

Appendix 1

UBC Faculty of Pharmaceutical Sciences
Interprofessional Education Advisory Committee
Terms of Reference

1. <i>Purpose</i>	To provide input and guidance to the IPE lead(s) on the continuous development and implementation of IPE activities in the Entry-to-Practice PharmD Program.
2. <i>Chair</i>	Chaired by the IPE Lead(s). If there are two IPE Leads, then they will co-chair the committee.
3. <i>Membership</i>	<p>The committee will seek representation from each of the following units:</p> <ul style="list-style-type: none"> -Office of Experiential Education -Pharmacists Clinic -Integrated Activities -Module Lead -Course Coordinator -Curricular Theme Lead -Student representative from year 1, 2, and 3. <p>Non-voting, external guests can be invited by the Chair(s) to attend committee meetings for specific agenda items.</p>
4. <i>Appointment Process</i>	Membership will be open to all interested Faculty.
5. <i>Meetings</i>	The IPE Advisory Committee will hold one to two meetings per academic year. Additional ad hoc meetings may occur as needed for urgent issues that may arise.
6. <i>Term</i>	Members will be appointed to a 1 year term with the option to renew ongoing.
7. <i>Committee Secretary</i>	The Senior Program Assistant for IPE will provide the agenda, record meeting minutes and provide administrative support to the Advisory Committee.
8. <i>Quorum & Decision Making Process</i>	<p>Quorum is set at 50% of voting members, plus one (1).</p> <p>Wherever possible, decisions will be reached by consensus. Where voting is necessary, a two thirds majority will carry a motion.</p> <p>Chair(s) will normally be non-voting. In the event of a tie, the chair(s) will collaborate to make a decision.</p>

<p>9. <i>Lines of Accountability & Communication</i></p>	<ul style="list-style-type: none"> • IPE Lead(s): chair the IPE Advisory Committee, oversee IPE in the Entry-to-Practice PharmD program. Will report to the Director of OEE. • IPE Advisory Committee: will report to the Chair(s) for all matters pertaining to IPE • Senior Program Assistant: will report to the IPE Lead(s) for all matters pertaining to IPE.
<p>10. <i>Responsibilities</i></p>	<ul style="list-style-type: none"> • Be a champion and advocate for IPE in all aspects of the program, including opportunities for faculty development. • Consult with the IPE Lead(s) and other faculty members regarding the pedagogical approach to incorporating interprofessional content into curriculum. • Consult with the IPE Lead(s) and other faculty members in the process for collaborating with UBC Health and other health programs. • Provide advice, insight and guidance on IPE program policies. • Provide guidance on the development and deployment of IPE activities. • Identify administrative and faculty champions of IPE. • Identify and pursue interprofessional opportunities either individually or with the Committee. • Maintain and reinforce content links to CIHC Core Competencies and the AFPC Outcomes & Level of Competence. • Contribute to ongoing QA/QI for IPE activities including identification of improvement opportunities, implementation and evaluation from students and Faculty. • Provide guidance on the creation and development of relevant faculty development material.

Appendix 2

AFPC Educational Outcomes: IPE COMPETENCY CROSSWALK

CIHC Competency Statements	CIHC Interprofessional Competency	AFPC Educational Outcomes 2017 Role & Key/Enabling Competency	
Role Clarification: learners understand their own role and the roles of those in other professions and use this knowledge appropriately to establish and achieve patient and/or patient supporter goals.	Describe their own role and that of others	Collaborator 1.2	Recognize, respect and negotiate the roles and shared/overlapping responsibilities of team members.
		Care Provider 1.3, 1.4	1.3 Recognize and respond to the complexity, uncertainty and ambiguity inherent in pharmacy practice. 1.4 Explain the benefits, risks and rationale associated with pharmacist-provided care as an important step in obtaining and documenting consent to pharmacist care.
	Recognize and respect the diversity of other health and social care roles, responsibilities and competencies	Collaborator 1.2, 2.2	1.2 Recognize, respect and negotiate the roles and shared/overlapping responsibilities of team members. 2.2 Recognize, respect and honour the negotiated shared and overlapping responsibilities of patients, pharmacy team members and other health team members when handovers occur.
		Leader-Manager 1, 3	1 Contribute to optimizing health care delivery and pharmacy services. 3 Demonstrate leadership skills.
		Professional 1.1	Exhibit professional behaviour whether face-to-face, in writing or via technology-enabled communication. Professional behaviour includes but is not limited to: a) demonstrating honesty, integrity, humility, commitment, altruism, compassion, respect and respect for diversity and patient autonomy; b) being accessible, diligent, timely and reliable in service to others; c) abiding by the principle of non-abandonment; d) maintaining appropriate interpersonal boundaries; e) maintaining professional composure, demeanour and language even in difficult situations; and f) maintaining privacy and confidentiality.
	Perform their own roles in a culturally respectful way	Care Provider 1.2	Integrate AFPC Communicator, Collaborator, Leader-Manager, Health Advocate, Scholar and Professional roles in their practice of pharmacy.

		Communicator 2.1, 2.2	<p>2.1 Engage in respectful, empathetic, compassionate, non-judgmental, culturally safe, tactful conversations with patients, communities, populations and health team members.</p> <p>2.2 Demonstrate awareness of the impact of one's own experience level, professional culture, biases and power and hierarchy within the health team on effective working relationships, communication and conflict resolution with health team members and adapt the approach to the situation appropriately.</p>
		Professional 1.1	<p>Exhibit professional behaviour whether face-to-face, in writing or via technology-enabled communication. Professional behaviour includes but is not limited to:</p> <ul style="list-style-type: none"> a) demonstrating honesty, integrity, humility, commitment, altruism, compassion, respect and respect for diversity and patient autonomy; b) being accessible, diligent, timely and reliable in service to others; c) abiding by the principle of non-abandonment; d) maintaining appropriate interpersonal boundaries; e) maintaining professional composure, demeanour and language even in difficult situations; and f) maintaining privacy and confidentiality.
	Communicate roles, knowledge, skills and attitudes using appropriate language	Communicator 1	Communicate in a responsible and responsive manner that encourages trust and confidence.
		Professional 1	Committed to apply best practices and adhere to high ethical standards in the delivery of pharmacy care.
	Access others' skills and knowledge appropriately through consultation	Care Provider 2.4.2, 2.5	<p>2.4.2 Implement plans in collaboration with the patient and other health team members as appropriate, including: making a referral or consulting others</p> <p>2.5 Follow-up by monitoring, evaluating progress toward achievement of the patient's goals of therapy, adjusting plans in collaboration with the patient and health team members across the care continuum.</p>
		Collaborator 2.1	Collect, interpret and assess relevant, necessary information about a patient's health-related care needs.
		Collaborator 2.1	Collect, interpret and assess relevant, necessary information about a patient's health-related care needs.

	Consider the roles of others in determining their own professional and interprofessional roles	Care Provider 1.5, 2.3-2.5	<p>1.5 Recognize and take appropriate action when signs, symptoms and risk factors that relate to medical or health problems that fall into the scope of practice of other health professionals are encountered.</p> <p>2.3 Create and document plans in collaboration with the patient and other health team members as appropriate, and make recommendations to prevent, improve or resolve issues.</p> <p>2.4 Implement plans in collaboration with the patient and other health team members as appropriate, including:</p> <ul style="list-style-type: none"> • CP2.4.1 obtaining consent • CP2.4.2 making a referral or consulting others • CP2.4.3 adapting, initiating, renewing/continuing, discontinuing or administering medication as authorized • CP2.4.4a dispensing and/or • CP2.4.4b compounding and/or • CP2.4.4c delegating/authorizing such tasks to others appropriately • CP2.4.5 engaging the patient or care-giver through education, empowerment and self-management, and • CP2.4.6 negotiating the role of pharmacy and non-pharmacy team members in continuity and transitions of care. <p>2.5 Follow-up by monitoring, evaluating progress toward achievement of the patient's goals of therapy, adjusting plans in collaboration with the patient and health team members across the care continuum.</p>
	Integrate IP competencies/roles seamlessly into models of service delivery	Care Provider 1.1, 1.2	<p>1.1 Apply knowledge from the foundational sciences to make decisions relevant to the contemporary and evolving scope of pharmacist practice.</p> <p>1.2 Integrate AFPC Communicator, Collaborator, Leader-Manager, Health Advocate, Scholar and Professional roles in their practice of pharmacy.</p>

<p>Patient/Patient Supporter-Centred Care: learners seek out, integrate and value, as a partner, the input and the engagement of all patient/family members in designing and implementing care/services.</p>	Support participation of patients/clients and their families, or community representatives as integral partners with those health care personnel providing their care or service planning, implementation and evaluation	Care Provider 2.3-2.5	<p>2.3 Create and document plans in collaboration with the patient and other health team members as appropriate, and make recommendations to prevent, improve or resolve issues.</p> <p>2.4 Implement plans in collaboration with the patient and other health team members as appropriate, including:</p> <ul style="list-style-type: none"> • CP2.4.1 obtaining consent • CP2.4.2 making a referral or consulting others • CP2.4.3 adapting, initiating, renewing/continuing, discontinuing or administering medication as authorized • CP2.4.4a dispensing and/or • CP2.4.4b compounding and/or • CP2.4.4c delegating/authorizing such tasks to others appropriately • CP2.4.5 engaging the patient or care-giver through education, empowerment and self-management, and • CP2.4.6 negotiating the role of pharmacy and non-pharmacy team members in continuity and transitions of care. <p>2.5 Follow-up by monitoring, evaluating progress toward achievement of the patient's goals of therapy, adjusting plans in collaboration with the patient and health team members across the care continuum.</p>
		Leader-Manager 1	Contribute to optimizing health care delivery and pharmacy services.
		Health Advocate 1, 2	<p>1 "Respond to an individual patient's health needs by advocating with the patient within and beyond the patient care environment." (Sherbino J, et al. Health Advocate. In: Frank JR, Snell L, Sherbino J (Eds). CanMEDS 2015 Physician Competency Framework. Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.)</p> <p>2 "Respond to the needs of communities or populations they serve by advocating with them for system-level change in a socially accountable manner." (Sherbino J, et al. Health Advocate. In: Frank JR, Snell L, Sherbino J (Eds). CanMEDS 2015 Physician Competency Framework. Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.)</p>
		Scholar 1	Apply medication therapy expertise to optimize pharmacy care, pharmacy services and health care delivery.
	Share information with patients/clients (or family and community) in a respectful manner and in such a way that it is understandable, encourages	Communicator 1, 2	<p>1 Communicate in a responsible and responsive manner that encourages trust and confidence.</p> <p>2 Communicate in a manner that supports a team approach to health promotion and health care.</p>

	discussion and enhances participation in decision-making	Health Advocate 1, 2	<p>1 “Respond to an individual patient’s health needs by advocating with the patient within and beyond the patient care environment.” (Sherbino J, et al. Health Advocate. In: Frank JR, Snell L, Sherbino J (Eds). CanMEDS 2015 Physician Competency Framework. Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.)</p> <p>2 “Respond to the needs of communities or populations they serve by advocating with them for system-level change in a socially accountable manner.” (Sherbino J, et al. Health Advocate. In: Frank JR, Snell L, Sherbino J (Eds). CanMEDS 2015 Physician Competency Framework. Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.)</p>
		Scholar 1	Apply medication therapy expertise to optimize pharmacy care, pharmacy services and health care delivery.
		Professional 1. 1	<p>Exhibit professional behaviour whether face-to-face, in writing or via technology-enabled communication. Professional behaviour includes but is not limited to:</p> <ul style="list-style-type: none"> a) demonstrating honesty, integrity, humility, commitment, altruism, compassion, respect and respect for diversity and patient autonomy; b) being accessible, diligent, timely and reliable in service to others; c) abiding by the principle of non-abandonment; d) maintaining appropriate interpersonal boundaries; e) maintaining professional composure, demeanour and language even in difficult situations; and f) maintaining privacy and confidentiality.
	Ensure that appropriate education and support is provided by learners/practitioners to patients/clients, family members and others involved with their care or service	Care Provider 2.4.5	<p>2.4 Implement plans in collaboration with the patient and other health team members as appropriate, including:</p> <ul style="list-style-type: none"> • CP2.4.5 engaging the patient or care-giver through education, empowerment and self-management, and
		Health Advocate 1, 2	<p>1 “Respond to an individual patient’s health needs by advocating with the patient within and beyond the patient care environment.” (Sherbino J, et al. Health Advocate. In: Frank JR, Snell L, Sherbino J (Eds). CanMEDS 2015 Physician Competency Framework. Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.)</p> <p>2 “Respond to the needs of communities or populations they serve by advocating with them for system-level change in a socially accountable manner.” (Sherbino J, et al. Health Advocate. In: Frank JR, Snell L, Sherbino J</p>

			(Eds). CanMEDS 2015 Physician Competency Framework. Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.)
		Scholar 4	Teach other pharmacy team members, the public and other health care professionals including students.
		Professional 1.1	Exhibit professional behaviour whether face-to-face, in writing or via technology-enabled communication. Professional behaviour includes but is not limited to: a) demonstrating honesty, integrity, humility, commitment, altruism, compassion, respect and respect for diversity and patient autonomy; b) being accessible, diligent, timely and reliable in service to others; c) abiding by the principle of non-abandonment; d) maintaining appropriate interpersonal boundaries; e) maintaining professional composure, demeanour and language even in difficult situations; and f) maintaining privacy and confidentiality.
	Listen respectfully to the expressed needs of all parties in shaping and delivering care or services	Communicator 1.4, 1.6, 2.1	1.4 Listen, actively solicit and respond appropriately to ideas, opinions and feedback from others. 1.6 Seek and synthesize relevant information from others in a manner that ensures common understanding and where applicable, clarifies and secures agreement and/or consent 2.1 Engage in respectful, empathetic, compassionate, non-judgmental, culturally safe, tactful conversations with patients, communities, populations and health team members.
		Collaborator 2.1-2.3	2.1 Determine when and how care should be handed over to another team member. 2.2 Recognize, respect and honour the negotiated shared and overlapping responsibilities of patients, pharmacy team members and other health team members when handovers occur. 2.3 Demonstrate safe handover of care, using oral, written and electronic communication, during a patient transition to a different care provider or setting.
		Leader-Manager 1	1 Contribute to optimizing health care delivery and pharmacy services.

		Health Advocate 1, 2	<p>1 “Respond to an individual patient’s health needs by advocating with the patient within and beyond the patient care environment.” (Sherbino J, et al. Health Advocate. In: Frank JR, Snell L, Sherbino J (Eds). CanMEDS 2015 Physician Competency Framework. Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.)</p> <p>2 “Respond to the needs of communities or populations they serve by advocating with them for system-level change in a socially accountable manner.” (Sherbino J, et al. Health Advocate. In: Frank JR, Snell L, Sherbino J (Eds). CanMEDS 2015 Physician Competency Framework. Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.)</p>
		Professional 1.1	<p>Exhibit professional behaviour whether face-to-face, in writing or via technology-enabled communication. Professional behaviour includes but is not limited to:</p> <p>a) demonstrating honesty, integrity, humility, commitment, altruism, compassion, respect and respect for diversity and patient autonomy;</p> <p>b) being accessible, diligent, timely and reliable in service to others;</p> <p>c) abiding by the principle of non-abandonment;</p> <p>d) maintaining appropriate interpersonal boundaries;</p> <p>e) maintaining professional composure, demeanour and language even in difficult situations; and</p> <p>f) maintaining privacy and confidentiality.</p>
Team Functioning: learners apply the principles of team work dynamics and group/team processes to enable effective health professional collaboration.	Understand the process of team development	Leader-Manager 1.1, 4.1	<p>1.1 Work with others to apply quality improvement strategies and techniques to optimize pharmacy care.</p> <p>4.1 Work with others to apply the principles of effective management and supervision of health human resources and medication use systems.</p>
	Develop a set of principles for working together that respects the ethical values of members	Collaborator 1, 2	<p>1 Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.</p> <p>2 Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.</p>
		Scholar 1.3	Use established decision-making frameworks and apply learning required to manage new situations and problems.
		Professional 1.3, 2.6	<p>1.3 Recognize and respond to situations presenting ethical dilemmas, including conflicts of interest.</p> <p>2.6 Identify and respond to unprofessional, unethical and illegal behaviours in pharmacists, other pharmacy team members and other health professionals.</p>

	Effectively facilitate discussion and interactions among team members	Care Provider 2.3-2.5	<p>2.3 Create and document plans in collaboration with the patient and other health team members as appropriate, and make recommendations to prevent, improve or resolve issues.</p> <p>2.4 Implement plans in collaboration with the patient and other health team members as appropriate, including:</p> <ul style="list-style-type: none"> • CP2.4.1 obtaining consent • CP2.4.2 making a referral or consulting others • CP2.4.3 adapting, initiating, renewing/continuing, discontinuing or administering medication as authorized • CP2.4.4a dispensing and/or • CP2.4.4b compounding and/or • CP2.4.4c delegating/authorizing such tasks to others appropriately • CP2.4.5 engaging the patient or care-giver through education, empowerment and self-management, and • CP2.4.6 negotiating the role of pharmacy and non-pharmacy team members in continuity and transitions of care. <p>2.5 Follow-up by monitoring, evaluating progress toward achievement of the patient's goals of therapy, adjusting plans in collaboration with the patient and health team members across the care continuum.</p>
		Communicator 1	Communicate in a responsible and responsive manner that encourages trust and confidence.
		Leader-Manager 1.1, 4.1	<p>1.1 Work with others to apply quality improvement strategies and techniques to optimize pharmacy care.</p> <p>4.1 Work with others to apply the principles of effective management and supervision of health human resources and medication use systems.</p>
		Scholar 4	Teach other pharmacy team members, the public and other health care professionals including students.
	Participate and be respectful of all members' participation in collaborative decision-making	Communicator 1, 2	<p>1 Communicate in a responsible and responsive manner that encourages trust and confidence.</p> <p>2 Communicate in a manner that supports a team approach to health promotion and health care.</p>
		Collaborator 1, 2	<p>1 Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.</p> <p>2 Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.</p>

		Scholar 1, 2	<p>1 Apply medication therapy expertise to optimize pharmacy care, pharmacy services and health care delivery.</p> <p>2 Integrate best available evidence into pharmacy practice.</p>
	Regularly reflect on their functioning with team learners/practitioners and patients/clients/families	Leader-Manager 4.2	Use effective strategies to manage and improve their own practice of pharmacy.
		Professional 2.5, 3	<p>2.5 Demonstrate an ability to maintain competence to practise through evaluating areas for improvement and planning, undertaking learning activities to address limitations in competence and/or performance and incorporating learning into practice.</p> <p>3 Committed to self-awareness in the management of personal and professional well being.</p>
	Establish and maintain effective and healthy working relationships with learners/practitioners, patients/clients and families, whether or not a formalized team exists	Communicator 2	Communicate in a manner that supports a team approach to health promotion and health care.
		Collaborator 1	Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.
	Respect team ethics, including confidentiality, resource allocation and professionalism	Collaborator 1	Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.
		Communicator 2	Communicate in a manner that supports a team approach to health promotion and health care.
		Scholar 1.3	Use established decision-making frameworks and apply learning required to manage new situations and problems.
		Professional 1	Committed to apply best practices and adhere to high ethical standards in the delivery of pharmacy care.
	Work with others to enable effective patient/client outcomes	Care Provider 2.3-2.5	<p>2.3 Create and document plans in collaboration with the patient and other health team members as appropriate, and make recommendations to prevent, improve or resolve issues.</p> <p>2.4 Implement plans in collaboration with the patient and other health team members as appropriate, including:</p> <ul style="list-style-type: none"> • CP2.4.1 obtaining consent • CP2.4.2 making a referral or consulting others • CP2.4.3 adapting, initiating, renewing/continuing, discontinuing or administering medication as authorized • CP2.4.4a dispensing and/or • CP2.4.4b compounding and/or • CP2.4.4c delegating/authorizing such tasks to others appropriately • CP2.4.5 engaging the patient or care-giver through education,

Collaborative Leadership: learners understand and apply leadership principles that support a collaborative practice model. This domain supports shared-decision making as well as leadership.

