

Focus on UCSF Fresno

September 2021

Teach

Health Disparities and Inequities Inspire San Joaquin Valley Students to Pursue Medicine



San Joaquin Valley PRIME students, faculty and staff

By Brandy Ramos Nikaido

As the San Joaquin Valley, state, nation and global community responded to COVID-19, health disparities and health inequities were revealed like never before. Long existing disparities in the Valley have been especially pronounced during the pandemic, particularly the shortage of physicians in the region, lack of access to medical care and lack of physicians who come from and understand the Valley's diverse patient populations and the health issues affecting the region. Students with firsthand experiences dealing with these issues recently started their first year of medical school in a tailored track at the [UCSF School of Medicine](#) known as the [San Joaquin Valley Program in Medical Education \(SJV PRIME\)](#).



The San Joaquin Valley is among one of the most medically under resourced regions in California. [UCSF Fresno](#) was established 46 years ago because of the dire need for more physicians in the region at that time. Roughly 50% of the physicians who graduate from UCSF Fresno remain in the region to provide care, but the Valley's diverse and rapidly growing population greatly outpaces the number of new physicians entering the workforce. With just 47 primary care physicians per 100,000 population, the region continues to fall short of the 60 to 80 primary care physicians recommended by the Council on Graduate Medical Education.

With strong connections to the Valley, all SJV PRIME students call the region home and are committed to providing culturally appropriate care in the region and/or working with underserved populations.

This summer, UCSF/UCSF Fresno announced the third cohort of students in the UCSF SJV PRIME. The UCSF medical school track enrolls students from the Valley who are committed to providing culturally appropriate care in the region, particularly for underserved communities.

“All 12 students in the SJV PRIME matriculating Class of 2021 call the Valley home and were inspired to pursue medicine by health disparities and inequities they experienced or observed growing up,” said Loren Alving, MD, director of the UCSF SJV PRIME.

The [SJV PRIME matriculating Class of 2021](#) includes:

- **Adam Alyafaie** was born and raised in Fresno, California. He attended Clovis West High School and graduated from UCLA with a degree in biology.
- **Noor Chahal** was born in Punjab, India and moved to Fresno, California, at age four. He attended Clovis West High School and went on to pursue biology at UCLA.
- **Andrew Contreras** was raised in Madera, California. He attended Madera High School, Madera Community College, transferred to Fresno State and earned a bachelor's in biology with minors in physical science and sociology.

- **Stephen “John” Cruz** was born in Manila, Philippines, and raised in Bakersfield, California. He attended Liberty High School and graduated with a degree in Human Biology at UC Irvine.
- **Pardeep Dhillon** grew up in Atwater, California. He went to Buhach Colony High School and attended UCLA where he majored in psychobiology.
- **Rafael Verduzco Guillen** grew up in Bakersfield, California. He attended Foothill High School and graduated from UC Berkeley where he studied molecular and cell biology.
- **Mandeep Kaur** was born and raised in Fresno, California, where she attended Central West High School and Fresno State. Mandeep participated in UCSF Fresno’s Summer Biomedical Internship Program and was mentored by Rais Vohra, MD, emergency medicine faculty at UCSF Fresno.
- **Bagieng Keophimphone** was born and raised in Fresno, California. Bagieng went to Central West High School, Central East High School, and graduated from Buchanan High School. He graduated from Fresno State and earned a bachelor’s in biochemistry.
- **Rojina Nekoonam** was born and raised in Iran until the age of 14 when she and her father relocated to the United States. She received a merit-based scholarship to attend Fresno State and studied biology.
- **Alyssa Marie Rivera** was born in the Philippines and immigrated to the United States in 2005. She attended Clovis West High School and Fresno State.
- **Amritpal Singh** was born in Punjab, India. He immigrated to the United States with his family at a young age. He was raised in Ceres, California. and later moved to Atwater. Amritpal attended Ceres High School and graduated from UC Merced.
- **Shizra Sipra** was born and raised in Clovis, California. She graduated from Fresno State as part of the Smittcamp Family Honors College with a bachelor’s degree in biology.

SJV PRIME BACKGROUND:

Now in its 10th year, SJV PRIME started as a collaboration among [UC Merced](#), UCSF Fresno, UCSF, and the [UC Davis School of Medicine](#) as the medical degree-granting institution. In July 2018, the UCSF School of Medicine became the degree-granting institution. Students in the UCSF SJV PRIME spend the first 18 months at the UCSF campus in San Francisco. They then move to UCSF Fresno for the remaining two and a half years of their medical education in the Valley including research and community engagement in collaboration with UC Merced.

