Greetings from UCSF Fresno Family Medicine!

We’re off and running with a new academic year! We’ve got 12 great new residents joining the family, and with the New Year comes a big change for the residency program. The program has now finalized its transition, after over 20 years at Selma, to our new home and continuity clinic site in Reedley.

The 2015 UCSF Fresno Graduation again had strong representation by Family Medicine! Melanie Southard was honored with the Steven N. Parks Leadership Award at the UCSF Fresno Graduation. We also graduated the second class of fellows from our Hospice and Palliative Care and our Maternal Child Health Fellowship Programs.

The Family Medicine Graduation on June 13th was a success, with special thanks to our new chief residents, Satjit Sanghera and Liana Milanes for hosting a fun and entertaining evening. Our 2015 grads put on quite the farewell dance show! We also said farewell to Drs. Farhat Khan and Hugh Yang, and to Donna McBrien after over 15 years of service; we congratulate her on her retirement! We had a great showing of alumni and community faculty to celebrate this happy occasion with our newest graduates. Highlights included a grad dance number, resident and faculty awards, and an overall great evening at the beautiful Wolf Lakes Park.

We welcome Lynnette Brewer, our new Program Manager to the program as well as keeping Drs. Anjani Kolahi and Jasmine Garcha in the family as new core faculty. Welcome to the Family!

We are on FaceBook! Check it out online. UCSF Fresno Family & Community Medicine

We are making a concerted effort to develop an active alumni group that can meet at national meetings, stay in touch with us and each other to keep involved in program events and help us better prepare residents for the real world of family medicine. Any suggestions? Let us know!

Please email Lynnette Brewer, Program Manager at lbrewer@fresno.ucsf.edu to update your contact information and if you know the addresses of any other alumni please let us know so we can contact them as well.

Goodbye faculty and staff...from Donna McBrien, FCM Manager

I appreciate the opportunity I’ve had to work with and get to know everyone. It’s been challenging (I’ll miss political arguments with Rob Tevendale) and exciting (dressing up like Ivan Gomez for Halloween not knowing whether he would think it was funny) and interesting (emails from Alex Moir were more than informative) and entertaining (a good laugh at lunch with Arlin Venturina kept me sane). I enjoyed the work too!

Thank you to staff-- Just when you think you’ve got things under control something changes—regulations, clinicals, and residents. Your hard work chasing down the details and never-ending documentation is appreciated. Keeping your sense of humor amidst all this can be pretty tough, but essential. Keep on laughing!

Thank you to everyone for making this a great place to work. I’ll miss you all.
Greetings from Lynnette Brewer, New FCM Program Manager!

Greetings! Words cannot express how excited I am to be a part of UCSF Family & Community Medicine Department. Thank you for making me feel so welcome. A little about me, I am originally from Sacramento but have always had strong family ties here in Fresno. So both locations are home to me. I have lived and worked in the valley since 2004. I have been fortunate to work with low-income youth and adults providing direct services and managing programs that provide resources to these groups. Professionally, I am driven to help others succeed, set and achieve their goals. I have a passion for developing streamlined systems for organizational efficiency and human resources.

Personally, I have a beautiful little family at home that includes my wonderful boyfriend Ray, 8-year-old son Marco-Josiah aka M.J. and 18-month-old Rottweiler Kobe. As a family we love to hike, spend time on the beach, play board games and do science experiments (Marco wants to be a doctor). I enjoy cooking, reading, spending time with my family and traveling.

New FCM Faculty: Jasmine Garcha

Dr. Garcha received her undergraduate degree in molecular biology from UC Santa Cruz. While applying for medical school, she worked as a behavioral tutor for children with Autism in the Sacramento area. Throughout undergrad and medical school, she volunteered with various organizations, which helped shape her decision of becoming a family physician. After receiving her medical degree from Ross University, Dr. Garcha completed her residency training at UCSF Fresno. On her free time, Dr. Garcha enjoys dancing, traveling, and spending quality time with her family, especially her newborn daughter.

