

# Mary Allison McQuilkin, RN, NP, AAHIVS, MSN, MPH

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## LICENSES & CERTIFICATIONS

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• Adult-Gerontology Primary Care Nurse Practitioner	AG0914047	American Academy of Nurse Practitioners
• NPI	1518361898	Centers for Medicare & Medicaid Services
• DEA (XM3337753 with suboxone waiver)	MM3337753	Drug Enforcement Administration
• Advanced Practice Registered Nurse	178871	Alaska Board of Nursing
• Registered Nurse	177888	Alaska Board of Nursing
• Registered Nurse Practitioner, furnishing	95001578	California Board of Registered Nursing
• Registered Nurse	756547	California Board of Registered Nursing
• BLS (CPR and AED)	205507664897	American Heart Association
• ACLS	206507664042	American Heart Association
• PALS	207007664679	American Heart Association
• HIV Specialist	203301	American Academy of HIV Medicine
• Certified in Public Health	10372	National Board of Public Health Examiners

## EDUCATION

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**Johns Hopkins Bloomberg School of Public Health**, Baltimore, MD 7/12-8/14  
*Master of Public Health (dual degree with MSN), GPA 3.77*

- MPH Concentration: Occupational & Environmental Health; NIOSH Education & Research Center trainee.
- Studied environmental risk factors for disease in vulnerable worker populations; completed safety inspections of the Sherwin Williams plant, Volcan Mine, and Harley Davidson manufacturing facility.
- Wrote grant for Baltimore City Health Department; resulted in funding for Community Asthma Program.
- Capstone: The effect of 100% smoke-free medical campus policies on community and employee health.

**Johns Hopkins University School of Nursing**, Baltimore, MD 7/12-8/14  
*Master of Science in Nursing, GPA 3.77*

- Adult-Gerontology Primary Care Nurse Practitioner track; Academic Merit Scholarship Recipient, Sigma Theta Tau National Honor Society of Nursing.
- Johns Hopkins East Baltimore Medical Center; rotations in urgent care and internal medicine.
- Union Memorial Hospital; rotations in palliative care and occupational health.
- Capstone: Cervical cancer screening adherence among HIV-positive women at a Baltimore HIV clinic.

**Johns Hopkins University School of Nursing**, Baltimore, MD 8/07-5/09  
*Bachelor of Science in Nursing, GPA 3.75*

- Vice President, National Student Nurses Association '09. Bienestar Baltimore TB screening program volunteer.
- Founder, Hopkins Student Nurse Relief Corps; wrote 2 grants and received all funds requested; led 13 students on service trip to New Orleans to provide Hurricane Katrina relief
- 4K for Cancer; raised \$4000 & cycled 4000 miles across US; cooked for patients at Baltimore Hope Lodge.
- Internship at Coalition to End Childhood Lead Poisoning; created & piloted educational tool for families.
- Residency at University of Maryland Medical Center on surgical orthopedic unit.
- Cardiac ICU, L&D, Med-Surg, Psych, and Public Health at Johns Hopkins Hospital, Union Memorial, and Mercy.

**University of Washington**, Seattle, WA 9/05-6/07  
*Pre-Nursing Major, GPA 3.66*

- Vice President, Alpha Phi Omega Co-ed Service Fraternity. Volunteer for Books to Prisoners, Washington Trails Association, ROOTS Youth Shelter, and local nursing homes. Dean's List, Phi Eta Sigma Honor Society.
- Certified Nursing Assistant at SEA MAR Clínica de la Comunidad & Northshore Adult Day Care

## AREAS OF INTEREST

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Infectious disease, emerging and reemerging infectious diseases, antimicrobial-resistant fungi, zoonotic disease, climate change, disaster response, environmental health, HIV, health disparities, primary care access, implementation science.