Currently, there are 40 students enrolled in SJV PRIME, including UCSF and UC Davis students. To date, SJV PRIME has graduated 48 students. Roughly 38 of the graduates are completing residency or fellowship training. Nine graduates are now practicing in the San Joaquin Valley, California or in the U.S. military.

“Our aim is to train medical students to become exceptional physicians and health care leaders willing to give back to the community and ready to address the challenges faced by Valley populations,” said Leticia Rolon, MD, associate program director of UCSF SJV PRIME.

Seven of the eight SJV PRIME students who graduated earlier this summer stayed in California to provide much needed medical care. Six of them matched with University of California-

affiliated residencies. Three stayed at UCSF Fresno to complete residency programs in Internal Medicine, Surgery and Emergency Medicine.

“SJV PRIME takes students from the Valley; we train them here, offer them residency training in the Valley with the hope they will stay to practice,” said Kenny Banh, MD assistant dean, Undergraduate Medical Education at UCSF Fresno.



UCSF Orthopaedic Surgeon Does Surgery for Trigger Finger in the Office, Saving Patients Time and Money

UCSF Fresno Orthopaedic Surgeon, Nathan Hoekzema, MD, with patient Cathy Holen.

By Barbara Anderson

Cathy Holen woke up on a recent morning and her right thumb clicked and popped every time she tried to bend it. Holen types every day at her job at the U.S. Department of Agriculture in helping farmers apply for federal crop insurance, and suddenly she had limited use of her thumb.

“I had no grasp. I couldn’t grab things. I had no strength in it. And it hurt. It hurt really bad. And over time, it kept getting worse,” she said. “It wasn’t just clicking and popping any more, it was locking.”

Holen was diagnosed with stenosing tenosynovitis or “trigger finger,” a relatively common and painful condition in which a finger or thumb freezes in a bent position. Holen sought care from

Nathan A. Hoekzema, MD, a UCSF Fresno orthopaedic surgeon who specializes in surgery of the hand, wrist and elbow. Dr. Hoekzema had treated her three years prior for a joint issue with another finger.

Steroid injections often resolve a trigger finger, but in some patients, surgery is necessary. In Holen's case, her symptoms did not disappear after a steroid shot and she prepared herself for surgery and all it would involve, including a hospital admission. To her surprise, Dr. Hoekzema gave her a choice of having the surgery in a hospital – or at the University Orthopaedic Associates office in Clovis.

“He said, ‘you can either come in the office and just have it numbed and be awake for it (the surgery) or you can go to the hospital and they can sedate you.’ And I chose to come here and not be sedated. It doesn't make any sense. You always feel awful afterwards and I just didn't want to do that,” Holen said.

University Orthopaedic Associates has been offering in-office surgery for trigger finger for about four months. It requires a procedure area, but Dr. Hoekzema said the surgery itself is something that can easily be done in an office. It involves making a small incision to release the bulge or knot that the tendon is catching on. It does not require a lot of cutting or equipment, he said. Patients are given a local anesthesia, called WALANT, to numb the hand area. The anesthesia makes office-based procedures easier because it minimizes bleeding and maximizes visualization of the surgery site.

In-office surgery is efficient, Dr. Hoekzema said. It takes about 30 minutes from check-in at the front desk to walking out, he said. By contrast, having surgery for trigger finger in a hospital can take three hours, including time for blood tests, insertion of an intravenous line for anesthesia, visits with nurses and an anesthesiologist, and time for recovery. Surgery in an office also is less costly than a hospital procedure, which makes it an attractive option for patients who are uninsured, under-insured, using a Health Care Savings Account or who have high insurance deductibles.

While having surgery in the office is all-around more efficient than going to the hospital, Dr. Hoekzema reminds patients that “it's not like you're cutting corners or getting out easy from an operation. You still have to heal. You still have to go through all the healing milestones. But the procedure itself is a bit easier. And you avoid some of the things that anesthesia needs, like labs, chest X-rays and EKG (electrocardiogram). We don't need those in the office because it's straight, local anesthesia.”

But in-office surgery is offered only as an option for patients with trigger finger, Dr. Hoekzema said. “It's never mandatory.” He understands some patients prefer surgery to be done in the hospital.

Besides offering in-office surgery for trigger finger, Dr. Hoekzema also provides the choice for DeQuervain's surgery to release pressure on a pinched tendon that runs along the side of the wrist near the thumb. Both trigger finger and DeQuervain's are common conditions. “We probably had five patients today with it (trigger finger) today,” he said recently.

