



**November Pipeline Meeting Minutes**  
**Date & Time: November 19th, 12:00PM**

**Zoom Link:** <https://ubc.zoom.us/j/64343245317?pwd=njvwNSGQ1gNhmvlaZqMzDjRfv3Rc34.1>

**Meeting ID:** 643 4324 5317

**Passcode:** 20241119

**Attendance:**

<b>VP Academic</b>	Mina Rim	<b>P</b>	<b>Year 1</b>	Ahmed Makhlof	<b>P</b>	Kimia Mirzaei	<b>P</b>
<b>AVP Academic</b>	Rachel Jung	<b>P</b>		Alyssa Burrows	<b>P</b>	Soeun Chang	<b>P</b>
<b>1<sup>st</sup> Year Rep</b>	Goodnews Mayom	<b>P</b>		Daniel Gee	<b>P</b>	Sujin Lee	<b>A</b>
<b>1<sup>st</sup> Year Rep</b>	Miffia Huang	<b>P</b>		Katherine Li	<b>P</b>		
<b>1<sup>st</sup> Year Rep</b>	Pasley Merritt	<b>P</b>	<b>Year 2</b>	Amy Lee	<b>P</b>	Navreet Grewal	<b>P</b>
<b>2<sup>nd</sup> Year Rep</b>	Grace Du	<b>R</b>		Edwin Wen	<b>P</b>	Pouya Pasha	<b>P</b>
<b>2<sup>nd</sup> Year Rep</b>	Kat Su	<b>R</b>		Esther Lu	<b>P</b>	Ryan Johnson	<b>P</b>
<b>2<sup>nd</sup> Year Rep</b>	Mitchell Mah	<b>P</b>		Jenny Kang	<b>P</b>	Susanna Zhong	<b>P</b>
<b>3<sup>rd</sup> Year Rep</b>	Christina Feng	<b>P</b>	<b>Year 3</b>	Allison Jung	<b>P</b>	Patricia Jarin	<b>P</b>
<b>3<sup>rd</sup> Year Rep</b>	Man Ting Xu	<b>P</b>		Carmela Sangalang	<b>P</b>	Rosemary Xue	<b>P</b>
<b>3<sup>rd</sup> Year Rep</b>	Ryan Kwok	<b>P</b>		Daisy Ye	<b>L</b>	Sonia Plaha	<b>P</b>
<b>4<sup>th</sup> Year Rep</b>	Allan Ma	<b>P</b>		David Qi	<b>P</b>	Sungmin Huh	<b>A</b>
<b>4<sup>th</sup> Year Rep</b>	Harry Po			David Wang	<b>P</b>	Sunny Qin	<b>P</b>
<b>Faculty</b>	Dr. Kathy Seto	<b>P</b>		Jeevan Gill	<b>P</b>	Tam Nguyen	<b>A</b>
				Matthew Lee	<b>P</b>	Thazin Maung	<b>P</b>
				Meghan MacLaren	<b>P</b>	Tracy Shu	<b>P</b>
			Natalie Wu	<b>P</b>	Yolanda Sun	<b>L</b>	
			<b>Year 4</b>	Kaitlyn Lee	<b>A</b>	Sarah Kim	<b>R</b>
				Mark Seo	<b>P</b>	Sophia Sung	<b>A</b>
				Mimi Nguyen	<b>A</b>	Trevor Chan	<b>A</b>
				Philip He	<b>A</b>		

