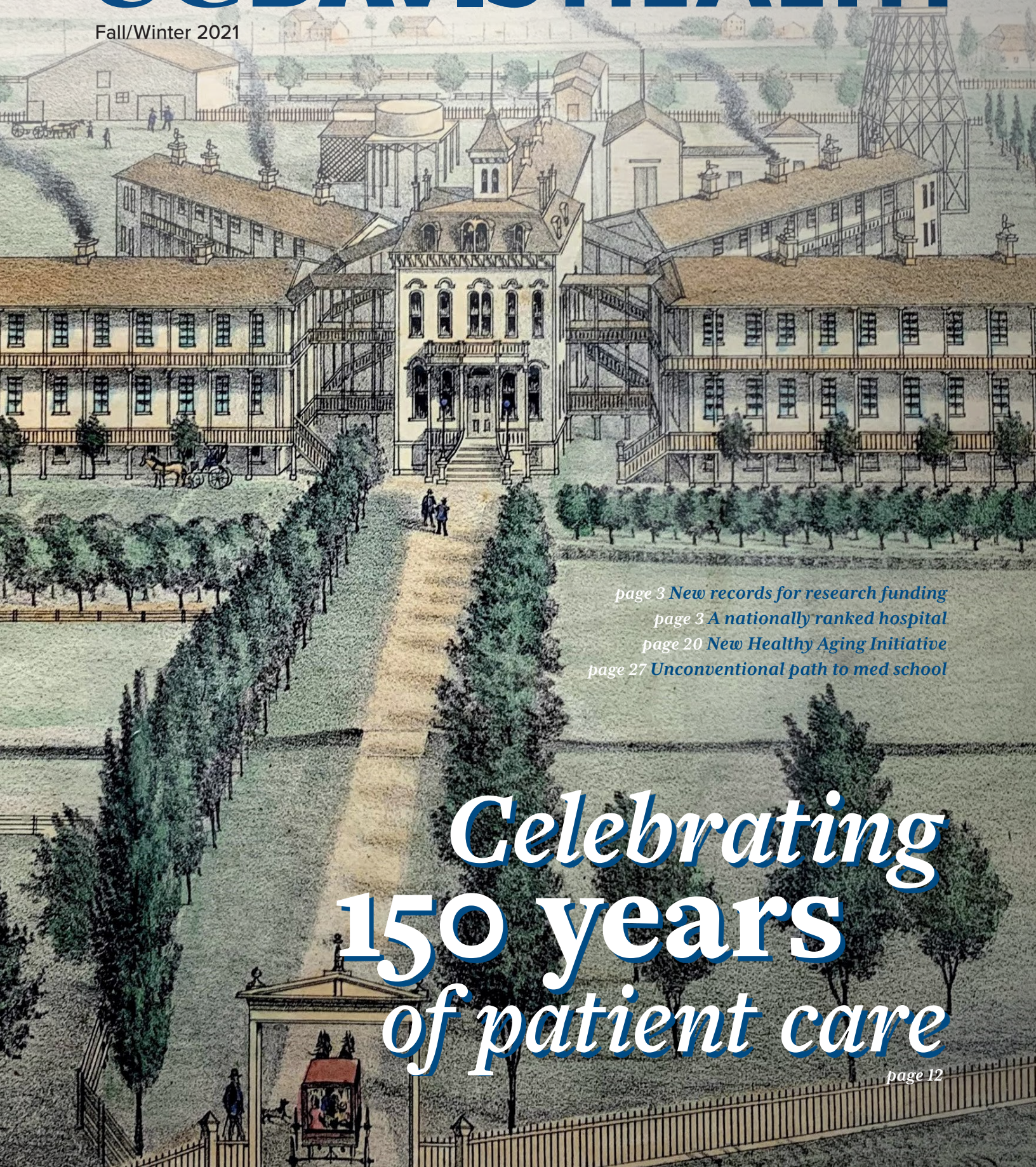


A PUBLICATION OF THE UC DAVIS SCHOOL OF MEDICINE

UC DAVIS HEALTH

Fall/Winter 2021



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Celebrating
150 years
of patient care

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Innovating and partnering for patients



At UC Davis Health, we're changing the world of health care as we move ahead on our post-pandemic journey. We're already hard at work cultivating new relationships and innovations that will expand and improve patient care, building robust community partnerships, and offering next-level educational programs for future leaders in medicine and nursing. We're focused on delivering "tomorrow's health care today," based on what patients will need from us (and our unique level of care), in the next 5 years, the next 10 years, and well beyond.

As this fall issue of *UC Davis Health* magazine shows, we're transforming care in many ways — one example is our Healthy Aging Initiative, which includes a new older-adult outpatient clinic in midtown Sacramento that will support older adult patients and their caregivers.

To put our narrative into historical context, we are turning the spotlight on the 150 years of patient care at our location and how our original facility — the Sacramento County Hospital — grew into the leading-edge institution it is today by responding to the needs of patients through the decades from this same spot in Northern California.

It's clearly a time for growth at UC Davis Health. We are working on a multi-year Clinical Strategic Plan, plans to expand our nationally ranked schools of health, and multiple key construction projects on our campus. These include preparations for a new 14-story tower at the UC Davis Medical Center (to be called the 'California Tower'); a new outpatient surgery center (pending UC Regents approvals); completion of the brand new 4-story Ernest Tschannen Eye Institute building; and a second licensed hospital on our Sacramento campus — the UC Davis Rehabilitation Hospital. Off campus, we're looking at expansions for several of our key suburban neighborhood clinics, and across all of these locations and the region, we're stepping up to offer our highly-acclaimed patient care more broadly and deeply.

Our patients and people are at the center of everything we do. Throughout the pandemic, I was inspired by the strength, resolve and empathy that I saw firsthand among doctors, nurses, staff, students and everyone in the UC Davis Health community — and how they delivered for our patients in the toughest of circumstances.

We've emerged stronger than ever, and as we look ahead, it's clear much more diligent work and out-of-the-box thinking remains to be done for the best interests of our patients and communities, especially in the area of bridging health equity gaps in underserved communities and partnering with allies.

As the scientist Jane Goodall once said, "What you do makes a difference, and you have to decide what kind of difference you want to make." Let's build on our successes and work together to achieve even greater things for our patients in the future.

Yours in health,

David Lubarsky, M.D., M.B.A.

Vice Chancellor of Human Health Sciences

Chief Executive Officer, UC Davis Health

Envisioning new heights for the School of Medicine with mission-driven growth



I could never have predicted that, six months after I began as dean of the UC Davis School of Medicine, that the world would be thrust into the COVID-19 pandemic. Looking back at the last two years, I am

immensely grateful for the dedication, strength and nationally recognized achievements of everyone in our school in this rapidly evolving environment.

We have excelled as a national leader because of our deep commitment to our missions to deliver optimal care, train a diverse physician workforce and conduct leading-edge research.

The School of Medicine is currently developing a strategic plan that will ensure our academic missions drive our strategic initiatives in health equity, bench-to-bedside research, and transformative medical education that improves community health. Our plan will work in partnership with UC Davis Health's clinical strategic plan and the Betty Irene Moore School of Nursing strategic plan. As an integrated health system, all three plans are complementary and designed to leverage our collective strengths, and the strength of UC Davis.

This spring, *U.S. News & World Report* ranked our medical school as the fourth most diverse medical school in the country, with top rankings in family medicine, primary care training and research.

We also launched our new I-EXPLORE curriculum this year, which emphasizes cross-disciplinary collaboration and focuses on the pillars of biomedical, clinical and health system science. This integrated, collaborative approach will help our students thrive in a dynamic health care landscape.

Welcoming the Class of 2025

This summer, we welcomed 132 new students — our largest incoming first year class ever. The Class of 2025 is also among the most diverse, with about 77% of students being from groups that are underrepresented in medicine. More than two-thirds of the class is female.

I am grateful to our students, residents, fellows, faculty, and staff for our mutual commitment to advance health equity. In collaboration with our students, faculty and stakeholders, our school is addressing vital and complex issues such as clerkship grade inequities and working with the Association of American Medical Colleges (AAMC) to explore solutions to this systemic issue in medicine. I have instituted the Dean's Racial Equity Advisory Committee to further evaluate and provide actionable recommendations by December 2021 to eliminate these inequities.

AAMC recently featured an inspiring example of our students' commitment to improving the health of vulnerable communities in an article by second-year medical student, Khadija Soufi, sharing how our volunteers at the Shifa student-run clinic successfully organized COVID-19 vaccine clinics and immunized thousands of vulnerable community members.

Fostering innovation

Research continues to be an area of tremendous growth. Thanks to the work of our incredible research teams, we achieved an all-time high of \$368 million in research awards in 2021 — a 33% increase over last year. Our clinical trials increased by 63% in the last year, now at \$98 million. Bringing research to our patients will continue to be a strong area of focus.

We will continue to grow and diversify our research, including expanding our COVID-19 clinical trials — such as our Pfizer COVID-19 vaccine booster study. We are also offering patients life-saving clinical trial opportunities in a wide range of areas including stem cell treatments, cancer, neuroscience, and many others.

Looking ahead

I am grateful for our School of Medicine family, provider partners, and community-based and campus-wide collaborators as we educate the next generation of diverse physicians and continue our groundbreaking research. Our faculty, staff, students, residents, and fellows also remain firmly committed to advancing health equity.

Together, with the support of partners like you, the School of Medicine is transforming lives by improving health through the power of education, research, clinical care, and community.

Sincerely,

Allison Brashear, M.D., M.B.A.

Dean, UC Davis School of Medicine

A publication for alumni,
donors, faculty and friends
of UC Davis Health

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TIMELINE: 1871–2021
UC Davis Medical Center and its predecessors celebrate 150 years of patient care at Stockton Boulevard and X Street.

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The multidisciplinary project aims to improve care for older adults across the lifespan and across all care settings at UC Davis Health.

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AN UNCONVENTIONAL PATH TO MED SCHOOL
Alex Villegas worked in construction, labored as a farmworker, and was first in his extended Mexican-immigrant family to complete high school.

On the cover: Artist's rendition of the new Sacramento County Hospital, built in 1879 after the first hospital at the junction of Stockton Boulevard and X Street — now the location of UC Davis Medical Center — is destroyed by fire.



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In Brief

New record for research funding

UC Davis has set a new record for external research funding, receiving \$968 million in awards in the fiscal year 2020-21, up \$27 million from the previous record set last year. A major reason for this year’s growth was increased funding related to medicine and public health.

The UC Davis School of Medicine received the largest increase in funding, up \$92 million from the previous year, for a total of \$368 million. Funding related to COVID-19 research totaled \$42 million for the year. Studies in this area are providing critical insight into testing, vaccines, treatments and social impacts.

“We’re very proud of our researchers at the School of Medicine who rose to the challenge and expanded their groundbreaking work in the face of the pandemic,” said Allison Brashear, M.D., M.B.A., dean of the UC Davis School of Medicine. “All our research teams have shown great agility and collaboration across disciplines, quickly responding to emerging needs to prevent transmission and find treatments and vaccines to combat COVID-19, while also offering patients life-saving clinical trials in areas involving stem cell treatments, cancer and neuroscience, among many others.”

Brashear noted that the School of Medicine’s clinical trials grew by 63% in the last year to \$98 million.

Nationally ranked in adult and pediatric specialties



Nationally ranked in nine adult specialties

U.S. News & World Report ranked UC Davis Medical Center among the nation’s best hospitals in nine adult medical specialties for 2021–22, including:

- cancer care
- cardiology and heart surgery
- diabetes and endocrinology
- ear, nose and throat
- geriatrics
- gynecology
- neurology and neurosurgery
- orthopaedics
- pulmonology and lung surgery

The hospital also earned “high-performing” acknowledgement in gastroenterology and gastrointestinal surgery, and in urology.



High-performing in common adult procedures

U.S. News & World Report also released ratings for common types of adult procedures and conditions, with “high-performing” considered the highest level of recognition. UC Davis Medical Center earned that rating in 12 areas, including:

- | | |
|------------------------------------------------|-------------------------------------------------|
| ▪ Abdominal aortic aneurysm repair | ▪ Hip replacement |
| ▪ Chronic obstructive pulmonary disease (COPD) | ▪ Kidney failure |
| ▪ Colon cancer surgery | ▪ Lung cancer surgery |
| ▪ Diabetes | ▪ Pneumonia |
| ▪ Heart attack | ▪ Stroke |
| ▪ Heart failure | ▪ Transcatheter aortic valve replacement (TAVR) |



Nationally ranked in four pediatric specialties

U.S. News & World Report ranked UC Davis Children’s Hospital among the nation’s best in four pediatric medical specialties for 2021–22, including:

- neonatology
- nephrology
- orthopaedics
- urology

Orthopaedics and urology rankings were received in collaboration with Shriners Hospitals for Children – Northern California, UC Davis’ longstanding partner in caring for children with burns, spinal cord injuries, orthopaedic disorders and urological diseases.

The UC Davis School of Medicine has launched a new interdisciplinary initiative, the Center for Diagnostic Innovation (CDxI), to bring together industry partners, clinicians, researchers and educators to develop new testing methods to improve patient health. The new center will build on UC Davis' record of diagnostic innovation, such as the world's first total-body PET scanner, EXPLORER PET/CT.

Lydia P. Howell, M.D., professor and chair of the Department of Pathology and Laboratory Medicine, co-directs the center with **Elizabeth Anne Morris, M.D.**, professor and chair of the Department of Radiology.

An estimated 70% of all medical decisions are based on laboratory tests. But according to a landmark report from the National Academy of Medicine, an estimated one in 20 Americans experience a diagnostic error each year, and most people will experience at least one diagnostic error in their lifetime. The center will focus on tackling these and other diagnostic needs and challenges.

"UC Davis School of Medicine's achievements with diagnostic innovation are remarkable," said Allison Brashear, M.D., M.B.A., dean of the School of Medicine. "With the new center, we can harness the strengths of industry partners and our school's world-class scientists to focus on solving a wide range of diagnostic challenges that could benefit patients worldwide."

New center focused on diagnostic innovations



» Visit the center's website at health.ucdavis.edu/diagnostic-innovation for more about past and current projects, affiliated experts, partnership opportunities, and unique resources to support investigators and industry partners.

Jerant interim health care policy center director



Anthony Jerant, M.D., professor and chair of the Department of Family and Community Medicine, has been named interim director of the Center for Healthcare Policy and Research (CHPR). His appointment, announced by Vice Chancellor of

Research Prasant Mohapatra, follows the retirement of current director Joy Melnikow, M.D., M.P.H., who has held the role for over a decade. CHPR supports collaboration on impactful research that informs health care delivery, quality, outcomes and costs. Jerant has served as a member of CHPR since 1998, and will be serving in the interim director role while also continuing to serve as family medicine chair.

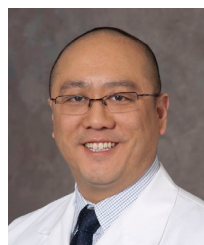
Callcut chief of trauma and critical care surgery



Rachael A. Callcut, M.D., M.S.P.H., F.A.C.S., a nationally recognized expert in trauma care, has been named Chief of the Division of Trauma, Critical Care & Acute Care Surgery in UC Davis Health's Department of Surgery. Callcut has a broad health services research and data science

portfolio focused on clinical outcomes research in trauma and critical care, and is an investigator in ongoing multicenter clinical trials examining resuscitation outcomes. She's published numerous articles on the impact of regulatory issues in surgery, health care delivery, artificial intelligence/machine learning, advanced statistical techniques, cost-effectiveness, and screening algorithms, and leads a lab investigating inflammation and coagulopathy in critical illness and injury.