Holen said her in-office surgery was fast and easy. “After receiving an injection that numbed her hand, “I felt a little bit of pressure, but I didn’t feel any pain whatsoever,” she said. Once her hand has healed, she looks forward to cooking and baking, among other activities. Her husband is a drag racer and a race is tentatively scheduled for October at a campsite outside Dos Palos. She is responsible for some of the cooking during races. “Everyone makes a meal and we just have a great time.”

Dr. Hoekzema said most patients are surprised and pleased that surgery for trigger finger can be quickly and safely done in the office. UCSF Fresno orthopedic surgeons, who also are UCSF professors and as faculty train orthopaedic surgery residents at UCSF Fresno, are happy to offer this as a surgical option, he said. “We are always interested in being able to expand our service lines and this in-office surgery for trigger finger is a great choice we can provide for our patients.”

Research

UCSF Fresno Selected for Phase 1 COVID-19 Stem Cell Therapy Showing Promising Benefits and Prompting Further Study Here and Internationally



Eyad Almasri, MD

By Barbara Anderson

A UCSF Fresno study of the safety and efficacy of adipose-derived stem cells as a potential treatment for COVID-19 patients who have serious lung damage has shown promising benefits and has prompted further study internationally and here at UCSF Fresno.

UCSF Fresno was selected as the only site for the phase 1 of this study, COVID-19 Stem Cell Therapy: A Phase 1 Study of Intravenous Administration of Allogenic Adipose Stem Cells. The single arm, non-randomized study, led by Eyad Almasri, MD, faculty at UCSF Fresno, enrolled 10 patients with acute respiratory distress syndrome (ARDS) who had moderate or severe illness. Each received three intravenous infusions of stem cells on three separate days.

These COVID-19 patients all had serious and life-threatening ARDS and were struggling to breathe. With ARDS, tiny air sacs in the lungs (alveoli) fill up with fluid, reducing the lungs' ability to transport oxygen into the blood. And in severe cases, the body's immune system responds by flooding the lungs with inflammatory cells and proteins, further restricting passage of oxygen into the blood and to organs.

The hope is the adipose stem cells, collected from an adult donor, will reduce lung inflammation when infused in a patient. Studies have shown allogenic mesenchymal stem cells (MSC) which are adult stem cells that are present in bone marrow but can also be obtained from fat tissue, may be effective at stopping an inflammatory overreaction (called a cytokine storm) in the lungs. MSC cells "work like a sponge to absorb the inflammatory proteins and reduce the inflammation cascade in the lung," Dr. Almasri said.



Dr. Almasri in the UCSF Fresno Clinical Research Center

Patients for the study were chosen who were not on mechanical ventilation yet but whose lung functions were severely compromised by ARDS. “This was presented as a potential option for people who are not improving or people who are getting worse quickly,” Dr. Almasri said.

Mortality for patients with severe ARDS who require mechanical ventilation is as high as 39%. The expected mortality for patients with moderate ARDS is 20-30% and of the 10 patients with ARDS enrolled in the UCSF study, two or three would be expected to die, Dr. Almasri said.

“We had no deaths,” he said. All 10 patients were discharged from Community Regional Medical Center (CRMC) after completing treatment with stem cells and were followed for three months. “Our last patient just passed his 90-day safety check,” he said.

A 53-year-old from Fresno was one of 10 patients enrolled in the UCSF Fresno Phase 1 stem cell study. The patient thought a cough that wouldn’t go away at New Year’s was the flu, but a test for COVID-19 came back positive and within days the virus had attacked his lungs. He couldn’t breathe, even on home oxygen borrowed from his mother. His family called for an ambulance and he was taken to CRMC.

The patient had no hesitation about joining the UCSF Fresno stem cell study. “I’ll do anything. I’m trying to get better. And anything that might work for me is good,” he said.” Three days after the stem cell infusions, his oxygen requirement dropped from 6L (liters) per minute to 2 L per minute and he was sent home on two liters of oxygen.

The swift turnaround surprised the research team, Dr. Almasri said. “He had very clear, quick and more than expected improvement.”

Dr. Almasri cautioned the UCSF Fresno study is a small sample and conclusions cannot be drawn from it because it could be pure chance. “But the mortality was lower than what we would have expected,” he said.

