Emerging better

SPRING IS ABOUT EMERGING FROM WINTER AND, THIS SPRING, IT’S ABOUT emerging from a year like no other. At OHSU and in the School of Medicine, the opportunity to emerge differently is clear.

Even as we look forward to seeing each other again on our campuses, we are building on what we learned about our capacity for distance learning, telework and telemedicine and how these tools, used appropriately, can serve students, faculty, employees and patients alike. We are learning from the ways in which school faculty and staff joined others across the university in such areas as wellness and research operations to marshal our highest expertise and best practices for the benefit of all. And we learned from—and frankly wish we could bottle—the incredible creativity, brilliance and esprit de corps that students, faculty and staff mustered to not only endure but exceed expectations across missions amid some of the most difficult months this institution and our community have ever known. Some of these accomplishments are featured in this issue of Bridges.

We are also taking that spirit of learning far deeper. For our country and for academic medicine, last spring was the beginning of a long-overdue reckoning on the harm caused by systemic racism, the ways that it permeates and impacts our whole society and the magnitude of the change needed, yet the moral imperative to do so. This is equally true in the area of gender violence and sexual harassment.

OHSU has engaged former Attorney General Eric Holder and his colleagues at Covington & Burling LLP to conduct a comprehensive examination of our institutional culture to help identify root causes and ways to improve so that OHSU can foster the inclusive, safe and welcoming environment to which we aspire. The examination will include analyzing the processes, procedures and reporting that were, or were not, followed related to allegations raised in a March lawsuit against OHSU and a former resident. The suit was settled in April. I invite you to read OHSU’s statement: https://news.ohsu.edu/2021/04/27/settlement-reached-in-sexual-assault-lawsuit.

We have some difficult yet necessary work ahead. This last year has shown what we are capable of; we are channeling that energy to emerge better.

Sharon Anderson, M.D. R ’82
Dean
Researchers investigate COVID-19 variants in Oregon

OHSU researchers are continuing a yearlong effort to track new variants of SARS-CoV-2, the virus that causes COVID-19, in Oregon. The Oregon SARS-CoV-2 Genome Sequencing Center at OHSU has sequenced more than 3,500 genomes to better understand how the novel coronavirus may be evolving in the state.

Through a partnership with a specialized biorepository that maintains positive test samples generated by the OHSU Pathology COVID-19 testing lab, the center currently sequences about 2-3 percent of positive samples in Oregon. In April, the center reported more than 200 variants of the pandemic. Over time, he’s confident in the ability of physical distancing and masking will break the momentum needed to better understand the overall impact of these emerging mutations. The pathology team is using the sequence data to better learn about transmission and illness characteristics of new variants.

Dr. Curlin said he’s optimistic that widespread vaccinations combined with tried-and-true public health measures such as physical distancing and masking will break the momentum of the pandemic. Over time, he’s confident in the ability of vaccines to effectively subdue the novel coronavirus. – ER

Students help distribute vaccines to Asian American seniors

B in Chen, a third-year M.D. student, and classmates Dana Button and Huang Nguyen recently teamed up with Portland’s Asian Health & Service Center (AHSC) to help distribute COVID-19 vaccines and ensure that older adults in the Asian/Pacific Islander American community received support, especially in light of recent racist attacks against Asian Americans.

Students volunteered at AHSC-hosted clinics Feb. 27 and March 6 to support the administration of more than 1,000 first vaccine doses to seniors in the Portland metro area, greeting people in Mandarin, Cantonese, Vietnamese and other languages and monitoring them post-vaccination.

Then, in alignment with updated CDC guidance regarding vaccine administration, student volunteers vaccinated community members at clinics on March 27 and April 3.

“The experience of caring for Asian seniors is fulfilling. ‘We want them to see that we have not forgotten the values they taught us: to respect, listen and take care of elders,’ he said. – MP
Support programs help students flourish in tough times

A better understanding of research topics. Less strain on mental health. A stronger sense of belonging and resilience.

That’s how Ph.D. students describe the benefits of the Student Learning Center (SLC), a graduate student-led and run academic and social support program founded in 2019 by Ph.D. students Eve Lowenstein, Lauren Miller and Thomas Fernandez.