NEW MEDICAL DIRECTOR FOR CLINICAL CANCER RESEARCH



The UC Davis Comprehensive Cancer Center has named **Edward Kim, M.D., Ph.D.**, as the new medical director for the Office of Clinical Research (OCR). Kim is a UC Davis Health medical oncologist and associate professor of internal medicine who specializes in treating gastrointestinal malignancies including pancreatic, liver, bile duct, esophageal, stomach, and colorectal cancer. He has conducted extensive clinical trials and was a recipient of the National Cancer Institute Cancer Clinical Team Leadership Award in 2015. Kim will report to Karen Kelly, M.D., associate director for clinical research, who previously held the post of OCR medical director.

CTSC awarded 5-year, \$33 million NIH grant renewal

The UC Davis Clinical and Translational Science Center (CTSC) has received notice of its third National Institutes of Health (NIH) award renewal, a vote of confidence in the center's ability to advance outstanding research in human health. The 5-year award, almost \$33 million, comes from NIH's National Center for Advancing Translational Science (NCATS), and provides critical funding to CTSC to continue its essential services for the UC Davis research community.

"Our CTSC faculty and staff have built a nationally recognized translational research culture at UC Davis. The NIH grant renewal recognizes the tremendous value of their contributions in promoting distinguished health scholarship, and in reducing health disparities."

ALLISON BRASHEAR, DEAN OF UC DAVIS SCHOOL OF MEDICINE

In 2006, UC Davis received one of the first 12 NIH Clinical and Translational Science Awards (CTSA) in the nation to establish a center for clinical and translational science. The center supported the full spectrum of translational research (from bench to bedside to dissemination and implementation), and served as a hub for researchers promoting human health.

In 2011 and 2016, under the leadership of Lars Berglund, M.D., Ph.D., the CTSC was successfully renewed. Now, directed by Ted

Wun, M.D., M.A.C.P., and associate director Nicholas Kenyon, M.D., M.A.S., the CTSC will initiate its 4th consecutive award — one of only a handful of institutions across the United States with this fortunate distinction — providing funding for another five years (2021–26).

Over the years, CTSC programs have blossomed into a mature and highly valued institutional infrastructure with connections across UC Davis, the UC system and the national CTSA consortium. "The CTSC embraces a flexible and collaborative culture aimed at research facilitation and resource sharing," said Wun, CTSC director and UC Davis School of Medicine associate dean for research. "We work behind the scenes to enhance biomedical research at UC Davis."



Frederick J. Meyers, Ted Wun, Jan Nolte and Lars Berglund have played leading roles in shaping translational research growth at UC Davis Health.

PSYCHOLOGY CHAIR NAMED TO KEY FEDERAL COMMITTEE ON AUTISM



UC Davis Department of Psychology Professor and Chair **Susan Rivera, Ph.D.**, has been named to the Interagency

Autism Coordinating Committee (IACC). Rivera is also a faculty member of the MIND Institute and the Center for Mind and Brain. She was appointed, along with 21 others, by U.S. Secretary of Health and Human Services Xavier Becerra to a three-year term. The key advisory committee includes public stakeholders and federal officials and provides guidance and recommendations to the Secretary of Health and Human Services on autism research, services and policy. David Amaral, Ph.D., distinguished professor in the Department of Psychiatry and Behavioral Sciences and Marjorie Solomon, Ph.D., M.B.A., professor of clinical psychiatry in the Department of Psychiatry and Behavioral Sciences and associate director of the MIND Institute, have previously served on the committee.

Kiaii elected president of ISMICS

Chief of Cardiothoracic Surgery **Bob Kiaii, B.Sc., M.D., F.R.C.S.C., F.A.C.S.**, has been elected 2021/2022 president of the International Society of Minimally Invasive Cardiothoracic Surgery (ISMICS). Kiaii joined the Department of Surgery in 2019 and is known internationally as a leader in pioneering minimally invasive cardiac procedures, including robotic-assisted heart surgery. ISMICS was formed in 1997 by participants of the World Congress of Minimally Invasive Cardiac Surgery to organize and centralize the various surgical centers concerned with patient outcomes, techniques, and progressive development of less invasive forms of heart surgery, and takes leadership role in shaping the direction of less-invasive cardiac surgery on a global basis.



Shaikh appointed to CHA committee



Ulfat Shaikh, M.D., M.P.H., M.S., medical director for health care quality and professor of pediatrics at UC Davis Health, has been appointed to the Children's Hospitals Association's Next Generation of Quality Steering Committee. The association works with children's hospitals and health systems to address quality gaps, make improvement an integral part of health care delivery and support hospitals as they work to accelerate progress toward improvement of health outcomes, experience, and value for children and families.

Atreja named to HIMSS Future50 Community



The Healthcare Information and Management Systems Society (HIMSS) has selected UC Davis Health chief information and digital health officer **Ashish Atreja, M.D., M.P.H., F.A.C.P., A.G.A.F.**, as a member of its prestigious Future50 Community for 2021. Each year, the non-profit global advisory organization, which focuses on information and technology in health care, selects and celebrates top digital health leaders from around the world, with a new cohort of 50 top global leaders invited to join. Members work alongside HIMSS and the global health care community to overcome systemic health challenges by addressing gaps and needs at local and regional levels. HIMSS recognized Atreja in its "Innovation Leader" category.

Co-inventor of EXPLORER earns prestigious national radiology award



Ramsey Badawi, Ph.D., UC Davis professor and vice chair of research in the Department of Radiology, has been selected to receive the 2021 Distinguished Investigator Award from the Academy for Radiology & Biomedical Imaging Research. The honor recognizes outstanding contributions to the field of medical imaging after he co-invented EXPLORER, a total body scanner that provides images of the entire body in seconds. EXPLORER is revolutionizing how cancers and other diseases are studied and diagnosed by measuring cancer metabolism in the body and investigating systemic inflammatory responses in patients, helping to develop targeted cancer treatment. A total of 35 researchers were selected to receive the award this year.

IHI and DAISY Foundation honor nurses

Unit clinical nurse specialist **Christa Bedford-Mu, M.S.N., R.N., C.N.S.-B.C.**, is the individual award recipient at this year's 2021 DAISY Awards for Extraordinary Nurses in Patient Safety, presented in collaboration with the Institute for Healthcare Improvement (IHI). A trained wound treatment associate, Bedford-Mu has collaborated with several surgical units across UC Davis Medical Center to spread standardized approaches to multiple types of complex wounds and skin integrity issues. Her work has contributed to significant post-operative improvements. Nurse educator **Michelle Linenberger, M.S.N.-Ed., R.N.-B.C.**, received honorable mention for her commitment to a relationship-based culture, advocacy for peer support, and contributions to care in underserved communities.



NICU gold-level Beacon Award for Excellence

The Neonatal Intensive Care Unit (NICU) at UC Davis Children's Hospital is now the 12th NICU in the U.S. to receive a gold-level Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN). It is the only hospital in Northern California to receive this honor. The Beacon Award for Excellence — a significant milestone on the path to exceptional patient care and healthy work environments — recognizes caregivers who



successfully improve patient outcomes and align practices with AACN's six Healthy Work Environment Standards. These standards are skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition and authentic leadership.

Best employers for diversity

2021 marks the third year running for UC Davis Health and the second recognition for the Davis Campus in the annual *Forbes* survey that recognizes U.S. employers for excellence in cultivating diversity through inclusive practices. Both UC Davis Health and the Davis Campus keep improving year-over-year, with UC Davis Health ranking #133 in 2019, #101 in 2020, and #59 in 2021. *Forbes* identifies Best Employers for Diversity by asking 50,000 Americans, working for businesses with at least 1,000 employees, to anonymously rate their organizations on diversity and equity. Then, respondents belonging to minority groups, nominated other employers in their respective industries. *Forbes* also looks for gender diversity among executive leadership and proactive diversity and inclusion initiatives.

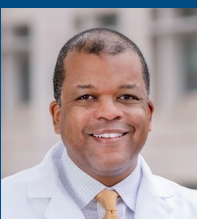
NEUROLOGY CHAIR RECEIVES AMBASSADOR FOR EPILEPSY AWARD



Amy Brooks-Kayal, M.D., F.A.A.N., F.A.N.A., F.A.E.S., chair of the UC Davis Department of Neurology, has received the Ambassador for Epilepsy Award from the International Bureau for Epilepsy and the International League Against Epilepsy. Brooks-Kayal is one of 12 individuals around the world to receive this award, which is given every two years to clinicians and researchers who have made outstanding contributions to activities advancing the cause of epilepsy internationally or with international impact. Brooks-Kayal was nominated by the American Epilepsy Society (AES), of which she has been a member for more than 30 years, including in leadership roles.

Cancer Health's 25: Black Lives Matter list

Chief of General Thoracic Surgery **David Tom Cooke, M.D., F.A.C.S.**, was named by *Cancer Health* magazine as one of the top 25 individuals breaking down racial barriers to better cancer care. The list recognizes 25 individuals who, along with many others, are fighting to break down barriers to the best cancer care for all Americans. In 2013, Cooke, a national expert on lung and esophageal disease, co-founded the popular bimonthly #LCSM (lung cancer social media) chat on Twitter and in 2019 was named chair of the Society of Thoracic Surgeons' Workforce on Diversity and Inclusion. His scholarly work includes research into disparities in lung cancer care.



Platinum Level Excellence in Life Support Award

UC Davis Medical Center has received the Platinum Level ELSO Award for Excellence in Life Support from the Extracorporeal Life Support Organization (ELSO) for its Extracorporeal Life Support Program, which provides life-saving support for failing organ systems in infants, children and adults. The award recognizes centers that demonstrate an exceptional commitment to evidence-based processes and quality measures, staff training and continuing education, patient satisfaction, and ongoing clinical care.



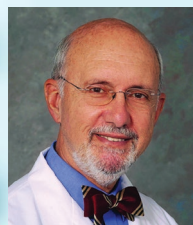
Executive chef to lead Tower Bridge Dinner

Visit Sacramento has named UC Davis Health's executive chef, **Santana Diaz**, to lead a local team of distinguished chefs at this year's Tower Bridge Dinner. The annual fundraiser benefits Sacramento's renowned Farm-to-Fork Festival, which attracted more than 155,000 people in 2019. The dinner also funds scholarships for Sacramento State students who are children of migrant farmworkers. At UC Davis Medical Center Diaz oversees one of the region's largest production kitchens — serving more than 6,500 meals per day — and leads an innovative program that's changing the face of hospital food by prioritizing local ingredients and sustainability.

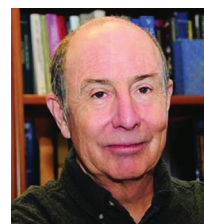


Contributions to field of nutrition

Ralph Green, M.D., Ph.D., F.R.C. PATH, has been inducted into the American Society for Nutrition's Class of 2021 Fellows. It is the highest honor ASN bestows, recognizing individuals for significant discoveries and distinguished careers in the field of nutrition. Green is a distinguished professor and emeritus chair in the Department of Pathology and Laboratory Medicine. Throughout his more than 50-year career in academic medicine, Green has worked on three continents — Africa, North America, and Europe — and collaborated with investigators around the world. His research has focused on the role micronutrients and their metabolic pathways play in both health and disease.



Royal Society of Chemistry's Horizon Team Award



Three UC Davis scientists, including Distinguished Professor **Bruce Hammock, Ph.D.**, are part of the Who's Who "click-chemistry team" that won the Royal Society of Chemistry's Horizon Team Award. The society applauded the 47 worldwide collaborators "for the development of multidimensional click chemistry, a next-generation click-technology that extends perfect bond creation into the three-dimensional world, opening doors to new frontiers in biomedicine, materials science, and beyond."

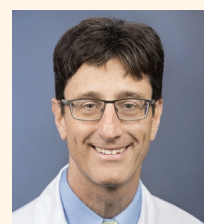
K. Barry Sharpless of the Scripps Research Institute in La Jolla, who won the 2001 Nobel Prize for Sharpless epoxidation, led the team, which includes researcher Christophe Morisseau of the Hammock lab and Seiya Kitamura, who completed his doctorate working with Hammock and Morisseau.

Race to Zero emissions commitment

UC Davis Health, as a member of Health Care Without Harm's Health Care Climate Challenge, has joined the United Nations Climate Champion Race to Zero campaign. By joining the Race to Zero, UC Davis Health is committed to halving greenhouse gas emissions throughout its entire operations by 2030 and achieving net-zero by no later than 2050. The U.N. Race to Zero initiative is the largest alliance of non-government organizations committed to reducing climate pollution. Alongside nearly 40 health care institutions in 17 countries (representing over 3,000 health care facilities), UC Davis Health is among the first group of organizations in the sector to pledge contributions toward that global zero-carbon vision. UC Davis Health recently received Practice Greenhealth's Environmental Excellence Award, which recognizes health care facilities that continuously improve and expand upon programs to eliminate mercury, reduce and recycle waste, source products sustainably, and more.



PEW SCHOLARSHIP TO BEAT BACTERIA BEHIND TUBERCULOSIS



Bennett Penn, M.D., Ph.D., assistant professor in the Division of Infectious Diseases and the Department of Medical Microbiology and Immunology, has been named a 2021 Pew Scholar in the Biomedical Sciences by the Pew Charitable Trusts. The program provides funding to young investigators of outstanding promise in science relevant to the advancement of human health. Using a suite of leading-edge techniques in cell and molecular genetics, biochemistry and bioinformatics, Penn and his team will examine how the composition and modification of proteins change in TB bacteria as they grow resistant to antibiotics. They will also assess whether exposure to activated immune cells hampers or promotes this persistence.

New traumatic brain injury clinic



A new multidisciplinary TBI Clinic that launched last fall is designed to provide care to patients across the full spectrum of brain injuries — from mild concussions to patients with more severe injuries, such as vertigo, balance problems, seizures, slurred speech, loss of coordination and memory and concentration problems. The clinic is headed by director **Ryan Martin, M.D.**, a neurocritical care physician and

assistant professor in the Department of Neurological Surgery. Located in the Neurological Surgery Clinic in the Midtown Ambulatory Care Center, the clinic has served more than 350 patients since opening. TBI patients were formerly dispersed between several departments, including sports medicine, primary care and neurology. The new clinic sees patients throughout the recovery process, with follow-up.

Outpatient bone marrow transplant now available



Multiweek hospital stays are no longer the only option for some stem cell transplant patients, with the UC Davis Comprehensive Cancer Center now offering the procedure on an outpatient basis to potentially boost recovery time and mental wellness. In spring, UC Davis oncologist **Joseph Tuscano, M.D.**, performed a two-hour procedure for the first multiple myeloma patient to receive a stem cell transplant at

UC Davis Health without being hospitalized during the procedure. Outpatient candidates need to be receiving an autologous stem cell transplant and meet several other criteria, including residency within an hour's drive or willingness to stay at a nearby hotel.

New theranostics clinic planned



As part of its growing commitment to advancing radioactive targeted therapy, the UC Davis School of Medicine's Department of Radiology has appointed **Cameron Foster, M.D.**, director of the new UC Davis theranostics division and professor of clinical nuclear medicine, to oversee the construction of a new theranostics clinic. The clinic will centralize care for patients, with treatment and tumor tracking at the same location by the same

medical staff. By combining both diagnostics and therapeutics in delivering targeted radiotherapy, theranostics leverages the next generation in nuclear medicine treatments to attack cancers in ways that traditional options cannot by themselves. Typically injected into the patient's bloodstream, the radiopharmaceuticals travel and deliver radiation directly to a tumor site, destroying cancerous cells while leaving healthy tissue alone.