Results from the UCSF Fresno study have sparked interest among other researchers. Based on two case studies from the UCSF Fresno clinical trial presented to the U.S. Food and Drug Administration (FDA) and from testimony by Dr. Almasri before the Brazilian Health Regulatory Agency (Anvisa), a Phase 2 COVID-19 stem cell clinical trial won approval to begin in Brazil this June.

Evidence from the Phase 1 trial at UCSF Fresno also was enough for the FDA to give a green light to UCSF Fresno to submit a proposal for a Phase 2 clinical trial that will be a double-blinded randomized study, meaning some patients will receive stem cell infusions and others will receive a placebo. Dr. Almasri and the research team will not know which patients receive the stem cells.

The Phase 2 stem cell study is one of the latest in a string of COVID-19-related research projects at UCSF Fresno. Many of the studies have been led by Dr. Almasri and others at UCSF Fresno. Dr. Almasri is a UCSF associate clinical professor and faculty at the Department of Internal

Medicine – Pulmonary and Critical care and Sleep Medicine. He also serves as the assistant dean for research at UCSF Fresno.

Research is one of the cornerstones of the UCSF Fresno mission to improve health in Central California. Stem cell studies reflect this objective. More COVID-19 patients have been treated in Fresno by UCSF Fresno physicians than in most places in California, Dr. Almasri said. The partnership between UCSF Fresno and CRMC has made it the destination of choice to many important clinical trials and advances in health care in Central California.

*Patient consent was obtained.



UCSF Fresno Increases Access to Care and Improved Treatment for Patients with Opioid Use Disorder

Muhammad Shoaib Khan, MD, (foreground); Sireesha Mudunuri, DO, (left); and Crystal Saucedo, medical assistant, at United Health Centers of the San Joaquin Valley (UHC) in Parlier.

By Barbara Anderson

The migraine headaches began during an abusive marriage 16 years ago. The pain kept Christine bedridden for a week at a time and a doctor prescribed Vicodin – three pills a day. The headaches subsided, the stressful marriage ended, and she no longer needed the opioid pills for pain relief.

But Christine continued taking the pills and eventually three a day were not enough. She had developed an opioid use disorder.

“It gets out of hand and you don’t even realize it’s getting there,” says Christine, 50, of Fresno, who asked to be identified by only her first name because she does not want her employer to know of her drug use history.

Over the years, Christine tried to stop taking opioids, mostly at times when she could not fill a prescription or buy drugs off the street. Withdrawals – even the thought of having body aches, sweats, chills, runny nose, watery eyes, throbbing headache – drove her to take more pills. She went to an addiction clinic for help and quit for about a year but relapsed. While living with a friend out of state in 2020, she never took a pill but when she returned to Fresno and to familiar stresses, the drug use resumed. “A lot of it has to do with family,” she says. I’d try anything to escape that reality.”

This spring, Christine reached a breaking point and knew she had to get help. “I couldn’t take it here anymore. And so many times I had just thought about blowing my brains out, but I always pictured my kids at my funeral and that always stopped me. So, I knew I would never do that.”

She went to an addiction clinic, but it was on a Friday afternoon at closing time, and she was sent to Community Regional Medical Center (CRMC), where UCSF Fresno emergency physicians have a BRIDGE program to help opioid use disorder patients who are in crisis. Patients also can receive ongoing, follow up care at a new Medication Assisted Treatment (MAT) clinic established by the [UCSF Fresno Department of Family and Community Medicine](#) at [United Health Centers of the San Joaquin Valley](#) (UHC) in Parlier. BRIDGE and MAT are among UCSF Fresno efforts to increase access to care and improve treatment for patients with opioid use disorder.

Opioid use disorder is at epidemic levels across the country and overdose deaths are increasing. According to recently released data from the federal Centers for Disease Control and Prevention, more than 93,000 people in the U.S. died last year of a drug overdose, an increase of nearly 30% from 2019.

Substance use disorder, and in particular opioid use disorder, has increased in Fresno County during the pandemic, says John Zweifler, MD, a volunteer clinical professor at UCSF Fresno who supervises residents in the [Family Health Care Network](#) primary care clinic in downtown Fresno. According to the [Fresno County Department of Public Health](#), 33 people died from the opioid Fentanyl in 2020, compared to 15 fatal overdoses reported in 2019 and only two in 2018. All opioids (including Fentanyl) led to 48 deaths in the county in 2019. Dr. Zweifler, a medical consultant for the Fresno County Department of Public Health, is working with UCSF Fresno Family and Community Medicine physicians to design an MAT pilot project for providing care

to homeless individuals. “UCSF Fresno has a number of strong advocates for Medication Assisted Treatment,” he says.