## PROFESSIONAL POSITIONS

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**Centers for Disease Control and Prevention**, 2/21-present

Anchorage, AK, 8/21-present

*Licensed Medical Professional-Nurse Practitioner; Loyal Source Contractor*

San Francisco, CA, 2/21-7/21

- Supporting the CDC Quarantine Stations in SFO, SEA, and ANC International Airports as a Quarantine Medical Officer within the DGMQ, National Center for Emerging and Zoonotic Infectious Diseases.
- Providing expert consultation on infectious diseases & public health measures to prevent transmission.
- Collecting, managing, and interpreting surveillance data to direct public health interventions to mitigate the spread of infectious disease and provide data for future epidemiological research.
- Collaborating domestically with state and local health departments and internationally with foreign public health agencies to conduct infectious disease surveillance and contact investigations for cases of infectious disease in travelers; collaborating with health departments and federal agencies to restrict travel via addition to the Federal Do Not Board list when infectious individuals pose a risk of travel against public health guidance.
- Reading current epidemiological studies to track the COVID-19 pandemic, identifying trends in the data, and alerting leadership when a change of mitigation strategies may be warranted, such as when I observed a sharp increase in passengers with COVID-19 flying to SFO from India in late March, 2021. After contacting the Surveillance Team Lead who confirmed my observations were part of a new, more widespread upward trend in cases from India, I wrote a research proposal to study whether the existing air contact investigation policy of including 2 seats in all directions around a passenger who flew while infectious with COVID-19 was still sufficient, or if expanding to 3 seats may be warranted given the increased transmissibility of the Delta variant.
- Responding in-person to ill passengers aboard aircraft or in the airport to assess whether they may have an infectious communicable disease of public health concern and whether emergency medical services are needed.
- Meeting with travelers who test positive for COVID-19 at airport testing sites to advise them against flying while infectious, provide education on what the test result means, how to protect their own health and that of their families while isolating, and answer their questions about COVID-19 tests.
- Screening international travelers for compliance with the Global Testing Order and Global Vaccine Order.
- Assisting CDC to send emergency life-saving drugs to patients with rare infectious diseases such as botulism.

**Circle Medical, a UCSF Affiliate**, San Francisco, CA

7/19-9/20

*Nurse Practitioner*

- Applied expertise in infectious disease and occupational safety to advise on COVID-19 testing program design; co-led testing program implementation; demonstrated versatility of Nurse Practitioner role while working in the COVID-19 testing clinic we created by taking vitals, documenting HPI, ordering tests, performing phlebotomy and swabs, administering vaccines, sanitizing, and writing patient education that rounded out the patient experience.
- Developed an algorithm to guide providers through which SARS-CoV-2 test to order; created a COVID-19 note template and worked with a software engineer to autopopulate it as a starting point to streamline COVID-19 testing visits for all providers; wrote a patient plan for each possible combination of test and visit type, and updated these 12 documents weekly for over 6 months to ensure patients and providers were all working with the most up to date information as the pandemic evolved.
- Exceeded CEO's goal for me to produce content that would generate over 1000 page views; my 9 educational blog posts and 4 videos accrued over 3600 views by 9/20; 8620 views by 4/21.
- Volunteered to be one of two clinicians providing direct patient care for the practice during the pandemic after colleagues expressed fears; expanded access to women's healthcare to address shortage in San Francisco, 6/21.
- Independently provided evidence-based primary care; medical histories, physical exams, ordered & interpreted imaging and labs, diagnosed, prescribed, and assessed treatment effectiveness.
- Responded to female patients' confusion about being offered both "Wellness Exam" and "Well Woman Exam" as appointment options on the Circle Medical App by collaborating with CEO, software engineer, and other clinicians to change the App so preventive care services were presented more clearly to female patients.
- Performed procedures including Nexplanon removals/insertions, pap smears, wound care, cryotherapy.
- Identified care quality and patient safety issues, then developed and presented solutions to mitigate risks and improve the quality of care delivered by the practice. My care was rated 5/5 by 97% of patients.

**National Park Service**, Yosemite, CA

6/19-9/19

*Seasonal Clinical Nurse*

- Provided emergency medical and urgent care for an international population of park visitors and primary care and occupational health for a rural population residing in the 759,620-acre park and surrounding communities in the RN scope of practice at the National Park Service-run Yosemite Medical Clinic.
- Started IVs, administered IV meds and fluids, cardiac monitoring, EKGs, assisted MDs with complex wound closures and reduction of dislocated joints, phlebotomy, IM injections, performed laboratory tests.
- Triageed patients presenting for emergency care; assisted with handoff to EMS for transport out of park.

