



THE UNIVERSITY OF BRITISH COLUMBIA

Pharmacy Undergraduate Society
2405 Westbrook Mall
Vancouver, B.C. Canada V6T 1Z3
Website: www.ubcphus.org

October Pipeline Meeting Minutes

Date & Time: October 23rd, 2025 12-1pm

Zoom Link: <https://ubc.zoom.us/j/66415712360?pwd=G86aRQNSXc6Cgms7TyRgvVa4gBiHsx.1>

Meeting ID: 664 1571 2360

Passcode: 940311

Attendance:

VP Academic	Rachel Jung	P	Year 1	Alexis Jang	P	Jaeryoung Lee	
AVP Academic	Jayden Pun	P		Alyson Huynh	P	Lybah Adnan	
1st Year Rep	Erica Na	P		Ashley Fisher	P	Lydia Lee	P
1st Year Rep	Gurbaz Grewal			Cyrus Yong		Manveen Uppal	P
1st Year Rep	Amy Lee	P		Ekjaap Athwal		Maria Sharifi	P
2nd Year Rep	Jacob Magbag	P		Hannah Dalagan	P	Peter Shin	P
2nd Year Rep	Emma Jin	P		Ivan Ou Yang	P	Vidhi Patel	
2nd Year Rep	Jaimie Lai	P					
3rd Year Rep	Mitchell Mah	P	Year 2	Ahmed Makhoulouf	P	Kimia Mirzaei	P
3rd Year Rep	Lindsay Barkworth	P		Daniel Gee	P	Nayab Khurshid	
3rd Year Rep	Jin-Sun Cho	P		Dilnar Mamatyusuf	P	Rachel Son	P
4th Year Rep	David Wang			Gurnoor Kharud		Soeun Chang	R
4th Year Rep	Ryan Kwok	P		Joshua Matsui	P		
Faculty	Dr. Kathy Seto	P	Year 3	Amy Lee	P	Jenny Kang	P
				Neyha Dhillon	P	Pouya Pasha	P
				Grace Du	P	Ryan Johnson	
			Year 4	Carmela Sangalang		Mina Rim	P
				Meghan MacLaren		Matthew Lee	

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

Guests: Paisley Merritt, Chaeyoung Lim

Meeting called to order at: 12:00 PM

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

Introduction

- Dr. Seto and Rachel (VPA) to Co-Chair the Pipeline and lead discussion



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- **Jayden (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) 1-2days 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
 - 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)
- **Attendance will be taken, send your regrets to VPA or AVPA beforehand! Questions?**



Discussions

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

1. Courses/IAs

- a. **[PY3]** Disconnect between students and instructors in PHRM 351, and the learning material is difficult to connect with.

Solution: seated with their groups (for collaboration), and class time for the group project.

KS note: Thank you for this feedback. Would appreciate some further insight on what this disconnect is? Will follow up with the course coordinators, but students who share this opinion, please share the specifics in your course evaluations.

PY3 Rep: Currently a disconnect between the content and listed learning objectives for the lectures, and also feel that workup cases and better examples in class would be beneficial. Additionally, would like more time spent on demonstrating the relevant thought process behind medication management. There is also limited opportunity in class to discuss lecture material in groups.

KS: Will bring up the feedback to course coordinators, but also suggest providing the feedback in course evaluations.

- b. **[PY3]** Payment (\$10 USD) required for cases/articles in PHRM 351.

Solution: a free option, remove the case, or distribute the case to the class for free.

KS note: Again, will also follow up with the course coordinators, but students who share this opinion, please share in your course evaluations.

- c. **[PY2]** Change PHRM 261 classes from in-person to online

- i. **Concern:** There are no mandatory lectures or IA sessions on Mondays except for PHRM 261, which means many students are forced to make long commutes for a relatively short 50-minute class, affecting energy levels and free time.

- ii. **Proposed Solution:** Make PHRM 261 an online class

KS note: This has been raised at Pipeline before, please refer to previous meeting minutes. The timeslot was selected based on student input (which showed a preference for having PHRM211 and subsequent Monday coursework as all in-person, as opposed to PHRM 211 in-person and subsequent coursework online) and to minimize disruptions to PHRM211. The program is open to student feedback, but requests that students express this in their course evaluations.