The main objective of the SLC is to create a safe and friendly space to find answers about research topics, get advice and create community. In the pandemic, students meet virtually. Because of the SLC, “we have seen an 8 to 10% improvement on exam scores,” said Miller, and closer social bonds among graduate students. Second-year M.D. students are also tapping into a new support program, Megan Furnari, M.D., director of Medical Student Wellness and Leadership Development, guides them through one of the toughest periods in their academic careers: the Step 1 licensing exam, an eight-hour-long test.

To help, Dr. Furnari runs Nourish, a student wellness program that takes place during their six weeks of dedicated Step 1 study time, supported by the Oregon Medical Education Foundation.

Students access tutoring from fourth-year medical students, participate in workshops and receive daily morning wellness emails from Dr. Furnari to start each study day with connection and support. Especially in this pandemic year, “it means a lot to have someone cheering us on,” said a student participant.

The first graduate medical education program based primarily in Central Oregon is under development, thanks to a $750,000 grant from the U.S. Department of Health and Human Services. The funding will be used to start a new family medicine residency program in partnership with the St. Charles Health System based in Bend.

The school’s newest Ph.D. program, the Program for Biomedical Sciences (PBMS), launched last fall with 15 students matriculating. Developed by faculty and students, PBMS transforms the traditional Ph.D. curriculum into a flexible, multidisciplinary approach that lets discovery define a student’s experience rather than a one-size-fits-all curriculum.

The Undergraduate Medical Education (UME) team is launching a new approach to medical student advising and support and prospective student outreach. OASIS (Outreach, Advising, Support, and Identity formation for Students) replaces and builds on activities housed in the former Advising, Colleges, and Outreach unit in UME. The M.D. program recognized the need for improvements and received additional direction from its accreditor, the Liaison Committee on Medical Education (LCME), following the program’s January 2020 site visit and June 2020 determination letter.

Stephen Robinson, M.D., was named chair of the Department of Anesthesiology and Perioperative Medicine. Dr. Robinson had served as interim chair since 2018, leading the department through the pandemic, playing an integral role in devising OHSU’s personal protective equipment (PPE) protocols and managing surgical planning.

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How to finish your Ph.D. during a global pandemic, national upheaval and a racial reckoning

Young scientists recall the challenges and memorable moments of earning their doctorates in a year of profound disruption.

By Rachel Shafer

As my mentors were introducing me, we watched the numbers go up,” said Mollie Marr, M.D. student/Ph.D. ’20. “That was not helping me stay calm.”

The final number she’s referring to? 222. That’s how many friends, family and colleagues virtually attended Dr. Marr’s Ph.D. dissertation defense last fall, tuning in from across the U.S. and around the world to cheer her on as she successfully presented and answered questions on her thesis: “Intergenerational Transmission of Childhood Maltreatment: Characterizing Potential Mechanisms and Offspring Neurobehavioral Outcomes.”

“I was disappointed to not present in person, but it opened up things in a different way in terms of attendance at my defense,” said Dr. Marr, who has since returned to the M.D. program to complete that curriculum.

In a typical year, writing and defending a Ph.D. dissertation is a herculean task, the culmination of 4-7 years of experiments and data analysis on an original research question, full of triumphs and disappointments. Years afterward, scientists remember their dissertation defense day with clarity – a high watermark of nerves and celebration as a scientist-in-training becomes a scientist.

“I have so much privilege as a graduate researcher. I’m going to finish this dissertation because I have this privilege. It’s the least I can do.” – Dr. Eileen Torres

“I’d always imagined defending in a big auditorium with my family from L.A. in attendance,” said Dr. Torres, recalling her successful defense day last June, which took place on Webex.

Last June, Black Lives Matter demonstrations were taking place all around the Portland area. Dr. Torres was torn between halting her doctoral responsibilities to take part, worrying about the risks of protesting in a pandemic and finishing on time.

“I have so much privilege as a graduate researcher,” she said, recalling her thought process. “I’m going to finish this dissertation because I have this privilege. It’s the least I can do.”

“It was hard because my family couldn’t be there,” said Dr. Torres, who tears up recalling the day of her thesis presentation, “Role of Apolipoprotein E Isoform in Stress-related Changes in Behavior and Cognition.” Her friends organized a small, physically distanced celebration in Laurelhurst Park afterward.

Then Dr. Torres and her partner drove across the country to New York City to start the next phase of her career as a postdoctoral fellow at Weill Cornell Medical College.

“It was hard to leave because I couldn’t physically say goodbye,” said Dr. Torres. “I was ready to move on in my career but I wasn’t ready to leave my friends.”