Calendar

Friday, Oct. 22

Neurology Update 2021 for the Primary Care Provider (virtual)

Presented by Department of Neurology and the Office of Continuing Medical Education. Registration and additional information to come at health.ucdavis.edu/cme.

Friday, Nov. 12

45th Annual UC Davis Health Diabetes and Endocrinology Symposium (virtual)

Presented by UC Davis Health's Department of Internal Medicine and the Office of Continuing Medical Education. Registration and additional information to come at health.ucdavis.edu/cme.

Ongoing

On-demand courses:

Preventing Firearm-Related Injury and Death: A Targeted Intervention

Limb salvage

Medication-assisted treatment for opioid use disorder

Pediatric Acute Care Education Sessions (PACES) program:

- Bronchiolitis
- Diabetic Ketoacidosis
- Sepsis
- Head Trauma
- Brief Resolved Unexplained Events (BRUE)

Date-certain events are in Sacramento unless otherwise noted. For more information about upcoming educational courses, please visit health.ucdavis.edu/cme. Or contact the Office of Continuing Medical Education at 916-734-5352 or cmereg@ucdavis.edu.

Important note: Before making travel arrangements, please call the Office of Continuing Medical Education at 916-734-5352 to confirm there are no changes to dates or locations printed in this calendar.

Notable quotes

“There is going to be a tremendous variable response in the community for who is going to respond and deal with infections well and who will get sick.”

Department of Medical Microbiology and Immunology Chair **Satya Dandekar, Ph.D.**, in a *New York Times* story on the return of common viruses after the lifting of pandemic restrictions.

“We’ve made a decision as a society that there are people who, for a constellation of reasons, should not be allowed to have firearms. Are we going to enforce that social decision or not?”

Garen Wintemute, M.D., M.P.H., director of the Violence Prevention Research Program at UC Davis, in a *CalMatters* piece discussing systems for tracking firearm owners who fall into a prohibited status.

“We’re all thinking that another surge is likely. It is frightening. I don’t think we’ll go back to the worst we’ve seen, due to the vaccine, but it’s hard to tell.”

Christian Sandrock, M.D., M.P.H., F.C.C.P., director of critical care at UC Davis Medical Center, in a widely syndicated *Associated Press* story about the spread of the Delta variant among the unvaccinated this summer.

“In medical school, we are taught the importance of culturally sensitive care, leadership, and advocacy. At Shifa, we lived these lessons.”

Khadija Soufi of the UC Davis School of Medicine’s student-run Shifa Community Clinic for underserved populations, in a guest article “Bringing the COVID-19 vaccines to immigrant communities” published by the *Association of American Medical Colleges (AAMC)* in July. Shifa’s vaccine and pop-up clinics have administered more than 9,000 COVID-19 shots to date.

“It is precisely during difficult times where gratitude achieves its maximal power.”

Gratitude expert **Robert Emmons, Ph.D.**, in a *Christian Science Monitor* story about resilience during the pandemic.

A summary of recent findings in clinical, translational and basic-science research at UC Davis

Body of Knowledge



UC Davis researchers have found a link between traffic-related air pollution and an increased risk for age-related dementia, including Alzheimer’s disease. Their study, based on rodent models and published in *Environmental Health Perspectives*, corroborates previous epidemiological evidence showing this association. Researchers expect future studies will help identify which pollution component is predominately responsible.



A team of UC Davis researchers has discovered a special type of stem cell that can reduce the amount of the virus causing AIDS, boosting antiviral immunity and repairing and restoring the gut’s lymphoid follicles damaged by the simian immunodeficiency virus (SIV), the equivalent of the human immunodeficiency virus (HIV) in non-human primates. The study, published in *JCI Insight*, showed the mechanism through which mesenchymal stem/stromal cells (MSCs) enhance the body’s immune response to the virus. It also provides a roadmap for developing multi-pronged HIV eradication strategies.



An international team of researchers led by UC Davis Health has developed a new therapeutic approach to treating psoriatic arthritis, a chronic inflammatory disease affecting the joints. Using a novel chemical blocker targeting chemokine proteins, the researchers were able to significantly reduce skin and joint inflammation in a mouse model with psoriasis and psoriatic arthritis. The study was published in the journal *Arthritis & Rheumatology*.

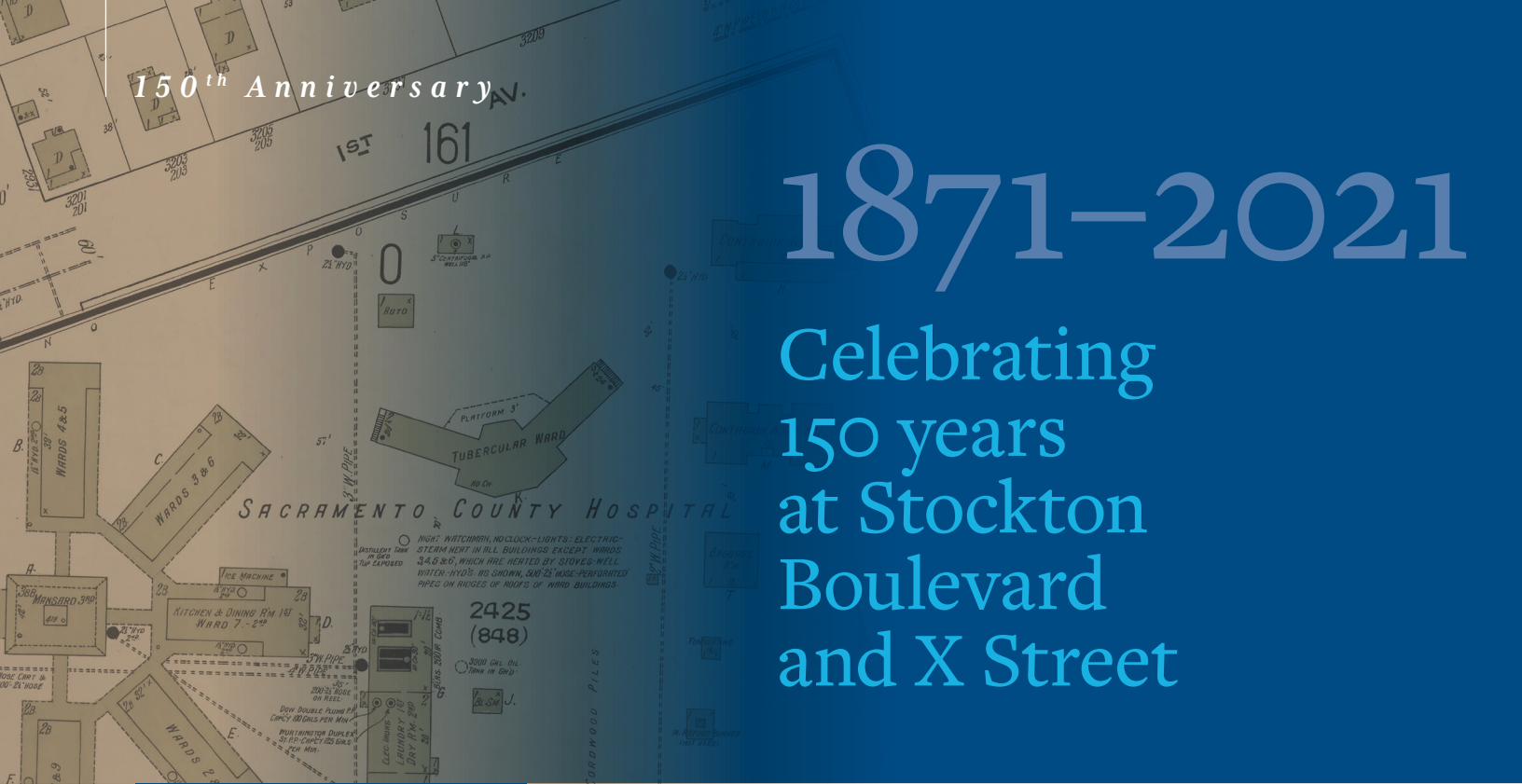


A study led by UC Davis Health researchers has found that a diet rich in sugar and fat leads to an imbalance in the gut’s microbial culture and may contribute to inflammatory skin diseases such as psoriasis. The study, published in the *Journal of Investigative Dermatology*, suggests that switching to a more balanced diet restores the gut’s health and suppresses skin inflammation.



A state-funded Rapid Precision Medicine program yielded life-changing outcomes for critically ill infants at five California hospitals while significantly reducing health care costs. UC Davis Children’s Hospital and the UC Davis MIND Institute were key participants in the research, which was published in the *American Journal of Human Genetics* and outlined the success of Project Baby Bear, a real-world quality improvement program designed to test the value of rapid Whole Genome Sequencing (rWGS) to diagnose and guide treatment for unexplained rare disease.

Although extreme risk protection orders, also known as gun violence restraining orders (GVROs) or “red flag” orders, have been available in California for five years, a new study found that two-thirds of Californians surveyed had never heard of them. The study from the Violence Prevention Research Program at UC Davis Health appears in *JAMA Health Forum*.



150th Anniversary

1871–2021

Celebrating 150 years at Stockton Boulevard and X Street

150
150
150
YEARS OF PATIENT CARE

For more history, including colorful deep-dive articles incorporating custom research from special collections and archives at the Sacramento and Shields libraries, visit health.ucdavis.edu/aboutus/150th-anniversary.

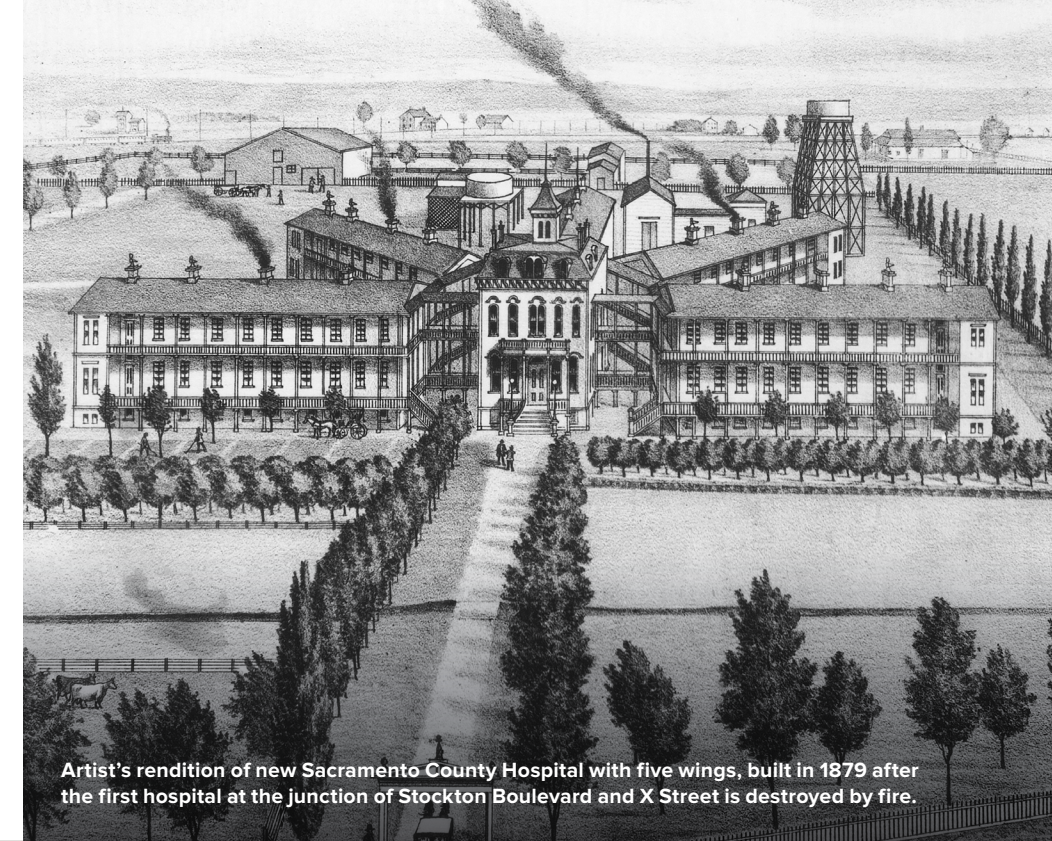
The Gold Rush and the 1800s

1848

James Marshall sees something shiny in a creek along the American River. In two years, Sacramento's population will swell from 150 to nearly 10,000, with many settlers arriving already sick from the trip west.

1849

Sacramento's first hospital opens when two doctors convert a store in an adobe building attached to Sutter's Fort. The small, for-profit venture charges \$16 a day for a private room and \$10 a day for the ward. Other private hospitals set up in the busy blocks along the Sacramento River, some with canvas walls. Most are destroyed by the nearly annual winter floods.



Artist's rendition of new Sacramento County Hospital with five wings, built in 1879 after the first hospital at the junction of Stockton Boulevard and X Street is destroyed by fire.

1850

Most of what is now downtown floods and cholera kills thousands, sparking a public outcry for a hospital to care for the poor. The City Council appoints a committee to create a plan. The first Sacramento City Hospital is being built when it is destroyed by a storm.

1853

A Sacramento County hospital for the indigent opens at the corner of 10th and L streets on what is now a part of Capitol Park.

1860

Sacramento County buys 65 acres on Stockton Boulevard, at what is now the corner of Stockton and X Street, for \$11,000.

1871

Construction of the 216-bed, \$80,000 hospital building is completed. The new Sacramento County Hospital opens for indigent patients at Stockton Boulevard and X Street.

1878

The hospital is destroyed by fire. A new one is built a year later on the same site, and can accommodate 150–160 beds.

1872 to 1904

The Sacramento County Hospital is led by County Physician George Amos White, who initiates the use of spinal anesthesia in surgery, brings in one of the first X-ray machines in the state, and helps develop the first clinical laboratory in the region.



1879

A large farm and vineyard surrounds the hospital and supplies food for patients and staff. The strongest patients are required to work it in the early years. The farm lasts into the 20th century.



This 1930s photograph provides an aerial view of the Sacramento County Hospital.

1944

Doctors from the County Hospital and around the region sponsor, organize and staff the 51st Evacuation Hospital. They support U.S. troops in Italy and France that year, then in Germany in 1945. Among its duties there, the unit treats freed prisoners of war. It would be thanked by the War Department for its service, skill and valor.



circa 1955

A front view of Sacramento County Hospital located at 2221 Stockton Boulevard.

The 1900s, pre-UC Davis

1906

The University of California secures land to start an agricultural farming school in Davisville (now Davis). The University Farm in Davis begins offering classes two years later.

1918–1919

The global influenza pandemic hits the area hard, and the County Hospital turns over two wards to the Red Cross for flu patients.

1929

A new hospital building with new pavilions opens, at a cost of \$1 million.

1945

County Hospital superintendent Dr. Leo Farrell introduces the “wonder drug” penicillin to the Sacramento region.

Late 1940s

Sacramento County Hospital serves as the polio center for inland Northern California, housing patients in its Isolation Ward 21.

1950

A six-story medical center is built incorporating some of the old building into the new one.



circa 1930s

A treatment room at the Sacramento County Hospital, circa 1930s.

1959

The University of California officially names Davis as its seventh campus in the UC system.

1961

Graduate division programs are started by UC Davis. Air conditioning is installed on the top four floors of the main hospital building.