VP Academic note- Based on the October 2024/2025 pipeline, KS reached out to the 261 lecturers and got the history and background of the students' preferences for the class being online vs in person. This year the time slot was moved in order to minimize disruptions to 211. Would be optimal if PY2 would compile preferences and concerns and express on the evaluations.

KS: Course evaluations are a good place to provide this feedback as course coordinators themselves have little influence on logistics such as room booking and timing.

- d. **[PY2]** Receiving MAP notifications despite attending IA sessions and tapping into SEATR

- i. **Concern:** Several second years have been getting emails about make up IAs a MAPs for absences after they have attended and tapped in. Maybe there is a SEATR issue?

- ii. **Proposed Solution:** addition of sign in sheet to cross-check for any discrepancies

KS note: Thank you for bringing this to our attention. We have not noted any Seatr issues to date and the IA Admin team has double-checked MAP notifications for late arrivals this term and they are all correct. There is one known instance when an IA make-up assignment was accidentally assigned to everyone in



PY2 which has since been corrected. Students who do receive notification to complete make-up work in error should email the IA admin team (ia.admin@ubc.ca) to clarify.

Please be reminded though that students who arrive late to IA but did not call in advance to notify the IA admin team will still receive a MAP notification, even if they tapped in on Seatr.

KS - If there are perceived errors in mis-assigning makeup assignments, reach out ASAP to IA admin team.

VP Academic: If there are any questions about the MAP process and IA logistics, please bring it up to Rachel (VP Academic) or the IA Admin Team.

2. Exams/Assessments

- a. [PY3] PBA #2 was unfair/confusing; some sections had various grammar and phrasing errors, and others had wifi issues where paper resources were not given (3 submissions).

Solution: to remove the question from the grade, give the marks for that question, or allow redos for the assessment.

KS Note: Thank you for this feedback. The comment on grammatical errors has been passed along to the IA team so that an extra check can be done in future to prevent these errors. I have confirmed with the PY3 IA team that PBA #2 has already been re-graded for all students; no further grade adjustments will be made. We acknowledge that a few students had Wifi issues; students who are faced with tech issues during assessments are asked to notify an invigilator ASAP during the assessment so that steps can be taken to ensure the assessment is administered fairly.

- b. [PY3] IA assessments do not fairly assess the competency of students. Those who demonstrated competency in PY1/2 and work in pharmacies are failing. There is little support for students to succeed and learn. Particularly for the upcoming PBA 3 where we have not had similar assessments, but no expectations have been shared.

Solution: better quality control and streamlining of assessments.

KS Note: We appreciate that PY3 IA is more challenging than PY1/PY2, which is in alignment with the curriculum's cognitive model of increasing complexity as students move through the program. PY3 also intentionally draws on many more medical conditions from PY1/PY2, which can make it even more challenging.

The IA team and Course Coordinator are available at any time to provide support, however as described in PY3 Program, PHRM311, and IA Orientations, the onus is on students to proactively reach out. To date, the IA team has met with 15 students in PY3 who have reached out for support; they welcome any other PY3's who wish to discuss their IA performance and how to improve, please reach out via email to schedule a time to meet.

To prepare students for PBA#3, 90mins was spent going over OTC counselling and assessment during the last practice lab session; OTC cases were also provided as pre-reading to allow for deeper engagement and discussion during lab to further prepare students for PBA#3.

KS: This feedback on 3rd year assessments is heard every year, but assessments are intentionally and inherently more challenging, which is acknowledged by faculty. Encourage students who feel that they are struggling to proactively reach out to the IA team. IA team is transparent around sharing tips on upcoming assessments. IA and faculty also keep track of progress on students around the midpoint of the semester (new implementation due to feedback in prior years) and provide a notice if necessary regarding their subpar academic standing, but the onus is still mostly on students to reach out.

PY3 rep: Going forward, if answer keys could be provided to practice lab cases and examples, it would be helpful for future reference. Sometimes answer keys are in-lab only, which can be limiting in terms of time and noting it down.