			<p>empowerment and self-management, and</p> <ul style="list-style-type: none"> • CP2.4.6 negotiating the role of pharmacy and non-pharmacy team members in continuity and transitions of care. <p>2.5 Follow-up by monitoring, evaluating progress toward achievement of the patient's goals of therapy, adjusting plans in collaboration with the patient and health team members across the care continuum.</p>
		Communicator 1, 2	<p>1 Communicate in a responsible and responsive manner that encourages trust and confidence.</p> <p>2 Communicate in a manner that supports a team approach to health promotion and health care.</p>
		Collaborator 1, 2	<p>1 Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.</p> <p>2 Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.</p>
		Leader-Manager 1	<p>1 Contribute to optimizing health care delivery and pharmacy services.</p>
		Health Advocate 1, 2	<p>1 "Respond to an individual patient's health needs by advocating with the patient within and beyond the patient care environment." (Sherbino J, et al. Health Advocate. In: Frank JR, Snell L, Sherbino J (Eds). CanMEDS 2015 Physician Competency Framework. Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.)</p> <p>2 "Respond to the needs of communities or populations they serve by advocating with them for system-level change in a socially accountable manner." (Sherbino J, et al. Health Advocate. In: Frank JR, Snell L, Sherbino J (Eds). CanMEDS 2015 Physician Competency Framework. Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.)</p>
		Scholar 4	<p>Teach other pharmacy team members, the public and other health care professionals including students.</p>

		Professional 1.1	<p>Exhibit professional behaviour whether face-to-face, in writing or via technology-enabled communication. Professional behaviour includes but is not limited to:</p> <ul style="list-style-type: none"> a) demonstrating honesty, integrity, humility, commitment, altruism, compassion, respect and respect for diversity and patient autonomy; b) being accessible, diligent, timely and reliable in service to others; c) abiding by the principle of non-abandonment; d) maintaining appropriate interpersonal boundaries; e) maintaining professional composure, demeanour and language even in difficult situations; and f) maintaining privacy and confidentiality.
	Advance interdependent working relationships among all participants	Care Provider 2.3-2.5	<p>2.3 Create and document plans in collaboration with the patient and other health team members as appropriate, and make recommendations to prevent, improve or resolve issues.</p> <p>2.4 Implement plans in collaboration with the patient and other health team members as appropriate, including:</p> <ul style="list-style-type: none"> • CP2.4.1 obtaining consent • CP2.4.2 making a referral or consulting others • CP2.4.3 adapting, initiating, renewing/continuing, discontinuing or administering medication as authorized • CP2.4.4a dispensing and/or • CP2.4.4b compounding and/or • CP2.4.4c delegating/authorizing such tasks to others appropriately • CP2.4.5 engaging the patient or care-giver through education, empowerment and self-management, and • CP2.4.6 negotiating the role of pharmacy and non-pharmacy team members in continuity and transitions of care. <p>2.5 Follow-up by monitoring, evaluating progress toward achievement of the patient's goals of therapy, adjusting plans in collaboration with the patient and health team members across the care continuum.</p>
		Communicator 1, 2	<p>1 Communicate in a responsible and responsive manner that encourages trust and confidence.</p> <p>2 Communicate in a manner that supports a team approach to health promotion and health care.</p>
		Collaborator 1, 2	<p>1 Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.</p>

			2 Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.
		Leader-Manager 1	1 Contribute to optimizing health care delivery and pharmacy services.
		Health Advocate 1, 2	1 “Respond to an individual patient’s health needs by advocating with the patient within and beyond the patient care environment.” (Sherbino J, et al. Health Advocate. In: Frank JR, Snell L, Sherbino J (Eds). CanMEDS 2015 Physician Competency Framework. Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.) 2 “Respond to the needs of communities or populations they serve by advocating with them for system-level change in a socially accountable manner.” (Sherbino J, et al. Health Advocate. In: Frank JR, Snell L, Sherbino J (Eds). CanMEDS 2015 Physician Competency Framework. Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.)
		Scholar 4	Teach other pharmacy team members, the public and other health care professionals including students.
		Professional 1.1	Exhibit professional behaviour whether face-to-face, in writing or via technology-enabled communication. Professional behaviour includes but is not limited to: a) demonstrating honesty, integrity, humility, commitment, altruism, compassion, respect and respect for diversity and patient autonomy; b) being accessible, diligent, timely and reliable in service to others; c) abiding by the principle of non-abandonment; d) maintaining appropriate interpersonal boundaries; e) maintaining professional composure, demeanour and language even in difficult situations; and f) maintaining privacy and confidentiality.
	Facilitate effective team processes	Communicator 1, 2	1 Communicate in a responsible and responsive manner that encourages trust and confidence. 2 Communicate in a manner that supports a team approach to health promotion and health care.
		Collaborator 1, 2	1 Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions. 2 Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.

		Leader-Manager 1-4	1 Contribute to optimizing health care delivery and pharmacy services. 2 Contribute to the stewardship of resources in health care systems. 3 Demonstrate leadership skills. 4 Demonstrate management skills.
	Facilitate effective decision-making	Care Provider 2	Provide patient-centred care.
		Communicator 1, 2	1 Communicate in a responsible and responsive manner that encourages trust and confidence. 2 Communicate in a manner that supports a team approach to health promotion and health care.
		Collaborator 1, 2	1 Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions. 2 Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.
		Leader-Manager 1-4	1 Contribute to optimizing health care delivery and pharmacy services. 2 Contribute to the stewardship of resources in health care systems. 3 Demonstrate leadership skills. 4 Demonstrate management skills.
	Establish a climate for collaborative practice among all participants	Communicator 2	Communicate in a manner that supports a team approach to health promotion and health care.
		Collaborator 1	Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.
		Professional 1	Committed to apply best practices and adhere to high ethical standards in the delivery of pharmacy care.
	Co-create a climate for shared leadership and collaborative practice	Care Provider 2.3-2.5	2.3 Create and document plans in collaboration with the patient and other health team members as appropriate, and make recommendations to prevent, improve or resolve issues. 2.4 Implement plans in collaboration with the patient and other health team members as appropriate, including: <ul style="list-style-type: none"> • CP2.4.1 obtaining consent • CP2.4.2 making a referral or consulting others • CP2.4.3 adapting, initiating, renewing/continuing, discontinuing or administering medication as authorized • CP2.4.4a dispensing and/or • CP2.4.4b compounding and/or • CP2.4.4c delegating/authorizing such tasks to others appropriately • CP2.4.5 engaging the patient or care-giver through education, empowerment and self-management, and

			<ul style="list-style-type: none"> • CP2.4.6 negotiating the role of pharmacy and non-pharmacy team members in continuity and transitions of care. <p>2.5 Follow-up by monitoring, evaluating progress toward achievement of the patient's goals of therapy, adjusting plans in collaboration with the patient and health team members across the care continuum.</p>
		Collaborator 1, 2	<p>1 Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.</p> <p>2 Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.</p>
	Apply collaborative decision-making principles	Care Provider 2.3-2.5	<p>2.3 Create and document plans in collaboration with the patient and other health team members as appropriate, and make recommendations to prevent, improve or resolve issues.</p> <p>2.4 Implement plans in collaboration with the patient and other health team members as appropriate, including:</p> <ul style="list-style-type: none"> • CP2.4.1 obtaining consent • CP2.4.2 making a referral or consulting others • CP2.4.3 adapting, initiating, renewing/continuing, discontinuing or administering medication as authorized • CP2.4.4a dispensing and/or • CP2.4.4b compounding and/or • CP2.4.4c delegating/authorizing such tasks to others appropriately • CP2.4.5 engaging the patient or care-giver through education, empowerment and self-management, and • CP2.4.6 negotiating the role of pharmacy and non-pharmacy team members in continuity and transitions of care. <p>2.5 Follow-up by monitoring, evaluating progress toward achievement of the patient's goals of therapy, adjusting plans in collaboration with the patient and health team members across the care continuum.</p>
		Collaborator 1, 2	<p>1 Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.</p>

			2 Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.
		Health Advocate 1, 2	1 “Respond to an individual patient’s health needs by advocating with the patient within and beyond the patient care environment.” (Sherbino J, et al. Health Advocate. In: Frank JR, Snell L, Sherbino J (Eds). CanMEDS 2015 Physician Competency Framework. Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.) 2 “Respond to the needs of communities or populations they serve by advocating with them for system-level change in a socially accountable manner.” (Sherbino J, et al. Health Advocate. In: Frank JR, Snell L, Sherbino J (Eds). CanMEDS 2015 Physician Competency Framework. Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.)
		Scholar 1	Apply medication therapy expertise to optimize pharmacy care, pharmacy services and health care delivery.
	Integrate the principles of continuous quality improvement to work processes and outcomes	Care Provider 3	Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety.
		Leader-Manager 1	Contribute to optimizing health care delivery and pharmacy services.
		Professional 2.1	Take responsibility and accountability for actions and inactions.
Inter and Intraprofessional Communication: learners communicate with other pharmacy colleagues and other health professionals in a collaborative, responsive and responsible manner.	Establish team work communication principles	Communicator 1, 2	1 Communicate in a responsible and responsive manner that encourages trust and confidence. 2 Communicate in a manner that supports a team approach to health promotion and health care.
		Scholar 4	Teach other pharmacy team members, the public and other health care professionals including students.
		Professional 1. 1	Exhibit professional behaviour whether face-to-face, in writing or via technology-enabled communication. Professional behaviour includes but is not limited to: a) demonstrating honesty, integrity, humility, commitment, altruism, compassion, respect and respect for diversity and patient autonomy; b) being accessible, diligent, timely and reliable in service to others; c) abiding by the principle of non-abandonment; d) maintaining appropriate interpersonal boundaries; e) maintaining professional composure, demeanour and language even in difficult situations; and f) maintaining privacy and confidentiality.

	Actively listen to other team members including patients/clients/families	Communicator 1.4	Listen, actively solicit and respond appropriately to ideas, opinions and feedback from others.
	Communicate to ensure common understanding of care decisions	Care Provider 2.3-2.5	<p>2.3 Create and document plans in collaboration with the patient and other health team members as appropriate, and make recommendations to prevent, improve or resolve issues.</p> <p>2.4 Implement plans in collaboration with the patient and other health team members as appropriate, including:</p> <ul style="list-style-type: none"> • CP2.4.1 obtaining consent • CP2.4.2 making a referral or consulting others • CP2.4.3 adapting, initiating, renewing/continuing, discontinuing or administering medication as authorized • CP2.4.4a dispensing and/or • CP2.4.4b compounding and/or • CP2.4.4c delegating/authorizing such tasks to others appropriately • CP2.4.5 engaging the patient or care-giver through education, empowerment and self-management, and • CP2.4.6 negotiating the role of pharmacy and non-pharmacy team members in continuity and transitions of care. <p>2.5 Follow-up by monitoring, evaluating progress toward achievement of the patient's goals of therapy, adjusting plans in collaboration with the patient and health team members across the care continuum.</p>
		Communicator 1	Communicate in a responsible and responsive manner that encourages trust and confidence.
		Collaborator 2.3	Demonstrate safe handover of care, using oral, written and electronic communication, during a patient transition to a different care provider or setting.
	Develop trusting relationships with patients/clients/families and other team members	Communicator 1, 2	<p>1 Communicate in a responsible and responsive manner that encourages trust and confidence.</p> <p>2 Communicate in a manner that supports a team approach to health promotion and health care.</p>
		Collaborator 1, 2	<p>1 Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.</p> <p>2 Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.</p>
	Effectively use information and communication technology to improve	Communicator 1	Communicate in a responsible and responsive manner that encourages trust and confidence.

	interprofessional patient/client/community-centred care, assisting team members in: setting shared goals; collaboratively setting shared plans of care; supporting shared decision-making; sharing responsibilities for care across team members; demonstrating respect for all team members including patients/clients/families	Leader-Manager 1.4	Use health informatics to improve the quality of care, manage resources and optimize patient safety.
		Professional 1.1	Exhibit professional behaviour whether face-to-face, in writing or via technology-enabled communication. Professional behaviour includes but is not limited to: a) demonstrating honesty, integrity, humility, commitment, altruism, compassion, respect and respect for diversity and patient autonomy; b) being accessible, diligent, timely and reliable in service to others; c) abiding by the principle of non-abandonment; d) maintaining appropriate interpersonal boundaries; e) maintaining professional composure, demeanour and language even in difficult situations; and f) maintaining privacy and confidentiality.
Conflict Resolution: learners actively engage self and others, including the patient, in preventing, negotiating and resolving intra and interprofessional conflict.	Value the potential positive nature of conflict	Communicator 2.2	Demonstrate awareness of the impact of one's own experience level, professional culture, biases and power and hierarchy within the health team on effective working relationships, communication and conflict resolution with health team members and adapt the approach to the situation appropriately.
	Recognize the potential for conflict to occur and take constructive steps to address it	Care Provider 2.4.6	2.4 Implement plans in collaboration with the patient and other health team members as appropriate, including: • CP2.4.6 negotiating the role of pharmacy and non-pharmacy team members in continuity and transitions of care.
		Communicator 1, 2	1 Communicate in a responsible and responsive manner that encourages trust and confidence. 2 Communicate in a manner that supports a team approach to health promotion and health care.
		Collaborator 1	Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.
	Identify common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients and differences in goals	Professional 1.3	Recognize and respond to situations presenting ethical dilemmas, including conflicts of interest.
		Care Provider 1.3	Recognize and respond to the complexity, uncertainty and ambiguity inherent in pharmacy practice.
		Communicator 2	Communicate in a manner that supports a team approach to health promotion and health care.
		Collaborator 2	Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.

	Know and understand strategies to deal with conflict	Communicator 1, 2	<p>1 Communicate in a responsible and responsive manner that encourages trust and confidence.</p> <p>2 Communicate in a manner that supports a team approach to health promotion and health care.</p>
	Set guidelines for addressing disagreements	Communicator 2.2	Demonstrate awareness of the impact of one's own experience level, professional culture, biases and power and hierarchy within the health team on effective working relationships, communication and conflict resolution with health team members and adapt the approach to the situation appropriately.
	Effectively work to address and resolve disagreements, including analyzing the causes of conflict and working to reach an acceptable solution	Communicator 2	Communicate in a manner that supports a team approach to health promotion and health care.
		Collaborator 1, 2	<p>1 Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.</p> <p>2 Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.</p>
	Establish a safe environment in which to express diverse opinions	Communicator 1, 2	<p>1 Communicate in a responsible and responsive manner that encourages trust and confidence.</p> <p>2 Communicate in a manner that supports a team approach to health promotion and health care.</p>
		Collaborator 1, 2	<p>1 Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.</p> <p>2 Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.</p>
		Leader-Manager 1-4	<p>1 Contribute to optimizing health care delivery and pharmacy services.</p> <p>2 Contribute to the stewardship of resources in health care systems.</p> <p>3 Demonstrate leadership skills.</p> <p>4 Demonstrate management skills.</p>
		Scholar 4	Teach other pharmacy team members, the public and other health care professionals including students.
		Professional 1.1	<p>Exhibit professional behaviour whether face-to-face, in writing or via technology-enabled communication. Professional behaviour includes but is not limited to:</p> <p>a) demonstrating honesty, integrity, humility, commitment, altruism, compassion, respect and respect for diversity and patient autonomy;</p> <p>b) being accessible, diligent, timely and reliable in service to others;</p> <p>c) abiding by the principle of non-abandonment;</p> <p>d) maintaining appropriate interpersonal boundaries;</p>

			<p>e) maintaining professional composure, demeanour and language even in difficult situations; and</p> <p>f) maintaining privacy and confidentiality.</p>
	Develop a level of consensus among those with differing views; allow all members to feel their viewpoints have been heard no matter what the outcome	Care Provider 2.3-2.5	<p>2.3 Create and document plans in collaboration with the patient and other health team members as appropriate, and make recommendations to prevent, improve or resolve issues.</p> <p>2.4 Implement plans in collaboration with the patient and other health team members as appropriate, including:</p> <ul style="list-style-type: none"> • CP2.4.1 obtaining consent • CP2.4.2 making a referral or consulting others • CP2.4.3 adapting, initiating, renewing/continuing, discontinuing or administering medication as authorized • CP2.4.4a dispensing and/or • CP2.4.4b compounding and/or • CP2.4.4c delegating/authorizing such tasks to others appropriately • CP2.4.5 engaging the patient or care-giver through education, empowerment and self-management, and • CP2.4.6 negotiating the role of pharmacy and non-pharmacy team members in continuity and transitions of care. <p>2.5 Follow-up by monitoring, evaluating progress toward achievement of the patient's goals of therapy, adjusting plans in collaboration with the patient and health team members across the care continuum.</p>
		Collaborator 1, 2	<p>1 Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.</p> <p>2 Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.</p>
		Leader-Manager 1-4	<p>1 Contribute to optimizing health care delivery and pharmacy services.</p> <p>2 Contribute to the stewardship of resources in health care systems.</p> <p>3 Demonstrate leadership skills.</p> <p>4 Demonstrate management skills.</p>

		Professional 1.1	<p>Exhibit professional behaviour whether face-to-face, in writing or via technology-enabled communication. Professional behaviour includes but is not limited to:</p> <ul style="list-style-type: none">a) demonstrating honesty, integrity, humility, commitment, altruism, compassion, respect and respect for diversity and patient autonomy;b) being accessible, diligent, timely and reliable in service to others;c) abiding by the principle of non-abandonment;d) maintaining appropriate interpersonal boundaries;e) maintaining professional composure, demeanour and language even in difficult situations; andf) maintaining privacy and confidentiality.
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Appendix 3



ACADEMIC PORTFOLIO

POLICY & PROCEDURES

Policy Title:	Interprofessional Education (IPE)		Policy Number:	AP-15
Responsible Committee:	E2P Programs Committee			
Approval Date:	9 August 2017	Date of Next Policy Review:	This policy shall be reviewed two (2) years after approval and thereafter as deemed necessary by the responsible committee.	
Effective Date:	Same as approval			
Applicability:	This policy applies to the Entry-to-Practice Doctor of Pharmacy (E2P PharmD) program of the Faculty of Pharmaceutical Sciences.			
Purpose:	To set clear expectations of students with regards to mandatory embedded and non-embedded interprofessional activities in the E2P PharmD program.			
Exclusions:	This policy does not apply to any Academic Portfolio program other than the E2P PharmD.			
Related Policies:	AP-3 Attendance, Punctuality and Academic Concession AP-7 Community Outreach for Student Pharmacists			
Calendar Statement:	http://www.calendar.ubc.ca/vancouver/index.cfm?tree=12,213,956,1567#22048			
History:	This is the first version of this policy.			
Contact:	IPE Lead(s)			

PREAMBLE

The Faculty of Pharmaceutical Sciences at the University of British Columbia values the interactions between UBC Health programs in shaping “healthcare providers who are good interprofessional, collaborative practitioners [that] understand the importance of working together with colleagues and the patient/family to achieve the best health outcomes.”¹ Given the complexities of delivering interprofessional content, it is necessary to ensure that students and faculty members have clarity on expectations of IPE activities. In addition, the process for student appeals and remediation for IPE activities must also be clear and consistent with existing policy.

DEFINITIONS

Interprofessional Education	Occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care. ²
Embedded IPE activities	Mandatory activities that are part of the required coursework in the program that have IPE competencies, learning objectives, and assessment.
Non-embedded IPE activities	Mandatory activities that are not part of a required course, typically conducted outside of scheduled time (e.g. on Program Enrichment Activity Days). These activities have IPE competencies, learning objectives, and assessment.
Interprofessional Education Lead(s)	Faculty member(s) responsible for the ongoing development, operationalization, and evaluation of interprofessional education as a curricular theme. The Lead(s) report to the Director of the Office of Experiential Education and will be advised by the Interprofessional Education Advisory Committee.
Community Outreach Activity	See policy AP-7 Community Outreach for Student Pharmacists.

INTERPROFESSIONAL EDUCATION POLICY

By the end of their program, students are expected to meet IPE outcomes as articulated by Association of Faculties of Pharmacy of Canada (AFPC). The IPE Lead(s) will provide opportunities for students to gain knowledge and practice skills related to IPE through embedded and non-embedded mandatory activities in all years of the program. These activities are competency-based and follow the Canadian Interprofessional Health Collaborative (CIHC). Students will be given advance notice of IPE activities and will be expected to follow relevant academic policies on attendance and punctuality (AP-3).

¹ CIHC IPE Factsheet 2010: http://www.cihc.ca/files/CIHC_Factsheets_IPE-2010.pdf

² Freeth D, Hammick M, Reeves S, Koppel I, Barr H. (2005) Effective Interprofessional Education: development, Delivery and Evaluation. Oxford: Blackwell Publishing.

IPE activities will include:

1. Embedded IPE Activities:
 - a. Students will be engaged in mandatory IPE activities as part of regularly scheduled courses.
 - b. IPE competencies will be assessed in the program through the regular assessments of the course, and marks will contribute to the overall course grade.
2. Non-Embedded IPE Activities:
 - a. Students will be engaged in mandatory IPE activities occurring outside the regularly scheduled course time, such as Program Enrichment Activity Days (PEADs). These activities can be organized through different faculties and units including UBC Health.
 - b. IPE competencies may be assessed as part of the activity. Assessment for these activities will be on a case-by-case basis.
3. Optional IPE Activities:
 - a. Students will have the opportunity to engage in optional IPE activities occurring outside the regularly scheduled course time. These activities can be organized through different faculties and units including UBC Health.
 - b. Assessments will be at the discretion of the IPE host and will not be tracked by the IPE Leads.

INTERPROFESSIONAL EDUCATION PROCEDURES

Given the interdependencies of interprofessional activities, activities are not guaranteed to be available every year with the same objectives and participation from other health faculties.

Students will be made aware of the expectations and how to access related material in advance of each activity.

