confidence, enhanced my public speaking skills, and strengthened my ability to connect with an audience.

My faith is the well from which I draw strength, and it was especially critical during my injury recovery. In this role, I've been able to share that source of hope and support with other students through their struggles. Leading worship grounds me, has taught me to trust God's guidance, and has heightened my sensitivity to the spiritual atmosphere in a room.

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5. Hospice Volunteer (Most Meaningful)

Description:

Volunteering at a hospice, I provided companionship to terminally ill patients. One day, Señora Rodriguez, an elderly woman, shared that her favorite song was Amor de Dios, a hymn from church she hadn't heard live in years due to her declining health. Moved, I decided to learn the hymn, practicing daily to ensure I could play it for her. A week later, I returned with my guitar and as I strummed the first chords, she closed her eyes, singing softly—her voice weak but unwavering. For a moment, her strained expression seemed to ease, replaced by a peaceful countenance. When the song ended, she whispered, "Esta canción es mi alma en paz." ("This song is my soul in peace.")

Most Meaningful Essay:

That moment showed me the quiet power of music, how it could reach where words couldn't, offering solace in the face of suffering. While I couldn't provide the most advanced medical care to Señora Rodriguez, I gave her something personal: a connection to a part of her life that still held meaning. Experiences like these have taught me that compassionate care isn't always about complex interventions. Often, it simply requires being present, listening, and honoring a person's humanity.

This particular interaction also highlighted the importance of cultural competence in healthcare. By speaking Spanish and understanding her cultural background, I connected with Señora Rodriguez on a level deeper than words. It reminded me that caring for patients means seeing them as whole individuals, respecting their stories, values, and emotions. Volunteering at the hospice has shown me that even the smallest gestures, when carried out with intention, can bring profound comfort. Whether through a song, a conversation, or gently holding a hand, I've learned that authentic human connection can be as effective as any medical treatment.

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6. Personal Trainer (Paid)

Description:

As a fitness instructor, I design and lead personalized training programs using evidence-based techniques to enhance strength, mobility, and overall health. Partnering with clients on their unique wellness journeys, I see real, often rapid improvements to physical and mental well-being. It's a joint endeavor where clients regain control of their health as I tailor my methods to support their specific goals. As a trainer, I've gained insights into the human psyche and the challenges of prioritizing health amid life's pressures. This experience has reinforced my belief that a key part of effective medicine is guiding lifestyle management and empowering individuals to achieve lasting well-being.

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7. Intercollegiate Athletics (Most Meaningful)

Description:

My career as a collegiate athlete began at Johns Hopkins University, where I competed in football and track & field at the Division III level. Driven to push my abilities further, I transferred to the University of Miami to play football at the Division I level. My first day of practice felt like I was playing a completely different game; the drills were faster, the players were bigger, and every moment demanded complete focus and intensity. I vividly remember getting leveled during a full-contact drill and feeling the weight of the challenge before me, literally. Yet that moment sparked something within me, a deep drive to not only survive but also to thrive at this higher level.

Most Meaningful Essay:

That first practice captured the essence of my journey as a collegiate athlete. The physical challenges were intense, but the mental and emotional demands were even greater. Success at that level was never just about my athletic ability. It required resilience, discipline, and a willingness to learn quickly. I had to embrace a "next play mentality," understanding that getting knocked down was inevitable, but how I responded would ultimately define my success. Over time, I learned that being a successful student-athlete meant maintaining balance across the board—physical, mental, and emotional. It involved pushing myself to the limit, then finding the strength

to keep going. This mindset has shaped my college years, compelling me to seek constant improvement both on and off the field.

But my growth didn't stop at an individual level; it also extended to how I approached relationships with teammates. As I grew into my role on the team, I developed a strong sense of leadership. Supporting my guys through victories and setbacks, mentoring younger players, and cultivating emotional intelligence became just as important as personal achievement. These experiences have taught me to adapt under pressure and stay committed to continuous growth—qualities that remain central to who I am.

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8. Community Service – Appalachia

Description:

While leading home repair projects in Appalachia, I met many families who welcomed my team warmly, even in the face of trying circumstances. As I listened to their stories, I saw how social determinants of health had shaped their lives. Many knew their lifestyles were unhealthy but felt powerless to change things due to limited resources and education. I saw the effects of food deserts, addiction, corporate environmental abuse, and limited access to healthcare—issues that exacerbated poor outcomes. My time in the region made it evident that physical health isn't solely an individual pursuit but also a reflection of the resources, stability, and opportunities available within a community.

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9. Photography Business (Paid)

Description:

Managing my photography business alongside academics, work, and athletics has taught me valuable skills in communication, time management, and attention to detail. I've handled everything from client relations to marketing and service delivery, always focusing on building relationships with clients and capturing their authentic selves.

Beyond technical skills, I've learned to build trust, listen actively, and adapt to each client—whether calming nerves, finding the right angles, or tailoring my style to match their vision. My work has shown me that success isn't just about technical skill, but also about making people feel seen, understood, and valued.

✅ NYU (Submitted) 💫

NYU Secondaries

1. If applicable, please comment on significant fluctuations in your academic record which are not explained elsewhere on your application. (No word limit)

X

2. If you have taken any time off from your studies, either during or after college, please describe what you have done during this time and your reasons for doing so. (No word limit)

X

3. The Admissions Committee holistically evaluates a range of student qualities and life experiences that complement demonstrated academic excellence. What unique qualities do you possess that make you uniquely suited to become a physician or physician-scientist? How have your individual lived experiences shaped your core values and desire to be a future leader in our profession? (Max 2500 characters)

During my time living in Nigeria, I witnessed health disparities on a scale that was both staggering and deeply personal. In many parts of the country, access to healthcare is determined by wealth and geography. Private hospitals with skilled staff cater to the wealthy, but for most Nigerians, particularly in rural areas, healthcare is either too expensive or completely inaccessible. Public hospitals, when found, are often overcrowded and under-resourced. A family could travel for days to reach a hospital, only to find that it can't offer the treatment they need. I saw firsthand how these disparities shaped not only individual lives but entire communities, reinforcing cycles of disadvantage that were hard to break.

These experiences have had a profound impact on my desire to become a physician. They taught me that health is never just about the absence of disease; it is about the broader systems that dictate access. I saw how social and political structures, like nepotism and tribalism, created divides in who received healthcare and who was sidelined. This has made me committed to seeing the whole picture: the cultural, social, and systemic factors that impact health.

My time in Nigeria also shaped some of the qualities I believe are essential for physicians. I learned the importance of humility and listening first, especially in unfamiliar settings. I learned that advocating for patients means understanding the context of their lives, not just their symptoms. Most of all, I learned that real change starts with recognizing the dignity of every person and working to build trust, even in systems that have failed people before.

When I see health disparities in the U.S., I recognize the same patterns: the way privilege and power affect who is heard and who suffers in silence. My experiences have given me a deep sense of empathy and a drive to advocate for equity in every clinical interaction. They have also shown me the importance of leading by example—of using my position not just to provide care, but to listen, to challenge assumptions, and to bring others along in the effort to make healthcare more equitable.

Because of what I've seen and lived, I believe that addressing health disparities isn't an optional part of being a doctor. It is at the heart of what it means to be a leader in medicine: someone who sees beyond the immediate clinical issues to the structures that shape health, and who inspires others to do the same.

4. Please answer ALL 3 of the following questions:
The most meaningful achievements are often non-academic in nature. Describe the personal accomplishment that makes you most proud. Why is this important to you? (2500 characters)

The most rewarding experience in my life has been teaching myself how to swim. I learned not just a skill, but the power of self-reliance and determination. Growing up, swimming wasn't part of my world, and I had a deep fear of water and drowning. I remember watching friends dive effortlessly into the ocean, snorkeling and scuba diving, completely at ease in a world that felt off-limits to me. Meanwhile, I felt like I was on the outside of something magical, unable to share in those moments of fun and relaxation.

The more I watched my friends, the more I realized how much I wanted to be part of that experience. My curiosity finally pushed me to confront my fear and find a way in. However, I faced an additional challenge: as an athlete with a muscular build, I had terrible buoyancy, which made staying afloat even more difficult. My first attempts in the water were clumsy and exhausting, sinking more than swimming, sputtering and gasping for breath with every stroke. I watched people in the lanes next to me, baffled by how they moved with such grace through the water.

Each day at the pool was an exercise in courage. I adjusted my breathing, refined my stroke, and pushed past the tightness in my chest that was brought on by fear. At first, I would sink almost immediately, lungs burning with panic. But I refused to quit. Slowly, I found a rhythm, learning how to trust the water and, more importantly, myself. Teaching myself to swim wasn't just about staying afloat; it was about exploring a piece of life that had always seemed closed off to me.

Last Labor Day, my journey in the water came full circle. I was at the beach with friends when I noticed a girl struggling in the waves. Instinct took over. Before the lifeguards could reach her, I swam out, calmed her down, and pulled her back to shore. It was a moment that showed me the true power of what I had learned: how my efforts had prepared me to help someone else in a moment of crisis.

This experience has shaped how I approach challenges in life and medicine. It taught me to face my fear in a new environment and trust my capacity to adapt and grow, even when I'm out of my depth.

Conflicts arise daily from differences in perspectives, priorities, worldviews and traditions. How do you define respect? Describe a situation in which you found it challenging to remain respectful while facing differences? (2500 characters)

During my time in a Nigerian boarding school, I learned firsthand how respect can mean different things to different people. Growing up in the U.S., I had always seen curiosity as a strength—asking questions showed you were engaged and wanted to learn. In Nigeria, however, I discovered that questioning authority could be seen as a sign of disrespect.

One day in math class, the teacher introduced a method for calculating the area of a trapezoid that was unfamiliar to me. Wanting to understand, I raised my hand and asked, "Why do we use this formula instead of the one I learned in America?" My teacher's face went cold, and the room fell silent. "Kneel down in front of the class," he said. My stomach dropped. It seemed that my question had been interpreted as a personal challenge rather than one borne of genuine curiosity. Standing there (well, kneeling there), not knowing what I'd done wrong, I was torn in two directions. I could try publicly to save face and explain that I wasn't being disrespectful, or I could accept that I had crossed some unspoken boundary. I chose to apologize, even though I didn't fully understand my error.

That moment was jarring because I realized the many assumptions I had been carrying about how others thought in a different culture. I was forced to rethink my approach to learning and communication in that environment because what had felt like natural curiosity to me had instead come across as arrogance. I needed to do a better job of balancing my inquisitiveness with respect in this new cultural context.

I started paying attention to how other students asked questions, when they spoke up, and when they remained quiet. I learned to 'read the room' differently. My goal wasn't to stop asking questions, but rather to understand the best way to connect in this culture.

This experience taught me that respect isn't a one-size-fits-all concept. It's not enough to ask questions; it's equally important to learn how to ask them in a way that honors the experiences and values of the people I'm talking to. Often, that requires slowing down, observing, and adapting my approach in unfamiliar situations.

Looking toward my future as a physician, I know I'll encounter patients and colleagues whose experiences and expectations differ from my own. I’m committed to approaching those moments the way I learned to approach that classroom: with curiosity balanced by patience, ready to adapt my approach so that everyone feels respected and understood.

Describe a situation in which working with a colleague, family member or friend has been challenging. How did you resolve, if at all, the situation as a team and what did you gain from the experience that will benefit you as a future health care provider?

A situation that challenged me was navigating the tension between my football ambitions and my mother's expectations around education. My mom, an immigrant from Nigeria, always believed education was the only path to security and stability. In high school and college, I felt pulled in two directions. I was determined to pursue football as far as I could, dreaming of going pro, while also trying to meet my mother's expectations for academic excellence.

For a long time, this felt like an unresolvable conflict. My mom already didn't want me playing football because she worried it would distract me from school and put me at risk of injury. When I told her I wanted to transfer from Johns Hopkins to the University of Miami to compete at a higher level, it was even harder for her to understand. She couldn't see why I would leave a school known for academics to chase something she saw as uncertain and risky.

Our conversations about my future often ended in frustration. We were working from different priorities and didn't know how to bridge the gap. It took time for me to realize that this wasn't just about winning an argument—it was about listening to her fears and finding a way to honor them while still pursuing my goals.

I started to share more openly with her about why football mattered to me, and how the discipline and teamwork I learned on the field shaped the kind of person I wanted to become. At the same time, I began to appreciate why she was so worried. She knew firsthand how precarious life could be without education as a safety net.

Over time, we found ways to support each other's priorities. I worked harder to balance my commitments, showing her that I could succeed in both arenas. My mom, in turn, became my biggest supporter. She came to my games, learned the rules, and encouraged me to find my own path. We resolved this not by erasing our differences, but by finding the shared values behind them: hard work, resilience, and the desire to build a secure and meaningful life.

This experience taught me that collaboration isn't about convincing others to see things your way. It's about meeting them where they are and finding common ground. As a future health care provider, I know I'll work with patients and colleagues whose perspectives and priorities may differ from my own. I'll remember how important it is to listen deeply, adapt my approach, and work together to build trust and understanding.

5. NYU Grossman School of Medicine strives to provide our students with the option of accelerating their medical educational training. In order to guide our curricular efforts to provide additional opportunities for early career exploration for our students, please select up to three residency specialties that are currently of interest to you. Please note that your selection in no way impacts your admissions decision (i.e., there are no right or wrong selections), that it is not

binding in any way, and that you may select “Undecided” if you are unsure of your future career path. (Max 2500 characters)

Currently, I’m most interested in orthopedic surgery and sports medicine, fields that resonate deeply with my background as an athlete, a personal trainer, and my own journey through injury and recovery. I’ve seen firsthand how orthopedic interventions can restore function and quality of life, and I’m drawn to the challenge of helping people regain mobility and confidence. My experiences as a football player and working with clients as a personal trainer have given me a deep appreciation for the power of musculoskeletal care, not just in returning to sport, but in restoring independence and confidence in one's body.

Sports medicine excites me because it blends clinical practice with preventive care. I’m fascinated by how it bridges performance and well-being and how it often requires a team-based approach that reflects the collaborative environments I’ve known in athletics. I love the idea of working alongside patients who are motivated to push themselves and of applying the lessons I learned as an athlete—discipline, teamwork, and adaptability—to help them thrive.

Beyond clinical care, I’m also passionate about the broader systems that shape health outcomes. I’ve seen how disparities in access and cultural divides can affect who gets care and who is left behind. For this reason, I’m also exploring the field of public health and preventive medicine. I want to be part of efforts to address health at the population level, to reduce barriers to care, and to create systems that honor every patient’s story and context.

These three areas: orthopedic surgery, sports medicine, and public health, reflect many parts of the same mission for me: to help people recover and thrive while challenging the structures that limit their access to care. I know that as a physician, my impact won’t just come from what I do in the clinic or the operating room. It will also come from how I advocate for equity and how I bring a social justice mindset into every interaction.

I’m excited to see how these specialties might overlap and evolve as I move through medical school. I’m equally open to discovering new passions along the way, knowing that the best doctors are those who keep learning and growing alongside their patients.

6. Please upload your most recent CV, ensuring the CV includes updated publications, abstracts, and presentations. (No word limit)

INTERVIEW PREP/NOTES

Rotate through 8 virtual stations. Interviews by faculty, students, and staff. Entire process takes about 1 hour and 10 minutes.

There are a total of eight online interviews. Upon entering the virtual interview room, your interviewer will verbally present an open-ended question as your prompt. You then will engage in a brief conversation for about 7 minutes. Two of these stations are “rest” stations.

This process will continue as you move from station to station with the exception of our open-station. That open-station is similar in format to that of a traditional one-on-one interview, and lasts 14 minutes.

No right or wrong answers. Rather, each assessment focuses on your decision-making, critical-thinking, and communication skills as they relate to healthcare and social issues. Interviewers are evaluating your thought process and your ability to improvise.

They accept a small cohort of people from October-December, most acceptances come out in late dec/early jan. This is to give later interviews a fair chance.
source: interviewed and they told us this during the info session

The interviews are closed file which means that you need to really give your narrative. Concisely.

Why NYU?

The Curriculum is actually 3 years. When are Step exams taken? After the first year or both after the 2nd year.

Decision Notes

Acceptances in mid-late December.
Put on Continued Review 11/14/2025.

YOOOOO First Acceptance!!! Crazy how this was my first II too, and then all the randomness with Stanford, but still ended up being my first A. I think all med schools should have a process similar to NYU's in terms of its transparency. I don't want to become biased because it is my first acceptance, but I really do like NYU, guaranteed free tuition at the very least, and possibly more scholarships to come + it is in a great part of New York and only a ~30 min train ride from home. GOD IS GOOD. TYJJ!!!

Interview Notes

Man, I really thought that went great. NYU splits the process into two days—one for interviews and one for info sessions—which is kind of annoying logistically, but whatever

The MMI questions weren't ethics-based like I expected; they were mostly about character, self-awareness, and mindset. Stuff like dealing with adversity, wellness, communication, and long-term motivation. Perfect for me because I'm far enough into this cycle that I've seen most of these themes before. The "traditional" station with Dr. (Name Redacted) was one of the best conversations I've had all cycle—he couldn't even turn his camera on, but it still felt electric.

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1. Interview Format and Vibe

Six MMI stations, all timed but conversational. Everyone came across as genuine and invested in understanding who I am rather than testing me. No ethical dilemmas, no curveballs—just prompts designed to show resilience, composure, and reflection.

The tone across the morning was friendly and often personal. A couple of interviewers referenced NYU's wellness retreats and their team-based learning model, connecting those directly to things I'd said. Even with a few minor tech hiccups (one audio-only station, one laggy camera), the overall flow was smooth and affirming.

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2. Conversation Summaries

Station 1 – (Name Redacted)

Prompt: *Medical training and practice are physically, mentally, and emotionally demanding. What personal factors do you consider when deciding to attend medical school and practice medicine?*

I started by comparing medical school to being a D1 athlete—it's demanding, competitive, and high-pressure, but also communal. I said I treat **rest and recovery as a responsibility**, the same way I treat practice or film study, because "if I'm not at my best, everyone who depends on me suffers."

I walked through my **routine of balance**—faith grounding me through daily prayer and Scripture, physical training, and protecting my peace by saying no to unnecessary commitments. When he asked how that might affect relationships, I said the key is **clear communication of expectations**. "The number one thing that leads to disappointment is unvoiced expectations," I said, and he nodded.

We talked about guitars (he noticed the ones behind me), and I explained that playing music keeps me grounded. When he asked whether high performance or wellness mattered more, I said both were intertwined—that performing well gives me fulfillment, but it only happens if I'm well to begin with. I finished by saying, "Wellness isn't a side goal—it's what allows me to serve at a high level."

The encounter was natural and conversational, almost like talking to a mentor about life philosophy.

Station 2 – (Name Redacted)

Even though his video feed didn't work, this was easily the best interview of the day. He immediately joked about his research on **voice recognition**, saying "the human voice carries 94% of the information we get from seeing each other," which broke the ice right away.

He asked about my name and Nigerian background, and we talked about how I grew up partly in the U.S. and partly in Nigeria—in Lagos, Port Harcourt, and Abuja. He said that kind of cultural versatility was rare and would serve me well in medicine.

Then came his main question: **three personal strengths and three weaknesses.**

I led with:

1. **Connecting across cultures**, because I've lived in many places and can relate to anyone.

2. **Discipline**, honed through years of balancing two sports and pre-med academics.

3. **Adaptability**, learned through constant transitions.

When I said I played football and track at Miami, he lit up. He said he played defensive tackle back in the day, and we traded positions and injury stories. He joked, “I have all the scars to prove it—when I get out of bed, I can feel where my body was.”

He said, “I’m biased, but student-athletes make the best doctors.” His reasoning: medicine used to be an individual pursuit, but “at NYU, the reason we’re a top medical school is because of the **team structure**.” He went on, “You take a hard loss, get back up, and go again. That’s what we need in medicine.”

When I listed weaknesses, I said I sometimes lack patience when teammates move slower than I do, and that I’m working on **communicating expectations** instead of assuming people know my mindset. I also mentioned empathy—how I was raised in a “no excuses” immigrant household and had to learn to understand others’ different starting points.

He loved that reflection and said it showed emotional intelligence. Then out of nowhere, he said, *“You can count on me to be a strong advocate for you. This is being recorded—I’m probably not supposed to say that, but you heard it here.”*

He asked about specialties, and I told him I was leaning toward **sports medicine, orthopedics, or maybe neurology or neurosurgery**, since I like working with my hands and thinking dynamically. He said, “With your background, I’d recommend neurosurgery or CT surgery. That kind of discipline and hand–eye coordination translates perfectly.”

We ended laughing about training and competition. He told me NYU’s “top priority is recruiting student-athletes” and said if I matriculate, “email me and I’ll take you to lunch.” It was unreal—felt more like a recruitment pitch than an interview.

Station 3 – (Name Redacted)

Prompt: *If you were to write an article on the history of medicine, what would you discuss?*

I chose to talk about **representation in medical research**—how many treatment studies have historically been based on narrow, homogeneous samples. I said that limits how well those therapies translate to diverse populations, and if I wrote an article, I’d trace how inclusion has evolved in clinical trials.

Dr. (Name Redacted) appreciated the angle and asked what I’d actually change. I said we need to start by mapping **who’s most affected** by a given condition, then make research samples **representative of that reality**, rather than defaulting to convenience sampling.

When he pushed for examples, I mentioned **statins**, one of the most prescribed drugs in the world, and how their development didn’t always reflect cardiovascular differences across

populations. I used that to pivot to **personalized medicine**, saying it's not just about genetic sequencing but also about cultural and behavioral contexts.

Then he asked, "So what else could improve your mother's care—beyond statins?" and I said medicine should focus more on **prevention**: physical activity, nutrition, and mental outlook, not just prescriptions. He said, "You're preaching to the choir." The station ended with mutual appreciation and a laugh about how "medicine is holistic, or it isn't medicine at all."

Station 4 – (Name Redacted)

Prompt: *Consider your ambitions and how you plan to achieve them. How do you define a successful life?*

I said success for me means building a career that's **innovative and service-oriented** but also anchored in family and faith. I want to provide care that's both excellent and equitable, especially for populations that look like me.

I talked about breaking big goals into **attainable steps**—getting through med school, building systems to sustain consistency, and surrounding myself with mentors who'll keep me grounded.

When he asked about obstacles, I said the first one is **myself**—staying connected to my "why." I said, "When people burn out, it's often because they forget what lit the fire in the first place." We discussed internal discipline, but also external barriers—policy changes, burnout, failure—and I said the key is responding without losing your sense of identity.

He asked about ambitions outside medicine, and I told him **family** is non-negotiable for me. I said I wasn't raised in a big family but that having one of my own someday would be a major part of feeling fulfilled.

At the end, he asked about life in New York, and we laughed about the city's "characters" and how everyone speaks their mind. He said, "It contributes to the experience overall." It was one of those light, easy closers that made me feel like he really liked me.

Station 5 – (Name Redacted)

Prompt: *Describe and discuss a serious crisis or failure that you faced in your career or personal life.*

I told her about tearing multiple ligaments in my knee right after transferring to a new football program—how it wrecked everything I'd planned and forced me to rebuild from zero. I walked

through my recovery strategy: educating myself on the injury, leaning on my mom and mentors, and staying rooted in my faith.

She was empathetic and said the discipline I described was exactly what medical school requires. I said the experience taught me resilience, time management, and the importance of listening to my own body—knowing when to rest versus push.

When we talked about long-term lessons, I said, “You have a duty to yourself. If you’re not at your best, how can you treat anyone else?” She smiled and said that philosophy aligned perfectly with NYU’s wellness culture, mentioning their **regular wellness retreats** hosted by the Wellness Center. That validation felt good because it showed she saw my injury story not as a setback, but as preparation for medicine.

Station 6 – (Name Redacted)

Scenario: *You’re a student conduct representative. Some classmates have posted offensive comments about others in a Facebook group. What issues do you see, and what would you do?*

I started by saying the biggest problem isn’t just the comments—it’s the belief that saying those things in private is harmless. “The character concern is thinking this is okay as long as no one finds out,” I said.

For solutions, I emphasized **grace with accountability**. People deserve the chance to learn from their mistakes, but that doesn’t mean excusing them. I proposed that those responsible should apologize directly or publicly and engage in reflection or behavioral training to actually understand the harm caused.

She asked how I’d support the targeted students, and I said reconciliation has to be part of the process—they’ll still share a classroom, so finding a way to coexist is crucial. I talked about **forgiveness** as part of my faith and how I’ve dealt with racism before. I said, “People make mistakes. That doesn’t mean we excuse them, but it means we guide them forward.”

She said she agreed—students need to know that kind of behavior isn’t acceptable, but also that education and empathy matter more than punishment. It was a serious but redemptive conversation, and we ended on mutual understanding.

NYU Grossman Info Session with Dean Rafael Rivera

Speaker: Dr. Rafael Rivera, Associate Dean for Admissions & Financial Aid
Format: Virtual Post-Interview Info Session
Focus: Admissions logistics, selection process, curriculum structure, clinical training philosophy, financial model, and NYU's cultural identity.

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1. Admissions Committee Structure and Evaluation Process

Randomized, Independent Review System

- After all MMIs conclude, **each applicant's full file** (primary, secondary, interview scores and comments) is sent to **five randomly assigned faculty reviewers** drawn from a larger **Executive Admissions Committee of 25 members**.

- Each reviewer **independently evaluates** the applicant. There are **no group deliberations**, and reviewers **do not know each other's identities or scores.**

- The goal is to **minimize bias** and interpersonal influence ("no persuasive voices in a room swaying the rest").

- Dean Rivera emphasized:

  "Every person's score matters equally. No single reviewer can dominate the conversation — because there is no conversation."

Purpose of the System

- Designed to get "as close to the truth" about applicants as possible by eliminating "noise."

- Prevents committee groupthink and ensures applicants are judged by their **own merits**, not by "the loudest or most charismatic person in the room."

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2. Update Letters, Letters of Interest, and Letters of Intent

Update Letters

- Applicants can upload updates (new grades, experiences, or reflections) directly through the **applicant portal** — ideally within 24–48 hours post-interview.

- File type: **PDF preferred**.

- **Do not email** the admissions team directly — those won't be seen by the review committee.

Letters of Interest

- Rivera discouraged sending these.

  "We already assume you're interested — you paid the fee, dressed up in a suit, and took time out of your life to meet us."

- The committee **does not factor "demonstrated interest"** into admission decisions. Fit and readiness matter more.

Letters of Intent

- These **don't influence acceptance decisions**, but Dean Rivera **uses them administratively** to interpret the AMCAS "Commit to Enroll" (CTE) and "Plan to Enroll" (PTE) choices.

- Specifically:

    - If a candidate has committed elsewhere (CTE) **but** has a letter of intent on file for NYU, Rivera assumes they were **pressured by another school** to commit prematurely.

    - In such cases, he will **still consider extending an offer** because the student's "true intent" was NYU.

    - If no letter of intent exists and the student commits elsewhere, he assumes the CTE was voluntary and doesn't pursue that candidate.

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3. AMCAS "Choose Your Medical School" Policy Explained

Dean Rivera gave a detailed walkthrough of the AMCAS process:

Term	Definition
Plan to Enroll (PTE)	You've released all acceptances except one, but you can stay on other waitlists. Equivalent to "engaged."
Commit to Enroll (CTE)	You've withdrawn from all other acceptances *and* all waitlists. Equivalent to "married."
NYU's policy	NYU never requires a CTE earlier than **3 weeks before orientation**, consistent with AAMC guidelines.
Some other schools' behavior	Certain schools force applicants to CTE on **April 30**, long before orientation, which Rivera called "unethical class-locking."

NYU's Administrative Practice

- Rivera personally meets with waitlisted students near April 30 to assess genuine interest.
- If a student indicates NYU is their top choice but has a forced CTE elsewhere, he may override and **offer an NYU seat post-deadline**.
- He emphasized this practice as a **"student-first interpretation"** of the process — unique to NYU.

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4. Decision Types, Timing, and Acceptance Logistics

Decision Categories

1. **Rejection (≈20% of interviewees)**
    - Sent early, via email.
    - Rivera:

      "Putting someone on a waitlist you never plan to use is no different than lying. We rip the Band-Aid off early."

2. **Continuing Review (≈80%)**
    - Not a waitlist — this is the **active pool** from which all acceptances are drawn.
    - You remain fully in the running until final decisions in spring.
    - The *real* waitlist isn't created until **mid-January**.
3. **Acceptance**
    - Sent via **personal phone call from Dean Rivera**, followed by email.
    - He usually calls on **Fridays or Mondays**, sometimes weekends, from a **212-263** number.

    - He warned:

      "If you see a 212-263 number calling you twice in a row on a Friday — pick up. It's me. I only call with good news."

Admissions Timeline

- **First acceptances:** late October to November.
- **Class size:** ~102 students.
- **Total offers sent:** ~130–160 to fill those 102 spots.
- **Yield:** Continues to rise annually.
- **Waitlist creation:** January.
- **Waitlist movement:** May (after AMCAS CTE/PTE deadlines).

Advice on Communication

- Update your contact info if your number changes ("Don't make me call your mom to share your acceptance").
- If you're traveling internationally, provide a WhatsApp number.

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5. Making Your Final Decision: The "Spreadsheet Method"

Rivera's signature framework for major decisions—part philosophy, part data exercise.

Step-by-Step Process

1. **Column A:** Write down *everything* that matters to you about choosing a school — curriculum length, cost, mentorship, weather, call schedules, vibe, etc.
    - Don't censor yourself — even "petty" items matter if they surfaced early.
2. **Column B:** Assign a **weight** to each factor (decimal fractions adding up to 1.00).

3. **Next columns:** For each school, rate it on each factor (3- or 5-point scale).
4. **Multiply rating × weight** to get the weighted contribution, then sum all for a total score.
    - The school with the highest composite = best fit.
5. **Revisit periodically.** As you interview more schools, your priorities may evolve—update weights and scores accordingly.

Philosophy Behind It

- The method *balances gut, heart, and logic.*

  "Your gut gets a voice, but not a veto."

- Prevents emotional or reputation-driven choices.
- Encourages applicants to take ownership of their decision-making rather than outsourcing it to forums or rankings.

He joked:

> "You wouldn't post two pictures on Reddit and ask strangers which person you should marry — so don't do that with med schools."

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6. His View on Rankings and "Prestige"

- Rivera criticized **U.S. News & World Report** and similar rankings as "meaningless and misleading."
- Key points:
    - Their weighting (MCAT, GPA, NIH dollars) says *nothing* about training quality.
    - They omit clinical outcomes, patient satisfaction, and longitudinal career performance.
- NYU briefly ranked #2 and could have been #1 the next year, but Rivera dismissed the entire system:

  "We've played the game, but the game is garbage."

His preferred metric:

- The **Visient Clinical Outcomes Database**, which measures observed-to-expected (O:E) mortality ratios and other real-world hospital performance indicators.

- According to this data, NYU Langone's O:E mortality ratio is **0.3 — the lowest in the country.**

- He contrasted that with other "brand-name" schools with O:E ratios up to **300% higher**, arguing that "pedigree doesn't equal performance."

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7. What Makes NYU Grossman Unique

A. New York City Environment

- NYC's **international diversity** provides exposure to the broadest possible patient population.

    - Diseases seen include global infections like **schistosomiasis** and **tuberculosis**, rarely encountered elsewhere in the U.S.

    - The environment cultivates cultural competence and adaptability.

- The city also offers unparalleled access to **arts, culture, cuisine, and networking.**

- He acknowledged that NYC isn't for everyone:

  "If you're not a city person, we're probably not the right fit. Know yourself."

B. Clinical Sites (All Within Walking Distance)

- **Tisch Hospital / Kimmel Pavilion:** high-acuity tertiary/quaternary care.

- **Bellevue Hospital:** one of the oldest public hospitals in the U.S., serving a globally diverse and often underserved population.

- **NYU Brooklyn:** highest Medicaid patient concentration in the nation, yet **identical quality outcomes** to Tisch and Bellevue.

    - Rivera: "Access without quality isn't equity."

- Shared faculty across all sites provide continuity in teaching and mentorship.

C. Curriculum Design: The 3-Year MD

- **All students are eligible for the 3-year MD**, with the option to extend to 4 years if desired.
- The 3-year structure saves:
    - **1 full year of tuition.**
    - **1 full year of attending salary.**
    - Estimated **net benefit:** $240K present value or **~$500K lifetime** after compounding.
- Students who enter **linked residencies** (e.g., orthopedics, dermatology, ENT) can save **two years total** compared to peers at traditional 4-year programs who often take a research year.
- Dean Rivera:

  "Every other med school still graduates you in four years. Here, you get your life back a year earlier—and sometimes two."

D. Clinical Training Philosophy

- NYU's strength is **outcome-driven apprenticeship.**
    - Students learn directly under physicians whose hospitals lead national outcomes metrics.
    - The idea: "You become the kind of doctor you train under."
- He argued that the **clerkship phase** is the single most important determinant of physician quality.
- He personally sends his own family to NYU Langone for care, citing trust in their performance:

  "If something ever happens to me, my wife knows—put me in a car and take me here."

E. Research Opportunities

- "You could spend several lifetimes and still not exhaust the research opportunities here."
- NYU is smaller than top NIH-funded schools but produces disproportionately high-impact research per capita.
- Dean Rivera predicted that within 5–10 years, NYU's total NIH funding rank will rise dramatically.
- The advantage for MD students isn't in dollar amount but in **accessibility**: it's easy to find a mentor, join a project, or publish.

F. Financial Model: Tuition-Free and Debt-Free

- **Every student receives a full-tuition scholarship** (~$65,000 per year).
- **Additional need-based aid** can cover housing and living costs, creating a **truly debt-free experience**.
- **Key stats:**
    - Average debt for 3-year students: **$51,000–$56,000** (mostly small living loans).
    - National average medical debt: **~$200,000–$250,000**.
    - **80% of NYU graduates have no debt.**
- Rivera explained that this financial model took **10 years and $700 million** to establish, starting from a **$15 million endowment**.
- He contrasted NYU's philanthropy-driven effort with other schools that "had billion-dollar endowments and never made that choice."

Long-Term Financial Impact

- Combining tuition-free status with early graduation yields:
    - **At least $300,000–$500,000 saved early-career.**

    - When invested, that translates to **$1–9 million in lifetime value** depending on specialty and market returns.

- "The name of the school doesn't get you that money — this does. You can literally bank on it."

G. Culture and Ethos

Rivera called culture the "heart of the institution" and **the single greatest differentiator.**

- **Excellence and accountability:**

  "Competent isn't good enough. You want your doctor to be excellent. You should want that of yourself, too."

- NYU faculty and students continuously analyze performance metrics to find weaknesses and improve.

- **Collaboration, not competition:**

    - "We're not cutthroat. We expect a lot, but we help each other get there."