**University of California, San Francisco**, San Francisco, CA

10/17-6/19

*Assistant Clinical Professor*

- Adult-Gerontology Primary Care Nurse Practitioner program faculty & HIV Minor Coordinator for UCSF SON.
- Redesigned and co-taught the Population Health course taken by all Master of Science students, which provided the foundation in epidemiology and biostatistics needed for advanced clinical practice.
- Evaluated, planned, and redesigned the HIV Minor curriculum to utilize a flipped classroom format and integrate the National HIV Curriculum; taught HIV Minor courses; guest lectured on STIs and global health.
- Taught 2<sup>nd</sup> year Nurse Practitioner students, led clinical conference group & evaluated students' progress.
- Provided sexual health services & HIV care at the UCSF 360 Clinic and SF Community Health Center.

**Team Rubicon**, Beaumont, TX

9/17

*Disaster Response Volunteer*

- Strike Team Leader on Hurricane Harvey response: Applied occupational health expertise to delegate tasks on the work site to maximize safety while we mucked out and gutted flooded homes; encouraged proper use of PPE including masks and Tyvek suits; performed manual labor on a diverse team of Veterans while exposed to heat, humidity, mold, household chemicals, rotten food, sewage, firearms, ammunition, and used syringes in debris.

**National Park Service**, Yosemite, CA

6/17-9/17

*Preventive Search and Rescue (PSAR) & Seasonal Clinical Nurse*

- Reduced visitor accidents, injuries, and fatalities through safety and preparedness education.
- Daily foot patrols on trails throughout the park; assisted Rangers and Yosemite Search and Rescue (YOSAR) with rescues as needed; administered first aid in the wilderness; patient care in the Yosemite Medical Clinic.

**Elpida refugee camp: Team Rubicon & Kitrinis**, Thessaloniki, Greece

10/16-2/17

*Clinic Manager & Nurse Practitioner*

- Supervised operations of a Syrian refugee camp primary care clinic, oriented medical volunteers.
- Assessed health needs of a medically-complex refugee population, designed and maintained clinical systems in a low-resource setting, delegated clinical and population health tasks to international teams.
- Led epidemiological investigations in response to infectious disease outbreaks, including hepatitis A; verified diagnosis and existence of outbreak, established case definition, used descriptive epidemiology to notify stakeholders including Greek public health officials; planned & implemented control measures, PEP vaccines.
- Navigated a bureaucratic system in a foreign language and culture to acquire vaccines; implemented childhood vaccination program which allowed refugee children to attend Greek schools; flu for elderly and chronically ill.
- Attended UNHCR meetings for NGO leadership, collaborated with politicians and Greek health professionals.

**Napa Valley Nephrology & Internal Medicine**, Napa, CA

11/15-9/16

*Nurse Practitioner*

- Worked independently as the primary internal medicine provider in a small rural medical practice.
- Evaluated alignment of services and policies with evidence-based interventions to improve population health.
- Implemented chronic pain management best practices; wrote a controlled substance policy for the practice.
- Set up electronic ordering of labs and imaging. Created a website with health education content I wrote.
- De-prescribing to mitigate polypharmacy; tapered opiates and benzodiazepines for complex geriatrics.

Marin Community Clinics, Larkspur, CA

12/14-11/15

Nurse Practitioner

- Primary care provider at a busy Federally Qualified Health Center and Patient-Centered Medical Home.
- Used aggregated data from electronic medical record to evaluate health services for my panel of patients.
- Piloted chronic pain group with social worker to provide chronic pain management education in a supportive group environment; targeted intervention for patients prescribed high doses of opiates long-term, but needed to taper down to reduce overdose risk. Precepted a Student Nurse Practitioner from UCSF.
- Performed pelvic exams, microscopy, urine drug testing, cryotherapy, I&D, preventive health, diagnosed and prescribed, provided continuity of care for diabetes and other chronic conditions, wrote referrals.

Project PLASE, Baltimore, MD

8/11-5/12

Delegating RN / Community Health Nurse

- Nurse for predominantly HIV-positive homeless clients in 77-bed transitional housing program and permanent housing clients in surrounding neighborhood needing nursing services such as wound care.
- Conducted a needs assessment; became a certified instructor for medication technicians in MD
- Wrote a Medication Policy Manual for the organization and collaborated with leadership for approval.
- Trained 40 staff—most formerly homeless and in recovery—to help transitional housing clients take their medications after adapting the state curriculum for assisted living facilities to the unique needs of Project PLASE, and implemented documentation and organizational systems in the 4 buildings.
- Developed and implemented a medication program which increased median medication adherence by 20.2% among transitional housing clients; most were on complex regimens for HIV and comorbidities.