“Access to treatment has to be easier than access to street drugs and until that happens, we’re going to have an opioid epidemic,” says Rais Vohra, MD, a UCSF Fresno emergency physician, director of local poison control and interim Fresno County Public Health Officer. Dr. Vohra helped establish BRIDGE at CRMC, which provides a link between emergency care and substance use disorder recovery programs. Patients are given buprenorphine, a partial opioid agonist that works to decrease withdrawal symptoms and reduce physical dependence on opioids. The program, funded by federal and state grants, also has trained substance use navigators at CRMC who provide patients with referrals for ongoing MAT and links to other services.

“We are ready to serve patients 24/7 through the emergency department and see that there is follow up with a primary care doctor,” Vohra says.

Christine received a two-week supply of Suboxone (a combination of buprenorphine and the overdose-reversing drug naloxone). She was given a referral for an appointment with Muhammad Shoaib Khan, MD, a UCSF Fresno Family and Community Medicine physician and addiction specialist who started the Medication Assisted Treatment clinic at UHC.

The prescription for Suboxone was a lifesaver, Christine says. The minute she put it under her tongue, she immediately felt like a “normal” person. “There’s no high to it. There’s none of that. You just feel normal.” And Christine, says, “that normal feeling is the best feeling in the world.”

But staying “normal” is a struggle. “When you feel normal, you also have to deal with reality. That comes along with it,” Christine says. Her twice monthly appointments with Dr. Khan and the appointments with a behavioral therapist that Dr. Khan arranged for her are essential to her recovery.

“Dr. Khan is very understanding,” Christine says. “He listens. He just sits there and watches you while you’re talking. So, you know he’s listening. He’s never rushed. Whatever time you need. He’s listening. He hears you.”

A lot of his MAT clinic patients have diseases that are stress related, Dr. Khan says. “Unless you take a multi-specialty, multi-modal approach to treating addiction, it is not completely resolved by taking a medicine. It is a psychiatric illness that needs to be addressed at the root cause. A lot of these folks who have substance use disorder are not taking the medicine to just feel a certain way, they are taking it because they have issues in their lives that they have not addressed and it’s a distraction. It is to cope with their problems.”

But there are various reasons for the overuse of opioids and for becoming dependent on them, Dr. Khan says. Some patients have ongoing physical pain that has not been addressed surgically or in other ways. Other patients have become chronically dependent on painkillers that were prescribed by physicians following a surgery or another medical condition. “We know now in addiction medicine that these folks don’t have the motivation to get off these drugs. So, you have

to walk with them while they are on this journey of getting off these drugs. They are so dangerous that pain actually can increase while they are taking them. So, it's a constant cycle where they take them for a long time, they feel more pain, they increase the dose, and it moves closer and closer to death."

It is not a moral failing to have an opioid use disorder, says Liana Milanese, MD, associate program director and chair of the Behavioral Science Curriculum at the UCSF Fresno Department of Family and Community Medicine. "It's easy to fall into judgment when it comes to addiction," she says. "They need medicine just like the person with diabetes needs medicine. There is nothing this person has done really wrong. They have fallen into this chronic disease and now it's something they have to deal with for life. The science behind addiction is that it is a chronic brain disease that is prone to relapse."

Training physicians to be able to provide MAT is a priority of Drs. Milanese and Khan. This summer, they organized a Continuing Medical Education webinar for primary care physicians in the central San Joaquin Valley to teach MAT basics so physicians will not be hesitant of prescribing buprenorphine for treating opioid use disorder, be able to prescribe it appropriately; and also to have conversations with patients to decide if it's an opioid use disorder, Dr. Milanese says.

In 2019-20, Dr. Milanese led an effort to get residents and faculty in the Department of Family and Community Medicine trained in MAT, and she is one of 25 physicians nationwide who are working with the Society of Teachers of Family Medicine (STFM) to create a pilot MAT curriculum. "Hopefully, by the end of the year we have a standardized curriculum that we can send out," she says.

Second- and third-year residents in Family and Community Medicine have opportunities to engage with MAT patients by shadowing Dr. Khan at the rural clinic in Parlier, and they also can see patients in downtown Fresno who are being treated at the primary care clinic at Family Health Care Network.

