

The University of Wisconsin's "people first" mission shapes my approach to academic ophthalmology, and I aim to place patients, colleagues, mentors, and mentees at the center of my work. I hope to pursue a career as a clinician-scientist focused on global ophthalmology and improving outcomes for patients in underserved settings to inform systems-level change. My interests lie at the intersection of retina and uveitis, infectious disease, and population health, as well as mentorship and education for trainees navigating the field without established support.

This perspective developed through early work in public health and epidemiology, examining how structural factors, access, and trust influence outcomes in underserved populations. In Cardiff, Wales, I conducted fieldwork in under-resourced schools addressing stigmatized topics such as intimate partner violence and support for youth in the care system. During my master's training in epidemiology, I focused on improving partner notification for sexually transmitted infections through an anonymous digital platform, increasing engagement in rural and stigmatized settings. During the COVID-19 pandemic, I contributed to outbreak response efforts and evaluated the implementation of a monoclonal antibody infusion center in rural areas. These experiences informed my transition to ophthalmology and my interest in how access to care shapes disease severity at presentation.

In residency, our catchment area spans northern Wisconsin and surrounding plains communities, where access to care is often limited and delayed. Patients frequently present with advanced disease and downstream manifestations of systemic illness, including proliferative diabetic retinopathy and uveitis associated with underlying inflammatory disease. These patterns of delayed presentation have drawn me toward retina and uveitis—fields at the intersection of systemic and ocular disease, where earlier intervention can meaningfully alter disease trajectory. My research during residency builds on these observations, with a focus on improving early detection and prevention of retinal disease. I am interested in translating these findings across diverse populations and clinical settings.

Mentorship has been a defining part of my training. Without a home ophthalmology department in medical school, I relied on peer mentorship to pursue residency. As a resident, I hope to offer others the guidance that once shaped my own path. I have led case-based teaching sessions, organized skills workshops, and given lectures to medical and physician assistant students. I am also interested in quality improvement, including redevelopment of our resident basic science lecture series, as well as systems-level work as a representative on the Resident Quality and Safety Committee. As a resident liaison, I aim to be an approachable point of contact for visiting students. I have also continued to mentor students from my own medical school, providing longitudinal mentorship, including several who successfully matched into ophthalmology

this year and one at my own program. As a global ophthalmology representative, I work with students to develop new projects based on their interests, creating opportunities where none previously existed. It has been rewarding to see students take ownership of these projects and present their work at local and national conferences. I have also remained involved in community vision screenings and hope to continue expanding global partnerships, including with the London School of Hygiene and Tropical Medicine, beyond my training.

Across these experiences, a consistent focus has been expanding access—to care, to mentorship, and to opportunity. I am particularly interested in building longitudinal structures that support trainee engagement in research and global ophthalmology. The Heed Resident Retreat would provide a meaningful opportunity to learn from and connect with others who are similarly committed to academic medicine, and to further develop a career grounded in research, education, and expanding access to care for the communities we serve.