United States Peace Corps, Uganda

8/09-12/10

Community Health Volunteer, HIV Specialist

- Partnered with local agricultural professionals to develop and implement a population health program to mitigate the impact of HIV on a remote community with a 43% HIV prevalence before ARVs were available. The program changed nutrition practices among participating farmers and their families, which helped combat early death due to malnutrition, which was rampant among these rural farmers with AIDS in part due to strongly held cultural beliefs about food and nutritional needs during illness. I utilized a Training of Trainers approach so content was delivered by peers in the local language, which increased program acceptance and sustainability.
- Assisted with monitoring & evaluation of Uganda Health Cooperative's maternal-child health program; collected and interpreted surveillance data for a population health research study within a tribal culture.
- Health science (sex-ed.) teacher for 180 students at a rural secondary school with few resources.
- Assisted Red Cross with disaster response following landslides in Bududa; helped plan camp layout to house 2000+ people while minimizing risk of waterborne infectious diseases; coordinated medical care for IDPs.

## RESEARCH & CREATIVE ACTIVITIES

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### SIGNIFICANT PUBLICATION

McQuilkin, M. A., Gatewood, E., Gramkowski, B., Hunter J. M., Kuster, A., Melino, K., & Mihaly, L. K. (2020). Transitioning from clinician to nurse practitioner clinical faculty: A systematic review. *Journal of the American Association of Nurse Practitioners*, 32(10), 652-659. doi:10.1097/JXX.0000000000000295

### CONFERENCE ABSTRACT

Stringari-Murray, S., Balano, K., & McQuilkin, M. (2018). *Curricular innovation: Blended in-person / online HIV pharmacology course utilizing adult learning theory* [Abstract]. Pacific AIDS Education and Training Center Faculty Development Conference.

### INVITED PRESENTATION - INTERNATIONAL

2010 United States Peace Corps, Uganda Training of Trainers on HIV in Uganda for incoming volunteers

### INVITED PRESENTATION - REGIONAL

2018 Pacific AIDS Education & Training Center Poster presentation on the UCSF HIV Clinical Pharmacology course

## OTHER CREATIVE WORKS

To assist clinicians seeing patients for COVID-19 testing, I developed the following clinical tools:

1. McQuilkin, M. A. (2021). Positive Predictive Value Map for common molecular point-of-care SARS-CoV-2 tests. <https://marymcquilkin.com/527-2/>
2. McQuilkin, M. A. (2020, April 28). COVID-19 test ordering algorithm [unpublished diagram]. Circle Medical. <https://drive.google.com/file/d/1PUJJPVIEGKHAziF4iP78VNreJl64dFJm/view?usp=sharing>
3. McQuilkin, M. A. (2020, June 30). COVID-19 testing clinical note template with patient education for each possible combination of test and visit type; 12 documents I updated weekly for 6 months. [unpublished template and text built into the electronic medical record]. Circle Medical.
4. Quality improvement presentation with case study [Recorded Power Point]. Circle Medical, San Francisco, CA, United States. <https://drive.google.com/file/d/17qWm4V6CsA6sJAID0t9X-WZK4Y71z03Q/view?usp=sharing>

During the COVID-19 pandemic to help patients understand COVID-19 testing, I created:

5. McQuilkin, M. A. (2020, March 23). Why is Circle Medical suspending COVID-19 testing during the shelter in place order? *Circle Medical, Medium*. <https://blog.circlemedical.com/why-is-circle-medical-suspending-covid-19-testing-during-the-shelter-in-place-order-d1f77219ed19>
6. McQuilkin, M. A. (2020, April 26). *COVID-19 testing explained Part I*. [Video]. Circle Medical. <https://www.youtube.com/watch?v=ikYthKnRuUc>
7. McQuilkin, M. A. (2020, April 26). *COVID-19 testing explained Part II*. [Video]. Circle Medical. <https://www.youtube.com/watch?v=XF8XsM94mgQ>
8. McQuilkin, M. A. (2020, April 26). COVID-19 testing. *Circle Medical, Medium*. <https://medium.com/@mary.mcquilkin/covid-19-testing-4f5bfe3f44b4>
9. McQuilkin, M. A. (2020, April 30). *COVID-19 math*. [Video]. <https://www.youtube.com/watch?v=-v44RFnGbfY>
10. McQuilkin, M. A. & Rychlewski, T. (2020, May 21). Tele-life check in. *Circle Medical, Medium*. <https://blog.circlemedical.com/tele-life-check-in-d9e470ac8128>
11. McQuilkin, M. A. (2020, June 9). Protesting during COVID-19. *Circle Medical, Medium*. <https://blog.circlemedical.com/protesting-during-covid-19-c7672168f8fb>
12. McQuilkin, M. A. & Everett, A. (2020, July 21). *The new COVID-19 self-swab testing experience at Circle Medical*. [Video]. Circle Medical. <https://www.youtube.com/watch?v=iTNhTECWBrG>

Patient education on other primary care topics:

13. McQuilkin, M. A. & Clifford, N. (2020, February 19). What is an annual wellness exam? *Circle Medical, Medium*. <https://blog.circlemedical.com/annual-wellness-exam-f1a8250d1949>
14. McQuilkin, M. A. (2020, March 5). An explanation of the risks & benefits of screening tests. *Circle Medical, Medium*. <https://blog.circlemedical.com/an-explanation-of-the-risks-benefits-of-screening-tests-eb3deca9debb>
15. McQuilkin, M. A. (2020, April 6). Primary care: The cure for America's healthcare system and the individuals within it. *Circle Medical, Medium*. <https://blog.circlemedical.com/what-is-primary-care-30536296da30>
16. McQuilkin, M. A. (2020, April 21). PrEP. *Circle Medical, Medium*. <https://blog.circlemedical.com/prep-2078cf571fa9>
17. McQuilkin, M. A. (2020, August 24). Fall 2020 flu shot. *Circle Medical, Medium*. <https://blog.circlemedical.com/flu-shot-c7dbbf7c1d>

To advertise the medical practice to potential patients, I participated in the making of this video:

18. Circle Medical (2020, February 19). *Mary McQuilkin*. [Video]. <https://www.youtube.com/watch?v=2rHdXX-Ullk>

To raise awareness of the barriers Syrian Refugees face when trying to access healthcare, and to fundraise for the clinic:

1. McQuilkin, M. A. (2016, December 14). Seven-month update from Greece. *Team Rubicon*.
2. McQuilkin, M. A. (2017, January 3). 7-year-old Lena takes her first steps in Greece. *Team Rubicon*.
3. McQuilkin, M. A. & El-Jayyousi, F. (2017, January 6). Katerina tackles an impossible feat for refugees in need of care. *Team Rubicon*.
4. McQuilkin, M. A. (2017, May 31). Hepatitis A: A story from a Syrian refugee camp clinic in Greece. <http://marymcquilkin.blogspot.com/2017/05/hepatitis-a-story-from-syrian-refugee.html>

## RESEARCH ACTIVITIES

### ***Cervical cancer screening adherence among HIV-positive women at a Baltimore City HIV clinic***

For my MSN Capstone, I independently conducted research on clinical data at JACQUES Initiative, a project of the University of Maryland School of Medicine Institute of Human Virology. I was granted IRB approval to de-identify and aggregate data from the EHR, including 187 cervical cancer screening procedures performed on women with HIV from 2010 to 2013. To account for the increased screening frequency or additional procedures recommended following a positive pap smear, I organized the data in age quintile by procedure type and past results. Demographic factors were evaluated for correlations such as whether lack of transportation was associated with missed appointments, or race was associated with time from date a test was ordered to date performed. Because 92% of patients were Black, I was unable to determine if there was a statistically significant relationship between screening adherence and race. Findings included that 68.7% of women age 30-64 who had not undergone a hysterectomy had not received cervical cancer screening in the past three years. While 80% of women age 21-30 received one pap smear during the four years studied, ACOG recommends women with HIV receive annual screening, but none of the women in this age group did. Barriers included lack of health insurance for 84% of women. I presented my findings in graphs and a paper, and made recommendations to the clinic manager including addition of an automated patient reminder system and EHR alerts to notify clinicians when a cervical cancer screening they ordered was not performed.