Welcome, Dr. Macmillan, new HPM Chief and Interim Fellowship Director

Dr. Patrick Macmillan is the Chief of Hospice and Palliative Care, and is serving as the interim fellowship director. He is board certified in Internal Medicine, Psychiatry and Hospice and Palliative Medicine. He was on the faculty at East Tennessee State University for six years before moving to Fresno to devote his energy to caring for chronically and terminal illness patients. He is dedicated to academic teaching and has been involved in training residents and medical students all of his career.

Dr. Mario Martinez named new Clinical Director of Adventist Health Reedley

Dr. Mario Martinez, Clinical Director for Adventist Health Reedley. “I recently accepted the position as Clinical Director of the clinic. I am looking forward to the challenge of leading the clinic, and my ultimate goal is to make Reedley Clinic the place where we fortify our love for Family Medicine, to get that excited feeling I had as a medical student/intern, and to support you all as you learn from each patient. Politics aside, we are here to learn, and I want to do everything I can to get you that experience we promised when you chose to come to UCSF Fresno FM program.”

We start a new chapter for the UCSF Fresno FM Dept. We will call it.... The Reedley Resurgence.
The stork brings more FCM babies!
Join us in welcoming our newest members of FAMILY MEDICINE!

David Alexander Soto, born July 13, 2015 at 12:32 am, 9lbs 1oz and 21.5 inches long. Mom, dad and big sister are elated with the newest little addition to the Soto family!!!

Congratulations to Alex & Ilse Soto on the birth of their son, David!

Pennie Delores DeTroia, born on August 4, 2015, she weighed 8lbs. 4oz.

Congratulations to proud parents, Sheena and Tony!

Ravleen Virk, born on September 3, 2015, 7lbs. 3oz. and 20 inches long.

Congratulations to Dr. Garcha and Mr. Virk!

Athena Du Lorenzo, born on September 7, 2015, 6lbs. 2oz. and 19.5 inches long.

Congratulations to Jenny and David!

Congrats Dr. Gomez!
Dr. Ivan Gomez, our program director was recently promoted to Health Science Clinical Professor by UCSF. Faculty start off as assistant professors, get promoted to associate professor, and finally get promoted to (full) professor. Promotion is based on teaching skills, university and public service, clinical skills, and scholarly activity. This is one of the few times that resident and student evaluations (presented anonymously in aggregate) are looked at by someone outside the department, and they are looked at with great interest. Promotion is an outside acknowledgement of his contribution to resident education. Congratulations Dr. Gomez!
Doctors Academy and staff at Selma’s Adventist Medical Center pose with students they mentored

by Dr. Moir and Dr. Martinez

UCSF Fresno Latino Center for Medical Education and Research (LaCMER) Doctors Academy students shadow medical professionals in the Summer Clinical Internship and Research Program. This year Jeanette Colin from Caruthers’s High School shadowed Drs. Martinez and Moir. The summer program gives Doctors Academy students six weeks of hands-on clinical and research exposure. Students are placed with health professionals in clinical health settings three days per week where they learn first-hand, the day-to-day role and responsibilities of providing health care in the community.

The program is under the direction of Dr. Katherine A. Flores, director of the UCSF Fresno Latino Center for Medical Education and Research (LaCMER).

Where are they now?

Erica Delsman, MD – UCSF Fresno MCH Fellowship.
Nilika Dhir, MD – Adolescent Health Fellowship, Children’s Hospital in Miami, FL.
Mario Espindola, MD – Hillside Health Center in Ukiah, CA (FQHC).
Jasmine Garcha, MD – Joining UCSF Fresno FCM as faculty.
Rachel Goerzen, DO – Valley Health Team in Kerman and San Joaquin Clinics (FQHC)
Miriam Ida Harris, MD – Ukiah Valley Rural Health – Adventist in Ukiah, CA.
David Hoang, DO – Expreso Medical and Dental Clinic in Hawthorne, CA.
Derik Keshishian, MD – Kaiser Permanente in Fresno, CA.
Anjani Kolahi, MD – Joining UCSF Fresno FCM as faculty.
Ji Young Park, MD – Valley Health Team in Kerman and San Joaquin Clinics (FQHC)
Melanie Southard, DO – Marin Community Clinics in Marin County (FQHC).
Mary McLain, MD MCH Fellow – Clinica Sierra Vista, Fresno, CA.
Tegetse Hailu, MD HPM Fellow – Joining UCSF Fresno FCM HPM as faculty.
James Simmons, DO HPM Fellow – Hinds Hospice in Fresno, CA.