Dr. Torres says she’s now settled into her new lab and home and looks forward to exploring New York City as the pandemic lifts.

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Graduates and trainees of the OHSU School of Medicine commit themselves to lifelong learning in health and science: What do I know? What don’t I know? What do I need to learn?

In that spirit, we asked alumni from a variety of backgrounds to contemplate this past year – the challenges, the hardships, the silver linings – and answer three questions.

What have we learned?

In March 2020, the world learned of the spread of COVID-19. In what seemed like an instant, our lives were forever altered. Our normal existence was thrown into sudden flux. What once was easy became impossible. What was impossible became routine. The pandemic forced us to adapt and grow.

We are responsible for the health of the planet. Zoonotic diseases, like COVID-19, MERS, and Ebola, begin with an animal host who transfers a virus to humans. This happens for many reasons, but among the most important is the destruction of animal habitats, forcing animals into unfamiliar territories. As a result, viruses that are unfamiliar to our immune system can be transferred and quickly spread to large numbers of people. We have to take global warming, endangered species and habitat encroachment seriously as we run the risk of destroying both ourselves and species around us.

Katie Sharff, M.D. ’13, infectious disease specialist, Kaiser Permanente, Portland, Ore.

Alumni reflect on the pandemic and a time like no other.

What has the pandemic taught us?

The importance of communication. We must communicate well with the public as well as with ourselves. In times of crisis, it’s important to seek out truth at all costs. In a world of overwhelming media, we, as a medical community, must strive to know and share the truth and to educate the public to the best of our ability.

Jessica Carlson, M.D. ’11, general surgeon, Gold Beach, Ore.

Science is capable of incredible things when under pressure. To be rolling out new vaccine technology less than a year from the start of COVID-19? Humbling and awe-inspiring!

Kelly Chacon, Ph.D. ’15, associate professor of chemistry, Reed College, Portland, Ore.

Strong leadership aligned with a governmental system of well-resourced public health is key. Our individualistic culture is a major but not insurmountable challenge. Consistent and aligned science-based messaging is necessary at all levels.

Harry Chen, M.D. ’79 R ’83, senior advisor for the Centers for Disease Control and Prevention Foundation, former Vermont public health commissioner, emergency medicine specialist, Burlington, Vt.

It’s been a reset for some people. After March 13, 2020, everything slowed down. We were frightened and unsure but were also moving at a pace that seemed more natural. The pandemic taught me that this pace was not only possible, but – in many ways – beneficial.

Jason McDermott, Ph.D. ’00, systems biology team lead, Pacific Northwest National Laboratory, Richland, Wash.

I don’t think we were ready for the influx of mental health care and other issues. I’ve had so many visits where patients shared how they are struggling with isolation, stress at home with family members, deaths of loved ones, loss of employment, etc. I’m thankful for the licensed clinical social workers at my clinic, who provided counseling to our patients, referred them and worked hard to gather resources available in the community for rental assistance, food banks, etc.

Andrea Nuñez Morales, M.D. ’19, family medicine resident, UC Irvine School of Medicine, Orange, Calif.

You go through your training and become a specialist in your field, and then you are faced with a whole new disease. Be humble enough to say what you do know and what you don’t know. This will not be the only infectious disease challenge we will face.

Katie Sharff, M.D. ’13, infectious disease specialist, Kaiser Permanente, Portland, Ore.
COVID-19 reminds us that we humans are one family inexorably joined by our vulnerabilities.

– Robert Steiner, Ph.D. ’76, professor emeritus, obstetrics and gynecology and physiology and biophysics, University of Washington School of Medicine, Seattle, Wash.

It’s brought to the forefront health care heroes who are literally putting their life on the line for others. They go to work every day, facing a deadly infection, and yet they care for and serve people. It’s also exposed some of our needs in health care. Despite so much heroic and miraculous work, we need to focus on being a coordinated system, not a collection of parts.


We, as a country, can no longer turn away from all the racial injustices that exist in the United States. Because so many people were at home and on social media, individuals started to notice the racial injustices that have always been there. I’m hoping that this increase in response from so many different individuals continues in the future.

– André Walcott, Ph.D. ’19, scientific program management scholar, OHSU Knight Cancer Institute, Portland, Ore.