- He likened NYU's culture to **athletic training**:

  "I love hill repeats. Not because they're fun, but because they make me stronger. That's our philosophy—if you're going to do something meaningful, dive deep and be the best you can be."

- The admissions team seeks students who thrive under this mindset—**self-motivated strivers who find joy in improvement.**

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8. Quantitative Snapshot

Category	NYU Grossman Data / Claim

Committee Reviewers per Applicant	5 independent faculty
Interviewee Rejection Rate	~20%
Continuing Review Pool	~80%
Total Class Size	102
Total Offers Sent	130–160
Average 3-Year Student Debt	$51K–$56K
Graduates with No Debt	80%
Observed-to-Expected Mortality (O:E)	0.3 (lowest nationally)
Linked Residency Savings	Up to 2 years of time, ~$1M lifetime value
Waitlist Formation	Mid-January
Acceptances Released	October–November (rolling)

Commit to Enroll Policy	Never earlier than 3 weeks before orientation

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9. Dean Rivera's Core Messages to Applicants

1. **Be decisive early.**
    - Holding multiple acceptances delays movement for others.
    - He urged interviewees to "trim your list as soon as possible."
2. **Trust data, not reputation.**
    - NYU prioritizes measurable outcomes (mortality, access, equity).
    - "Pedigree means nothing if your outcomes are bad."
3. **Know your fit.**
    - If you love intensity, teamwork, and being pushed, NYU is perfect.
    - If you dislike fast-paced environments or city life, you'll be happier elsewhere.
4. **Take ownership of your decision.**
    - Use the spreadsheet method.
    - Don't rely on Reddit, Student Doctor Network, or magazine rankings.

Overall Takeaway

Dean Rivera's session was equal parts data presentation, philosophy lecture, and motivational talk. He radiated authenticity — direct, analytical, a bit sarcastic, but clearly proud of NYU's evolution. His emphasis on **transparency, outcomes, and culture** felt refreshingly honest.

He made it clear that NYU's distinctiveness lies not just in being tuition-free or accelerated, but in **how it marries excellence with access**—elite outcomes for every patient, regardless of income.

If the MMI day showcased NYU's *people-first* ethos, this session displayed its *systems-level integrity.* Rivera's humor and pragmatism summed it up best:

> "Ignorance isn't bliss. Competence isn't enough. And prestige doesn't pay your loans."

NYU's model is designed for students who want to push themselves, serve diverse communities, and graduate without financial shackles. For someone wired toward discipline, reflection, and high performance, it's as close to a perfect match as a med school can get.

✅ WashU (Submitted)💫

WashU Secondaries

1. Describe a time or situation where you have been unsuccessful or failed. (Max 3000 characters)

One of the most formative experiences of failure I faced was during my time in a Nigerian boarding school. Growing up in the U.S. education system, I was used to an environment where curiosity was encouraged and asking questions was seen as a sign of engagement. But in Nigeria, I quickly discovered that questioning authority was viewed very differently.

One day in math class, the teacher introduced a method for calculating the area of a trapezoid that was unfamiliar to me. Wanting to understand, I raised my hand and asked, “Why do we use this formula here instead of this one I learned in America?” The teacher's face went cold. The room fell silent. "Kneel down in front of the class," he said. My stomach dropped. I had no idea what I'd done wrong, but it seemed that my question had been interpreted as a personal challenge rather than one borne of genuine curiosity. I felt ashamed and confused.

That moment was jarring because I realized the many assumptions I had been carrying about how others thought in a different culture. I was forced to rethink my approach to learning and communication in that environment because what felt like natural curiosity to me had instead come across as arrogance. I needed to do a better job of balancing my inquisitiveness with respect in this new cultural context.

I started paying attention to how other students asked questions, when they spoke up, and when they remained quiet. I learned to 'read the room' differently. My goal wasn't to stop asking questions, but rather to understand the best way to connect in this culture.

The lessons from this mistake have stayed with me and have shaped how I see my future in medicine. I know I’ll face similar moments of uncertainty as a physician—moments when I don’t fully understand the cultural or emotional landscape of a patient or colleague. That experience in school taught me that it’s not enough to ask questions. It’s just as important to ask them in a way that respects the experiences and values of the people I’m talking to. And often, that requires slowing down, observing, and adapting my communication style accordingly.

My failure in that moment taught me that real understanding starts with acknowledging my framework isn't the only one: that listening can be more powerful than speaking, especially when building trust and respect are the goals. That’s a lesson I plan to carry with me into every patient encounter and team interaction as a future physician.

2. Is there anything else you would like to share with the Committee on Admissions? (Optional) Some applicants use this space to describe unique experiences, obstacles, and/or challenges they faced in their journey to medical school. (Max 3000 characters)

In early high school, when people asked what I wanted to do with my future, my answer was always clear: I was going to be a professional athlete. I was naturally gifted in sports, and the idea of making it to the pros was intoxicating—fame, financial security, and the chance to give back to my community. I poured everything into that goal, balancing school with grueling practices and constant competition.

At Johns Hopkins, I played football and ran track, but I knew I needed stronger competition to make it to the next level. So, I transferred to the University of Miami. Making it to the NFL was my focus, but I had to keep up in school to honor my mom. My days revolved around 5 AM workouts, late-night study sessions, and the endless pressure to perform. I saw every day as an opportunity to improve.

The turning point for me came in a conversation with my position coach, a former NFL player. I asked him what I needed to do to make it to the league. His response caught me off guard: “Why would you want that, son? For most guys, football is their only way out. But you have other doors open to you because of your academic strengths.” It was the first time someone challenged me to step back from the daily grind and fully consider the future I was working toward.

I started to look more closely at the reality of professional sports: short careers, constant uncertainty, and a culture that often sees players as expendable. I realized that the qualities I loved most in football—discipline, teamwork, and the chance to get better every day—were not exclusive to sports. I began to see medicine not as a backup plan, but as another place where I could bring that same intensity and commitment to a team.

I dove into learning about medicine from every angle: shadowing physicians, talking to nurses and PAs, and even watching interviews online to understand what the field looked like beyond the patient perspective. I was surprised to see how similar medicine could be to football: making quick, high-stakes decisions, leading a team, and trusting your training to guide you in real time.

Ultimately, my decision to pivot wasn’t about giving up on a dream but about finding a path that was more aligned with who I wanted to become. I've learned that real excellence is more than just individual achievement; it’s about how you use your strengths to elevate the culture and the people around you. That’s the mindset I hope to bring to WashU: a commitment to the team, a willingness to grow, and the resilience to keep pushing forward, no matter how challenging the path.

3. Have you already completed your undergraduate education, have you had your college or graduate education interrupted, or do you plan 'not to be a full-time student' during your

application year? (Y/N) If yes: Describe in chronological order your activities during the time(s) when you were not enrolled as a full-time student. (Max 2000 characters)

X

Decision Notes

Acceptances in Late December. December 20-22nd last year.

Received an acceptance on December 18th via phone call around 5/5:30 PM EST.

I was in Guatemala when I got this call, haha. Really happy that I got the acceptance, but I still need to learn a lot more about WashU.

I believe WashU is big on merit scholarships, so there is a chance that I will receive some aid from them. This would be a very different shift from where I imagined going to med school, specifically in terms of location, but it could be a cool opportunity nonetheless.

Got a call on Feb 18th from a Dean congratulating me on a full tuition merit scholarship. She mentioned that there could also be additional need-based aid available to me if I apply for that.

Interview Notes…

Ok, what do we know about WashU??? Nothing atm

1 open file 30 mins, 1 closed file 20 mins

Advocacy Pathway

particularly unique because it goes beyond electives. Students pair with mentors and work on longitudinal projects in **policy, health disparities, or community engagement.**

- Examples: working with the **Gephardt Institute for Civic and Community Engagement**, tackling policy questions at the local/state level, or developing health equity interventions in St. Louis.

Dual Mentorship Model

- Students are paired with **two longitudinal mentors** early in medical school:
    - An **Advising Dean or physician coach** who supports you holistically (career planning, wellness, adjusting to med school).
    - A **scholarly mentor** in your chosen Pathway (research, advocacy, etc.) who helps you design and execute projects.
- **parallel guidance** on both professional development and academic scholarship.

- designed to **reduce isolation and ensure sustained support**, which is not something most schools structure this explicitly.

Collaborative environment
Even research, despite being prolific, is more collaborative than cutthroat, partly because WashU has so many labs and opportunities that students don't feel like they're fighting over scraps.

Apparently the location is far less than ideal due to crime and other issues. Also some rumors of gunners because of how stat heavy the school is and how big research is as a part of the culture.

Interview 1

On Sports and Medical School

- She connected with your football background by sharing her own relationship with sports, saying her main way to connect with her father growing up was through them.

- She joked about her time at Virginia Tech during the Michael Vick era, telling stories about near wins and losses, and how her interest in football waned during residency because she was too busy to keep up.

- Her main piece of advice: *be wary of trying to balance Division I athletics with medical school*. She explained how she thought she could work 10–20 hours during med school, only to realize it was impossible. She described the preclinical years as "a grind," comparing it to drinking from a firehose: **8 hours of class, followed by 4+ hours of studying at night.**

- She said some people might manage both, but in her view, it would be extremely difficult — much harder than combining sports with an MBA, which she quipped was more like "joining a fraternity" with a lot of networking events.

On Cultural Humility and Shifts in Medicine

- She noted how your generation almost universally affirms that physicians should adapt to and respect cultural differences. She contrasted this with the generation of doctors two steps above her, who often struggled to see eye-to-eye with patients from different backgrounds.

- She emphasized that **socioeconomic status and political beliefs are becoming bigger barriers** than culture or race in her current practice. She gave examples of vaccine hesitancy and parents questioning basic medical advice, like taking Tylenol, showing how deeply political divides impact patient care.

- She admitted these encounters sometimes stir anger, but she reminded herself that being a physician means serving everyone — even those who mistrust her or assume she's "in it for money."

On Resilience and Grit

- She related to your story of growing up with limited resources and working early in life. She affirmed your description of becoming independent and resilient, saying that these experiences would serve you well in medicine.

- She noted that resilience isn't just about surviving challenges, but about returning to core motivations — the *why* behind doing medicine — when external setbacks (like your injury) or frustrations happen.

On Teamwork, Leadership, and Following

- She highlighted how critical it is for medical students and residents to learn how to be **good followers**, not just leaders.

- She said 80% of people in medicine are natural leaders, which can make following difficult. But in med school and residency, you'll be in subordinate roles for years, and success comes from knowing how to "manage up" as well as manage down.

- Her practical advice: don't expect to get 100% of what you want, and don't compromise your moral values, but learn to find positives even when you don't agree with everything. She stressed that **it's not always the "best physicians" who rise in systems — it's often the people who can get along both above and below them.**

- She shared her dad's saying: "You are not allowed to use the F word. The world's not fair." That lesson stuck with her in medicine.

On Burnout and Balance

- She was very open about burnout, saying she has seen colleagues jaded and bitter after 10–15 years because they made medicine their entire identity.

- Her solution: **hobbies and community outside medicine.** She discovered weightlifting during residency and said it was one of the best things that happened to her. She also gardens, bakes, and values family time, particularly being close to her sister and nieces/nephews.

- She affirmed you for having community through athletics and church, saying that maintaining those connections will serve you well in avoiding burnout.

On WashU and St. Louis

- She's been at WashU for two years, starting her third. Family ties (her father grew up in St. Louis) and her husband's job played a role in her move.

- Professionally, WashU offered her a unique trauma surgery role: she spends ~50% of her time clinically, doing real trauma surgery in the ICU, and ~50% doing research on traumatic brain injury and hemorrhagic shock. She said WashU is perfect for this

because it's consistently top 3 in NIH funding, with world-class science.

- She compared the culture to the East Coast, saying **WashU is far more collaborative and collegial** than the competitive vibe she felt elsewhere.

- On living in St. Louis: she framed it like any big U.S. city — some rough areas, some beautiful neighborhoods. Cost of living is very affordable, and she said she could save money even as a resident in the Midwest, unlike on the coasts. She joked that St. Louis summers are worse than winters: *"four to six weeks where you just don't go outside because of the heat, and four to six weeks in the winter when it's too cold."*

On Interviewing Applicants

- She said she interviews because applicants remind her why she went into medicine in the first place. After 30-hour shifts and tough cases, hearing students' stories re-inspires her.

Interview Experience Summary

This interview felt less about selling WashU and more about **connecting on a personal and professional level**. It opened warmly, with her affirming my application and giving space for me to share my story. A lot of the conversation moved organically — from your Nigerian background, to football, to music, to Spanish — and she responded by weaving in her own experiences, like her time at Virginia Tech, residency life, and adjusting to trauma surgery in St. Louis.

Interview 2

On Your Background and Activities

- He immediately noticed your guitar and asked about it, which led into you talking about music, photography, football, Spanish, and personal training.

- He was struck by how much you balance and told you outright he had *double respect* for you as both a scholar-athlete and someone who works while in school.

- He admired your intelligence when you mentioned not needing to study as many hours as others to achieve strong results, saying “God gave you a good brain.”

On Your Motivations for Medicine

- He listened closely as you talked about your grandmother’s death from breast cancer in Nigeria due to poor system management, your mom’s work in home health, and your own knee injury.

- He called you a “fascinating” and “very special” person multiple times, saying he has interviewed many applicants and you stood out.

- He highlighted the toughness of your upbringing — single parent, lots of moving — and said it clearly shaped your resilience.

On His Own Career

- He described his long and varied career at WashU:

    - Began research in endocrinology at NIH, setting national hormone standards in the 1970s.

    - Shifted into OB/GYN, delivering babies for decades, and found joy in patient care more than lab work.

    - Told stories about delivering across generations — delivering children, then later grandchildren, for the same families.

    - Said he did everything: surgery, primary care, psychology, building relationships with patients and families over decades.

- He emphasized that he loved it because he ran his practice *his way.* He always gave patients extra time and let conversations run long, even if it meant being late. Those who

couldn't handle it left, but those who stayed valued the relationships.

- He described being excited to deliver babies even at 3 a.m., saying colleagues didn't understand why he was so happy, but to him it was pure joy.

On WashU and St. Louis

- He spoke about WashU as a place where faculty and students are genuinely collaborative, saying "we're all in the same boat."

- He praised the new curriculum where students see patients from the first year, contrasting it with the old way of two years of basic science first.

- He said the mentorship system is a big improvement from when he trained.

- On St. Louis, he called it a "big small town" — affordable, family-friendly, and full of culture. He listed sports, symphony, opera, and free public institutions as benefits. He contrasted it with San Francisco, where homes cost millions, while in St. Louis you can afford a house even as a young professional.

On Staying Humble and Grounded

- He gave you very direct personal advice:
    - Don't get cocky — recognize your gifts but stay grounded.
    - He warned that life (or God) has a way of humbling people, joking that "maybe He'll take your knee out this year just to show you you're not invincible."
    - He told you to keep perspective, saying "you've got a lot to learn," but framed it with encouragement that you have the qualities to go far.
- He stressed that what sustained him wasn't just skills or ambition, but humility, relationships, and finding joy in the day-to-day work.

On Why He Still Interviews

- He said he loves interviewing because it reminds him why he went into medicine. Talking to students with passion and fresh ideas inspires him after decades in the field.

- He said you, in particular, were someone who stood out to him — not just another applicant, but someone who was "spectacular" and "special."

- He closed warmly, joking that he'd like to grab a beer with you someday and saying he hoped you would come to WashU, though he admitted he has no real power in admissions decisions anymore.

Overall WashU Interview Experience

The first, with **Dr. (Name Redacted)**, was an **open-file interview**. She came in knowing your application and asked questions that connected directly to your story. That conversation leaned into advice and perspective: she cautioned you about balancing athletics with medical school, reflected on generational changes in cultural humility, and emphasized the importance of resilience, teamwork, and learning to be a good follower. She also opened up about her own path through Virginia Tech, the grind of surgical residency, and her strategies to avoid burnout, like weightlifting, gardening, and family time. While she touched on WashU at the end, the main takeaway was her mentorship-style guidance, which felt like she was trying to give you lessons she wished she had received.

The second, with **Dr. (Name Redacted)**, was a **closed-file interview**. He went in knowing nothing about you and discovered your background in real time. The tone was warm and affirming — he kept calling you "special" and "fascinating" as he learned about your football, photography, research, language studies, and family story. He shared stories from his decades-long career in OB/GYN, his NIH research days, and his philosophy of practicing medicine his own way, always prioritizing patient relationships. His reflections on WashU highlighted the collaborative culture, early clinical exposure, and affordability of St. Louis, but more than anything he poured encouragement and wisdom into you: stay humble, don't get cocky, remember life can humble you quickly, and build a career that brings joy.

Together, the two interviews gave you **two very different lenses on WashU**. One was practical and forward-looking, offering you advice as someone entering medicine. The other was retrospective and affirming, offering you perspective from a lifetime in the field. Both emphasized mentorship, humility, and balance in life and career, but through very different tones — one more structured and coaching-oriented, the other more conversational and affirmational.

✅ Mayo Clinic (Submitted)💫

Mayo Clinic Secondaries

1. Why are you specifically interested in pursuing your medical education at Mayo Clinic Alix School of Medicine? Please tell us in a few sentences why you are interested in the top track choice you indicated. (Max 500 words)

I was born in the Bronx to a Nigerian immigrant mother who worked long hours as a home health aide. My earliest memories include bouncing between shelters, living in government housing, and watching my mom stretch every penny to keep us afloat. She believed education was the only way out of poverty. As our situation in the U.S. grew more unstable, she made the difficult decision to send me to boarding school in Nigeria.

That transition marked a turning point. I went from food stamps in New York to food insecurity in Nigeria, from cracked sidewalks to none at all. My dorm had no running water and frequent power outages. Meals were sparse, temperatures high, and comfort a luxury. But what I lacked materially, I gained in perspective. I came to understand what it meant to live in a place where survival wasn't guaranteed by systems but was sustained through willpower, where people built lives despite government neglect, systemic inequality, and tribalism.

In that setting, I saw how poverty shaped not only living conditions but people's sense of possibility. Families made impossible choices between medicine and food, schooling and survival. Healthcare was a privilege, not a right. Public hospitals were overcrowded and under-resourced. In rural areas, people often traveled for days to reach a clinic, only to be turned away by a lack of supplies or staff. What struck me most was how normalized it all felt—no real outrage, just quiet endurance.

That early exposure shaped my view of medicine as a practice rooted in dignity, context, and trust. It's also why I'm drawn to Mayo Clinic's model of care. At Mayo, patients are understood in the context of their environment, education, and access. The Science of Health Care Delivery curriculum formalizes this lens, equipping students to address structural barriers to health. And through the Center for Health Equity and Community Engagement Research, Mayo backs that vision with real partnerships and data-driven solutions. This alignment between values and action makes the Mayo Clinic a place where I'm excited to train.

I'm particularly interested in the 2+2 track. Having lived in drastically different environments, I've seen how geography and politics shape patient experience. Rotating across Mayo's campuses in Minnesota and Florida would strengthen both my clinical training and cultural adaptability, forming the foundation for a physician who delivers care that transcends ZIP codes and borders alike.

At Mayo, I see a community where rigorous science, compassionate care, and structural awareness are not separate goals but an integrated mission. It's a place where my lived experiences are not just interesting stories—they are tools to understand patients in full context and turn that insight into care that heals and advocates.

2. Each of us relates to others through characteristics that make up our individual diversity. Tell us how your diversity is reflected not only in your personal and professional activities, but also in your relationship with others, particularly in diverse learning environments. (Max 500 words)

I've learned that diversity isn't just about where you come from; it's about how you move between people, cultures, and expectations, and what you do to create space for others along the way. That's been a defining thread across many of the communities I've belonged to, whether in athletics, ministry, or service.

At the University of Miami, I served as a worship leader for the Fellowship of Christian Athletes. I was one of the few male leaders and the only football player involved. For many of my teammates, FCA felt like a space that wasn't for them—too vulnerable, too different from the culture they were used to. Still, I kept inviting them. Some started to come, but when I stood on stage to lead worship in front of them, I felt unexpectedly exposed. I'd grown comfortable leading in front of strangers, but doing so in front of teammates who knew me in a different light was harder.

And yet, I saw something shift. My presence gave them quiet permission to stay longer, to talk afterward, to let their guard down. That experience taught me that leadership isn't always about bold declarations. Sometimes it means being willing to go first, to stand in a space others aren't sure they belong in, and show them it's safe.

I saw this dynamic again while serving with the Appalachia Service Project, where I led home repair efforts for families living in deep rural poverty. Many of the people we worked with had never interacted meaningfully with someone who looked like me. I was a Black college student from urban America, walking into homes in small-town Appalachia to fix leaky roofs and unstable floors. At first, there was skepticism. But I found that listening, really listening, made the difference. Over time, as we shared meals and stories, that initial discomfort gave way to something more human. By the end, what began as service felt more like solidarity.

What connects these experiences is my commitment to building trust across difference. I've learned that inclusion is not just an institutional idea but a daily practice. It happens in quiet moments: a private conversation after a meeting, the willingness to adjust to someone else's rhythm, the choice to ask instead of assume.

At Mayo Clinic, where team-based care, empathy, and cultural humility are central, I hope to contribute not just through my background but through my way of being. To me, diversity is not defined only by lived experience but by how those experiences shape my actions, whether working alongside classmates from different backgrounds or serving patients in unfamiliar regions. It means listening with intention, staying open to discomfort, and creating space for others to be fully themselves. I want to bring that mindset into medicine, helping foster learning environments that are collaborative and care that is both personal and equitable.

INTERVIEW PREP/NOTES

It was surprisingly difficult for me to find people who go to this school online, so I didn't talk to anyone beforehand. All I know is that it's cold in MN. Hence, why I chose the MN/FL track.

Decision Notes

Acceptances in Early February. Feb 4th last year.

I received the acceptance call on Monday, February 2nd. Dr. (Name Redacted), one of my interviewers, called me to break the news. She congratulated me and also mentioned that scholarship info would be sent out the following Monday. On Feb 9th I received a full tuition scholarship from Mayo, which is the max that they offer. I am super grateful of course, but since they don't have other forms of need-based aid, that means I'd have to pay the rest of the COA with loans bc your boy is broke…

1. Interview Format and Vibe

I didn't do a ton of prep for this interview. Honestly, I just looked up a few things about the program the morning of. The more interviews I've done, the less motivated I've been to prepare for schools that aren't at the very top of my list. I know that sounds bad, but it's just my reality right now. That said, these two conversations turned out to be pretty solid overall. Both were semi-open file — they clearly had access to my personal statement and probably my most meaningful AMCAS activities, but not my stats. The tone across the day was encouraging, and I also found out after asking that I did actually have to attend the Monday info session because "it would reflect well on my candidacy." which is valid I guess.

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2. Conversation Summaries

Interview with Dr. (Name Redacted)
This was the more personal and free-flowing of the two. From the beginning, I was excited to see she was Nigerian like me, and that shared heritage set the tone for the whole conversation. Instead of drilling me with a list of questions, she said much of what she was supposed to ask had already been answered through my personal statement and story. So our talk was less like a formal interview and more like two people connecting.

We talked in depth about my time in Nigeria — how attending school there was formative, how it shaped resilience, and how that upbringing gave me a certain mental toughness. She compared it to her own story of moving from Nigeria as a teenager, and we both reflected on how those experiences translate into being able to handle adversity in medicine. She said flat out that my background, combined with athletics, gives me an advantage because it proves I can do hard things. She even joked that she didn't need to ask me the standard "failure" or "resilience" questions, because my life already answered them.

I shared the arc of my journey — my focus on football at Hopkins and Miami, my ACL injury, and how conversations with mentors pushed me to consider medicine as a way to have broader impact. I explained how I still love sports, but I came to see medicine as another

high-performance, team-based, high-stakes environment that parallels athletics. I also talked about how being a Black physician, especially in a surgical or neuroscience-related specialty, could be inspiring for others who don't often see that representation.

She asked about my research, and I told her about my biomechanics work with ACL and Parkinson's patients, and about my service experiences with hospice care and rural Appalachia communities. She reinforced that my story combines perseverance with compassion, and she encouraged me to lean into my faith, my hunger, and my "why" as grounding forces in medical school. At one point she said directly: don't forget the reasons you started this journey, because they'll be what keeps you steady later on. The conversation felt affirming and almost like mentorship more than an interview.

Interview with Dr. (Name Redacted)
This one was more formal and structured. Dr. (Name Redacted) introduced herself as an educator and former Mayo admissions leader, and she made it clear she had a set of behavioral questions to get through. Still, she was warm and supportive throughout.

She began by asking me to talk about my motivations for medicine. I walked through my background — growing up in Nigeria, returning to the U.S., discovering sports, pursuing the NFL dream, and eventually pivoting to medicine after mentors urged me to recognize my broader talents. I drew the parallels between sports and medicine — both require discipline, teamwork, composure under pressure, and leadership — and I emphasized my shift toward wanting to make a more lasting impact through healthcare.

She then went through several situational prompts. For "taking initiative," I shared the story of leading cleanup at my church when a pipe burst and flooded the building before service. For "managing emotions," I described the shocking incident when a neurology patient shouted racial slurs at me during shadowing, and how I chose to remain composed and not take it personally. For "challenging an idea," I gave both a football example — respectfully suggesting changes to defensive schemes — and a lab example, where I helped negotiate a better testing schedule with my PI. For "attention to detail," I described the planning and rigor involved in my Spanish honors thesis comparing patient experiences in Miami and the Dominican Republic.

When she asked why Mayo, I told her the prestige alone doesn't impress me — there are lots of "big names" in medicine — but what I'd heard consistently is that Mayo's community is different. I said I've met people who intended to stay only a few years and ended up building their whole careers there, which to me says a lot about the culture. I also highlighted my interest in the 2+2 Florida track, since I've been in Florida for a few years now and know that population, while Rochester would expose me to something completely different. I said I value the chance to treat patients with rare and complex conditions that come to Mayo specifically for answers.

In response, she talked about how Mayo students benefit from small class sizes and faculty who are eager to mentor. She mentioned the Florida track specifically, saying the challenge isn't a lack of opportunities but sometimes too many — students can get overwhelmed because so much is at their fingertips. She shared her own career story, from respiratory therapy to leading in higher education, and confirmed that Mayo's reputation for patient-first, student-supportive culture is real. She closed by advising me to prioritize reflection and wellness, seek help early, and remember that Mayo wants its students to succeed, not weed them out. She also encouraged me to follow up with admissions directly about my interest, since Mayo actually values hearing from students after interviews.

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3. Emphasis About Mayo

Both interviewers emphasized similar themes:

- **Culture is everything.** They stressed that Mayo's biggest asset is its people and its collaborative, patient-centered environment.
- **Small classes, close mentorship.** Particularly in Florida, students get individualized attention.
- **Opportunities can be overwhelming.** The flip side of Mayo's resources is that you have to learn how to pace yourself.
- **Supportive ethos.** Both reinforced that Mayo faculty and staff want students to thrive, and that the system is designed to lift students up.

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4. Overall Takeaway

Going into this day, Mayo wasn't very high on my list and I didn't prepare as much as I have for other schools. But I walked away feeling unexpectedly positive. Both interviews validated my story and strengths rather than trying to poke holes in them. Dr. (Name Redacted)'s conversation in particular felt like mentorship — she poured into me with encouragement about resilience, faith, and remembering my "why." Dr. (Name Redacted) balanced that with a more structured evaluation but still confirmed that Mayo is deeply student-focused and that the Florida track offers special opportunities.

Compared to other interviews I've had, Mayo stood out for how much the interviewers saw themselves as guides instead of gatekeepers. I came away feeling that if I were to choose Mayo, I'd be joining a community that genuinely invests in its students' success and well-being. But Minnesota is so so cold smh…😓

Key Positives and Key Drawbacks

Positives:

- Strong cultural connection with both interviewers, especially through shared heritage.
- Affirmation of resilience, faith, and mentorship as strengths.
- Florida track highlighted as a unique opportunity with small class size.
- Both conversations emphasized Mayo's people-first, student-supportive ethos.
- Interviewers gave real advice, not just evaluation.

Drawbacks:

- Behavioral question structure in second interview felt less conversational.
- Mid-program relocation (2+2 track) will be interesting
- Limited prep on my part meant I didn't dig as deeply into school-specific details.

✅ Yale (Submitted)💫

Yale Secondaries

NEW (2025): Yale School of Medicine is committed to improving the health of all people. How have your background and experiences prepared you to care for all people including those unlike yourself?

This summer, I led a home repair team for the Appalachia Service Project, where we were assigned to work on a home with a leaky roof and faulty plumbing. From the moment we arrived, the homeowner, Rick, was wary of us. He saw our group of college students from big cities as well-intentioned but naïve outsiders. I could feel his skepticism in the way he watched us work, in the way his arms stayed folded when we introduced ourselves.

I understood where some of that tension might be coming from. I was a young Black man from urban America, standing in a majority-white rural town where someone like me probably wasn't a familiar sight. Rick was an older white man from Appalachia whose community had long been neglected or dismissed by outsiders. Even though we had come to serve, I knew our presence could easily be perceived as judgment rather than genuine care.

I knew it would be challenging to connect with someone whose background, values, and lived experiences were profoundly different from mine. Instead of pushing back against his wariness, I decided to listen. During water breaks, Rick shared about his town: factory closures, rising addiction, and the deep distrust his community felt toward outsiders who came promising help but left without understanding deeper issues. I listened not just to his words, but to the frustration beneath them, the feeling of being left behind. Slowly, his posture began to shift. One afternoon, while I was cutting a sheet of tin, he walked over, handed me a glass of lemonade, and said, "You're not what I expected."

That moment reminded me that even across profound differences, human connection is possible when we lead with openness rather than assumptions. That week taught me that trust isn't necessarily about agreement; it's built through genuine presence and engaging with people on their terms. Before I could understand Rick, I first had to confront my assumptions about him and his community.

This experience continues to shape how I approach complex relationships. As a future physician, I'll care for patients whose initial distrust may stem from generations of medical harm or discrimination. Some may see my white coat and assume I'm there to judge them or reduce them to symptoms rather than see them as whole people. I believe acknowledging the weight of intersecting identities and experiences in every encounter is the first step towards earning trust.

Yale Medicine's commitment to treating "people, not just conditions" resonates with what I learned that week with Rick. Caring for people unlike myself means recognizing that trust can’t be assumed, especially when the distance between our lived experiences is wide. Even the best intentions can be misunderstood when they arrive without context or humility. As a future

physician, I don't want to shy away from that discomfort. I aim to approach each encounter with openness and the commitment to care, even when a patient's perspective is far from my own.

1. Yale School of Medicine values diversity in all its forms. How will your background and experiences contribute to this important focus of our institution and inform your future role as a physician? (Max 500 words)

Growing up as a Black male athlete, I learned early on that my identity would shape how people perceived me. In sports, I was often seen only as a competitor, expected to be strong and stoic, not someone who might have questions or vulnerabilities. Leading worship for the Fellowship of Christian Athletes (FCA) pushed me to confront that stereotype directly. As the only Black male and the only athlete leading worship, I had to navigate the tension between how I was seen and who I knew I could be.

At first, it felt like a contradiction. Could I be both a defensive end on the football field and someone singing and sharing about faith? But as I stepped into that role, I realized how powerful it was to model a broader vision of who we can be. Being open about my own struggles and faith journey created space for others to share their own. It taught me that diversity isn't just about having people from different backgrounds in the room. It's about creating spaces where everyone feels safe enough to show up as their full, authentic self.

That lesson was deepened by the adversity I faced growing up. My family navigated housing instability and limited access to quality healthcare. I saw how biases and barriers shaped who was heard and who was dismissed. In Nigeria, I witnessed how political and social structures left some communities without even basic medical care. In the U.S., I saw how stereotypes about race, toughness, and pain perception could influence not just the football field but also medical encounters.

These experiences showed me that adversity isn't just about personal hardship. It's about the way systems and expectations can limit how people are seen and treated. They also taught me resilience: how to adapt to challenges without losing sight of who I am and what I care about.

At Yale, I see a community that shares this vision. The emphasis on diversity in all its forms and on caring for the whole person aligns with what I've learned from the tension of wearing multiple hats. I believe that my perspective, shaped by learning to navigate and reconcile these different parts of my identity, will help me contribute to an environment that values authenticity and sees diversity as a source of strength.

As a physician, I want to create spaces where patients feel they can bring their full selves, and where colleagues feel empowered to do the same. Because I know from my own journey that when people feel seen and heard, trust and healing can begin.

2. MD applicants: Please select one of the following questions.
MD/PhD applicants: Please answer question 2 as it pertains to your proposed PhD research.

1- While there is great emphasis on the physician-patient relationship, Yale School of Medicine also emphasizes the importance of training future physicians to care for communities and populations. Describe how your experiences would contribute to this aspect of the mission of the Yale School of Medicine. (Max 500 words)

During my time living in Nigeria, I witnessed health disparities on a scale that was both staggering and deeply personal. In many parts of the country, access to healthcare is determined by wealth and geography. If you have money, you can afford private hospitals with quality equipment and skilled staff. But for most Nigerians, particularly in rural and underserved areas, healthcare is either too expensive or simply unavailable.

Public hospitals, when they exist, are often overcrowded and under-resourced, lacking basic medical supplies or staff. I remember stories of families traveling hours or even days to reach a hospital, only to find that it couldn't offer the treatment they needed. Much of this disparity was fueled by nepotism and tribalism, with leaders directing resources to their own ethnic groups while neglecting others. Living in this environment taught me that health is inseparable from the structures and policies that surround it.

This experience fundamentally shaped how I understand health equity. When I returned to my Bronx neighborhood in the United States, I was struck by how familiar patterns of exclusion played out differently but with similarly devastating effects. While in Nigeria divisions often fell along tribal and regional lines, America's health disparities follow the contours of race, class, and geography in ways that are no less systemic.

In underserved American communities, I've seen how zip code can be as powerful a predictor of health outcomes as any biological factor. Food deserts mirror the resource scarcity I witnessed in rural Nigeria, while medical debt creates the same impossible financial choices I saw families make abroad. The mechanisms of exclusion may differ, insurance coverage rather than nepotism, redlining instead of tribalism, but the fundamental dynamic remains: those with the least social privilege and political power are consistently left behind.

These experiences have shaped how I view medicine. I now see that addressing health disparities requires more than treating disease. It means understanding the broader systems that shape health outcomes and advocating for change at the community and policy level. It means listening deeply to people whose backgrounds may be different from my own and working with them to design solutions that respect their culture and history.