KS: will pass information onto IA team, note that written answer keys are also available during open lab times.



c. [PY2] PBA level of difficulty between lab sections

- i. **Concern:** The level of difficulty for PBA across different IA sections is very different. With regards to PBA #1, most students in the last group didn't have enough time to finish their quiz and resulted in a lower average than the first group. With PBAs in PY2 being worth so much, almost the same as quizzes. It is more than unfair to create such different questions.
- ii. **Proposed Solution:** The level of difficulty for PBA across different IA sections should be the same, to keep things fair.

KS Note: Due to the rotational schedule of IA and to maintain assessment integrity and fairness to all students, IA assessments are similar but not the same across different lab sections. Consideration is always put into the overall complexity for each assessment, including number and complexity of medical condition(s) assessed, level of difficulty of individual assessment questions, etc.

I have confirmed with the PY2 IA team that all versions of PBA#1 were similar in the topics covered, identical in the number and type/structure of questions, and consistent in format/presentation of questions. Prior to the release of grades, an internal review of all versions was completed to ensure the assessment and subsequent grading were fair and consistent.

PY2 rep: Variable complexity of the MACS condition in PBA #1 was the main concern. A student alleged that there was a difference in types of questions asked between lab sections, more specifically that they had to provide a rationale where other students did not. Additional concern was then placed on whether the average was skewed due to these circumstances, which was acknowledged by faculty.

KS: PBA#1 assessments across the board all required a rationale. Appreciate that the acne condition in a lab section was more complex than the others, but all presented conditions still required differential diagnosis. Reminder that assessment versions will never be the same, and that student communication can be misleading in terms of expectations of the assessment, leading to false assumptions (eg. their assessments will be exactly the same, when in reality that is not true). Smaller sample size of lab-group specific assessments (eg. PBAs) also skews the average more significantly as compared to other assessments (eg. EOBs) due to varying factors, whether individual or assessment related. All versions of PBA#1 were double checked and assessed on level of difficulty after this issue was communicated, and it was confirmed that assessments were similar between sections.

d. [PY1] Overlapping PK & IMM EOBs

- i. **Concern:** The Pharmacokinetics (PK) and Intro to Medication Management (IMM) End-of-Block exams are scheduled on the same day and time, creating an excessive workload early in the term, especially with the PK midterm following closely after APPP's EOB.
- ii. **Possible Solution(s):** Reschedule so IMM EOB occurs first, giving PK an extra week. Possibly IMM EoB on Tuesday and PK EoB on Friday to distribute workload

KS note: Thanks for this comment. Previous student feedback indicated that a combined EOB was preferable to multiple assessments in one week (across different days) or spread over weeks (preference for a "week off"). However, students who share this opinion, please note this on your course evaluations which will assist with future decision making around assessment scheduling.

e. [PY1] White Coat Ceremony Timing



- i. **Concern:** The mandatory White Coat Ceremony is scheduled the evening before 8 a.m. PK & IMM EoB. The students won't be able to enjoy the event and will experience additional stress.
- ii. **Possible Solution(s):** Move the ceremony to a different week that does not precede an exam. If rescheduling is not possible, consider moving the next day's EOB to the afternoon to ensure students are rested and prepared.

KS note: We acknowledge the unfortunate oversight in the scheduling of the White Coat Ceremony the evening before the IMM/PK EOB this year. Advanced scheduling and venue limitations make it challenging to select an optimal date, but there was certainly a misstep in confirming there were no assessments scheduled the day after the WCC this year. Moving forward, the Dean's Office will confirm with the E2P program to prevent this from happening again.

f. [PY2] Exam review for students writing in Accessibility Centre

- i. **Concerns:** For students who write exams in the Accessibility Centre, they are required to register ahead of time to attend an exam review, which goes against the point of accessibility and acts as a barrier for those already struggling with executive dysfunction. This differs from the atrium process of getting to decide once you finish the exam, since students who write in the Accessibility Centre must register prior and would get MAP'd if they register to then not attend, or just not get the opportunity to attend. They're also not able to join the atrium review due to separate protocols, which acts as another barrier.
- ii. **Proposed Solution:**
 - 1. Open the review period to all Accessibility Centre students as a drop-in option, so they can decide if they need the review without the barrier of pre-registration.
 - 2. Allow Accessibility Centre students to attend the atrium review if they finish in time, instead of being turned away due to separate protocols.
 - 3. Permit registration for the review after receiving exam results, so students can make an informed decision about whether the review would be beneficial.