Appendix 4

Role Clarification

Description of the Activity

Role clarification is one of the first interprofessional activities for entry-to-practice PharmD students. This is a uniprofessional activity that does not involve any other health professional student. The purpose of the activity is for students to recognize the diversity of other health professional roles, responsibilities and competencies. Prior to the activity, students are placed into groups of 6 where each team member is assigned a different health discipline: physiotherapist, occupational therapist, social worker, pharmacist, nurse/nurse practitioner, naturopathic physician, dietician. Students will review their assigned health discipline prior to class and “represent” this discipline during the group discussion.

Length of Activity: 1 hour

Where is it embedded: PHRM 141 – generally occurs in September/October during the “Health Human Resources” seminar series.

Assessment: online discussion forum pre-class and an in-class group assignment to be submitted by the end of class (50min)

Learning Objectives

- Describe the role of the pharmacist and other healthcare professionals.
- Recognize the diversity of other health and social care roles, responsibilities and competencies.
- Use appropriate language to communicate roles, knowledge, skills and attitudes of different healthcare professionals.

Contacts

Name	Role	Email
Larry Leung, BSc(Pharm), RPh	Pharmacy IPE Lead	larry.leung@ubc.ca
Jason Min, BSc(Pharm), RPh	Pharmacy IPE Lead	jason.min@ubc.ca
Kim Mascarenas	Senior Program Assistant, IPE	kim.mascarenas@ubc.ca

Students Involved in the Activity

- Total number of students: 224
- Number of groups: 37
- Year level: PY1

Room Bookings

N/A – activity occurs in rm. 1101, which is already scheduled for PHRM 141

Platform for Deployment:

Pre-readings, discussion board forum and group assignments are deployed on Connect.

Pre-Activity:

Task	When	
1. Deploy pre-activity readings on Connect.	1 week prior to activity	<input type="checkbox"/>
2. Assign pre-activity to students at the end of lecture one week prior to activity. Assign a health profession to each student in a group.	1 week prior to activity	<input type="checkbox"/>
3. Review discussion board postings.	1 day prior to activity	<input type="checkbox"/>

Day of Activity:

3. Deploy group assignment on Connect	Day of	<input type="checkbox"/>
4. Deploy activity evaluation survey on Connect	Day of	

Post Activity:

10. Create and summarize activity evaluation from Connect	1 week after activity	<input type="checkbox"/>
12. Confirm attendance and address any absences	1 day after activity	<input type="checkbox"/>

Feedback from Activity Evaluation of Students:

- Activity is too long – students do not like it on a PEAD
- Would like to include the other health disciplines

Changes done/Actions taken for this activity:

- Activity piloted on PEAD – is now embedded in core curriculum. Lessen workload on students

Appendix 5

Code of Ethics

Description of the Activity

The Code of Ethics activity is a uniprofessional pre-session to the interprofessional face-to-face iEthics Quartile 1. This activity ensures that pharmacy students are well-versed in the College of Pharmacists of British Columbia's Code of Ethics. Specifically, the focus is on Standard 9 – business ethics. This is something unique to the pharmacy profession and is important for students to review, in order for them to share with other health disciplines.

Length of Activity: 1.5 hours

Approximate date for ideal deployment and why: Oct 2018 before the integrated curricula on iEthics, which often occurs in November

Where is it embedded: PHRM 141

Assessment: online pre-readings and CBC Marketplace video on Dispensing Danger, with an in-class group assignment.

Learning Objectives

- Reflect on the portrayal of pharmacists in the media
- Describe the College of Pharmacists of British Columbia's Code of Ethics – Standard 9
- Discuss how Code of Ethics – Standard 9 can be violated
- Discuss contributing factors for pharmacist violation of Code of Ethics – Standard 9

Contacts

Name	Role	Email
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Jason Min, BSc(Pharm), RPh	Pharmacy IPE Lead	jason.min@ubc.ca

Students Involved in the Activity

- Total number of students: 224
- Number of groups: 37
- Year level: PY1

Room Bookings

N/A – activity occurs in LSC 2, which is already scheduled for PHRM 141

Platform for Deployment:

Pre-readings, video and group assignment are deployed on Canvas.

Pre-Activity:

Task	When	
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1. Deploy Pre-Activity: <ul style="list-style-type: none"> CBC Marketplace Video – Pharmacy Error: Dispensing Danger Code of Ethics – Standard 9 CBC News 2015: <ul style="list-style-type: none"> “Pharmacists say corporate pressure can lead to prescription mistakes” “Are pharmacists turning into salespeople?” 	1 week	<input type="checkbox"/>
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Day of Activity:

2. Deploy Group Assignment.	Day of	<input type="checkbox"/>
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Post Activity:

10. Create and summarize activity evaluation from Canvas	1 week after activity	<input type="checkbox"/>
12. Confirm attendance and address any absences <ul style="list-style-type: none"> Students with excused absences can be asked to complete the group assignment individually Students with unexcused absences should follow existing policy on attendance and IPE participation 	1 day after activity	<input type="checkbox"/>

Feedback from Activity Evaluation of Students October 30, 2015:

Time:

- around 85% of the responses mentioned a lack of time to complete the questions and find an article
- Some said the video should have been made available ahead of time
- Many thought the activity should have been longer than two hours – suggestions were to have it open for the whole day or even the whole weekend

Assignment:

- Provide more guidance on how to answer the questions (some students mentioned they weren't sure how much to write, whether to write in essay-style or point form, etc.)
- Some thought the questions weren't specific enough or were redundant
- Reorder the questions, eg. put the last question at the beginning as it took the most time
- Some would have liked having the questions available to read before they watched the video.

Content:

- Have more discussion of media bias. Have facts and figures be made available to either challenge or confirm what was being said in the Marketplace video.

- Include information about how things could be made better, eg. what could a pharmacist do if they are feeling pressured by the business managers? What is the College doing to improve things?
- Have something uplifting included – a positive portrayal of the profession showing things being done right.

Survey:

- One person said they would have liked the feedback survey available directly after the activity so they could respond when it was fresh in their mind

Changes done/Actions taken for this activity:

2016-2018 iteration:

- Remove the individual assignment – allow students to review documents and videos without interruption.
- Created a shortened group assignment instead. More clear instructions provided on how to answer questions
- Increase activity length from 1 hour to 2 hours
- Included a new activity that focuses on the positive portrayal of the profession, showing things being done right – Pharmacist Spotlight series.

Appendix 6

Communication Styles

Description of the Activity

The Communication Styles activity allows students to self-reflect on their own communication style and those of others to improve collaboration. At the end of the session, students will be able to understand their own communication style and those of others and strategies on adapting/flexing their style to meet interpersonal needs of another person.

Length of Activity: 1 hour

Approximate date for ideal deployment and why: Mid-October or end of November – students should ideally have worked with their groups for at least one month, as this will lead to more fruitful dialogue around communication styles and team functioning.

Where is it embedded: PHRM 141 – November

Assessment: online pre-readings and quiz pre-class and an in-class group assignment to be submitted by the end of class (50min)

Learning Objectives

- Describe the importance of communication for effective collaboration
- Describe the concept of communication style and its impact/influence on interprofessional relationships
- Reflect on the characteristics of your preferred communication style
- Listen respectfully to others' expressed communication styles and preferences.
- Utilize techniques to “flex” or adapt your approach to others, based on their preferred communication style, to achieve a more positive outcome
- Establish team work communication principles

Contacts

Name	Role	Email
Janice Moshenko	Communications Lead	janicem@mail.ubc.ca
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Jason Min, BSc(Pharm), RPh	Pharmacy IPE Lead	jason.min@ubc.ca

Students Involved in the Activity

- Total number of students: 224
- Number of groups: 37
- Year level: PY1

Room Bookings

N/A – activity occurs in LSC2, which is already scheduled for PHRM 141

Platform for Deployment:

Pre-readings, online quiz and group assignment are deployed on Canvas.

Pre-Activity:

Task	When	
1. Connect with Communications Lead to review activity and make any necessary changes.	1 month prior to activity	<input type="checkbox"/>
2. Assign pre-activity to students at the end of lecture one week prior to activity. Students to complete online quiz to detail their communication style.	1 week prior to activity	<input type="checkbox"/>
3. Review quiz submissions to determine distribution of communication styles in the class. Send results to Communications Lead to add to the lecture PowerPoint.	1 day prior to activity	<input type="checkbox"/>

Day of Activity:

4. Introduce Communications Lead who will be facilitating the activity.	Day of	<input type="checkbox"/>
4. Release group activity worksheet on Connect after short lecture is completed.	Day of	

Post Activity:

10. Create and summarize activity evaluation from Connect	1 week after activity	<input type="checkbox"/>
12. Confirm attendance and address any absences <ul style="list-style-type: none"> No supplementals can be offered for this activity, given that it must be done in a group setting 	1 day after activity	<input type="checkbox"/>

Feedback from Activity Evaluation of Students:

- Activity should be more robust – students want more in-depth analysis on their communication styles. Felt the 4 main styles were too simple.
- Activity should not be on PEAD – students already feeling overworked.

Changes done/Actions taken for this activity:

- Activity piloted on PEAD – is now embedded in core curriculum. Lessen workload on students

Appendix 7

Patient Centred-Care

Description of the Activity

Uniprofessional activity for pharmacy students highlighting the importance of patient-centred care in interprofessional collaboration. Two patients with arthritis share their story and experience with a pharmacist at diagnosis, during maintenance and at relapse.

Length of Activity: 1 hour

Approximate date for ideal deployment and why: (Type here)

Where is it embedded: PHRM 141 – November

Assessment: online pre-readings, video, and quiz pre-class and an in-class group assignment to be submitted by the end of class (50min)

Learning Objectives

- Discuss the importance of patient-centred care in interprofessional collaboration
- Discuss strategies in supporting patient-centred care in practice
- Listen respectfully to the expressed needs of patients in shaping and delivering care or services
- Support participation of patients as integral partners with those health care personnel providing their care or service planning, implementation, and evaluation
- Reflect on patient stories on their experiences through the healthcare system

Contacts

Name	Role	Email
Parkash Ragsdale	Facilitator	Parkash.ragsdale@ubc.ca
Larry Leung, BSc(Pharm), RPh	Pharmacy IPE Lead	larry.leung@ubc.ca
Jason Min, BSc(Pharm), RPh	Pharmacy IPE Lead	jason.min@ubc.ca
Kim Mascarenas	Senior Program Assistant, IPE	kim.mascarenas@ubc.ca

Students Involved in the Activity

- Total number of students: 224
- Number of groups: 37
- Year level: PY1

Room Bookings

N/A – activity occurs in rm. 1101, which is already scheduled for PHRM 141

Platform for Deployment:

Pre-readings, online quiz and group assignment are deployed on Connect.

Pre-Activity:

Task	When	
1. Deploy pre-activity: <ul style="list-style-type: none">• Pre-Readings:<ul style="list-style-type: none">– Patient-centred care Framework– Pre-activity Video• Optional Pre-Reading:<ul style="list-style-type: none">– Connect and CARE Interactive Toolkit• Individual #7 – Connect Quiz	1 week prior to activity	<input type="checkbox"/>

Day of Activity:

2. Introduce Parkash and two patients who will be leading the activity	Day of	<input type="checkbox"/>
3. Release group activity worksheet on Connect after short lecture is completed.	Day of	

Post Activity:

4. Create and summarize activity evaluation from Connect	1 week after activity	<input type="checkbox"/>
5. Confirm attendance and address any absences	1 day after activity	<input type="checkbox"/>
6. Organize honorariums for the guest speakers	1 day after activity	

Feedback from Activity Evaluation of Students

- More time for the activity
- Better scheduled to suit the student's exams
- Hear more from the patients

Changes done/Actions taken for this activity: Please add here

Appendix 8

Pharmacy Technician Webinar Activity Checklist

Description of the Activity

Mandatory, online and interactive webinar on role clarification for pharmacist and pharmacy technicians.

Length of Activity: 1 hour and 15 minutes (2-3:15pm)

Approximate date for ideal deployment and why: End of PY1 in preparation for PY1 OEE clerkships

Where it is embedded: PEAD activity

Assessment:

Online Connect quiz consisting of 5 questions completed individually at the end of the activity. See document in Evaluation folder.

Learning Objectives:

1. List the benefits of working in a team with a pharmacy technician.
2. List the different licensure requirements in British Columbia for a pharmacy technician and pharmacist.
3. Describe the responsibilities and role of the pharmacy tech in comparison to an unregulated pharmacy assistant and a pharmacist.
4. Describe the overlapping role of the pharmacy technician and pharmacist in different case examples.

Contacts

Name	Role	Email
Larry Leung, BSc(Pharm), RPh	Pharmacy IPE Lead	larry.leung@ubc.ca
Jason Min, BSc(Pharm), RPh	Pharmacy IPE Lead, moderator and co-presenter	Jason.Min@ubc.ca
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Students Involved in the Activity

- Total number of students: 224 pharmacy students + ____ pharmacy technician students
- Number of groups: None – all online
- Year level: 1st year pharmacy

Room Bookings

Pharmacy AV Recording room

Room Booking Contact:

JP Marchand jmarchan@mail.ubc.ca

Platform for Deployment:

Blackboard Collaborate

- Contact Joe Zerdin, joe.zerdin@ubc.ca or other member from the Educational Technology team to set up and learn how to use.

Connect/ Canvas for posting recorded webinar for students to view again

Sync for sharing of files

Pre-Activity:

Task	When	
<p>1. Contact Partners</p> <ul style="list-style-type: none"> • See Contacts above • Set initial meeting to discuss: <ul style="list-style-type: none"> ○ Role of each individual member ○ Webinar content modifications based on student feedback from prior year, practice changes, etc ○ Year level of student ○ Where it will be embedded ○ Changes in assessment strategy • Create and/ or invite contacts to SYNC shared folder 	6 months prior to activity	<input type="checkbox"/>
<p>2. Confirm date and where activity is embedded and room bookings</p> <ul style="list-style-type: none"> • Contact Educational Technology group to confirm booking of AV room • Review PEAD schedule to determine appropriate date, ensure no overlap with other PEAD activities (e.g. CSL or other activities) 	6 months	<input type="checkbox"/>

<ul style="list-style-type: none"> Confirm with partners what dates will work the best Update Connect/ Canvas calendar for students Inform Year Level coordinator and Ed Tech group of date/ time to update relevant calendars 		
3. Create platform and enroll students <ul style="list-style-type: none"> Create Blackboard Collaborate webinar and provide shared link for sharing with students. Set preferences for student access and permissions. Create shared platform on SYNC and enroll facilitators <ul style="list-style-type: none"> Upload previous documents for editing 	3 months	<input type="checkbox"/>
4. Confirm any case and learning objectives modifications <ul style="list-style-type: none"> Every activity should have: <ul style="list-style-type: none"> learning objective linked to a CIHC competency, pre-readings, schedule, student and facilitator guide, post case survey 	1 month	<input type="checkbox"/>
5. Organize Wayfinding and other logistics (facilitators) <ul style="list-style-type: none"> Students will access the webinar online and the post-activity evaluation online. Provide Blackboard Collaborate link for students to access. 	1 month	<input type="checkbox"/>
6. Deploy pre-activity <ul style="list-style-type: none"> Learning objectives Pre-readings Schedule for activity Link for activity Link for evaluation survey post-activity Important notes for high-speed internet access Important notes about webinar etiquette 	2 weeks	<input type="checkbox"/>
7. Upload materials for Day of Activity and Post Activity <ul style="list-style-type: none"> Post-activity quiz on Connect/ Canvas Upload webinar materials on to Blackboard Collaborate (e.g. powerpoint slides) 	2 weeks (ensure you set time-release)	<input type="checkbox"/>
Day of Activity:		
8. Run the activity according to schedule <ul style="list-style-type: none"> See schedule in Sync folder 		<input type="checkbox"/>
9. See facilitator notes in the PowerPoint slide deck		<input type="checkbox"/>
Post Activity:		

10. Create and summarize activity student evaluation from Connect/Canvas, upload to Sync folder	1 week post activity	<input type="checkbox"/>
11. Debrief with partners <ul style="list-style-type: none"> Summarize key themes, areas to improve, upload findings to Sync folder 	Ideally 1 week post activity	<input type="checkbox"/>
12. Confirm attendance and address any absences <ul style="list-style-type: none"> Students with excused absences can be asked to review the recorded webinar and still complete the activity evaluation Students with unexcused absences should follow existing policy on attendance and IPE participation 	1 week post activity	<input type="checkbox"/>

Feedback from Pharm Tech Webinar Activity Evaluation of Students January 27, 2017:

- Have a moderator for monitoring chats, comments and questions
- Restrict chat feature to only certain times of the webinar
- Allow more time for questions
- Email ahead of time that the chat function is for professional purposes only, such as asking questions or notifying about technical issues to help decrease the problems.

Changes done/Actions taken for this activity:

2017/2018 iteration:

- Reach out to new partners with connections to Pharmacy Technician students in attempts to have pharm tech student involvement:
 - VCC – Sue Aro and Wayne Rubner (to be connected with again Sept 2017)
 - Sternberg College – Deverell and Dana Elliott
 - BC College of Pharmacists Sorell Wellon
 - Society of Pharmacy Technicians of BC
- Increase planned time for activity from 1 hour to 1 hour and 15 minutes to allow more questions

Feedback from 2018:

-the content was overall reinforcing with what is already taught in their program, there was a degree of redundancy that was not as helpful

-more case scenario on how the pharmacist and technician could work together in more depth

-the content was redundant

-more hospital cases may have been helpful, as many of their students work in community

-the expectation was to be more interactive – more Qs online, breakout groups, more chat feature

-there were some difficulties in the volume and clarity of the presentation, including not seeing us very clearly

-more case scenarios that go in further depth, specifics

-more interaction would be beneficial

-we look like little dots on the screen – too far away

-the target audience seemed to be too much pharmacy-focused

Changes done/Actions taken for this activity in 2019:

- 2018/2019 iteration:
- Trial of new platform, Mattermost to enable greater student interactivity and to enable better small group activities
- Trial of using shared netiquette guidelines, group guidelines
- Trial of using more interactive cases, in small-groups online in Mattermost as donated and edited by each of the stakeholders

Appendix 9

IPE Cardiovascular Activity Checklist

Description of the Activity

Mandatory, self-directed, case-based learning activity on cardiovascular health for pharmacy and dental students.

Length of Activity: 3 hours (1-4pm)

Where it is embedded: Integrated Activity (IA) in the Cardiovascular module for pharmacy PY2 students; DENT

Assessment:

Online Connect quiz consisting of 5 questions completed individually at the end of the activity. See document in Evaluation folder.

Learning Objectives:

1. Describe the role of the pharmacist and dentist in the care of patients.
2. Communicate to ensure common understanding of care decisions by actively listening to other team members.
3. Participate, and be respectful of all members' participation, in collaborative decision-making.
4. Reflect on team functioning and determine areas of strength and areas for improvement.
5. Describe the pathophysiology, signs and symptoms, causes, classifications, risk factors, laboratory values and goals of therapy for the following cardiovascular medical conditions:
 - a. Venous thrombosis
 - b. Hypertension
 - c. Congestive heart failure
 - d. Stroke prevention
 - e. Hyperlipidemia
 - f. Diabetes Mellitus
6. Discuss the pharmacological interventions for the management of the above cardiovascular medical conditions. For each explain the following:
 - a. Indication
 - b. Mechanism of Action
 - c. Onset of Action
 - d. Appropriate use of product (i.e. Frequency/duration/dose)
 - e. Adverse effects
 - f. Drug Interactions
 - g. Monitoring Parameters
 - h. Benefits vs. risks
7. Apply the following tools in your clinical decision making:
 - a. CSHA Clinical Frailty Scale Score
 - b. Framingham Risk Score
 - c. QRISK 2-2014
 - d. ACC/AHA ASCVD
8. Discuss the implications of INR values on regular dental treatment and minor oral surgery procedures.
9. Identify the common medications that can affect saliva production.
10. Discuss the common treatment options for xerostomia.