3 new grants awarded to the FCM department

Dr. Daniel Blodgett was awarded a grant from the California Healthcare Foundation. His application was 1 of 9 awarded to residency programs in California. He will represent our residency program in an action group focused on safe prescribing practices for opioid-dependent patients.

Health Access Community Partners (HCAP) was awarded a grant from the California Healthcare Foundation to hold community screenings of the FRONTLINE documentary “Being Mortal”, which is based on the New York Times best-seller by Dr. Atul Gawande. Our Family Medicine residents will guide the post-screening discussions with the goal of educating participants about choices they might make if they had a serious illness.

The Health Resources and Services Administration - Primary Care Training and Enhancement grant was awarded to our department in collaboration with UCSF Family and Community Medicine at San Francisco General Hospital, UCSF Primary Care Internal Medicine at SFGH, and UCSF Pediatrics Primary Care track. The grant will be led by Dr. Roger Mortimer to transform our continuity sites into high performing primary care clinics.

These grants are additions to our already established grants that fund Marjaree Mason community service, HIV/AIDS training, and reproductive health education. Congratulations to all!
Is antibiotic use necessary in the treatment of uncomplicated skin abscesses?

**Evidence-Based Answer**

Antibiotics may not be necessary in the treatment of uncomplicated abscesses after incision and drainage.


This study is a randomized, double blind placebo-controlled trial that was conducted at a San Francisco General Hospital clinic from November 2004 to March 2005 (published in 2007). All patients with surgically-drainable abscesses over the age of 18 were included. The purpose of the study was to assess the cure or failure rate of treating uncomplicated skin abscess for 7 days with cephalexin after incision and drainage.

**Relevance:** The study was conducted at the ISIS clinic at the San Francisco General Hospital for patients ≥ 18 years old considered to have a surgically drainable abscess. Patients with medical comorbidities such as intravenous drug use, hepatitis B and C, HIV infection, and diabetes, were included. The primary study outcome was either clinical cure or failure, determined according to a predetermined set of criteria and based on the clinical judgment of trained nurse practitioners. This study is clinically relevant because antibiotics are used often in conjunction with I&D as treatment and to my own patients as we see patients in the hospital who have similar co-morbidities (HIV, Hep C and B, diabetes) in an urban setting.

**Validity:** This was a double blind randomized control trial. The sample size was 166 with 2 patients out of 82 in the cephalexin group and 2 out of 84 in placebo group lost to follow-up. The groups were similar in demographics, medical comorbidities, and abscess characteristics. This study was an intention to treat analysis of all patients who enrolled in this study and was conducted with 80% power to detect a difference of 10% or more between the two groups. A one-tailed Fisher exact test with 5% level of significance was used to compare the primary outcomes. They used the standard treatment for MSSA: cephalexin 500 mg q6 hrs. Treatment adherence was self-reported and an active treatment arm was not included. Abscess recurrence was not measured in this study as follow-up for patients was only 7 days.

**Findings:** There was no difference in the clinical cure rate between participants who were treated with placebo (90.5%) vs. participants treated with cephalexin (84.1%); 95% CI 0.82-0.96 vs. 0.74-0.91. These results were not statistically different due to overlapping CI.

Jusel Ruelan, June 2015

What is the safety of diclofenac topical compared to oral in patients with OA?

