Personal Statement

My grandfather kept nodding as my dad lectured him on the plan. He wears the zither suspended on shoulder straps so that it rests on his leg and his right thumb gently strums my dad a reminder that he is interrupting something. It is maddeningly difficult to make the zither sound anything but mournful but my grandfather's fingers were up to the task even if he was interrupted by medical jargon: "… amlodipine, metformin, low carbohydrate diet…" But his hand tightened around the neck of the zither when dad mentioned going to the eye doctor.

I replayed this moment whenever we played chess. My grandfather taught me the game. His hands were steady then, his moves quick, aggressive, and certain. He saw traps before I made them. Years later, he would pause before his move, not thinking but searching. He suggested that we should play verbally and memorize each move made. I thought he was testing me. He was not. He simply could not see the board. Other times I would replay the memory of the zither when we flew kites. He would squint up into the afternoon sun and smile as our kites climbed higher, until they were small against the white burn of the sky. Later, without either of us naming it, he began bringing different kites to the field. They had broader wings. Slower. Heavy-bodied, with wide tails and solid colors, built more for being seen than for their aerodynamic ability. Internalizing my grandfather's struggle with frequent medical visits, missed experiences, and dependence on caregivers kickstarted my interest in ophthalmology and retina.

While my initial exposure to retinal disease was personal, it was not until my clinical rotations in medical school that this early curiosity evolved into a definitive career path. I was drawn to ophthalmology by the synergy of intricate surgical maneuvers, cutting-edge technology, and the profound impact on patient quality of life. Within the specialty, vitreoretinal surgery offers a unique level of technical depth and intraoperative diversity that is unparalleled in other intraocular fields. I am particularly motivated by the vast research opportunities in retina, which I believe are essential for translating academic findings into transformative clinical practice.

My definitive career goal is to become an independent physician-scientist in academic ophthalmology, with a focus on leveraging large-scale clinical data (including clinical trials, claims, and registries) to generate real-world evidence. My primary objective is to translate these insights into decision-support frameworks that are implementable in a clinical setting to improve long-term outcomes for chronic retinal diseases. One of my research interests evaluates the economic value of newer anti-VEGF agents for neovascular age-related macular degeneration. By analyzing how real-world outcomes diverge from randomized trial data due to patient complexity and varying adherence, I aim to identify the true economic benefits of agents that offer interval extension. Ultimately, I hope to drive the adoption of protocols that reduce patient burden and improve visual outcomes. As I transition into clinical practice, I look forward to balancing high-level patient care with a sustainable career of academic investigation.

My six-year journey within ophthalmology has been defined by a blend of disciplined ambition and persistent curiosity. My career thus far has reinforced my confidence in taking the initiative and seeing complex projects through to completion, qualities I believe are essential for the rigors of a vitreoretinal fellowship. As I look toward this next chapter, my objectives are clear: to become a surgeon with the clinical acumen to preserve functional vision, to advance the field through research on value-based care, and to serve as a leading voice in the specialty. Ultimately, I aim to balance these aspirations with a commitment to education, giving back to the next generation of physicians and scientists.