At Yale, I see a community that shares this vision. The emphasis on preparing physicians to serve communities and populations, through initiatives like the Yale Center for Community Engagement and Health Equity, aligns directly with what I have learned from my experiences. What draws me to Yale is how the institution embraces the same holistic view of health that I came to understand during my time in Nigeria—that comprehensive healthcare also means

addressing the structural forces that shape people's lives. Yale's commitment to training physician-advocates who can navigate both the clinic and the broader systems that govern care mirrors my own belief that medical knowledge alone is not enough. As a future physician, I hope to advance this mission by drawing on my lived experiences to help close the gap for those most impacted by inequity.

2- Research is essential to patient care, and all students at Yale School of Medicine complete a research thesis. Tell us how your research interests, skills and experiences would contribute to scholarship at Yale School of Medicine. (Max 500 words)

X

3. If you are not enrolled in college or graduate school classes for the duration of the current academic year, please tell us how you are spending your time. Include both your current and any planned activities prior to enrolling in medical school. (Max 500 words)

X

4. It should be used to bring to the attention of the Admissions Committee any important information (personal, academic, or professional) not discussed in other sections of your Yale Secondary Application. (Max 500 words)

In early high school, when people asked what I wanted to do with my future, my answer was always clear: I was going to be a professional athlete. I was naturally gifted in sports, and the idea of making it to the pros was intoxicating—fame, financial security, and the chance to give back to my community. I poured everything into that goal, balancing school with grueling practices and constant competition.

At Johns Hopkins, I played football and did track and field, but I knew I needed stronger competition to make it to the next level. So, I transferred to the University of Miami. Making it to the NFL was my focus, but I had to keep up in school to honor my mom. My days revolved around 5 AM workouts, late-night study sessions, and the endless pressure to perform. I saw every day as an opportunity to improve.

The turning point for me came in a conversation with my position coach, a former NFL player. I asked him what I needed to do to make it to the league. His response caught me off guard: "Why would you want that, son? For most guys, football is their only way out. But you have other doors open to you because of your academic strengths." It was the first time someone challenged me to step back from the daily grind and fully consider the future I was working toward.

I started to look more closely at the reality of professional sports: short careers, constant uncertainty, and a culture that often sees players as expendable. I realized that the qualities I loved most in football—discipline, teamwork, and the chance to get better every day—were not

exclusive to sports. I began to see medicine not as a backup plan, but as another place where I could bring that same intensity and commitment to a team.

I dove into learning about medicine from every angle: shadowing physicians, talking to nurses and PAs, and even watching interviews online to understand what the field looked like beyond the patient perspective. I was surprised to see how similar medicine could be to football: making quick, high-stakes decisions, leading a team, and trusting your training to guide you in real time.

Ultimately, my decision to pivot wasn't about giving up on a dream but about finding a path that was more aligned with who I wanted to become. It taught me that real excellence is more than just individual achievement; it's about how you use your strengths to elevate the culture and the people around you. That's the mindset I hope to bring to Yale: a commitment to the team, a willingness to grow, and the resilience to keep pushing forward, no matter how challenging the path.

INTERVIEW NOTES

At 1:00 pm, we will kick off the session with some wayfinding instructions. You and your peer interviewees will hang out with Director Erik Choisy to break the ice. While you're getting to know each other, someone from the Admissions office will guide you to a breakout room for ID check. Please ensure you have a government-issued Driver's License, Passport, or Identification Card. Afterwards, we'll do an express orientation to get you ready for the interviews.

On your interview day, you will have two 45-minute-long interviews. After your first interview is complete, you may have a short or long break, depending on interviewer availability that day.

You would participate in two interviews on your interview day. We conduct "Open file" interviews. This means the interviewer received and reviewed your entire admission file, including all essays, letters of recommendation, and experiences.

Yale provided interviewer names ahead of time, so I took a couple of minutes to look both of them up to get a sense of their backgrounds and current scope of work/practice

Questions to Ask Interviewers

About Yale

- "How have you seen the Yale System influence the way students learn and grow compared to other schools you've worked at?"
- "In your experience, what makes the Yale student body unique to teach or work with?"

About Them

- "What has kept you at Yale — or drawn you here — and what excites you most about being part of this community?"
- "Looking back at your own career, what opportunities at Yale would you encourage a student to take advantage of early on?"

Specialized

- "I'm very interested in language access in medicine. Does Yale offer opportunities for medical interpreter certification or structured training for students who want to care for patients in multiple languages?"

Closer Question

- "What do you hope students take away from their four years at Yale beyond the obvious clinical knowledge? In other words, what do you see as the mark of a Yale physician?"

Post-Interview Reflections

I really enjoyed interviewing with Yale. The icebreaker with Erik Choisy was fun — we got to talk some smack about other med schools' secondary applications and also about where we're from. After a brief technical delay, everything worked out really well.

Interview 1 – Dr. (Name Redacted)

I interviewed with Dr. (Name Redacted), a neurologist at Yale who works a lot with neuromuscular disorders but also sees all sorts of things in clinic. He said that one of the biggest strengths of his residency at Yale was being exposed to so many different cases in such great volume that he felt very prepared in practice and often unfazed by serious situations. He also played football in high school, so we related on that.

We talked about time management and how I balance all the different things I do. When I asked him why he was involved in admissions, he said he wanted to help choose some of the best people to come to Yale. He went to Mayo Clinic for med school and said it was very different from Yale. He really valued the Yale System because students are treated as independent adult learners.

Overall, the vibe of this interview was very positive. He asked me about difficult ethical situations and tough transitions, and what I took away from them. He seemed genuinely interested in getting to know me and gave some very sound advice.

Interview 2 – Dr. (Name Redacted)

Dr. (Name Redacted) was wonderful. The interview started off a little low energy, and at first we were just going through the motions, but once I started talking she became much more animated. I told her a bit about myself and we ended up talking about music and music theory, which she related to because her sons play instruments.

She's a strong advocate for Yale. She went to med school here, came back after residency, and has now been here about 20 years. She said she sees admissions as a service to both society and the medical community. She also really sold the Yale System — apparently it was even more relaxed when she was a student.

She asked me about teamwork, disagreements, and advocacy for others, and what I had learned from those situations. She gave great advice about choosing a school — to consider my values and how they would be supported, and to take notes on how each school made me feel since the admissions process is so long.

Overall Takeaways

The vibe from both interviews was great. The Yale System is the biggest takeaway — freedom to direct your own learning, but also the responsibility of being a self-motivated student who seeks out help when needed. New Haven might not be so bad either — certainly diverse patient populations and excellent exposure.

Decision Notes

Acceptances as early as the end of February. Maybe later this year. I forget what the info session said. Feb 20th last year.

Acceptance via email on Wednesday, February 25th, around 10:30 am. This was one of my first interviews, so it feels good to finally have heard back from them.

My friend currently goes here, and she says that she picked Yale for many reasons, but one of the main ones was the really great financial aid that she got from them. I've submitted the aid application, so now we just wait and see.

PSA: Yale's 2nd look is an 11/10

✅ Harvard (Submitted)💫

Harvard Secondaries

1. On average how many hours per week did you devote to employment during the academic year? (No word limit)

~20 hrs/week - Personal Training
~5 hrs/week - Managing my Photography Business. Could be up to 30 hrs/week during busy periods like graduation season.

2. If you have already graduated, briefly summarize your activities since graduation. (Max 4000 characters)

X

3. If there is an important aspect of your personal background or identity not addressed elsewhere in the application that may illuminate how you could contribute to the medical school and that you would like to share with the Committee, we invite you to do so here. Examples might include significant challenges in access to education, unusual socioeconomic factors, or other aspects of your personal or family background to place your prior academic achievements in context or provide further information about your motivation for a career in medicine or the perspectives you might bring to the medical school community. Many applicants will not need to answer this question. (Max 4000 characters)

I was born in the Bronx to a Nigerian immigrant mother who worked long hours as a home health aide. My earliest memories include bouncing between shelters, living in government housing, and watching my mom stretch every dollar to keep us afloat. She believed, fiercely, that education was the only way out. When our situation in the U.S. grew more unstable, she made the difficult decision to send me to boarding school in Nigeria.

That transition marked a turning point in my life. I went from food stamps in New York to food insecurity in Nigeria, from cracked sidewalks to no sidewalks at all. My dorm overseas didn't have consistent power or running water. Meals were sparse, temperatures high, and comfort was a luxury. But what I lacked materially, I gained in perspective. I began to understand what it meant to live in a place where survival wasn't guaranteed by systems, but by willpower, where people built lives in spite of government neglect, systemic inequality, and deep-rooted tribalism.

In that environment, I saw how poverty doesn't just impact daily living, it reshapes what people believe to be possible. I saw families make impossible choices between medicine and food, between sending a child to school or keeping them home to work. I came to understand how healthcare, in particular, was not a guarantee, but a privilege reserved for the few who had money or access. Public hospitals, where they existed, were often overcrowded and underfunded. In some rural areas, the nearest clinic was hours or days away, and even there, resources were limited. What struck me most was how normalized this all seemed, a sense of resignation.

But there was also resilience. I saw people who had every reason to give up but didn't. I saw joy in the middle of hardship, and a communal strength that came from having to rely on one another. That experience changed the way I viewed the world—and my place in it. It taught me to be content in discomfort, to find value in each day, and to never take opportunity for granted.

When I returned to the U.S., I saw my old world with new eyes. The disparities I had once accepted as facts of life now appeared in vivid relief, different in form, but rooted in the same dynamics. In Nigeria, inequality was tied to tribal favoritism and geography; here, it was race, zip code, and wealth. I saw how systemic underfunding of public schools, lack of access to quality healthcare, and generational poverty shaped life trajectories in Black and brown communities like mine. In both places, the result was the same: those with the least power were left with the fewest options.

These patterns fueled my desire to pursue medicine, but not just in the traditional sense. I want to be a physician who sees the full context of a patient's life—someone who understands that health outcomes are shaped as much by policy and environment as they are by biology. Whether in a rural village in Nigeria or a neglected neighborhood in the Bronx, access to care too often depends on who you are and where you're born. That's not just unjust, it's truly unacceptable.

Living in Nigeria taught me to see people beyond their circumstances. Returning to the U.S. taught me to question the systems that create and perpetuate those circumstances. Together, both experiences have formed the foundation of who I am: someone who believes in meeting people where they are, listening before acting, and fighting for a world where healthcare is equitable. It's this identity, shaped by movement across continents and between worlds, that continues to define the kind of physician and person I strive to become.

4. The interview season for the 2024-2025 cycle will be held virtually and is anticipated to run from mid-September through January 2024. Please indicate any significant (three or more weeks) restriction on your availability for interviews during this period. If none, please leave this section blank. (Max 1000 characters)

X

5. The HST MD program draws on the combined resources of Harvard and MIT to provide a distinct preclinical education tailored to preparing students for careers as transformative physicians who will shape the future practice of medicine. Our students come from the full spectrum of disciplines including biological, physical, engineering and social sciences. HST classes are small, commonly include graduate students and have an emphasis on quantitative and analytic approaches. The unique HST pre-clinical curriculum prepares students well for the HMS clinical education while also emphasizing disease mechanisms and preparing students to solve critical unmet needs in medicine and healthcare (ranging from novel diagnostics and therapeutics to applications of 'big data' and systems engineering). Please focus on how your

interests, experiences and aspirations have prepared you for HST (rather than identifying specific HST faculty or research opportunities). (Max 4000 characters)

After suffering a multiligamentous knee injury that required extensive rehabilitation, I became increasingly curious about why athletes with similar diagnoses often experienced such different recovery outcomes. This question led me to join Dr. (Name Redacted), PhD, and Dr. (Name Redacted), at the University of Miami (Name Redacted) Lab, where I study biomechanical factors that influence return-to-sport readiness after ACL reconstruction. Using high-speed 3D motion capture, we collect kinematic data from athletes performing sport-specific movements such as jumping and landing. Working with over 60 patients, we used AI-powered modeling software to analyze movement patterns and identify subtle asymmetries in knee mechanics that traditional clinical tests often miss. Our preliminary findings suggest that patients with subtle quadriceps imbalances, which can be detected through force plate analysis but not manual muscle testing, are significantly more likely to experience re-injury within their first year back in sport.

The technical aspects of this work taught me to think analytically and to break down complex movement patterns into measurable components. Comparing data from our affiliated physical therapy clinics revealed how subjective clinical assessments often missed the subtle deficits our quantitative analysis could detect. A patient might pass standard return-to-sport tests yet still show compensatory patterns predisposing them to re-injury.

This disconnect between subjective and quantitative assessments became even more apparent as I spent time observing surgery patients post-op. I remember noticing two patients with identical ACL reconstructions that received markedly different pain management protocols. The first patient, a young White athlete, received comprehensive multimodal analgesia and detailed explanations of her pain management plan. The second, a Hispanic construction worker with the identical procedure, received significantly less attention to pain control and was discharged with basic NSAIDs despite expressing similar discomfort levels. Over time, it became apparent that this wasn't an isolated incident—minority patients consistently received less comprehensive pain management for identical orthopedic procedures, regardless of insurance status or injury severity.

What troubles me most is how these disparities perpetuate through research. Clinical research aimed at developing pain protocols consistently underrepresents minority populations, yet findings are often generalized. How can we expect to develop equitable treatment using evidence that’s rooted in bias?

This realization has shaped my understanding of medicine as a field that requires systematic analysis and solution design. Through my work in the (Name Redacted) lab, I've become comfortable with applying mathematical models and computational methods, and HST's quantitative approach would allow me to scale such analytical approaches to address both clinical outcomes and healthcare equity.

I envision developing algorithms that integrate biomechanical data with demographic factors to predict individualized rehabilitation outcomes, or clinical decision tools that standardize pain assessment to reduce bias. My research has shown me how objective analysis can reveal patterns invisible to traditional evaluation, and I believe HST's integration of analytical rigor with clinical depth provides the perfect translational medium for innovation in this area.

Rather than simply documenting disparities, I want to engineer testable, scalable solutions that create measurable improvements in orthopedic care. My ultimate vision is to become an orthopedic surgeon-scientist who applies rigorous analytical methods to optimize patient outcomes while addressing systemic disparities. I believe HST's curriculum would not only provide a foundation to understand complex musculoskeletal issues but also the skills to engage in clinically relevant, evidence-based problem-solving.

Interview Prep/Notes

I got an email saying that I wasn't selected for an HST interview; howeverrr, I did receive a Pathways interview, so we're lit. Idk if the Pathways people were able to read my HST essay, but it may or may not have helped. I lowkey think that selecting HST might be why I didn't get an II until December.

I talked to an M1 at Harvard that I knew through an old connection about his experiences there. He shared a lot about the impact and the significance of the network, especially because of his desire to do international work in the healthcare space. He also mentioned some of the cons about the institution, such as the weird timing to study for Step exams. I'm also really not a fan of the mandatory in-person class, but hey, it is what it is, I guess.

Boston is a major city, thank the Lordd, otherwise I don't know if I could deal with the cold. I think winters are just easier to manage in big cities than in the rural Midwest or something.

Decision Notes

Based on what I've seen online, decisions are either the last week of February or the first week in March. For most of these med school decisions, I've tried to remain really neutral and not think about them too much, but Harvard is different. It just keeps creeping up in my mind.

I think some part of me has always wanted to get in here again after choosing not to go out of high school. Also, I think a really big part of it has to do with my mom as well. She's definitely becoming more open-minded and informed about medical schools and how layman's prestige isn't everything, but it's impossible to deny that the Harvard name just has a certain hold in the mind of immigrant parents – straight-up god-level aura. It really is the epitome of achievement to them. And try as I might to avoid buying into that myself, I would be lying if I said it didn't mean something to me. I always want to make my mom proud, so I know me getting in here would mean the world to her.

Acceptance email came in on Friday, February 27th, at 10:02 AM. I had turned my phone off because I was anxious about it and couldn't concentrate on what I was doing in lab, so I saw it later. I was really excited about this one and started calling people immediately to share the news. Either this or NYU have been my most emotional acceptances. Also, I missed this in my initial excitement, but when I went back to reread the email, I saw that the admissions committee had nominated me for the Dean's REACH scholarship, which, from what I understand, is a full tuition scholarship + stipend. I don't know if that will cover the full COA, but I think there's a good chance that it does. I'm really in awe at this decision and the whole process leading up to this and I'm just so grateful to God for everything. I don't know if I will end up going here, but I'm still really excited to have gotten in and to have the opportunity.

Post-Interview Reflections

I was really a fan of the interview day experience. I like how they have everything set up on through a dedicated interview Canva so you can watch the videos and learn as much or as little as you'd like before the interview day. On the interview day, there was a Zoom where we did an icebreaker going around introducing ourselves and sharing a fun fact. This was right when Miami was making their playoff run, so I mentioned my college football background, and the admissions lady who was coordinating the Zoom really took an interest in that and asked a bunch of follow-up questions, so I think that worked in my favor.

Interview 1 - Dr. (Name Redacted) (Faculty – Medical Oncology, Dana-Farber/Brigham and Women's)

Dr. (Name Redacted) was my first interviewer of the day, and honestly, it was the most incredible interview I've had all cycle. Mainly because it truly was just a free-flowing conversation. She is a medical oncologist at Dana-Farber and Brigham and Women's, with a strong research background and multiple NIH-funded projects, so she brought both clinical and academic depth to the conversation. The interview was open-file, and it was clear she had read my application carefully. She referenced specific parts of my story and asked about nearly every major component. The conversation lasted about an hour, which is longer than the typical 40 to 45 minutes they mention, and it felt like it just kept unfolding naturally.

We covered the foundational questions about why medicine and my path from Hopkins to Miami. I explained that I transferred and my goal was to walk-on to the football team, meaning nothing was guaranteed for me, and that decision, combined with my injury, made that first year especially challenging. She seemed genuinely engaged in how I navigated uncertainty, risk, and identity during that period. Her tone was deeply affirming.

We discussed research, which I usually try to avoid lol, but something crazy happened this time. I mentioned one of my future research interests, differences in pain management and prescription practices across demographics, and she told me that she had recently received NIH funding in a closely related area. It was a wild coincidence and immediately shifted the energy of the conversation. Instead of just describing my history with research, we were suddenly talking about real, overlapping academic questions.

The most meaningful part of the interview came toward the end, when she asked about my faith and its role in my journey. The context was my involvement in FCA and leading worship. When she shared that she is also a person of faith, the conversation opened up in a different way. I spoke about how my faith carried me through injury recovery and uncertainty. I talked about the beauty and privilege of leading people in worship to the Lord and how leading in that space allowed me to share my testimony and encourage people. I asked her how she has navigated being a physician of faith in academic medicine, especially around issues like suffering, death, and what I described as spiritual warfare in serious illness. She was very honest. She mentioned that earlier in her career, she had been more outwardly engaged in spiritually

interceding for patients, but over time had retreated somewhat. She even said that our conversation encouraged her and reminded her of the importance of that aspect. That was not something I expected from an interview, and it left a deep impression on me.

She also shared that during her training, she lived in a Christian house with other believers around Harvard, which gave her space to process faith and medicine together, even if it was just over dinner. She spoke positively about Harvard's culture, the academic opportunities, and how she had been able to build a meaningful career while also balancing family life. She acknowledged one difficult moment where aspects of her work that intersected with religious themes were scrutinized heavily, but overall, she felt she had been able to integrate her faith and professional life in a healthy way.

I could feel the hand of God over this interview, and I think he used it to encourage both of us in our faith walk. I left the interview feeling genuinely seen for all the aspects of my identity. I had the strong sense that she not only deeply appreciated our conversation, but also would be willing to go to bat for me in front of the admissions committee.

Interview with Dr. (Name Redacted)(Faculty – Senior Admissions, Research & Teaching)

Dr. (Name Redacted) was my 2nd faculty interviewer and has been involved in admissions for nearly 20 years. He mentioned that he personally reviews close to 1,500 applications per year, which immediately made me nervous lol. He grew up in Boston, completed an MD-PhD, and spent time at Hopkins before returning to Harvard, so he has perspective on multiple institutions.

He opened the conversation in a very conversational way, asking about my name, athletics, and photography. He was especially interested in the combination of Division I football and running a photography business. We joked a bit about football playoffs before transitioning into more substantive questions.

The core of the interview centered on motivation. He asked me directly how I would characterize what internally drives me toward medicine. I talked about growing up alongside my mom while she worked as a home health aide, seeing her care for patients at their most vulnerable moments, and how that shaped my understanding of dignity in healthcare . We also discussed my injury, my temporary focus on pursuing the NFL, and the process of reevaluating where I could have the greatest long-term impact. He pushed me to articulate why medicine specifically, and we talked about connection, disparities, and the desire to treat patients as whole people rather than diagnoses.

We spent a good amount of time on my research which is definitely one of the weaker parts of my application haha and I don't really like talking about it in depth because that's not where my heart is, but alas it's a necessary evil in this process haha. He asked me to describe the kinesiology and biomechanics work I've been doing, including motion capture analysis of return-to-play tests and my honors thesis comparing horizontal versus vertical jump

assessments. He also asked about my blood flow restriction project and challenged me to explain the physiology and safety considerations in simple terms. One of the more thoughtful parts of the conversation was around pain perception disparities. I brought up differences in how pain complaints are received across demographics, and he pushed me to think about objectivity, measurement, and whether identical injuries necessarily imply identical pain. Overall I didn't feel like an interrogation, more like a collaborative intellectual discussion.

We also discussed Project Appalachia, where I shared the story of a Vietnam veteran who was initially resistant to our help and how our team gradually built trust over time. He seemed interested in how I navigated the tension and skepticism, not just service work itself.

Toward the end, he talked candidly about Harvard's culture. He described it as a large place with enormous talent, but emphasized that many people maintain humility because "it's an ocean," not a small pond. Not sure how much I buy the humility part lol. When I asked what distinguishes the students who eventually get in, he said Harvard looks for people with potential for intellectual leadership, not just strong metrics. We also touched briefly on burnout in medicine and the increasing business pressures in clinical practice, and he advised finding something genuinely interesting in your work to keep the flame lit.

Overall, the vibe of this interview was rigorous but warm. It felt like a conversation with someone who has seen thousands of applicants and was genuinely testing depth of thought, intellectual curiosity, and long-term vision rather than just résumé items. I didn't get the sense that I absolutely blew him away or that he was all-in on me, but it was definitely a good interview overall.

✅ Einstein (Submitted)💫

Albert Einstein Secondaries

1. I have taken time off from school during my undergraduate years. If you answered, "yes" to the above question, please explain. (Max 3000 characters)

X

2. Please use this space to tell us anything about yourself that you would like us to know. If you do not wish to write anything, please write “NA.” (Max 3000 characters)

In early high school, my answer to "What do you want to do with your future?" was always clear: I was going to be a professional athlete. I was naturally gifted at sports, and coaches told me that with consistent training through college, I could go pro. As a 14-year-old, the idea was intoxicating—fame, financial security, and the ability to give back to my community.

I played football and did track at Johns Hopkins, then transferred to the University of Miami to pursue higher-level competition. My mom, the typical Nigerian parent, always believed education was the only way out of poverty and pushed me to focus on academics, but I had NFL dreams.

After making the team at Miami and a great first season, I asked my position coach, a former NFL athlete, how I could step up my training for the NFL. His answer was unexpected: "Why would you want to do that, son?" He explained that for most guys, football was their only way out, but I had other doors open because of my academic strengths. It was the first time someone had challenged me to step back from the daily grind and fully consider the future I was working toward.

As I researched the reality of pro sports, I discovered the average NFL career was only 3.5 years, players were commodities traded at a moment's notice, and injuries could end everything instantly. Having experienced injury myself, I wasn't willing to stake my entire future on a game of such slim margins when I truly did have other options.

I decided to take my pre-med journey seriously. Instead of just checking boxes, I made a real effort to understand what physicians actually do. I spent countless hours in clinical settings, talking to doctors, nurses, and PAs, watching interviews, and researching medicine in all its forms. What I found surprised me: being a physician isn't all that different from being a football player. Both constantly assess situations, respond in real time, and rely on training to make critical decisions. Just like a quarterback calling adjustments, doctors lead care teams and make important decisions under pressure.

I started to see medicine not as a backup plan, but as another area where I could bring the same intensity and commitment. The more I learned, the more I realized medicine had the same challenges I loved in sports—discipline, strategy, and the opportunity to improve every day—but with even greater rewards. As a physician, I could build meaningful relationships, directly improve lives, and continue learning throughout my career.

My journey through sports taught me how to work hard and lead. Now I believe that the qualities I cultivated for a career in professional athletics were preparation for my true calling as a physician. I hope to contribute that same relentless spirit and team-focused mindset to medical school, where the stakes are higher and the impact more profound.

3. What unique life experiences, personal attributes and/or perspectives will you bring as part of the incoming class? Are there particular challenges or successes that you have encountered? If you do not wish to write anything, please write “NA.” (Max 3000 characters)

I was born in the Bronx to a Nigerian immigrant mother who worked long hours as a home health aide. My earliest memories include bouncing between shelters, living in government housing, and watching my mom stretch every dollar to keep us afloat. She believed, fiercely, that education was the only way out. When our situation in the U.S. grew more unstable, she made the difficult decision to send me to boarding school in Nigeria.

That transition marked a turning point in my life. I went from food stamps in New York to food insecurity in Nigeria, from cracked sidewalks to no sidewalks at all. My dorm had inconsistent power and running water. Meals were sparse, temperatures high, and comfort was a luxury. But what I lacked materially, I gained in perspective. I began to understand what it meant to survive without reliable systems, where people built lives despite government neglect, systemic inequality, and deep-rooted tribalism.

There, I saw how poverty doesn't just shape daily living, it reshapes what people believe is possible. Families made impossible choices between medicine and food, or sending a child to school versus keeping them home to work. Healthcare wasn’t a guarantee, but a privilege reserved for those with means. Clinics were often hours away, understaffed, or undersupplied. What struck me most was how normalized this all felt, a sense of resignation. But there was also resilience, people who had every reason to give up but didn’t.

That experience changed the way I viewed the world and my place in it. When I returned to the U.S., I saw my old surroundings with new eyes. In Nigeria, inequalities often stemmed from tribal favoritism and geography. In the Bronx, it was race, historical redlining, and systemic underinvestment. But the outcomes were the same: preventable diseases, unmet needs, and lives cut short. To me, these disparities are personal because I’ve lived them.

Such patterns fueled my commitment to medicine, not just as a science, but as a tool for social justice. I want to be a physician who sees the full context of a patient's life, who understands that healing requires more than prescriptions. It requires trust, understanding, and advocacy. I’m drawn to Albert Einstein because of its deep roots in the Bronx, a community I know well and care deeply about. Programs like Einstein Community Health Outreach and Bronx Community Health Leaders reflect a vision of medicine grounded in equity, community empowerment, and long-term investment in underserved populations. The Global Health Center also aligns with my international perspective and commitment to serving vulnerable populations across borders.

My life has spanned continents and crossed cultural divides, but what remains constant is my belief in people's worth and resilience. I bring to the incoming class the perspective of someone who has lived on both sides of inequity, is grounded in faith, purpose-driven, and committed to using medicine to advocate for equity.

Albert Einstein College of Medicine Post-Interview Reflection

1. Interview Format and Vibe
Einstein doesn't run a traditional "interview day." I just had a single virtual interview with one faculty member, which made the process feel straightforward but also a little disconnected compared to other schools. The conversation ran about 40 minutes. My interviewer admitted he mostly deals with fellows and residents rather than medical students, which shaped the flow: he did ask me questions, but he also spent a lot of time talking about Einstein itself.

2. Interview Conversation Summary

- **Interview (Pulmonary/Critical Care faculty, Physician-Scientist)**
  Tone & Personality: He came across as thoughtful, verbose, and passionate about Einstein. He liked to give long, reflective answers, drifting into stories and history lessons. His personality was friendly and intellectually curious, but the conversation felt more like a mix of evaluation and sales pitch. He seemed genuinely interested in me, though he clearly enjoyed talking about his own experiences too.

Conversation Content:
He started by asking what drew me to medicine and what makes it "the thing" for me. I explained how I value connecting with people, how my mom's work as a caregiver showed me the impact of simple presence and dignity, and how medicine allows me to combine that human side with broader impact through research and policy. I contrasted it with sports — saying a pro career would have been more about me, while medicine lets me touch lives in deeper, lasting ways. I also told him I want to be a role model for kids who don't see many doctors who look like them. He affirmed that strongly, saying role models are crucial and noting that I'm charting a path even without many in front of me.

He then shared his own perspective: as a physician-scientist, he balances clinical care with research that has public health implications. He reflected that medicine is so broad that entering the field can almost feel like a "non-decision" — there are endless paths, from only seeing patients to only studying molecules. He stressed flexibility and how career interests shift over time.

From there, he pivoted to my ACL injury. He asked what it was like to be on the "other side of the stethoscope." I told him about the shock of going from peak physical condition to not being able to walk, the isolation of rehabbing without insurance, and the way I had to wrestle with motivation. I emphasized how it gave me empathy for patients facing abrupt changes in health, whether from cancer or chronic disease. He responded with his own experience as an adult

medicine physician, often unable to cure but still able to offer dignity, encouragement, or even humor. We then connected over *When Breath Becomes Air* — I mentioned how the oncologist in the story helped Paul Kalanithi focus on living meaningfully rather than just prognosis, which resonated with me.

He asked about my hospice volunteering. I shared how it reminded me of my grandmother's death from breast cancer complications in Nigeria, alone and far from family. At the hospice, I met patients in similar situations, and I felt called to give them dignity at the end of life — even if it was just a smile or presence for an hour a week. I explained that while it was emotionally hard, I learned to process grief while still being a light for others. He validated how sobering but essential that work is.

Toward the end, I asked about Einstein itself. He told me he'd been there for 18 years and described Einstein's culture as uniquely **civil, humanitarian, and collegial**, tracing back to its founding in the 1950s when Jewish physicians excluded from other schools built their own. He emphasized that inclusion is baked into the DNA of the institution. He highlighted Einstein's strengths: high-caliber translational science, top clinical training at Montefiore and Jacobi, and now, the free tuition model. He mentioned the Nigerian-born head of the medical center as an example of diversity in leadership. He also talked about the Bronx: gritty but real, with patients who are deeply appreciative and "keep their feet on the ground." He said students get unrivaled exposure in the busy ERs and come out seasoned and savvy.

I asked about research opportunities and interdisciplinary work. He said Einstein excels in translational research, with particular strengths in infectious disease, aging, diabetes, and cancer. While it's a freestanding med school (no engineering or humanities departments), he noted the inherently interdisciplinary nature of modern research, with clinicians and scientists forced to collaborate. He also described the layout: main medical school next to Weiler Hospital and Jacobi, with Moses a shuttle ride away, meaning students see a wide breadth of patients.

Finally, I asked about drawbacks. He admitted the facilities aren't as shiny as some schools — buildings are older and sometimes repurposed. He also mentioned the fragmented nature of clinical sites can be a logistical challenge. But he insisted the volume and diversity of clinical exposure more than make up for it. He ended with career advice: choose a path with flexibility, mix patient care with something intellectually refreshing, and always connect with patients on a human level.

3. What the Interviewer Emphasized about the School

- Core values of **civility, humanitarianism, and inclusion** since its founding.
- **Unparalleled clinical exposure** in the Bronx, preparing students for anything.

- **High-level translational research** opportunities, especially in aging, cancer, and infectious disease.

- **Free tuition** as a game-changer.

- A culture that is collegial rather than cutthroat, unlike some peer schools.

4. Overall Takeaway

The Einstein interview was unusual in how much time the faculty member spent talking, but I appreciated the stories and insight. He made it clear that Einstein is a place of inclusion, strong science, and real-world clinical training. While it doesn't have the polish or big-name prestige of some schools, it offers authentic experiences, grounded patients, and financial freedom. I still don't feel Einstein "stands out" as much culturally compared to other NYC schools, but I left with a positive impression of its mission and faculty.

5. Key Positives and Drawbacks

Positives

- Free tuition removes financial stress.
- Bronx location gives exposure to diverse, underserved patients.
- Strong emphasis on inclusion and humanitarian values.
- High-level translational research across multiple areas.
- Faculty were friendly, candid, and clearly invested in the school.

Drawbacks

- Fragmented hospital sites and older facilities.
- Freestanding med school (fewer cross-disciplinary opportunities with engineering/humanities).
- Doesn't feel as distinctive programmatically as some peers.
- Bronx location is technically NYC but more isolated from the heart of the city.

Decision Notes

Acceptances in Early March. March 2nd is the official date that was given in an email about a month out.

I applied here because they have free tuition.

Acceptance Monday, March 2nd at 7:45 AM sharp. No notes on Financial Aid

In an unforeseen turn of events, I got my acceptance rescinded because I didn't fill out some forms before the deadline they gave. The deadline was ~2 weeks after acceptances went out, but I didn't read the emails because I assumed it was in April. I'm not mad, though; med school admissions is all a business at the end of the day. I should have done a better job keeping track of things, and Einstein wasn't my top choice or anything.

✅ Northwestern (Submitted)💫

Northwestern Secondaries

1. Feinberg's mission is to train future leaders who will serve their patients, communities and society. Describe one specific aspect of the FSM integrated curriculum that will help you achieve your future goals within medicine and how FSM, located in Chicago, will help you achieve this professional goal. (Max 200 words)

Feinberg's Education Centered Medical Home (ECMH) model immediately stands out to me. The opportunity to work with the same clinical team over four years aligns with how I hope to grow as a clinician, becoming a trusted presence in patients' lives. Having observed the fragmentation of care in underserved areas of both the U.S. and Nigeria, I'm drawn to longitudinal models that build real relationships and improve continuity. ECMH would allow me to see how context, trust, and small changes over time can transform care.

Chicago's depth and diversity also make Feinberg a place where I know I'll be challenged to think critically about disparities: a living canvas showing how race, geography, and wealth affect healthcare. In a city with complex public health dynamics and entrenched inequities, I hope to learn as much from patients as from the city's history and politics. I want to leverage my medical education to be a physician who not only provides direct care but also shapes policies that promote health equity, both nationally and globally. My goal is to be a voice for change—combining clinical excellence with a commitment to building systems that uphold every person's dignity and right to care.

2. Describe a new hobby or activity you enjoy in your free time outside of school. (Max 200 words) (NEW 2025)

I'm passionate about learning languages. This is a letter to my languages:

To Igbo,

You were my first glimpse into language's power. Through my mother's voice, you taught me that words carry more than meaning—they carry identity, heritage, belonging. Though I never mastered you, you planted the seed that language shapes who we are.

To French,

You humbled me in Nigerian classrooms, convincing me I wasn't a "language person." That changed when Madame (Name Redacted) shared her love for you. Her passion and kindness made me want to know you. You demanded that I reshape not just what I think, but how I think it. From an obstacle, you became inspiration.

To Spanish,

You changed everything for me in Miami. You weren't confined to textbooks—you were everywhere, whispering stories to me that I couldn't understand. You knew that I loved

connecting with people, that I would have to learn you. Slowly at first, then intentionally. You taught me that language learning transcends grammar and vocabulary.