The blend of rural and urban training experiences is unique, Dr. Khan says. "This problem is even worse in the rural areas and the training is even less available for those areas." Providing addiction medicine in an underserved area is what attracted Dr. Khan to open the MAT clinic in Parlier this past August. After medical school, medical research and residency, Dr. Khan pursued further training in Global Health with the Health Equity, Action and Leadership (HEAL) Initiative with UC San Francisco. As part of his [HEAL fellowship](#), he provided care on the Navajo Nation and in West Africa. "That was probably one of the most life-changing times in my life," he says. "It really solidified what I wanted to do as my career, which is underserved care."

Marlon Echaverry, MD, a third-year resident, has shadowed Dr. Khan. He has an interest in addiction medicine that he says comes from his father's success in overcoming alcohol misuse when Dr. Echaverry was a teenager. "I know people can change." He envisions a day when substance use is looked at as any chronic medical condition. "I hope for the day when it doesn't have to be a specialty clinic and that every physician is trained in it," he says. "I wish every

(residency) program in the U.S. was doing MAT training and addiction medicine for their residents because then you would have an entire army of physicians trained in these therapies.”

Sireesha Mudunuri, DO, a third-year resident, is grateful for the opportunity to work with Dr. Khan at the MAT clinic at UHC in Parlier. “To actually see it in practice is very helpful,” she said. She expects the training will be put to good use after residency. “In talking to a lot of graduates, they have gone on to use it in their practices.”

MAT training is essential for the future physician workforce, but Dr. Khan can use help now. At the half-day MAT clinic in Parlier, he typically can see 10 to 15 patients. Most need to be seen every two to four weeks until they are stable, and each visit can take a long time. “If I have more than three or four new patients in a half-day, it becomes really difficult to complete all the work in a timely way,” he says.’

“I feel grateful to be a part of this, but also I know I cannot do this on my own,” Dr. Khan says. “So, when a resident is with me, it’s not only good learning for them it’s also helpful to me because sometimes they can help do additional history taking for the patients or follow ups with me that supports my work.”

Christine says everyone could benefit from primary care doctors being trained in MAT. She has transferred her primary care to Dr. Khan. “He got me set up for a mammogram, Pap. He got me set up for absolutely everything.”

Many of the patients with substance use disorder seen at the BRIDGE program at CRMC are patients in need of primary care physicians to oversee their care, Dr. Milanes says. “They need patient-centered care and chronic disease management.” UCSF Fresno’s goal is to provide those physicians through the training of residents in MAT and by augmenting substance use disorder and addiction medicine education for providers in the community, she says. “We want everyone to be on the same page as seeing this as a chronic disease and have an understanding of substance use disorder management strategies.”

Inspire

UCSF Fresno
People Spotlight



Betty Liao, PhD

UCSF Fresno's success and growth are a direct result of the dedication and inspiration of our faculty, staff, residents, fellows, students, alumni, partners, donors and friends. In each issue of Focus, we introduce you to the people who contribute to the greatness of UCSF Fresno through informal interviews.

This month, please meet **Betty Liao, PhD**, Director of Wellness and Mental Health Support Services at UCSF Fresno and licensed Clinical Psychologist.

What is your name? Nickname?

Betty Liao. I don't have any nicknames.

What is your title or titles?

I am Director of Wellness and Mental Health Support Services at UCSF Fresno and I am a licensed Clinical Psychologist. I see patients at [University Psychiatry Associates](#).

Where did you grow up and where did you go to school (high school, college, graduate school, any other certifications)?

I was born in Taiwan and immigrated to the United States with my family when I was eight years old. I was raised in the suburbs of Los Angeles and completed both my undergraduate degree and doctoral degree at UCLA. I have called Clovis, California, home for the last five years.

What inspired you to become a psychologist?

I was very naïve to the field of clinical psychology until I took my first undergraduate course at UCLA during my freshman year. My instructor was a phenomenal teacher and sparked my

interest in the development, maintenance, and treatment of anxiety disorders. The human mind has always fascinated me since I was a little girl. I just had no idea that my “interest” could turn into a fulfilling career.

Did you encounter any barriers along the way?

Like many people, my parents had very little exposure to clinical psychology or the concept of psychotherapy. Instead, they wanted me to pursue a degree in a more familiar field (i.e., computer science), which is my father’s area of study. Furthermore, as a non-native English speaker, my parents also worried that communication might be an additional barrier for me.

Do you have a particular focus? And if so, why did you pursue that focus?

My focus is on evidence-based treatment of fear and anxiety-related conditions. I find working with clients with obsessive compulsive disorder particularly rewarding.

What is the best part of your job? What is the hardest?

The best part of my job is the privilege of witnessing acts of courage and love from my clients. The hardest part is the utter helplessness and hopelessness that I, too, sometimes feel when I know that many things in my life, and in the lives of my clients, are out of our control.