**P** (present) | **A** (absent) | **R** (regrets) | **L** (late)

**Guests:** Carissa Chan, Claire Fergusson, Brina Kim, Divleen Rai, Carmen Leung, Zoey Crockart

Meeting called to order at 12:00 PM

**Approval of Minutes:** NA **Standing Business:** N/A

**Introduction**





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- **Dr. Seto and Mina (VPA) to Co-Chair the Pipeline and lead discussion**
  - **Rachel (PhUS AVPA) will be the secretary and taking minutes**
  - **Purpose of Pipeline: Liaise information and concerns between pharmacy students & faculty**
    - Our Goal: To provide an opportunity to effectively communicate areas of concern with Faculty
    - Work together to create positive change
    - Two-way street: Faculty can also initiate feedback requests
  - **Pipeline Process:**
    - Official requests generated by students or faculty via Google form or email
    - 2 meetings per term to discuss concerns/ideas/suggestions via Zoom
    - For meeting preparation, pipeline members consult peers (~10students/PY), and summarize concerns
    - PhUS year reps to finish summary (shared document) 1-2 days prior to meeting
    - Meeting minutes will be approved via FB group chat (ideally) within 4 days of the meeting adjourned
    - Meeting minutes will be uploaded on UBC PhUS website
    - Unresolved issues will be noted in the shared document and addressed at the next meeting
    - VPA and AVPA will provide updates to pipeline members when developments for ongoing issues occur
  - **PhUS Year reps have filtered through the Yearly concerns forms and will present the topic**
    - Dr. Seto and Year Specific Pipeline Members will have the opportunity to respond
    - If you agree with a certain concern you can feel **free to comment in chat or use the react functions**
  - **General rule of thumb:**
    - Be respectful to each other
      - Dr. Seto and other Faculty members are here to help and provide insight to the concerns that we have, so please be kind!
    - Be collaborative, professional, engaged, and mindful of our limited time
      - Agenda items may need to be tabled for later discussion if time does not permit
    - Equity, Inclusion, Diversity. This is a SAFE SPACE!
      - Please be kind and empathetic to everyone (your peers, Dr. Seto, guests and other stakeholders)
      - One person speaking at a time
        - Use raise hand function on Zoom
        - Turn on your camera
        - Mute mic when not talking
      - Use people's preferred pronouns
    - Remember to refer people to Office of Student Services: Ms. Jennifer Chatterton is the go to for difficulties students are experiencing (Acute and Chronic, Mental, Health Conditions). Cassie Smith is our in-house Counsellor ([https://ubc.ca1.qualtrics.com/jfe/form/SV\\_73UWZD2PTx9DKo6](https://ubc.ca1.qualtrics.com/jfe/form/SV_73UWZD2PTx9DKo6))
- **Attendance will be taken, send your regrets to VPA or AVPA beforehand! Questions?**



## Updates of Prior Concerns

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### 1. 231 Midterm Review

- a. Dr. Turgeon and Dr. McCormack have scheduled a general review and QnA session for Nov 19th, 4PM
- b. Hopefully this will resolve the current issue
- c. *Please share your feedback on course evaluations re: the alignment of assessment questions and learning objectives and also to note that an exam review is helpful for student learning*

### 2. Grade Release and Distribution Data

- a. Canvas can only display all of mean, low grade, high grade, and student's own score and currently there is no way to selectively choose which of these data are published
- b. Have followed up with IA team regarding publication of IA assessment averages and will circle back with an update

### 3. Graduation regalia

- a. Dr. Pearson recently responded to a student email sent to E2P PharmD leadership
- b. This is unfortunately not something faculty has the ability to change on its own
- c. Faculty has been advocating for a change in PharmD regalia with Tributes Committee for some time, but we are up against a UBC central effort to simplify all undergraduate regalia (including MD and DMD)
- d. Unfortunately do not have further insight on timeline or if we will be successful

### 4. Spacing out of assessments

- a. Course teams are currently collating Term 2 schedules (including assessments) and as part of this process, we will be looking at hot spots and where we can reasonably space out assessments to make it as fair as possible for all students

## Discussions

\*'note' refers to comments left prior to the meeting

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### 5. Courses/IAs

KS: Recognize the difficulty jump in IA. IA sessions are meant to prepare students for future patient care and applications in real life. VP will distribute Qualtrics survey to gather opinions of the students in regards to the IA assessments, which faculty will review. Actionable items resulting from the discussion will be communicated in an open meeting second term.

- a. **Concern: Lack of adequate relevant and timely instruction prior to IA assessments. Unclear/rigid marking rubric (22) [PY3]**

PY3 Rep: Understand that these concerns are not specific to our cohort but have been raised in the past. Would like to provide further context.

Example: PBA #2 had a post assessment lecture on navigating red flags. PBA itself was on red flags and referrals, students have been frustrated to receive this lecture after the PBA.

PBA #3 involved learning the material during session and writing PBA right after. Students prefer having time to process the information over a couple days or a week.

KS: Appreciate context regarding learning the material during the assessment session, will bring back to IA team. Agree that there should be some time for consolidation of learning.

KS: Examples of the rubric or specific marking rubric (interactive) that are vague, not provided?

PY3 rep: PBA 2 marking rubric would be specific and looking for a specific phrase/key words and the deviations of the answers were given 0. Recommending a safe product would be marked 0 as well if it wasn't the correct product regardless of rationale.





Concrete example- Referral to physician was marked as 0 as it did not specify Urgent Care/Emergency. Some flexibility in the answers would be appreciated. General lack of transparency as to how we should word our answers.