To All,

Together, you've taught me that you all were never just knowledge, but instead tools. Each conversation, a connection, phrases that unlocked people's lives. Thank you for gifting me the keys.

(NOT USED) 2. Describe specific steps you take to manage your stress and maintain wellness while balancing personal, educational, and professional responsibilities. (Max 200 words)

The sanctity of my mornings is non-negotiable. Before classes, training, or work, I set aside 30 minutes to do something just for myself—playing guitar, reading Scripture, or simply quieting my mind. The goal isn't productivity; it's to ground myself outside of my roles and obligations.

I learned this practice after experiencing burnout. For a long time, I believed hard work meant saying yes to everything and pushing through exhaustion. But eventually, I realized that discipline doesn't require doing more, but rather protecting what gives me strength. That shift changed how I manage stress.

Now, I treat recovery with the same urgency as performance. I schedule downtime like any other task and group responsibilities by energy level—analytical work in the morning, creative taks in the evening. Most importantly, I stay connected. When things feel burdensome, I reach out to mentors, teammates, or friends from FCA. Their presence reminds me that I don't have to carry everything alone.

Wellness, for me, is rooted in purpose. When I'm tired but anchored in something meaningful, I feel resilient. Burnout only creeps in when I lose that sense of why, so I keep little reminders close to stay focused on what matters.

3. If you have one year or more between college graduation and medical school matriculation, describe both your completed activities and future plans during the gap period. (Max 200 words)

X

4. Do you or an immediate family member have an existing relationship with the Feinberg School of Medicine? (Max 200 words)

X

5. The Feinberg School of Medicine values the totality of our students' experiences. As everyone has their own narrative, please describe how your unique experiences would enrich the Northwestern community. (Max 200 words)

Having lived in Nigeria, I've witnessed health disparities on a staggering scale. Access to care is dictated by wealth and geography. Private hospitals serve a privileged few, while most rely on overcrowded public facilities lacking basic supplies. Families often travel hours just to reach hospitals that can't provide the necessary treatment. This has shaped my understanding of how health is inseparable from broader social structures.

These inequities are woven into society through tribalism, nepotism, and colonial legacies that prioritize some lives over others. In the U.S., I recognize similar patterns: racial and socioeconomic disparities affect who receives care, who is heard, and who suffers in silence.

Living through these realities has shaped my commitment to practicing medicine that reaches beyond biology to the social forces impacting health. At Northwestern, I see a community that embraces this perspective, where scientific rigor is paired with efforts to build trust and engage the local community. Programs like the Center for Community Health and Equity reflect a real commitment to health equity that transcends traditional rhetoric. My experiences have convinced me that complete health care is rooted in social justice, and I'm ready to bring that perspective to Feinberg.

6. If you are reapplying to medical school, please address steps taken to improve your application. (Max 200 words)

X

Decide what you want to be good at. You get to prioritize your efforts, hobbies vs. a good husband/father

Northwestern University Feinberg School of Medicine

Decision Notes
My batch of interviews will hear back in early December—either ‘delayed decision’ or an acceptance. If delayed, then decisions will come out after the second round of interviews concludes in February. I DID peep though that they offer merit scholarships up to full tuition + a stipend, which could be goated. So imma try and lock in for one of those. Admissions notifies about scholarships in mid-late March.

December 5th last year

I believe the decision that I received is considered a deferral. I am still under consideration, but will hear a final decision in February? with everyone else. I think it’s kind of ironic how the best interviews like UMiami (alma mater) and Northwestern, which I thought went really, really well, are not yielding immediate acceptances. I could speculate all day about potential reasons as to why, but I think at the end of the day, it has something to do with yield or maybe perceived interest level.

In their email to me it mentioned that they welcome update/interest letters, so I should probably cook up one of those at some point.

Submitted and Update/CI letter on 01/01/2026

Acceptance phone call from a current student on Tuesday, March 3rd, around 4:30 PM EST. Glad they finally accepted me lol. TBD on if I will submit the financial aid application.

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1. Interview Format and Vibe

I’m lowkey starting to get fatigued haha. Did not reach out to any of the students beforehand, but Chat was able to give me some useful info about the school so I didn’t feel like I was going in completely dark. Basically, from what I gathered the main thing with Northwestern is the location in Chi townnn, the early clinical exposure embedded in the curriculum, the large amount of research funding and the pass/fail for preclinicals. Not super unique, but still all great things.

At this point in my cycle, I’m so over all the info sessions and student panels. But alas, they must be done…sigh.

There were 3 actual interviews — 1 student and 2 faculty. The student interview was completely blinded and the faculty ones were open file but without stats. Not sure if this is correlated to the style, but my student interview was more structured with him asking me quite a few required questions before he opened up the floor to me for my questions. The faculty interviews were

more conversational, asking me mostly about whatever they took interest in from my application + maybe 1–2 required questions. Very chill overall though.

Structure:

Check-in 12:45-1 pm
Orientation: 1 pm-2;15 pm
Interviews: 2:25-4 pm
Meet and Greet 4-5 pm

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2. Conversation Summaries

Interview with Dr. (Name Redacted) (Faculty – Research Administration & AOSC Program)
Dr. (Name Redacted) was one of my faculty interviewers and probably the most talkative of the three. He started off by welcoming me "virtually to Chicago" and joked about the 50-degree weather and Midwest winters. He told me a bit about himself — originally from England, PhD in London, postdoc at the NIH, later research at Harvard before coming to Northwestern. Now he oversees parts of the research curriculum, especially the **Area of Scholarly Concentration (AOSC)**, which is the research requirement for all Feinberg students. He described how every student joins a small group of about a dozen and gets paired with a mentor to guide them through their project and navigate the research system. He also tutors Feinberg's problem-based learning sessions, which are like detective-style small group cases.

From there, we got into my background. I told him about my upbringing between the U.S. and Nigeria, my time at Hopkins, and the decision to transfer to Miami to chase higher-level football. He seemed genuinely fascinated by my story, especially how I bounced back from my injury and refocused on medicine. He said most applicants have pretty similar paths — good grades, some volunteering, maybe a doctor in the family — but that people like me "shake the place up in a good way." He compared me to a Special Forces medic he'd interviewed the week before and said he loves seeing outliers like that because they bring perspective and energy to a class.

I asked him why he chooses to do these interviews, and he gave one of the most genuine answers I've heard all season. He said he enjoys meeting people at this stage of life — that it's "regenerative" to talk with young, motivated applicants — and that it's his way of giving back because when he was in my shoes, he didn't have anyone to guide him through those choices. He said Northwestern's environment makes it easy to feel connected to students and that the med school's location right on the lake gives you space to breathe, run, and reset. Before wrapping up, we talked briefly about how to stay fulfilled long-term in medicine, and he said he keeps his passion by focusing on the parts of the job that let him meet people and help them find their fit.

Interview with Dr. (Name Redacted) (Faculty – Neuro-Ophthalmology, Clerkship Director)
Dr. (Name Redacted) was probably my favorite of the day — super warm and personable from the start. She's a neuro-ophthalmologist who runs the ophthalmology residency at the VA and helped launch Feinberg's Master's in Healthcare Administration program. She told me she's from Iowa and joked that Chicago winters are nothing compared to those back home.

When I introduced myself, she immediately asked about the meaning of my name, and I explained how *Iheukwumere* means "something great happened" in my mom's native language. She loved that and said she could tell family was a big part of my story. We talked about my experience growing up between Nigeria and the U.S. and how that shaped my worldview. I told her about discovering sports, photography, and music after coming back to the States — things I couldn't really explore as much while living in Nigeria's book-focused culture.

Eventually, we got into my football journey — from Hopkins to Miami, the injury, and the comeback. She said she couldn't imagine balancing Division I athletics with academics and was impressed that I managed to do both well. When she asked what worried me most about starting medical school, I told her it's the classic fear of hitting a wall — realizing I don't know how to study anymore or feeling overwhelmed by the pace. I said if that happens, I'll do what I've always done: reflect, seek help, and adapt. She said my discipline and perspective already show that I've proven I can handle challenges.

When she asked about mentorship, I told her my mom has been the biggest influence — the way she's modeled strength, faith, and persistence through hardship. Dr. (Name Redacted) loved that and said as a mom herself, it was beautiful to hear. Before wrapping up, I asked what keeps her from burning out after so many years in medicine. She said she stays grounded by staying close to patients — that connecting with them reminds her why she started — and by keeping space for the things that make her human outside of work. She said Feinberg students seem to have found the "secret sauce" of being serious about medicine but still enjoying life and helping each other. That line really stuck with me.

Interview with (Name Redacted) (M4 Student)
My student interviewer, (Name Redacted), was in the middle of residency interviews himself, so he started by saying he completely understood the grind of this season. His interview was more structured since it followed a set list of required questions. We started with my background and football story, and then he asked me to talk more about what drew me to medicine. I explained how I used to be all-in on the NFL dream but realized medicine would let me combine my skills with a much deeper kind of impact. I talked about my mom working as a home health aide and how seeing her connect with patients made me appreciate the personal side of healthcare.

He also asked me to describe a time I worked collaboratively on a project, and I gave my example from volunteering at church — leading the setup team every Sunday and coordinating when the gym flooded one morning before service. He seemed impressed that I stayed calm under pressure and could both lead and contribute directly.

Then came Feinberg's standardized question about "the biggest challenge facing medicine." I said one of the biggest ones is the expanding autonomy of mid-level providers and how it could affect patient safety, along with the growing role of AI in healthcare. He agreed immediately, saying he personally sees mid-level encroachment as the toughest issue right now. We discussed how it ties to corporate profit motives and what could happen when supervision or accountability starts to fade. When he asked what I'd do about it, I said there should be a stronger regulatory body to clearly define scope of practice and enforce it, starting with better education about each profession's responsibilities. He said that was a surprisingly nuanced take for an undergrad and that it's something students at Feinberg debate often.

When I asked him about his own experience at Northwestern, he said the **Education-Centered Medical Home (ECMH)** system was a major draw — that students start seeing patients within the first month of M1, giving Feinberg grads a noticeable clinical confidence edge. He also mentioned that Feinberg's administration is incredibly responsive to student input. He serves on the curriculum committee and said they meet monthly with faculty to review feedback, then publish a "You Asked, We Listened" document every year with the changes they've made — even small stuff like replacing library furniture if students bring it up. That combination of early patient exposure and genuine responsiveness really stood out to me.

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3. What the Interviewers Emphasized About Feinberg

All three interviews circled back to the same themes:

- Early, longitudinal clinical exposure through the ECMH model.
- Strong mentorship and research structure via the AOSC.
- Collaborative, non-competitive environment where students truly support each other.
- Administrative responsiveness — student feedback directly shapes the program.
- Chicago location that balances a vibrant city with a close-knit med school community.

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4. Overall Takeaway

I think Northwestern is cool overall — no doubt that I could be happy and successful here. Everyone I met seemed genuine, motivated, and down-to-earth. The ECMH and AOSC programs seem to give students both structure and freedom, and I like how much they emphasize balance and wellness. The idea of winters in the Midwest truly does scare me a little,

but hey, it iz what it iz. Between the culture, resources, and location, Feinberg feels like one of those places where I could grow into the kind of doctor I want to be.

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5. Key Positives and Key Drawbacks

Positives:

- ECMH model with patient contact from week three of M1.
- Built-in research requirement (AOSC) with strong mentorship.
- Collaborative and friendly student culture.
- Faculty who are invested and genuinely enjoy mentoring.
- Highly responsive administration and clear communication.
- Chicago location with great hospitals and patient diversity.
- Merit scholarships up to full tuition + stipend.

Drawbacks:

- Harsh winters and high cost of living downtown.

✅ Columbia (Submitted)💫

Columbia Secondaries

1. Have you previously applied to Medical School? (Max 200 characters)

X

2. If you took time off from your undergraduate studies, please briefly summarize your reasons for doing so. (Max 250 words)

X

3. Did you work for compensation during college (either during the school year or summers)? If so, what did you do? How many hours a week did you work? (Max 300 words)

Academic Year
~20 hrs/week - Personal Training
~5 hrs/week - Managing my Photography Business. Could be up to 30 hrs/week during busy periods like graduation season.

Summer
~30 hrs/weekly Personal Training

4. If you have graduated from college, please briefly summarize what you have done in the interim. (Max 300 words)

X

5. Please describe your most meaningful leadership positions. (Max 300 words)

My most meaningful leadership roles have been as a worship leader in the Fellowship of Christian Athletes (FCA) and as a team leader for the Appalachia Service Project.

As a worship leader for FCA, I was often the only Black male and the only athlete leading worship. At first, it felt awkward—singing in front of my teammates who only knew me as a football player. But something shifted when I stopped trying to be perfect and just started being real about my own struggles with faith. Guys who had never spoken up began sharing their stories. I realized my role wasn't about having all the spiritual answers, but about creating a space where people felt safe enough to express themselves and be vulnerable.

Leading home repair projects in Appalachia was a different kind of challenge. Working with families facing economic hardship, I had to learn how to manage volunteers while respecting that we were guests in someone else's home. I saw the difference between taking charge of a project and understanding that the family had been solving problems in their home long before we arrived. I learned to read the room, knowing when to keep the team focused and when to pause and listen to a homeowner's story about their grandfather's carpentry.

These experiences shaped how I approach leadership, not as being the loudest or having the perfect plan, but as being sensitive to individual needs and creating space for others to contribute. In healthcare, I know I'll encounter patients facing their most vulnerable moments and work alongside colleagues from diverse backgrounds. Whether it's helping a patient feel heard during a difficult diagnosis or collaborating with a care team under pressure, I've learned that trust is built through small, consistent actions that show people they matter.

6. Columbia Vagelos College of Physicians and Surgeons values diversity in all its forms. How will your experiences contribute to this important focus of our institution and inform your future role as a physician? (Max 300 words)

During my time living in Nigeria, I saw health disparities on a scale that was both staggering and deeply personal. In many parts of the country, access to care is determined by wealth and geography. Private hospitals with skilled staff are available for the privileged few, while most people rely on overcrowded public hospitals lacking even basic supplies. Families often traveled hours to find a hospital, only to discover it couldn't offer the treatment they needed. Witnessing this shaped my understanding of how health is inseparable from the structures and social hierarchies around us.

These inequities weren't just medical—they were woven into the fabric of society, shaped by tribalism, nepotism, and the long shadow of colonial systems that prioritized some lives over others. When I returned to the U.S., I saw similar patterns, though they wore a different face: racial and socioeconomic disparities affecting who receives care, who is heard, and who suffers in silence.

Living through these realities shaped my commitment to a vision of medicine that sees beyond biology to the social forces that impact health. At Columbia, I see a community that understands this perspective, where scientific rigor is coupled with a real effort to build trust and engage with communities on their own terms. Programs like the Center for Community Health Navigation and the Irving Institute's Community Engagement Core reflect the same approach I learned in Appalachia—that sustainable change happens when you work with communities, not just for them. Columbia is committed to training physicians who understand the social justice issues that contextualize clinical care. As a future physician, I'm committed to practicing medicine that addresses systemic inequities, ensuring that Columbia's mission of health equity reaches the patients and communities who need it most.

7. Is there anything else you would like us to know? (Max 400 words)

In early high school, when people asked what I wanted to do with my future, my answer was always clear: I was going to be a professional athlete. I was naturally gifted in sports, and the idea of making it to the pros was intoxicating—fame, financial security, and the chance to give back to my community. I poured everything into that goal, balancing school with grueling practices and constant competition.

At Johns Hopkins, I played football and did track and field, but I knew I needed stronger competition to make it to the next level. So, I transferred to the University of Miami. Making it to the NFL was my focus, but I had to keep up in school to honor my mom. My days revolved around 5 AM workouts, late-night study sessions, and the endless pressure to perform. I saw every day as an opportunity to improve.

The turning point for me came in a conversation with my position coach, a former NFL player. I asked him what I needed to do to make it to the league. His response caught me off guard: “Why would you want that, son?' He explained that for most guys, football was their only way out, but I had other doors open because of my academic strengths. It was the first time in a while someone had challenged me to step back from the daily grind and fully consider the future I was working toward.

I realized that the world of pro sports, with no loyalties and careers that could end abruptly, wasn’t what I truly wanted. Having been injured myself, I knew how uncertain that path was. I decided to start taking medicine seriously, not as a backup plan, but as a place where I could bring the same intensity and commitment. As I invested countless hours learning from physicians and patients in clinical settings, I learned that medicine, much like football, demands discipline, strategy, and constant growth—but with the added opportunity to directly impact lives.

I share this journey because it speaks to the kind of physician I hope to be: one who brings a relentless spirit and team-focused mindset to patient care, someone who has learned that real impact isn’t about personal accolades but about lifting others up. This perspective shapes how I see my future in medicine, and it’s a mindset I’m eager to bring to Columbia’s collaborative environment.

6. Please upload your most recent CV, ensuring the CV includes updated publications, abstracts, and presentations. (No word limit)

Interview Notes/Prep

Disections vs. prosections? In Anatomy Lab

What differentiates med students after the interview stage?

For the question at the end, try to tie it into your application and the school? (Say something insightful)

You are also interviewing the institution, ask the interviewer why they are doing this, why are they in admissions

Exams are the most chill I've ever heard. Classes are cancelled for the week. Non proctored. For the first year.

Columbia VP&S Post-Interview Reflection

1. Interview Format and Vibe
I was in the morning block, with two back-to-back faculty interviews followed by info sessions, curriculum presentations, and a virtual tour with current students. The whole day felt structured but not high-pressure. One memorable part was at checkout — someone on the admissions team noticed my guitar in the background, asked about it, and I ended up playing a song. It broke the formality of the day in a fun way.

2. Interview Conversation Summaries

- **Interview 1 (Anesthesiologist, Columbia alum)**
  Tone & Personality: Very energetic, personable, and affirming — he had the vibe of a mentor who loves meeting students and showing off Columbia. He sprinkled in his own stories about guitars, Columbia extracurriculars, and how the school has changed. His tone made it clear he saw me as a strong candidate who would thrive at VP&S.

Conversation Content:
We kicked off talking about guitars — he noticed mine in the background, shared that he plays too, and we compared instruments. From there, he segued into photography, mentioning he'd checked out my website and complimented my photos. That led naturally into my application: he asked how I got into photography, how it grew into a business, and how I balance multiple interests. We then went deeper into medicine: my transition from Hopkins to Miami, the risks I took betting on myself as an athlete, and how my mom reacted. We also discussed my grandmother's death from lack of oxygen in Nigeria and how my mom's work as a home health aide shaped my values. He connected my story back to Columbia, emphasizing that VP&S is a place where students are encouraged to keep their outside passions alive — mentioning Coffee

House events, rugby, and VP&S Club activities. Toward the end, I asked him why he interviews, why he's stayed at Columbia all these years, and how students combine clinical training with broader interests like policy or research. He gave thoughtful answers, especially noting how Columbia has shifted from being "old school" to now one of the most progressive institutions in the country.

- **Interview 2 (Internal medicine physician, Columbia alum)**
  Tone & Personality: Calmer and more reflective than my first interviewer, but still warm and approachable. He carried himself like a steady teacher who thinks carefully before answering. For me, this interview was special because he was my first Black male interviewer, which made the connection more personal.

Conversation Content:
We started with photography again, but he framed it differently — asking not just how I got into it, but how I built it into a brand and what lessons I learned. I talked about trial and error, marketing myself, and developing social skills by reading between the lines with clients — something he connected to medicine and motivational interviewing. From there he brought up my personal statement and asked about my recovery from my ACL injury. I explained how my mom's push for excellence shaped me, and how I refused to quit even when it was easier to give up. He pressed me on how I deal with teammates or clients who don't share that same drive, and I explained my approach of empathy, understanding others' motivations, and finding compromise. We then shifted into future goals: I told him I want to see patients directly but also have broader impact through policy, public health, or research, since one doctor can only treat one patient at a time. I shared examples from my service trips to Appalachia — working on home repairs in some of the poorest areas in the country, and how that opened my eyes to rural inequities that look completely different from urban poverty. He asked what draws me to Columbia and New York, and I highlighted Washington Heights, the Spanish-speaking patient base, and how my Spanish study in Miami prepared me to connect with that community. In my questions at the end, I asked why he interviews, what has kept him at Columbia, how Columbia engages Washington Heights, and his experience as a Black man in medicine. He talked about BALSO, mixers for Black students and faculty, both the challenges of navigating racism and the strength of having a supportive community. His honesty made the interview feel very genuine.

3. What Interviewers Emphasized about the School
The anesthesiologist leaned heavily on the idea that Columbia wants students to stay balanced, with events like Coffee House and VP&S Club activities being core to the culture. The internist emphasized community engagement — programs like Project PUSH, service initiatives, and Columbia's presence in Washington Heights. Both pointed out that Columbia fosters a collaborative, supportive environment where students pursue both medicine and their other passions.

4. Overall Takeaway
Columbia gave me the strongest sense yet that I wouldn't have to set aside the things that make me unique — photography, music, athletics — but could bring them into my identity as a

physician. The consistent mentions of VP&S Club and extracurricular opportunities showed how deliberate the school is about nurturing multidimensional students. Combined with the chance to be back home in New York and work closely with Washington Heights' Spanish-speaking community, Columbia feels like a school that fits me not just academically but personally.

5. Key Positives and Drawbacks

Positives

- True pass/fail curriculum encouraging collaboration
- Unique support for passions outside medicine (VP&S Club, Coffee House, rugby)
- Washington Heights patient population aligns perfectly with my Spanish skills and interest in underserved care
- Faculty who have stayed at Columbia long-term highlight strong mentorship and community
- Both interviewers were personable, affirming, and seemed genuinely excited about me

Drawbacks

- After interviews, the info sessions felt a little repetitive and heavy
- Washington Heights is technically NYC but still a bit removed from the rest of the city
- Cost of living in Manhattan is steeeppp

Decision Notes

Acceptances in Early March. March 4th last year.

Acceptance on Wednesday, March 4th, this year. Got an email saying to check the portal for an update.

I've heard time and again that Columbia has pretty great Financial Aid, so we'll wait and see what they cook up.

✅ Hopkins (Submitted)💫

Hopkins Secondaries

1. If you have already received your bachelor's degree, please describe what you have been doing since graduation, and your plans for the upcoming year. (Max 400 words)

X

2. If you interrupted your college education for a semester or longer, please describe what you did during that time. (Max 400 words)

X

3. Briefly describe your single, most rewarding experience. Feel free to refer to an experience previously described in your AMCAS application if needed. (Max 400 words)

The most rewarding experience in my life was teaching myself how to swim. I learned not just a skill, but the power of self-reliance and determination. Growing up, swimming wasn't part of my world, and I had a deep fear of water and drowning. I remember watching friends dive effortlessly into the ocean, snorkeling and scuba diving, completely at ease in a world that was off-limits to me. I felt like I was on the outside of something magical, unable to share in those moments of fun and relaxation.

The more I watched my friends, the more I realized how much I wanted to be part of that experience. My curiosity finally pushed me to confront my fear and find a way in. However, I faced an additional challenge: as an athlete with a muscular build, I had negative buoyancy, which made staying afloat even more difficult. My first attempts were clumsy and exhausting, sinking more than swimming, sputtering and gasping for breath with every stroke. I watched people in the lanes next to me, baffled by how they moved with such grace through the water.

Each day at the pool was an exercise in courage. I adjusted my breathing, refined my stroke, and pushed past the tightness in my chest brought about by fear. At first, I would sink almost immediately, lungs burning with panic. But I refused to quit. Slowly, I found a rhythm, learning how to trust the water and my body. Teaching myself to swim wasn't just about staying afloat; it was about exploring a piece of life that had always seemed closed off to me.

Last Labor Day, my journey in the water came full circle. I was at the beach with friends when I noticed a girl struggling in the waves. Instinct took over. Before the lifeguards could reach her, I swam out, calmed her down, and pulled her back to shore. It was a moment that showed me the true power of what I had learned: how my efforts had prepared me to help someone else in a moment of crisis.

This experience has shaped how I approach challenges in life and medicine. It taught me to face my fear in a new environment and trust my capacity to adapt and grow, even when I'm out of my depth.

4. Please review the Johns Hopkins Medicine Website. Is there an area of medicine or a particular medical specialty at Johns Hopkins that interests you and why? (Max 400 words)

After exploring the Johns Hopkins Medicine website, I am particularly drawn to the **Department of Orthopedic Surgery** and its integrated focus on health equity and patient-centered care. Hopkins' commitment to tracking patient-reported outcomes and addressing disparities aligns with my goal to practice medicine in a way that bridges gaps in both clinical outcomes and trust.

My interest in orthopedics was shaped by personal experience as an athlete and by learning how racial stereotypes can shape care. Studies show that Black patients, particularly Black male athletes, are less likely to receive advanced imaging, timely surgeries, or robust pain management for similar orthopedic injuries. Assumptions about their pain tolerance or resilience can delay treatment and complicate recovery, whether the patient is a high-level athlete or just someone navigating daily life. These biases, while sometimes subtle, can have profound effects on health outcomes.

At Hopkins, the Orthopedic Surgery department doesn't just focus on technical excellence; it champions inclusive care through dedicated diversity and equity initiatives. Their efforts to gather patient-reported data directly from those they treat is a clear step toward minimizing bias and ensuring that every patient's story is part of the decision-making process. This commitment to listening to patients and bringing disparities to light inspires me to contribute to meaningful change.

As a future physician, I want to be part of a team that prioritizes not only cutting-edge treatment but also self-reflection and accountability in addressing inequities. At Hopkins, I would seek out opportunities to join quality improvement projects or research initiatives examining racial and gender-based disparities in treatment pathways for orthopedic injuries. I believe that data-driven interventions, combined with patient-centered communication, are essential for moving from awareness to action.

Orthopedics appeals to me because it blends my passion for movement and biomechanics with my desire to champion more just care. The chance to learn in an environment that values both surgical precision and social justice is why Hopkins feels like an ideal home for my medical journey. I hope to join a department that sees every patient's potential for healing, regardless of background, and to help build a system where equity isn't an aspiration—it's the standard.

5. Briefly describe a situation where you had to overcome adversity. Include lessons learned and how you think it will affect your career as a future physician. (Max 400 words)

When I suffered a devastating multiligamentous knee injury at the University of Miami, I experienced healthcare from an entirely new perspective—as a vulnerable patient navigating a complex system. My MRI revealed torn ACL, MCL, LCL, meniscus damage, and fractures, but the real education began in the aftermath.

Without out-of-state insurance coverage, I faced barriers that reminded me of my grandmother's lack of access to emergency care in Nigeria. I witnessed firsthand how insurance limitations can complicate treatment plans and learned to advocate for myself with companies. This experience made healthcare disparities that I had only understood theoretically before deeply personal.

Determined to understand my condition beyond surface-level explanations, I immersed myself in rehabilitation research, studying everything from collagen synthesis timelines to neuromuscular re-education protocols. I learned to critically evaluate medical literature, question treatment approaches, and collaborate with providers as an informed participant rather than a passive recipient. This scholarly approach to my own healing taught me that effective medicine requires both clinical expertise and patient education—physicians must empower patients to become partners in their recovery.

Working with various healthcare providers revealed stark differences in communication styles. Some treated me as a fascinating case study, focusing solely on anatomical questions, while others recognized the psychological impact of my injury experience. This experience fundamentally changed how I understand the physician-patient relationship. I learned that medical knowledge without empathy creates incomplete care, and that patients often carry valuable expertise about their own bodies that contextualizes medical knowledge. When my surgeon was initially unwilling to discuss accelerating my recovery timeline, I realized how easily patient voices can be silenced, even unintentionally.

As a future physician, I will prioritize clear communication that respects patients' intelligence and concerns. I understand the vulnerability that can be experienced in a hospital settings, the uncertainty about one's own health. I know the importance of acknowledging both physical symptoms and emotional distress, of explaining medical concepts in accessible terms, and of involving patients as active collaborators in their care plans.

My experience with adversity has transformed me from someone who viewed medicine as an academic pursuit into someone who understands it intimately. I learned that exceptional physicians don't just diagnose and treat, they educate, advocate, and truly listen. I am committed to practicing medicine that empowers patients as informed partners in their care while ensuring that current systems of practice never silence their voices.

6. Briefly describe a situation where you were not in the majority. What did you learn from the experience? (Max 400 words)

One of the most formative experiences of being in the minority happened when I was sent to a boarding school in Nigeria. Growing up in the U.S., I was used to an environment where asking questions was encouraged and seen as a sign of curiosity. But when I arrived in Nigeria, I entered a culture that placed a strong emphasis on respecting elders and accepting their words without question.

At first, I was fascinated by how different life felt. The challenging living conditions and strict rules were already an adjustment, but what struck me most was how authority shaped daily life. In class or during routine activities, I would naturally ask “why” if something didn’t make sense or if I thought there was a better way. This inquisitiveness, something I had always seen as a strength, was often interpreted as disrespectful. I remember moments when I would be punished or singled out for challenging what I didn’t understand, even when I was genuinely trying to learn. It was difficult to reconcile my need to understand with a cultural expectation to obey without questioning.

Over time, I realized that my way of thinking wasn’t wrong—it just didn’t fit neatly into the system I was in. I learned to observe first and speak later, to approach situations with more patience and humility. I discovered that there is wisdom in listening to those who came before you, and that respect can sometimes mean setting aside your own assumptions in favor of understanding a broader perspective. But I also learned the importance of not letting cultural expectations silence my curiosity entirely.

This experience taught me how to navigate cultural differences with both respect and authenticity. It showed me that being in the minority isn’t just about feeling different; it’s about learning to see the world through other people’s eyes and finding ways to connect across those divides.

As a future physician, I know I will work with people from diverse backgrounds and beliefs. My time in Nigeria gave me the humility to listen deeply and the adaptability to honor perspectives different from my own. At the same time, it reinforced the importance of curiosity and questioning, which I believe are essential to providing thoughtful, patient-centered care. Ultimately, this experience taught me how to bridge differences without losing sight of who I am.

7. Wonder encapsulates a feeling of rapt attention…it draws the observer in. Tell us about a time in recent years where you experienced wonder in your everyday life. Although experiences related to your clinical or research work may be the first to come to mind, we encourage you to think of an experience that is unrelated to medicine or science. What did you learn from that experience? (Max 500 words)

A recent experience of wonder unfolded for me at VousCon, an annual Christian conference hosted by my church in Miami. As part of the photography team, I was stationed at the top of the arena, tasked with capturing the energy and spirit of one of the worship sessions. My job was to frame thousands of people in one shot and freeze a single moment in a sea of movement and music.

At first, I focused on the technical aspects: adjusting my camera settings, finding the perfect angle, and waiting for the stage lights to shift just right. So often, we focus on capturing a moment digitally and forget to experience it in real time for ourselves. As I reviewed my shots and looked to make adjustments, I paused for a moment to look up from my camera and let my eyes take in the scene, unfiltered. In that instant, I was struck by a profound sense of wonder.

The sheer scale of it all was breathtaking: over five thousand people, hands raised, voices lifted. Yet it wasn't just the size of the crowd that captured me. It was the thought that each person in that room had a story, an entire lifetime of joys, struggles, and quiet prayers. For a moment, I saw past the sea of faces and glimpsed the gravity of what it meant to gather like this. We were all there, united by a common hope and a shared sense of purpose.

I thought about the words of Psalm 133:1: "How good and pleasant it is when God's people live together in unity." In that moment, it wasn't just a verse on a page—it was alive, visible in the waves of worship that filled the arena.

I also felt wonder at the greatness of the God we were there to honor and at how worship can create a space where our differences dissolve into something bigger. Standing at the top of the arena, I was reminded that while my job was to capture the scene, there are moments that cannot be fully contained in a frame. Moments that pull you out of yourself and into the shared humanity of the people around you.

It was a reminder of the power of presence and of what happens when people come together, each carrying their own burdens, yet finding common ground in a song, a prayer, or a shared breath. As I watched the crowd, I realized that we would all leave that room changed in some way, each of us having touched something eternal.

That day, I caught a glimpse of the wonder of our world, not in a new discovery or clinical breakthrough, but by simply standing still long enough to look beyond the surface. I learned that wonder isn't necessarily found in extravagance or grandeur. In fact, you can even miss it in those moments. Wonder asks us to be present, to look beyond ourselves, and to let our hearts be open to something bigger.

8. Would you like to share any additional information with the Admissions Committee about yourself that cannot be found elsewhere in your application?
This space can also address any extenuating circumstances (e.g., unexplained gaps in work experience, choice of recommenders, inconsistent or questionable academic performance, areas of weakness, etc.) that you would like the Admissions Committee to consider. (Max 300 words)

My future was clear: I would become a professional athlete. In early high school, I discovered my natural athletic gifts and excelled at every sport I tried. Coaches told me that with consistent training, I could make it to the pros. That dream was intoxicating—fame, financial security, and the ability to impact my community.

My mother believed education was the way out of poverty, so I pursued my pre-med studies to honor her, but my real focus was football. I transferred from Hopkins to the University of Miami for better coaching and opportunities, my heart set on the NFL.

After a successful season at Miami, I asked my position coach, a former NFL player, how to elevate my training for the pros. His response changed everything: "Why would you want to do that, son?" He explained that while football was many players' only way out, I had other doors open because of my academic strengths.

I began to seriously examine medicine for the first time. I spent countless hours in clinical settings, talking to doctors and nurses, watching interviews, even scrolling through Reddit to understand what medicine really looked like. What I discovered surprised me: being a physician isn't all that different from being a football player. Both constantly assess situations, respond in real time, and rely on extensive training to make critical decisions under pressure.

I now see medicine not as a backup plan, but as a space where I can channel the same intensity and commitment I brought to sports. What I bring back to Hopkins is the perspective of someone who's navigated between worlds—athlete and academic—along with cross-cultural insights from my upbringing. Athletics has taught me discipline and resilience, but medicine offers opportunities to impact lives and communities in a lasting way. I'm ready to contribute my unique perspective to the Hopkins Medicine community.

9. Please review the Johns Hopkins Medicine Equity Statement before answering the question below.

The Johns Hopkins Medicine Equity Statement:
-At Johns Hopkins Medicine, we believe that everyone has a role in promoting diversity, inclusion, and equity in health care, research, and education.
-We must acknowledge, actively address and work toward effectively managing our negative biases, so that we collectively make decisions that improve the lives of our patients, our colleagues, our learners, and our community.
-We stand against discrimination and oppression in all their forms.
-It is vital that we achieve equity for all, including those who are most vulnerable.