KS note: Thank you for this feedback. Due to logistical reasons, it is not possible for students who write at the CFA, but finish in time to join the atrium queue, to review the assessment in the main assessment room. The Educational Technology team closely monitors assessments being written at CFA in real time, and the majority of students do not finish writing at CFA in time to be able to join the atrium queue. However, we acknowledge that it is useful for students to decide on whether they'd like to review their assessment after receiving their raw exam score, so the support team will extend the deadline for CFA students to RSVP for the associated review session to 11:59PM the evening of the assessment. Registration will still be required, as the team needs this information to prepare adequate assessment copies and invigilation support. Students who register and do not show up without notifying the admin team will continue to receive a MAP notification.

VP Academic note- I have contacted the student who had this concern, but if you are experiencing a similar situation, please reach out to me via email or FB message. If you do not feel comfortable talking with me, please contact your respective year coordinators and the IA leads.

g. [PY2] PHRM 231 lack of communication and syllabus misinformation regarding midterm

- i. **Concerns:** Late announcement regarding what content the exam covered (lecture 6) that was contradicting what was said in the syllabus, made on the



Saturday before the exam. In the exam itself, this info was false and left students frustrated and confused. No review session was provided for this midterm, despite being an issue last year that was brought up to the pipeline.

ii. **Proposed solution:**

1. Request better and clearer communication re: 231 assessments.
2. Provide a review or be more clear on the rationale of WHY a review is not provided; state in advance if a review will not be provided.

KS note: Appreciate this feedback and will follow up with course coordinators. In order to ensure this feedback is documented and to effect future changes, please share this feedback in your course evaluations.

VP Academic note-Echoing on KS note above, communicate with the course coordinators for extra assistance in material and concepts.

3. Financial Concerns

a.

4. Practicum

- a. [PY3] Placement preferences for students being far and the need to pay rent during placement, especially for those who are paying rent in BC (Out of Province Students=OOP).

Solution: would like a preference for those who are OOP to prevent double rent.

KS note: We understand the financial challenges that many students face around housing and practicum placements outside of the Lower Mainland. The [UBC Calendar](#) outlines the expectations for potential applicants and students of the E2P program around practicums and additional expenses that may be incurred. Students do have the opportunity to rank their geographical preferences in eValue, which determines the most optimal schedule for all students based on their preferences and site/practice educator availability.

PY3 Rep: Concern is that people out of province and currently living in BC, need to pay rent for their current housing in BC AND practicum housing ("double rent").

KS: Acknowledge the financial strain and concern of students. Students to refer back to the UBC Calendar for financial terms of the program that were declared prior to entry. Geographical preference ranking is still taken into account and is meant to optimize student placements, though not a guarantee.

PY3 rep: Suggest that students fill out the entire eValue form. Some students are confused on how eValue rankings work as well and frustrated that placements are not seemingly equal among students.

KS: Current understanding is that eValue ranks all students equally and together at once. Can get more clarity from OEE regarding the process.

PY3 Rep: Some students frustrated that they filled out the entire eValue form, but still got placed in locations NOT ranked in their form (small majority of students).

KS: Will gain more information regarding the eValue process and will report back.

5. Mental Health

a.

6. Miscellaneous

- a. [PY3] and [PY2] Access to classrooms in Pharm building after hours

i. **Concern:** After 5pm, pharmacy classrooms are now locked

1. Common areas offer very limited seating and lack adequate study resources such as whiteboards and projectors, which aren't enough for study groups or effective studying for our rigorous exams. While we



have access to the building, there are few suitable study spaces on the upper floors while several rooms remain unoccupied.

2. Since tuition is much higher for pharmacy students than undergraduate programs, it does not make sense that other faculties have access to study spaces within their faculty buildings while we do not. Compared to med students, who are also in a professional program with similar tuition, they have access to their CBL rooms after hours and are trusted and respected to use their building responsibly and maintain cleanliness. The lack of comparable access for pharmacy students feels inequitable, especially given the similar academic demands and expectations of professionalism in both programs.

ii. **Solution:**

1. Card access to the rooms to study late at night and weekends due to the limited study space in PHRM.
2. Allow PharmD students to stay in and/or access classrooms outside work hours (after 5pm and on weekends) through use of ID cards, limiting it to just PharmD students, promoting accountability. Allow for us to book rooms on the upper floors to study in (similar to the library/sauder study rooms)