Contacts

Name	Role	Email
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Dr. Clifford Pau, B.Sc., M.Sc., D.M.D.	Instructor	Pau, Clifford clifford.pau@dentistry.ubc.ca
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Students Involved in the Activity

- Total number of students: 251 students (generally should be 224 pharmacy and 47 dental)
- Number of groups: 37 groups (6-7 students per group)
- Year level: 2nd year pharmacy; 1st year dentistry

Room Bookings

J.B. Macdonald – 10 rooms:

UBC-DENT R-RM MCDN 131 UBC-DENT R-RM MCDN 270A UBC-DENT R-RM MCDN 270B UBC-DENT R-RM MCDN 270D UBC-DENT R-RM MCDN 270F UBC-DENT R-RM MCDN 270G UBC-DENT R-RM MCDN 270E UBC-DENT R-RM MCDN 260H	UBC-DENT R-RM MCDN 347 UBC-DENT R-RM MCDN 379
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Life Sciences Centre – 17 rooms and 1 lecture hall:

LSC 1421 LSC 1422 LSC 1423 LSC 1424 LSC 1425 LSC 1426 LSC 1427 LSC 1428 LSC 1441 LSC 1442 LSC 1444 LSC 1445 LSC 1446 LSC 1447 LSC 1448 LSC 1525	LSC 1526 LSC 1527 LSC 1528 LSC 1529 LSC 1530 LSC 1531 LSC 1532 LSC 1533 LSC 1534 LSC 1535
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Pharmaceutical Sciences Building – 10 rooms:

3112
3114
3116
3118

Room Booking Contacts:

Pharmacy: Jonathan Drunen, jon.vandrunen@ubc.ca -- Facilities Coordinator

LSC: Dennis Golinski, roombooking.fom@ubc.ca -- Facilities Coordinator

Dentistry: Leandra Best, drlbest@dentistry.ubc.ca -- IPE Lead

Platform for Deployment:

Blackboard Connect – Dentistry and Pharmacy students enrolled into an “IPE Pharm/Dent Connect Site”

Contact Joe Zerdin, joe.zerdin@ubc.ca or other member from the Educational Technology team to set up.

Sync – sharing platform for instructors to work on material.

Pre-Activity:

Task	When	
1. Contact Partners and invite to shared platform <ul style="list-style-type: none">• See Contacts above• Set initial meeting to discuss:<ul style="list-style-type: none">○ Role of each individual member○ Case content modifications○ Year level of student○ Where it will be embedded in respective programs• Invite to SYNC shared folder	At least 6 months prior to activity	<input type="checkbox"/>
2. Confirm date/time, where activity is embedded in the curriculum, and room bookings <ul style="list-style-type: none">• Connect with appropriate facilities coordinators to confirm breakout and debrief rooms	6 months	<input type="checkbox"/>
3a. Create shared platform and enroll students <ul style="list-style-type: none">• Contact necessary partners to get courses linked to the shared IPE Connect site• Have Senior Program Assistant or IT create student groups in Connect 3b. Create shared platform and enroll facilitators <ul style="list-style-type: none">• Contact partners to invite to SYNC shared folder	3 months	<input type="checkbox"/>
4. Confirm any case and learning objectives modifications <ul style="list-style-type: none">• Create pre-activity/introduction video	1 month	<input type="checkbox"/>

<ul style="list-style-type: none"> • Every activity should have learning objectives, pre-readings, schedule, student and facilitator guide (if applicable), post case survey • Update materials on SYNC 		
5. Organize Wayfinding and other logistics (facilitators) <ul style="list-style-type: none"> • Whiteboards, maps, key-card access individuals, etc for each building 	1 month	<input type="checkbox"/>
6. Deploy pre-activity on Connect <ul style="list-style-type: none"> • Introduction Video • Learning Objectives • Pre-readings for case • Patient Profile • Schedule for Activity • Groups • Room Allocations • Wayfinding information 	2 weeks	<input type="checkbox"/>
7. Upload materials on Connect for Day of Activity and Post Activity <ul style="list-style-type: none"> • Icebreaker and Ground Rules Activity • Attendance Sheet (create as a quiz on Connect) • Case part 1, 2, 3 • Student Evaluation of Activity 	2 weeks (time release to open on day of)	<input type="checkbox"/>
Day of Activity:		
8. Run the activity according to schedule <ul style="list-style-type: none"> • See Schedule in Sync folder 		<input type="checkbox"/>
9. See facilitator guide <ul style="list-style-type: none"> • Not necessary for this particular activity as activity is self-run by students. 		<input type="checkbox"/>
Post Activity:		
10. Create and summarize activity evaluation from Connect, upload to SYNC.	1 week	<input type="checkbox"/>
11. Debrief with partners <ul style="list-style-type: none"> • Summarize things to improve for next time, upload in SYNC 	1 week	<input type="checkbox"/>
12. Confirm attendance and address any absences <ul style="list-style-type: none"> • Students with excused absences will have marks readjusted rather than have a remedial offered. 	1 week	<input type="checkbox"/>

Feedback from Activity Evaluation of Students:

- No time release
- Time management: some parts needed more or less time
- Ratio of dentistry students to pharmacy students in group not balanced
- More faculties involved in the activity
- More questions for dentistry students

Changes done/Actions taken for this activity:

- 2018/2019 iteration:
 - Ratio of dentistry students to pharmacy students increased from 1 to 2 dental students per group. Total number of student groups decreased from 37 to 30 to accommodate this
- More questions for dentistry students included
- More integrated questions added
- Different pre-readings provided to pharmacy and dentistry students – increase sharing of information
- Questions shortened to ensure students had enough time to go through activity
- Created new case-based learning activity with dentistry, pharmacy and physical therapy students to increase health discipline involvement.

Appendix 10

IPE Neurology Activity Checklist

Description of the Activity

Mandatory self-directed, case-based learning activity (chronic pain) for pharmacy, dentistry and physical therapy students.

Length of Activity: 4 hours (1-5pm)

Where it is embedded: Integrated into Neurology module for pharmacy; integrated in RHSC 420 for dentistry and physical therapy

Assessment:

All: students complete an online Connect survey evaluation of the activity. Must complete to confirm attendance.

Pharmacy: Questions based on the pharmacy-specific learning objectives will be on Quiz #3 and the end-of-block Neurology exam

Dentistry: There will be questions related to this case in the pharmacology section of the neuroscience block exam and RHSC 420 final exam. Professionalism – P/F based on completion of student evaluation of IPE activity.

Physical therapy students: There will be question(s) related to this case on the RHSC 420 final exam.

Learning Objectives

Upon completion of this activity, students will be able to:

1. Describe the role of the pharmacist, dentist, and physical therapist in patient-centred care and the collaborative management of a patient with chronic pain.
2. Communicate to ensure common understanding of care decisions by actively listening to other team members.
3. Participate, and be respectful of all members' participation, in collaborative decision-making.
4. Develop a set of principles for working together that respects the ethical values of team members.
5. Identify common situations in chronic pain management that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals.
6. Describe the pathophysiology, signs and symptoms, causes, classifications, risk factors, goals of therapy, pharmacological interventions/evidence, and physical therapy exercises for the following conditions:
 - a. Tension-type headaches
 - b. Medication-overuse headaches
 - c. Migraines
 - d. Musculoskeletal pain
 - e. Neuropathic pain
 - f. Facial pain and chewing muscle myalgia
 - g. Insomnia
7. Identify the scope of practice, professional obligations, and current guidelines/resources for each discipline with regards to the opioid crisis and the use of naloxone.

Contacts

Name	Role	Email
Larry Leung, BSc(Pharm), RPh	Pharmacy IPE Lead	larry.leung@ubc.ca
Jason Min, BSc(Pharm), RPh	Pharmacy IPE Lead	jason.min@ubc.ca
Dr. Leandra Best, D.M.D., Clinical Professor, Associate Dean (Academic Affairs)	Dentistry IPE Lead	drlbest@dentistry.ubc.ca
Dr. Clifford Pau, B.Sc., M.Sc., D.M.D.	Dentistry	clifford.pau@dentistry.ubc.ca
Dr. Eli Whitney, BSc, DDS, FRCD(C)	Dentistry	eli.whitney@dentistry.ubc.ca

Dr. Arun Verma, PhD	IA Lead	arun.verma@ubc.ca
Tessa Nicholl, BSc, BSc(Pharm), MSc(Pharm), ACPR, RPh	Neurology Module Lead	tessa.nicholl@ubc.ca
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Karen Sauve, BSc (PT), MS	Physical Therapy	Karen.sauve@ubc.ca
Dr. Peter Murphy, DDS	Dentistry	Peter.murphy@ubc.ca

Support:

Alireza Meghji, BSc(Pharm), RPh	Case developer	ali.meghji@ubc.ca
Vaughn Chauvin, BSc(Pharm), BCGP, RPh	Case developer	vaughn.chauvin@ubc.ca

Students Involved in the Activity

- Total number of students: 365 students (224 pharmacy; 60 dental; 81 physical therapy)
- Number of groups: 37 groups → 40 groups
- Year level: 2nd year pharmacy; 2nd year dentistry; 1st year physical therapy

Room Bookings

J.B. Macdonald – 10 rooms:

UBC-DENT R-RM MCDN 131, UBC-DENT R-RM MCDN 270A, UBC-DENT R-RM MCDN 270B, UBC-DENT R-RM MCDN 270D, UBC-DENT R-RM MCDN 270F, UBC-DENT R-RM MCDN 270G, UBC-DENT R-RM MCDN 270E, UBC-DENT R-RM MCDN 379, UBC-DENT R-RM MCDN 260H, UBC-DENT R-RM MCDN 347

Life Sciences Centre – 17 rooms and 1 lecture hall:

LSC 1421, LSC 1422, LSC 1423, LSC 1424, LSC 1425, LSC 1426, LSC 1427, LSC 1428, LSC 1445, LSC 1446, LSC 1447, LSC 1525, LSC 1526, LSC 1527, LSC 1528, LSC 1529, LSC 1530, LSC 1001 LT1

Physical Therapy Friedman Building – 7 breakout rooms

PT Breakout room 131, 132, 133, 135, 136, 138, 139

Room Booking Contact:

LSC: Dennis Golinski, roombooking.fom@ubc.ca -- Facilities Coordinator

Dent: Leandra Best, drlbest@dentistry.ubc.ca -- IPE Lead

PT Friedman Building: Tara Klassen, tarak@mail.ubc.ca - physical therapy liaison

Platform for Deployment:

Blackboard Connect – Dentistry and Pharmacy students enrolled into an “IPE Pharm/Dent Connect Site”

Contact Zerdin, Joe joe.zerdin@ubc.ca to set up.

Sync – sharing platform for instructors to work on material.

Socrative – student submissions

Pre-Activity:

Task	When	
1. Contact Partners <ul style="list-style-type: none">• See Contacts above• Set initial meeting to discuss:<ul style="list-style-type: none">○ Case content○ Year level of student○ Where it will be embedded in respective programs	At least 6 months prior to activity	<input type="checkbox"/>
2. Confirm date and where activity is embedded and room bookings <ul style="list-style-type: none">• Connect with appropriate facilities coordinators to confirm breakout and debrief rooms	6 months	<input type="checkbox"/>
3. Create platform and enroll students <ul style="list-style-type: none">• Contact necessary partners to get courses linked to the shared IPE Connect site• Have Senior Program Assistant or IT create student groups in Connect	3 months	<input type="checkbox"/>
4. Confirm any case and learning objectives modifications <ul style="list-style-type: none">• Create pre-activity/introduction video• Every activity should have learning objectives, pre-readings, schedule, student and facilitator guide (if applicable), post case survey	1 month	<input type="checkbox"/>
5. Organize Wayfinding and other logistics (facilitators)	1 month	<input type="checkbox"/>
6. Deploy pre-activity on Connect <ul style="list-style-type: none">• Introduction Video• Learning Objectives• Patient Profile• Discipline-specific assessments and pre-activity assignments• Discipline-specific pre-readings• Schedule for Activity• Groups• Room Allocations• Wayfinding information	2 weeks	<input type="checkbox"/>
7. Upload materials for Day of Activity and Post Activity <ul style="list-style-type: none">• Icebreaker and Ground Rules Activity• Attendance Sheet (create as a quiz on Connect)• Case part 1 and 2• Student Evaluation of Activity	2 weeks (time release to open on day of)	<input type="checkbox"/>

Day of Activity:

8. Run the activity according to schedule <ul style="list-style-type: none">• See Schedule in Sync folder		<input type="checkbox"/>
9. Meet with IPE leads to create debrief session materials while the activity is being run.		<input type="checkbox"/>

Post Activity:

10. Create and summarize activity evaluation from Connect	1 week	<input type="checkbox"/>
11. Debrief with partners	1 week	<input type="checkbox"/>
12. Confirm attendance and address any absences	1 week	<input type="checkbox"/>

Feedback from March 23 2017 Activity:

Responses tended to fit into one or more of the following:

- More health professions involved in the activity
- More questions for dentistry students
- Questions and case simplified
- More interdisciplinary questions

Additional evaluation of the activity from Dent:

- The class specifically noted a few reasons for this experience being more rewarding than the Fall IPE case:
- More dental specific questions to increase their involvement/participation
- Better group mix- in the Fall the dental students were significantly outnumbered by the Pharm students, with there often being only one dental student/group. Adding PT really helped balance the ratio
- Better pacing of the case

Appendix 11



THE UNIVERSITY OF BRITISH COLUMBIA

UBC Health

UBC Health
Interprofessional Education Mapping
Pharmacy
2017/2018

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Appreciation and Thanks

This project was completed on behalf of and with the support of the UBC Health Curriculum Committee (HCC). Thank you to our HCC members for providing direction for the project and identifying the IPE activities and individuals responsible for each within your program. Thank you to the hosts of each activity for taking the time to complete the survey. We would also like to thank Roselynn Verwood, Learning Design & Curriculum Consultant from CTLT, for her support throughout the project in developing the methodology and survey. Finally, we would like to give huge thanks to Sean Paredes, Research Assistant, for managing the project.



Project Overview

In February 2017, the Office of UBC Health began a mapping exercise on behalf of the health professional programs to capture the quantity, level, and quality of interprofessional learning taking place at UBC. The objective of the *UBC Health IPE Curriculum Mapping Project* is to determine whether current approaches to interprofessional learning at UBC are comprehensively and meaningfully addressing the competencies for collaborative practice identified in the National Interprofessional Competency Framework (www.cihi.ca); and to assess how interprofessional education (IPE) accreditation standards are being met. The hope is that this will enable the UBC Health Curriculum Committee (HCC) to strategically plan future directions in relation to IPE.

Project Outcomes

The UBC Health Curriculum IPE Mapping Project:

1. Created a comprehensive list of the interprofessional education activities occurring at UBC.
2. Ascertained which competencies for collaborative practice, as identified in the National Interprofessional Competency Framework, are being addressed within each program.
3. Identifies strengths, weaknesses, opportunities and threats in relation to the current status of IPE at UBC to inform strategic planning around the future of IPE.
4. Will inform the development of strategies and interprofessional learning opportunities to address identified weaknesses and threats.

Background

Policy makers and healthcare providers now widely recognize the need to change the way we deliver care in response to the challenges we are currently facing across healthcare. Patients with multiple chronic illnesses; an aging population; and high patient and provider expectations are all influencing the way we provide care. Integrated team-based care is a vision for the future of healthcare in British Columbia as a way to deliver better patient-centred care and achieve better health outcomes.

The rationale for Interprofessional Education (IPE) is that learning together will encourage and enhance future working together (Thistlethwaite, 2012). National organizations have positioned IPE as fundamental to practice improvement and have created core competencies for interprofessional collaborative practice (Orchard et al., 2010). According to the literature, IPE enables students and practitioners to learn the knowledge and skills necessary to work collaboratively. According to Gilbert et al. (2010), this should be viewed along a continuum of learning that includes pre-licensure and post-licensure education and extends into continuing education.

Over the past decade, UBC has made significant progress toward the integration of IPE as a meaningful component of student learning. In addition to extra-curricular activities managed through the *IPE Passport* and learning that happens at the program level, the *Integrated Curricula* that have been implemented across programs are creating relevant opportunities for interprofessional learning in complex areas of healthcare such as ethics, indigenous cultural safety, health informatics, resiliency, and professionalism.

While this is enabling programs to meet new IPE accreditation standards, HCC recognized the need to assess whether current approaches to interprofessional learning at UBC are comprehensively and meaningfully addressing the competencies for collaborative practice identified in the National Interprofessional Competency Framework (www.cihi.ca) in order to strategically plan future directions in relation to IPE.



Methodology

This project was conducted by the Office of UBC Health on behalf of, and under the direction of, the UBC Health Curriculum Committee (HCC). A detailed project plan was developed in collaboration with the Centre for Teaching and Learning Technology (CTLT), who brought expertise in curriculum mapping. The Office of UBC Health:

1. **Gathered details about all the interprofessional learning students engage in or have the opportunity to engage in throughout the course of their program from each health professional program at UBC - including extracurricular IPE; IPE for points; required IPE; and integrated IPE.** In order to gain an accurate scope of the interprofessional learning occurring within each program, we worked closely with the UBC Health Curriculum Committee (HCC) to collect a list of all prospective and ongoing IPE activities in each program, along with the contact information for the activity 'host'. Activity hosts were emailed an online survey to provide details about each learning opportunity.
2. **Mapped all interprofessional learning activities across programs to the National Interprofessional Competency Framework to identify which competencies are addressed and where there are gaps.** Activities were mapped at the learning objective level to the National Competencies and in terms of level of learning (exposure or immersion). Data was mapped by three project team members and then compared to reach consensus. This was then compared to the competencies and level of learning identified by survey respondents. Discrepancies were addressed in consultation with respondents.
3. **Conducted a SWOT analysis of findings to help inform recommendations.**
4. **Generated a report for each program with an overview of which competencies are being addressed, instructional and assessment methods used, and opportunities for improvement.**

Inclusion Criteria

To be recognized as an interprofessional learning activity, and thereby included in this mapping project, activities had to fall within the definition of interprofessional education (IPE):

"Occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." (Freeth et al., 2005, p. xv)

And, meet the following inclusion criteria:

- Involve 2 or more professions
- Make interprofessional learning explicit (e.g. learning objectives communicated to students)
- Include interactivity among students (e.g. case-based learning; debate; team meeting)

Activities with students from one profession but that are facilitated by another profession or bring in other disciplinary perspectives were included at the request of programs, thereby capturing all activities recognized by accreditors.

Due to current limitations around our ability to identify details pertaining to the interprofessional learning that takes place in the practice setting, practice-based activities were not captured in this mapping.



The National Interprofessional Competency Framework

The National Interprofessional Competency Framework developed by the Canadian Interprofessional Health Collaborative (CIHC) was used as a foundation for this mapping exercise. It identifies six competency domains that describe the knowledge, skills, attitudes and values required for successful interprofessional collaborative practice:

1. Interprofessional Communication
2. Patient-Centered Care
3. Role Clarification
4. Team Functioning
5. Collaborative Leadership
6. Interprofessional Conflict Resolution

Exposure vs. Immersion

As part of this project, the depth of interprofessional learning within each activity was categorized as either exposure or immersion, based on the UBC Model for IPE (Charles et. al, 2010):

- **Exposure Level Activities** - Provide students with opportunities to participate in parallel learning experiences with peers from other professions. This is an introductory stage that takes into account that one has to learn about one's own profession before one can truly begin to learn about other disciplines.
- **Immersion Level Activities** - Give students the opportunity to learn about, with and from students from other professions. At this stage students have a more advanced knowledge of their profession gained through classroom and practice experiences. Students are provided with opportunities to learn about the strengths and limitations of their profession and challenge their ways of thinking and interacting with others.
- **Mastery Level Activities** - The third stage of the UBC model involves mastering interprofessional concepts in such a way that they are incorporated in one's daily professional practice. It requires advanced level learning experiences of the kind open to graduate students or experienced practitioners. As such, this level was excluded from the mapping exercise.

Timeline

February – April

- Developed project plan
- Drafted survey questions for input from HCC
- Tested survey and updated accordingly

May – June

- Collected a list of all IPE activities within each program and the host contact information for each of the activities

July – September

- Administered survey to activity hosts

October – December

- Mapped activities to the National Framework

December – January

- Conducted a SWOT analysis



February

- Discuss strategies for the future delivery of IPE and use of the *IPE Passport* at January HCC Meeting to be implemented in September 2018

March

- Collected missing information from programs

April

- Prepared discipline-specific reports

The Survey

Fluid Survey was the chosen platform used to create the *UBC IPE Mapping Survey*. The survey consisted of 31 questions spread over nine pages. The questions were a mixture of multiple-choice, text response, and checkbox grids. Each activity host was asked to provide a general description of their activity, how their activity was offered (e.g. as part of a course, required, extra-curricular), when their activity took place, which health programs participated, and how many students had previously been involved. Hosts were then asked to provide a maximum of six learning objectives for their activity, identify the instructional methods and assessment methods used, and list course learning objectives if applicable. Through the use of branching, certain pages of the survey were skipped according to the host's previous answers. The last part of the survey aimed to identify how each of the learning objectives were being taught and assessed according to the instructional and assessment methods that had been listed, as well as which of the six competencies from the CIHC National Interprofessional Competency Framework were being captured. Hosts were also given the option to speak with a research assistant by phone to provide this information.

Survey Respondents

The Survey was sent by email individually to each activity host. Hosts were individuals identified as responsible for an IPE activity or course. They were predominantly staff or faculty from one of the 13 health programs at UBC. A dedicated email account was created to dispatch each of the survey invitations, as well as manage any questions or concerns from the responding hosts. Hosts were contacted every 2-3 weeks between July 2017 and September 2017, in order to urge and remind them to complete the survey. The Health Curriculum Committee also played a key role in following-up with the hosts from their program to help bolster response rates. The Research Assistant followed-up with survey respondents when clarification was needed regarding specific data.