### ***The effect of 100% smoke-free medical campus policies on community and employee health***

For my MPH Capstone on tobacco policy effectiveness at improving employee health, I conducted a systematic review and wrote a paper to discuss my findings and the implications for health policy. This research was guided by my faculty mentor Sheila Fitzgerald, PhD of the Johns Hopkins Education and Research Center for Occupational Safety and Health at the Bloomberg School of Public Health.

## UCSF TEACHING

Course Number & Title		Academic Year	Class Size
<b>N242B, HIV Clinical Pharmacology</b>		2018-2019	38
<i>Teaching Contribution</i>	<i>FOR, Spring. Students include community NPs and HIV RNs via collaboration with PAETC.</i>		
<b>N242D, HIV Clinical Management</b>		2018-2019	13
	<i>FOR, SSII.</i>		
<b>N242E, HIV Grand Rounds</b>		2017-2019	7
	<i>FOR, Fall, Winter, &amp; Spring.</i>		
<b>N247.28A, Seminar in Adult-Gerontology Primary Care: Introduction to the Modern Practice Environment</b>		2017-2019	26
	<i>FOR, Fall.</i>		
<b>N245A, Clinical Prevention &amp; Population Health</b>		2019	164
	<i>co-FOR, Spring.</i>		
<b>N261, Interprofessional Counseling for Behavior Change</b>		2019	227
	<i>co-FOR, Winter. Interdisciplinary with School of Pharmacy.</i>		
<b>N415.28B, Adult-Gerontology Primary Care Nurse Practitioner</b>		2017 - 2019	7
	<i>co-FOR, Fall, Winter, &amp; Spring.</i>		
<b>N247.28B, Seminar in Adult Gerontology Primary Care: Complex Health Issues</b>		2018 - 2019	26
	<i>HIV specialist consultant, 1 week in Winter.</i>		
<b>N260H, Global Health Policy and Nursing</b>		2018	8
	<i>Guest lecturer, 1 day.</i>		

*\*FOR, Faculty of Record, is the title UCSF uses for lead faculty in charge of a course.*

### ***HIV Curriculum***

Enrollment in the HIV Minor was previously limited to students in the FNP and AGPCNP programs because of grant funding specifically for preparing HIV primary care providers. In 2018, as that grant ended, I opened up the HIV Minor to all Master of Science students and recruited students from other programs. I utilized social media and designed posters for each course offering including a QR code to encourage students to register, which I posted around campus. To accommodate schedule conflicts between MS programs and to streamline teaching, I piloted innovative course designs with online and flipped classroom formats. One Psychiatric Mental Health NP student completed the HIV minor in my first year as coordinator, and students in other programs took HIV Minor courses as electives. My marketing efforts were demonstrated by the increased enrollment in HIV Clinical Pharmacology from 18 to 26 students in 2018. While there is some HIV content in the core MS curriculum, my hope was that by making the HIV Minor more inclusive, all students with an interest in HIV would have the opportunity to complete in-depth coursework and HIV-focused clinical experiences or projects.

In 2018, I revised the curriculum of the four HIV Minor courses with the help of Suzan Stringari-Murray and Natalie Wilson, who is FOR for N242A. Suzan revised the courses years ago to meet a set of competencies that she and colleagues developed. More recently, the University of Washington released the National HIV Curriculum (NHC), which provides a set of competencies and online modules with content to support learners in achieving the associated competencies. I went through each of the four courses and organized the NHC competencies in a way that would allow for minimal changes to the objectives of the existing courses, then integrated the NHC online modules, covering 28 topics, to meet each competency. As of 2019, all NHC online modules were successfully integrated into the HIV Minor curriculum, so our graduates will achieve the NHC competencies upon completing the four-course curriculum.