**Evidence-Based Answer:** Application of topical diclofenac solution to the knee of patients with OA produced relief of symptoms equivalent to oral diclofenac, with minor local skin irritation, but significantly reduced incidence of diclofenac-related GI complaints and abnormal lab values.


This study was a randomized, double-blind, double-dummy equivalence trial, published in 2004, consisting of 622 men and women from 41 outpatient clinics in Canada followed over the course of 12 weeks where one group was treated with topical diclofenac with a placebo oral capsule, while another group was treated with placebo topical cream with oral diclofenac.

**Relevance:** The patients enrolled in this study were males and non-pregnant females between the ages of 40 and 85 years old with symptomatic primary osteoarthritis (OA) of the knee confirmed with radiographic exam (within 3 months). At baseline, patients were enrolled if they had at least mild symptoms of OA based on WOMAC OA index pain subscale total score of at least 125 mm, a WOMAC physical function subscale total score of at least 425 mm and a patient global assessment score of at least 25 mm.

**Exclusion criteria:** Patients with secondary arthritis, current or recent corticosteroid use, topical product use at application site, sensitivity to any of the study drugs (ASA, or other NSAIDs); recent gastroduodenal ulcer, GI bleeding, history of alcohol or drug abuse.

**Validity:** 1057 patients were screened; 435 were ineligible; 622 were enrolled in the randomized trial. Groups were similar in age, and OA symptoms. Participants and investigators were both blinded to treatment groups. The study was limited by a 12 week duration with follow up on the 1st, 6th and 12th week. Efficacy was compared using per-protocol (PP) as well as intention to treat (ITT) analyses. Adverse events (AEs) were analyzed using Chi-squared. This study was powered at 90% to ensure a sufficient number of patients recruited to demonstrate treatment equivalence. The coauthors with sponsor designed this study but the study design adhered to the recommended principles of an equivalence study.

**Findings:** GI AEs were found in 35% of patients using topical diclofenac vs. 48% in oral diclofenac (p=0.0006). Application site AEs were found in 27% of patients in topical vs. 1% of patients taking oral diclofenac therapy (p<0.0001). Other AEs involved elevation in liver enzymes, decrease in hemoglobin, which were found more often in oral diclofenac therapy (p<0.0001). This study demonstrated similar efficacy for symptomatic improvement with topical and oral diclofenac.

Sebouh Krioghlian, June 2015
How effective is spiral computed tomography (sCT) scan in screening smokers for lung cancer?

Evidence-Based Answer
The cost needs to be lower and less invasive treatments need to be developed for the treatment of lung cancer before sCT is a good option.


Cohort study of 520 individuals, published October 2005, with objective of using spiral computed tomography (sCT) scan as a screening tool for early detection of lung cancer in smokers.

Relevance: The individuals who participated in this study were from Italy and considered to be at high risk for lung cancer based on their smoking history and are similar to my patients in Fresno due to their heavy smoking history. This study was based on obtaining a baseline sCT and then a sCT each year for 3 years. If sCT became the standard of care for screening for lung cancer, it could easily be provided to our patient population in Fresno, with cost being a limiting factor.

Validity: This was a cohort study of 520 high risk individuals, defined by inclusion criteria of age > 55 years, current daily smokers or former smokers (up to 10 years before), > 20 pack year and no personal history of prior malignancy. The participants were enrolled and followed over 3 years. All patients who met inclusion criteria had a baseline sCT scan and subsequently yearly screening sCT if no or benign lesions were identified using diagnostic algorithm at baseline. Individuals who were identified at any point to have a lesion suspicious for malignancy based on diagnostic algorithm were further worked up with more detailed imaging such as enhanced CT study vs. PET scan or surgical intervention. The overall dropout rate for the study was 5% which indicates good compliance by participants over the 3 year period.