What is at the top of your personal or professional to-do list?

The single most important thing that I want to be a part of is to help raise awareness about what is important to our “psychological safety net” and to build a society that fosters our need for belongingness, meaning, and interdependence with each other. To promote a body of knowledge with such a wide scope and reach, I would love to see more collaborations amongst community leaders, psychologists, sociologists, anthropologists, and evolutionary biologists.

The COVID-19 pandemic has had a big mental health toll, what advice do you have for people moving forward to help them acclimate to the new normal?

There is no formula here as what we each need to acclimate to the new normal, as individualized as we each are. What helps me the most as I move forward is to continue to reflect on my experiences – both positive and negative – during the pandemic to help clarify what is important to me, to my family, to my community, and to take steps towards them. I think the whole world had a chance to pause and reflect this past year, and whatever insights we have gained are probably more beneficial to humanity than continuing the status quo without such reflecting.

What advice do you have for students and their parents who may be anxious about going back to school in person?

First, I want to validate how anxiety-provoking the situation is inherently. It’s important to remember that anxiety helps alert us to potential problems and prompts us to find solutions but feeling anxious about something does not mean that the worst-case scenario will occur. Please

partner yourself with credible resources and people who can arm you with more knowledge and assist you with problem-solving. Lastly, when you have done what you reasonably can that is within your control and the anxiety is still present (because we are in a pandemic), perhaps the best thing you can do for yourself and for your family is to thank your anxious brain for trying to protect what is important to you, give yourself a much needed break, and trust that you will continue to rise to the challenge should circumstances change (again, and it will). Until then, keep on living and loving.

The zombie apocalypse is coming. Which three people from UCSF Fresno would you pick to be on your team and why?

To survive a zombie apocalypse, I would want a zombie behavior expert on my side, so a neurologist or a psychiatrist would be essential. I would also want someone with access to medicine on my team and a surgeon is needed. Finally, as the food supply (i.e., animal produce) dwindles because of increasing infection, I need someone who is an expert wild plant forager to help keep my stomach happy – Dieu Nguyen from Facilities are you still alive?

What do you like to do in your off-time?

It's hard to turn off the psychologist brain even during my time off. Outside of work, I love working with children (including my own) and young adults and involving them in all sorts of psychological experiments, whether they know it or not. I also enjoy gardening, playing tennis, and anything else that involves working directly with my hands and my feet.

What is the most important thing you would like people to know about you? Or what else would you like to add about you, your background, family or career?

Now that I have two young children, I also spend a lot of time thinking about how humanity can create a better world for our children and how we can raise brave and loving children who will make the world a better place in return. In service of those values, I'm passionate about learning everything and from everyone, because I believe that the solutions to creating a better world already exist in the natural world and within ancient human wisdom. Please contact me if you have any advice about raising little human beings.



Endowed Professorship in Family and Community Medicine Honors Alex Moir, MD, and Commitment to Caring for Underserved Communities

The late Alex Moir, MD

By Kathleen Smith, Development and Alumni Relations, UCSF Fresno

Since its inception in 1970, the UCSF Fresno Department of Family and Community Medicine Residency Program has graduated over 450 residents and fellows into the physician workforce. The mission of the program is to train and prepare the next generation of family physicians to provide an unparalleled quality of care to children and families in rural and medically underserved areas. Our graduate physicians are deeply committed to the core values of family medicine, including equity, inclusiveness, and social justice for the large, multicultural populations they serve. Nearly half of UCSF Fresno Family and Community Medicine residency graduates stay in the region to provide much needed primary care.

Alex Moir, MD, was one of those graduates. After completing his residency in Family and Community Medicine at UCSF Fresno in 1992, he joined the department as faculty. For over two decades, he inspired many with his passion for working in communities that struggle with limited access to health care. He was respected as an approachable leader and patient care advocate whom his colleagues and trainees sought to emulate. He was chief of Family and Community Medicine at UCSF Fresno when he tragically died in a skiing accident in 2015.

Dr. Moir's dedication to educating the next generation of outstanding, caring physicians in family medicine was exceptional. He was a remarkable leader, teacher and mentor who made a

notable impact on the mission and success of the Family and Community Medicine Residency Program that continues to this day.