### ***N242B HIV Clinical Pharmacology***

The HIV Clinical Pharmacology course uses adult learning theory and a flipped classroom approach. The course is designed to allow for minimal instruction with maximum autonomy by allowing learners to explore content on their own before meeting in-person as a group. Self-directed learning utilizing the online NHC primes students with the content before a full day of interactive, in-person learning where participants apply new knowledge to real-world scenarios. The in-person day consists of activities that utilize learner knowledge and experience, involve participants in the learning process, and facilitate collaboration between learners and educators. HIV Clinical Pharmacology Spring 2018 was the first CLE page I made and the first syllabus I wrote, which gave me the experience to create a new, organized, and concise CLE pages and syllabi for every subsequent course I worked on.

### ***N242E HIV Grand Rounds***

I created this course to formalize and add structure to the pre-existing requirement that all HIV Minor students attend 10 HIV Grand Rounds lectures. In the past, credit was awarded retroactively in the Spring for students using a N249 independent study. The process is now simplified, because students earn 0.5 credits each term for three consecutive terms; Fall, Winter, and Spring. Students attend HIV Grand Rounds at San Francisco General, either in-person or online, or CAPS Town Hall sessions at Mission Bay to attain the latest clinical, diagnostic, research, and treatment information regarding the pathogenesis and management of HIV. I wrote a syllabus and created a CLE to organize content online and facilitate assignment submission. I developed a quiz based on each weekly HIV Grand Rounds to assess learning. Online discussion and additional learning activities are used to reinforce concepts.

### ***N242D HIV Clinical Management***

This course was previously taught every other week during the Summer. Based on student feedback, I restructured the course using a flipped classroom approach similar to N242B. Many students work on weekdays over the Summer, so in 2018 I piloted a version of the course with five weeks of online content primarily comprised of NHC modules, followed by three full in-person days over a weekend. I assigned a paper to provide academic writing experience, then gave detailed feedback and encouraged students to revise their first draft to prepare students for the Comprehensive Exam for graduation. The in-person days included talks by experts in HIV management in a small group learning environment with interactive activities to apply new knowledge from the online learning completed in the prior weeks.

### ***N245A Clinical Prevention & Population Health***

This is the core course on population health taken by all Master of Science students at UCSF SON. Given my MPH, I was assigned to redesign the course and co-teach with Amanda Peacock, another assistant professor. I reviewed the course from previous years, thought about which aspects of public health are most useful for advanced practice nurses, and developed content while referring to coursework I completed at Hopkins for guidance. One area I focused on was teaching the theoretical basis for screening tests in populations, because this foundation is necessary to understand how to interpret test results for individual patients. Failing to understand that a positive screening test result does not mean a patient has the disease is a common error made by doctors and advanced practice nurses alike, and I saw the opportunity to teach why as a way to help countless patients as these students enter practice.

I lectured on screening principles, sensitivity and specificity, likelihood ratios, Bayes' Theorem and predictive values, with an emphasis on practical application of concepts to clinical care. Students gained an introductory understanding of biostatistics, epidemiology, population dynamics, environmental health, and learned to apply the socioecological model to consider how cultural, behavioral, and other factors influence health outcomes for populations when planning disease prevention and control interventions. We eliminated busywork and streamlined the course to focus on key concepts and activities for students to apply learning to problems they will encounter as advanced practice nurses. Planning and teaching this course was a challenge, but we worked together successfully to create a revitalized course that prepared students with population health knowledge that is often missing from nursing curricula.

### ***N247.28A Seminar in Adult-Gerontology Primary Care: Introduction to the Modern Primary Care Practice Environment***

Students provided feedback that the existing course focused too much on the VA, which was not applicable to their career interests. To better meet the needs of all AGPCNP learners, I expanded content to cover the numerous models for care delivery and variety of settings for primary care practice. I wrote a new syllabus, developed a CLE page, and found relevant readings about current events related to primary care practice. Following a lecture on the models of care delivery, I facilitated a panel discussion with NPs working in telehealth, a concierge startup, a community clinic, and home care. I wanted to instill in students that there are many options for where and how to practice, given new technologies and expanded reimbursement models. Because students will practice in the context of the opioid epidemic regardless of setting, I lectured on chronic pain management best practices, an area of clinical expertise. I added a paper to this course to support students in developing their academic writing skills. I provided detailed feedback, but encouraged students to revise and resubmit their paper for a higher grade. Writing is an important but often overlooked skill for advanced practice nurses, so I incorporated written assignments into most of my courses.