Findings: Baseline screening identified 278 patients with a nodule; 114 had a least one nodule > 5mm and received further screening. A total of 13 cases of lung cancer were identified through the three years that the study took place; all cancers diagnosed had lung nodule finding > or equal to 5 mm. Eleven out of the 13 cases of lung cancer identified were in stage I. The study concluded that more evidence from randomized trials would be needed to support the routine use of sCT as a screening tool for lung cancer. The applicability of such an approach in general clinical practice would pose significant challenges when it comes to time and cost.

Jose Buenrostro, June 2015

What is more effective in treating a cough in children, OTC medication with Dextromethorphan (DM) versus honey?

Evidence-Based Answer: Comparison of honey with DM revealed no significant differences.


Partially double-blinded study, randomized controlled trial from September 2005 through March 2006 (published in 2007). There were 130 participants (aged 2-18 years old) divided into 3 groups: honey-flavored dextromethorphan (DM), buckwheat honey, and no treatment (not blinded). The main objective of this study was comparing the effectiveness of honey or DM to alleviate nocturnal coughing compared to no treatment.

Relevance: This is a treatment study with 130 participants with a cough attributed to upper respiratory infections (URIs, cough for 7 days or less), aged 2 through 18 years old, recruited from a single university-affiliated pediatric clinic in Hershey, Pennsylvania. Patients were excluded if they had signs of a more treatable disease, history of reactive airway disease, asthma, or chronic lung disease, or if they took an antihistamine or DM within 6 hours of bedtime on the prior night or on the day of enrollment. Main outcome measures were change in cough frequency and severity between 2 nights.

Validity: The no-treatment group was not blinded to their treatment arm but the other 2 groups remained blinded. Treatment was given in a clear syringe placed in a paper bag to avoid investigator unblinding. The treatment groups did not differ in median age (5 years) or mean days of illness (4 days) before participation. Limitations of the study included symptom improvement possibly being attributed to the natural history of URIs, compliance with medication administration not verifiable, and lack of treatment in one arm possibly biasing results in that treatment arm. Also, this study was supported by an unrestricted research grant from the National Honey Board.

Findings: Overall, when the 3 treatment groups were compared, honey was the most effective treatment for cough frequency and severity (p<0.001). However, direct comparison between honey and DM yielded no statistically significant differences. This study was based on 80% power where the estimated sample size needed to detect a 1-point difference on the survey between any two treatment groups was 35 subjects per treatment group (33/35/37). A larger sample size may have more statistical power to detect a difference between DM and honey.

Inderpreet Grewal Feudale, August 2015
Does physician breastfeeding knowledge make a difference in whether patients breastfeed?

Evidence-Based Answer

Residents trained in breastfeeding curriculum showed improvement in knowledge, confidence and practice patterns. Institutions where curriculum was implemented had higher rates of breastfeeding at 6 months.


Prospective cohort of 417 residents. Curriculum and data collection took place over one year

Relevance: Twenty ethnically diverse residents from pediatrics, ob-gyn and family practice residency programs with diverse patient populations in varied geographic locations that lacked baby friendly certification. Request for participation were sent to program directors. Two faculty guided model breastfeeding curriculum developed by AAP, ACOG and AAFP which addressed advocacy, community outreach, anatomy/physiology, basic skills, peripartum support, ambulatory management and culture competency. Pre-test, post-test and observed clinical encounters were measured.

Validity: Investigators blinded. Program collected their own data from 100 randomly selected medical records per site per three month period. Six sites collected for intervention and seven controls (one site could not get IRB approval). 260 residents completed the pre and post-test (157 did not complete the post test; 62% completion rate). Twelve sites provided baseline data, eight sites completed 6 month data (3 intervention, 5 control). Subjects not blinded or randomly selected. Small number of residents and programs completed data entry.

Findings: Residents who completed study had more knowledge of pre-test (64.8% vs 60.1%; p<0.1). Pediatric residents improved most in confidence, OB/GYN and FM residents improved most in knowledge; improvement was independent of size of residency. Intervention sites with the novel curriculum had the most success increasing exclusive breastfeeding (OR: 4.1 [95% CI 1.8-9.7]). At control sites, 6-month old infants were half as likely to exclusively breastfeed (OR: 0.53 [95% CI 0.32-0.78]).

