

Nate Fischer was a retina fellow at UAB during my PGY-2 year, and he fundamentally shaped how I approach clinical reasoning and mentorship. PGY-2 is our busiest year of residency, when we staff the 24/7 eye emergency room. He held us to a high standard and consistently pushed us to do the right thing for patients, but he was also extremely approachable. One night I called him about a patient with a macula off retinal detachment at 3:00 am. Rather than having the patient come back for scheduled surgery and going back to sleep, he came in to see the patient. He found a small inferior break I had missed, and changed the surgical plan from vitrectomy alone to combo buckle and vitrectomy. It would have been easier not to come in, but he did anyway. Beyond his clinical dedication, he was a fantastic teacher. My co-residents and I would routinely text him our most challenging cases, even when he was not on call, and he would push us to develop thoughtful differentials and management plans before offering his own perspective. He did not just provide answers - he taught us how to think.

While I was initially drawn to ophthalmology for the clinical and surgical aspects, my experience in residency revealed an equally meaningful interest in teaching. I find myself frequently emulating Nate's approach - pushing medical students and junior residents to develop their own frameworks, think through clinical problems, and build confidence in their decision-making. When I started residency, I did not anticipate how much I would enjoy this.

My path to academic medicine was not planned. My first job out of college was as an ophthalmic technician - not a deliberate choice so much as the first offer I received. It turned out to be the thing that showed me how fascinating ophthalmology was. Years later, through residency, I discovered I loved teaching just as unexpectedly. That kind of serendipity has shaped how I think about my career: I don't know exactly where it will end up, but my near-term goals are clear. I want to contribute to the kind of training environment I was fortunate enough to experience - one that exposes trainees to an exceptional breadth of pathology with graduated autonomy, provides them with extensive surgical training, and produces outstanding clinician-surgeons. I have benefited enormously from mentors who invested in me, and I want to pass that forward.

From a clinical perspective, I am drawn to the most complex, sight-threatening posterior-segment disease, and I plan to pursue fellowship training in uveitis and surgical retina. The diagnostic and management challenges of this patient population are exactly the kind of work I find most meaningful and most consistent with an academic practice built around difficult, high-stakes disease.

At the Lions Clinic, our resident-run clinic for uninsured patients, we care for people who have often traveled hours to reach us, many presenting with advanced disease and no other options. One patient we follow is a young woman in her twenties with keratoconus status-post intrastromal corneal ring segments, and serpiginous choroiditis that has destroyed most of her macula in one eye and is encroaching on the fovea in her fellow eye. Her vision has held at 20/400 and 20/60, and she remains stable on mycophenolate. She is extremely grateful, and every visit reminds me why I enjoy taking care of this patient population. Academic practice has an incredibly important clinical mission of providing complex care to vulnerable patient populations, and I want to be a part of that mission.

In the early to mid-stages of my career, I hope to take on fellowship or residency program leadership roles and contribute to the kind of environment I was fortunate to train in. What has become clear is that the things I value most—training the next generation of ophthalmologists and caring for patients who have nowhere else to go—point toward a career in academic medicine with teaching at its center.