KS note: We appreciate the desire for being able to use classrooms for study purposes; however, our Faculty's Senior Leadership Team has (reluctantly) made the decision to secure the classrooms after hours because we had over \$100K of damage done to AV/IT equipment in several rooms last year. The Faculty has tried to add as many additional study areas in the building as possible, but are unable to expand further at this time. An alternate location is Woodward library, which is close by and has over 400 spaces for study, including tables and chairs and study carrels throughout the library, designated quiet study spaces, and bookable rooms. Other resources for locating alternate study space on campus include:

- UBC Facilities Learning Spaces: <https://learningspaces.ubc.ca/find-a-space-informal/?classroom=&building=&filters=%257B%257D>
- UBC Library Group and Silent Study Spaces: <https://services.library.ubc.ca/facilities/group-silent-study-space/>
- Library Room Booking System: <https://libcal.library.ubc.ca/spaces>
- Chapman Learning Commons: <https://learningcommons.ubc.ca/study-spaces-2/>

KS note: This has been explored by our Faculty. The Faculty of Medicine keeps very tight control over all their classroom spaces, including the CBL rooms in LSC and they are unfortunately inflexible about this.

VP Academic note- This was an issue that was raised during PhUS last year. Our Senator tried contacting the medical student senator and there was no reply. Conclusive that there are alternative study spaces.

b. **[PY1] Feminine Hygiene Product Accessibility**

- i. **Concern:** Period products are only available in the first-floor bathroom and are often out of stock. This causes issues during emergencies and doesn't reflect the needs of a predominantly female student body.



- ii. **Possible Solution(s):** Install dispensers with period products in every women's bathroom and ensure that they are regularly restocked. Add additional access points such as the student lounge or OSS (similar to the Nest's SASC model).

KS note: This is a University (not a Faculty-level) initiative, however we have alerted the PharmSci Building Operations team to see if they can request that UBC Facilities add the 3rd floor bathrooms to the campus list. Will also alert our long-serving custodians about trying to keep up with stocking current dispensers.

VP Academic note- Will follow up and connect with the building operations.

c. [PY2] Temperature of lecture halls and classrooms

- i. **Concern:** The temperature in room 1101 is usually too hot, and in 3101 it is always very hot, making it difficult to focus on lecture/IA material.
- ii. **Proposed solution:** Trying to fix the heating/cooling within the school, specifically those rooms. Also ensure staff keep all doors open to assist in ventilation.

KS note: We appreciate the temperatures can be uncomfortable for some students; the Building Operations team is aware of these temperature issues and are looking into this.

d. KS: Risks of Misinformation

- i. The Faculty would like to caution students from passing along information, whether about courses, policies, or expectations. This information is frequently incomplete or inaccurate and can (and often does) create confusion and perpetuate unnecessary stress/anxiety across and within cohorts. Misinformation can lead to misinformed decisions and a breakdown in trust between students and faculty.
- ii. Some examples include: the "high" PEBC failure rate (which is inaccurate); the "high" ICE failure rate (also inaccurate); difficulty of PY3 IA as reflected in the "high" failure rate (also inaccurate); incorrect assumption that RxFiles would continue being a required textbook in PHRM311/312.
- iii. Students are reminded that if they have questions or are unsure about something, please check official sources (e.g. University/program policies, syllabi, Canvas, etc) or contact faculty or staff directly for confirmation.

e. KS: Student Evaluations of Instruction (SEI) - table for next meeting, year reps share comments

- i. The Faculty relies on course/teaching evaluations to improve students' learning experience, however we continue to see low response rates which makes it challenging to know what is working and what needs to change. Without enough student input, the Faculty cannot confidently act on feedback or make meaningful improvements to teaching and course design.
- ii. Questions for discussion:
 - 1. What would improve motivation for students to complete these SEI?
 - 2. What are the barriers/obstacles to students engaging with these SEI?
 - 3. What kind of messaging would help encourage students to complete these surveys?
 - 4. How can we get students to attend in-person, if we continue to provide in-class time to complete surveys?



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Meeting Adjourned: 12:59 PM

Moved: Rachel ; Seconded: Lindsay