Liana Milanes, August 2015

Are hyaluronic acid injections better than corticosteroid injections at relieving pain/increasing function?

Evidence-Based Answer: This study showed that a single injection of NASHA is non-inferior to MPA at 12 weeks with sustained long term efficacy at 26 weeks when MPA effect declined.


Prospective, randomized, controlled, double blind non-inferiority clinical trial followed by an un-blinded extension phase conducted from 2007 to 2008 and published in 2014. Included a total of 442 participants with the primary outcome assessed being non-inferiority of treatment with non-animal stabilized hyaluronic acid (NASHA) vs. methylprednisolone acetate (MPA) at 12 weeks.

Relevance: Patients were recruited at multiple centers in Canada (15 sites, 284 pts), UK (4 sites, 36 pts) and Sweden (5 sites, 122 pts). Participants were men and women age 35-80 with BMI ≤40 and ability to walk 50m, with unilateral knee pain with Kellgren–Lawrence grade II–III OA. Study population was predominantly white (95-96%), had a majority with Kellgren-Lawrence grade III OA (60-67%), and had previously only been treated with NSAIDs (55-63%). Patients were excluded clinically detectable knee effusion, knee/joint pain, and steroid use in last 3 months or injection in last 9 months, and knee surgery in last 12 months. Interventions were either a single IA injection of NASHA (60mg/3ml) or MPA (40mg/1ml). The Western Ontario and McMaster Universities Osteoarthritis Index WOMAC pain responder rates were assessed at 6, 12, 18, and 26 weeks.

Validity: The first phase was blinded and randomization was successful between groups. The NASA group had a statistically significantly larger percentage of subjects that had synovial fluid aspirated at the time of treatment and had female subjects with a 2.3 cm greater average height. There was a low dropout rate for the blinded phase. Missing data due to dropout was imputed primarily by the last observation carried forward which could affect validity. There was no intention to treat analysis

Findings: The primary outcome of non-inferiority was demonstrated between the 2 treatment arms with both groups showing significant responder rates. While there was deterioration of responder rate of the MPA arm the difference in WOMAC between groups was not statistically significant at any point. This is likely an issue of how the study was powered and superiority may be demonstrated if the study was powered to show this.

Patrick Polach, August 2015
Background: January 2014 the Affordable Care Act (ACA) went into effect. The hope was for people to seek care at their primary care office versus an emergency room (ER).

Methods: Retrospective medical records review of ER visits was done to investigate change before and after implementation of the ACA. ER visits to Community Regional Medical Center in Fresno, California in calendar year 2013 will be compared to those 6 months after ACA began (7/2014 – 6/2015). Outcome measured was primary discharge diagnosis from each ER visit. This was classified into groups: non-emergent; emergent/primary care treatable; emergent/ER care needed preventable/avoidable; emergent/ER care needed not preventable/avoidable; and unclassified.

Preliminary Results: There were 115,417 ER visits in the year before the ACA was implemented. Fifty-seven percent of the patients had Medicare or Medicaid, 34% had no insurance, and 7% had private insurance. Thirty-nine percent of the ER visits were either non-emergent or primary care treatable. 7% were emergent, ED care needed preventable/avoidable. Fourteen percent of the ER visits were emergent not preventable/avoidable; and unclassified.

Conclusions: Final results will help California’s Central Valley target where resources and access to primary care physicians are needed to decrease non-emergent ER visits.
Message from the Chief Residents

The 2015-2016 academic year is in full swing! We are super excited to embark on this year’s journey as your chief residents, and we hope to bring a positive energy to the UCSF Fresno FM community.

First, we’d like to welcome our new class of interns. We hope that orientation has prepared you well, and now you can fly more independently through your intern year and ultimately, your residency! To our second year residents, you are officially seniors! We know you will succeed in not only leading your teams, but also stepping into the role of teaching your colleagues. Finally, to our 3rd year residents, we’ve made it through the last 2 years and gained a wealth of experience. Now it’s just the home stretch!

