

Overall faculty roles
My current faculty role includes 30% clinical service (including workplace teaching), 25% classroom teaching (including service as course director), 35% educational administration, and 10% research.
Changes in role(s) over time
My educational administration role has increased significantly as I have taken over leadership of the School of Pharmacy's Educational Policy Committee (approx. 10% commitment) and been appointed to the steering committee of our new curriculum development project (20% commitment).
First important contribution to education: Teaching
(Teaching) Antimicrobial Therapy and Epidemiology: I teach pharmacy, nursing, and medical students and infectious diseases fellows antimicrobial therapy, and pharmacy/medical students and residents biostatistics and epidemiology. Learner ratings of these instructional activities have generally ranged from 4.3-4.8 on a five-point scale with a departmental average of 4.2. I have received the pharmacy school's outstanding instructor award for 3 rd -year pharmacy students eight times. I precept pharmacy students (ratings 4.4-4.9) and residents (ratings 1-1.25, 1 highest) on their infectious diseases clerkships.
Second important contribution to education
(Educational Leadership) Course Director, CP-131. I direct a 6Munit, 10-week course for 3 rd -year pharmacy students in infectious diseases and oncology. I was co-director from 2006 to 2008 and director from 2010 to 2015. I create the schedule, select the instructors, create the assessments, and provide approximately 1/3 of the instructional hours. Student evaluations of the planning and organization of the course from 2010 to 2015 ranged from 4.54 to 4.65 (dept average 3.91). During my time as course director, I have received the school's award for outstanding instructor for a graduating class four times.
Third important contribution to education
(Curriculum Development) Interprofessional Curriculum in Antimicrobial Stewardship. I co-developed an interprofessional curriculum in antimicrobial use for 2 nd -year medical students and 3 rd -year pharmacy students, consisting of an online learning module and interprofessional workshops. Based on pre- and post-curriculum questionnaires, students became significantly more knowledgeable of the role of MDs and PharmDs in antimicrobial use, had more positive views of their ability to work in interprofessional teams, and were more likely to endorse statements valuing interprofessional collaboration. 94% of students agreed or strongly agreed that the workshop was a valuable learning experience. This curriculum has been presented at medical education and infectious diseases meetings.
Fourth important contribution to education
(Educational Leadership) Educational Policy Committee. As member and now chair of the committee at our school charged with curricular oversight, I have been a leader in key initiatives, including: --- implementation of the Ilios curriculum management software for the school's curriculum --- redesign of the three-course Therapeutics sequence into a four-course sequence --- overhaul of student evaluation of instructions with evidence-based questions for teaching effectiveness --- development of a requirement and procedure for course directors to perform reflective evaluation of their courses with incorporation of student feedback
Fifth important contribution to education
(Curriculum Development) Pharmacy Resident Training. Since 2011 I have been the director of the PGY-2 residency in infectious diseases at UCSF. I have developed a residency syllabus with comprehensive learning objectives and experiences tailored to meet those objectives, increased the diversity of elective experiences available to the residents (including in Global Health), incorporated the UCSF TICR coursework into the program, and created a tracking database for resident projects and responsibilities.