Results

The following sections provide a summary of the results for:

- I. [UBC Health](#) – a summary of all 13 programs that participated in the mapping
- II. [Integrated Curricula](#) – UBC Health Connect; iEthics; Indigenous Cultural Safety; eHealth
- III. [IPE Passport Activities](#) – IPE activities available to students through the Interprofessional Education Passport
- IV. [Pharmacy](#) – activities specific to your students (See the [Appendix A](#) for a summary of the data for each program)

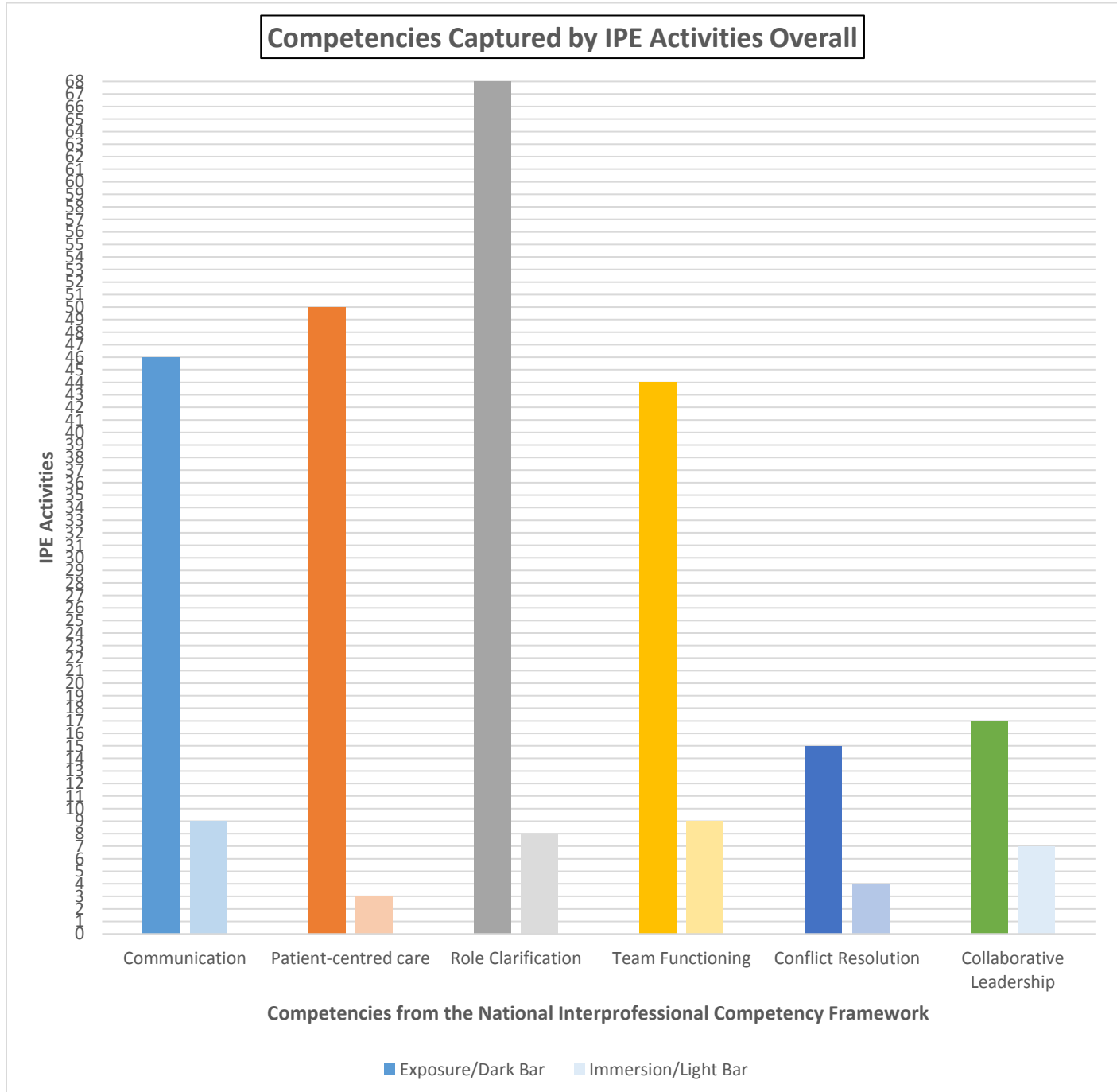


I. UBC Health

Survey data was collected for a total of 117 activities. 95 activities were discipline-specific and 22 activities were from the IPE Passport. The following tables highlight the competencies addressed, instructional methods used, and assessment methods used across all IPE activities at UBC.

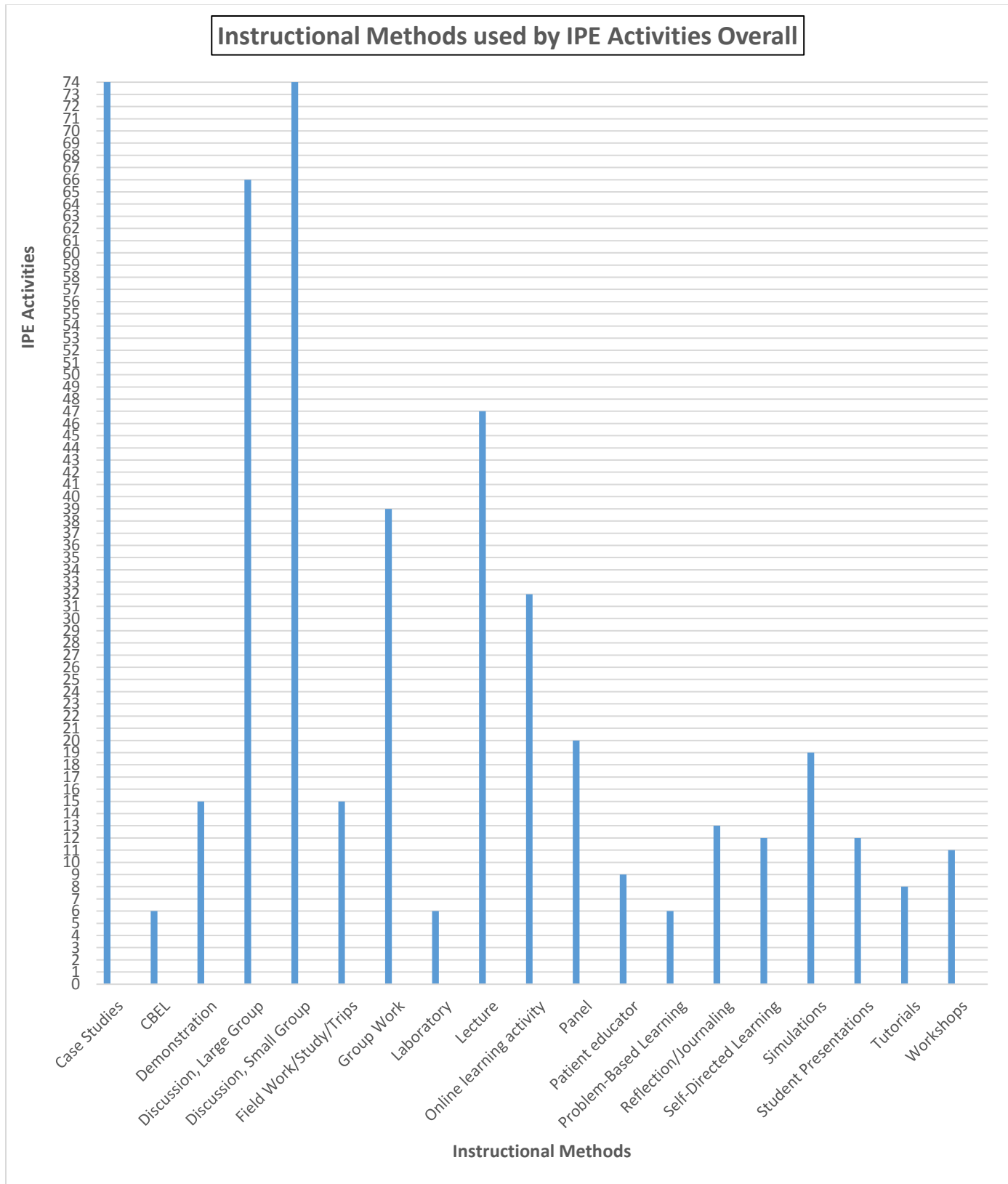
[Appendix A](#) breaks down this data by discipline and shows the competency mapping for each activity. Mapping was done at the learning objective level and categorized by competency and level of learning (exposure vs. immersion).

Competencies Addressed



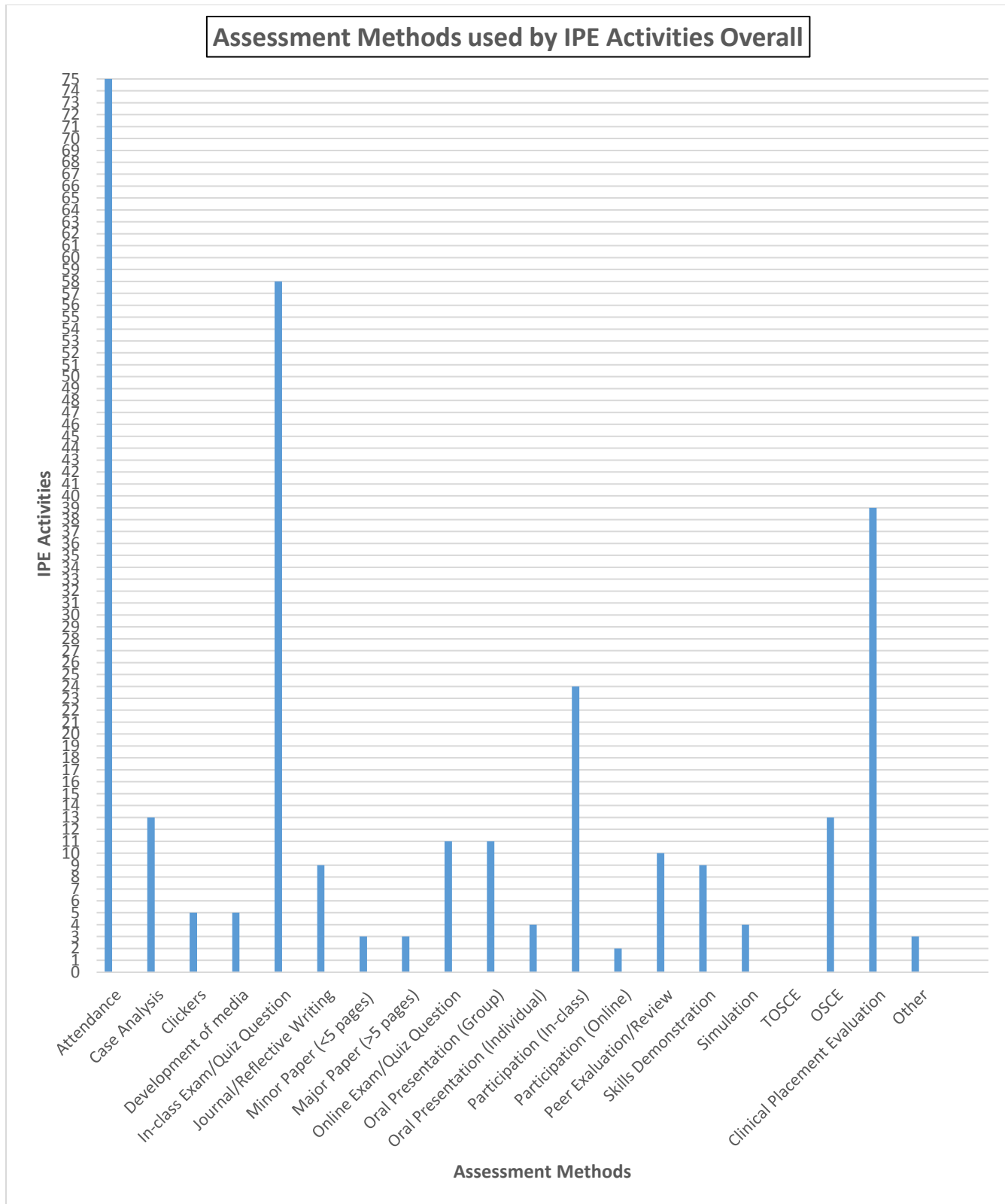


Instructional Methods Used





Assessment Methods Used





II. Integrated Curricula

In the fall of 2017, there were three integrated curricula that provided 4 interprofessional learning opportunities for students as a required component of their program – Ethics (2), Indigenous Cultural Safety (1), and Health Informatics (1). Only the interprofessional workshops delivered during protected time were included in this mapping, as the online modules did not meet the inclusion criteria.

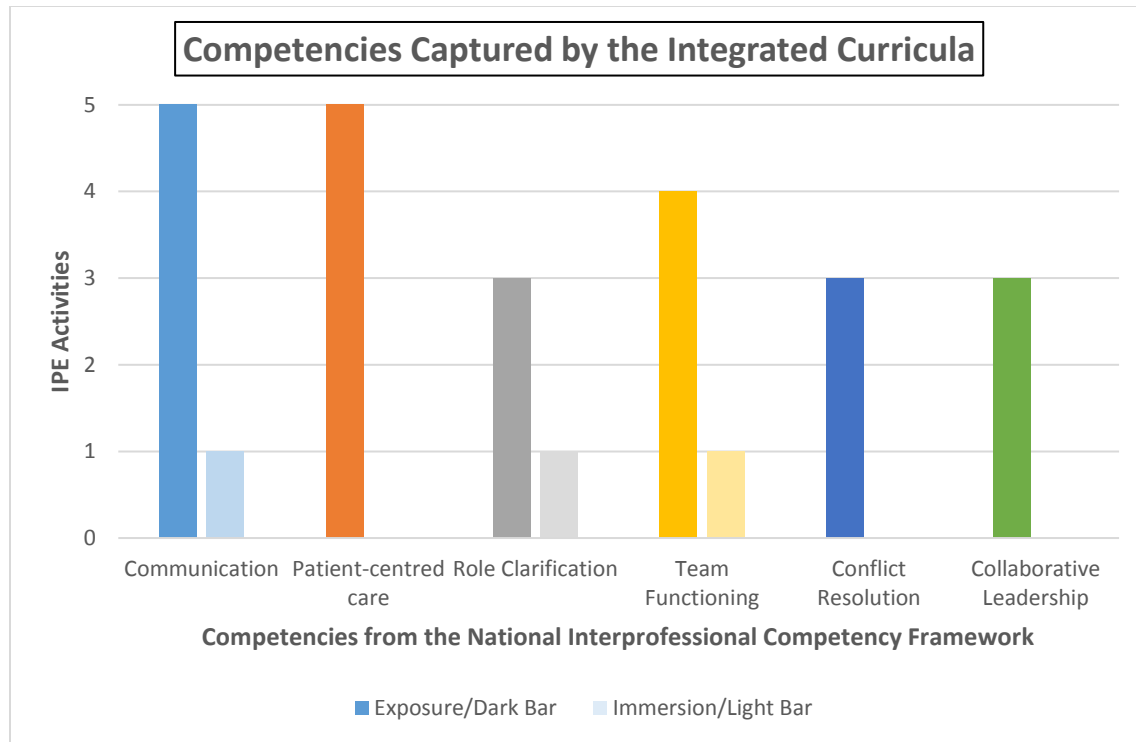
The Health Informatics curriculum is being revised for delivery in the fall of 2019; therefore the learning objectives, and thereby the competencies addressed, may change. Further, this mapping does not include integrated activities currently under development – Indigenous Cultural Safety Q#4, Professionalism, Resiliency.

[Appendix B](#) outlines the competency mapping for each activity. Mapping was done at the learning objective level and categorized each by competency and level of learning (exposure vs. immersion).

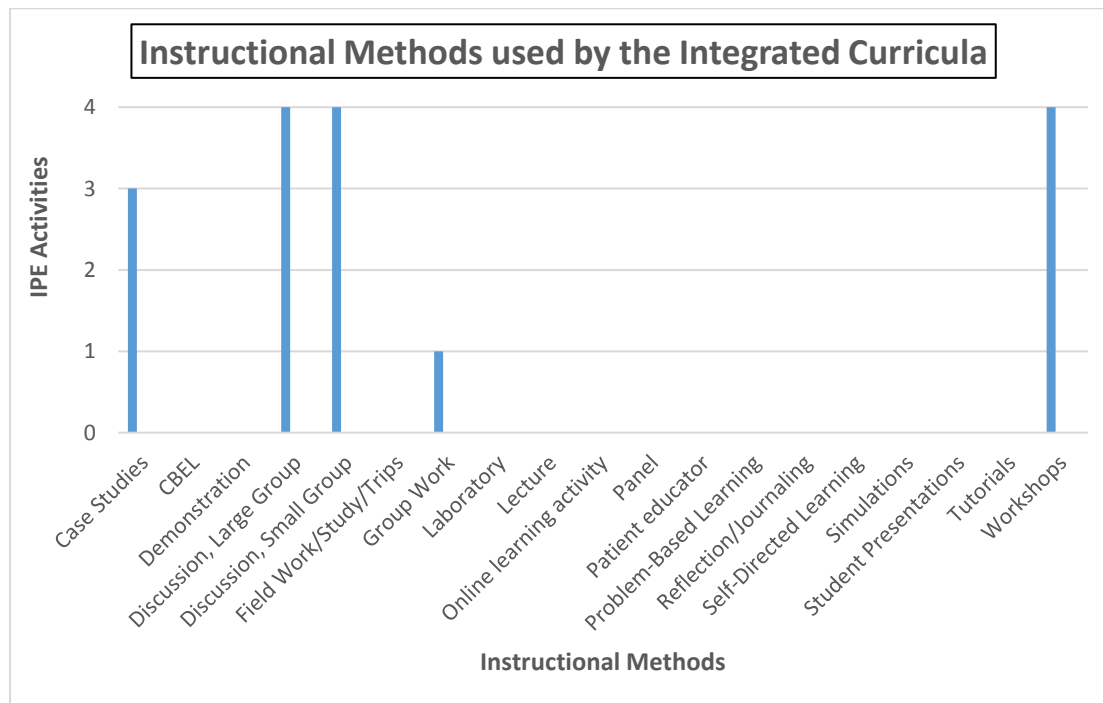
IPE Activity in the Integrated Curriculum	Description
UBC Health Connect: Social Determinants of Health	First interprofessional learning opportunity for all incoming health professional students at UBC. The event gives students the chance to meet with their peers from 15 health professional programs and learn about the importance of collaboration across professions while discussing a case around the social determinants of health.
Q1 iEthics: Foundations of Ethical Practice	Students consider non-complex ethical situations in everyday life, explore your personal and professional values, and be exposed to the role of professional codes of ethics and ethical decision-making frameworks. Students learn about the principles of health care ethics and the importance of ethical practice.
Q3 iEthics: Interprofessional Ethical Decision-Making-Important Concepts	Case-based session during which you work with an interprofessional group to discuss a complex ethical care. Students act as a member of an interprofessional ethics committee and discuss a complex ethical case that centers on quality of life and end of life options for care.
Q1 eHealth: Foundations of Health Informatics	Prepares students to use information and communication technology (ICT) in a way that supports safe, effective, person-centered care.
Q1 Indigenous Cultural Safety: ICS Cultural Humility and Allyship Workshop	Covers topics of Aboriginal history in Canada, colonization and the impacts on the health and wellbeing of Indigenous populations, Aboriginal health governance, racism and discrimination in healthcare, Indigenous perspectives on health, and the strength and resiliency of the Indigenous peoples of Canada.



Competencies Addressed



Instructional Methods Used



Assessment Methods Used

Assessment of the integrated curricula is the responsibility of each program. Assessment is not integrated at the activity level.