As we enter the new academic year, we are also looking forward to exciting changes, including the move of our rural clinic pathway to Reedley. The transition that’s stretched over the past year brought on its own set of challenges but we have persevered, and with the support of our colleagues and the department, we are confident the upcoming year will be great!

Events to look forward to in the next few months include the CAFP summit in LA, the tailgate BBQ at Fresno state and the retreat! There are also exciting plans for our resident wellness activities so stay tuned!

Sincerely,

Drs. Satjit Sanghera and Liana Milanes

p.s. words of wisdoms from a great doctor:
“the more that you read, the more things you will know. the more that you learn, the more places you’ll go.” – Dr. Seuss

New 2015-2016 Hospice and Palliative Care, and Maternal Child Healthcare Fellows

Duc Chung, MD, was born in Vietnam and came to the US at age 8. He attended UC Berkeley as a Regents’ Scholar and graduated with honors. He completed medical school at the State University at Buffalo School of Medicine and graduated with thesis honors. He did his internship at UCSF Fresno and completed residency training in physical medicine & rehabilitation at the VA Greater Los Angeles/UCLA, where he was selected as Chief Resident. Academic interests include cancer rehabilitation, hospice home visits, end of life discussions and their associated cultural barriers. Dr. Chung enjoys hanging out with friends, trying new restaurants, writing music, and playing with his dog, Oreo.

Austin Sue, MD earned his Bachelor of Science in Biology from the University of California, Riverside. He received his medical degree from Ross University after which he completed a Family Medicine Residency at Kern Medical Center in Bakersfield, California. Outside of work Austin enjoys spending time with his family.

Erica Delsman, MD received her medical degree from Boston University School of Medicine. Erica grew up on her family farm and worked in rural communities in Northern California and Oregon for many years where she learned many practical skills, such as being able to fix a car motor. Erica traveled abroad to work in missionary clinics in Arequipa, Peru; an indigenous village near Tena, Ecuador; and a government hospital in Sikkim, India, as well as an Indian Health Services clinic in the USA, solidifying her deep connection with people who live in rural communities. Hobbies and interests include travel, rock climbing, gardening, cooking, and training horses. She speaks German and Spanish.
Gagandeep Aulakh, DO is from Fresno, California. She earned her BS degree from Fresno State and graduated Summa Cum Laude. As an undergraduate, she was actively involved with various organizations to serve the underserved. She firmly believes in access to basic health for everyone as it plays a vital role in disease prevention and progression. She received her medical degree from Touro University, California. She is fluent in Hindi, Punjabi, Urdu, and is aspiring to learn Spanish. After residency, she intends to practice in Fresno and give back to her community. In her free time, she enjoys listening to instrumental music, sketching, painting, cooking and spending time with family.

Nicole Constantz, MD grew up in the Bay Area. Nicole received her medical degree from Georgetown University School of Medicine. She obtained her undergraduate degree in molecular biology from UC San Diego. Nicole has a special interest in full-spectrum family medicine and integrative medicine. She is looking forward to working with underserved, rural and urban populations in the Central Valley. Some of her outside interests include hiking, running and yoga.

Theresa Day, MD grew up in the Bay Area, but considers Tucson, Seattle, and a small village in northern Cameroon to be her home towns as well. Theresa received her medical degree from the University of Arizona and her bachelor’s degree from UC Santa Cruz, but considers her two years working in Cameroon as a health education Peace Corps Volunteer to be her most valuable education. Terri has an interest in global medicine and veteran’s health. Some of her outside interests include birdwatching, farming, and hiking with her husband.

Kulraj Dhah, DO was born and raised in Fresno. He graduated from Clovis High School and went on to earn his Bachelor’s degree in Biology at CSU Fresno. His first exposure to UCSF Fresno was as a Clinical Research Coordinator here in 2006. After attending medical school in Arizona, Raj wanted to come back home and do his residency training in the same underserved community he has been a part of his entire life. He is passionate about focusing on the preventive aspect of Family Medicine by working with young adults and adolescents through Sports Medicine. He enjoys spending time with his wife as well as being the unofficial “official” FM department photographer.