1964

A four-year, \$10.5 million modernization program begins for the Sacramento County hospital, including a new eight-story East Wing with 216 beds. The County Hospital becomes a community medical center open to anyone in the Sacramento Valley, not just people unable to pay for medical care.

1966

The creation of the UC Davis School of Medicine begins. UC Davis and Sacramento County sign an affiliation agreement for the Sacramento County Hospital to be the medical faculty’s primary clinical teaching facility.

1968

The California State Fair moves to Cal Expo. It had been a next-door neighbor of the County Hospital since 1908, with the fairgrounds growing to more than 200 acres in the 1930s. By 1938, it was the largest state fair in America, and into the 1950s was called one of the country’s top attractions.



1968

The UC Davis School of Medicine opens and welcomes its first 48 students. The hospital changes its name to the Sacramento Medical Center, and a new operating room and emergency room open to expand treatments.

The creation of the UC Davis School of Medicine begins in 1966.

Enter UC Davis School of Medicine, and the start of a world-class institution

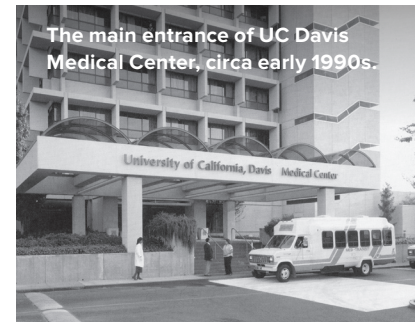


1978

The Sacramento County Hospital is officially renamed to the University of California, Davis Medical Center (photo is of the main hospital).

1994

The UC Davis Health system is established, integrating business operations and strategic planning for UC Davis' physician group, medical school and medical center. The first community clinic beyond the Sacramento health campus opens in Placerville.



The main entrance of UC Davis Medical Center, circa early 1990s.

2006

The School of Medicine's Education Building opens across the street from UC Davis Medical Center, bringing all four years of medical school activities to Sacramento. UC Davis establishes one of the country's first Clinical and Translational Science Centers with \$24.8 million from the NIH.

2007

The Gordon and Betty Moore Foundation donates \$100 million in founding support to launch the Betty Irene Moore School of Nursing at UC Davis. It's the nation's largest grant for nursing education.



Crews installing the "Emergence" sculpture at the Education Building entrance in 2011. A local artist designed the piece with stem cells in mind.

1973

The University of California Regents buys the hospital for \$1, making it the permanent teaching hospital for the School of Medicine. The Regents and UC Davis also purchase other buildings, land, equipment and supplies for the fair market value of \$8 million.

1974

A Regional Burn Center opens at the hospital, followed by a Regional Poison Center in 1977.

1978

The Sacramento County Hospital officially changes its name to the University of California, Davis Medical Center.

1982

The new eight-story University Tower opens, expanding the hospital to the east and adding 146 beds, additional intensive care units and more modernized medical facilities.

1988

UC Davis Medical Center is designated a level I Trauma Center, the only one in inland Northern California.

1989

The hospital and its related services qualify for membership in the National Association of Children's Hospitals and Related Institutions, and the hospital is designated as a "children's hospital within a hospital."

1991

The UC Davis Cancer Center opens. It will later achieve National Cancer Institute designation in 2002 and prestigious NCI "comprehensive" status in 2012.

circa 1984

UC Davis Medical Center is named the Sacramento County Trauma Center, and the Life Flight medical air ambulance service begins.



1992

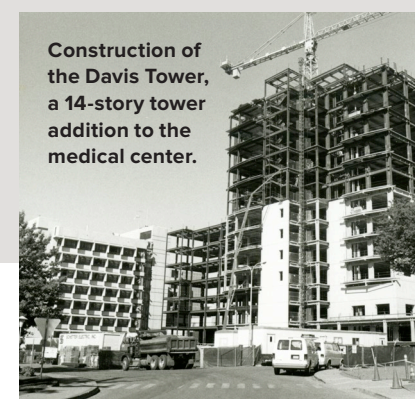
UC Davis Health establishes its first telemedicine link, with Colusa Community Hospital.

1997

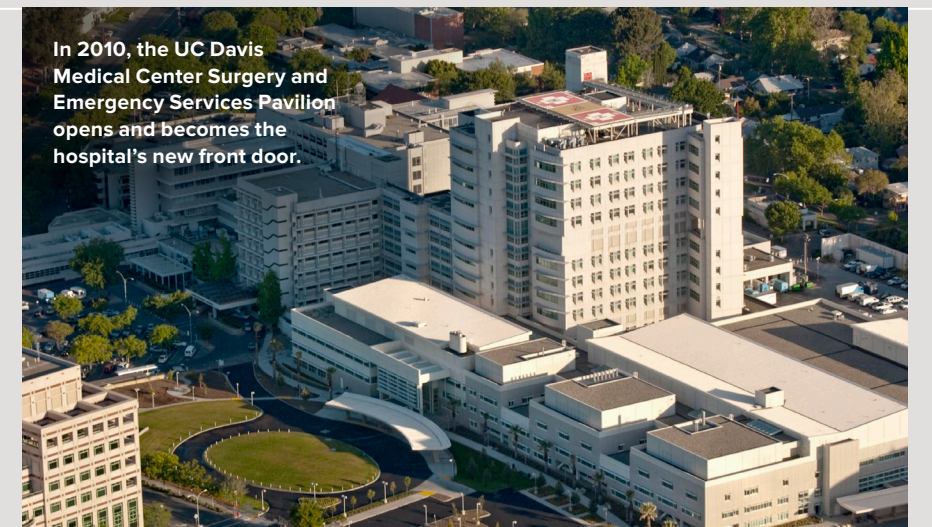
Shriners Hospitals for Children opens on the UC Davis Sacramento campus, across X Street from the medical center with services supported by UC Davis medical experts. UC Davis Medical Center becomes one of the first six hospitals in the nation designated as a Magnet™ Center of Excellence for nursing.

1998–99

The Lawrence J. Ellison Ambulatory Care Center opens to deliver outpatient services. UC Davis establishes the unique MIND Institute, focused on autism and neurodevelopmental disorders. The state-of-the-art 14-story Davis Tower opens.



Construction of the Davis Tower, a 14-story tower addition to the medical center.



In 2010, the UC Davis Medical Center Surgery and Emergency Services Pavilion opens and becomes the hospital's new front door.

2010

The high-tech Surgery and Emergency Services Pavilion opens and becomes the hospital's new front door. The Betty Irene Moore School of Nursing welcomes its first students. The UC Davis Institute for Regenerative Cures opens as the university's hub for stem cell research.

2017

Betty Irene Moore Hall opens on the Sacramento campus, completing the health education core of UC Davis and promoting innovative, interprofessional education.

2019

The six-story North Addition Office Building opens.

Into the 2020s and beyond: A world-class hospital and economic powerhouse

California Tower

In 2030, a new California Tower will be opened in the UC Davis Medical Center. The 332-bed facility will complete the medical center's expansion to the east, occupying the easternmost end of the medical center's block, up against 45th Street. The original 1929 north-south wing and the 1950 addition on the westernmost side of the medical center are scheduled to be demolished in the 2020s because they do not comply with California's modern seismic standards for hospitals. The building will lose its last physical connections to its early years, replaced by a leading-edge, world-class hospital that expands the founding legacy of providing the best care possible to every patient and helping to end health inequities across Northern California.

The project reflects ongoing changes to health care delivery in several ways. When completed, the expanded hospital will contain 700 licensed beds, up from 625 today. But the square footage will nearly double to accommodate a greater number of private rooms, known to help produce better outcomes and reduce infection transmission. A greater number of

rooms would also be acuity-adaptable, for use as ICU rooms should a surge in critical cases arise — such as during the current pandemic.

UC Davis Health CEO David Lubarsky, M.D., M.B.A., expects that in the not-too-distant future, fewer people per capita will ultimately need to be hospitalized due to measures such as evolving health technologies, same-day surgeries, telehealth visits and remote monitoring. Low-acuity care in the inpatient arena will virtually disappear over the next decade.

At the same time, he said those individuals who do require hospitalization will likely require longer stays for complex surgeries, trauma care, or other critical care services that UC Davis Health provides as the region's academic health center.

"We'll continue to work with community hospital partners to increase the level and amount of care they provide locally — while we concentrate on patients that require advanced technologies and coordinated subspecialists available in an academic center, and which leads to the superior outcomes we deliver in those cases," he said.

Aggie Square

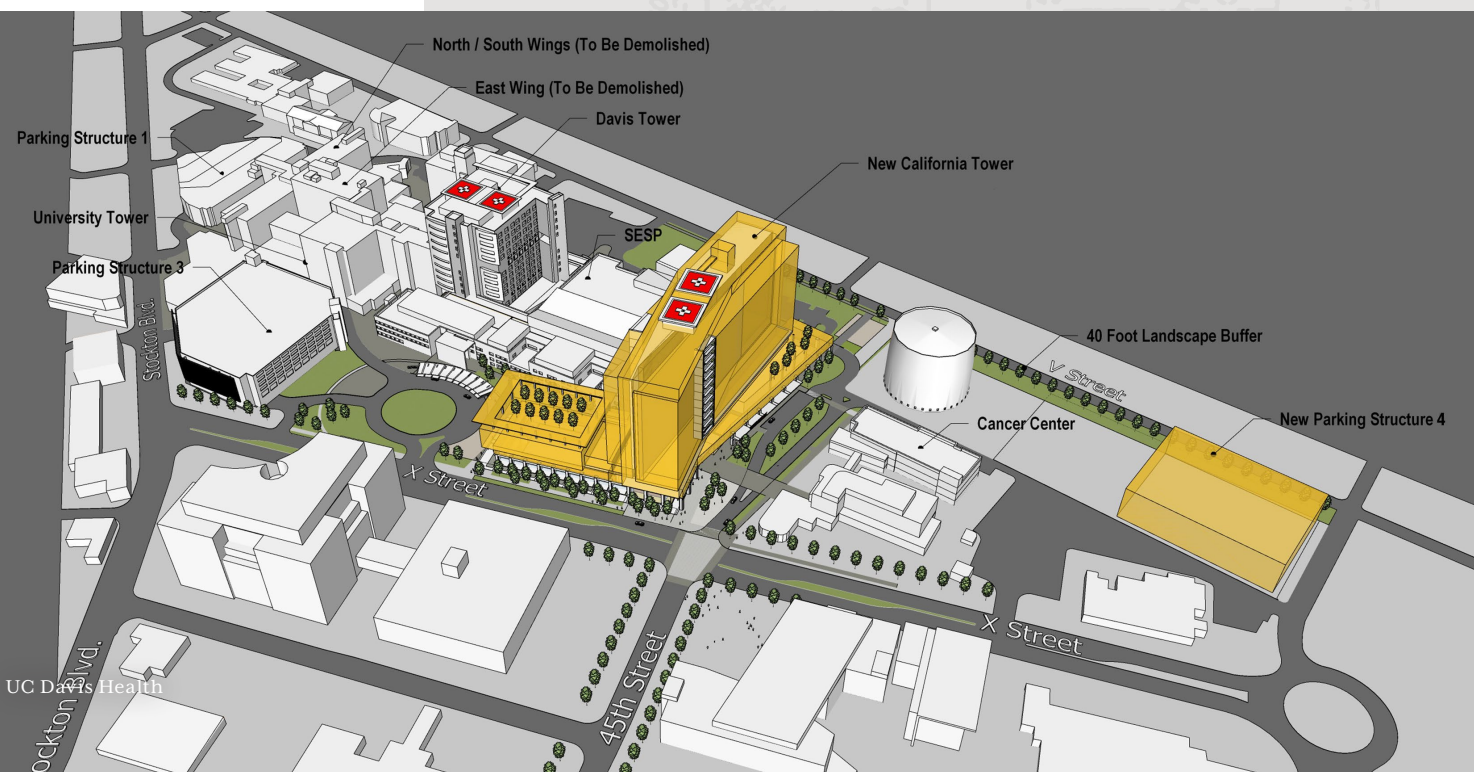
Projected to open in 2022, Aggie Square will eventually span 25 acres of the UC Davis Sacramento campus and feature state-of-the-art research facilities, classroom space, the Alice Waters Institute for Edible Education, multi-family housing, mixed-use space, and a range of amenities. The goal is to create a business and research hub and a dynamic, thriving community designed to bring inclusive prosperity to the neighborhood and the region. An economic analysis of the project predicts Aggie Square will add nearly \$5 billion to the Sacramento region's economy each year and support 25,000 ongoing jobs. For more information, visit aggiesquare.ucdavis.edu.

Tschannen Eye Institute

Construction is underway for a 2021 opening of the Ernest E. Tschannen Eye Institute, to be housed in an expansion of the Lawrence J. Ellison Ambulatory Care Center building. Tschannen is a former UC Davis Health patient, and his \$38.5 million in gifts and pledges to support the new center for vision science made him the largest individual donor to UC Davis in the university's history.

Sacramento Rehabilitation Hospital at UC Davis Health

In 2023, the Sacramento campus of UC Davis is scheduled to gain a second licensed hospital, with the opening of the Sacramento Rehabilitation Hospital at UC Davis Health. The new facility will offer treatment for patients recovering from conditions such as stroke, traumatic brain injuries, significant surgeries and spinal cord injuries. Announced in 2018, it's the first project named as part of Aggie Square, and will help patients transition from inpatient services to their homes to continue their recovery.



We're not
getting any
younger...
so let's
plan for it

Are you a
caregiver?

Do you help an older adult

- with their care
- get to the
- manage
- medical
- do other

If yes, you
who helps
to needs
terms be
challeng

Supporting both the older adult patient and their caregivers is a unique part of the approach at UC Davis Health's multidisciplinary Healthy Aging Clinic in Sacramento, a cornerstone of a major initiative to improve care for older adults across all care settings. The clinic includes care and consultations from geriatrics-trained providers, a range of supporting specialists, and family caregiving experts.

UC Davis Health's
new Healthy Aging
Initiative could create
the biggest impact to
the region's health
'for the next 20 years.'

Every day in the United States, 10,000 people turn 65 years old. The number of older adults will more than double over the next several decades, and represent greater than 20% of the population by 2050.

But rather than wait for the increase, leaders across UC Davis Health are moving proactively to make older adults a priority now — through a new, system-wide commitment to age-friendly care and services.

Known internally as the Healthy Aging Initiative, the formal, coordinated effort is designed to create an integrated approach to older adults across the lifespan and all care settings at UC Davis Health.

Through measures that increase access to care, decrease the complexity of navigating it, and boost quality of life for both adults and their family caregivers, the ultimate goal is to help create the healthiest and highest-functioning older adult population in Northern California.

"We're working on delivering this in a patient-centered and family-centered way. And we're taking a multidisciplinary approach with physicians, nurse practitioners and other members of our community," said Allison Brashear, M.D., M.B.A., dean of the UC Davis School of Medicine and co-leader of the initiative. "We're also building an educational program, so that we have a pathway for future providers to learn about how to care for older adults."

"This is a culture shift — UC Davis Health really is looking to work with its older population, its communities in a

substantially different way, right across the health system,” added co-leader Stephen Cavanagh, Ph.D., M.P.A., R.N., F.A.C.H.E., F.A.A.N., dean of the Betty Irene Moore School of Nursing at UC Davis. “We are looking not simply at an older person, but the environment they come from.

“We also want to leverage the great strengths of our academic medical center, the fantastic care and research we can offer and the teaching opportunities.”