We need primary care to change from being like a combustion engine car to an electric car. We need to change the whole internal workings – the how, what and payment – to a new model that provides care in teams, both in person and virtually, is integrated with behavioral health and is a monthly payment, not fee-for-service. Primary care can and should be used for more testing and vaccinations, especially for harder-to-reach populations. That will help us get through COVID-19 and make the next pandemic easier to face.


What have you learned personally?

It’s important to have a strong social support system to rely on. Family, friends and colleagues provide me with a safe environment to share struggles.

– Dr. Carlson

My STEM Twitter family has been essential for feeling like everyone is in the same boat and for laughing together. I’ve learned that I will make poor health choices, involving refined carbohydrates, when no one is watching. My relationships with my “pod” friends and family have become richer, deeper and so valued.

– Dr. Chacón

I’ve learned that our country values businesses and the well-being of the economy over the health and well-being of the human beings tasked with ensuring our country functions (i.e. working-class citizens). Many people are struggling with food insecurity, housing insecurity and the inability to continue taking their medications for chronic medical issues. We need adults in our country who care about each other rather than their individual selves.

– Anuj Khattar, M.D. ’12, family medicine/obstetrics, Seattle, Wash.

The greatest thing that I’ve learned is humility. You’re never as prepared to have the difficult conversations with patients and families as you think you are. I’ve made mistakes. It’s okay to ask patients and families for forgiveness, and it’s okay to forgive yourself.

– Dr. Nuñez Morales

I run a research lab of about 12 people, and we’ve learned a lot about each other as we visited each other’s homes by Zoom. Some of us had more family responsibilities than the rest of us knew. Some were more fearful than others, and some dealt with it all through humor. We became more real to each other through Zoom than we’d ever been in the lab. Most important, as people I knew were getting COVID-19, I learned how quickly everything and everyone I cared about could be lost.

– Dr. Ostrander

I’ve learned that I’m stronger than I knew or gave myself credit for, something I suspect a lot of females deal with especially in leadership positions.

– Kavita Patel, M.D. ’02, M.S., Brookings Institution fellow, internal medicine practitioner, Washington, D.C.

I’ve learned what I really care about for my career. I came into last year not sure what I wanted to do. It became very clear last summer that I wanted to focus my career on making sure that individuals from historically excluded groups in higher education, specifically STEM fields, received the access and training to succeed in their professions.

– Dr. Sharff
What should the school teach future students about this period in our history?

The triumph of innovation in science saved lives. Unfortunately, this may not be the last time that history sees a pandemic like this. But next time? We will be ready!

— Dr. Chacón

Sadly, a profound failure of leadership and an under-resourced public health system contributed to the pandemic’s extraordinary toll on America. I hope that it marks the beginning of efforts to shore up our public health system, one that embraces the reality of global public health and our need to work together. There are some silver linings. Given the opportunity, people will get outside, ride bikes, cook and eat together; these are all good habits worth preserving.

— Dr. Chen

Social determinants of health played a large role in the proliferation of the virus in our country. We need to discuss ways that physicians should be advocates for improved public health and integrated health care systems to prevent such a catastrophic event from occurring again in the near future.

— Dr. Khattar

It will be easier for people to re-contextualize our place in the world after seeing the devastation that a single virus can cause. Hopefully, future students will learn that this period was a turning point that helped us address other ongoing catastrophes, like climate change and systemic inequity.


The pandemic never had to be this bad. We knew from the beginning that hand washing and masks would greatly reduce the spread of the virus and save thousands of lives. But as a scientific community, we struggled to get people to trust us at our word. As new health care providers and researchers are educated, they need to be ready to bring those lessons to the forefront, well before the next crisis.

— Dr. Ostrander

We should never forget how much of this could have been avoided; facts matter.

— Dr. Patel

The school should teach future students the entire picture of this period and not be selective about what is taught, unlike previous historical events.

— Dr. Walcott

### Light moments for a dark year

Cartoons by Jason McDermott, Ph.D. ’00

@redpencilblackpen

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**Teleconference AV Problems**

- **Echoes...**
- **Video No Audio!**
- **"Can you hear me??"**
- **"I'm going to hang up and call back in"**
- **Embarrassing email notifications pop-up**
- **Dogs Barking! Email Notifications **
- **Bing! Robo-bot Vo-iciose**
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- **"Must be a Mac thing"**
- **Random Office Conversation**
- **"Well this worked! FINE Yesterday!"**
- **Talking Over Each Other**
- **BREATHING**
- **Cat in the video**
- **La.... Traffic Noise**
- **Call in I.T.**
- **Sniff, sniff Light Snort, Snuffle.**
- **Give up and call on phone.**