Jenny Du, DO was born in Vietnam and immigrated to the US at age 10. She received her medical degree from Touro University Nevada and her undergraduate from UC Davis. She pursued a Master of Public Health degree at UC Davis and worked as an epidemiologist promoting Hepatitis B vaccination among Asian Americans at the San Francisco Department of Public Health. Her passion for preventive care and community service included promoting cancer screenings among the low-income community in Sacramento, coordinating interpreting services for the uninsured in San Jose, CA, and providing health care to the homeless in Las Vegas, NV. She enjoys ballroom dancing, biking, and crafting in her free time.

Anh Le, MD was born in Vietnam and spent most of her childhood in Canada. Ahn received her medical degree from St. George’s University and her undergraduate degree from UCLA. She enjoys photography and soccer in her leisure time.

Todd Macauley, DO received his undergraduate degree from UC Irvine. Todd received his medical degree from Lake Erie College of Osteopathic Medicine. Todd’s interest in Family Medicine was made stronger when he worked in rural Nicaragua and Costa Rica practicing full scope family medicine in a rural setting. Todd is an avid sports enthusiast and has a particular interest in sports medicine.
MEET UCSF FRESNO FAMILY MEDICINE CLASS OF 2018

Assad Malik, MD was born in Sweden and lived in four different countries before settling in California. Assad received his medical degree from Ross University and his undergraduate degree from Cal State, Sacramento. In his leisure time, Assad enjoys tennis, hiking, and watching foreign films.

Madeline Nguyen, DO grew up in the Central Valley in Stockton, CA. She received her undergraduate education at UC Davis in Biological Science. Madeline has a passion for community outreach and working with the underserved. She enjoys the variety of family medicine, particularly women's health, sports medicine, procedures, and public health. She enjoys hiking, exploring new places, film and digital photography, running, food adventures, and spending time with loved ones.

Ebimoboere (Ebi) Okoro, MD was born and raised in Nigeria. Ebi received her medical degree from American University of the Caribbean and her undergraduate degree from Cal State, Bakersfield. Ebi has an interest in HIV medicine. Her hobbies include leisure traveling, preparing African and continental food dishes as well as music.

Laura Pierce, DO attended the University of Pennsylvania and received her medical degree from Touro University California. In her previous life, she worked as a Behavioral Therapist, a Neuropsychology Researcher, and a Zookeeper. Intent on pursuing both academic and clinical medicine, her interests include learning and cognition, neurodevelopmental disorders, behavioral health, and sports medicine.

Nevkeet Toor, MD received his medical degree from Saba University School of Medicine. Nevkeet is from Vancouver, B.C. and he received his undergraduate degree from the University of British Columbia in Biochemistry. Nevkeet has many outside interests which include hockey, hiking, and travel.

2015 OSCE by Judy Ikawa

We finished our 2015 Objective Structured Clinical Exercise (OSCE) on July 9th for all of the interns and most of the second and third year residents. This was our 7th OSCE! As always, there was one interpreter story (patient in denial about having dementia) conducted in two different languages (Spanish and Amharic) and two additional stories (patient with chronic back pain and adolescent confidentiality). Thank you to the residents who participated and the faculty observers who volunteered their time and provided valuable feedback to the residents.
SAVETHEDATE

• Bulldog Tailgate Party & Football Game, October 10, 2015, Fresno State

• FCM Resident Retreat- October 17 & 18, 2015, Wonder Valley Ranch Resort.

• In-Service Training Exam, October 26-30, 2015

• Interviews for 2016-17 begins November 2, 2015

• Family Medicine EXPO, December 10, 2015, UCSF Fresno Room 136

• Graduating Class of 2016 Group Photo, December 10, 2015, UCSF Fresno Amphitheater