### ***415.28B Clinical Residency, 2nd year***

This course involves small group teaching every other week Fall, Winter, and Spring terms, with online discussion board facilitation during the Summer. I facilitated in-class discussion of cases with my group of seven students and guided them in developing their case presentation and note writing skills. I read and provided written feedback on clinical note assignments, visited each student at their clinical site to observe them in the primary care NP role, and met with students individually who needed additional support in meeting the AGPCNP competencies.

### ***NSL261 Interprofessional Counseling for Behavior Change***

This workshop brings together pharmacy students and Master of Science students from various nursing programs to practice counseling for behavior change skills within the context of an interprofessional, team-based learning environment. I was tasked with streamlining this course because it was needlessly complex. I learned how professors Matt Tierney and Kirsten Balano wanted the course structured, then wrote a syllabus and created a CLE to organize Tierney's content online. I divided students into 22 breakout groups comprised of a mix of pharmacy and nursing students, assigned 1-2 facilitators to each group, assigned each group a room, and created a visual guide of where to go when for learners and facilitators. Attendance posed a challenge because I had to record three points in time for each student; the 90-minute didactic lecture at the beginning, the 11 breakout groups, and the debrief back in the big room at the end. And this sequence occurred twice during the day. I learned how to use Google Forms to record attendance, used a URL shortener to make my form easy for students to type into a phone, and piloted this with the 227 students in 2019. I cross-checked the spreadsheet of attendees with my spreadsheet of who enrolled in the



course to identify absent students. Following the workshop, I organized a make-up session for students who were absent but unable to re-take the class next year. The biggest challenge for me was not having a list of anticipated nursing attendees before the course, so I had to wait until shortly before the workshop to see who enrolled in order to finalize my group assignments, but overall it went well.

## **SERVICE**

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### **UNIVERSITY OF CALIFORNIA, SAN FRANCISCO SCHOOL OF NURSING**

2017-2019 HIV Minor Coordinator for UCSF School of Nursing  
2017-2019 Global Health Nursing Committee Member & Community Health Systems representative

### **UCSF DEPARTMENTAL SERVICE**

2017-2019 Community Health Systems Scholarship Committee Member

### **PROFESSIONAL MEMBERSHIPS**

2017-2020 Association of Nurses in AIDS Care  
2014-2020 California Association of Nurse Practitioners  
2014-2020 American Association of Nurse Practitioners  
2013-2020 American Public Health Association  
2009-present Sigma Theta Tau Honor Society of Nursing, Nu Beta & Alpha Eta Chapters

### **CONTINUING EDUCATION & PROFESSIONAL DEVELOPMENT ACTIVITIES**

2018 Teach for UCSF Certificate in Clinical Teaching, 10/26/18  
2018 Passed AAHIVM exam 11/2018 to be a certified HIV specialist, recertified by exam 12/2021  
2018 Completed the suboxone waiver training; certified to prescribe medication for opioid use disorder  
2018 Attended the UCSF School of Medicine's diversity training  
2018 Attended UCSF SON faculty diversity workshops  
2017 Attended UCSF's Medical Management of HIV/AIDS and Hepatitis conference 12/2017  
2019 Attended the National Transgender Health Summit, where my mentee and HIV Minor student was presented with an award from an international community of clinicians and advocates for transgender healthcare

## **CONTRIBUTIONS TO DIVERSITY**

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My dedication to improving the health of diverse communities is demonstrated by the breadth of settings I have worked in. I am familiar with barriers many people face when accessing healthcare and how culture shapes health beliefs. I attended diversity, equity, and inclusion trainings while faculty at UCSF to better support students from diverse backgrounds. I contribute to diversity by sharing my perspective as the spouse of an active duty Service Member who deploys to combat zones. I am also a Returned Peace Corps Volunteer and Founder of the Peace Corps Uganda Sexual Harassment and Assault Committee, which I created to train local staff how to support volunteers reporting sexual violence more effectively. I will continue working toward systematic changes in the healthcare system to reduce health disparities.

### **SPECIAL HIRING AUTHORITIES**

- Military spouse eligible for non-competitive appointing authority under E.O. 13832.
- Returned Peace Corps Volunteer who served satisfactorily, (non-competitive eligibility expired).