**BINGO**

- **The Quarantine Awards**

  - **Knows What Day It Is?**
  - **Remaining Pants!**
  - **Ate McDonald's McDonald's Meal**

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Dr. Amanda Risser has landing pads all over town. As the senior medical director of substance use disorder (SUD) services at Portland’s Central City Concern (CCC), Dr. Risser provides medical direction for the CCC’s specialty SUD programs, Hooper Detoxification Stabilization Center, Letty Owings Center, Blackburn SUDS Services, and the CCC Recovery Center – responsibilities that keep her busy and traveling.

On any given day, she might start at Hooper, where she helps admit patients and provides medical support. She also directs a residential addiction treatment program for women and children; her office is located on the same hallway where moms and kids live – a location Dr. Risser appreciates for its liveliness. After that, she might go to CCC’s Blackburn Center, where she leads outpatient addiction medicine. Then she might head out to meetings, including regional workgroups around SUD treatment and community partner meetings. Somehow, she squeezes in teaching and mentoring medical students, residents and addiction fellows at OHSU, while also conducting research.

“Addiction medicine practitioners are always on the move,” she said.

Her passion for addiction medicine and its peripatetic regime was inspired by an addiction preceptor and mentor she met during her Stanford medical school days; she recalls riding from site to site with him in his Camaro while he quizzed her.

“He was fierce, funny and a really good doctor. He died early in my career; I hope I practice in a way that would’ve made him proud,” she remembered.

Much of Dr. Risser’s career began with a sense of wonderment. “It was like, ‘You mean I get to learn about cool medicine? From these cool people? And I can also do a master’s...”

Research shows punitive, punishment-based withholding of services doesn’t help,” she said. “When we make patient-
centered goals, patients are more likely to achieve them.” Although Dr. Risser sees improvement in the services provided to those with SUD, as well as promising research, education, and policy changes, she remains concerned about widening gaps in care. Some systems, she says, are expanding access to evidence-based treatments—but others aren’t. And she’s concerned about how COVID-19 has affected patients.

“There’s a saying: ‘The opposite of addiction is connection.’ Recovery from SUD requires loving, supportive connections from caregivers and peers,” she said. Although the team worked to keep access to care open during even the most intense lockdowns, she did see a tragic 40 percent increase in overdose deaths.

“Human connections are life-saving to people with SUD,” she added. She goes above and beyond to coordinate care, says David Lawrence, M.D., the associate medical director at Hooper Detoxification Stabilization Center.

“She will prescribe her patient a medication, ensure it’s covered by their insurance, then connect the patient with a peer specialist to help them get to the pharmacy and support them while they wait to fill it. For vulnerable patients, that’s a huge added value. But others aren’t. And there’s a widening gap in care. Some systems, she says, are expanding access to evidence-based treatments—but others aren’t. And she’s concerned about how COVID-19 has affected patients.”

Detoxification Stabilization Center.

Lawrence, M.D., the associate medical director at Hooper Detoxification Stabilization Center. She went from no experience to all-star athlete in a few years. Roller derby names can lean pun-filled or risqué, but Dr. Risser wanted to involve her young son, who loved the Star Wars canon. She needed a fighter name. Thus: Rogue One.

No matter where Dr. Risser happens to be, it’s always all about the teams she works with—and the patients.

“Substance use disorders are a realm where people are misunderstood and maligned. There’s bias and stigma,” she said. “But we provide patients with a safe place where they feel cared for and loved, where they receive high-quality medical care. They’re treated with dignity. They’re given support and autonomy. It’s incredibly rewarding.”

She sees the patient as an individual, the larger care system she’s a part of, and how to make it better. Even patients who’ve never met Amanda feel her influence.”

That curiosity got Dr. Risser into roller derby. She attended a match a decade ago and was immediately captivated—despite not donning roller skates since childhood. But that didn’t matter. She went from no experience to all-star athlete in a few years. Roller derby names can lean pun-filled or risqué, but Dr. Risser wanted to involve her young son, who loved the Star Wars canon. She needed a fighter name. Thus: Rogue One.

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“The philosophy she developed as a provider influences her clinical leadership as she guides SUD standards of care. “Her work has changed systems,” said Hannah Kamsky, R.N. “She sees the patient as an individual, the larger care system she’s a part of, and how to make it better. Even patients who’ve never met Amanda feel her influence.”