The purpose of this essay is to get to know you as an individual and a potential medical student. Please describe how your personal background informs your decision to apply to Johns Hopkins Medicine and what has influenced your desire to become a physician in a Medical community that embraces diversity, equity, and inclusion. You may address any subject you wish, such as being a first-generation college student, or being a part of a minority group, (whether because of your gender, gender identity, sexual orientation, race, nationality, ethnicity, socio-economic status, political affiliation, first-generation status, religion, etc.) or being the child of undocumented immigrants or being undocumented yourself, etc. (Max 500 words)

During my time living in Nigeria, I witnessed health disparities on a scale that was both staggering and deeply personal. In many communities, access to healthcare is dictated by wealth and geography. If you have money, you can afford private hospitals with better infrastructure and skilled staff. But for most Nigerians, especially in rural and underserved areas, care remains out of reach, either too expensive or simply unavailable.

Government hospitals, when they exist, are often overcrowded and under-resourced, lacking basic medical supplies or trained staff. Even in urban centers, private clinics mainly cater to the wealthy, leaving the majority to rely on overstretched public facilities. I remember hearing of families traveling hours or even days to reach a hospital, only to find that it couldn't offer the treatment they needed.

Living in this environment showed me how healthcare is inextricably linked to the structures surrounding it. Families who couldn't afford basic medical attention faced impossible choices—like whether to sell their land to pay for treatment, or to rely on a neighbor's herbal remedy because the hospital was too far away. I saw how deeply social and economic forces shaped who had access to care and who was sidelined.

Much of this disparity was driven by nepotism and tribalism, leaders directing resources to their own ethnic groups, leaving others neglected. These inequities didn't stop at healthcare; they shaped education, job opportunities, and basic living conditions, creating cycles of disadvantage that were hard to break.

These experiences have shaped how I view my future in medicine and why I'm drawn to Johns Hopkins, an institution that doesn't shy away from acknowledging and addressing systemic barriers. The Equity Statement's call to "actively address and work toward effectively managing our negative biases" resonates with me because it matches my own commitment to challenging unjust systems.

I see clear parallels between the divisions I witnessed in Nigeria and the racial disparities in the U.S. healthcare system, where biases and structural inequalities still determines who has access to care and who doesn't. As a future physician, I want to be part of a medical community that understands this reality and works to change it. My observations of healthcare systems both nationally and internationally have shown me that it requires more than technical skill to address health disparities. We must remain sensitive to our biases, take time to understand how current systems operate, and rely on evidence-based solutions to effect change.

At Hopkins, I see a community where these values are not only recognized but actively practiced. I am drawn to a program that blends clinical excellence with a deep commitment to equity, inclusion, and social justice, values that have become foundational to how I see my role as a future physician. In joining this community, I hope to bring not only my passion and curiosity but also the perspective of someone who has seen the human cost of inequity and is committed to building a world where health justice is a right, not a privilege.

BRUUUUUUUHHHHH They changed the prompts🤦🏾

NEW PROMPTS (2025)

1. Briefly describe a situation where you had to overcome adversity. Include lessons learned and how you think it will affect your career as a future physician. (300-word limit)

During my first year at the University of Miami, I faced overwhelming challenges that tested my resilience. While recovering from a serious knee injury, I struggled academically and worked part-time to support myself and my mom back home. As a single parent and immigrant, she had sacrificed everything for my education, but now she needed financial support too. The pressure was suffocating; rent, food, books, and basic expenses stretched my paychecks thin.

I retreated into isolation. Accustomed to being ultra-independent, I believed asking for help signaled weakness. I skipped meals, delayed rehab sessions, and convinced myself that working harder was the solution. Instead, the mounting stress consumed every aspect of my life.

One afternoon at the Baptist Collegiate Ministry, campus chaplain (Name Redacted) asked how I was doing. His genuine tone made the question hard to deflect and I told him everything; the financial stress, guilt about disappointing my mom, and the crushing pressure to maintain perfect control. He listened without judgment while I spoke.

(Name Redacted) reminded me that we were made to share our burdens. He helped connect me with emergency school resources and, most importantly, challenged the pride that had isolated me. He showed me that humility isn't weakness, it's courage in action.

I believe now that strength isn’t the ability to carry everything alone, but the courage to let others in. I learned that asking for help takes honesty, humility, and vulnerability. Now, when someone is hurting, I try to offer presence and listen like (Name Redacted) did. And when I need support, I see it as a chance to build trust and connections. As I step into medicine, I carry that posture with me—in collaboration, learning, and care, I want to stay grounded in the truth that none of us are meant to do this alone.

2. Describe an interaction or experience that required you to understand or engage with a perspective different from your own. How did you respond and what was the outcome? (300-word limit)

This summer with Appalachia Service Project, I led a team tasked with replacing a home's leaky roof. From our arrival, our homeowner, Rick, was wary of my group of high schoolers; his skepticism clear from his crossed arms and pursed lips as we introduced ourselves.

I understood the underlying tension. As a young Black man from urban America in a majority-white rural town, I likely wasn't a familiar sight. Rick was an older white man from

Appalachia, a region whose people have long been neglected, misunderstood, or mocked by outsiders. Despite having good intentions, I knew our presence could easily be perceived as judgment.

Instead of pushing back, I chose to listen. During water breaks, Rick shared about his community: factory closures, rising addiction, and deep mistrust of outsiders with savior complexes. I heard not just his words, but the underlying frustration, the feeling of being used, then abandoned. As we talked over several days, Rick's posture gradually shifted.

One afternoon, as I trimmed tin sheets, Rick walked over, handed me lemonade, and said, "You're not what I expected." I recognized the gesture as a breakthrough; something had changed in how we saw each other.

That week taught me that respect isn't about agreement, it's about presence. It's about showing up consistently, working hard, and engaging with people on their terms rather than assuming yours are universal. Before I could understand Rick and his community, I had to confront my assumptions about them.

This experience has shaped how I approach relationships across difference. As a future physician, I'll encounter patients and colleagues very different from me. I want to earn trust through presence, not authority. I believe in making space for authenticity because healing often begins with seeing people for who they are, not who we expect them to be.

3. Please review the Johns Hopkins Medicine Website. Is there an area of medicine or a particular medical specialty at Johns Hopkins that interests you and why? (300-word limit)

I'm particularly drawn to the Department of Orthopedic Surgery and its focus on health equity and patient-centered care. Hopkins' commitment to tracking patient-reported outcomes and addressing disparities aligns with my goal to practice medicine that bridges gaps in both clinical outcomes and patient trust.

My interest in orthopedics was shaped by personal experience with injury and by understanding how racial stereotypes can affect treatment. Research shows that Black patients, particularly Black male athletes, are less likely to receive advanced imaging, timely surgeries, or robust pain management for similar injuries. Assumptions about pain tolerance or resilience can delay treatment and complicate recovery. These biases, while subtle, profoundly affect health outcomes.

At Hopkins, the focus is not only on technical excellence. Inclusive care is also championed through diversity and equity initiatives. I'm especially drawn to the Hopkins Center for Injury Research and Policy, with faculty who study socioeconomic factors that affect recovery after musculoskeletal trauma. Their efforts to gather patient-reported data represent a clear step toward minimizing bias and ensuring every patient's voice informs decision-making.

As a future physician, I hope to train in an environment that prioritizes cutting-edge treatment and accountability in addressing inequities. At Hopkins, I will seek opportunities to join quality improvement projects or research on racial and gender-based disparities in orthopedic care. I believe data-driven interventions, combined with patient-centered communication, are essential for moving from awareness to action.

Orthopedics appeals to me because it combines my love for movement with a drive to improve recovery. I strive to be a physician who not only treats conditions but also champions patient trust. At Hopkins, I see the opportunity to train in a department where technical excellence and equity are joint pursuits, and where data is used to not just measure outcomes, but to reshape them for the better.

4. Every future physician has a story. What's yours? Share the experience, insight, or connection that first made you see yourself in medicine—and how it continues to shape your path. (300-word limit)

In early high school, my answer to "What do you want to do with your future?" was always clear: professional athletics. I excelled at nearly every sport I tried, and coaches told me that with consistent training, I could go pro. At fourteen, the idea was intoxicating—fame, financial security, and the ability to give back to my community.

I poured everything into that goal, competing in football and track at Hopkins before transferring to the University of Miami for higher-level competition. My mom, the typical Nigerian parent, believed education was the only way out of poverty and pushed me towards medicine. I took my studies seriously, but my heart was set on the NFL.

After a successful first season at Miami, I asked my position coach how to better prepare for the NFL. His response, "Why would you want to do that, son?" surprised me. He explained that while football was most guys' only way out, I had other doors open because of my academic strengths, challenging me to consider where my talents could make the greatest impact.

As I explored both paths, I realized something important. The skills I had developed through athletics, discipline, quick decision-making, leadership under pressure, and constant self-improvement were the same skills medicine demanded. Like quarterbacks reading defenses and making rapid adjustments, physicians assess complex situations and guide care teams through critical decisions.

As I invested more time in clinical settings and talked to physicians, I discovered that medicine offered everything I loved about athletics: intellectual challenge, teamwork, high-stakes performance, the drive to improve daily, and something more: the opportunity to use those same skills to directly heal and serve others. I believe now that the qualities I cultivated for a career as a professional athlete were preparation for my true calling as a physician.

5. What draws you to Johns Hopkins School of Medicine? Reflect on how our mission, culture, and academic community align with your values, experiences, and aspirations as a future

physician. In your response, please highlight specific aspects of both the Hopkins community (academic, research, and/or extracurricular opportunities) and the Baltimore community, particularly the patients and families that we serve. Elaborate on how you intend to actively engage with and contribute to both of these communities as you pursue your medical education. (300-word limit)

My freshman year in college, attending Hopkins and living in Baltimore opened my eyes not only to the academic excellence of the institution, but also to the realities of the local community. Walking down N Charles Street, I saw world-class research centers juxtaposed with communities deeply affected by structural inequity. That tension left an impression on me, one I've carried since.

What draws me back to Hopkins, however, is its commitment to facing that tension head-on. Programs like SOURCE, with its focus on engagement with East Baltimore neighborhoods, show that the school doesn't treat the community it's built around as external, but actively incorporates it into the curriculum. As someone who believes physicians should be deeply attuned with the communities they serve, I'm eager to join a medical culture that values service and structural accountability. I hope to contribute directly to this mission by partnering with other students through initiatives like SOURCE and leading health education workshops grounded in cultural humility and patient empowerment.

That same commitment to equity also resonates in the research conducted by the Hopkins Orthopedic Surgery department, particularly its focus on racial and educational disparities in surgical outcomes. Having seen the effects of delayed orthopedic care and suboptimal treatment options for patients in Appalachia and in my own Bronx neighborhood, I'm drawn to research examining how these structural barriers affect recovery, and I'm committed to helping further access to quality orthopedic care.

My life's story, marked by hardship, faith, and movement across cultures, has taught me that care must be holistic. Hopkins's culture, which prioritizes both academic rigor and patient-centered values, feels like a natural fit. I hope to bring my perspectives, curiosity, and commitment to equity to this environment, both in the classroom and the clinic.

6. Would you like to share any additional information with the Admissions Committee about yourself that cannot be found elsewhere in your application? *This space can also address any extenuating circumstances (e.g., unexplained gaps in work experience, choice of recommenders, inconsistent or questionable academic performance, areas of weakness, etc.) that you would like the Admissions Committee to consider.* (300-word limit)

During my time living in Nigeria, I saw health disparities on a scale that was both staggering and deeply personal. In many parts of the country, access to care is determined by wealth and geography. Private hospitals with skilled staff are available for the privileged few, while most people rely on overcrowded public hospitals lacking even basic supplies. Families often travel hours to find hospitals, only to discover that they can't offer the necessary treatment. Witnessing

this shaped my understanding of how our health is inseparable from the structures and social hierarchies around us.

These inequities weren't just medical—they were woven into the fabric of society, shaped by tribalism, nepotism, and the long shadow of colonial systems that prioritized some lives over others. When I returned to my Bronx neighborhood in NY, I saw similar patterns, though they wore a different face: racial and socioeconomic disparities that affect who receives care, who is heard, and who suffers in silence.

Living through these realities has shaped my commitment to a vision of medicine that sees beyond biology to the social forces that impact health. At Hopkins, I see a community that understands this perspective, where scientific rigor is coupled with a real effort to build trust and engage with communities on their own terms. Programs like SOURCE and the Center for Health Disparities Solutions reflect the same approach I learned in Appalachia—that sustainable change happens when you work with communities, not just for them.

Hopkins is committed to training physicians who understand the social justice issues that contextualize clinical care. As a future physician, I'm committed to practicing medicine that addresses systemic inequities, and taking the school’s mission of health equity to the patients and communities who need it most.

INTERVIEW NOTES

Definitely come up with a really good explanation about why you transferred. I would cite your own personal goals and the willingness to bet on yourself. In addition, be honest and mention that you wanted a more diverse undergrad experience. Diversity in terms of intellectual pursuits, size, language and culture.

faculty interview open file? student closed file?

Why Hopkins med? Obviously it is word class, but so are a bunch of other schools. Why them specifically

1. Foundational Role in Modern Medicine

- Hopkins basically invented the modern model of academic medicine — combining research, teaching, and patient care under one institution.
- Desire to train in the place that established the very framework for American medicine, and still lives out that legacy by innovating how we learn and practice.

2. Culture of Leadership and Innovation

- Hopkins grads are known for becoming leaders in academic medicine, research, policy. Emphasis on mentorship, the physician-scientist pipeline, and shaping the field rather than just practicing within it.

3. Baltimore and Service

- Hopkins has a strong focus on serving the Baltimore community, often in the context of real healthcare disparities.

Post-Interview Reflection

1. Interview Format and Vibe
The Hopkins interview day was structured but welcoming. It opened with a standard info session, then my two back-to-back interviews, with downtime in between where I got to chat with the admissions staff who managed the Zoom logistics. Honestly, those informal conversations were a highlight — the staff were personable, funny, and made the day feel less intimidating.

2. Interview Conversation Summaries

- **Interview 1 (Dr. (Name Redacted), Head & Neck Surgery, faculty, 26 years at Hopkins)**
  Tone & Personality: Warm, conversational, and disarming. He set the tone immediately,

telling me to take my time, grab water if I needed, and that he wasn't very formal. He came across as both a mentor and evaluator — encouraging, but also intent on pushing me past surface-level answers.

Conversation Content:
We started with my journey: growing up in Nigeria, moving back to the U.S. in high school, discovering football, and choosing Hopkins for undergrad. He probed why I left Hopkins for Miami, giving me the chance to explain both the lack of athletic support at Hopkins and the opportunities at Miami, which had both my major and a higher level of sports competition.

From there, he asked why medicine. I walked him through my upbringing: my mom's high academic standards, the influence of my grandmother who raised me and later died from lack of oxygen in a Nigerian hospital, and my mom's work as a home health aide. He pressed me to expand — what drew me beyond sports, and why I felt medicine had greater impact. I explained how football success would mostly benefit me, while medicine allowed me to combine my love for people with lasting impact, even at a systemic level through policy and access. He also asked about role models and representation, which gave me the chance to share how few physicians looked like me growing up, and my desire to serve as that example for others.

We then spent time on my ACL injury. I told the story in detail — the freak accident on a practice field, self-rehab without insurance, and how discouraging it was to hear my surgeon give a long recovery timeline with little encouragement. I explained how it shaped my philosophy: patients need hope that acknowledges their drive and context, not just cautious timelines. He connected with that, affirming the importance of treating people, not just diagnoses.

He shifted to behavioral questions. For teamwork, I described leading my church crew one Sunday when we found the gym completely flooded. I had to improvise, organize volunteers, and problem-solve quickly (from trying shop vacs, to sweeping lines, to using cross-ventilation). For sensitive communication, I shared about confronting a patron whose behavior in the gym made younger students uncomfortable — how I approached him privately, with empathy but clarity, and helped him adjust. He asked follow-ups, which let me emphasize empathy and professionalism.

Finally, he asked about research. I told him about starting as a biomechanics study participant, being fascinated, and joining the lab that had assessed my recovery. I explained how writing IRB protocols and leading projects showed me research's translational value. He agreed, noting the bridge between science and medicine.

In my questions, I asked why he interviews, what makes Hopkins students distinct, and how Hopkins engages Baltimore. He emphasized unparalleled collaboration across students, faculty, and staff, unmatched mentorship (faculty nearly always respond to student outreach), and the chance to do anything — or be the first to do something — at Hopkins. On Baltimore, he admitted to a reputation for crime, but said in 26 years he'd never felt unsafe, and praised the

people as Baltimore's strength. He pointed to outreach programs like high school mentorship pipelines as meaningful community engagement. He closed with advice: treat the whole patient, not just the disease, remembering family, resources, and humanity.

- **Interview 2 ((Name Redacted), M4 student)**
  Tone & Personality: Casual, humorous, and candid. He leaned into being a peer more than an evaluator, admitted when standardized questions felt awkward, and wasn't afraid to be brutally honest about both the positives and negatives of Hopkins. His vibe was supportive, relatable, and encouraging.

Conversation Content:
He opened with a behavioral prompt about delivering difficult news. I shared the story of telling my mom I was transferring from Hopkins to Miami. I described her immigrant expectations, her focus on prestige, and how hard it was to break the news — especially after she had been so proud of Hopkins. I explained how I framed my reasoning, reassured her I wasn't just chasing parties, and tried to understand that her concerns came from love and not opposition. He appreciated how I had centered her perspective and found middle ground.

Next, he asked about setbacks. I went deep into my Miami ACL injury — how my world fell apart: moving with no support system, being injured before school even started, losing football momentum, and dealing with doubts from my mom, old teammates, and even peers in Miami. I explained how faith, resilience, and consistency in self-rehab carried me through, and how silencing external voices taught me to bet on myself. I emphasized that as a doctor I want to be the supportive voice patients need, even when odds look bad. He strongly affirmed this, sharing how easy it is for doctors to forget how life-shattering illness feels to patients, and how crucial it is to stay compassionate.

We then moved into informal conversation. He shared candidly about Hopkins' curriculum and grading. He described how pass/fail clerkships reduce cutthroat competition, but warned that grading policy changes are under debate. He contrasted Hopkins' culture with Miami Miller, where standardized patient exams are graded harshly, saying Hopkins' pass/fail system makes things less stressful and more collaborative. He also praised supportive deans who genuinely advocate for students.

On the flip side, he was blunt about Baltimore: limited nightlife, safety concerns (he described almost being robbed once), and weaker food diversity compared to South Florida. But he balanced that with positives: affordable cost of living, diverse patients, and faculty who "actually care."

He even read snippets from my recommendation letters, which was surreal — professors describing me as one of the best students they'd taught, coaches praising my faith and resilience, mentors calling me a servant leader. He said he wanted to share them to encourage me during a stressful process.

At the end, I asked him how to avoid burnout. He told me to find and hold onto a niche in medicine that keeps me inspired — whether oncology, surgery, or serving a specific community — because passion and vision are what sustain you through the grind. He acknowledged burnout happens, but stressed that with a clear "why," it's survivable.

3. What Interviewers Emphasized about the School

- Dr.(Name Redacted) emphasized **collaboration, mentorship, and freedom to pursue any path**, from clinical care to research to policy.

- (Name Redacted) emphasized **culture and reality**: the genuine support of faculty and peers, the benefits of pass/fail grading, but also the challenges of Baltimore. Both underscored that Hopkins students succeed because the institution both demands and supports excellence.

4. Overall Takeaway

I enjoyed the Hopkins interview day overall. The standard info session was fine, but my favorite part of the whole day was actually the time in between my sessions when I had the chance to talk to the two ladies who were in charge of putting the day together and managing all the Zooms. They truly were great and were a lot of fun to talk to and get to know a little bit about. My actual interviews were solid, each with a different but complementary feel.

From both the conversations and the overall setup of the day, the vibe of Hopkins came across as professional yet human, rigorous but not impersonal. The faculty interviewer showed me how deeply Hopkins values intentional, mission-driven students and pushes them to articulate not just what they've done but why they've done it. The student interviewer embodied a different but equally important side of the culture — openness, support, and honesty, even about flaws. And the admissions staff I spoke with in between sessions gave me a glimpse of a warm, welcoming community behind the scenes. Altogether, it felt like Hopkins balances its prestige and high expectations with a culture of authenticity, collaboration, and support.

5. Key Positives and Drawbacks

Positives

- Faculty who probe deeply but encourage and affirm.
- Students who are candid, supportive, and willing to share both highs and lows.
- Hopkins' unmatched breadth of opportunities — "if it's possible in medicine, you can do it here."
- Pass/fail curriculum fostering collaboration.
- Strong mentorship from both faculty and deans.

- Baltimore community engagement opportunities.

Drawbacks

- Baltimore is cheeks. Point blank, period.
- High rigor and intensity can lead to burnout.
- Curriculum grading policies in flux (possible loss of pass/fail clerkships).
- Info sessions felt standard compared to how rich the interviews were.

Decision Notes

Acceptances as early as end of December. I think later this year though, I forget what the info session said. Will be March 4-11, 2026.

These folks literally waited until the last day (03/11/2026) to drop the acceptances. Such a Hopkins move lol. I have no real desire to return to Baltimore, so I wouldn't say this was ever really a strong consideration. I just wanted to see if I would get in after leaving lol. Will be withdrawing.

✅ UPitt (Submitted)💫

Pitt Secondaries

1. The Three Rivers Curriculum features collaborative team based learning. Therefore, we value your perspective and experience working within teams. Describe a time you worked with others in a collaborative process, challenges encountered and how you overcame these challenges. Discuss any personal growth achieved through the experience. (Max 250 words)

Leading the worship team for a large campus event last year taught me that effective collaboration requires adaptability under pressure. Days before the event, our drummer fell ill, the sound system malfunctioned repeatedly, and tension mounted among team members. I felt torn between maintaining high standards and managing rising anxiety.

Rather than pushing through with rigid expectations, I gathered the team and reframed our purpose. "People aren't coming to hear perfection," I said. "They're coming to connect with something authentic." This shift transformed our approach. One vocalist volunteered to play drums, we simplified the setlist, and we practiced improvising over mistakes instead of avoiding them.

The event itself wasn't flawless, but we stayed connected and encouraged each other throughout. The audience responded to our genuine energy rather than a polished performance. Multiple attendees later shared that it was their most meaningful worship experience precisely because it felt human and real.

This experience revealed that strong teams thrive on trust, flexibility, and shared purpose rather than individual talent alone. I learned to lead with both clarity and humility, adapting when circumstances demanded change. Most importantly, I discovered that embracing uncertainty together often yields better outcomes than pursuing perfection individually. This understanding of collaboration has shaped how I approach any team environment, recognizing that the best results come from supporting each other through challenges rather than simply executing predetermined plans.

2. Describe a difficult situation you faced, how you responded to this situation and how this helped shape the person you've become. (Max 250 words)

During my sophomore year, I found myself overwhelmed with unexpected challenges: a major knee injury, financial strain supporting myself and my mother, and trouble keeping up in school. I had always been the strong type who held everything together, but during this period, I felt completely lost and uncertain of where to turn.

After one particularly trying day, I reached out to Andrew Fernandez, our campus chaplain. I wasn't sure what to expect, but I knew I needed help. What I found was unexpected compassion

and wisdom. He shared II Corinthians 12:9: "My grace is sufficient for you, for my power is made perfect in weakness." Together, we developed a plan involving campus resources, my professors, and a healthier framework for assessing myself.

This season of my life fundamentally changed my understanding of resilience. I learned that strength is also recognizing when you need support and having the humility to accept it. I also realized that vulnerability can open doors to genuine connections rather than judgment.

Moving forward, I now have a sense of when someone is struggling beneath the surface because I understand the courage it takes to ask for help. I reach out more and make space for friends to truly feel seen and heard, just like Andrew did for me. I've learned that sometimes the most meaningful thing you can do is simply be present with someone in their difficulty, without trying to fix everything or offer easy answers.

3. Respect for others of different backgrounds is integral to the successful practice of medicine, as is an understanding of the social determinants of health. Describe a situation you observed between a patient and the health care system that illustrates the impact of social determinants of health and/or the impact of racism on delivery of care. Describe what you learned from this situation. (Max 250 words)

While shadowing at a physical therapy clinic in Miami, I witnessed a troubling disparity in patient care. Simone, a young Black woman recovering from an ACL reconstruction, repeatedly reported persistent, localized pain several weeks into her recovery. When she raised these concerns, the clinicians offered vague reassurance: "It's normal, just push through it." I had observed similar complaints from other patients, mostly White or Hispanic, prompting more thorough assessments and sometimes imaging or referrals.

Simone continued attending sessions, but her pain was consistently minimized despite her clear distress. Eventually, after weeks of repeated complaints, she finally received imaging that revealed a misaligned bone anchor requiring surgical revision. She had endured completely avoidable pain for weeks.

What struck me wasn't just the delayed diagnosis, but the systematic dismissal of her concerns. This pattern reflected well-documented disparities showing that Black patients, particularly women, are less likely to have their pain taken seriously or receive timely interventions.

This experience showed me that racism in healthcare racism is often facilitated by unconscious bias and unequal standards of belief rather than overt discrimination. The clinicians likely didn't intend harm, yet the impact was undeniable. As a future physician, I want to actively combat these patterns by ensuring every patient's voice is heard and believed with equal urgency.

True respect in medicine goes beyond simple mannerisms. It requires vigilance in recognizing our own biases and a commitment to providing thorough, compassionate care to patients regardless of their background.

4. If you wish, use this space to tell the UPSOM Admissions Committee anything else about yourself. (Max 250 words)

My identity has never fit neatly into a single category. I'm a Nigerian-American who split his childhood across two continents. I'm also a Division I football player, a first-generation college student, and a neuroscience major. These dualities—immigrant and American, athlete and scholar, former patient and aspiring physician—have shaped how I navigate the world.

I've learned to embrace discomfort, adapt quickly, and persist through moments of uncertainty. But I've also experienced the tension of being misunderstood: seen as "just an athlete" in academic spaces or as an "Americanah" among Nigerians. That complexity has made me deeply attuned to how people's stories are often flattened in healthcare settings.

As a future physician, I want to push against that. My lived experience has taught me that identities are layered, and health is personal. It's never just about a diagnosis; it's about what illness means in the context of someone's life. I want to be the kind of doctor who notices what's said and what isn't, someone who creates space for patients to bring their full selves into the conversation.

Whether I'm serving a family in rural Appalachia or mentoring a teammate who is struggling to adjust, I want to meet people where they are. I want my care to reflect not just clinical knowledge, but a deep respect for people's culture, background, and the parts of them that often go unseen.

✅ UM (Submitted)🟨-->💫

UMiami Secondaries

1. Why are you applying to the University of Miami Leonard M. Miller School of Medicine? In your essay, please provide a response that clearly articulates how you believe our program specifically will enhance your education/training, what you feel you will uniquely contribute to our learning community, and/or what features of our medical school prompted you to apply. (Max 5000 characters)

In early high school, when people started asking about my future, my answer was unwavering: I was going to be a professional athlete. After moving to the U.S. and getting involved in sports, I quickly discovered a natural talent that seemed to translate across almost every sport I tried. Coaches reinforced this dream, telling me that with consistent training through college, professional athletics was within reach. At 14, the prospect was intoxicating—fame, financial security, and the ability to give back to my community in ways I had always envisioned.

At Johns Hopkins, I played football and track at the DIII level, but I knew that reaching the pros required higher-level competition. While my mother, embodying the typical Nigerian parent's belief that education was the only path out of poverty, pushed me academically, I was still chasing NFL dreams. This led me to transfer to the University of Miami, where I could focus on football while honoring her expectations through my studies.

After making the team here and having a strong first season, I approached my position coach, a former NFL athlete, about stepping up my training for the NFL. His unexpected response changed everything: "Why would you want to do that, son?" He explained that while football was many players' only way out of difficult circumstances, I had other doors open because of my academic strengths. It was the first time someone challenged me to step back from the daily grind and fully consider the future I was working toward.

I began to approach my pre-med journey with newfound earnest. Instead of merely checking boxes, I immersed myself in clinical settings, speaking with doctors, nurses, and PAs—truly trying to understand what medicine looked like across its many dimensions. What I discovered surprised me: being a physician shares remarkable similarities with being a football player. Both require constant situational assessment, real-time responses, and reliance on training to make critical decisions under pressure. Just like a quarterback calling out adjustments on offense, doctors lead care teams and make important decisions under pressure.

My interest in orthopedics crystallized through my personal athletic experience and my growing awareness of how racial stereotypes shape healthcare delivery. Research demonstrates that Black patients, particularly Black male athletes, are less likely to receive advanced imaging, timely surgeries, or adequate pain management for similar orthopedic injuries. Assumptions about toughness or pain tolerance can delay treatment and complicate recovery, affecting everyone from elite athletes to individuals just navigating daily life. These biases, though often subtle, profoundly impact health outcomes and have reinforced my understanding that excellent clinical care must also be grounded in cultural sensitivity to truly serve all patients equitably.

The University of Miami Miller School of Medicine represents the ideal environment for my vision of medicine, one that integrates clinical excellence with population health understanding. The MD/MPH dual degree program aligns perfectly with my goal of becoming a physician who addresses health challenges at both the individual and policy levels.

What particularly excites me about the program is its integrated four-year structure, which allows students to build clinical and public health skills side by side. The program's required capstone fieldwork and public health clerkship provide meaningful opportunities to apply data-driven solutions in real communities—training I hope to use to investigate how race, geography, and access shape injury recovery and long-term outcomes. By combining coursework in epidemiology and health systems with direct patient care, I'll be equipped to confront the disparities I've observed in clinical settings, not only at the bedside but also at the population level.

My background in athletics has taught me resilience, teamwork, and the ability to perform under pressure, qualities essential for both medical school and clinical practice. My journey from aspiring professional athlete to future physician has given me a unique perspective on health equity and systemic change. I bring to Miami's learning community a commitment to true healing that requires both excellent clinical care and efforts to address broader health determinants.

The University of Miami Miller School of Medicine's mission to train physician leaders who tackle complex health challenges through clinical excellence and population-level intervention represents the medical education I seek. I am eager to contribute to this mission and help build a healthcare system where equitable care is the standard.

2. In the space below, please discuss any experiences you may have had serving, working, living, and/or learning in broadly diverse environments that you believe would enable you to thrive in and contribute to our Miller SOM and Greater Miami community. (Max 5000 characters)

I was born in the Bronx to a Nigerian immigrant mother who worked as a home health aide. My earliest memories include bouncing between shelters, living in government housing, and watching my mom stretch every dollar to keep us afloat. When our situation grew unstable, she made the difficult decision to send me to boarding school in Nigeria, a transition that fundamentally changed my worldview.

I went from food stamps in New York to food insecurity in Nigeria, from cracked sidewalks to no sidewalks at all. My dorm overseas had no consistent power and barely any running water. Meals were sparse, and comfort was a luxury. But what I lacked materially, I gained in perspective. I began to understand what it meant to live where survival wasn't guaranteed by systems but by willpower, where people built lives despite government neglect, systemic inequality, and deep-rooted tribalism.

In Nigeria, I witnessed how poverty reshapes possibilities. Families made impossible choices between medicine and food, education and survival. Healthcare wasn't a guarantee but a privilege for those with money or access. Public hospitals were overcrowded and underfunded; in rural areas, the nearest clinic was days away. Yet there was also profound resilience, people who had every reason to give up but didn't. This experience taught me to be content in discomfort, find value in each day, and never take opportunities for granted.

Returning to the U.S., I saw my old world with new eyes. The disparities I had once accepted as facts now appeared in vivid relief, different in form but rooted in similar dynamics. In Nigeria, inequality stemmed from tribal favoritism and geography; here, from race, zip code, and wealth. I recognized how systemic underfunding of schools, limited healthcare access, and generational poverty shaped life trajectories in communities like mine.

This perspective has been further refined during yearly service trips to Appalachian America, where I lead home repair teams. This past summer, one particular homeowner, Rick, was initially wary of our team. He watched us work from the driveway with folded arms and a skeptical expression, clearly unsure of our abilities and motives. I could feel the unspoken tension between us. I was a young Black man from urban America; he was an older white man from rural Appalachia. His community had long been overlooked or patronized by outsiders with savior complexes, and my group looked the part.

Rather than push back against his wariness, I chose to listen. During breaks, Rick shared stories about factory closures, rising addiction, and his community's distrust of outsiders promising help but leaving without understanding deeper issues. I listened not just to his words but to the frustration underneath, the feeling of being forgotten. Gradually, his posture shifted, and one afternoon, as I struggled with a stubborn piece of tin roofing, Rick quietly stepped in to help, our hands working together to trim the sheet.

That experience taught me that respect isn't about agreement, it's about presence. It's about showing up consistently, working hard, and engaging with people on their terms rather than assuming yours are universal. Building trust across differences requires understanding the weight that identity and history carry into every interaction.

I believe my experiences have prepared me to thrive in Miller’s diverse environment and serve Greater Miami’s multicultural community. Having navigated language barriers, cultural differences, and economic disparities, I’ve learned to approach unfamiliar situations with humility and a deep respect for each community’s lived experience. I’m eager to engage with classmates from varied backgrounds, knowing that diverse perspectives sharpen both learning and care. Whether working with Nigerian immigrants, Spanish-speaking families, or Caribbean communities throughout South Florida, I bring the ability to connect across cultural lines while questioning the systems that shape health outcomes.

That’s also why I’m particularly drawn to Miller’s Department of Community Service (DOCS). Its network of student-run clinics and health fairs reflects the kind of community-centered care I

hope to practice, where trust is built over time and care is delivered with cultural responsiveness. Having witnessed healthcare disparities both locally and abroad, I see DOCS as an ideal setting to apply what I've learned in real-world contexts, while continuing to grow as both a clinician and advocate.

At Miller, I hope to contribute to a learning environment that values empathy as much as expertise. I bring with me a deep commitment to health equity, the ability to lead in diverse settings, and a clear vision for serving communities that are too often overlooked.

NGLL, these were probably my worst essays. Just so choppy. Which is fair bc I just put together a bunch of other secondary essays to make them.

INTERVIEW PREP/NOTES

Open File. 2 approx. 50 min interviews
This is my first interview of the cycle so there are definitely some nerves, but I feel well prepared and I've gathered as much info as a can so this should be good.

General Talking Points

Application Notes

Public Health Interest

MD/MPH Program -

Why interest in MPH? What specifically about a public health education?

- Excellent care isn't always enough; systems have to work, too. Social determinants like race, geography, and insurance status often shape access to care and patient outcomes.

- Miami's is only 4 years.

- What is the nature of the Capstone project?

Department of Community Service (DOCS) - Student-led health fairs and clinics

"What resources exist for students from underserved backgrounds or who plan to serve underserved communities?"

"How does the school support development in professionalism, humanism, and ethics throughout the curriculum?"

Healthcare as a right or privilege?

- I see this as more than yes/no question. Ethically, I believe everyone should have access to basic care, but I also recognize that implementation depends on economic and policy realities. Consider Equity: In systems where healthcare is treated as a privilege, disparities widen.

Why UMiami Miller? What can they offer you that X school can't?

