

Long before my career in medicine, I developed many of the qualities that guide me today while competing as a Division I college football player. At the collegiate level, athletic ability is differentiated by work ethic, accountability, and coachability. Each day demanded discipline, resilience, and the willingness to repeat small, technical movements thousands of times until they became instinctive. The process was often tedious, but I found satisfaction in breaking down a complex skill, identifying areas for improvement, and honing my ability through monotonous repetition. This dedication to incremental progress and relentless self-evaluation later became foundational to how I approach clinical and surgical development, research, and professional growth.

Those same principles drew me toward ophthalmology and ultimately to ophthalmic plastic and reconstructive surgery. Residency has reinforced for me that surgical growth depends on preparation, humility, adaptability, and continuous refinement. Whether learning a new technique, practicing in the wet lab, or seeking feedback from mentors, I have found the greatest fulfillment in environments that demand precision and constant improvement. Oculoplastics especially appealed to me because it combines technical complexity and creativity, requiring surgeons to navigate intricate anatomy while tailoring solutions to the unique needs of each patient.

From the first time I assisted in a complex eyelid reconstruction, I was captivated by how seamlessly oculoplastic surgeons integrate meticulous technique, anatomical creativity, and clinical insight. I am excited by the challenge of managing orbital disease, trauma, lacrimal disorders, and reconstruction, while also building longitudinal relationships with patients whose conditions often affect both function and identity. Whether preserving the vision of a patient with thyroid eye disease or restoring one's appearance after an eyelid tumor excision, oculoplastic surgeons occupy a unique space at the intersection of vision, identity, and confidence. I find deep meaning in that responsibility.

The same process-oriented mindset has also shaped my commitment to research and innovation. As a clinical trial coordinator prior to medical school, I was drawn to the idea that medicine progresses not only through compassionate bedside care, but through asking better questions, designing better studies, and creating better solutions for the patients whose needs are not fully met by current therapies. Since then, I have continued to pursue scholarship through clinical trials, outcomes research, and publications describing novel surgical techniques. Like my approach to athletics and surgery, I view each project, publication, and new skill as a small but meaningful step forward, with the hope that these incremental contributions will eventually culminate in work that advances the field.

My career goal is to become an academic oculoplastic surgeon and clinician-scientist. I am particularly interested in serving as a clinical trialist evaluating emerging therapies for thyroid eye disease while also developing and refining surgical techniques that improve outcomes for patients with orbital, eyelid, and lacrimal disease. Fellowship training at a strong academic institution will be essential to that path by providing advanced surgical mentorship, exposure to complex tertiary pathology, and immersion in an environment where scientific inquiry and innovation are integrated into patient care.

The Heed Ophthalmic Foundation Resident Retreat represents an ideal opportunity to pursue these goals. Its commitment to supporting future leaders in academic ophthalmology would provide invaluable mentorship, collaboration, and insight into building a successful academic career as I continue

developing as a clinician-scientist. I hope to contribute the same qualities that have guided me thus far: discipline, curiosity, humility, and a commitment to innovation in patient care.