Building on strengths

UC Davis Health CEO David Lubarsky, M.D., M.B.A., tapped Brashear and Cavanagh to lead the initiative in late 2019, and more than 40 experts from multiple disciplines are now involved through a unique collaborative agreement between the UC Davis Alzheimer’s Disease Center, the School of

Nursing’s Family Caregiving Institute, and the UC Davis School of Medicine’s departments of neurology, internal medicine, family medicine, and emergency medicine.

Each unit already contributes significant aging-related strengths, and the Healthy Aging Initiative aims to harness and build on them further by:

- providing more care specially tailored for older adults, to complement UC Davis Medical Center’s nationally ranked geriatric inpatient services;
- supporting families more extensively through insights drawn from the policy, research and direct-services expertise of the Family Caregiving Institute, launched in 2017 with a \$5 million grant from the Gordon and Betty Moore Foundation;
- leveraging the prominent dementia research findings of the nationally

recognized Alzheimer’s Disease Center, one of only 31 research centers designated by the NIH Institute on Aging; and

- integrating independent-living technology with the help of knowledge centers like UC Davis Health’s Center for Health Technology, home to pioneering telemedicine advances since the early 1990s.

Age-Friendly Health Systems participant

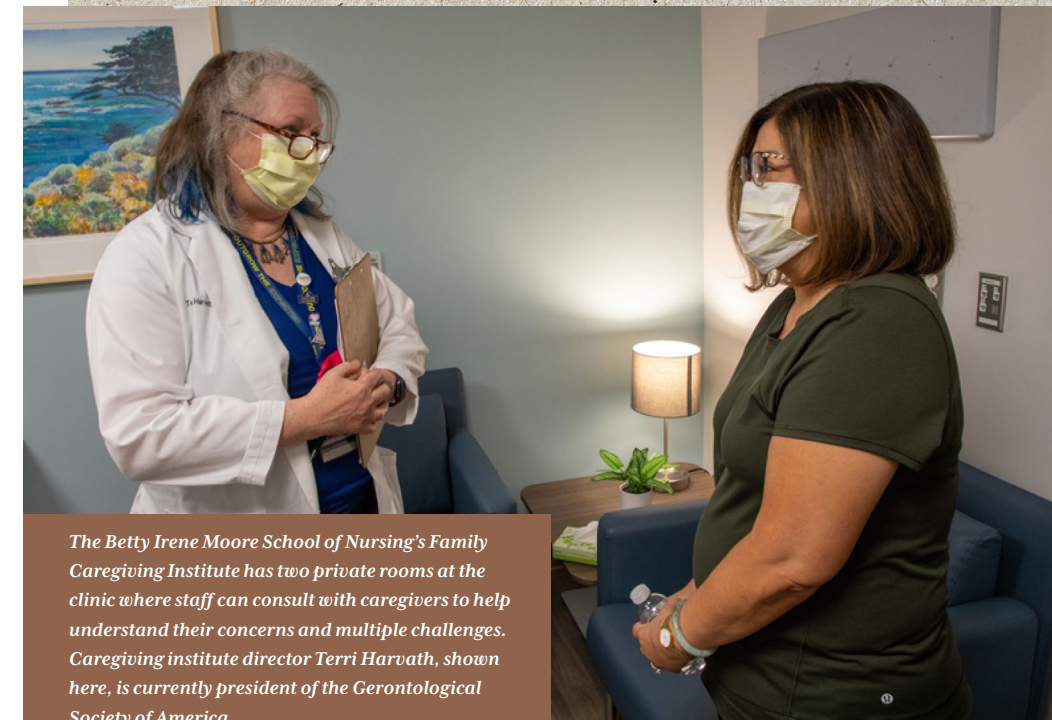
“The clinical aspect of this initiative looks at our existing services to see how we can make them more age-friendly,” said Terri Harvath, Ph.D., R.N., F.A.A.N., F.G.S.A., senior director for strategic initiatives at the School of Nursing and the director of its Family Caregiving Institute, who chairs the Healthy Aging Initiative’s clinical delivery committee. “We’ve also been identifying new services and looking at

processes across the continuum of care, so that we can make sure that we are connecting older adults and not losing them along the way.”

Clinical services are being designed using the principles of the larger Age-Friendly Health Systems initiative, a national program of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA). UC Davis Health joined the national program this spring — with a focus on the geriatric patients in the Emergency Department — as the Sacramento region’s only participant, and has been working toward designation along with more than 100 other U.S. systems (see related story p. 25).

UC Davis Health has also earned early membership in NICHE (Nurses Improving Care for Healthsystem Elders), a national nurse-driven program of The Hartford Institute for Geriatric Nursing at New York University College of Nursing, designed to help hospitals and health care organizations improve the care of older adults. The program provides leadership trainings, resources and continuing education to help nurses implement an evidence-based nursing practice model; UC Davis Medical Center’s 36-bed Davis 14 surgical unit serves as the pilot unit here, with a goal to submit for full NICHE member designation in early 2022.

Meanwhile, Healthy Aging Initiative members are also hiring additional inter-professional geriatric specialists across disciplines to serve at care locations both existing and new. One prominent example is UC Davis Health’s newly launched Healthy Aging Clinic in midtown Sacramento, which offers comprehensive, older-adult outpatient care that includes primary care, cognitive care, neuropsychology, geriatric psychiatry and consultations for family caregivers.



The Betty Irene Moore School of Nursing’s Family Caregiving Institute has two private rooms at the clinic where staff can consult with caregivers to help understand their concerns and multiple challenges. Caregiving institute director Terri Harvath, shown here, is currently president of the Gerontological Society of America.

Board-certified geriatrician Alia Tuqan at the Healthy Aging Clinic, which cares for older adults with a variety of geriatric syndromes. Clinical services through UC Davis Health’s Healthy Aging Initiative are being designed using principles from the larger Age-Friendly Health Systems program of The John A. Hartford Foundation, Institute for Healthcare Improvement (IHI) and other partners.



Research and policy chops

The Family Caregiving Institute and the Alzheimer’s Disease Center, and their respective multidisciplinary orbits, both play particularly critical roles in the Healthy Aging Initiative. Harvath, the caregiving institute’s founding director, is currently president of the Gerontological Society of America — the nation’s largest interdisciplinary organization devoted to the field of aging — while institute associate director (and School of Nursing dean emerita) Heather M. Young recently helped advise on California’s Master Plan for Aging.

At the Alzheimer’s center, longtime director Charles DeCarli, M.D., leads an interdisciplinary team focused on translating research advances into improved diagnosis and treatment, while working on the long-term goal of prevention or cure. He and UC Davis Health scientists recently received a \$53.6 million NIH grant — the federal agency’s largest ever

to the UC Davis School of Medicine — to study the role of incidental white matter lesions in dementia among diverse groups. Lubarsky and center faculty member Oanh Le Meyer served recently on the California Governor’s Alzheimer’s Prevention and Preparedness Task Force.

The Healthy Aging Initiative offers opportunities for novel research, since an orchestrated, systematic approach for older adults increases prospects to promote clinical trials to that population. In turn, research program findings are expected to be rapidly shared with the clinics.

“The goals of this initiative are something I’ve wanted to do my entire career,” DeCarli, who chairs the Healthy Aging Initiative’s research committee, told UC Davis communicators in a story about the project’s launch. “This could be one of the most impactful things we do for health care in the region for the next 20 years.”

Snapshot: Changing care for older adults

UC Davis Health's Healthy Aging Initiative is improving clinical services across four diverse settings: inpatient, outpatient, community and home. Two examples:

A new one-stop outpatient clinic for older adults

A centerpiece of the Healthy Aging Initiative is UC Davis Health's new interdisciplinary Healthy Aging Clinic — designed to provide comprehensive services that preserve the functionality and independence of older-adult patients, while at the same time supporting their family caregivers.

Located in midtown Sacramento, the new and growing outpatient clinic is a one-stop location where older adults can receive care from a number of geriatric specialists, including physicians, advanced practice providers, physical therapists, pharmacists, case managers and cognitive specialists.

"We care for older adults who have a variety of geriatric syndromes," said the clinic's interim medical director Alia Tuqan, M.D., a board-certified geriatrician who previously led the Division of Geriatrics at the University of Nevada, Reno, in an interview this spring. "We are seeing older adults, especially those with frailty, memory problems and dementia, and gait instability and falls.

"These older adults tend to be experiencing functional decline, have multiple chronic conditions and are on multiple medications."

Among those now available to provide expanded services for them are faculty from the UC Davis Alzheimer's Disease Center's growing team of geriatric neurology experts. Last fall the center added behavioral neurologist David Bissig, M.D., Ph.D., and neuropsychologist Alyssa Weakley, Ph.D., who see clinic patients and conduct research to support patients with dementia.

Both have special interest and expertise in cognitive and neurodegenerative conditions such as mild cognitive impairment, Alzheimer's, Parkinson's dementia and vascular dementia. They're the beginning of what Alzheimer's center director Charles DeCarli, M.D., hopes will grow into a larger geriatric program that involves expanding cognitive assessment for those who need it.

"When we lag in cognitive evaluations, patients come in sicker, which leads to a cascade of problems," DeCarli said. "But we know that with early detection, patients and their caregivers earn confidence through education. That assessment could even change a diagnosis and alter a course of treatment."

Meanwhile, providers at the Healthy Aging Clinic also recognize that older-adult family caregivers play a critical role in the health team. The Betty Irene Moore School of Nursing's Family Caregiving Institute has two private rooms at the clinic where staff can consult with caregivers to help understand their concerns and challenges.

"We offer consultation to support caregivers in their monumental role tending to an older adult. We also have training services, so we can teach them how to do complex tasks such as managing medications and caring for wounds," said caregiving institute director Terri Harvath, Ph.D., R.N., F.A.A.N., F.G.S.A. "The inclusion of services and attention to family caregivers really sets UC Davis Health apart from other health systems."

The Healthy Aging Clinic began accepting referrals and seeing patients in mid-January as part of a soft-launch phase, with a full-scale opening expected fall 2021 (as of press time). Providers began by offering geriatrics consults and family caregiving services, and continue to bring additional experts and disciplines into the mix, such as neurology, neuropsychology and geriatric psychiatry.

In the future, the clinic will also be a hub for learners in the health professions, including precepting with medical students and residents at the School of Medicine and nurse practitioner and physician assistant students at the School of Nursing.

David Bissig, a behavioral neurologist affiliated with the UC Davis Alzheimer's Disease Center, is one of the multidisciplinary specialists who provides consultations at UC Davis Health's new Healthy Aging Clinic.

Emergency department moves to age-friendly approach

Older adults arrive at the emergency department (ED) with complicated needs that may not be addressed by standard triage protocols. They often present with cognitive impairment, multiple chronic conditions and pain that's difficult to assess.

Developing age-friendly care within the ED is part of the vision of UC Davis Health's Healthy Aging Initiative, so UC Davis Medical Center's ED team has gone about increasing its expertise — both human and technological — concerning the older adult population.

"Older adults present with complex medical and social issues, making them more challenging to diagnose and discharge," said Katren Tyler, M.D., senior emergency care unit physician-lead at UC Davis Medical Center, and a leader of the health system's age-friendly work. "With a continuing increase of people over the age of 65 in the ED, we must change how we approach these patients upon arrival, so that we can improve their experiences, streamline the discharge process and eliminate unnecessary hospitalizations."

Her team now includes two Geriatric Emergency Nurse Initiative Expert (GENIE) registered nurses to target geriatric assessment and streamline care. UC Davis Health physicians and nurses still focus on the acute cause of an ED visit, but GENIE nurses identify patients with geriatric-specific health needs and pinpoint areas for intervention — providing clinical screens focused on Age-Friendly Health Systems practices, for example, and coordinating closely with clinical case managers, social workers, physical therapists and transitions-of-care navigators.

Advanced practice providers with geriatric expertise also serve in clinical rotations in the ED as part of a new N.P. Residency Program at the Betty Irene Moore School of Nursing at UC Davis. "They bring specialized knowledge and skill in geriatrics, while learning about why these patients end up in the ED and ways to strengthen outpatient care to prevent avoidable hospitalizations in the future," said residency program director Debra Bakerjian, Ph.D., A.P.R.N., F.A.A.N., F.A.A.N.P., F.G.S.A.

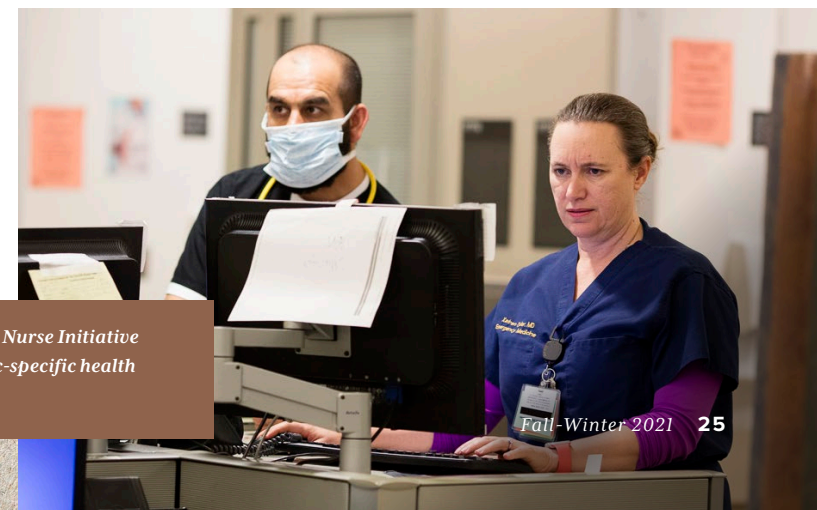
Katren Tyler's emergency department team includes Geriatric Emergency Nurse Initiative Expert (GENIE) registered nurses, who help identify patients with geriatric-specific health needs and pinpoint areas for intervention.

Geriatric emergency fellows are also an important part of meaningfully improving older-adult care in the ED, said Tyler, who helps oversee them. Her program has two M.D.s this year, who evaluate older ED patients and rotate through other clinical areas such as palliative care, UC Davis-affiliated skilled nursing facilities, and the healthy aging clinic.

EPIC, the EHR software used at UC Davis Health, includes the GENIE screening protocol and an Identification of Seniors at Risk (ISAR) screening tool. Some other age-friendly advances in the ED include:

- A geriatric emergency management group to improve multidisciplinary care of older adult patients, including physical therapy, social work, case management, transitions of care, pharmacy, nursing and physicians
- Attention to skin care, mobility and comfort
- Emergent physical therapy evaluations to help patients prior to discharge, and mobility supplies
- Participation in the health system's institution of a comprehensive fragility fracture program, adding to its well-established geriatric hip fracture program
- A geriatric pain panel and functional decline pathway in the ED Observation unit.

First-year goals include earning Level 1 Geriatric ED Accreditation from the American College of Emergency Physicians, with West Health Institute grant support.



The Class of 2025 begins its academic journey

A pandemic-era induction ceremony welcomes one of the most diverse School of Medicine classes ever

This year's incoming class of 132 students was inducted into the UC Davis School of Medicine July 31 in a pandemic-era ceremony that lacked an in-person audience, but nonetheless celebrated the familial heritage of the future doctors.

Masked students sat socially distanced in the rows where family and friends would normally be. Each received their prized stethoscope on stage, then turned to the microphone and — often in languages other than English — saluted family watching via Facebook Live.

The Class of 2025 is among the most diverse ever, with roughly 77% of students identifying themselves as a race other than white. Slightly more than two-thirds of the class is female. Earlier this year, *U.S. News & World Report* ranked the School of Medicine No. 4 for diversity among its student body.