Andy Mendenhall, M.D., chief medical officer of CCC and OHSU Family Medicine residency cohort said, “Amanda embodies the quintessential aspect we associate with family physicians: humanism. She inherently loves other human beings, is naturally inquisitive and strives for connection with everyone she meets.”

We are family!

Dr. Jennifer DeVoe's work affirms family medicine's place in the world.

JENNIFER DeVoe, M.D. ’04 F ’06, D.PHIL., M.C.R. ’10 ESTHER POHL LOVEJOY LEADERSHIP AWARD

Growing up in Montana, Dr. Jennifer DeVoe, professor and chair of family medicine in the school, viewed family practitioners as role models. They provided care from obstetrics through geriatrics. They identified social determinants of health. They played an active role in policy creation.

These were lessons Dr. DeVoe learned early and practiced often. Throughout her career, family medicine has allowed her to join any community worldwide—her work has included stints in Africa, Australia, Europe and South America—and provide care to anyone who needs it. And her knowledge of health for any age and stage has informed her many contributions toward primary care policy.

Much of her research addresses community health models. It’s what attracted her to OCHIN when she joined as their chief research officer. OCHIN was formed as the Oregon Community Health Information Network two decades ago, when electronic health records were becoming common. It provided state-of-the-art health information technology (IT) to independent practices.

“A small health center doesn’t have huge IT resources,” she said. “OCHIN builds tailored tools to serve communities.”

For several years, Dr. DeVoe worked with OCHIN’s leadership team in building the research infrastructure for this data aggregation and support organization; more than 600 clinics now participate. She says she enjoyed working with the OCHIN team to develop a community-based laboratory that studies interventions to improve the health of vulnerable populations and to mitigate and eliminate factors that contribute to care disparities.

Now, as chair of family medicine, Dr. DeVoe doesn’t lack for responsibilities. She manages a department with programs based in Portland, Klamath Falls and Hillsboro. She leads clinical, educational and research programs. A faculty member herself, she teaches primary care and conducts her own research. She’s been the principal or co-principal investigator on projects receiving more than $35 million in grant funding.

She is also a practicing physician at OHSU’s Family Medicine at Gabriel Park practice in Portland; some of her patients have been seeing her for decades. One of those is Jennifer Laughlin.

“We provide patients with a safe place where they feel cared for and loved, where they receive high-quality medical care. They’re treated with dignity. They’re given support and autonomy. It’s incredibly rewarding.”

“They excel and many want to be excellent, too,” said Heather Angier, Ph.D., M.P.H., assistant professor of family medicine OHSU School of Medicine. “She’s passionate about caring for the underserved. She’s been a leader in primary care transformation. Jen stands up for all people.”
Innovator in eye research

Dr. Yali Jia’s research literally changes how we look at things.

YALI JIA, PH.D. ’10
RICHARD T. JONES DISTINGUISHED ALUMNUS
SCIENTIST AWARD

Until recently, if you had symptoms of an eye disorder such as macular degeneration or diabetic retinopathy, you needed fluorescein angiography (FA), a diagnostic procedure requiring injection of fluorescein, a yellow dye that tracked blood flow in your eyes. But FA could also cause side effects including nausea, fainting or anaphylactic shock.

Yali Jia, Ph.D., Jennie P. Weeks Professor of Ophthalmology and associate professor of biomedical engineering, OHSU School of Medicine, is hoping to change all that through optical coherence tomography (OCT) and OCT angiography (OCTA).

OCT performs high-resolution, cross-sectional tomographic imaging of tissue by measuring backscattered or back-reflected light. As a new functional extension of OCT, OCTA can visualize blood flow down to the capillaries.

Dr. Jia’s work has ushered OCTA out of the research lab and into the clinic — specifically, her invention of split-spectrum amplitude-decorrelation angiography (SSADA). SSADA enhances OCTA image quality without increasing scan time and became the basis for the first international commercial OCTA product. Her 2012 research paper on SSADA has been cited over 1,400 times, but she’s more concerned about a different kind of ubiquity.

“OCT is getting increasingly inexpensive,” she said. “As more clinicians access it, we can change how we care for under-represented patients. We can closely monitor scular disease development, even those who might be worried about costs.”