- I already have connections with current med schools and the faculty.
- I like the idea of an accelerated preclinical curriculum because it allows more time for experiential learning.
- There is a strong community outreach component that is demonstrated through DOCS and the various mobile clinics.
- Miami is a great city. Very diverse patient population including from the islands and other countries.
- Different hospital systems that med students can rotate at.

What makes you stand out from the rest of the applicants? Why should you be admitted?

Adaptability and Experiences - I've become who I need to be to thrive in various environments. Nigeria, Sports, Academics, Faith.

Diversity - The medical field needs more highly trained physicians of my demographic. My goal is to increase the number of minorities in medicine, and half of that battle is simply visibility. The rest is intentional empowerment.

Teamwork and Intentional Reflectiveness - My experiences have taught me the value of collaboration and trust. I reflect deeply on my experiences and intentionally apply learned principles to my life. Are you really living if you're not also thinking about your life?

Why did you decide to choose medicine and not some other field where you can help others

Direct influence on patient lifestyle
Deeply curious and hungry to learn. MD provides wider knowledge base and integrated understanding of disease and treatment mechanisms.
Responsibility to patients

Why medicine

Passion through exposure
Experiences have equipped me + natural Ability
Curiosity - why not other professions

POST INTERVIEW SUMMARY/NOTES

1st Interview: Closed File. The interviewer had only read my personal statement. The interviewer demonstrated a thoughtful, challenging, and supportive style. He leaned heavily on ethical dilemmas and real-world clinical scenarios, testing your ability to reason through complexity with empathy and humility. His candid commentary on medicine's profit motives and systemic flaws created a realistic frame for discussion, while his humor and affirmations

softened the rigor of the exchange. At times, his questions were long and layered, but overall his approach showed genuine interest in both evaluating and mentoring me, which added depth and authenticity to the conversation.

The interview as a whole was MMI-esque and balanced between professional ethics, personal reflection, and patient-care scenarios. It moved quickly, highlighting your ability to think critically, acknowledge nuance, and stay grounded in empathy, even under pressure. The tone was collegial and constructive, with the interviewer closing on a warm and encouraging note. Overall, it was a high-quality session that not only tested my readiness for medical training but also gave me a chance to demonstrate resilience, self-awareness, and strong moral reasoning.

2nd Interview: This was my open-file interview, and the interviewer had clearly taken some time to review my application. He didn't seem to know my exact stats at first, but when I shared them, he was impressed and even remarked that admitting me would be a "no-brainer." The conversation started with standard questions about my background, interests, and future plans, but much of our time was spent discussing what I was looking for in a medical school. I asked him why he chose to remain at the University of Miami after his training, and he emphasized that the most important factor in choosing a school is finding a place where I will be genuinely happy. He also advised that from the very first day of medical school, I should be preparing to match into my top-choice residency, and encouraged me to decide on a specialty as early as possible, ideally even before starting school.

Decision Notes

Acceptances as early as mid-October

08/18 For my first interview of the cycle, I think this went pretty well. Very good chance that I will be admitted.

> This did not age well at all LOL. Waitlisted 11/06/2025
> Submitted an Update/CI letter 12/01/2025, 03/15/2026
> Acceptance via email on 5/1

It's kinda crazy to me that I got WL here, everything literally went perfectly + it's my alma mater + I actually would have really loved to go here and stay in Miami. I'm a little salty now so I don't know how I'd feel even if I did get off the waitlist. I do believe that this really must just be God redirecting me haha. He's telling me my time in Miami is soon spent😞

✅ Stanford (Submitted)🟨

Stanford Secondaries

1. Are there any current or pending disputes concerning your academic status? If yes, please explain. (Max 300 characters)

X

2. Was your enrollment status ever interrupted during your undergraduate or graduate program, not including summer term (e.g. medical, personal, or academic reasons, military service, other)? If yes, please explain. (Max 150 characters)

X

3. What do you see as the most likely practice scenario for your future medical career? Choose the single answer that best describes your career goals and clinical practice setting: Academic Medicine (Clinical) Academic Medicine (Physician Scientist) Non-Academic Clinical Practice Health Policy Health Administration Primary Care Public Health/Community Health Global Health Please describe your motivation for this practice scenario. Why do you feel you are particularly suited for this practice scenario? What knowledge, skills and attitudes have you developed that have prepared you for this career path? (Max 1000 characters)

I envision a career in health policy, using my training as a physician to reimagine healthcare systems. Growing up in Nigeria, I saw how tribalism and political favoritism determined which communities had clinics, clean water, or basic medications, often leaving entire regions neglected. Later, volunteering in Appalachia, I saw similar patterns: families forced to choose between groceries and insulin, or driving hours to reach a clinic. These experiences reveal the broader context influencing access to healthcare.

I want to leverage my global perspective to be a physician who promotes health equity through policy work. My background witnessing healthcare disparities across different contexts and working directly with patients has prepared me to understand both clinical realities and systemic barriers. My goal is to be a voice for change in health systems by combining clinical knowledge with a commitment to creating structures that uphold every person's dignity and right to care.

4. How will you take advantage of the Stanford Medicine Discovery Curriculum and scholarly concentration requirement to achieve your personal career goals? (Max 1000 characters)

Stanford's Discovery Curriculum and Scholarly Concentration will allow me to develop expertise at the intersection of clinical care and health policy. I plan to pursue a concentration in Health Equity, focusing on how systemic barriers create disparities for minority patients and underserved populations globally. Drawing from my experiences in Nigeria and my Bronx neighborhood, I've seen how implicit bias affects care delivery within Black and brown communities.

Stanford's flexible curriculum will enable me to integrate early clinical exposure with research projects that challenge these inequities. I'm excited to engage with faculty studying structural racism in healthcare and contribute to evidence-based solutions. The scholarly concentration will help me further my research skills while also developing a strong clinical foundation. I hope to join a community of learners and mentors committed to building a more equitable healthcare system through rigorous scholarship and advocacy.

5. Describe in a short paragraph your educational and family background. (for example) I grew up in New York City, as the 3rd child of a supermarket cashier and a high school principal. I attended Mann High School where my major interests were boxing and drama. (Max 600 characters)

I was born in the Bronx to a Nigerian immigrant mother who worked as a home health aide. My early years were marked by constant moves, including a period at a boarding school in Nigeria. Despite these challenges, my mother instilled in me a fierce commitment to pursuing excellence. I graduated from Hackley School, attended Johns Hopkins University, and transferred to the University of Miami to continue my studies in neuroscience and pursue Division I athletics.

6. Are you a re-applicant to the Stanford Medicine MD Program? What experiences illuminate the most significant difference between the prior and current application? (Research, Community/Volunteer Services, Paid Employment, Awards/Honors) (Max 350 characters)

X

7. Please describe which aspects of your life experiences, interests, and character would help you to make a distinctive contribution to Stanford Medicine. (Max 2000 characters)

In early high school, when people asked about my future, I always said, "I'm going to be a professional athlete." I was naturally gifted in sports, and coaches told me that with consistency, I could make it to the pros. For a 14-year-old, that dream meant everything—fame, financial security, and giving back to my community.

At Johns Hopkins, I played football and track, but realized I needed higher-level competition. My mom, a Nigerian immigrant who believed education was the only escape from poverty, had always pushed me toward academics. When I transferred to the University of Miami to play football, I was balancing her expectations with my NFL dreams. But a conversation with my coach, a former NFL player, changed everything. He said, "For most guys, football is their only way out. You have other doors open because of your academic strengths." After explaining to me the volatility of college and professional sports, he encouraged me to think critically about the future I was working towards.

I began to seriously examine medicine for the first time. I spent countless hours in clinical settings, talking to doctors and nurses, watching interviews, even scrolling through Reddit to understand what medicine really looked like. What I discovered surprised me: being a physician isn't all that different from being a football player. Both constantly assess situations, respond in real time, and rely on extensive training to make critical decisions under pressure.

I now see medicine not as a backup plan, but as a space where I can channel the same intensity and commitment I brought to sports. What I bring to Stanford Medicine is the perspective of someone who's navigated between worlds—athlete and academic—along with cross-cultural insights from my upbringing. Athletics has taught me discipline and resilience, but medicine offers opportunities to impact lives and communities in a lasting way. I'm ready to contribute my unique perspective to the Stanford community.

8. Please describe how you have uniquely contributed to a community with which you identify. (Max 1000 characters)

As a worship leader for FCA at Miami, I was one of the few men and the only football player in leadership. Most of my teammates seemed to think FCA wasn't for us, maybe "too cool" for it.

I started persistently inviting guys from the team. But when some finally came, I faced an unexpected challenge: leading worship in front of my own teammates made me feel vulnerable in a way I hadn't anticipated.

At first, the guys would sit in the back and leave immediately after. But seeing me on stage, one of their own in leadership, seemed to give them permission to engage differently. More of my teammates started coming regularly, staying for conversations, and genuinely participating.

My contribution wasn't just leading worship but bridging two worlds that rarely intersected. By showing up authentically, I helped create space for my teammates to explore a side of themselves they might not have felt safe expressing in the locker room environment.

9. Please describe an experience/ situation when you advocated for someone else. (Max 1000 characters)

In high school, a teammate confided about being bullied for his stutter. He was talented and kind, but rarely spoke in public out of fear. When I noticed others imitating his speech behind his back, I realized silence wouldn't protect him.

During a team meeting, I called it out, not with anger, but with clarity. I reminded my teammates that our strength came from lifting each other up. Some were uncomfortable, but the teasing stopped.

To me, advocacy means using my voice when someone else's goes unheard. It's about standing with them, even when it's inconvenient. I've seen that real advocacy carries risk: you might be misunderstood or face backlash. But silence in the face of harm is complicit.

Since then, I've been intentional about noticing who isn't being heard, whether it's a shy group member or an underrepresented voice in healthcare discussions. In medicine, where systems often reflect societal inequities, advocacy will mean challenging norms that overlook the most vulnerable.

10. Please include anything else that will help us understand better how you may uniquely contribute to Stanford Medicine? (Max 1000 characters)

My identity has never fit neatly into a single box. I'm a Nigerian-American who split his childhood between the Bronx and boarding school in Nigeria. I'm also a Division I football player, a first-generation college student, and a neuroscience major. These dualities—immigrant and American, athlete and scholar, former patient and aspiring physician—have taught me to adapt, but have also made me aware of how easy it is to simplify people.

In healthcare, I've seen how a patient's complexity can be flattened, how language, culture, and identity can be brushed aside in the rush to diagnose. I want to resist that. My life has taught me to look deeper, to ask how a person's life was shaped long before they walked into the clinic. As a physician, I'll strive to provide care that dignifies the full human story, not just the symptoms, but the family, faith, and struggle behind them.

Pre-Interview Notes

They really annoyed me by scheduling my interview on the same day that I had another one already scheduled. And then refused to accommodate a change. Like, bruh cmon.

Open-ended MMI questions. No acting/role play/teams.

“Central to that goal is the option for medical students to complete the pre-clerkship curriculum in three years rather than two years, resulting in substantial open time for longitudinal scholarship. The curriculum features selected elements that improve the education and training of students and enable more individualized pre-clerkship pathways. All pathways assume students will complete their clerkship education in 2 years.”

Stanford clearly really cares about medicine AND. Medicine and Innovation, perhaps. Figure out what angle to approach this with.

Stanford's Cardinal Free Clinics provide opportunities for students to gain hands-on experience and early patient exposure. Through volunteering for the Arbor Free Clinic and the Pacific Free Clinic, students learn basic clinical skills and how to work closely with diverse and underserved patient populations.

Structure

The day itself started with a big Zoom call of about thirty-five people. The info session at the beginning was just weird. The guy leading it was really unfunny, there wasn’t much of an icebreaker, and they showed way too many videos instead of letting us actually interact. It felt impersonal and flat.

The MMI questions were all open-ended, no acting, role play, or team scenarios. The stations themselves were fine. I tried to anchor my answers in ethical principles, though not every question was really about ethics — some were more personal, like how I’d respond to criticism from a professor. I felt that some of the follow-up or complication questions were kind of redundant. A few of them circled back to things I had already touched on in my initial response, like the scenario about confidentiality and a public health outbreak. Even so, I think I gave good answers at most stations and didn’t let any of the tougher ones throw me off or change my approach as I went into the next.

The traditional portion was folded into the MMI day, and I really wasn’t a fan of it either. It felt rushed and a bit like I was being grilled. My interviewer had clearly read my file, but it was also obvious that he had a predetermined list of questions he needed to get through in that short window. He asked me the standard things: tell me about yourself, why I transferred schools, how I handled not seeing the field much despite all the work I put in, why I pivoted into medicine, and how I see research fitting into my future practice. All valid questions, but there wasn’t really space for me to ask him anything back, either about his path or about the

institution. That made it hard to build rapport. The one small connection was that he had also been a college athlete — he played baseball and ran track — which was cool, but it didn't go much deeper than that.

Overall, I just wasn't a big fan of this interview experience. The large Zoom session was awkward, the MMI questions were fine but sometimes repetitive, and the traditional interview felt rushed and transactional. I do think I performed solidly and gave strong answers across the board, but I left without a positive impression of the process itself. Stanford is still a great school, though. So I guess we'll see how it goes.

Decision Notes

Acceptances as early as mid-January. Jan 15th last year.

Got waitlisted here. This stung a little bit because I really did like the idea of Stanford (especially the location), even though I think their interview process is buns and dislike the fact that they have a 2-year pre-clinical curriculum. If I had to guess, I would say that it has something to do with my lack of research experience and mission fit. Stanford really want's doctors AND. Future innovators in the field of medicine. That's awesome, of course, but my primary interest, at least for now, is direct patient care, and I wasn't ashamed to say that in my interview. Could I still get off the waitlist? Sure but eh idk

MMI Breakdown

Station 1 – Online Access to Medical Records

Scenario: Should patients have online access to medical records/test results? (example: HIV positive test)

My Response:

- **Pros:**
  - Convenience, accessibility, transparency.
  - Patients can process information in private.
  - Empowers patients to feel ownership of health.
- **Cons:**
  - Patients may lack support in receiving serious news.
  - Misunderstanding or misinterpreting results.
  - Privacy/security risks of online platforms.
- Specific results: HIV, pregnancy, cancer → potentially destabilizing without physician guidance.
- Negative results: not usually an issue, but could cause confusion if context is missing.
- Age differences: younger patients may adapt well, older patients may prefer physician interaction.

Follow-ups:

- Interviewer asked about negative chest x-ray — I explained it could either reassure or confuse depending on context.
- Asked for other sensitive examples — I said pregnancy and cancer diagnoses, contagious disease (meningitis).
- Asked about age continuum — I contrasted younger vs. older patients' comfort with technology.

Strengths:
- Balanced pros/cons with concrete examples.
- Good awareness of patient psychology (processing, support needs).
- Brought in privacy/security angle.

Refinements:
- Could have tied answer to **health equity** (not all patients have tech literacy or internet access).
- Could haved noted physician role in contextualizing results (patients still need interpretation).

Station 2 – Technical Failure
Note: This station initially didn't work; I didn't get to complete it.

Station 3 (redo of 2) – Handling Criticism as a TA
Scenario: You overhear your professor criticizing your performance to another professor.
My Response:
- **Initial step:** Reflect on whether criticism is valid; avoid emotional response.
- If valid → self-improvement and goal-setting with professor.
- If invalid → still address it, since perception matters.
- Would approach professor respectfully: "I heard there were concerns about my performance, what can I do differently?"
- Emphasized humility and openness.

Follow-ups:
- Interviewer asked difference between valid/invalid criticism — I said still worth addressing since others' impressions carry weight.
- Asked what if discriminatory — I said stabilize emotions first, then address calmly, escalate if necessary.
- Asked if you'd discuss with others — I said yes, with mentors/colleagues, for guidance (not to gossip).
- Interviewer compared to professor gossiping — I differentiated between unhelpful criticism vs. constructive consultation.
- Asked for real-life example — I described athletics, learning to take tough criticism in stride and staying coachable.

Strengths:

- Demonstrated maturity, humility, and self-awareness.
- Differentiated between gossip vs. mentorship.
- Tied in sports background → authenticity.

Refinements:
- Could have explicitly named values: professionalism, accountability, resilience.
- Could have emphasized **how criticism fuels growth**, linking to medicine (lifelong learning).

Station 4 – Patient Autonomy vs. Family Wishes
Scenario: Mrs. Roy asks you not to tell her father he has cancer, citing religious beliefs.
My Response:
- Acknowledged her concerns respectfully.
- Patient has right to know; obligation to truth-telling.
- Would ask patient directly how much they want to know (some prefer family to handle info).
- Withholding minor details is different than hiding major diagnosis.
  Holistic care: beliefs matter, but medical reality takes priority.
- Daughter's input matters, but autonomy is paramount.
- Would involve patient in a conversation about beliefs to guide my disclosure style.

Follow-ups:
- Interviewer asked if withholding info is ever acceptable — I said yes for minor details, but lying is unethical.
- Asked about holistic care (body, mind, spirit) — I said beliefs matter, but facts take priority.

- Asked about daughter's role as caregiver — I said her voice has weight, but cannot override autonomy.
- Asked if you'd discuss beliefs directly with patient — I said yes, to gauge preferences.

Strengths:
- Balanced autonomy with cultural sensitivity.
- Showed nuanced ethical reasoning (degrees of withholding).
- Patient-centered approach.

Refinements:
- Could have made the connection to shared decision-making more explicit.
- Could have phrased priority of facts vs. beliefs in softer, more integrative terms ("medical facts guide care, but beliefs guide how care is received").

Station 5 – Failure Example
Scenario: Describe a failure and how you handled it.
Your Response:

- Example: auditioned for a role and wasn't accepted
- Initial reaction: defensive denial ("they don't know what they're talking about").
- Shifted to reflection — maybe nerves, maybe performance not strong.
- Took feedback, used resources to improve.
- Over time: my process of moving from disappointment → growth has become more automatic.
- Coping mechanisms: prayer, playing guitar, mentors, talking with trusted people.
- Personality: self-critical but proactive in applying lessons.

Follow-ups:
- Asked how long your "denial → growth" process usually takes — I said it's become quicker with maturity (hours now vs. days earlier).
- Asked about when failure is clearly your fault — I said you're hard on yourself, but use it as a chance to prevent repeat mistakes.
- Asked about coping skills — I named my faith, music, mentorship, conversation.

Strengths:
- Vulnerable, authentic story.
  Showed resilience and a growth mindset.
- Clear coping skills grounded in faith and community.

Refinements:
- Maybe I could have tied the lesson back to medicine more explicitly?

Station 6 – PA Medication Error
Scenario: PA gives wrong dosage, patient suffers severe adverse effects.
Your Response:
- **Patient/Family:** Priority = stabilize health, apologize, be transparent.
- **PA:** Get full story, understand context (fatigue, training issues). Emphasize seriousness.
- **Focus:** Remediation and preventing recurrence.
- **Culture:** No anger or shame; avoid hiding errors. Transparency builds trust.
- **Team:** Might involve group training, system review.
- **Innovation:** Systemic review could reveal better processes.

Follow-ups:
- Asked what I would *not* do — I said no anger, no hiding errors.
- Asked if I'd involve other employees — yes, for shared learning, without shaming.
- Asked about culture of trust/innovation — I said transparency builds trust; supportive handling encourages staff honesty; systemic review can drive improvement.

Strengths:
- Prioritized patient safety and honesty.
- Showed leadership and systems-thinking.
- Balanced accountability with compassion.

Refinements:

- Could have stressed the importance of documentation and reporting channels.

Station 7 – Infectious Outbreak Dilemma
Scenario: You learn of a highly contagious outbreak; officials haven't informed public. Would you tell family/friends?
My Response:

- Wouldn't disclose details; confidentiality and avoiding panic are important.
- Would encourage safe behaviors (handwashing, distancing).
- Admitted I might quietly urge family to leave the area "without explanation."
- As physician: I would advocate for timely public health response.
- Physicians should be informed to influence patients and contribute ideas.
- If informed: engage more deeply. If uninformed: rely on public health system, but advocate as needed.

Follow-ups:

- Asked about physicians' role — I said they should be informed to educate patients and offer ideas.
- Asked how being informed/uninformed would change response — I said informed → engage actively; uninformed → fear, but still advocate.
- Asked what if I were in charge — I'd organize colleagues, inform governing bodies, stress urgency.

Strengths:

- Balanced confidentiality vs. duty to protect.
- Showed systems awareness (public health + hospital responsibilities).
- Honest about human instinct to protect family.

Refinements:

- My "I'd tell my family to leave" answer could have raised concern — it would have been better to frame it as "I'd advise general safe practices for all, not just family." This would have better emphasized the ethics of fairness (protecting all, not only personal circle).

Station 8 – Patient Refuses Care Based on Race
Scenario: Supervisor says you cannot see a patient because of your race, i.e. that the patient is refusing care.
Your Response:

- Frustration: I worked hard to be a healthcare provider, so being excluded feels wrong.
- I believe discrimination shouldn't dictate care.
- But if accommodating preference causes no harm, sometimes wiggle room is okay.
- "Wiggle room" = when it doesn't affect patient outcomes or other patients' care.
- If accommodation harms others or violates code, stick to rules.
- Would want to know their reasoning, but not always necessary to push.

Follow-ups:

- Asked if accommodation breaks professional codes — I said depends, wiggle room if harmless.
- Asked when to exercise wiggle room — only if no detriment to anyone.
- Asked if you'd explore their reasons — I said yes, out of curiosity, but not your main priority.

Strengths:

- Showed empathy for the patient perspective while standing against discrimination. Acknowledged complexity, didn't oversimplify.
- Recognized dignity and professionalism.

Refinements:

- I could have more strongly affirmed a zero tolerance for racism in medicine.
- Could have emphasized redirection: "I'd explore patient concerns, but I wouldn't validate discriminatory preferences."

Traditional Interview Station

Topics Covered:

- **Identity:** Nigerian heritage, grew up partly in Nigeria, passion for people, languages, music, and photography.
- **Athletics:** Transfer Hopkins → Miami (D3 → D1). Played special teams, overcame injury, valued practice growth.
- **Medicine Pivot:** Coach challenged me to reflect on future; realized medicine offers impact beyond football.
- **Research:** ACL rehab, AI motion analysis, combining clinical + computational.
- **Future Vision:** I said I want a mix of clinical and research (balance may shift with time).
- **Immigration Question:** I acknowledged ER access but also strain on system; said better policies needed.
- **Personality:** Friends would call me unpredictable in terms of my interests, but dependable.
- **Global Vision:** Interested in eventually contributing to Nigerian healthcare (programs, hospitals, scholarships).

Strengths:

- Came across multidimensional (athlete, researcher, artist).
- Clear passion for people.
- Strong narrative of resilience + pivot to medicine.
- Research answer tied AI to ACL rehab?

Refinements:

- Immigration answer leaned toward "strain" — could have emphasized health equity and human dignity more.
- Could tighten my research answer to avoid rambling; emphasize direct clinical application.

✅ Duke (Submitted)❌

Duke Secondaries

Share with us your story. This is your opportunity to allow us to know how you wish to be addressed, recognized and treated. (Max 400 words)

My story is shaped by bridging worlds—between cultures, communities, and expectations—and finding strength in those spaces. As a first-generation college student and Black male athlete with Nigerian heritage, I've learned to navigate multiple identities while staying grounded in who I am.

Growing up, my family's journey was marked by resilience born of necessity. My mother immigrated from Nigeria, and we spent much of my childhood in shelters or government housing, constantly worried about food and safety. In 2014, I was sent to a boarding school in Nigeria. I expected privilege but found scarcity. Limited electricity, inconsistent meals, and aging infrastructure taught me to adapt quickly and to find opportunity within constraint. Returning to the U.S., I balanced rigorous academics and athletics while working to help support my family. I chose to view that hardship as preparation for the unpredictability of life.

My intersecting identities have often placed me in the minority: one of few Black men in leadership roles, frequently the only athlete in advanced STEM classes. I've learned not to see those positions as isolating, but as opportunities to offer fresh perspectives and advocate for representation where it is lacking.

I hope to be seen as someone who transforms difference into connection. My lived experiences have taught me that healing happens when physicians combine technical excellence with deep empathy, understanding how culture, finances, and identity shape a patient's relationship to care.

At Duke, I want to be treated as a collaborator who brings insight and presence to every space I enter. I want to be known as someone who celebrates others' stories while sharing my own with openness and integrity. My journey through different cultures, economic challenges, and educational environments has shaped how I relate to people. It has also deepened my belief that great medicine requires more than knowledge; it requires the humility to listen, the willingness to learn from others, and the courage to see patients as whole people.

I hope to contribute to a community where identity is not something to overcome, but something that strengthens our ability to serve.

1. Trust and rapport are essential in your day-to-day interactions with people. How do you cultivate a relationship with a person who may be very different from you?

I've spent many summers leading home repair teams in rural Appalachia. One year, my team worked on the home of a man named Rick, a soft-spoken veteran who lived alone in a small, cluttered trailer home. On our first day there, he barely greeted us, opting instead to smoke quietly on the porch. His wariness was evident. We were outsiders. A bunch of college and high school students from cities and suburbs, armed with power tools and good intentions.

Instead of pushing conversation, I had my team focus on showing up—on time, every day, ready to work. We repaired the subflooring, cleared debris, and eventually got the water running again. Slowly, as he saw improvements to his house, Rick started to open up, and by a few days in, he was offering us snacks and cold water as we worked.

Over time, we would learn about his time in the service, his health, and the isolation he felt in a changing world. We couldn't have been more different, but we built a rapport founded on mutual respect. We didn't try to flatter him or fix him; we just decided to be present and listen to his story.

I've found that trust grows in the spaces where people feel safe to be themselves. That means listening without judgment, letting people lead their own narrative, and meeting them where they are. With Rick, trust was cultivated through our commitment to serving him, and then further blossomed with space, allowing him to open up on his own terms. Whether I'm collaborating with teammates from diverse backgrounds or working in community settings, I try to approach each person not as a puzzle to solve, but as a whole human being with their own perspective, pride, and pain.

In medicine, where encounters are often brief and emotionally charged, I believe trust can be built quickly, but only when the other person feels seen and respected. That's the mindset I carry with me: slow to speak, quick to listen, and open to the idea that connection doesn't require common ground, only genuine presence.

2. Describe a situation in which you chose to advocate for someone who was different from you or for a cause or idea that was different from yours. Define your view of advocacy. What risks, if any, might be associated with your choice to be an advocate? (Max 400 words)

In high school, a teammate confided in me about being bullied for his stutter. He was talented, kind, and hard-working, but rarely spoke in team settings out of fear of mockery. While I'd never struggled with speech myself, I understood what it felt like to be fearful and unsure of oneself, having experienced intense culture shock in Nigeria and feeling lost while I adjusted.

At first, I offered private encouragement. But when I noticed others imitating his speech behind his back, I realized silence wouldn't protect him. During a team meeting, I called it out, not with anger, but with clarity. I reminded my teammates that our strength came from lifting each other

up, not tearing each other down. Some people were uncomfortable. A few dismissed it. But the teasing stopped.

To me, advocacy means using your voice when someone else's goes unheard or ignored. It's not about speaking for someone, it's about standing with them, especially when it's inconvenient. That moment taught me that real advocacy carries risk. There's always the chance of being misunderstood, losing social capital, or even facing backlash. But I've also learned that silence in the face of harm is a form of complicity.

Since then, I've tried to be intentional about noticing who isn't being heard—whether it's the shy student in a group, families in Appalachia seemingly forgotten by the system, or the patient whose story doesn't fit a textbook. Advocacy isn't always flashy. Sometimes it looks like making space, asking the right questions, or simply refusing to laugh at the wrong joke.

In medicine, where systems often reflect broader societal inequities, I believe advocacy will require thoughtful, consistent effort. It means being willing to challenge practices that exclude or overlook the vulnerable. I hope to contribute both through direct care and through broader engagement: partnering with community organizations, promoting culturally informed care, and standing up for patients whose needs aren't easily documented. I know that advocacy isn't about having the loudest voice; it's about using whatever influence you have to make sure others are seen and heard. That's the kind of physician I hope to become.

3. Not achieving a goal or one's desire can sometimes be disheartening. What have you discovered from your setbacks and disappointments, and how does this translate to your current way of thinking? (Max 400 words)

During my sophomore year, I applied for a competitive summer program in neuroscience. I spent weeks on the application: revising essays, seeking feedback, and preparing for the interview. When I opened the rejection email, I just sat there, staring. It wasn't just disappointment; it was disorientation. I had tied my sense of progress to this one opportunity.

In the weeks that followed, I wrestled with self-doubt. Had I overestimated myself? Where had I gone wrong? But gradually, I began to see the rejection not as a verdict, but as redirection. With the summer now open, I applied to assist in a kinesiology lab I had visited during rehab for my knee. That unexpected pivot introduced me to hands-on research, mentorship, and eventually, the opportunity to design my own study—an experience that has shaped my career goals more than the original program likely would have.

From that experience, I learned to detach self-worth from outcomes. Setbacks don't mean you're unqualified; they often just signal that you're being rerouted. I've also learned that disappointment will hold up a mirror: one that reveals where your identity is anchored. So today, I try to measure growth by everyday markers: Can I explain a concept more clearly than before? Did I stay patient when navigating the unexpected? Did I notice and support a teammate who was struggling? Concrete questions like these help me see progress even when the end goal

can't be clearly defined, a habit that keeps me motivated and honest about where I still need work.

As I prepare for a career in medicine, that mindset is essential. Not every patient will respond to treatment. Not every diagnosis will be immediate. And not every effort will yield results. But I've come to see that perseverance, paired with humility, is often more valuable than perfection.

4. What do you value most as a leader and as a contributor? What attributes do you possess as a leader and as a team member and how do you apply them on a daily basis? (Max 400 words)

As a leader, I value consistency, clarity, and a genuine commitment to others. Leadership isn't about having every solution; it's about building a space where every voice matters and where people feel encouraged to bring their best.

Last year, the worship team I led was preparing for a big campus worship night when everything that could go wrong did: our drummer got sick the day before, the sound system kept cutting out during practice, and the stress was palpable. Instead of chasing a perfect performance, I reminded the team, "We're going to mess up tomorrow—guaranteed. But people aren't coming to hear us be flawless; they're coming to connect with something bigger than themselves." One vocalist mentioned that she had experience drumming, so we reshuffled roles, reworked the setlist, and practiced improvising through mistakes. Sure enough, we did slip up during the event, yet because we'd prepared for imperfection, we stayed calm and created an atmosphere that felt more authentic than any polished show. That experience reinforced that leadership was more about equipping my team to handle the unexpected than having perfect control over everything.

As a teammate and contributor, I rely on adaptability. In research, that means troubleshooting when experiments go sideways and learning from every setback. In group projects, it's knowing when to guide and when to follow, when to offer direction and when to let someone else's idea shine. I've been especially proud to see students I mentor in FCA step up as leaders when I couldn't be there; their growth reminds me that effective leadership multiplies itself.

Daily, I try to embody servant leadership: doing the unglamorous work without complaint, staying teachable even in familiar roles, and making others feel valued. Effective teams thrive not only on talent but on trust, and trust grows through humility, follow-through, and a willingness to put the group above one's ego.

5. Critical thinking involves a number of characteristics. Research experience enhances critical analysis skills. Describe any research experience or similar experience in which you utilized critical thinking. How will critical thinking be important in your future career? (Max 400 words)

In my current role at the (Name Redacted) Lab, I'm investigating how blood-flow restriction (BFR) training influences fine-motor learning. Early in this project, critical thinking proved essential when designing a methodology that would isolate motor control improvements from strength gains. I selected precision-based tasks, finger tapping on a digital sequence board and ankle-tracking with a low-load dynamometer, rather than force-dependent exercises. To stay within budget, instead of purchasing expensive automated systems, we achieved consistent limb pressures by calibrating standard pneumatic cuffs with handheld analog gauges.

Defining "learning" for this study required careful consideration of what constitutes measurable and meaningful progress. I established three criteria: gains in tap or tracking accuracy during practice, faster error correction (time from off-target tap to next correct tap), and skill retention after 48 hours. These parameters guided our three-session protocol: two training days comparing BFR and non-BFR conditions, followed by a retention test using novel sequences to assess transfer.

When early trials produced problematic data, critical analysis revealed the underlying issues. One participant's cuff lost pressure mid-session, while another was using hip rotation to compensate for ankle restrictions. I implemented real-time pressure monitoring, added motion sensors to flag compensatory movements, and refined inclusion criteria to exclude participants with prior ankle injuries. These adjustments reduced data variability by more than half.

In my experience, such analytical approaches extend fae beyond academic environments. Once when volunteering in hospice care, I encountered a patient experiencing unpredictable bouts of pain. Analysis of their chart revealed rapid opioid metabolism, prompting our team to adjust dosing intervals and incorporate entertainment-based distraction techniques. Progress in that situation required challenging initial assumptions, reassessing available data, and personalizing the treatment approach.

In my future career, I know that critical thinking will remain fundamental whether conducting research, optimizing workflow, or providing patient care. Success depends on formulating precise questions, testing underlying assumptions, and adapting strategies as new evidence emerges or individual needs change.

6. Potential sources of health inequities exist. Duke's Moments to Movement (M2M) is a collective stand to address these issues. Discuss your experience with disparities in health, health care and society. (Max 400 words)

During my time living in Nigeria, I witnessed health disparities on a scale that was both staggering and deeply personal. In many parts of the country, access to care hinges on wealth and geography: private hospitals with skilled staff serve the few who can pay. Public hospitals, when they exist, are often overcrowded and under-resourced. They may lack basic medical supplies or have staff shortages that turn even simple procedures into life-threatening

challenges. I remember hearing of families who travelled for hours or even days to reach a hospital, only to find that it couldn't offer the treatment they needed.

Much of this disparity is fueled by nepotism and tribalism—leaders directing resources to their own ethnic groups or regions, leaving other parts of the country neglected. These inequities don't stop at healthcare; they shape opportunities in education, employment, and basic living conditions, creating cycles of disadvantage that are hard to break.

Living in this environment, I saw firsthand how people's health is inseparable from the structures around them. Families who couldn't afford even the most basic medical attention faced choices no one should have to make, like whether to sell their land to pay for a loved one's treatment, or whether to trust a neighbor's herbal remedy because the hospital was too far away.

Though the divisions I observed in Nigeria were often tribal or regional, I see clear parallels in how racial and socioeconomic disparities shape outcomes in the U.S. health system. In both places, those with the least social privilege and political power are often sidelined. These experiences have convinced me that addressing health disparities means not only treating disease but also tackling the broader systems that shape health.