KS: Great feedback. Marking rubrics generally have some flexibility but we will look into fine-tuning

- i. **Solution:**
  - ii. Prepare us the relevant information prior to IA assessment.
  - iii. Provide specific expectations in marking rubric.
  - iv. **Provide more lower weighted assessments.**  
KS: split consensus on what students would like, decreased weight (more weeks of having assessments) vs the increased weight of the mark distribution (fewer assessments)  
PY3 rep: PY3 reps to distribute qualtrics survey with items that are feasible based on our meeting today and create a data summary so that we'll have a more informed decision moving forward
  - v. Have flexibility in marking rubric.
  - vi. Provide more opportunities for improvement.
  - vii. Drop lowest PBA mark.  
KS: This has been explored in the past. We will have to go into archives and explore why this was stopped.
  - viii. Scale assessments.
  - ix. Timely feedback.  
KS: Not an intentional withholding of grades and feedback. Limited faculty capacity and resources. Could students provide any examples if any marks were held for an unusual amount of time?
  - x. Allow time for comprehension between learning a topic and writing an assessment.
  - xi. Integrate mental health support into the assessment process to ensure academically and emotional success of students.  
KS: Would like clarification regarding this idea. What does this entail?
  - xii. Remove the need to pass IA to pass the course.
- b. **Concern: Jump in difficulty from PY2 to PY3 is too aggressive OR difficulty is too high (10) [PY3]**  
KS: This is something the team is looking at currently/on the radar. Will be brought back to year 2 and year 3 teams to bridge this jump.
- i. **Solution:**
  - ii. Better preparation in PY2.
  - iii. Provide specific expectations in marking rubric.
  - iv. **Provide IA remedials.**  
KS: This would be a program level decision. There is no one assessment to determine if someone would pass/fail IA, would like to brainstorm further ideas in this direction
  - v. Drop lowest PBA.
  - vi. Release grade averages.
- c. **Concern: Large discrepancy in assessment difficulty between lab sections. (8) [PY3]**  
PY3 Rep: Noticed that some of the sessions would have an easier assessment compared to the others, standardize the difficulty but understand that the difficulty is subjective to the individual based on the condition/topic  
PY3: Example: Deprescribing PBA #3 - a certain lab section was not asked for a deprescribing regimen while many other labs were. Maybe some standardization of questions amongst labs would help with difficulty level?



KS: Different versions are made to be similar, but we cannot make them perfectly equivalent. We do make the effort to make the difficulty as equal as possible, and enable lab sections flipping in term 2.

PY3: Posting of lab section averages?

KS: Difficulty of posting grades of all lab sections individually. Sample size of modules vs. lab section is quite different, eg. if 2/30 students receive a 0 on a PBA, the needle is moved significantly vs. 5/200 students failing an EOB. Many factors add to the discrepancy between the lab sections. Will reassess with the IA team, and want to reassure the students that the team works to make them similar.

- i. **Solution:**
  - ii. **Provide a remedial assessment for PBA/CBL.**
  - iii. Drop lowest PBA/CBL mark.
  - iv. Standardize difficulty/markings across lab sections.
- d. **Concern: A lack of empathy and support from the IA team. Unapproachable members of the IA leads. Poor mental health. (9) [PY3]**  
PY3 rep: 9 submissions mentioned the difficulty approaching members of the IA team and lack of empathy when addressing sensitive topics, requesting for more empathy and support from the IA team as it would contribute to mental health  
KS: Year 3 IA team (and all IA teams) are willing to provide support. Can appreciate that they are often quite busy and in certain situations may seem unempathetic. Apologize for such encounters if that has happened, will chat with IA team regarding empathy within private and supportive conversations.
- i. **Solution:**
  - ii. Remedials/alternatives for those failing IA.
  - iii. **Smaller weight/more frequent IA assessments.**  
KS: Different student feedback; work was made to lower the number of assessments. Will be quite difficult to find the perfect balance. Have done votes in the past- split seems to be even.  
Happy to discuss further.
  - iv. Provide more empathy and support for students.
- e. **Concern: Many lectures this semester include slides with only images and lack in-lecture explanations, making it hard to understand key points and know what to note down. [PY3]**
- i. **Solution:** Professors could add follow-up slides or provide summary documents covering key concepts in detail.
- f. **Concern: Inappropriate comments from lecturers negatively impact student mental health. (1) [PY3]**
- i. **Solution:** Facilitate more supportive learning environment
- g. **Concern: IPE / PEADS are scheduled too close to exams and students are having difficulty managing the workload [PY1]**
- i. **Solution:** Schedule sessions after exams or towards the end of the semester. Hold it on Zoom if they are before exams so students may save some time on transit.
  - ii. Our suggestion: Reduce the amount of pre-work commitment

KS: Clarification if it is IPE sessions or other PEADs sessions as well that have significant pre-work?