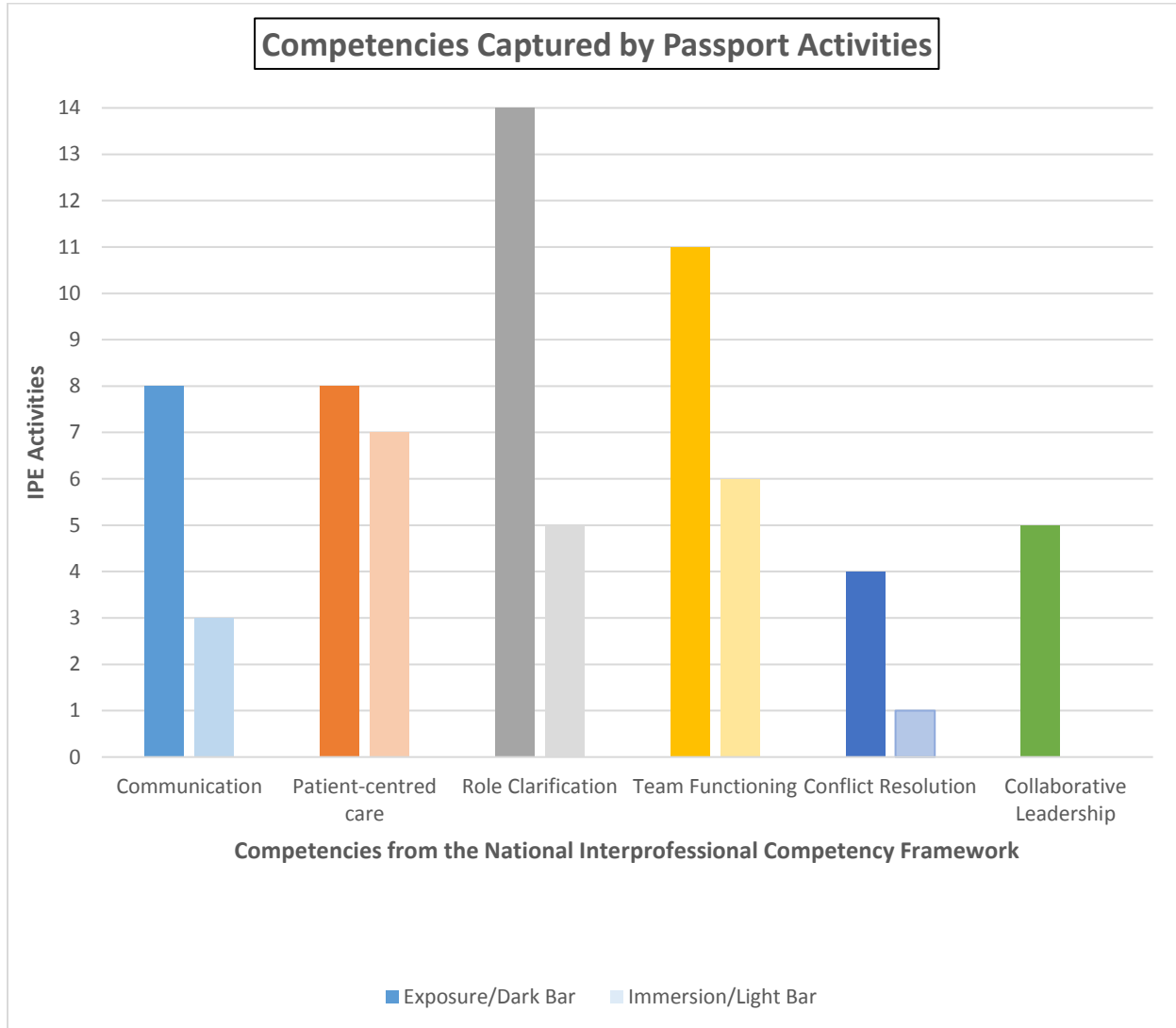


III. Passport Activities

These are activities that do not fall within the definition of 'Integrated Curricula' and are not the responsibility of any one program. They are managed through the IPE Passport and often extra-curricular. There are 22 IPE passport activities.

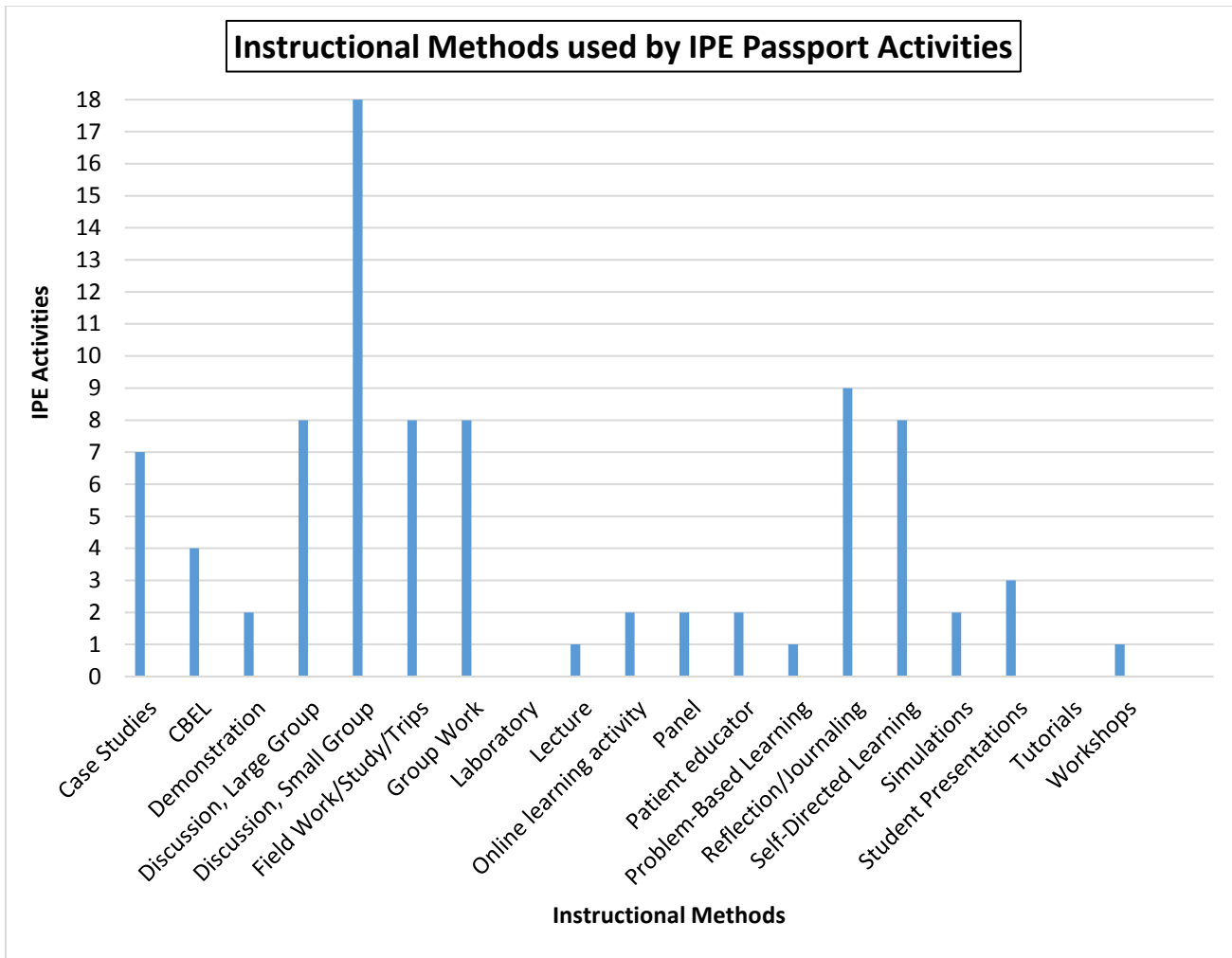
[Appendix C](#) outlines the competency mapping for each activity. Mapping was done at the learning objective level and categorized each by competency and level of learning (exposure vs. immersion).

Competencies Addressed



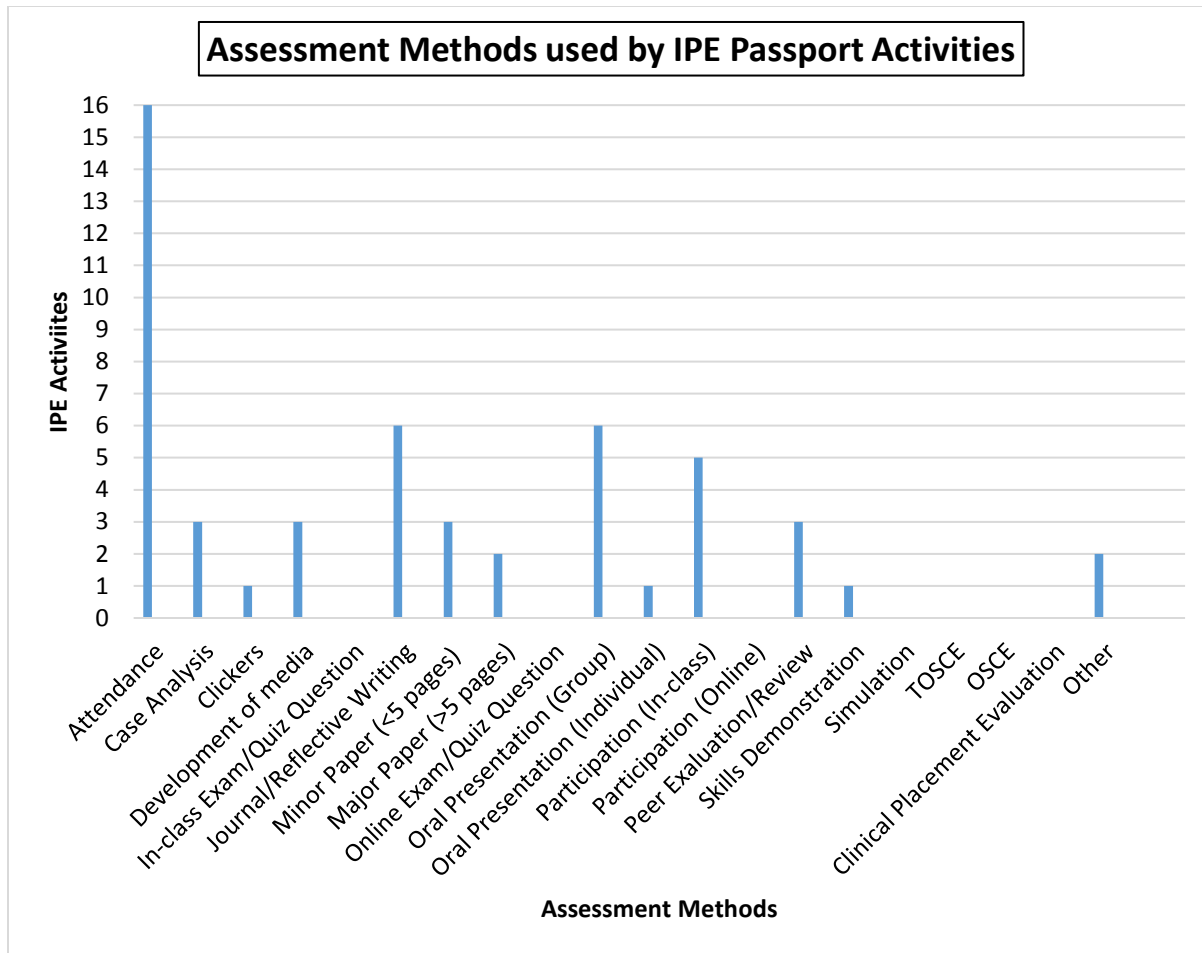


Instructional Methods Used





Assessment Methods Used





IV. Pharmacy

Number of IPE Activities Identified: 8

This section includes required activities outside of the integrated curricula that are discipline-specific activities and required. See the [Appendix A](#) below.

Some students may also participate in extracurricular IPE in addition to the activities listed below.

See the [Appendix C](#) for a list of additional activities that some students in your program may participate in.

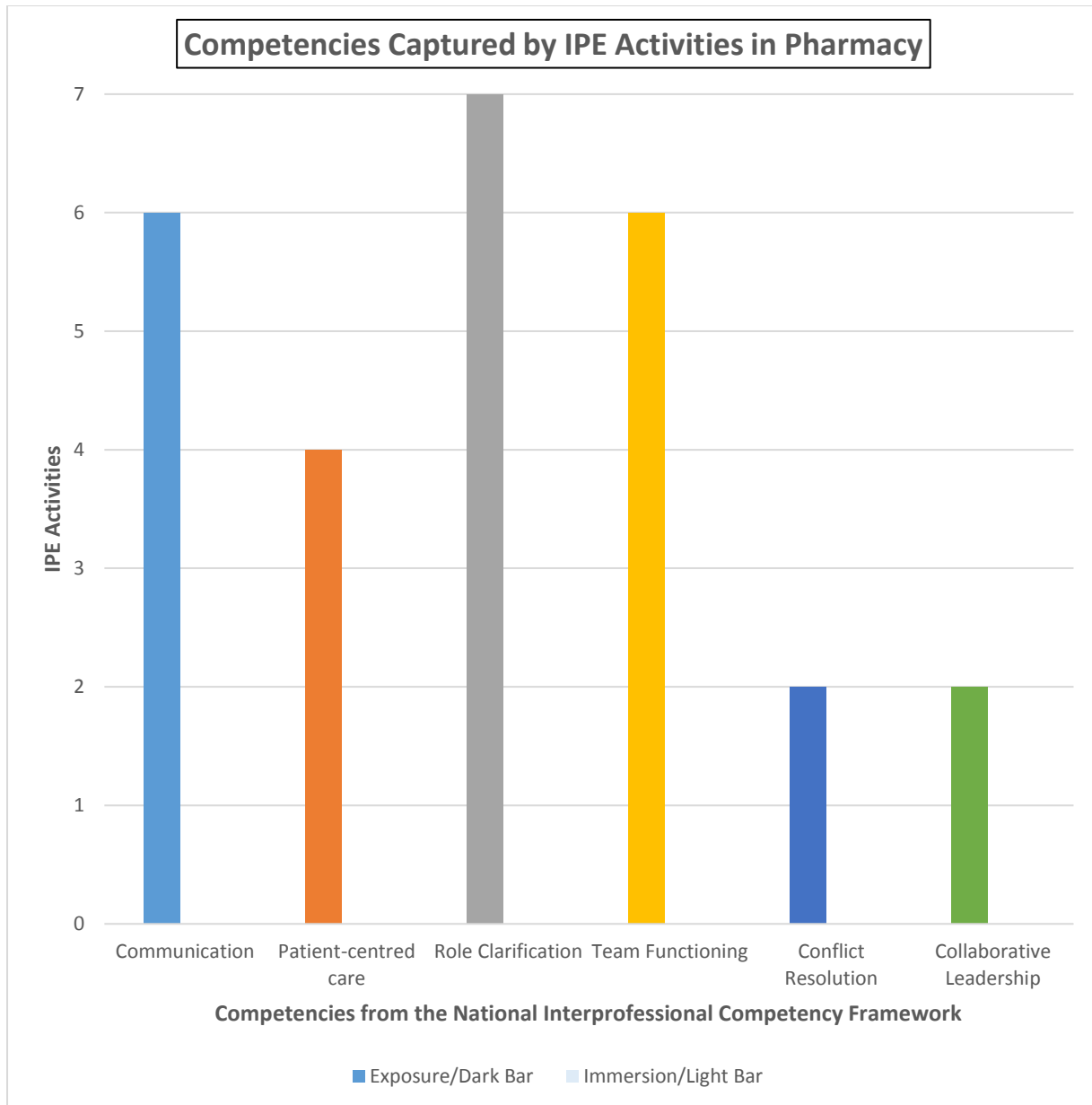
IPE Activities	Description	Survey Respondent (Host)
DentPharm Case-based Learning (Cardiovascular Case)	Mandatory, self-directed, case-based learning activity on cardiovascular health for pharmacy and dental students.	Larry Leung, Jason Min, Kim Mascarenas
DentPharmPhysio Case-based Learning (Neurology Case)	Mandatory self-directed, case-based learning activity (chronic pain) for pharmacy, dentistry and physical therapy students.	Larry Leung, Jason Min, Kim Mascarenas
Health Connect	The first interprofessional learning experience for all incoming health professional students at UBC, which will give students the opportunity to meet their peers from other programs and learn about the importance of collaboration across professions.	Angela Wagner
Living with Schizophrenia Interprofessional Panel and Case Activity	Three or more allied healthcare professionals are invited to provide discussion and input with regards to interprofessional collaboration in real life practice. A case surrounding the area of schizophrenia will be provided to each of the healthcare professionals participating in the panel discussion.	Larry Leung, Jason Min, Kim Mascarenas
Medication Reconciliation through the Interprofessional Collaboration	Groups of eight pharmacy-medicine-nursing undergraduate participants and practicing pharmacists will collaborate in an engaging problem-solving session involving admission and discharge medication reconciliation. Participants will	Judith Soon, Arun Verma



	evaluate a complex patient case, document medication discrepancies, and propose recommendations to ensure accurate and complete medication information at admission and transfer at discharge.	
Pharmacy - Pharmacy Technician Interactive Webinar	A large group discussion between pharmacists and pharmacy technicians discussing their roles and responsibilities.	Larry Leung, Jason Min, Kim Mascarenas
The Contraceptive Conversation	Interactive interprofessional presentation workshop on enhancing competencies around counseling skill development in the sensitive area of birth control and family planning.	Judith Soon
The Physician-Pharmacist Relationship	A joint presentation, discussion, and interprofessional brainstorming activity led by pharmacy and medical students alongside two pharmacist with different backgrounds and the lead physician for medical IPE.	David Massaro