Duke's Moments to Movement initiative reflects that same commitment. Its Health Equity Curriculum weaves structural competency and antiracism training into every year of study, while community-based projects pair students with Durham organizations focused on food access, housing, and maternal health. The initiative's partnership with the REACH Equity Center presents students with the opportunity to translate research into policy advocacy that directly benefits marginalized patients. That comprehensive approach of uniting curriculum, community engagement, and policy work perfectly aligns with my commitment to use my medical training and voice to challenge unjust systems, build trust, and help create a world where health justice is a right, not a privilege.

(NOT USED) 7. Your career in medicine may place increasing demands for your time. While in medical school, how will you balance your educational commitment and your outside interests? (Max 400 words)

As a student-athlete and entrepreneur, I learned that some days just don't go as planned. I'd have a 6 AM practice where a coach decided we needed extra conditioning, followed by a client who wanted to vent about their divorce while doing squats, then a chemistry exam I wasn't ready for, and finally editing photos from a weekend wedding shoot until 2 AM. I was exhausted, and I realized that my current approach wasn't sustainable.

My breakthrough came when I stopped trying to be superhuman and started being strategic. I realized that cramming more into my day wasn't the answer, protecting my energy was. So I started batching similar tasks together, saying no to things that didn't align with my goals, and

most importantly, guarding my mornings. Before the world woke up, I'd spend 30 minutes with my guitar or reading something completely unrelated to school or work. It wasn't about being productive; it was about grounding myself outside of all the chaos. That shift paid off. I began entering workouts and exams with a clearer mind, had more patience with clients, and approached my creative work with energy instead of obligation.

In medical school, I know the intensity will ramp up even more. But I've learned that burnout doesn't come from working hard, it comes from working without rest or intention. My plan is to treat my energy like a bank account: make regular deposits through things that restore me, like sleep, meaningful relationships, practicing my faith, and creative outlets, so I can handle the withdrawals when patients and my studies demand my all.

The goal for me isn't perfect balance but sustainable excellence. That means knowing when to sprint, when to pace myself, and always keeping sight of the "why" behind the work.

8. Please let us know of any additional information that you would like us to consider while reviewing your application. (No word limit)

In early high school, around the time people start asking, "What do you want to do with your future?" my answer was always clear: I was going to be a professional athlete. After starting high school in the U.S., I got involved with sports and quickly realized that I was naturally gifted. Almost every sport I tried, I excelled at. Coaches told me that if I stayed consistent in my training through college, I could become a professional athlete. As a 14-year-old, the idea of making it to the pros was intoxicating—fame, financial security, and the ability to give back to my community in ways I had always dreamed about. So, I poured everything into that goal.

At Johns Hopkins, I played football and track at the DIII level, but I soon realized that if I wanted to make it to the pros, I needed higher-level competition. My mom, the typical Nigerian parent, always believed education was the only way out of poverty and pushed me to do well in school. A medical education was something I pursued for her, but I had NFL dreams. So, I transferred to the University of Miami, focusing on football, but still balancing my studies to honor her.

After eventually making the team at Miami and a great first season, I asked my position coach, a former NFL athlete, how I could step up my training to prepare for the NFL. His answer was unexpected: "Why would you want to do that son?" he asked. He explained that for most guys, football was their only way out of the streets, but that I had other doors open to me because of my academic strengths. It was the first time someone had challenged me to step back from the daily grind and fully consider the future I was working toward, where my talents could make the greatest impact.

As I did my research, I realized that the reality of pro sports wasn't such a rosy picture. The average length of an NFL career was only ~3.5 years, and players were commodities—traded at a moment's notice, always fighting to stay relevant. An injury could sideline even the biggest

name, and it would be ‘next man up.’ Having experienced injury and the recovery process myself, I wasn’t sure I was willing to stake my entire future on a game of such slim margins, especially when I truly did have other options.

I decided to start taking my pre-med journey seriously. Instead of just checking boxes, I made a real effort to understand the various roles physicians play beyond what I’d seen as a patient. I spent countless hours in clinical settings, talking to doctors, nurses, and PAs, watching interviews online, and even scrolling through Reddit, trying to grasp what medicine really looked like in all its forms. And what I found surprised me: being a physician isn’t all that different from being a football player. Both are constantly assessing the situation in front of them, responding in real time, and relying on their extensive training to make the right decisions. Just like a quarterback calling out adjustments on offense, doctors lead care teams and make important decisions under pressure.

I started to see medicine not as some backup plan, but as another place where I could bring that same intensity and commitment. The more I learn, the more I realize that medicine has the same challenges that I love in sports—discipline, strategy, and the opportunity to get better every single day, but with even greater rewards. In medicine, I can build meaningful, lasting relationships with patients and their families, use my skills to directly improve lives, and continue to learn and grow throughout my career. My journey through sports has taught me how to work hard and how to lead. Now, I believe that the qualities I cultivated for my dream of being a professional athlete were preparation for my true calling as a physician. I hope to contribute that same relentless spirit and team-focused mindset to the collaborative environment of medical school, where the stakes are higher and the impact more profound.

(NEW 2025)

7. Drawing from your clinical experiences, how have you fostered a connection with people? (Max 400 words)

While shadowing Dr. (Name Redacted), a neurologist who specializes in neuromuscular disorders, I observed a young patient with myotonic dystrophy. He was around sixteen, still in high school, and full of energy despite the progression of his condition. When he walked into the exam room wearing University of Miami gear, I smiled, recognizing the logo before anything else. He lit up when Dr. (Name Redacted) mentioned that I played football for Miami. For a moment, the focus shifted from his diagnosis to his dream—he wanted to play college football.

What struck me most wasn't just his determination, but rather his need for reassurance that his hope wasn't delusional. I shared my own journey walking on at Miami, the injuries and setbacks I'd navigated, and how perseverance had carried me through uncertainty. We talked about training, game-day routines, and what it meant to stay focused when things got tough. I never downplayed the reality of his condition, but I tried to speak to the part of him that still believed in possibilities.

That moment reminded me that meaningful connection transcends medical expertise and requires genuine presence. Being able to meet him not just as a future physician but as someone who had walked part of the road he wanted to be on, allowed for a kind of encouragement that felt personal. I wasn't offering medical solutions or false promises. Instead, I was extending hope grounded in shared experience and honest dialogue.

This encounter reinforced that healing extends beyond treating symptoms to encompassing the whole person. When patients feel truly seen and understood, their relationship with their condition can shift dramatically. That young man left his appointment not with an altered medical reality, but hopefully with renewed determination and the knowledge that someone believed in his capacity to pursue meaning beyond his diagnosis.

Such experiences have crystallized my vision of the physician I aspire to become: one who listens intently, meets patients in their current reality, and honors their aspirations regardless of how distant they may seem. These connections may not change medical outcomes, but they can fundamentally transform how patients navigate their journey, empowering them to find purpose and hope within their circumstances while maintaining dignity throughout their care.

8. Please let us know of any additional information that you would like us to consider while reviewing your application. (Max 400 words)

In early high school, when people asked what I wanted to do with my future, my answer was always clear: I was going to be a professional athlete. I was naturally gifted in sports, and the

idea of making it to the pros was intoxicating—fame, financial security, and the chance to give back to my community. I poured everything into that goal, balancing school with grueling practices and constant competition.

At Johns Hopkins, I played football and ran track, but I knew I needed higher-level competition to make it to the next level. So, I transferred to the University of Miami. Making it to the NFL was my focus, but I also kept up in school to honor my mom. My days revolved around 5 AM workouts, late-night study sessions, and the endless pressure to perform. Every day was an opportunity to improve.

The turning point for me came in a conversation with my position coach, a former NFL player. I asked him what I needed to do to make it to the pros. His response caught me off guard: “Why would you want that, son?' He explained that for most guys, football was their only way out, but I had other doors open because of my academic strengths. He challenged me to step back from the daily grind and consider the future I was working towards, where I could truly make the greatest impact.

I realized that the world of pro sports, with no loyalties and careers that often ended abruptly, wasn’t what I truly wanted. I began to critically examine medicine. As I invested more time in clinical settings and talked to physicians, I discovered that medicine offered everything I loved about athletics: intellectual challenge, teamwork, high-stakes performance, the drive to improve daily, and something more: the opportunity to use those same skills to directly heal and serve others. Like a quarterbacks reading a defense and making rapid adjustments, physicians assess complex situations and guide care teams through critical decisions.

I share this journey because it speaks to the kind of physician I hope to be: one who brings a relentless spirit and team-focused mindset to patient care, someone who has learned that real impact isn’t about personal accolades but about lifting others up. This perspective shapes how I see my future in medicine, and it’s a mindset I’m eager to bring to Duke’s collaborative environment.

Pre-Interview

I received this II in January, so I honestly wasn't expecting it. I was in the last week of interviews. There were about 30 people on the pre-interview day Zoom call.

I wasn't a fan of the three-hour Sunday evening info session, but I guess every school is different, and Duke certainly had a lot to say. My main takeaway was about the Duke curriculum. They really emphasized getting students into clinics and practicing medicine, even very basic medicine, early on. The other big talking point was the scholarly project that is essentially required of all med students. I don't remember much else from the session.

The vibes were solid overall, but something felt a little off to me during the breakout rooms with some of the current students. I honestly don't know what it was. It could have just been because it was later in the day and we were all tired on Zoom.

Post-Interview Notes

I think Duke's MMI has this infamous reputation. While it was pretty long, I don't think it was actually that difficult in terms of the content. There was maybe one station that was kind of abstract and required big-picture thinking within a time crunch, but the rest were fairly straightforward.

The team stations were chill, dare I say fun, and the "traditional interview" stations weren't bad, just fast-paced because of the time constraint.

There was one MMI interviewer who was just sad, though. He seemed like he was reading directly from whatever script they gave him and was so disinterested. He would ask follow-up questions that I had literally just answered. It didn't feel like he actually responded to anything I said — he just asked the questions and moved on.

Decision notes

Friday 02/20/2026 - Post II R

🎵Deception (An outrage!) (Just leave us alone!)

Disgrace (For shame!) (Traitor, go back with your own!)

He asked for trouble the moment he came (See you later, agitator!)

Station 1 – Traditional Interview

Prompt: Most meaningful experience, why MD, day-to-day realities of medicine, AI and insurance, personal qualities.
Overall: I felt grounded and authentic here. It was a thoughtful conversation that tested depth

and realism, and I think I demonstrated curiosity, leadership motivation, and systems awareness.

Station 2 – AI and Loneliness

Prompt: Should AI companions be used to address loneliness?
Overall: I approached it with balance — acknowledging the promise of AI while highlighting risks like dependency, privacy, and monetization. I felt steady and analytical.

Station 3 – Donation Allocation

Prompt: Where would I donate money and why?
Overall: I leaned into my values and community involvement. I tried to be thoughtful about impact and accountability, especially when navigating polarizing topics.

Station 4 – Leadership Scenario

Prompt: Describe a leadership experience and reflect on challenges and growth.
Overall: I felt confident sharing the flooded gym story. It showcased initiative, organization, and honest reflection about improving my communication.

Station 5 – Public Health Strategy

Prompt: How would I reduce premature mortality by 50% by 2050?
Overall: I shifted into systems thinking, focusing on prevention and social determinants. I focused on analysis and also potential barriers.

Station 6 – Visitor Restrictions

Prompt: Should hospitals limit visitors, and how does that affect care?
Overall: I maintained balance and empathy for both patients and institutions. Even though the questioning felt repetitive, I tried to stay composed and consistent.

Station 7 – Team Drawing Exercise

Prompt: Verbally guide a partner to recreate an image.
Overall: I focused on clarity and adaptability. It reminded me how important precise communication is under pressure.

Station 8 – Crossword Team Exercise

Prompt: Collaboratively solve a crossword puzzle.
Overall: I felt calm and analytical, contributing through logical elimination and flexible thinking.

Station 9 – Social Dynamics Video

Prompt: Analyze a student interaction and address interpersonal concerns.
Overall: I felt strong here. I was able to identify subtle social missteps and propose constructive, non-confrontational responses.

Station 10 – Final Traditional Interview

Prompt: My path to medicine and what I hope to achieve at Duke.
Overall: I felt authentic and reflective. It allowed me to tie together my background, growth, and long-term goals.

✅ Icahn (Submitted)❌

Icahn Secondaries

1. If you are currently not a full time student, please briefly describe the activities you are participating in this academic year. (Max 100 words)

X

2. Were there any adverse circumstances in your premedical preparatory journey including but not limited to impact from COVID-19? (Max 100 words)

X

3. If you are committed to a particular community or if there is an important aspect of your identity not addressed elsewhere in the application, we invite you to do so here. Briefly also explain how such factors may have influenced your motivation for a career in medicine. (Max 150 words)

My identity has never fit neatly into a single box. I'm a Nigerian-American who split his childhood between the Bronx and boarding school in Nigeria. I'm also a Division I football player, a first-generation college student, and a neuroscience major. These dualities—immigrant and American, athlete and scholar, former patient and aspiring physician—have taught me to adapt, but have also made me aware of how easy it is to simplify people.

In hospitals, I've seen how a patient's complexity can be flattened, how language, culture, and identity can be brushed aside in the rush to diagnose. I want to resist that. My life has taught me to look deeper, to ask how a person's life was shaped long before they walked into the clinic. As a physician, I'll strive to provide care that dignifies the full human story, not just the symptoms, but the family, faith, and struggle behind them.

4. What is the toughest feedback you ever received? How did you handle it and what did you learn from it? (Max 250 words)

Early in my personal training career, a client gave me feedback that caught me off guard. "You're pushing me like you're training yourself," she said, "but I'm not there yet."

I was a college athlete and was used to being pushed to my limits by coaches. My lifestyle was driven, uncompromising, and I believed that training harder always paid off. I approached clients with that same mindset, crafting challenging sessions with little room to be scaled back. But I began to realize that what felt motivating to me could feel discouraging or even unsafe to someone else.

That feedback changed how I saw my role. Instead of projecting my standards onto others, I started asking better questions: What are your goals? How does this feel in your body? Are you

comfortable with the pace? I learned to read body language more closely, adapt on the fly, and understand that progress isn't one-size-fits-all.

Most importantly, I saw how trust in a coach, or in a clinician, is built not through pressure but through presence, empathy, and responsiveness. That insight has shaped how I hope to engage with future patients. Like personal training, medicine requires a balance between guidance and listening. The most effective outcomes come through collaboration, where patients feel seen, heard, and included in their own care.

5. Describe a situation that you have thought to be unfair or unjust, whether towards yourself or towards others. How did you address the situation, if at all? (Max 200 words)

While shadowing in a physical therapy clinic, I noticed a troubling disparity. Simone, a young Black woman recovering from ACL surgery, repeatedly reported sharp, localized knee pain. Each time, her concerns were brushed aside—"It's normal, just push through it."

Other patients, mostly White or Hispanic, received more thorough attention when expressing similar discomfort. Simone's pain was consistently minimized despite her clear distress. After many weeks without improvement, she was finally sent to get additional imaging, which revealed a misaligned bone anchor requiring surgical revision.

What struck me wasn't the surgical error, but how easily her voice had been dismissed. I don't think the clinicians meant harm, but their unconscious bias had created real consequences. This experience showed me that racism in healthcare is often facilitated by unconscious bias and unequal standards of belief rather than overt discrimination.

I never confronted the staff directly, but I've thought about that experience many times since. As a future physician, I want to actively combat these patterns by ensuring every patient's voice is heard and believed with equal urgency. True respect requires vigilance to our own biases and a commitment to providing thorough, compassionate care to patients regardless of their background.

INTERVIEW PREP/NOTES

EHOP - Really big student-run clinic

Geriatric Care, GI, Cardiology

What makes Sinai different. Not a ton of premed energy, in rotations, supposedly everyone gets honors without a ton of try-harding.

New curriculum now 1.5 instead of 2 how it used to be. And pass fail now

Social dynamics are very class-dependent.

So going into this, I dont really see yet what makes Icahn special or different other than the fact that it checks all the boxes. However, I am willing to be convinced otherwise during the interview process with them.

Icahn School of Medicine at Mount Sinai Post-Interview Reflection

1. Interview Format and Vibe
My Sinai interviews had distinct personalities. Basil Hanss, a senior PhD scientist, was reflective and mentorship-oriented, while Brittany Reardon, an anesthesiologist, was warm, pragmatic, and efficient. Together, they gave me a rounded view of Sinai's culture: collaborative, student-centered, and grounded in both big-picture values and practical realities.

2. Interview Conversation Summaries

- **Interview 1 ((Name Redacted), PhD, Physiology faculty)**
  Tone & Personality: Intellectual, reflective, and affirming. He lingered on big-picture themes — resilience, empathy, systemic issues — and seemed genuinely curious about my experiences. His style felt less like a formal evaluation and more like a dialogue with a mentor.

Conversation Content & Flow:
The conversation began warmly with photography. He had even looked up my website, praised my use of shadows, and asked how I developed the craft into a business. From there, he asked about my transfer from Hopkins to Miami — why I made the decision despite family pushback, and what it taught me. This opened into a discussion of resilience and empathy, where he pressed me on how I'd approach patients without my same drive. I shared lessons from

personal training: balancing accountability with compassion, meeting people where they are, and helping them believe in themselves.

We then talked conflict resolution, from mediating a football fight to navigating cultural tensions in a Spanish group project. He highlighted how I used creativity and sensitivity to bridge divides. The conversation broadened into my mom's work as a home health aide — which I called "healthcare in its purest form" — and from there we discussed systemic problems like the vilification of experts and the need for physicians to think critically.

Midway, he opened space for my questions. I asked about research, and he explained Sinai's strengths in translational science, its FlexMed culture, and the breadth of the Mount Sinai Health System. I asked why he stayed for 31 years, and he emphasized collaboration, New York City, and openness to nontraditional students. He closed with long-term advice: keep sight of the awe of clinical work, and never lose the human side of medicine even in the grind.

Flow Summary: The arc was natural: personal passions → big life decisions → resilience and empathy → conflict resolution → systemic issues → student research → mentorship. Supportive throughout, affirming my strengths, and ending on advice that felt genuinely inspiring.

- **Interview 2 ((Name Redacted), MD, Anesthesiology)**
  Tone & Personality: Friendly, approachable, and pragmatic. She was personable but more structured, keeping the conversation efficient and professional. It felt like talking with a colleague who was supportive but businesslike.

Conversation Content & Flow:
She began with light small talk about her kids, her commute from New Jersey, and her role at Sinai West/Morningside. Then she asked me to introduce myself. I shared my Nigerian background, athletics, neuroscience major, photography, and love for languages. She connected by mentioning her own background with French and Arabic, and we joked about mixing languages in class.

She moved into clinical experiences. I described shadowing Dr. (Name Redacted) in neuromuscular disorders clinic — seeing first-time assessments, follow-ups, EMGs, and practicing the exam on him. I contrasted that with shadowing Dr. (Name Redacted) in sports medicine: watching him rotate between ORs, observing surgeries, and later seeing some of the same patients in PT. I explained how those experiences connected to my personal training work, giving me perspective on continuity of care. She affirmed how valuable that was.

She asked about career interests. I said surgery appeals because I like working with my hands and being directly involved in outcomes, but I'm open. She encouraged me to stay flexible. We talked hobbies: guitar, photography, athletics, and my personal goal of skydiving in different countries, which made her laugh.

Then came the standardized questions. For failure, I shared my Calc II exam story, reflecting on humility and effort not always matching results. For working with someone different, I told my Appalachia Service Project story about Rick, the mistrustful homeowner. I explained how consistency and sincerity eventually built trust. She affirmed that story as powerful.

Finally, she opened space for questions. I asked why she interviews — she described her love of medical education, her experience as chief resident and associate program director, and her enjoyment of helping shape future classes. I asked why she stayed at Sinai, and she said mentorship and the people. I asked for advice on thriving in med school. She said the application process is harder than med school itself, because once you're in, you can streamline and focus on passions instead of checking every box. Her advice was to only pursue projects you genuinely enjoy to avoid burnout.

Flow Summary: Linear and efficient: personal intro → clinical/shadowing → career interests → hobbies → standardized Qs → my questions → grounded advice. Supportive, conversational, but clearly structured to hit all the requirements.

3. What Interviewers Emphasized about the School

- Basil emphasized Sinai's **collaborative ethos**, FlexMed's nontraditional culture, and the importance of critical thinking in medicine.

- Brittany emphasized **mentorship, passion-driven work, and balance** as keys to surviving and thriving.

4. Overall Takeaway

Sinai left me with the impression of a school that values individuality and authenticity. Basil's style highlighted Sinai's intellectual and reflective side, while Brittany showed its supportive and practical culture. Together, they conveyed Sinai as rigorous but humane — a place where students are pushed to grow, but also given space to remain themselves.

5. Key Positives and Drawbacks

Positives

- Collaborative, nontraditional culture shaped by FlexMed.
- Wide translational research opportunities and large health system.
- Faculty who are reflective (Basil) and candid/practical (Brittany).
- Strong mentorship at clinical sites like West/Morningside.
- Honest advice about avoiding burnout and keeping perspective.

Drawbacks

- Clinical sites and facilities are spread across NYC, which can feel fragmented.
- High cost of living.
- Culture overall collaborative, but competitiveness still present in pockets.

Decision Notes

Acceptances as early as end of January. Maybe later this year, I forget what the info session said. Jan 24th last year.

I believe I got deferred to a later round of decisions. Again this is so weird to me because I really felt like these interviews went so well.

Eventually got rejected in like mid-late March. No speculations.

✅ UCSF (Submitted)❌

UCSF Secondaries

1. If you wish to update or expand upon your activities, you may provide additional information below. (Max 500 words)

I'm really passionate about exploring foreign languages, something that I feel isn't fully captured in my application.

To Igbo,
You were my first glimpse into language's power. Through my mother's voice, you taught me that words carry more than meaning—they carry identity, heritage, belonging. Though I never mastered you, you planted the seed that language shapes who we are.

To French,
You humbled me in Nigerian classrooms, convincing me I wasn't a "language person." That changed when Madame Crepeau shared her love for you. Her passion and kindness made me want to know you, you demanded that I reshape not just what I think, but how I think it. From an obstacle, you became inspiration.

To Spanish,
You changed everything for me in Miami. You weren't confined to textbooks—you were everywhere, whispering stories to me that I couldn't understand. You knew that I loved connecting with people, that I would have to learn you. Slowly at first, then intentionally. You taught me that language learning transcends grammar and vocabulary.

To All,
Together, you've taught me that you all were never just knowledge, but instead tools. Each conversation, a connection, phrases that unlocked peoples lives. Thank you for gifting me the keys.

2. If you are 2023 or earlier college graduate, please use the space below to tell us what you have done since completing your undergraduate degree. (Max 350 words)

X

3. Do you identify as being part of a marginalized group socioeconomically or in terms of access to quality education or healthcare? Please describe how this inequity has impacted you and your community. (Max 350 words) (NOT USED)

Yes, I identify as part of a marginalized group both socioeconomically and in access to education and healthcare. My mother immigrated from Nigeria and raised me in the U.S. largely on her own. We spent much of my childhood in shelters or government housing, constantly balancing survival with the hope of a better future. Access to quality healthcare was never

guaranteed; we often had to rely on crowded emergency rooms or community clinics that couldn't always meet our needs.

When I was sent to a boarding school in Nigeria, I saw these disparities in a new light. In rural Nigeria, access to healthcare wasn't just a question of cost, but of distance and infrastructure. Families would travel for hours to find an open clinic, only to be turned away because there weren't enough staff or supplies. I watched as people in my community had to make impossible choices: selling land to afford a hospital bill, or turning to herbal remedies when formal care was out of reach. These inequities didn't just shape individual lives; they determined entire communities' futures.

These experiences taught me that inequity isn't just about who can afford to see a doctor, it's about the entire system of resources, trust, and historical barriers that surround that care. In the U.S., I saw how biases about race and class shaped who was believed and who was dismissed in medical spaces. In Nigeria, I saw how political structures and nepotism compounded the gaps in care.

Living through these realities has given me a profound sense of empathy and a commitment to work toward solutions that see the whole person and the whole community. I want to bring that perspective to medicine: to be a physician who not only treats illness, but also recognizes and challenges the systems that leave some people behind. Because of my own journey, I know that equity in healthcare is about more than access—it's about dignity and the belief that every life is worth the same investment of care.

4. UCSF PRIDE values serve as a guiding light for institutional life and activities. Briefly describe how you will contribute and support one of our PRIDE values that is consistent with your goals or life experience. (Max 500 words)

Excellence is the PRIDE value at UCSF that resonates most deeply with me, though my understanding of what it means has evolved profoundly over the years.

Growing up, I believed excellence was all about personal achievement: being the smartest, fastest, strongest. Sports was my world. At Johns Hopkins, I played football and ran track, but I felt like I needed higher-level competition to test myself truly. So I transferred to the University of Miami, determined to push my limits. My life became an endless cycle of 5 AM workouts, late-night film sessions, and pushing through injuries that might have sidelined others. Every day demanded all that I had.

A turning point came when I sat down with my position coach, a former NFL player. I asked him what I needed to do to make it to the league. His response surprised me: "Why would you want to do that, son? For most guys, football is the only way out. But you have other doors open to you because of your academic strengths." That conversation forced me to pause and rethink what I was chasing. I had built my identity around this singular dream, but maybe there was another way to live out the discipline and drive I loved about football.

As I started exploring medicine through shadowing physicians and spending time with patients, I saw something I hadn't expected: the same intensity and teamwork I loved in football, but with stakes that reached far beyond personal achievement. Medicine demands precision under pressure and seamless collaboration, but with a purpose that’s bigger than any one person's success.

This began to reshape my definition of excellence. In football, excellence is often zero-sum: your win means someone else's loss. In medicine, excellence multiplies. When you give your best, everyone benefits: patients, coworkers, and communities. This idea has reshaped my goals and how I want to use my strengths.

At UCSF, I see this redefined excellence woven throughout the culture. Programs like PRIME-US, with its commitment to promoting health equity and providing healthcare to urban underserved communities, and the Differences Matter Initiative show that UCSF's idea of excellence isn't just about technical mastery. It's about meeting patients where they are, challenging unjust systems, and lifting up those who have been sidelined. This philosophy aligns perfectly with what I've learned from sports and life: that true excellence isn't about the lone star performance, but about making everyone around you better.

I want to contribute to UCSF's culture of excellence by bringing the resilience and relentless preparation that sports taught me, but channeling it towards something bigger than personal accolades: helping people heal, survive, and thrive.

That's the kind of excellence I want to embody and cultivate at UCSF.

✅ Emory (Submitted)❌

Emory Secondaries

1. List your entire curriculum plan for the 2023-2024 academic year. If you are not in school, please briefly describe your plans for the coming year. (Max 200 words)

Fall 2025

BIL 268 - NEUROBIOLOGY (3 Credits)
FRE 401 - INTRO TO FRENCH LINGUISTICS (3 Credits)
NEU 342 - NEURAL MECH.OF DES (3 Credits)
SPA 202 - INTERMEDIATE SPANISH II (3 Credits)

Spring 2026

BMB 509 - MOLECULAR BIOLOGY OF THE GENE (3 Credits)
FRE 394 - FRENCH INTERNSHIP (3 Credits)
KIN 233- HUMAN ANATOMY LAB (3 Credits)
NEU 403 - NEUROSC. LAB (4 Credits)

2. Briefly describe your health-related experiences. Be sure to include important experiences that are in your AMCAS application, as well as any recent experiences. (Max 200 words)

As a patient, recovering from a serious knee injury gave me insight into the emotional and psychological toll of being on the other side of care. I learned how trust, communication, and consistent support from healthcare providers can shape a patient's sense of agency and hope during recovery. This experience furthered my interest in orthopedics and sports medicine.

Hospice volunteering gave me a deeper understanding of what it means to walk with someone through the end of life. Being present for patients in their final days reshaped how I view both medicine and mortality. I saw how meaning, memory, and dignity mattered as much as comfort. It reminded me that medicine is not just about extending life, but also about honoring its conclusion.

In the PT clinic where I shadowed, I witnessed how subtle biases impact care. One moment that stuck with me involved a Black woman who expressed ongoing back pain, only to be met with skepticism and delayed escalation of her treatment plan. Her concerns were minimized in ways I hadn't seen with other patients. That incident wasn't isolated and I soon noticed a pattern of unconscious racial bias influencing treatment quality in the clinic.

3. Briefly describe your interest in Emory and the Emory degree program you have selected. (Max 200 words)

MD/MPH Program:

I'm drawn to Emory's MD/MPH program because it offers the kind of integrated training I've long envisioned—where clinical skill, public health understanding, and community engagement aren't separate domains, but mutually interplay. Having witnessed the impact of systemic barriers on health outcomes in both rural Nigeria and underserved areas of the U.S., I aspire to be a physician who not only treats disease but also addresses the policies and social determinants of health outcomes.

What excites me about Emory is how intentional the program is in making that dual mission possible. The dedicated public health year, combined with meaningful service opportunities like the Grady hotspotting teams or the Farmworker Project, would allow me to put public health theory into practice. I'm also interested in exploring through research how surgical interventions and pain management intersect with social determinants of health: how race, geography, and class can influence decisions for surgery and recovery outcomes.

At Emory, I see a place where I can deepen my commitment to equitable care while developing the clinical and public health insight needed to bring effective, dignified, and lasting care to patients facing complex, systemic challenges.

4. Emory School of Medicine is committed to recruiting and educating medical students who will help deliver quality health care and will promote the health of our patients. In our community, this includes learning about and addressing the health care needs of our most under-served populations. Please describe any of your activities that have been in service to under-served communities. (Max 200 words)

One summer, I led a home repair team for the Appalachia Service Project, working on a home with leaky roofing and no plumbing. The homeowner, Rick, was initially wary of our group—college students from out of town. I understood his skepticism. As a young Black man from urban America in a majority-white rural community, I recognized the weight that identity and history bring to every interaction.

Instead of pushing back against his wariness, I chose to listen. During breaks, Rick shared stories about factory closures, addiction, and his community's distrust of outsiders who promised help but left without understanding deeper issues. I listened to his words and the frustration underneath them. Gradually, Rick's demeanor shifted, and he began working alongside us. One afternoon, as I struggled with a stubborn piece of roofing, Rick quietly stepped in to help, our hands working together to trim the sheet.

That experience shaped how I approach service: not as an outsider arriving with solutions, but as someone willing to listen, to learn, and to honor people's lived realities. As a future physician, I want to carry that same humility into clinical settings, building trust through presence, respect, and consistency.

5. If you have any updates or new information to report since you have submitted your AMCAS primary application, please briefly describe below. (Max 200 words)

X

Decision Notes

No interview. Rejection

Did send update letter. Oh well.

✅ UPenn (Submitted)❌

UPenn Secondaries

1. Were there changes to your academic work and/or personal circumstances due to the COVID-19 pandemic that you would like to share with the committee? If yes, please describe these changes during this time. (Max 500 characters)

X

2. During the Covid-19 pandemic, if you were offered an option to continue courses with a standard grading system or switch to Pass/Fail, and you elected Pass/Fail, please describe the reason(s) for your decision here. (Max 500 characters)

X

3. The Perelman School of Medicine (PSOM) is deeply committed to recruiting a class inclusive of diverse perspectives and experiences; this enriches the instruction we provide, enhances team-based learning, and ensures our students' preparation to address the health needs of a pluralistic society. How would your life experiences contribute to the student body and how would you contribute to an inclusive atmosphere at PSOM? (Max 1000 characters)

As a first-generation college student and a Black male athlete, I've often found myself in spaces where I was in the minority. I grew up balancing my Nigerian heritage with American norms, learning to honor traditions while also questioning assumptions. In worship settings, I was one of the few Black leaders; in academics, I was often the only athlete in rigorous STEM classes. These experiences taught me how to find common ground across differences and how to champion representation where it's lacking.

At PSOM, I hope to bring these perspectives into every conversation and collaboration, encouraging others to look beyond the surface and to see the value of each person's unique story. My journey through different cultures and communities has shown me how shared understanding can build trust and belonging. I want to help create an environment at PSOM where everyone's lived experiences aren't just acknowledged, but truly celebrated.

4. We are all navigating through challenging times, and physicians and physician-scientists must contend with many instances of uncertainty. Describe a time when you faced a situation that was ambiguous, confusing, or uncertain, and how you navigated making a decision without complete information. (Max 3000 characters)

One of the most uncomfortable experiences of uncertainty I faced was during my time in a Nigerian boarding school. Growing up in the U.S. education system, I was used to asking questions freely. But I quickly learned that behaviors which felt natural to me could be completely misunderstood.

During a math class, I remember learning to calculate the area of a trapezoid using a method I'd never seen before. Without thinking, I raised my hand and asked, "Why do we use this formula here instead of this one I learned in America?" I was genuinely curious and wanted to understand the difference.

My teacher's face went cold. The room fell silent. "Kneel down in front of the class," he said. My stomach dropped. I had no idea what I'd done wrong, but it seemed that my question had been interpreted as a personal challenge rather than one borne of genuine curiosity.

Standing there (well, kneeling there), I had to make a quick decision with very little information about what had just happened. I could try to defend myself in front of the class and explain that I wasn't being disrespectful, or I could accept that I'd somehow crossed a line that I hadn't even known existed. I chose to apologize, even though I still didn't understand what was wrong with my question. After class, I approached the teacher privately and reframed my question. This time, he was willing to explain.

That moment was jarring because it revealed the many assumptions I had been carrying about acceptable behavior in a different culture. I realized that curiosity, which had always served me well in American classrooms, could come across poorly in a place where deference to authority was paramount. I needed to rethink my approach to learning and communication so I could express my inquisitiveness in a way that showed humility and respect.

When I wasn’t sure how to behave, I started paying closer attention to other students: noticing when they spoke, when they stayed silent, and how they framed their contributions. I learned to read the room differently. My goal wasn’t to stop asking questions, but to ask them in a way that would be well received. That experience reshaped how I think about communication, not just as self-expression, but as a shared exchange that requires awareness, empathy, and the willingness to adjust.

Now, as I pursue medicine, I know I’ll face similar moments of uncertainty—moments when I don’t fully understand the cultural or emotional context of a patient or colleague. I've learned the importance of inquiring in a way that respects the experiences and values of my audience. This often requires slowing down, observing, and adapting my approach based on specific cues. My experience in that classroom helped me acknowledge that my framework isn’t the only one. I believe this mindset of curiosity, balanced with openness to correction, will be crucial as I navigate the uncertainties and complexities of patient care.

5. Have you taken or are you planning to take time off between college graduation and medical school matriculation? Please describe your activities during this time. (Max 500 characters)

X

6. Have you participated in any global activities outside of the U.S. prior to submitting your AMCAS application? (Y/N, explain if yes) (Max 1000 characters)

N

7. Have you or your family experienced economic hardships, regardless of current income status? (Y/N, explain if yes) (Max 1000 characters)

My family's financial journey has always been shaped by resilience and faith. My mother immigrated from Nigeria, and we spent much of my childhood living in shelters or government housing, with constant worries about food and safety. In 2014, I was sent to a boarding school in Nigeria, where resources were scarce, and daily life was marked with uncertainties. When I was old enough to work in the U.S., I took jobs to support myself, balancing school and sports with long hours at work. However, I'm grateful that nothing was handed to me—it's made me into the person I am today, someone who sees challenges as opportunities to adapt, grow, and push forward. These lessons have shaped my view of medicine: I believe that the best physicians combine technical skill with empathy, meeting patients wherever they are and understanding the unseen challenges they face.