"Starting medical school during the pandemic is not for the faint of heart,"



Senior student speaker Harjot Virk offers his perspective on resiliency at this year's induction.

said School of Medicine Dean Allison Brashear. "I believe this is one of the more exciting times to be in medicine," she added, "to serve our diverse communities in their greatest time of need."

Senior student speaker Harjot Virk also offered his perspective on resiliency. The keynote speaker was assistant professor of cardiothoracic surgery Luis Godoy, who had joined a gang and dropped out of school before turning his life around and eventually graduating from UC Davis School of Medicine.

Associate Dean for Curriculum and Medical Education Kristin Olson and Associate Dean for Students Sharad Jain placed a stethoscope around each student's neck, and one by one they delivered messages to family and friends watching around the world.

"I just want to say thank you to my family, my partner, my community, everyone who has helped me along the way," said Alexandra Inslee. "This accomplishment is yours to share."

Jasivet Chavez chose Spanish for her comments: "Gracias a todos mis mentores, amigos, y familia."

Brian Sharon drew laughs when he quipped, "Thanks to the admissions committee." Then in a more serious tone, he added, "and a special thanks to my husband for letting me turn our lives upside down and chase this dream — you're my biggest cheerleader."

Miriam Sarkisian said: "I want to thank my beautiful family who relocated their whole lives twice to different countries to bring me here today, to bring me better opportunities."

Rebeka Dejenie thanked her mother, a political refugee from Ethiopia. "I just want to say thank you to my mom, my single immigrant mother who sent both of her daughters to medical school and my late father, who I know would have been here today," she said before concluding her remarks in Amharic.

To see a recap video and more photos, visit the School of Medicine on the web or social media.



Shania Westmoreland receives her stethoscope from Associate Dean for Students Sharad Jain.



New medical student Alex Villegas thanks his parents for their support during the induction ceremony.

An unconventional path to medical school

Alex Villegas worked in construction, labored as a farmworker, and was first in his extended Mexican-immigrant family to complete high school.

Alex Villegas worked as a physical therapy aide for more than a year after graduating from UC Davis, unsure how to make the most of his hard-earned biology degree. Then one day, his boss summoned him into the office.

The manager was concerned that Villegas, who is highly empathetic to patients and savvy about musculoskeletal health, wasn't living up to his career potential. He wanted to know what Villegas saw himself doing in five years.

Villegas, unprepared for the question, blurted out that he was considering going back to school for physical therapy. But the manager, Edgar Villanueva, had another vision: "I looked him straight in the eye and said, 'you should not be a physical therapist, you should be a doctor.'"

(continued on next page)

That conversation in 2017 propelled Villegas on a new journey — one that brought him to the UC Davis School of Medicine where he started classes this month as a first-year medical student.

His path to Sacramento has been an unconventional one.

Along the way, Villegas worked in construction, labored as a farmworker and was first in his extended Mexican-immigrant family to complete high school. Lately, he has dedicated quality time to being with his father who is on hospice care with cancer. The experience has reinforced his decision to study medicine.

“My path toward medical school has been everything but a straight line,” Villegas said. “Initially, I couldn’t believe I had gotten accepted, and I got really emotional, because of all the sacrifices my parents had done to get me to this point.”

Work ethic instilled at an early age

Villegas, 28, was born in Modesto, the oldest of three boys. The family moved to Turlock, where the kids spent weekends operating power tools with their dad, a farmworker and truck driver who supplemented his income by repairing homes.

“Work was my dad’s way of showing me the value of what he calls ‘*ganas*,’ or the desire to succeed,” Villegas said.

Whenever Villegas contemplated his future, college was never in the picture, not even in a thought bubble. His parents had cut short their own schooling by the seventh grade in the rural Mexican state of Michoacán, and nobody in the family, including aunts, uncles and cousins, had ever been to college.

Villegas was a bookworm. His family called him *el estudioso*, the studious one.

At Turlock High, teachers steered Villegas into AVID, short for Advancement Via Individual Determination, a school-based organization that provides college track resources for students from diverse and underrepresented demographic groups.

Following his junior year, Villegas sought summer work at McDonalds and Taco Bell to pay for college applications, but got rejected. Instead, he took a job as a farmworker picking blueberries, onions and chili peppers.

His parents tried to talk him out of ag work. Deep inside, though, he had a personal reason for wanting to work in the fields: “Part of me wanted to see the work that my parents did, to know what they’ve gone through.”

On his first day in a Stanislaus County field, Villegas earned just \$26 in a seven-hour shift. The job paid by the quantity of crops he picked instead of a minimum wage.

On his first day in a Stanislaus County field, Villegas earned just \$26 in a seven-hour shift. The job paid by the quantity of crops he picked instead of a minimum wage.



Alex Villegas puts on the School of Medicine's white coat with help from his parents at an induction ceremony at home in late May, specially arranged due to his father's cancer diagnosis.

He empathized with coworkers who suffered from pesticide-related medical issues, no health insurance, lack of transportation and low wages.

“At the time I didn’t know I wanted to be a doctor,” Villegas said, “but I knew I had to do something for my community.”

Deciding to study at UC Davis

During his senior year, Villegas received a generous scholarship from California State University, Stanislaus. He chose UC Davis instead for its strong reputation in science education. In doing so, he became the first student from Turlock High’s AVID program to attend a UC school.

Moving 100 miles to Davis was bitter-sweet. He would pursue a higher education, yet be far from his father, his role model. Villegas apologized to his dad for no longer being able to help with construction jobs. He recalled how his father put his arm around him and said everything would be fine and encouraged his son to study hard.

“Something my dad told me that kind of stuck to me is that to keep growing as a person, you have to take risks and step out of your comfort zone,” Villegas said. “Like when my parents came from Mexico.”

At UC Davis, he took science courses and worked in research for Chicana/o Studies, surveying the needs of farmworkers. On weekends, he volunteered in the Knights Landing One Health

Center, a student-run clinic that provides free health care in rural Yolo County.

At one point he thought about a career in medicine, but the goal seemed unattainable.

Villegas graduated in 2016, debt free, thanks to federal and state grants, and gravitated back home. He took the job as an entry-level physical therapy aide in the hospital where he was born, Doctor’s Medical Center in Modesto.

He loved every aspect of patient care and didn’t really aspire to a higher career goal. But that one heart-to-heart conversation with his manager motivated Villegas to realize the potential others saw in him.

“Ultimately, my boss wanted whatever I would be happy with, whether that was physical therapy or medical school, but he always encouraged me to reach for the stars and not give up on my initial aspirations.”

Villegas gave serious thought to studying medicine. Eventually, he enrolled in the UC Davis yearlong Postbaccalaureate Program. The well-regarded program, heavy on science curriculum, also offers study tips and test-taking strategies for college graduates who want to apply to medical school.

Afterward, Villegas returned to Modesto and to his therapy aide job, while also studying for the Medical College Admissions Test. He took a leadership role in MiMentor, an organization that supports students from diverse backgrounds to become health professionals.

Tragedy prompts him to rethink medical school

Then tragedy struck the family: His father was diagnosed with liver cancer.

Villegas drove his dad from one specialist to another while debating whether to apply to medical school or wait until later. “I wanted to be around my family,” he said.

He discussed his dilemma with his parents. His father, as usual, encouraged Villegas to continue pursuing his goals. And his supportive brothers promised to look after their dad. Villegas then decided to apply.

On Dec. 15, 2020, Villegas received an unforgettable phone call. It was Charlene Green, the UC Davis School of Medicine admissions director.

Villegas was one of nearly 10,000 students who applied to the school. Suddenly, he was one of only 132 who would enroll.

“I just froze,” Villegas recalled of his conversation with Green. “I didn’t say anything for maybe 10 seconds, a good 15 seconds.” Villegas couldn’t believe he had been accepted, but soon realized it was affirmation for his hard work.

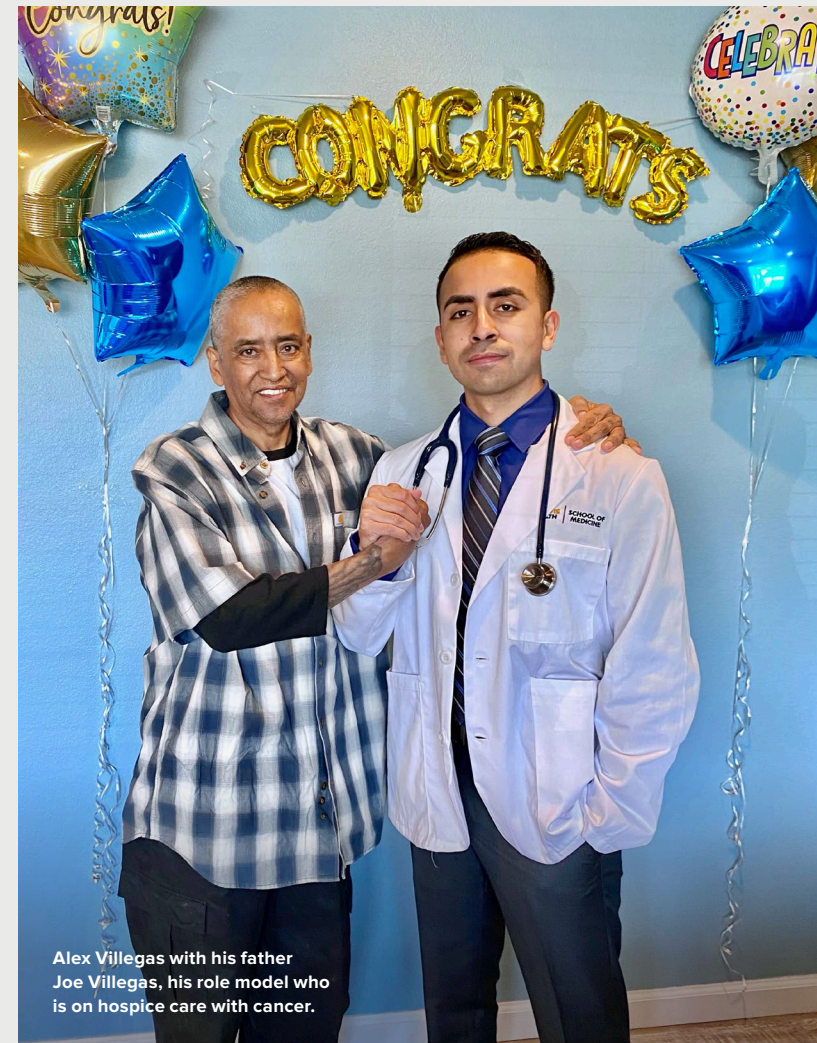
“Something my dad told me that kind of stuck to me is that to keep growing as a person, you have to take risks and step out of your comfort zone. Like when my parents came from Mexico.”

“I am worthy of being a medical student.”

Not only did he get into the UC Davis School of Medicine, and had offers from other schools, but Villegas also gained acceptance into a competitive academic track. REACH (Reimagining Education to Advance Central California Health) tailors medical education to UC Davis students who desire to practice in the Central Valley, one of the state’s most medically underserved areas.

“I feel so proud because he’s accomplished all this, despite the difficulties we’ve been through,” his father, Joe

Villegas, said. “He gave it a lot of *ganas*, a lot of *ganas*,” the father repeated, for emphasis. “We were so happy to put the white coat on him.”



Alex Villegas with his father Joe Villegas, his role model who is on hospice care with cancer.

Looking forward to seeing you in the spring

As we write this message, COVID-19 is still looming large. Right now, with all the uncertainties related to restrictions and comfort levels for social events, we're treading carefully. We want to be confident that when you return to campus, you'll have a terrific, memorable time with classmates, friends, faculty, staff, and students.

As things evolve throughout the fall and winter, watch your email and our School of Medicine Alumni Association website for announcements and invitations to events and gatherings — some virtual and we hope more hybrid, and in person.

In the meantime, please make plans now to return to Sacramento on Friday and Saturday, April 8-9, 2022 — Alumni Weekend 2021-2022.

We'll celebrate milestone reunions for the "1s, 2s, 6s and 7s." (Cheers to the Class of 1972 — our first 50th Reunion!) And we hope the "0s and 5s" will reunite for their in-person reunion they missed in 2020.

Want to be more involved in planning your class reunion? Interested in other opportunities to engage with our students and fellow alumni? Please contact us.



Doug Gross (M.D., '90)
President
UC Davis School of Medicine
Alumni Association



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Director
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School of Medicine Alumni Updates

1970s

1972

David Freeto

I have finally retired from my GI practice in Napa, CA. Two of my three children practice nearby: Brian is an orthopedist here in Napa, Jill a hospitalist in Santa Rosa, but Michael is an ER doc in Houston. I have seven grandchildren. Recently listened to Bob Fontaine (UC Davis SOM '72), who works for CDC, give a lecture at UC Davis to the medical students about his discovery of a small mushroom as the cause of a sudden death syndrome in rural China. Hello to all my 1972 classmates and residency mates, especially those who suffered through my year as Chief.

1974

Donna Chacko



I appreciate the Class Notes and am excited to share news of my first book, Pilgrimage: A Doctor's Healing Journey (Luminare, 2021). From my

patients and my own travails, I learned how "suffering of the mind, body, and spirit could become so tangled as to create a hard knot that was very difficult to unravel." My purpose in writing the book was to offer my story of healing in the hope that it would help others find their own path to healing of body, mind, and spirit. You can learn more and read the first chapter at serenityandhealth.com/pilgrimage. I now run a faith-based program called Serenity and

Health and live with my second husband in MD, near Washington, D.C. Look me up if you are in the area. I hope you all are having a good 2021.

1974

Warren Wong



I still see patients on and off usually when friends ask for help. It's interesting, I diagnosed a patient with myeloma!! :(. I still have the drive to

improve health care, and am in the leadership group to make palliative care for seriously ill patients a Medicaid benefit in Hawaii. Huipohala.org. Also, in a different chapter of my career and moving into technology. Please connect with me if you're interested in any of the following: Memoriesconnect.com, Healthpersonas.org, Geriatricswithaloha.com, Covid19caregiving.com. I wish all of my classmates the best. Warmest Aloha!

1975

Thomas Koch

Made my last dollar with a stethoscope two months ago [May 2021]. Still involved with ownership and strategy-management of our six urgent cares. I hike and bike daily when possible. Ski all winter, mostly xc these days. Enjoying retirement. We have a small cabin on the water in So. Oregon and I spend most of my time there.

1975

Richard Wageman



I retired 2002 and continue to enjoy retirement. Living in Bellingham, WA. We love sailing in the San Juan Islands and also into Canadian Gulf Islands (when the border re-opens). We both enjoy golf and travel. Next trip will be to Scotland in April 2022 to travel, and highlight will be golf at St Andrews.

1976

Alan Cohen



Looking back, the best courses I took in medical school were Nutrition, Eugene O'Neill, and Horseback Riding. Its best overall

impact on my life was meeting many wonderful lifelong friends. I had a difficult but rewarding subversive career entirely in closed panel HMOs' patient care, teaching, a little research, and a fair amount of management. I think overall I had a modestly positive impact on quality, cost, equality, insight, and patient comfort and outcomes. Since retirement, I have continued reading and writing about medicine and have published a couple of articles. Over the past year or two, confined by COVID, I have also had 145 poems published in 75 literary venues (if interested, search: Alan Cohen and poetry). My wife and I enjoy life here in Eugene, Oregon, reading, watching movies, going for walks, working in the garden, staying healthy by carefully choosing and preparing foods. Our best to you all.