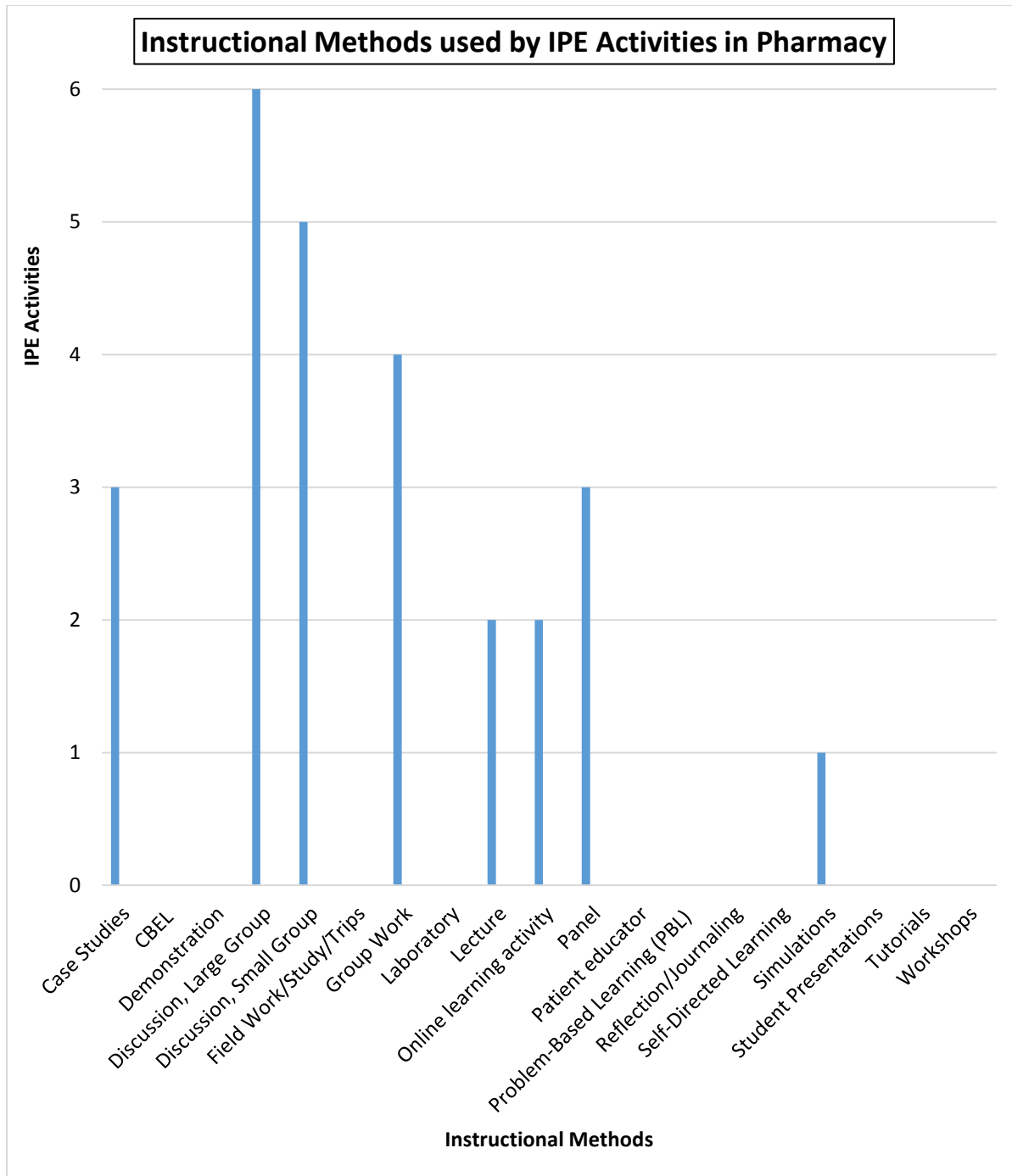


Competencies Addressed



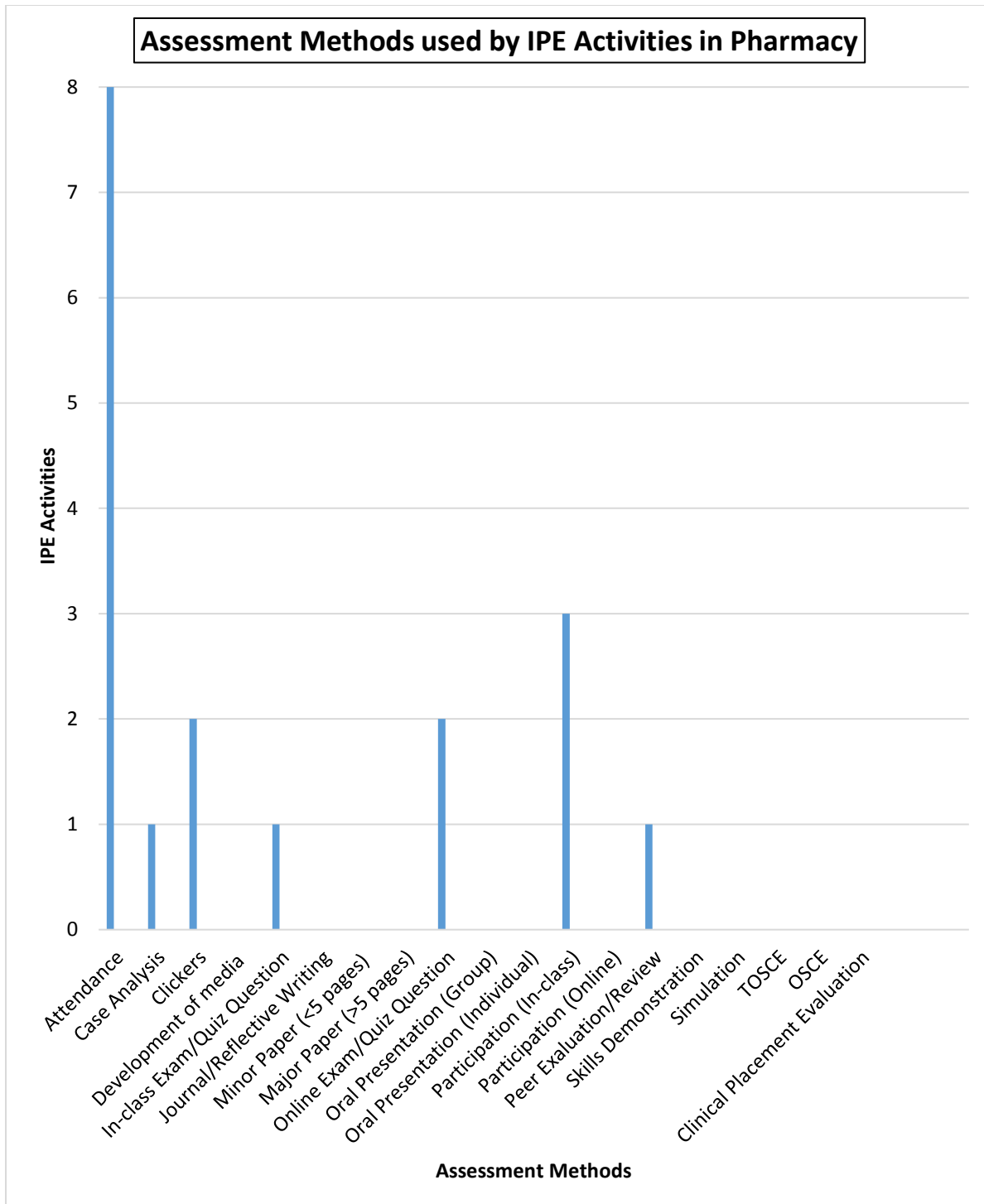


Instructional Methods Used





Assessment Methods Used





Discussion

A SWOT analysis was conducted to assess the Strengths, Weaknesses, Opportunities, and Threats within the current approach to IPE at UBC. In addition to the IPE Mapping exercise, this analysis was informed by integrated curricula evaluations from students and facilitators and feedback from programs over the years. We will build on this section of the report based on input from the UBC Health Curriculum Committee.

Strengths

- Competencies that are comprehensively addressed
 - Interprofessional Communication
 - Role Clarification
 - Team Functioning
- Interactivity
 - Use of small group discussions
 - Case-based discussions

Weaknesses

- Competencies that are less well addressed
 - Patient-Centred Care
 - Conflict Management
 - Collaborative Leadership
- Depth of learning
 - Number of exposure activities compared to immersion activities
- Diversity of activities
 - Reliance on small group discussions and large group discussions
- Accountability
 - Focus on attendance
- Assessment
 - Activities often not assessed

Opportunities

- **Integrated Curricula** - Additional activities under development – Indigenous Cultural Safety Q#4; Revised Health Informatics; Professionalism; Resiliency.
- **Protected Time** - One timeslot does not currently have anything scheduled.
- **Practice Education** – Could provide an opportunity to address competencies at an Immersion Level.
- **IPE Passport and Extra-Curricular Activities** – Develop a new strategy for the use of the Passport and how to recognize participation in extra-curricular activities (i.e. other than the current points system).
- **Partnership with the Patient and Community Partnership for Education (PCPE)** - May allow us to better address the Patient-Centred Care competency.
- **Activities Interested in having more Programs Participate** - Through the survey we were able to compile a list of activities interested in having students from more programs participate.



Passport Activities
Health care Travelling Roadshow - Sean Maurice
Health Mentors - Jen Macdonald
Patient and Community Voice Workshop - Jen Macdonald
Sea to Sky Aphasia Camp - Eavan Sinden
Aboriginal Community as Teacher Cultural Camps - Cathy Kline
BC Special Olympics Healthy Athlete Program - Ashten Black
Eating, Feeding and Swallowing - Diana Lin
SOWK 451 - Health Care Team Development - Marcia Choi
The Contraceptive Conversation - Judith Soon
Audiology
Hearing and Aging Physician Round Table (AUDI 569) - Lorientne Jenstad
Dental Hygiene
Motivational Interviewing Workshop – Carrie Krekoski
Dentistry
DENT 410 PEP I (Principles of Ethical Practice I) - Komkham Pattanaporn
DENT 420 FMS II - PJ (Peter) Murphy
Medicine
MEDD 411 Interprofessional Teamwork Case-based Workshop - Christie Newton
PMP Standardized Patient Group Sessions - Linlea Armstrong
Midwifery
MIDW 360 Global Midwifery - Cathy Ellis
Pharmacy
DentPharm Case-based Learning (Cardiovascular Case) - Larry Leung
DentPharmPhysio Case-based Learning (Neurology Case) - Larry Leung
Communication Styles Part 1 and Part 2 - Janice Moshenko
Patient-Centred Care - Larry Leung
PHRM 171 Interprofessional Education Reflection Assignment
PHRM 271 Interprofessional Education Reflection Assignment
PHRM 272 Interprofessional Education Reflection Assignment - Jason Min
Role Clarification Part 1 and Part 2 - Larry Leung
Living with Schizophrenia Interprofessional Panel and Case Activity - Jason Min
Medication Reconciliation through the Interprofessional Collaboration - Judith Soon
Physical Therapy
DentPharmPhysio Case-based Learning (Neurology Case) - Karen Sauve

Threats

- Limited time for more IPE
- No points for extra-curricular IPE may limit participation
- Uneven participation from different programs may reinforce stereotypes
- Lack of understanding about how to teach Collaborative Leadership
- Consistency of IPE experiences for different students



Project Limitations

Exclusion of practice education activities. Learning that is currently happening at the practice education level was not captured through this mapping project. Work currently underway by the UBC Health Practice Education Committee will enable us to do so in the future.

Evolving nature of IPE. This mapping activity captures IPE at a specific point in time. New IPE activities are emerging all the time. Other activities may change or stop being delivered.

Activities that did not meet minimum criteria. Some activities submitted by programs as IPE activities did not fall within the definition of IPE or meet the minimum inclusion criteria. While these activities may address interprofessional competencies, they were excluded from the mapping exercise.

Student-led activities. Some faculty/staff hosts did not have enough knowledge about the activity to complete the survey because the activities were student led; therefore, students were contacted by hosts in order to complete the survey. There are some concerns about the quality of student-led activities, even when there is a faculty lead, that requires further discussion in terms of how these are positioned within the broader context of IPE at UBC.

Perceived depth of learning. Some activity hosts identified competencies addressed and depth of learning (exposure or immersion) that did not align with the results of the mapping completed by the project team. These hosts were contacted with the mapping results for input from their perspective. There were no objections to the outcomes of the mapping.

No learning objectives defined. There were a few activities that did not define concrete learning objectives. Hosts were encouraged to do so for future delivery of the activity in order to meet the inclusion criteria.

New integrated curricula activities. This mapping exercise did not include IPE components of the integrated curricula still under development – Indigenous Cultural Safety Q#4; revised Health Informatics; Professionalism; and Resiliency.



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Appendices

Appendix A – Mapping Details by Discipline

The following table summarizes the learning objective mapping across all activities in all programs.

Program	Activity	Timing	Learning Objectives	Competency	Exposure (E), Immersion (I)
Audiology and Speech-Language Pathology	Advanced communication skills (RSOT 549 or PHTH 549)	Term 1 Passport and Program level requirement	Demonstrate appropriate therapeutic and interpersonal skills with the standard patients and other members of the healthcare team.	Communication	I
			Demonstrate appropriate therapeutic and interpersonal skills with the standard patients and other members of the healthcare team.	Team Functioning	I
Audiology and Speech-Language Pathology	Hearing and Aging Physician Round Table (AUDI 569)	Year ? - Term 1 Required	Share info and knowledge from each perspective on best serving elderly hearing-impaired individuals	Communication	E
			Understand the roles played by each profession in meeting the patient's needs	Patient-centred	E
			Understand the roles played by each profession in meeting the patient's needs	Role Clarification	E
			Share info and knowledge from each perspective on best serving elderly hearing-impaired individuals	Role Clarification	E



Audiology and Speech-Language Pathology	Health Connect	Term 1 - Passport and Program level requirement	Describe the importance of interprofessional collaboration	Communication	E
			Actively seek out other interprofessional learning activities.	None	
			Describe the breadth of health care programs at UBC and connect students in different health professional programs	Role Clarification	E
			Apply basic principles of interprofessional collaboration	Team Functioning	E
Audiology and Speech-Language Pathology	Motivational Interviewing Workshop – (DHYG 210)	Term 1 - Required	Formulate appropriate interview questions to form a positive therapeutic relationship; validate observations with data obtained by written and verbal communication; and provide an opportunity for the client [simulation] to gain information and set their own goals	Communication	E
			Formulate appropriate interview questions to form a positive therapeutic relationship; validate observations with data obtained by written and verbal communication; and provide an opportunity for the client [simulation] to gain information and set their own goals	Patient-centred	E



		Discuss the spirit, principles and skills of motivational interviewing	Patient-centred	E
		Gain confidence to use MI to empower your clients to change their lifestyle and behaviours related to oral health	Patient-centred	E
		Demonstrate a modicum of skill using a general approach to MI consisting of three main tools: the Ruler, the Box, and the Circle	Patient-centred	E
		Learn about, from and with students from other disciplines (e.g. SLP, Audiology and Occupational therapy)	Role Clarification	E



Program	Activity	Timing	Learning Objectives	Competency	Exposure (E), Immersion (I)
Dental Hygiene	DHYG 210 - DMD Clinical Examination Session	Year 2 Dental Hygiene Students, Year 1 Dentistry Students – Term 1 Required	Demonstrate clinical assessment abilities on a first year dental student.	Leadership	I
			Educate a dental student on the role and scope of practice of a dental hygienist.	Role Clarification	I
Dental Hygiene	DHYG 310 - Oral self-care for first-year DMD students	Year 3 Dental Hygiene, Dental Students – Term 1 Required	Dental hygiene and DMD students will discuss and review various indications for these products.	Leadership	I
			Dental hygiene students will demonstrate and guide DMD students through the correct use of various oral self-care products.	Leadership	I
			Dental hygiene students will demonstrate and guide DMD students through procedures such as plaque disclosing and charting of plaque index scores.	Leadership	I
Dental Hygiene	DHYG 310 - Bringing Indigenous content to oral care practice	Term 1 Required	Explore and develop an understanding for the history, culture, traditional values, contemporary lifestyles and traditional knowledge of the Indigenous people and its relation to oral health care practice.	Patient-centred	E



Dental Hygiene	Clinical Client Care (DHYG 310/DHYG 410)	Year 3, Year 4 Dental Hygiene Students - Term 1 Required	To provide dental and dental hygiene services to clients from the public while working on an interprofessional team.	Communication	I
			To provide dental and dental hygiene services to clients from the public while working on an interprofessional team.	Patient-centred	I
			To provide dental and dental hygiene services to clients from the public while working on an interprofessional team.	Role Clarification	I
			To provide dental and dental hygiene services to clients from the public while working on an interprofessional team.	Team Functioning	I
			To provide dental and dental hygiene services to clients from the public while working on an interprofessional team.	Conflict	I
			To provide dental and dental hygiene services to clients from the public while working on an interprofessional team.	Leadership	I
Dental Hygiene	DENT 410 PEP I (Principles of Ethical Practice I): Introduction to Indigenous Health – (DENT 410)	Year ? - Term 1 Required	Understand the complexity of the historical and social determinants of health in Indigenous population and how it relates to their oral health	Patient-centred	E



Dental Hygiene	Eating, Feeding and Swallowing (DHYG 310)	Year ? - Term 1 Passport and Program level requirement	Discuss the interprofessional role of dental hygienist on a provided health scenario with other health professions	Role Clarification	E
			Gain awareness of roles and responsibilities of other health care professionals	Role Clarification	E
Dental Hygiene	Gross Anatomy Human Cadaver Lab (DHYG 206)	Required - Delivered over 5 sessions (2.5 hours each)	Dental hygiene and dental students must work as an effective and efficient team in order to define, describe and identify different compartments of the head, bones and muscles of this region.	Team Functioning	I
			Working in small interprofessional teams, dental hygiene and dental students work together in this human cadaver simulation lab as they dissect tissues of the head and neck region.	Team Functioning	I
Dental Hygiene	Health Connect	Term 1 - Passport and Program level requirement	Describe the importance of interprofessional collaboration	Communication	E
			Actively seek out other interprofessional learning activities.	None	
			Describe the breadth of health care programs at UBC and connect students in different health professional programs	Role Clarification	E



			Apply basic principles of interprofessional collaboration	Team Functioning	E
Dental Hygiene	Motivational Interviewing Workshop – (DHYG 210)	Term 1 - Required	Formulate appropriate interview questions to form a positive therapeutic relationship; validate observations with data obtained by written and verbal communication; and provide an opportunity for the client [simulation] to gain information and set their own goals	Communication	E
			Formulate appropriate interview questions to form a positive therapeutic relationship; validate observations with data obtained by written and verbal communication; and provide an opportunity for the client [simulation] to gain information and set their own goals	Patient-centred	E
			Discuss the spirit, principles and skills of motivational interviewing	Patient-centred	E
			Gain confidence to use MI to empower your clients to change their lifestyle and behaviours related to oral health	Patient-centred	E
			Demonstrate a modicum of skill using a general approach to MI consisting of three main tools: the Ruler, the Box, and the	Patient-centred	E



			Circle		
			Learn about, from and with students from other disciplines (e.g. SLP, Audiology and Occupational therapy)	Role Clarification	E
Dental Hygiene	Nutrition and Oral Health Related Resource Development – (DHYG 410)	Year 4 Dental Hygiene - Extracurricular	Recognize other communication styles and how to modify your behaviour in a way that ensures more effective communication across professions	Communication	E
			Analyze strategies that support interprofessional groups of health care providers to communicate with patients and families effectively and collaboratively	Communication	E
			Identify and practice conflict management strategies to deal with interprofessional conflicts effectively	Conflict	E
			Strategize ways to bring collaborative leadership into health systems within your sphere of influence - in both formal and informal ways	Leadership	E



		Analyze strategies that support interprofessional groups of health care providers to communicate with patients and families effectively and collaboratively	Patient-centred	E
		Consider the roles of others in determining your own professional and interprofessional roles	Role Clarification	E
		Collaborate with other professions to set common, patient-centred goals and share decision-making.	Team Functioning	E



Program	Activity	Timing	Learning Objectives	Competency	Exposure (E), Immersion (I)
Dentistry	DHYG 210 - DMD Clinical Examination Session	Year 2 Dental Hygiene Students, Year 1 Dentistry Students – Term 1 Required	Demonstrate clinical assessment abilities on a first year dental student.	Leadership	I
			Educate a dental student on the role and scope of practice of a dental hygienist.	Role Clarification	I
Dentistry	DHYG 310 - Oral self-care for first-year DMD students	Year 3 Dental Hygiene, Dental Students – Term 1 Required	Dental hygiene and DMD students will discuss and review various indications for these products.	Leadership	I
			Dental hygiene students will demonstrate and guide DMD students through the correct use of various oral self-care products.	Leadership	I
			Dental hygiene students will demonstrate and guide DMD students through procedures such as plaque disclosing and charting of plaque index scores.	Leadership	I
Dentistry	DHYG 310 - Bringing Indigenous content to oral care practice	Term 1 Required	Explore and develop an understanding for the history, culture, traditional values, contemporary lifestyles and traditional knowledge of the Indigenous people and its relation to oral health care practice	Patient-centred	E



Dentistry	Clinical Client Care (DENT 420)	Year 2 Dental Students - Term 1 Required	To provide dental and dental hygiene services to clients from the public while working on an interprofessional team.	Communication	I
			To provide dental and dental hygiene services to clients from the public while working on an interprofessional team.	Patient-centred	I
			To provide dental and dental hygiene services to clients from the public while working on an interprofessional team.	Role Clarification	I
			To provide dental and dental hygiene services to clients from the public while working on an interprofessional team.	Team Functioning	I
			To provide dental and dental hygiene services to clients from the public while working on an interprofessional team.	Conflict	I
			To provide dental and dental hygiene services to clients from the public while working on an interprofessional team.	Leadership	I
Dentistry	DENT 410 PEP I (Principles of Ethical Practice I): Introduction to Indigenous Health – (DENT 410)	Year ? - Term 1 Required	Understand the complexity of the historical and social determinants of health in Indigenous population and how it relates to their oral health	Patient-centred	E
Dentistry	DENT 420 FMS II: IPE Cardiovascular	Year 2 Dentistry	Establish team work	Communication	E



	+ Neurology (Pain) PBL Cases (DENT 420 FMS II)	Students, Year 1 Pharmacy Students, Term 2 Required	communication principles.		
			Communicate to ensure common understanding of care decisions by actively listening to other team members.	Communication	E
			Participate, and be respectful of all members' participation, in collaborative decision-making.	Conflict	E
			Describe the role of the pharmacist and dentist in the care of patients	Role Clarification	E
			Establish team work communication principles.	Team Functioning	E
			Communicate to ensure common understanding of care decisions by actively listening to other team members.	Team Functioning	E
			Participate, and be respectful of all members' participation, in collaborative decision-making.	Team Functioning	E
			Reflect on team functioning and determine areas of strength and areas for improvement	Team Functioning	E
Dentistry	Eating, Feeding and Swallowing (DHYG 310)	Year ? - Term 1 Required for Dentistry Students	Discuss the interprofessional role of dental hygienist on a provided health scenario with other health professions	Role Clarification	E



			Gain awareness of roles and responsibilities of other health care professionals	Role Clarification	E
Dentistry	Gross Anatomy Human Cadaver Lab (DENT 410)	Required - Delivered over 5 sessions (2.5 hours each)	Dental hygiene and dental students must work as an effective and efficient team in order to define, describe and identify different compartments of the head, bones and muscles of this region.	Team Functioning	I
			Working in small interprofessional teams, dental hygiene and dental students work together in this human cadaver simulation lab as they dissect tissues of the head and neck region.	Team Functioning	I
Dentistry	Health Connect	Term 1 - Passport and Program level requirement	Describe the importance of interprofessional collaboration	Communication	E
			Actively seek out other interprofessional learning activities.	None	
			Describe the breadth of health care programs at UBC and connect students in different health professional programs	Role Clarification	E
			Apply basic principles of interprofessional collaboration	Team	E
Dentistry	MEDD 411 Half Class: Interprofessional Team Work	Year 1 Dentistry, Year 1 Medicine	Describe the Canadian competency framework for interprofessional collaboration	Communication	E



		Students - Term 1 Required	Describe the importance of interprofessional education in developing collaborative practice competencies	Communication	E
			Describe the Canadian competency framework for interprofessional collaboration	Conflict	E
			Describe the importance of interprofessional education in developing collaborative practice competencies	Conflict	E
			Describe the Canadian competency framework for interprofessional collaboration	Leadership	E
			Describe the importance of interprofessional education in developing collaborative practice competencies	Leadership	E
			Describe the Canadian competency framework for interprofessional collaboration	Patient-centred	E
			Describe the importance of interprofessional education in developing collaborative practice competencies	Patient-centred	E
			Describe the Canadian competency framework for interprofessional collaboration	Role Clarification	E