8. Please explain your reasons for applying to the Perelman School of Medicine. (Max 1000 characters)

I'm drawn to Perelman's integrated focus on social justice, community health, and data-driven innovation. Programs like Actionable Intelligence for Social Policy and IMPaCT show a real commitment to addressing disparities and advancing equitable care. My experiences living in Nigeria and working in rural Appalachia taught me that effective care must be culturally responsive and grounded in community trust—values Perelman clearly prioritizes. I'm inspired by Perelman's emphasis on patient-centered care in its curriculum and the chance to learn from faculty who bridge clinical practice and health equity research. I'm excited to train in Philadelphia, a city rich in cultural diversity, where community needs are as varied as the people who live there. At Perelman, I see the ideal place to grow as a physician who blends rigorous science with active listening and cultural humility.

Decision Notes.

I remember this being the first secondary that I submitted. Also sent an update letter.

Didn't get an interview, though, so rejected. Of course.

✅ Vanderbilt (Submitted)❌

Vanderbilt Secondaries

1. Please reflect on the upbringing, background, and experiences in your life that have shaped who you are as a person and will help define the person you want to be in the future. In other words, what makes you who you are? (Max 800 words)

I was born in the Bronx to a Nigerian immigrant mother who worked long hours as a home health aide. My earliest memories include bouncing between shelters, living in government housing, and watching my mom stretch every dollar to keep us afloat. She believed, fiercely, that education was the only way out of poverty. When our situation in the U.S. grew more unstable, she made the difficult decision to send me to boarding school in Nigeria.

That transition marked a turning point in my life. I went from food stamps in New York to food insecurity in Nigeria, from cracked sidewalks to no sidewalks at all. My dorm overseas had inconsistent power and no running water. Meals were sparse, temperatures high, and comfort was a luxury. But what I lacked materially, I gained in perspective. I began to understand what it meant to live in a place where survival wasn't guaranteed by systems, but by willpower, where people built lives in spite of government neglect, systemic inequality, and deep-rooted tribalism.

In that environment, I saw how poverty doesn't just impact daily living, it reshapes what people believe is possible. I saw families make impossible choices between medicine and food, between sending a child to school or keeping them home to work. I came to understand how healthcare, in particular, was not a guarantee, but a privilege reserved for the few who had money or access. Public hospitals, where they existed, were often overcrowded and underfunded. In some rural areas, the nearest clinic was hours or days away, and even there, resources were limited. What struck me most was how normalized this all seemed, a sense of resignation.

Yet there was also resilience. I saw people who had every reason to give up but didn't. I saw joy in the middle of hardship, and a communal strength that came from having to rely on one another. That experience changed the way I viewed the world—and my place in it. It taught me to be content in discomfort, to find value in each day, and to never take opportunity for granted.

When I returned to the U.S., I saw my old world with new eyes. The disparities I had once accepted as facts of life now appeared in vivid relief, different in form, but rooted in the same dynamics. In Nigeria, inequality was tied to tribal favoritism and geography; here, it was race, zip code, and wealth. I saw how systemic underfunding of public schools, lack of access to quality healthcare, and generational poverty shaped life trajectories in Black and brown communities like mine. In both places, the result was the same: those with the least power were left with the fewest options.

These patterns fueled my desire to pursue medicine, but not just in the traditional sense. I want to be a physician who sees the full context of a patient's life, someone who understands that health outcomes are shaped as much by policy and environment as they are by biology.

Whether in a rural village in Nigeria or a neglected neighborhood in the Bronx, access to care too often depends on who you are and where you're born. That's not just unjust, it's truly unacceptable.

Living in Nigeria taught me to see people beyond their circumstances. Returning to the U.S. taught me to question the systems that create and perpetuate those circumstances. Together, these experiences have formed the foundation of who I am: someone who believes in meeting people where they are, listening before acting, and fighting for a world where healthcare is a right, not a privilege. It's this identity, shaped by movement across continents and between worlds, that continues to define the kind of physician and person I strive to become.

2. Tell us about a time when you interacted with someone who is different than you. What did you learn? What would you do differently? (Max 600 words)

One summer, I led a home repair team for the Appalachia Service Project, where we were assigned to work on a home with a leaky roof and faulty plumbing. From the moment we arrived, the father of the household, Rick, was wary of us. He saw our group—college students from big cities—as well-intentioned but naïve outsiders. I could feel his skepticism in the way he watched us work, in the way his arms stayed folded when we introduced ourselves.

I understood where some of that tension might be coming from. I was a young Black man from urban America, standing in a majority-white rural town where someone like me probably wasn't a familiar sight. Rick was an older white man from Appalachia, a region whose people have long been neglected, misunderstood, or outright mocked by outsiders. Even though we had come to serve, I knew our presence could easily be perceived as a kind of judgment.

Instead of pushing back, I decided to listen. During water breaks, Rick would share bits about his life. He talked about factory closures, the rise of addiction, and the distrust his community felt toward people who came in promising help but left without understanding the deeper issues. I listened not just to his words, but to the frustration beneath them—the feeling of being left behind. As we talked over the days, his posture began to shift, and one afternoon, while I was cutting a sheet of tin roofing, he walked over, handed me a glass of lemonade, and said, "You're not what I expected."

I wasn't entirely sure what he meant, but I took it as a sign that something had changed. Not just in how he saw me, but in how we saw each other. That moment reminded me that even across profound differences, human connection is possible when we lead with humility.

That week taught me that respect isn't about agreement—it's about presence. It's about showing up consistently, working hard, and engaging with people on their terms rather than assuming yours are universal. As much as Rick had assumptions about me, I had to confront my own assumptions about him and his community. I wish I had initiated those deeper conversations sooner. Since then, I've learned that trust requires both patience and courage. It

requires us to stay grounded in who we are while stretching to understand someone else's reality.

That experience continues to shape how I approach relationships across difference. As a future physician, I'll meet patients whose mistrust stems from generations of medical harm and exclusion. Some may see my white coat and assume I'm there to judge them, rush them, or reduce them to a diagnosis. I want to be the kind of doctor who earns trust not through titles, but through presence—who treats not just symptoms, but whole people. Because often, before we can offer healing, we have to earn trust. And that begins by seeing people for who they are, not who we expect them to be.

3. Everyone needs help at various times in their lives. Describe a time you asked for help and what you gained from that experience that has influenced your approach to asking for help. (Max 600 words)

During my first year at the University of Miami, I found myself pulled in too many directions at once. I was recovering from a serious knee injury, trying to stay afloat academically, and working part-time to support both myself and my mom back home. As a single parent and Nigerian immigrant, she had sacrificed so much to get me here, and now she needed support. But so did I. Food, rent, books, basic expenses—I couldn't stretch my paycheck far enough, and faced mounting anxiety.

Still, I told no one. I was used to being ultra-independent, the one others depended on. I thought that asking for help would make me look weak. I skipped meals, put off rehab sessions, and convinced myself that if I just worked harder, I could hold it all together. But I couldn't. The stress was constant, and eventually, it began to affect every part of my life.

One afternoon, I found myself at the Baptist Collegiate Ministry building. I hadn't planned on staying long or talking to anyone, but the campus chaplain, (Name Redacted), asked me how I was doing. Something about the way he asked, patient, genuine, made it impossible to brush it off. I told him everything: the financial stress, the guilt of feeling like I was letting my mom down, the pressure to keep it all together. He listened without judgment. Instead, he nodded and said, "His strength is made perfect in weakness."

He reminded me that I didn't have to carry this alone—that God wasn't disappointed in my need. That part of being part of a community, part of the body, was learning to receive care as well as give it. He helped connect me with emergency resources on campus and, more importantly, helped me release the pride that had been keeping me isolated. He reminded me that humility isn't weakness; it's courage in action. (Name Redacted)'s help didn't solve everything overnight, but it gave me breathing room. More than that, it gave me permission to stop pretending.

That season reshaped how I understand strength: not as the ability to carry everything alone, but as the willingness to let others in. I've learned that asking for help requires honesty, humility,

and courage. It made me sensitive to how many people struggle silently, convinced they have to hold it all together. Now, when someone around me is hurting, I first try to offer presence, to listen the way (Name Redacted) did. And when I'm the one in need, I don't see that as failure, I see it as a chance to grow in relationship and trust. As I step into medicine, I carry that posture with me. Whether collaborating with peers, learning from mentors, or caring for patients, I want to stay grounded in the truth that none of us were meant to do this alone.

4. If you have completed your undergraduate education, please comment on what you have done or have been doing since graduation. (Max 200 words)

X

5. Why are you interested in Vanderbilt University School of Medicine? (Max 200 words)

I'm drawn to Vanderbilt for its emphasis on collaborative, learner-driven education and its integration of service, equity, and innovation. The Curriculum 2.0 model reflects what I value most in medical training: an early immersion in patient care, longitudinal clinical experiences, and a strong emphasis on team-based learning. I'm particularly excited about the four-year Emphasis Program, which would allow me to engage in research and scholarship in areas like health policy and social determinants of health—building on my existing interest in health disparities from my experiences in Nigeria and rural Appalachia.

Vanderbilt's commitment to community health resonates deeply with my own calling to serve vulnerable populations. Programs like the Shade Tree Clinic, which empowers students to provide care to uninsured patients in Nashville, stand out as opportunities where I can make a direct impact while learning what it truly means to practice compassionate, community-centered medicine.

Beyond the curriculum, I'm inspired by Vanderbilt's culture of mentorship and student support. I want to train at an institution that encourages curiosity, cultivates leadership, and challenges me to become a physician who is not only clinically excellent but also deeply human in how I care for others. Vanderbilt feels like that place.

Decision Notes

No interview. Rejectionnnn.

I poured my heart and soul into these essays *sigh*. And for what? Not even a glance in my direction. I even sent them an update later, but alas, it was all for naught.

✅ UMichigan (Submitted)❌

UMichigan Secondaries

1. How do you hope to impact medicine and improve patient care in the future and why do you need a medical degree to fulfill these goals? (Max 1500 characters)

I have many lived experiences with healthcare disparity—watching my grandmother pass without treatment in Nigeria, growing up in the Bronx where people went without healthcare not for lack of hospitals, but because of cost, mistrust, or systemic neglect, and being underinsured myself while facing a serious knee injury. I've seen how race, geography, and poverty determine not just who receives care, but who is heard and who suffers in silence. These experiences have driven my vision of medicine: to practice as a compassionate, technically skilled physician and to serve as an advocate for structural change through health policy work.

Whether through clinical work in underserved communities, research that challenges physician biases, or developing policies aimed at expanding access, I want to address the root causes of health disparities. I'm especially drawn to neurology and orthopedics, fields that align with my academic focus in neuroscience and my firsthand experiences as both an athlete and a patient. I believe a medical degree will give me the tools, insight, and credibility to serve individuals with excellence and dignity, while working as a leader in the field to transform the systems that have historically failed those who look like me. More than just treating patients, I want to partner with them and advocate for them with the goal of elevating standard care practices across all regions and demographics.

2. Please describe the impact of your identity and experiences on your growth and development, and how it may impact your career as a physician. (Max 1500 characters)

My identity has never fit neatly into a single category. I'm a Nigerian-American who split my childhood across two continents. I'm also a Division I football player, a first-generation college student, and a neuroscience major. These dualities—immigrant and American, athlete and scholar—have shaped how I navigate the world. I've learned to embrace discomfort, adapt quickly, and persist through moments of uncertainty. But I've also experienced the tension of being misunderstood: seen as "just an athlete" in academic settings or as an "Americanah" among Nigerians. That complexity has made me acutely aware of how people's stories are sometimes reduced to a single narrative in medicine.

As a future physician, I want to push back against the tendency to reduce patients to symptoms or stereotypes. My own journey has taught me that identity is layered and healing is never just clinical. Culture, trauma, faith, family, and hope—these shape how people experience illness and recovery, just as they've shaped me. I want to approach medicine with that understanding at the center, offering care that sees people fully, honors their stories, and affirms their dignity.

3. The University of Michigan Medical School strives to be a place of equity and belonging for diverse patients, learners, and healthcare professionals. Please describe your experience advancing inclusion and how you envision contributing to our community's mission. (Max 1500 characters)

As a worship leader for FCA at Miami, I was one of the few men and the only football player in leadership. Most of my teammates seemed to think FCA wasn't for us, "too cool" for it. I started personally inviting guys to the meetings, but when some finally came, I faced an unexpected challenge: leading worship in front of my own teammates made me feel vulnerable in an unexpected way.

At first, the guys would sit in the back and leave immediately after. But over time, I think seeing me on stage seemed to give them permission to engage differently. More teammates started coming regularly, staying for conversations, and genuinely participating. My contribution wasn't just leading worship; it was connecting my two worlds of athletics and faith by showing up authentically, even when uncomfortable.

This experience taught me that advancing inclusion sometimes means being willing to be seen first, creating space for others to explore sides of themselves they might not feel safe expressing otherwise.

At Michigan, I'm drawn to M-Home's mission of fostering belonging through mentorship. Just as my teammates needed to see authentic representation before feeling safe to engage, I want to help create spaces where medical students can be vulnerable about their challenges while building confidence to bring their full selves to the broader community. True inclusion happens when people don't have to choose between authenticity and belonging.

4. Outside of medicine, and beyond what we can read in your application, tell us what you are curious about or what you have chosen to explore. (Max 1500 characters)

To Igbo,
You were my first glimpse into language's power. Through my mother's voice, you taught me that words carry more than meaning—they carry identity, heritage, belonging. Though I never mastered you, you planted the seed that language shapes who we are.

To French,
You humbled me in Nigerian classrooms, convincing me I wasn't a "language person." That changed when Madame Crepeau shared her love for you. Her passion and kindness made me want to know you. You demanded that I reshape not just what I think, but how I think it. From an obstacle, you became inspiration.

To Spanish,
You changed everything for me in Miami. You weren't confined to textbooks—you were everywhere, whispering stories to me that I couldn't understand. You knew that I loved

connecting with people, that I would have to learn you. Slowly at first, then intentionally. You taught me that language learning transcends grammar and vocabulary.

To All,
Together, you've taught me that you all were never just knowledge, but instead tools. Each conversation, a connection, phrases that unlocked people's lives. Thank you for gifting me the keys.

Decision Notes

Rejected on 11/19/2025. This is my first admissions decision too… Chat we might be cooked fr. Yield protection? Am I coping? No idea tbh. I guess I sent that update letter last week, and they were like nopeee, we're definitely not interested.

✅ Weill Cornell (Submitted)❌

Weill Cornell Secondaries

1. Please write a brief statement giving your reasons for applying to Weill Cornell Medical College. (Max 1525 characters)

Growing up between the Bronx and Nigeria, I've seen how health inequity plays out across continents. In rural Nigeria, care is often hours away and acutely under-resourced. In parts of the Bronx, I see care that's technically accessible but functionally compromised by fragmented systems, overworked providers, and community mistrust. In both places, I've watched structural inequities and economic hardship constrain people's choices and dignity in similar ways. This parallel, more than anything, is what has led me to medicine.

I'm applying to WCMC because it's an institution that recognizes these patterns and prepares physicians to challenge them. Through programs like LEAP, its established Global Health Curriculum, and deep ties to East Harlem communities, Cornell creates space for students to understand what is happening to patients as well as to ask why. Such an approach to education teaches clinical skills while also demanding social context.

Cornell offers the opportunity to leverage my global perspective toward becoming a physician who addresses both immediate health needs and systemic barriers. My goal is to be a voice for change in health systems that too often leave the most vulnerable behind—combining clinical excellence with a commitment to creating structures that uphold every person's dignity and right to care. I believe Weill Cornell's culture of inquiry and dual attention to structural determinants and clinical excellence make it the ideal place to grow into that role.

2. Please describe a challenge you faced and how you addressed it. (Max 1525 characters)

This summer, I led a home repair team with the Appalachia Service Project, assigned to a family whose home had a dilapidated roof. From the start, the father, Rick, was distant. He watched us work from the driveway with folded arms and a skeptical expression, clearly unsure of our abilities and motives. I could feel the unspoken tension between us—I was a young Black man from urban America; he was an older white man from rural Appalachia. His community had long been overlooked or patronized by outsiders with savior complexes, and my group looked the part.

Initially, I doubled down on the work itself, pushing my team to focus on quality results, which would speak for themselves. But Rick's distance remained. Midway through the week, I realized the real barrier wasn't our competence, but trust. So I changed our approach. During breaks, I encouraged my team to engage with Rick and his family, asking about their lives and the community's history. As we stopped assuming and started listening, his walls came down, and by week's end, he was helping us with the final repairs.

The real challenge wasn't the roof. It was learning how to navigate unfamiliar territory with humility. I learned that building trust requires presence, vulnerability, and the willingness to meet people on their terms. That lesson will follow me into medicine, where the quality of physician-patient relationships often determines who shows up, who returns, and who allows themselves to be truly seen.

3. If applicable, please tell us about any special circumstances related to COVID-19 that could help us understand you better. (Max 1525 characters)

X

4. If you are not attending college during the upcoming (2023-2024) academic year, what are your plans? (Max 1525 characters)

X

Question Bible

What makes you different from other top applicants?

If you were in my place, and you had to present your case to the admissions committee what would you want to say to them?

General MMI Framework

Step 1: Identify the Ethical Principles

- **Autonomy** (respecting the patient's choices)
- **Beneficence** (doing good for the patient)
- **Non-maleficence** (do no harm)
- **Justice** (fairness in distributing resources and care)
- **Confidentiality** (can just tell parents or partners about medical issues)

Step 2: Clarify the Stakeholders

- Patient
- Family / Caregivers
- Healthcare team
- Society / public health
- Yourself (personal values, professional duties)

Step 3: Acknowledge the Conflict
State explicitly which principles are in tension (e.g., autonomy vs. beneficence).

Step 4: Consider the Options
Lay out possible courses of action, weighing pros/cons.

Step 5: Apply Law / Policy (if relevant)
This is critical for minors, confidentiality, or end-of-life decisions.
Children (<18, not emancipated): Parents/guardians usually have decision-making authority.

- **Special Considerations:**
    - Emergencies (physician can override parental refusal to save life).
    - Mature minor doctrine (some states allow minors who demonstrate maturity to make certain medical decisions).
    - Specific areas where minors often have rights: sexual/reproductive health, mental health, substance abuse.
- **Key Rule:** Best interests of the child always guide medical decision-making. Courts generally back physicians overriding parents if child's life/health is endangered.

Step 6: Communicate Your Approach
Emphasize compassion, transparency, shared decision-making, and patient-centered care.

Step 7: Conclude With Reasoning
Pick the most ethically defensible path, showing you've balanced principles thoughtfully.

Particularly Tough MMI Qs

Your sister is hiring an employee for her business. You're at her house and happen to see the stack of resumes. You notice that the top resume belongs to a patient of yours who has a history of schizophrenia. Would you say anything to your sister?

A 20-year-old patient with Down syndrome has become pregnant. The patient does not want an abortion, but her mother and father want the patient to have an abortion. What should you do as the physician taking care of this patient?

You are a family doctor taking care of a child with flu-like symptoms. Upon physical examination, you notice a pattern of bruises on the boy's torso. You being to worry that his may be a case of physical abuse. You ask the mother where the bruises came from but she speaks minimal English. When you touch the boy's chest with your stethoscope, he winces in pain from the bruises. What should you do?

→ Physicians are mandated reporters. They must notify child protection authorities if abuse is suspected — don't need proof, just reasonable suspicion.

A 13-year-old girl is diagnosed with early stage lymphoma and has a great chance of survival due to advancements in cancer therapies. When you tell her parents about the treatment, they

refuse and tell you that they are planning to travel out of the country for alternative, experimental therapies. Enter the room and talk to the parents.
→ Empathy, medical guidance, duty
→ Justice / Legal duty: Physicians are mandated to protect children from neglect or harm, even when arising from parental decisions.

You have a patient with CF, a terrible autosomal recessive disease. As a geneticist, you have decided to do a DNA screen of the mother, father, and child to determine which genes are mutated and assess risk chances. Upon screening, you realize that the father does not have any mutations that could cause CF – the husband is not the boy's biological father. What do you do as the physician?

You have two patients who desperately need an organ transplant but there is only one organ available. One is a 18-year-old male who has been admitted to the emergency room multiple times due to overdose. The second patient is a 60-year-old female who is an outstanding member of the community, volunteering her time to the poor and needy. Who do you give the transplant to and why?
→ The ethical response is that transplant committees use standardized systems (like MELD score, urgency, survival benefit, etc.), not bedside morality.

The mother of a-12-month-old believes that vaccines cause autism and that she believes that immunity should be all natural. Her child is currently unvaccinated and is at risk for diseases that are otherwise nonexistent for the vaccinated community. Can parents refuse to immunize their children? What do you do as the physician?
→ Yes they can. Educate and allow it. Continue to treat otherwise so trust channels stay open.

Personal

What is your greatest weakness?
- Trusting others with responsibility
- Allowing space for questions
- Struggling to admit fault

Essay Variation Bank

Essay 1:

I was born in the Bronx to a Nigerian immigrant mother who worked long hours as a home health aide. My earliest memories include bouncing between shelters, living in government housing, and watching my mom stretch every dollar to keep us afloat. She believed, fiercely, that education was the only way out of poverty. When our situation in the U.S. grew more unstable, she made the difficult decision to send me to boarding school in Nigeria.

That transition marked a turning point in my life. I went from food stamps in New York to food insecurity in Nigeria, from cracked sidewalks to no sidewalks at all. My dorm overseas had inconsistent power and no running water. Meals were sparse, temperatures high, and comfort was a luxury. But what I lacked materially, I gained in perspective. I began to understand what it meant to live in a place where survival wasn't guaranteed by systems, but by willpower, where people built lives in spite of government neglect, systemic inequality, and deep-rooted tribalism.

In that environment, I saw how poverty doesn't just impact daily living, it reshapes what people believe is possible. I saw families make impossible choices between medicine and food, between sending a child to school or keeping them home to work. I came to understand how healthcare, in particular, was not a guarantee, but a privilege reserved for the few who had money or access. Public hospitals, where they existed, were often overcrowded and underfunded. In some rural areas, the nearest clinic was hours or days away, and even there, resources were limited. What struck me most was how normalized this all seemed, a sense of resignation.

Yet there was also resilience. I saw people who had every reason to give up but didn't. I saw joy in the middle of hardship, and a communal strength that came from having to rely on one another. That experience changed the way I viewed the world—and my place in it. It taught me to be content in discomfort, to find value in each day, and to never take opportunity for granted.

When I returned to the U.S., I saw my old world with new eyes. The disparities I had once accepted as facts of life now appeared in vivid relief, different in form, but rooted in the same dynamics. In Nigeria, inequality was tied to tribal favoritism and geography; here, it was race, zip code, and wealth. I saw how systemic underfunding of public schools, lack of access to quality healthcare, and generational poverty shaped life trajectories in Black and brown communities like mine. In both places, the result was the same: those with the least power were left with the fewest options.

These patterns fueled my desire to pursue medicine, but not just in the traditional sense. I want to be a physician who sees the full context of a patient's life, someone who understands that health outcomes are shaped as much by policy and environment as they are by biology. Whether in a rural village in Nigeria or a neglected neighborhood in the Bronx, access to care too often depends on who you are and where you're born. That's not just unjust, it's truly unacceptable.

Living in Nigeria taught me to see people beyond their circumstances. Returning to the U.S. taught me to question the systems that create and perpetuate those circumstances. Together, these experiences have formed the foundation of who I am: someone who believes in meeting people where they are, listening before acting, and fighting for a world where healthcare is a right, not a privilege. It's this identity, shaped by movement across continents and between worlds, that continues to define the kind of physician and person I strive to become.

Essay 2:

My path to medicine was inspired by my mother. When I was 5 years old, my grandmother in Nigeria passed away from breast cancer complications, unable to access the emergency care she desperately needed. When my mother received the news, her grief was so intense that she was rushed to the ER in a state of shock. Puzzled, I wondered quietly, "Could emotion alone hospitalize someone?" Only years later through my own experience would I come to understand how emotional trauma can physically overtake us.

Fortunately, my mother recovered, and she channeled her grief into her work as a home health aide, treating every patient with the care she wished her own mother had received. As a child, I often accompanied her into the homes of elderly patients, witnessing healthcare in its purest form. I watched her do more than just tend to physical needs. She remembered birthdays, made favorite meals, and listened to stories of lives well lived. Her compassionate care created profound human connections and restored dignity to people at their most vulnerable. In those tender moments, I began to see medicine as both science and service. Later, my educational ambition led me to the University of Miami, where I was determined to earn my degree in Neuroscience and play Division I football as a scholar/athlete. Without an athletic scholarship, connections, or official access to facilities, I had to find creative ways to reach the football coaches. I would wait outside practices, leave notes, and even sneak into buildings hoping to talk to them, all while training independently. It was certainly a test of resolve, but nothing compared to the challenge I was about to face. Halfway through a routine agility drill, my knee suddenly hyperextended and I collapsed. No collision, no dramatic fall, just a single step that changed everything. I had been injured before, but this felt different. It was serious, and I knew it immediately. The searing pain was eclipsed by disbelief. "This can't be happening," I thought. After months of training to earn a walk-on spot on the football team, I saw my dream slipping away. My mind, seemingly desperate to escape the body that had betrayed it, grew foggy and teetered on the edge of consciousness. In a moment of startling clarity, I recognized what was happening. I was experiencing emotional shock, mirroring the very state my mother had found herself in years before. My MRI read like a medical textbook: acute multiligamentous knee injury, torn ACL/MCL/LCL, meniscus damage, partial fractures. My knee was being held together by threads—a situation no amount of self-diagnosing on WebMD could have prepared me for. My surgeon back home said it would be at least eighteen months before I could return to sport, if I ever chose to. A day after surgery, still bedridden and heavily medicated, I got the call I had been waiting for, an invitation to join Miami's football team. Life has a peculiar irony, yet what feels like a cruel joke can sometimes shape our deepest purpose. Ignoring medical advice and my mother's pleas, I returned to school ten days post-op. Barely able to walk and without

insurance for out-of-state physical therapy, I faced a choice to remain a victim of my circumstances or to take control of my recovery. I chose the latter. Armed with faith and determination, I began my rehabilitation. Early each morning, long before campus stirred, I toiled on the field, hobbling at first, but then walking and soon jogging. Between classes, I scoured the latest ACL recovery protocols, developing an ambitious rehab timeline. What began as a personal recovery effort became an exploration of human resilience and healing, transforming medicine from an abstract career path into a deeply personal journey of discovery. Four months into my plan, I could run, jump, and even lift weights. For many, that would have been enough. But in those early morning hours, as I pushed my knee from merely functional to once again capable of elite performance, still I wrestled with deep questions. Why continue? Why pursue the extraordinary when ordinary would suffice? The answer came not in words but in moments: memories of my mom's sacrifices, visions of returning to the field, and the quiet certainty that my journey was preparing me to help future patients navigate their own valleys of doubt and despair. Eight months after I had been told it would take eighteen, I stood again in my surgeon's office, fully cleared to return to sport.That afternoon on the field was certainly a hurdle in my athletic journey, but it galvanized my medical one. Today, when I step into clinical settings, I recognize my story in many patients. I understand the fear and uncertainty of a serious condition because I've lived it. I see my mother's compassion in physician-patient interactions, yet I also recognize gaps in care akin to my grandmother's experience. As both a former patient and a future physician, I've come to see that medicine's greatest impact lies not just in treating conditions, but in nurturing the extraordinary resilience within each person. I will strive to combine technical excellence with empathy, to provide holistic care, and to be fully present for patients as they navigate their own paths toward healing.

Essay 3:

In early high school, around the time people start asking, "What do you want to do with your future?" my answer was always clear: I was going to be a professional athlete. After starting high school in the U.S., I got involved with sports and quickly realized that I was naturally gifted. Almost every sport I tried, I excelled at. Coaches told me that if I stayed consistent in my training through college, I could become a professional athlete. As a 14-year-old, the idea of making it to the pros was intoxicating—fame, financial security, and the ability to give back to my community in ways I had always dreamed about. So, I poured everything into that goal.

At Johns Hopkins, I played football and track at the DIII level, but I soon realized that if I wanted to make it to the pros, I needed higher-level competition. My mom, the typical Nigerian parent, always believed education was the only way out of poverty and pushed me to do well in school. A medical education was something I pursued for her, but I had NFL dreams. So, I transferred to the University of Miami, focusing on football, but still balancing my studies to honor her.

After eventually making the team at Miami and a great first season, I asked my position coach, a former NFL athlete, how I could step up my training to prepare for the NFL. His answer was unexpected: "Why would you want to do that son?" he asked. He explained that for most guys, football was their only way out of the streets, but that I had other doors open to me because of my academic strengths. It was the first time someone had challenged me to step back from the

daily grind and fully consider the future I was working toward, where my talents could make the greatest impact.

As I did my research, I realized that the reality of pro sports wasn't such a rosy picture. The average length of an NFL career was only ~3.5 years, and players were commodities—traded at a moment's notice, always fighting to stay relevant. An injury could sideline even the biggest name, and it would be 'next man up.' Having experienced injury and the recovery process myself, I wasn't sure I was willing to stake my entire future on a game of such slim margins, especially when I truly did have other options.

I decided to start taking my pre-med journey seriously. Instead of just checking boxes, I made a real effort to understand the various roles physicians play beyond what I'd seen as a patient. I spent countless hours in clinical settings, talking to doctors, nurses, and PAs, watching interviews online, and even scrolling through Reddit, trying to grasp what medicine really looked like in all its forms. And what I found surprised me: being a physician isn't all that different from being a football player. Both are constantly assessing the situation in front of them, responding in real time, and relying on their extensive training to make the right decisions. Just like a quarterback calling out adjustments on offense, doctors lead care teams and make important decisions under pressure.

I started to see medicine not as some backup plan, but as another place where I could bring that same intensity and commitment. The more I learn, the more I realize that medicine has the same challenges that I love in sports—discipline, strategy, and the opportunity to get better every single day, but with even greater rewards. In medicine, I can build meaningful, lasting relationships with patients and their families, use my skills to directly improve lives, and continue to learn and grow throughout my career. My journey through sports has taught me how to work hard and how to lead. Now, I believe that the qualities I cultivated for my dream of being a professional athlete were preparation for my true calling as a physician. I hope to contribute that same relentless spirit and team-focused mindset to the collaborative environment of medical school, where the stakes are higher and the impact more profound.

Essay 4:

I was born in the Bronx to a Nigerian immigrant mother who worked long hours as a home health aide. My earliest years were marked by instability: shelters, government housing, and the constant awareness of lack. Yet my mother carried an unshakable conviction—that education was the path out of poverty. When our situation in the U.S. became unsustainable, she made the difficult choice to send me to boarding school in Nigeria.

That transition was jarring. I went from food stamps in New York to food insecurity in Nigeria, from cracked sidewalks to none at all. My dorm lacked running water and consistent power, and meals were sparse. But in that environment, I gained perspective. I saw how poverty reshaped what people believed was possible and how access to healthcare was not a guarantee but a privilege. Families often faced impossible choices between medicine and food, or education and survival. Yet I also saw resilience and communal strength, people who refused to be defined by their need.

Living between two worlds gave me a sharper lens for recognizing systemic inequities. In Nigeria, they were tied to tribalism and geography. Back in the U.S., I saw them tied to race, zip code, and generational poverty. The patterns were different, but the outcome was the same: communities with the least power had the fewest options. These experiences taught me that to treat people well, you must understand the systems that shape their lives.

My mother had modeled this truth long before I had words for it. After losing her own mother due to mismanaged cancer treatment, she poured herself into caring for patients with the dignity and attention she wished her mother had received. As a child, I often accompanied her to the homes of elderly patients, where I saw her turn care into connection. She remembered birthdays, listened to stories, and restored dignity in small ways. Watching her, I learned that medicine is not just about treating illness; it is about affirming humanity.

Sports expanded my story. Athletics was once my greatest passion, a space where I cultivated discipline and resilience. Injuries, including a devastating knee injury in college, forced me to rebuild both body and identity. Designing my own recovery plan taught me persistence in isolation, and the setbacks clarified something deeper: my real calling was not just performance on the field, but healing and connection beyond it. Sports prepared me to work hard, lead teams, and push through adversity, but medicine gave purpose to those lessons.

Threaded through all these experiences is connection—across cultures in Nigeria, across divides in America, in the homes of patients, and on the field with teammates. Again and again, I've learned that healing and trust begin not with credentials, but with presence: listening before acting, meeting people where they are, and seeing them fully.

What holds these moments together is the conviction that even in hardship, people's lives are defined by more than their circumstances. From my mother's patients in the Bronx to families I met in Appalachia, I've seen how care, presence, and trust can restore possibility. My journey

has taught me that healing isn’t just about fixing what is broken, but about standing with people in their struggle, helping them reclaim dignity and hope. That is the work I’m committing my life to doing.

Decisions Decisions

Decision Making Questions

Step 1: Understand what your goals are for your medical education and what you want to prioritize over the next couple of years.

I want to continue to grow in my faith and be deeply rooted in a community of believers. God says to seek first his kingdom and his righteousness and everything else will be added yk?

It would be cool to attend a school somewhere I could continue to invest in my photography business. The main things to consider for that is proximity to an undergrad campus.

Harvard, Hopkins, Yale and maybe Columbia would be good spots for that.

You need to ask yourself how much an NYU guaranteed residency would affect your decision if you were to actually get it. The significance is pretty obvious because you would be in school for less time and I think the educational experience, although accelerated, would still be less stressful because you're not worries about the outcome. Consider step exams, SUB-I's and residency interviews.

The advantage is full integration into the program and becoming very well equipped for residency from day 1. The disadvantage is potentially being locked in to a specialty if you change your mind down the line. You likely won't be as interested in exploring other paths. Also if you do change your mind, then you would have basically passed up Harvard or Hopkins for NYU.

Consider your faith and your relationship with God. Are you looking for a guarantee because you don't trust God to get you where you need to be? Has God clearly spoken to you and told you that NYC is where he wants you for the next 8 or so odd years? Is this a decision made in obedience or out of some fear.

Step 2: Deep dive into the school. Finances, location, community, culture, curriculum.

When are students getting involved in clinical experiences?

What is the pace of the curriculum like and how are tests administered. How well is said curriculum preparing students for Step exams?

What is the anatomy lab like? Other niche questions.