

Ironically, I was once a calamity of the system I now hope to transform. I saw disability solely through a biomedical lens—through diagnoses, deficits, and dysfunction. It wasn't until I took Disability in Healthcare (DS 172XP) that my worldview changed. In that class, I met Susy, a patient with cerebral palsy, whom I helped schedule an OB/GYN appointment, which was 5 years overdue. That moment stunned me. But it was the norm for many. I realized then that I didn't want to work within this healthcare system, plagued by systemic issues. I wanted to rebuild it. Through over 500 hours of tutoring at the Los Angeles Community College Special Services Department, I learned to abandon assumptions and be adaptable while using multisensory learning strategies with students with disabilities. Even now, as a voting member on the UCLA Committee on Disability (UCOD), I've helped design a universal accessibility module aimed at shifting how faculty understand accommodation. In volunteering for over 200 hours at Therapy West, I engaged children ages three to five with disabilities in sensorimotor and behavioral activities, learning how to support individuals from various backgrounds. Whether working with college students navigating systemic barriers or preschoolers labeled disruptive by inaccessible systems, these experiences have reshaped how I approach identity and fight back against epistemic injustice. Moreover, these experiences reshaped my pursuit of medicine not just as science, but as advocacy. With this newfound desire to promote self-determination for individuals with a disability, I began a project focused on Supported Decision-Making (SDM) as a tool to elevate the voices of people with disabilities. The project reshaped my understanding of how to empower individuals who have a disability in dismantling the current systems. As a future neurosurgeon, my vision is to open a free neurosurgery clinic for individuals with disabilities, aspiring to reimagine healthcare through accessibility and understanding. No one like Susy should be disregarded by the system due to the system's inability to provide the resources it stands for. I see medicine as a platform for cultural recognition, structural change, and equitable design. This is the medicine I believe in.

Working Title: Advancing Autonomy: Evaluating and Implementing Supported Decision-Making (SDM) in California's Disability Landscape

Project Description and Impact: In partnership with Dr. Linda Demer and an interdisciplinary UCLA research team, I co-led a multi-phase initiative focused on evaluating SDM tools for people with disabilities. I contributed to reviewing 84 digital SDM resources for accessibility, cultural sensitivity, and readability, which are available on the California State Council on Developmental Disabilities Resource Library website. In co-authoring a gap analysis paper submitted to *Disability and Health*, we found that while most resources promoted autonomy, the majority lacked accessibility features and failed to incorporate culturally specific decision-making frameworks. These findings not only impact individuals in California but also provide a replicable, evidence-based framework for evaluating SDM tools nationwide. This SDM initiative, funded by the SDM Technical Assistance program (SDM-TAP), also led to the development of a formal policy proposal now being considered by UCLA Health. In parallel, I am first-authoring the first comprehensive meta-analysis of randomized controlled trials assessing SDM's efficacy in promoting autonomy, hoping to validate SDM practices and provide insights to promote its implementation. During my gap year, I will be preparing a grant proposal to study SDM implementation across Los Angeles clinics, using metrics related to healthcare utilization, quality, and patient-reported empowerment. Additionally, I am currently working on developing a webinar series regarding SDM practices based on the resources synthesized to inform individuals with disability through various local organizations. I intend for these seminars to make a direct impact on dozens to hundreds of individuals, contingent on no setbacks occurring. I remain committed to a lifelong journey of transforming SDM from a legal alternative into a person-centered norm across medical settings, hoping to impact an innumerable number of people nationally. This project has not only shaped my approach to medicine but also reaffirmed my responsibility to build systems where choice and support are inseparable.