Dr. Moir was instrumental in the development of the [Hospice and Palliative Care Medicine](#) Service and Fellowship program which began in 2009. Its mission is to provide compassionate advocacy for patients and their families to help them navigate the complexities of modern medicine during a time when they are most vulnerable. One of its graduates, Ryan Howard, MD, completed a fellowship in Hospice and Palliative Medicine in 2020 and is now serving as Medical Director of Kaweah Delta Hospice and Palliative Medicine Services in Visalia.

“Working to aggressively control previously unmanageable symptoms and providing empathetic and compassionate care to folks nearing the end of their lives is just something I felt called to do,” Dr. Howard said. “Working alongside faculty was the best part of training at UCSF Fresno,” Dr. Howard said. “They are passionate about the specialty of medicine in which they work. They are excellent educators and lead by example.”

Dr. Moir was also a proponent of partnering with health centers in rural and urban underserved communities to provide family medicine residents with a full spectrum of training in inpatient and outpatient care. These partnerships have become a hallmark of the Family and Community Medicine Residency program with [residents training at community clinics](#) in Clovis, Fresno, Livingston, Madera, Mendota, Merced and Parlier.

“I wanted to train in a place where I see adults and kids and do prenatal care to encompass the whole of family medicine. The United Health Centers clinic in Parlier is the perfect place for that,” said Rebecca Waters, MD. Dr. Waters graduated from the program in 2020. Dr. Waters now works with United Health Centers in Fresno practicing full scope family medicine.

To honor Dr. Moir’s notable impact on the Family and Community Medicine Residency Program, UCSF Fresno established the Alex Moir, MD, Endowed Professorship in Family and Community Medicine Fund. Our goal is to raise \$1 million in philanthropic gifts for this endowed professorship. When fully funded, this endowment will provide a steady stream of resources for the ongoing development and support of innovative programs to train and continually improve the scope and quality of family medicine care for the people of the Central Valley. Ivan Gomez, MD, chief of the UCSF Fresno Department of Family and Community Medicine adds, “In addition to providing an unparalleled quality of medical services to our community, this endowment will help us continue to provide the absolute highest caliber of teaching and education for our learners and future family physicians.”

Consider making a gift to the [Alex Moir, MD, Endowed Fund](#) to help train the next generation of trusted family physicians for the Central Valley. For information about [other ways to give](#), please contact Kathleen Smith, Assistant Director of Development for UCSF Fresno, at (559) 499-6426 or kathleen.smith@ucsf.edu.

UCSF Fresno Recognition



Left to right: Brandon Croft, MD, and Brian Chinnock, MD

Congratulations to Brandon Croft, MD, as the 2021 Eloise Thompson Outstanding Intern of the Year. Dr. Croft grew up in Visalia, California. He earned his undergraduate degree from Fresno Pacific University and his medical degree from the UC Davis School of Medicine. Dr. Croft was part of the San Joaquin Valley Program in Medical Education (SJV PRIME) and did much of his medical school training at UCSF Fresno. When he completes his three-year internal medicine residency at UCSF Fresno, he plans to stay in the Central Valley to practice Pulmonary and Critical Care Medicine. The [UCSF Fresno Department of Internal Medicine](#) created the Eloise Thompson Outstanding Intern of the Year Award in 2016 to honor Eloise as a loyal UC employee for 31 years, with 18 years of service to UCSF Fresno and the Internal Medicine Residency Program. As the program's residency coordinator, Eloise's talents, dedication and compassionate nature were instrumental to its efforts to recruit and train the best and brightest physicians. Later that same year, Eloise passed away. This annual award honors her legacy. The award recognizes the first-year internal medicine resident (intern) who has demonstrated the most development as a physician during the year, rendered consistently compassionate and humane patient care, and demonstrated reliability and accuracy in carrying out their duties.

Kudos to Brian Chinnock, MD, RDMS, health sciences clinical professor of Emergency Medicine at UCSF Fresno and team. The Chinnock et al study, "[Self-obtained vaginal swabs in the ED,](#)" was selected for the [Academic Emergency Medicine Editor-in-Chief Pick of the Month](#). Jeffrey A. Kline, MD, Editor-in-Chief, Academic Emergency Medicine, wrote, "I picked this paper as the Pick of the Month because it could (and I think should) change care for a common and potentially important problem. Not many papers in any journal can do that." The patient-centered, patient-empowering research showed that self-obtained vaginal swabs are not

inferior to provider performed endocervical sampling for emergency department diagnosis of *Neisseria gonorrhoeae* and *Chlamydia trachomatis*. In addition, self-swabbing was preferred by a 2:1 majority of study patients. The study was supported by a [Central California Faculty Medical Group](#)–UCSF Fresno Research Fund intramural grant.