1978

Ted Cowell



Retired for five years after 34 years OB/GYN practice Caldwell, ID. However, I am still working part time reading ultrasounds

from home, almost a radiologist. Mary and I have enjoyed world travel, visiting family as well as staying active with golf especially with this last year with COVID. 2019 was a busy year for us, having celebrated our 50th anniversary with our entire family in Idaho, visiting Mary's family in New Zealand, and vacationing in Tahiti. Our three kids, which we had in undergrad and medical school, are all well

in Ohio, Nashville and Boise. Can't believe our oldest is 51! Four grandkids, in Ohio, with the oldest playing football for the University of Indianapolis. We have been blessed with a healthy life and loving family. Greetings to all my classmates. It has been quite the journey.

1980s

1981

Jerryl Lynn Rubin



I am retired now after such a satisfying career in psychiatry. Our rural Northern California area would love more younger physicians! I am

involved in our community — president of PFLAG (parents and friend of lesbians and gays), am learning Yiddish now, the "mama-loshen" of my grandparents, and playing cello in our community orchestra. I have two wonderful adult daughters, one lovely granddaughter, and sweet black poodle. Life is good! UC Davis was great for med school and also for my psychiatry residency, which I completed at age 50! Life has been great. I try to contribute to my community, and there are never enough hours in a day!

David Manske



I hope you are all happy and healthy! I've been retired for over 18 months! I very much enjoy this new phase of life. I miss my work and old

colleagues, but NOT driving into the ED at 0200 hours! I stay busy with some work for a consulting firm, being on the UC Davis School of Medicine Alumni Association Board of Directors, and being the President of the Lipscomb-Chapman Orthopaedic Alumni Society at UC Davis. Of course, I'm on my boat at every opportunity too. I'm excited to soon have all three of my chil-

dren and my three grandchildren on the West Coast, as my son-in-law starts his three-year Peds Critical Care fellowship at UCSF in July. I hope to reconnect with many of my classmates later this year, to acknowledge the passing of 40 years since we graduated from the UC Davis School of Medicine!

D. Malcolm Shaner
See Angeli Agatep 1986

Robert W. Wing
I retired in September 2020.

1982/1983

Wilson SooHoo



I retired from pathology (Kaiser Roseville) January 2019 but still pull occasional locums shifts at Maui Memorial Medical Center. I just finished setting up a pole vault program at the new high school in our subdivision but will be coaching the vaulters at Oakmont High School next season. Although I still jump, I'm no longer the famous athlete of the family, because my wife, Cathy, just won a US Tennis Association National Doubles Championship (3.0 ranking, 50+).

1985

Noachim Marco



In a year where many couldn't work, I never worked harder. In the midst of providing direct patient care, and leading my organization through an unprecedented pandemic, I started my city's COVID-19 asymptomatic testing in nursing homes. The program tested all 60,000 nursing home residents and staff in LA. I was honored that LeadingAge asked me to serve as a founding member of its Clinical Advisory Group. We give guidance to the CDC, and

to CMS, and provided key recommendations around vaccine access and distribution in senior communities. I provided guidance to our state and county departments of public health and was an author or quoted in several published articles. I spoke about emerging technology trends in senior care at a national conference, and I still occasionally eat Larry Hess's cooking. I'm grateful that the journey I began at UC Davis, got me to such a challenging and very rewarding time.

1986

Angeli Agatep



Hi everyone! Malcolm and I are still enjoying our semi-retired, part-time work life: Kaiser WLA Urgent Care for me and

UCLA neurology professor for Malcolm. Practicing medicine has become more of a "visiting pro" mentality which is fun! The band Malcolm plays in (Ocean Park Sound System) is now performing. They sound great and especially knowing that they resumed playing together regularly only 2-3 months ago, outdoors and 6 ft apart. Neighbors complained to the police at least twice about noise level and then neighbors complained to the band when they stopped rehearsing. Website: www.oceanparksoundsystem.com. Attached is a fused photo from the Rosenthal gig July 10th. Stephanie Shaner (class of 1986) in striped shirt, Malcolm Shaner (class of 1981) with hat, Angeli Agatep (class of 1986) with yellow glasses, Anastasia Pappas (class of 1990) with dark glasses.

1986

Loretta Y. Howitt



Greetings! Here are photos of myself with my partner Brad, and another of my wonderful three young adult kids. I am on the count-

down to mandatory SCPMG retirement on December 30, 2021 and happy to hear your tips, invitations and even part-time job offers! I have loved all 31 years in Emergency and C/L Psychiatry and am literally going to Disneyland on New Years weekend ;)

1990s

1992

Hugh B. Cecil



Enjoyed a fantastic I.R. practice in the Flathead Valley of NW Montana for over 20 years. Started out as the only IR in NW Montana in a

radiology group of four; grew to four IR's in a group of 19. Wow, what a run! Loved my group, my colleagues at the hospital and my IR family. Live on a gorgeous lake with my wife, Denise. Two daughters both in Utah, one grad from U of U, and the other an engineering student at BYU. Life throws curve balls so I'm recently retired, loving spending time with my family, finally got back to Hawaii for some fun, and I try to get out fly fishing/guiding as much as I can.

1996

Joe Robinson

Hi, everyone! After postgraduate training in TN and PA, I returned to CA, first Modesto, then Santa Maria finally settling with my family in Arroyo Grande. Left the Army, returned, providing a little excursion to Iraq, now a civilian, again. I practice Emergency Medicine in San Luis Obispo County. In the past year, I have also practiced part-time in Tuba City, AZ, in the Navajo Nation. Hope everyone is well; would be great to hear what everyone is up to. Best wishes.

2010s

2011

Natalie Guido-Estrada



I have been enjoying life in San Diego the last five years. After my residency in Phoenix, AZ, I'll never take the beach or an ocean breeze

for granted again! I was recently promoted to associate professor at UCSD and work as a pediatric neurologist at Rady Children's Hospital. I got engaged in January and I am busy planning a post-COVID wedding which will include two UC Davis School of Medicine classmates in the wedding party, Hailey MacNear and Laura (Kurek) Marsano. I am eager to reconnect with all my 2011 classmates sometime in the near future, hopefully at the much anticipated 10-year reunion!

2012

Nahid Vidal

Since graduating, I did my intern year at UC Davis Medical Center, then dermatology residency at The University of Iowa. I completed a fellowship in Micrographic Surgery and Dermatologic Oncology at Mayo Clinic and went on to serve as Director of Dermatologic Surgery and Director of Dermatologic Surgical Resident Education at Dartmouth Hitchcock until 2019. I currently work in academic medicine as the Director of Dermatologic Surgery Resident Education at Mayo Clinic in Rochester, Minnesota. I am focusing my career on diversity, education & curriculum improvement, and rare cutaneous tumors. I am married to David, have a 3-year-old son Mogey, and a golden retriever named Hudson. Instagram handle @Dr.NahidVidal

2013

Taylor Nichols – Fellowship 2020



After working in various clinical settings, I completed a fellowship in Health Policy and Advocacy with UC Davis and

California ACEP. I currently work primarily at Mercy San Juan Medical Center as well as Adjunct Clinical Faculty in the Department of Emergency Medicine at UCSF. I am completing my second year of my first 2-year term on the Board of Directors with California ACEP, and I'm a member of the newly formed Social Emergency Medicine task force. I live in Sacramento with my wife, fellow UC Davis School of Medicine alum, Katie Alton, and our two-year-old daughter Ellie.

2015

Kellie Corcoran



I and my husband, Justin, relocated back to Sacramento in September of 2020. We welcomed our first baby, Charlie Ocean, in January.

RESIDENCY/ FELLOWSHIP ALUMNI

1986

Richard L. Cosby

Residency 1971 (Internal Medicine), Fellowship 1973 (Nephrology) After graduating from UCLA Medical School in 1964, I served more than three years in the Army, I came to Sacramento in 1969, a Sacramento County employee as

second year medical resident in 1970, a UC Davis employee during my third year medical residency on the wards, welcoming the first class of 3rd year UC Davis students from basic sciences to the wards. After Internal Medicine, I stayed at UC Davis to be its first Nephrology Fellow, finishing in 1973, I performed its first hemodialysis. I later worked for 17 years as partner at the Woodland Clinic, then for eight years in the Navy. Appointed Clinical Professor, UC San Diego in 1997. So old, I no longer see fellow UC Davis trainee or faculty names I recognize. However, I'm amazed and proud to watch UC Davis Medical School grow in size and importance in the medical world, and its graduates perform importantly worldwide.

Lawrence Laslett

Residency 1976, Fellowship 1978 (Cardiology)

I'm now fully retired and living with wife of 42 years Laurie on Monterey Bay. Laurie and I are enjoying retirement, living on the Monterey Bay coast, near our son and wife and two delightful grandkids. We enjoy beach and forest walks and bike rides, and I serve as the board treasurer of our local Loaves and Fishes and help with our homeowners' association (having become very used to Zoom this past year). I do miss the fun parts of my job (patients and teaching), but not at all the paperwork and hours. It amazes me how much medicine has changed in (what seems like) the few short years since my UC Davis residency and fellowships. I'm lucky to still be in good health and enjoy hiking and bicycling.

D. Malcom Shaner

Residency 1985 (Neurology)
See M.D. 1981 (Angeli Agatep M.D. 1986)

David Manske

Residency 1986 (Orthopaedic Surgery)
See M.D. 1981

Jerry Lynn Rubin

Residency 2000 (Psychiatry)
See M.D. 1981

Taylor Nichols

Fellowship 2020 (Emergency Medicine: Health Policy)
See M.D. 2013

ATTENTION ALUMNI:

STAY CONNECTED to your alma mater!

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**ALUMNI WEEKEND
2021-2022**



**APRIL
8-9, 2022**

Mark your calendar and plan
to join classmates and friends.
Updates and suggestions:

[health.ucdavis.edu/
medalumni](https://health.ucdavis.edu/medalumni)

Alumni, students & friends

In memoriam

GEORGE K. YORK, M.D., '78, neurologist, historian of neurology, and health care executive, died in Fiddletown in June at age 70. He was a concerned and empathetic physician who saw his clinical role primarily as a patient advocate. His accomplishments in his parallel life as an academic historian of neurology included chairmanships of the history sections of the American Academy of Neurology and World Federation of Neurology, twice winner of the AAN's Lawrence McHenry Award, many invited international lectures, dozens of peer-reviewed publications, and memberships in the Royal Society of Medicine and Savile Club.

York's area of academic focus was the founder of scientific neurology, John Hughlings Jackson, for which he was an acknowledged world's expert. His humorous commentary on health care issues and policies, *The Termite*, was distributed for nearly 15 years to the Kaiser Medical Group. He served on AAN and Kaiser finance committees.

York grew up in Davis, and attended medical school and performed his neurology residency at UC Davis. After a UCSF fellowship, he opened a practice in the Gold Country and was later recruited to head the neurology department at Kaiser Stockton.

George is survived by his wife Pamela and his siblings, Judi Williams, Peter York, Jennifer Linzey and Melissa Chase.

Excerpted from medical society obituary.

KEN GRIEGER, B.S. '80, M.D. '84, retired orthopedic surgeon and a medical software pioneer, died last June at his home in Sonoma. He was 63 and had suffered from chronic kidney disease.

Born in San Francisco, Dr. Grieger spent his youth in Marin County and graduated from Redwood High School. He received his bachelor's degree in biochemistry at UC Davis in 1980, and his medical degree in 1984, also at Davis. He completed his residency in orthopedics in Phoenix after a general surgery internship at Maricopa Medical Center. He then relocated to Sonoma, where his father, Robert Geiger, had an orthopedic surgery practice and his mother, Katie Valasek, taught in the English department at Sonoma Valley High.

Ken and his father practiced together from 1989 until 2006, and Ken was adored by his patients for his sense of humor and his caring bedside manner. He also volunteered his time providing sports physicals for the high school athletics department and serving as a team doctor for the Sonoma Dragons football program. Ken was an early adopter of computers and coding, and built a software program that streamlined medical records and billing for local doctors.

Ken is survived by his wife Anne Geiger, his sons Maxwell Geiger and Nicholas Geiger, his parents Katie Valasek, Bob Geiger and step-mother Donna Geiger; and his siblings Chris Geiger, Carolyn Ward Baum, Marilyn Hueper, Jennifer Geiger, Tom Ward, Angela Geiger, Kim Akkawi and Tami Pesic.

Excerpted from The Sonoma Index-Tribune.

PATRICIA OSTRANDER, M.D. '87, passed away in February after an eight-year encounter with cancer. She was born in Chicopee, Massachusetts to Bill and Georgene LaPorta, an Air Force tech sergeant and a nurse. She spent her childhood in a variety of places, from the Upper Peninsula in Michigan to Nebraska and the Philippines, before her family settled in Rancho Cordova near Mather Air Force Base.

Dr. Ostrander was an endocrinologist for over 25 years at Mercy Medical Group in Sacramento. She loved being a doctor and cared about her patients, and she loved the field of endocrinology. She also loved gardening and, over the last ten years, turned the acre of land where she and her husband lived into a series of beautiful gardens.

She is survived by her husband of 40 years, Adam, daughter Annabelle, sons Will and Harry, son-in-law James, and grandson, her most recent joy, Connor. In addition she leaves her siblings Denise O'Campo, Vickie LaPorta, Bob LaPorta (Marilyn) and Tom LaPorta (Carol).

Excerpted from The Sacramento Bee.

An update from Stephen Cavanagh,
dean of the Betty Irene Moore
School of Nursing at UC Davis

Our unique role

Recently, UC Davis Health CEO David Lubarsky outlined a blueprint for building the next generation of UC Davis Health for the next five to 10 years and beyond.

At the Betty Irene Moore School of Nursing at UC Davis, our sights are laser-focused on how we complement the health system's vision and multiply its impact for the individuals, families and communities we serve.

Our new strategic plan capitalizes on our strengths, leverages opportunities to optimize health for all, and bolsters our collaboration across the health system.

It begins with how we educate the next generation of health care providers, researchers and educators. We must ensure that future nurses, nurse practitioners, physician assistants (P.A.s) and nursing researchers experience the most innovative technology in their coursework, and encounter the most diverse populations and environments in their clinical rotations.

We take the innovation bred through the pandemic and apply it to future education in ways that better prepare students for the evolving state of health care. Earning a top-25 national ranking in our first decade speaks to our reputation for producing transformative nursing leaders, which is evident in our more than 700 alumni.

Diversity not only lies in the experiences we provide our students, but also in the experiences they bring with them

upon matriculation. In June, 68% of our newest P.A., nursing and nurse practitioner students are first generation. Of our certified P.A. alumni in the Class of 2020, Black and Hispanic graduates represent roughly double the national averages.

Our value of cultural inclusiveness goes beyond the numbers. I'm proud that the School of Nursing's Piri Ackerman-Barger and Jann Murray-Garcia (and our alumni) lead Anti-racism and Cultural Humility Training at UC Davis Health and for School of Nursing faculty.

We strengthen community partnerships where engagement improves health. This includes supporting rural health care providers, increasing opportunities for students to work with the underserved, and boosting referral patterns that benefit UC Davis Health.

In the past year, the School of Nursing has brought more value to UC Davis Health's delivery of care than ever before. As providers and preceptors, our faculty increase our integration within the health system. Our nurse practitioners and P.A.s care for patients and expand access in clinics within the UC Davis Health network.