Dr. Jia believes OCTA will reduce the need for FA and serve as a reliable imaging modality to indicate blindness-causing conditions. There’s also the sheer amount of OCT and OCTA data that have been collected on eye microstructure and microvasculature. Artificial intelligence (AI) can play a significant role in biomarker extraction, disease classification and staging, leading to further innovation in how eye disease is treated.

Xiang Wei, a fourth-year Ph.D. student in Dr. Jia’s lab, cites her as the reason he chose OHSU for his doctorate. “She’s a good mentor; she helps me incubate my own ideas and guides my research and paves the way for my career goals.”

Dr. Jia has learned to balance work and family time in new ways. She has two daughters, ages 10 and 12, and brings them to outside activities such as horseback riding and archery. Indoors, the family enjoys assembling Lego robots. “My husband is also an engineer,” she said, laughing. “This is fun for us.”

She stresses the importance of collaboration between research and clinical care. “We should always find solutions to translate research to the bedside,” she said. “Even if you’re starting out in your career, collaborate with clinician-scientists. That drives research and brings technology or therapy into practice more quickly. If we do that, we save lives.”

Agent of change

Dr. Honora Englander transforms care away from stigma and toward science and compassion.

EARLY CAREER ACHIEVEMENT AWARD
HONORA ENGLANDER, M.D. ’06

During medical school, Honora Englander, M.D., associate professor of medicine in the school’s Division of Hospital Medicine, spent a year in Ecuador learning Spanish and volunteering — an experience that formed the basis of her career.

“Medicine has been a passport to the world: it has allowed me to meet and work with people from very different backgrounds, creating space to learn and better understand who we all are,” she said.

As an internist in hospital and outpatient settings, she saw persistent issues around patient care — specifically, the enormous resources invested in hospital care, resources which often plunged after discharge.

“It felt like we were systematically failing our patients,” she explained.

This experience led her to co-found Care Transitions Innovation (C-TRAIN), a hospital-to-home transitional care intervention for uninsured and Medicaid adults. C-TRAIN includes transitional nursing and pharmacy care, access to outpatient services and home visits. Since its 2009 inception, the nationally recognized program has served more than 2,500 patients.

While developing C-TRAIN, Dr. Englander realized she was caring increasingly for young people dying of complications of substance use. She created The Improving Addiction Care Team (IMPACT), a hospital-based addiction medicine consult service. IMPACT’s team of physicians, social workers, peer recovery mentors and community partners engage people during a reachable moment of hospitalization, provide expert addictions care and support linkages to community care after discharge.

Dr. Englander says she believes in the power to change inflexible systems, and, that by incorporating humanity and science, providers can improve care, improve health and give people agency and dignity.

She recalls a former patient with terminal cancer who used heroin. “He didn’t want to stop using, so our team asked, ‘How can we support you?’ He was so relieved, he started crying. He thought heroin was the only way to manage dying. Eventually, with IMPACT’s support, he chose to start medication for his opioid use disorder so he could focus on relationships and other areas of his life,” she explained.

Dr. Englander is working to spread best practices in addiction care across Oregon and the United States through research and education.

“She has this tremendous vision about improving care for people who are so often pushed to the margins,” says Jessica Gregg, M.D. R’03, chief medical officer of DePaul Treatment Centers, who worked closely with Dr. Englander on IMPACT.

“And she does it by pairing a will of steel with tremendous generosity and warmth.”

Dr. Englander is quick to praise her colleagues. “I work as part of an incredible team. It’s that strength, diversity and commitment that’s sustaining. We are seeing meaningful change. There’s work to do, but we’re making great progress,” she explained.

She has this tremendous vision about improving care for people who are so often pushed to the margins.

— Dr. Jessica Gregg

We should always find solutions to translate research to the bedside. If we do that, we save lives.

— Dr. Jia
digital health officer of the University of California Davis Health System.” Prior to that, Dr. Atreja, a gastroenterologist, had been the chief innovation officer for the Department of Medicine at Mount Sinai Hospital in New York City. He established one of the first innovation hubs within an academic medical center to build and test innovative digital health technologies.

2010s

Kyle Ambert, Ph.D. ’13, wrote, “Our son, Dexter, turned two right at the start of quarantine, so it has been fun having someone around who is always excited to read and play Legos. My work is a natural extension of my Ph.D. research in the Department of Medical Informatics and Clinical Epidemiology. At a high level, my position as director of science for Nike Consumer Data Science focuses on building machine learning systems that can perform data annotation tasks. The annotations my team creates are used to power search, product recommendations and even workout personalization!”