Will circle back with IPE team, however as IPE is held with UBC Health, Faculty is not able to change modality delivery or pre-work. Dates are centrally agreed upon across the faculties and unique schedules. For Term 2, we will double check to see if there are any exam schedules that can be adjusted if they are right after IPE/PEADs.





Clarification: Any async content that is released as part of a module is actually replacing in-person lecture time to allow students flexibility in terms of time management. These have been implemented as a result of similar concerns from past years regarding commuting.

## 6. Exams/Assessments

- a. **Concern: The FDL exam (15% of IA grade) was on Tuesday, PK elective midterm (40%) on Wednesday, and the GI Quiz (35%) on Thursday of the same week, despite the following week being free of major assessments. (1) [PY3]**
  - i. **Solution:** Consider scheduling the PK midterm the following week to balance the workload.

KS: Will look into it and apply for the next year

- b. **Concern 2: The FDL exam, covering only the Psych and GI modules, was held mid-semester before completing the GI module, affecting grades in a year when IA assessments are especially challenging. (2) [PY3]**
  - i. **Solution:** Postpone the FDL exam until after the GI module to improve understanding and grades.

KS note: Happy to revisit the scheduling of the FDL quiz to be scheduled after completion of the entire module in future, assuming there is the ability to do so in the schedule. Do students want more assessments pushed towards the end of term? Historically, I understood that students did not want more assessments closer to ICE? Happy to revisit if this is what students prefer.

PY3: Requesting to possibly push it back 2-3 weeks to the beginning-mid November of FDL which is not within ICE time

KS: Understand that the scheduling issues may cause domino effect of the movement of the exams. Reasonable to have FDL exam closer to the end of a tested module. Would require all year levels to follow the same change. Student consensus may need to be evaluated first.

- c. **Concern: Noise level during the GI EOB in Lecture Room 1101 was highly disruptive (students in atrium, heavy door noise, proctors/students frequent enter/exit for breaks). A quieter environment is needed for better focus. [PY3]**
  - i. **Solution:** Before the exam, request that students disperse from the atrium after finishing and take bathroom breaks in advance. Ensure students leave the room by the 15-minute mark and limit proctor movement during the final 15 minutes to minimize distractions.

KS note: The invigilation team generally does try to move students away from the 1101 doors due to noise and we can continue to do this. I would ask the Pipeline to also ask this of the student body to help make this happen. The Program unfortunately has little control over requiring students to take bathroom breaks in advance and we are unable to prevent students from taking bathroom breaks in the middle of the exam. Students also have autonomy to leave the exam room up until the final 15 mins, so we sadly have no control over minimizing student movement and associated noise with students trying to exit before this deadline.

PY3 rep: Requesting in providing noise cancellation ear plugs for the low cost solution instead of having to control the chaotic crowd outside



KS: Will check on the budgeting to provide for students that request for it. You may bring your own non-electronic foam ear plugs if desired. These will need to be checked by an invigilator prior to use.

**7. Financial Concerns**

a.

**8. Practicum**

a.

**9. Mental Health**

a.

**10. Miscellaneous**

**a. Concern: Lack of bookable study rooms in the pharmacy building [PY1]**

- i. **Solution:** Cross-disciplinary booking page between students/faculty/research groups to book out meeting rooms in the building

VP Note: Unfortunately, it's a well-known issue that the pharmacy building lacks study/meeting spaces. We recommend students to check out spaces in LSC or use the Library booking system that lets you book study rooms at libraries around campus!

PY1 rep: Rooms in the west side of the building are not used so requesting for the booking of the rooms for meetings, project work and interviews.

KS: Unfortunately building has not been designed for such growth in the faculty. Many rooms are office/research spaces. Previous concerns? Do students have access to book rooms?

PY3 (VP Internal): Students may only submit requests to book rooms for specific club meetings or events. Require minimum of 3-4 weeks lead time and not always guaranteed. Currently there is no booking for students' personal study uses.

VP: Will revisit, but at this time students are suggested to consider LSC rooms.

**b. Concern: No access to some previous primer videos. For example, there were several suggested videos in PY1 to prepare for practicum (general wound care) that are not available in the hub. [PY3]**

- i. **Solution:** Allow access to these videos in the hub where several other primer videos are.

VP Note: I'm aware that OETLD is building a year-specific archive for students on the E2P Hub. Perhaps these primer videos can be included as well?

VP: Reasonable to request OETLD to include these videos on the year-specific archive?

KS: Requesting to make a list of the videos that are missing (eg. general wound care) and other helpful resources. Then faculty would need to seek the owner of the videos and request to post permissions. Otherwise, agree that this would be helpful.

**Meeting Adjourned: 1:04 PM**

**Moved: Mina ; Seconded: Rachel**