These providers also play a major role in the new Healthy Aging Clinic at UC Davis Health, the multispecialty clinic designed for older adults and their caregivers. The clinic will serve as a site for students to learn better how we care for older adults in community.



Stephen Cavanagh, Ph.D., M.P.A.,
R.N., F.A.C.H.E., F.A.A.N.

Our contribution complements traditional clinical care thanks to the expertise of the Family Caregiving Institute. Nursing caregiving experts consult with family caregivers who care for their aging family member in decline. Our interprofessional team, led by institute director Terri Harvath, currently consults caregivers and will soon launch decisional support for the dilemmas that caregivers face.

From providing direct services to caregivers to brokering international discussion on caregiving, our Family Caregiving Institute is poised to drive major research and policy advocacy to positively affect the more than 40 million caregivers in the U.S. Currently, institute researchers Heather M. Young and Janice Bell lead the evaluation of the \$30 million California state investment to expand services and support for family caregivers.

In addition to our growing cadre of faculty with geriatrics expertise, our research program expands to include health equity research.

Our best is yet to come — here in Sacramento, throughout California and across the nation.

Next-generation education. Diverse and inclusive approaches. Innovative partnerships. Amplified collaboration. Unparalleled leadership. The School of Nursing serves a unique role at UC Davis Health. We're honored to bring our unique lens and expertise to the table to partner with you, as we achieve all that's possible at UC Davis Health.

Passion meets priorities

Keoki Leong, M.H.S., P.A.-C., works each day in a capacity and place he never imagined three years ago. But as a physician assistant (P.A.) in plastic surgery at UC Davis Health, Leong's professional passion and personal priorities unite in the career he envisioned.

"I love medicine, but I love my family too," Leong said. "I definitely felt that being a P.A. offered a work life balance to do what you love, then being able to come home to your family."

Leong is among the 65 graduates from the Betty Irene Moore School of Nursing at UC Davis who were in the home stretch of their degree program when the coronavirus pandemic hit. In that crisis, he learned the real value of being at UC Davis.

"When the pandemic hit, it was devastating with our clinical rotations. But UC Davis Health had our backs," Leong explained. "They opened up spaces for us. We graduated on time. And that was something that only could have happened by choosing UC Davis."

One of those rotations in the spring and summer of 2020 ultimately led to Leong's job today. He works both inpatient and outpatient and delivers the care he always dreamed he could.

"Inpatient we consult with the Emergency Department on a lot of hand or craniofacial injuries. I also work with our oncology surgeon on mastectomies or breast reconstructions. I assist our residents and attending physicians hands on with suturing and suctioning, whatever help they need," Leong said.

"Outpatient we work with patients who are post-op checking on wounds, sometimes casting," Leong continued. "Some of the greatest moments I've had in my short time here at UC Davis is just the gratitude that patients have in knowing we gave them an extra shot at life — to see another birthday — to see their kids' graduation."



UC Davis P.A. graduate
credits school with
opportunities, support

Keoki Leong, a Class of 2020 graduate of the UC Davis physician assistant program, says UC Davis helped him meet both professional and personal goals.

**"I went into medicine
to make a difference.
And UC Davis provided
me that opportunity."**

—PHYSICIAN ASSISTANT
KEOKI LEONG

Leong credits his education with developing the skills and knowledge to practice safe medicine. He credits UC Davis with making the connections with other providers that set the course for his professional practice.

"I knew that going to UC Davis meant I was part of a UC system school. I knew the opportunities would be there. I really didn't know how many doors would be

open to me," Leong said. "It's just a testament of the school and their mission in helping us as students and making sure that we complete our program and have opportunities when we graduate."

Now, just a few months shy of marking his first year as a P.A. professional, Leong is grateful to fulfill his personal mission.

"I went into medicine to make a difference. And UC Davis provided me that opportunity," he said. "I'm so blessed that UC Davis took a chance on me. I'm grateful to be a UC Davis physician assistant alumni."

UC Davis nursing school residency program prepares new nurse practitioners to tackle rural health care

Transitioning from a student in class to a professional in the clinic



The inaugural cohort of nurse practitioner residents credits the program with building their confidence and their primary care skills.

When Sara Delao graduated from the Betty Irene Moore School of Nursing at UC Davis, she felt grateful for her education and excited for the future. But before she took a new job as a family nurse practitioner (F.N.P.), she thought something was missing.

“As I got ready to apply for positions and launch my career, despite my incredible education, I still felt like I needed some extra mentorship and guidance,” said Delao, a graduate of the master’s-degree F.N.P. and residency programs. “As I transitioned from my role as an R.N. to an advanced practice provider, I was looking for a fellowship to help me transition to practice.”

Delao found exactly what she was looking for in the Advanced Nurse Practitioner Primary care Residency in Addiction, Chronic care, Telehealth, Improvement science, Collaboration and Equity (Advanced NP-PRACTICE). This summer, she and 10 other nurse practitioners (N.P.s) completed their residency as the inaugural group in the program.

“I don’t think I would have been ready to tackle family medicine as a new grad nurse practitioner on my own. It would have been really difficult,” explained residency graduate Claudia Canturin. “The slow transition and ramping up of patients really made a difference in how I practice.”

The program is a collaboration between the School of Nursing, UC Davis Health and affiliated centers and clinics, as well as multiple Federally Qualified Health Clinics (FQHCs). FQHCs are community-based health care providers that receive funds from the Health Resources and Services Administration to provide primary care services in underserved areas.

The end goal: to support new N.P.s as they move from their graduate-degree program into the workforce and expand the number of advanced practice providers who can provide high-quality primary care in under-resourced areas.

“We could not have asked for a better group of nurse practitioners as our inaugural cohort,” said Deb Bakerjian, Ph.D., A.P.R.N., F.A.A.N., F.A.A.N.P., F.G.S.A., residency program director and School of Nursing professor. “Despite the challenges of the pandemic, this group of professionals fully engaged in the educational and clinical activities, consistently stepped up to provide feedback on the program, and worked collaboratively with the staff in their clinics.”

Meeting social needs

The program also advances a goal of the 2019 report from the California Future Health Workforce Commission. With a projected shortfall of more than 4,100 primary care clinicians, commissioners called for maximizing the role of nurse practitioners to help fill gaps. They want to increase the number of nurse practitioners from roughly 27,000 to 44,000 by 2028.

This inaugural group started the residency program two months into the coronavirus pandemic. Program leaders quickly adjusted. Residents spent the entire 12 months seeing their own panel of patients in clinics from Grass Valley and Marysville to midtown Sacramento and at the Sacramento County Public Health Center.

“It has been my goal for many years to work with the underserved to promote prevention,” said resident graduate Ali Berkeyheiser. “If there’s something you’re not comfortable doing, usually you can simply refer the patient to a specialist. But when working with the underserved that’s challenging. This residency program has made it so that I can safely give good care.”

Each resident received tailored specialty rotations, based on areas in which they identified needing additional education and experience. Those areas included pain management, advanced wound care and cardiology. They also benefitted from weekly practice discus-



Graduate resident Crystal Barajas, right, appreciated the program’s mentorship and the opportunity to serve Sacramento’s underserved populations.

“If there’s something you’re not comfortable doing, usually you can simply refer the patient to a specialist. But when working with the underserved that’s challenging. This residency program has made it so that I can safely give good care.”

—ADVANCED NP-PRACTICE
GRADUATE ALI BERKEYHEISER

sions, received constant mentorship, and participated in quarterly specialty lectures and skills training. Program organizers learned a few things, too.

“We realized how to better deliver our virtual sessions. We also plan to refine our onboarding to get residents into their clinics sooner,” Bakerjian said.

Mutual pandemic journey

While the educational experience achieved the goals of each resident, the comradery they experienced among each other was an unexpected bonus.

“We were able to get through this pandemic together and hone our skills. We developed friendships that will certainly last a lifetime,” said residency graduate Alex Malliaris Peck.

“I’ll look back fondly on the hours I spent on the phone this past year... talking, crying, complaining and laughing about this wild adventure that we all volunteered for,” added residency graduate Jessamyn Phillips. “I am finishing this year better equipped to step into practice as a nurse practitioner than I was 365 days ago.”

Phillips is one of at least two residents who accepted positions at the clinics where they worked during the program. This, according to leaders in the FQHCs, is a major step toward filling the need of qualified providers.

Residency graduate Crystal Barajas said, “It has been an honor to serve the community of Sacramento, especially our immigrant and Spanish-speaking populations.”

The next class of 10 residents begins the program in October. They will work in clinics ranging from Grass Valley to Fresno.

Betty Irene Moore School of Nursing Alumni Updates

Michelle Camicia, Ph.D. '18, R.N., F.A.A.N.

I've published several manuscripts in 2021 on rehabilitation nursing care for COVID recovery patients, case management competency for assessing family caregivers and prevalence of depression and anxiety among patients with mild traumatic brain injury. I had the opportunity to present my work on assessing and addressing the needs of family caregivers at the International Stroke Conference, Denver, CO, the Aging Well with Stroke in the era of COVID-19 E-conference in Scotland, UK and virtually at EuroheartCare 2021 in Rome, Italy. I currently have two manuscripts under review, one book chapter in press, three manuscripts in development and four conference presentations forthcoming. I am deeply grateful to the Betty Irene Moore School of Nursing faculty and my Ph.D. cohort for providing the solid foundation on which I've been able to build my research and writing to transform health care delivery.

Jacqueline Clavo-Hall, Ph.D. '17, J.D., C.R.N.A.

My undergraduate alma mater William Carey University in Hattiesburg, Mississippi recently opened a new health science building. Nursing lab # 2 (room

228) is named after me. I've worked for 25 years as a nurse anesthetist and after earning my Ph.D. in Nursing Science and Health Care Leadership from UC Davis Betty Irene Moore School of Nursing, I worked as an associate professor and interim director for the Touro University California School of Nursing. Newly into retirement, I returned to working part-time as a nurse anesthetist at an independent critical care hospital in a rural community. I want to express my gratitude for the life-long gift of education, integrity, respect, and perseverance that I developed during my years as a student. It is a privilege to have the opportunity to say, 'thank you' and 'thank God'.

Terrelyn C. Fernandez, P.A.-C. '92 Retired!

Kimia Ighani, D.M.Sc., M.H.S. '19, P.A.-C.

I completed my Doctor of Medical Science degree in January 2021 and am currently working in urgent care in the greater Sacramento area.

Barbara Leary, M.H.S. '84, F.N.P.-P.A., B.S. '79



After graduating from the NP/PA program, I served as a nurse practitioner for 31 years at UC Davis Medical Center working in the Acute Care Clinic, as faculty for the NP/PA program, on the General Surgery service and Orthopedic Trauma service. Following retirement, I have become more active in the Folsom community, now serving on our Planning Commission. I also serve as the Chair of the Sierra Club, Sacramento Group. These endeavors help me to continue to focus on health by addressing necessary changes in the

broader environment — addressing policy change in industry, transportation, and development, along with encouraging healthy lifestyle changes all needed to protect ourselves and our planet. I strongly feel that my training and career have put me in a unique position to work on affecting positive change.

Sara Marchessault, M.S. '15, F.N.P.-P.A.



2021 has been an exciting year with many changes. December 31, 2020, I completed five years in clinical practice in Modoc County, CA and moved to Klamath Falls, OR. Since that time, I opened my own private practice, Olive Tree Medical Care. I work part-time for a wound clinic and I'm pursuing training in Wound Ostomy Continence certification. I also took a part-time position with Klamath Open Door, providing primary care for the medically underserved. This move means I get to be closer to my extended family. I love my new home in the forest, juggling multiple jobs and the challenges thereof...and exploring the fabulous Pacific Northwest. Cheers to all of us!

Jennifer Mattice, M.S. '12, R.N., C.E.N., Certified Life Coach

I retired from UC Davis Medical Center in 2020 after 31 years and have started a new career. I am a BrainSpotting therapist working to heal trauma stored deep in the brain. I would love to build my practice by giving back to the community of health care workers and first responders that I worked with for so many years. By helping this community of helpers/healers process their stored trauma, I hope to improve their relationships, decrease work related burn-out, and widen their window of tolerance for the stressors in their lives.

Joanna Mello, M.S. '14, R.N., C.C.R.N.



Since graduating from the leadership program in 2014, I have enjoyed a variety of educational and leadership nursing roles at UC Davis Health. I was a Clinical Nurse III in the Emergency Department, a Clinical Instructor at the Betty Irene Moore School of Nursing, a Staff Developer in the PACU, and most recently I'm serving as an Interim Assistant Nurse Manager in PACU. I also had an opportunity to present a project with my PACU colleagues that shared our work to improve the outpatient prescription workflow for surgical outpatients. I've truly been so fortunate to have these opportunities to grow as a woman, nurse and health care leader. I'm excited to continue working toward improving patient outcomes, reducing health care disparities and implementing evidence-based practices. On my days off I enjoy the outdoors, fitness, food and spending time with my family!

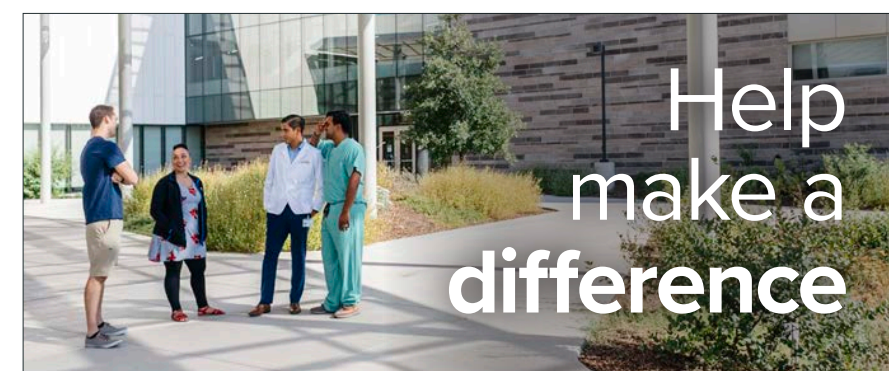
Rayne Soriano, Ph.D. '15, R.N., N.E.-B.C.



I accepted a new leadership position serving our communities in Kaiser Permanente Hawaii as the Regional Director of Nursing Professional Practice, Operations, and Magnet.

Cindy Wilson, M.S. '14, R.N., P.H.N., I.B.C.L.C.

As director of public health nursing for Nevada County, I led our team of Public Health Nurses and others in our community's COVID-19 case investigation and contact tracing and vaccination efforts. Although these last 17 months have been incredibly challenging, I know people are alive who would not have lived through this pandemic because of the work of our Public Health Department. I was recently interviewed by our local news website YubaNet about my experiences during the pandemic. Here's the link to that article: <https://yubanet.com/regional/sp3-cindy-wilson/>.



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Studying COVID-19 booster vaccines

Clinical trial participant Nicholeth Santiago receives either a Pfizer booster vaccine or placebo this summer at UC Davis Health. The UC Davis School of Medicine is one of only 150 sites taking part in the major clinical trial that led to the federal government's Emergency Use Authorization (EUA) of the Pfizer-BioNTech COVID-19 vaccine in December, which helped pave the way for widespread vaccinations last winter and spring. During the trial's latest phase, 60 participants here received a third dose of either vaccine or placebo to determine whether a booster is necessary, safe and effective against the original COVID-19 strain and the Delta variant. The ongoing worldwide trial involves 40,000 participants, including 225 over the last year at UC Davis. Principal investigators at the school of medicine include internal medicine chair Timothy E. Albertson, M.D., M.P.H., Ph.D., and Angela Haczku, M.D., Ph.D., associate dean for translational research.