Katie Sharff, M.D. R ’13, an infectious disease specialist, was among those health care workers who successfully diagnosed and treated Oregon’s first COVID-19 patient. Hector Calderon, in the spring of 2020. According to KGW, “The biggest lesson I learned from Hector is just how inspiring an individual patient can be,” Dr. Sharff said. “On days where you’re like, ‘Oh my gosh, this will never end,’ you think about those individuals who did recover.” Today, Calderon is back on the job as a janitor at Forest Hills Elementary in Lake Oswego, Ore. Currently working as a commercial innovation manager at the International Space Station U.S. National Lab, Rachel Clemens, Ph.D. ’14, is using her doctoral degree to educate a wide range of companies—from biotech start-ups to commercial agriculture—about the benefits of conducting research in zero gravity. Conditions found in low-earth orbit foster manufacturing and production solutions that are harder to achieve on the ground, explains Dr. Clemens.

1980s

Robert Wah, M.D. ’83, wrote, “I have been doing some work in Health IT for COVID-19. I was the executive director for CovidCheck.org, a risk assessment tool based on CDC and WHO guidelines. We developed and deployed it in weeks last spring, and it is deployed globally in nine languages. Some employers and universities are using it for back-to-school and back-to-work. We’ve also developed the CommonPass app where people can display their COVID-19 health status to board airplanes, cross borders and other venues.”

Alec Contag, M.D. ’20, wrote, “Just down U.S. Veterans Hospital Road exists a thriving community of students without whom surviving the physical and emotional load of medical school would have been a gargantuan task. Living in the Marquam Hill Co-Op provided me with a unique opportunity to live in a truly interprofessional home. At the co-op, I was mentored by housemates from multiple disciplines, made fast friends with students from around the world and found a new family away from home. I now reside in San Diego, Calif., and work as a family medicine resident at Scripps Mercy Hospital Chula Vista.”

He added, “The Marquam Hill Cooperative was founded as a medical fraternity in 1923. The house has since evolved into affordable housing for students at OHSU, creating a diverse community of learners from all over the world who study various health care disciplines at OHSU. For its upcoming centennial, the cooperative is reaching out to alumni to celebrate 100 years of building a community and to carry on its legacy by providing housing for students for the next 100 years.”

If you are an alumnus of the cooperative, we would love to hear from you! Please reach out to marquamhillcoop@gmail.com. Visit us virtually at marquamhillcoop.org.

Kelly Chacón, Ph.D. ’15, wrote, “I am happy to report that I just received tenure at Reed College in Portland, Ore. I am now an associate professor of chemistry. I was president of the grad student organization at OHSU for two years, was the student chair of OHSU Research Week and had a wonderful time completing my Ph.D.”

In memoriam


Clifford O. Stranburg, M.D. R ’70, of Beaverton, Ore., died Jan. 16, 2021, at age 84.


Additional in memoriam entries are at www.ohsu.edu/alumni.

Continuing Professional Development

2nd Annual Pediatric GI for Primary Care

JUNE 4

VIRTUAL ONLINE FORMAT

16th Annual Hospital Medicine Conference

SEPT. 23–24

VIRTUAL ONLINE FORMAT

22nd Annual Oregon Geriatrics Society Conference

OCT. 1–3

VIRTUAL; IN-PERSON AT SUNRIVER, IF POSSIBLE

45th Annual Pacific Northwest Update in OB-GYN and Women’s Health

OCT. 21–22

VIRTUAL ONLINE FORMAT

53rd Annual Primary Care Review

FEB. 7–11

LOCATION TO BE DETERMINED

Events

OHU Convocation and Hooding Ceremony

JUNE 6

10 a.m.

VIRTUAL ONLINE FORMAT

White Coat Ceremony

AUG. 9

10 a.m.–noon

OREGON CONVENTION CENTER, PORTLAND, OREGON

Continuing Professional Development

SPRING 2021
EVERY DAY, MORE THAN 4,000 STUDENTS AT OHSU are pursuing degrees in dentistry, medicine, nursing, public health, and allied fields. And for more than 130 years, Oregonians have relied on OHSU-trained providers for compassionate, life-saving care. But now, OHSU students are relying on Oregonians to help keep their educational dreams alive.

Your support lets OHSU attract the best, brightest and most diverse students, reduce their debt burden, and help them achieve their career goals.

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