			Describe the importance of interprofessional education in developing collaborative practice competencies	Role Clarification	E
			Describe the Canadian competency framework for interprofessional collaboration	Team Functioning	E
			Describe the importance of interprofessional education in developing collaborative practice competencies	Team Functioning	E
Dentistry	MEDD 411 Half Class: Avoiding Mistreatment / Anti-harassment workshop	Year 1 Dentistry and Medicine Students - Term 1, Required	Diagnose and manage a patient's illness or other health-related needs in the context of a health care team, by respecting his/her own professional boundaries as well as the expertise of physician colleagues (generalist and specialist) and non-physician health care professionals.	Role Clarification	E
			Communicate with physicians and other health care professionals in a collaborative, responsive and responsible manner	Communication	E
			Prevent, negotiate and resolve conflict by working respectfully and diplomatically with the patient, family, and other health care professionals	Conflict	E



Program	Activity	Timing	Learning Objectives	Competency	Exposure (E), Immersion (I)
Dietetics	Health Connect	Term 1 - Passport and Program level requirement	Describe the importance of interprofessional collaboration	Communication	E
			Actively seek out other interprofessional learning activities.	None	
			Describe the breadth of health care programs at UBC and connect students in different health professional programs	Role Clarification	E
			Apply basic principles of interprofessional collaboration	Team Functioning	E



Program	Activity	Timing	Learning Objectives	Competency	Exposure (E), Immersion (I)
Genetic Counselling	Health Connect	Term 1 - Passport and Program level requirement	Describe the importance of interprofessional collaboration	Communication	E
			Actively seek out other interprofessional learning activities.	None	
			Describe the breadth of health care programs at UBC and connect students in different health professional programs	Role Clarification	E
			Apply basic principles of interprofessional collaboration	Team Functioning	E



Program	Activity	Timing	Learning Objectives	Competency	Exposure (E), Immersion (I)
Medicine	MEDD 411: The Good Doctor - CanMEDS and You	Year 1 Medicine Students - Term 1, Required	Co-construct the attributes of what good doctors do.	Role Clarification	E
			Consider a framework that represents acceptance.	Patient-centred	E
Medicine	MEDD 411: Professionalism in Medical School and Professional Identity	Year 1 Medicine Students - Term 1, Required	Describe the expectations of entering a professional program.	Role Clarification	E
Medicine	MEDD 411: Social Accountability Mandate of the MDUP - Mission, Goals and Exit Competencies	Year 1 Medicine Students - Term 1, Required	Discuss how a medical student can be socially responsible and accountable in practice.	Patient-centred	E
Medicine	Health Connect	Term 1 - Passport and Program level requirement	Describe the importance of interprofessional collaboration.	Communication	E
			Actively seek out other interprofessional learning activities.	None	
			Describe the breadth of health care programs at UBC and connect students in different health professional programs.	Role Clarification	E
			Apply basic principles of interprofessional collaboration.	Team Functioning	E
Medicine	MEDD 411: Introduction to Clinical	Year 1 Medicine Students - Term 1,	List what medical students can and cannot do in a clinic setting.	Role Clarification	E



	Experiences (CE)	Required			
Medicine	MEDD 411 Half Class: Interprofessional Team Work	Year 1 Medicine Students - Term 1, Required	Describe the Canadian competency framework for interprofessional collaboration.	Communication	E
			Describe the importance of interprofessional education in developing collaborative practice competencies.	Communication	E
			Describe the Canadian competency framework for interprofessional collaboration.	Conflict	E
			Describe the importance of interprofessional education in developing collaborative practice competencies.	Conflict	E
			Describe the Canadian competency framework for interprofessional collaboration.	Leadership	E
			Describe the importance of interprofessional education in developing collaborative practice competencies.	Leadership	E
			Describe the Canadian competency framework for interprofessional collaboration.	Patient-centred	E
			Describe the importance of interprofessional education in developing collaborative practice	Patient-centred	E



			competencies		
			Describe the Canadian competency framework for interprofessional collaboration.	Role Clarification	E
			Describe the importance of interprofessional education in developing collaborative practice competencies.	Role Clarification	E
			Describe the Canadian competency framework for interprofessional collaboration.	Team Functioning	E
			Describe the importance of interprofessional education in developing collaborative practice competencies.	Team Functioning	E
Medicine	Hearing and Aging Physician Round Table (AUDI 569)	Year 3 - Required	Share info and knowledge from each perspective on best serving elderly hearing-impaired individuals.	Communication	E
			Understand the roles played by each profession in meeting the patient's needs.	Patient-centred	E
			Understand the roles played by each profession in meeting the patient's needs.	Role Clarification	E
			Share info and knowledge from each perspective on best serving elderly hearing-impaired	Role Clarification	E



			individuals		
Medicine	MEDD 411 Half Class: Avoiding Mistreatment / Anti-harassment workshop	Year 1 Dentistry and Medicine Students - Term 1, Required	Diagnose and manage a patient's illness or other health-related needs in the context of a health care team, by respecting his/her own professional boundaries as well as the expertise of physician colleagues (generalist and specialist) and non-physician health care professionals.	Role Clarification	E
			Communicate with physicians and other health care professionals in a collaborative, responsive and responsible manner.	Communication	E
			Prevent, negotiate and resolve conflict by working respectfully and diplomatically with the patient, family, and other health care professionals.	Conflict	E
Medicine	MEDD 411 Large Group Discussion: Management of Congenital Heart Disease	Year 1 Medicine Students - Term 1, Required	Discuss the multidisciplinary nature employed in the management of congenital heart disease patients.	Patient-centred	E
			Describe the wide spectrum of patients with congenital heart disease and the many different roles that various healthcare providers and advocates play in the management of congenital	Patient-centred	E



			heart disease patients.		
			Discuss and demonstrate sensitivity to the many challenges patients and families face, from a medical, social and economical perspective.	Patient-centred	E
Medicine	MEDD 411 Week 6: Heart Murmur	Year 1 Medicine Students - Term 1, Required	Diagnose and manage a patient's illness or other health-related needs in the context of a health care team, by respecting his/her own professional boundaries as well as the expertise of physician colleagues (generalist and specialist) and non-physician health care professionals.	Role Clarification	E
			Communicate with physicians and other health care professionals in a collaborative, responsive and responsible manner.	Communication	E
Medicine	MEDD 411: Patient Safety - Basic Concepts and Building a Culture	Year 1 Medicine Students - Term 1, Required	Explain "shared leadership" with examples using the causal framework.	Leadership	E
			Describe factors that contribute to adverse events in the human factors causal framework.	None	
Medicine	MEDD 411 Large Group Discussion: Management of Acute Kidney Injury	Year 1 Medicine Students - Term 1, Required	Describe the potential effects of a sudden illness on family, friends and support systems.	Patient-centred	E



Medicine	MEDD 411: Patient Safety - Shared Leadership	Year 1 Medicine Students - Term 1, Required	Work effectively as part of a health care team.	Team Functioning	E
			Work effectively as part of a health care team.	Leadership	E
			Seek the input of all team members, including the patient, family, other health care professionals, and, where appropriate, members of the community, in designing and implementing health care delivery.	Patient-centred	E
Medicine	MEDD 411: Normal Delivery	Year 1 Medicine Students - Term 1, Required	Discuss the role of the obstetrical care provider in the context of normal labour.	None	
			Discuss the role of the obstetrical care provider and the opportunities for interdisciplinary collaboration and care.	Role Clarification	E
Medicine	MEDD 411 Large Group Discussion: Health Care Providers for Pregnant Women	Year 1 Medicine Students - Term 1 Required	Outline routine prenatal care standards and schedules.	None	
			Identify resources and health care systems that support evidenced based maternity care.	None	
			Identify an appropriate care provider based on individual patient profiles.	Patient-centred	E
			Explain the roles and responsibilities of various maternity care providers.	Role Clarification	E



			Describe the roles of physicians in leadership, collaboration, advocacy and interprofessionalism.	Role Clarification	E
Medicine	MEDD 411 Week 16: Pregnancy	Year 1 Medicine Students - Term 1, Required	Identify barriers to access to care and consider the physicians role in leadership, health advocacy and health systems improvement.	Role Clarification	E
Medicine	MEDD 411: Breastfeeding [Online Module]	Year 1 Medicine Students - Term 1, Required	Identify and know how to locate resources and when to refer patients with breast feeding difficulties.	None	
Medicine	MEDD 411: Standardized Patient Interviewing (Students) - Part 1)	Year 1 Medicine Students - Term 1, Required	Demonstrate the skills of partnership, empathy, apology, respect, legitimization and support during a patient interview.	Patient-centred	E
Medicine	MEDD 411: Volunteer Patient Interviewing (Students) - Part 2)	Year 1 Medicine Students - Term 1, Required	Demonstrate the skills of partnership, empathy, apology, respect, legitimization and support during a patient interview.	Patient-centred	E



Medicine	MEDD 411: Introduction to Geriatrics - Part 1	Year 1 Medicine Students - Term 1, Required	Create a framework for developing Goals of Care for managing problems for frail elderly people.	None	
			Describe how interdisciplinary teams, the health care system and community services are organized to support frail people.	Patient-centred	E
Medicine	MEDD 412: Spinal Cord Injury	Year 1 Medicine Students - Term 2 Required	Diagnose and manage a patient's illness or other health-related needs in the context of a health care team, by respecting his/her own professional boundaries as well as the expertise of physician colleagues (generalist and specialist) and non- physician health care professionals.	Role Clarification	E
Medicine	MEDD 412: Introduction to Rehabilitation of Spinal Cord Injury	Year 1 Medicine Students - Term 2 Required	Distinguish between roles of the health care team.	Role Clarification	E



Medicine	MEDD 412: Multiple Sclerosis	Year 1 Medicine Students - Term 2 Required	Diagnose and manage a patient's illness or other health-related needs in the context of a health care team, by respecting his/her own professional boundaries as well as the expertise of physician colleagues (generalist and specialist) and non-physician health care professionals.	Role Clarification	E
			Outline a collaborative management plan for MS, taking into consideration the course and prognosis.	Leadership	E
Medicine	MEDD 412: Head Injury	Year 1 Medicine Students - Term 2 Required	Develop a rehabilitation plan for patients with a head injury with or without periods of unconsciousness.	None	
			Discuss factors that might lead to misunderstandings or conflict when interprofessional care plans are being developed.	Conflict	E
			Describe tools that can be used to help facilitate clear and effective communication between health professionals (e.g., ISBAR).	Communication	E
			Discuss caregiver communication patterns in face of rapid clinical deterioration (MRP with ISBAR).	Communication	E



Medicine	MEDD 412: Bleeding Disorders and Hematological Malignancy	Year 1 Medicine Students - Term 2 Required	Describe the management and prognosis for childhood acute lymphoblastic leukemia, including the importance of breaking bad news to the parents of the child.	Patient-centred	E
			List potential barriers to accessing health care and strategies to optimize safe / efficient transfer of care from the community to tertiary care centres.	None	
Medicine	MEDD 412: Delivering Bad News: Physician- Patient Communications with Guest Patient	Year 1 Medicine Students - Term 2 Required	Recognize the importance of breaking bad news to the patient and their parents.	Patient-centred	E
Medicine	MEDD 412: Patient Safety - Health Improvement Systems	Year 1 Medicine Students - Term 2 Required	Discuss shared leadership and quality improvement initiatives in surgery.	Leadership	E



Medicine	MEDD 412: Online link - genetics PKU module	Year 1 Medicine Students - Term 2 Required	Describe the interprofessional management of PKU as an example of a Mendelian condition.	Role Clarification	E
Medicine	MEDD 412: Depression	Year 1 Medicine Students - Term 2 Required	Diagnose and manage a patient's illness or other health-related needs in the context of a health care team, by respecting his/her own professional boundaries as well as the expertise of physician colleagues (generalist and specialist) and non-physician health care professionals.	Role Clarification	E
			Describe general principles of collaborative decision making in the setting of shared care.	Leadership	E
			Explain how team leadership may vary depending on the context of care and the patient/population needs.	Team Functioning	E



Medicine	MEDD 412: Online link - Genetics bipolar module - Mandatory	Year 1 Medicine Students - Term 2 Required	Describe the interprofessional management of Bipolar disorder as an example of a Multifactorial condition.	Role Clarification	E
Medicine	MEDD 412: Psychosis	Year 1 Medicine Students - Term 2 Required	Describe an approach to addiction management considering the benefits and risks of interprofessional collaborative team based care.	Leadership	E
Medicine	MEDD 412: Headache and Pain	Year 1 Medicine Students - Term 2 Required	Describe pharmacologic and non-pharmacologic options to manage and prevent recurrence of headache disorders and chronic pain disorders, based on underlying neuropathology and pharmacological mechanisms of action.	Patient-centred	E
			Discuss the key features of an integrated, interprofessional approach to chronic pain	Patient-centred	E



			management.		
			Describe the integrative treatment approach for headache based on the type of headache including pharmacological and non-pharmacological options.	Patient-centred	E
Medicine	MEDD 412: Asthma and Adverse Drug Reaction	Year 1 Medicine Students - Term 2 Required	Describe the influence of context on collaborative care processes and team composition and function.	Team Functioning	E
			Describe the influence of context on collaborative care processes and team composition and function.	Leadership	E
Medicine	MEDD 412: Symposium on the Health and Social Issues Related to IV Drug Use	Year 1 Medicine Students - Term 2 Required	Discuss the challenges of people living with HIV face including stigma, medication side effects, and adherence challenges.	Patient-centred	E
Medicine	MEDD 421 Part B: Local Physician/Patient Presentation	Year 2 Medicine Students - Term 1 Required	Consider the perspective of a medical team that includes physicians and allied health providers taking care of a pediatric patient with chronic/complex medical issues.	Team Functioning	E
Medicine	MEDD 421: Adolescent Health and Development	Year 2 Medicine Students - Term 1 Required	Describe effective collaborations in adolescent care based on roles and responsibilities of specialties, health professions, the adolescent, and the family.	Leadership	E
			Describe effective collaborations in adolescent care based on	Team Functioning	E



			roles and responsibilities of specialties, health professions, the adolescent, and the family.		
			Describe the difference between a family-based and an autonomous health care model and explain how a safe transition from pediatric to adult care services can be achieved.	None	
Medicine	MEDD 421: Youth Transition to Adult Health	Year 2 Medicine Students - Term 1 Required	Describe effective collaborations in adolescent care based on roles and responsibilities of specialties and health professions and how technology may be used to facilitate these collaborations.	Leadership	E
			Describe effective collaborations in adolescent care based on roles and responsibilities of specialties and health professions and how technology may be used to facilitate these collaborations.	Team Functioning	E
			Describe the difference between a family-based and an autonomous health care model and explain how a safe transition from pediatric to adult care services can be achieved.	None	



Medicine	MEDD 421 Fracture – Child maltreatment	Year 2 Medicine Students - Term 1 Required	Describe the importance of relationship-centered care and respectful communication in cases of suspected or actual child maltreatment.	Patient-centred	E
Medicine	MEDD 421: Joint Injury	Year 2 Medicine Students - Term 1 Required	Discuss the components of a rehabilitation plan for an acute knee injury on an interprofessional team.	Patient-centred	E
			Outline an approach to deciding whether surgical versus conservative (non- surgical) management is preferred in an acute knee injury.	None	
			Discuss the types of exercises involved in both knee rehabilitation and how they maintain knee function.	None	
Medicine	MEDD 421: Inter- professional Collaboration and Rehabilitation of Ligamentous Knee Injury	Year 2 Medicine Students - Term 1 Required	Explain what is meant by an interdisciplinary health care team.	Leadership	E
Medicine	MEDD 421 Chronic Kidney Disease	Year 2 Medicine Students - Term 1 Required	Discuss the role of a multidisciplinary team in the management of chronic kidney disease. Describe how these roles (and the multidisciplinary team) may change based on the stage of disease.	Leadership	E



			Discuss the role of the multidisciplinary team (including patient and family) in management of CKD and strategies for collaborative decision-making regarding renal replacement therapy.	Role Clarification	E
Medicine	MEDD 421: Dietary Requirements for a Patient with CKD - Lecture and Discussion	Year 2 Medicine Students - Term 1 Required	Describe provincial programs and patient-focused tools currently available for individuals with chronic kidney disease.	Patient-centred	E
Medicine	MEDD 421 Osteoporosis	Year 2 Medicine Students - Term 1 Required	Discuss community resources available to support the frail elderly and health professionals who could be involved in the team management of the osteoporosis patient.	Patient-centred	E
			Describe the roles and responsibilities of different care team members in the management of frail elderly patients with osteoporosis and their transition to community care resources.	Role Clarification	E
Medicine	MEDD 421 DVT/PE	Year 2 Medicine Students - Term 1 Required	Describe the role(s) of physicians and pharmacists in team-based care of patients receiving anticoagulation therapy, including communication strategies that may help to reduce likelihood of mismanagement.	Role Clarification	E



			Describe the role(s) of physicians and pharmacists in team-based care of patients receiving anticoagulation therapy, including communication strategies that may help to reduce likelihood of mismanagement.	Team Functioning	E
Medicine	MEDD 421: Anticoagulation therapy: Physician and Pharmacist Collaboration	Year 2 Medicine Students - Term 1 Required	Describe the role(s) of physicians and pharmacists in team-based care of patients receiving anticoagulation therapy, including communication strategies that may help to reduce likelihood of mismanagement.	Role Clarification	I
			Describe the role(s) of physicians and pharmacists in team-based care of patients receiving anticoagulation therapy, including communication strategies that may help to reduce likelihood of mismanagement.	Team Functioning	I
			List, from a community-based or hospital-based pharmacist's perspective, some of the characteristics of good MD-pharmacist communication.	Communication	I
			Discuss some of the challenges faced by community-based or hospital-based pharmacists when working with MD's.	Conflict	I



			Discuss some of the challenges faced by community-based or hospital-based pharmacists in dealing with their patients.	Conflict	I
Medicine	MEDD 421: Ataxia / Movement Disorder / Tremor	Year 2 Medicine Students - Term 1 Required	Identify the role of each team member (professions and family) who would be involved in the ongoing management of a patient with Parkinson's disease and describe how technology can support the timely diagnosis, effective intra-professional collaboration, and longitudinal patient support in their journey with Parkinson's Disease.	Role Clarification	E
Medicine	MEDD 421: Physician/Patient Session: Parkinson's Disease in Real Life- Patient/Caregiver Perspective	Year 2 Medicine Students - Term 1 Required	Recognize the importance of multidisciplinary care for patients with progressive, chronic disorders.	Patient-centred	E
Medicine	MEDD 421: Stroke	Year 2 Medicine Students - Term 1 Required	Explain the role of the Family Physician and nursing home staff in the care of patients in nursing homes and how they engage with and form part of the multidisciplinary teams (Clinical Experiences WO).	Role Clarification	E



			List members of the interdisciplinary team and community supports available for people with stroke-related disability.	Role Clarification	E
			Consider how location (urban vs rural) and technology can aid in the timely diagnosis, treatment, and intra and inter-professional collaboration in a patient with a stroke.	Patient-centred	E
Medicine	MEDD 421: Palliative Care and Stroke	Year 2 Medicine Students - Term 1 Required	Discuss the procedures that should be followed around a hospital death on an interprofessional team.	Patient-centred	E
Medicine	MEDD 421: Rehabilitation After Stroke	Year 2 Medicine Students - Term 1 Required	List the basic elements of stroke rehabilitation.	None	
			Describe at least two strategies to enhance motor recovery after stroke.	None	
			Define aphasia and describe at least two strategies to facilitate communication with an aphasic patient.	Communication	E
Medicine	MEDD 421: Facility Care Experience	Year 2 Medicine Students - Term 1 Required	Acquire an understanding of the overall administrative structures within facility care, the process of adaptation to facility life by residents, and the role of the doctor in the care of facility patients.	None	



		Describe the facility as a place of residence for the particular resident involved and understand that this is a place to live, not just to be taken care of (Administrative Talk/Tour).	None	
		Describe program activities apart from care activities which are offered to residents in this facility (Administrative Talk/Tour).	None	
		Describe practice management of facility patients, including the role of house doctors and medical directors within facilities as well as the role of an individual family physician caring for a patient (Discussion with Physician).	Role Clarification	I
		Discuss the role of the physician within the care team, including how the physician can best communicate with the staff in order to provide high quality health care (Administrative Talk/Tour).	Communication	I
		Describe how, why and when medication reviews are conducted (Discussion with Physician).	None	
		Discuss the composition of the staff at the facility. What disciplines are represented? What are the staff numbers in comparison to an acute care hospital? What are	Role Clarification	I



			the implications of staffing on care provision? (Administrative Talk/Tour).		
Medicine	MEDD 421: Clinical Skills Integration 1	Year 2 Medicine Students - Term 1 Required	Accurately and succinctly report the chief complaint for the patient encounter within a team.	Communication	I
Medicine	MEDD 421: Musculoskeletal – Spine	Year 2 Medicine Students - Term 1 Required	Explain how spinal fractures may involve the spinal cord and how its management should be referred to the subspecialist.	Communication	E
Medicine	MEDD 421: Half Class Lecture: Trauma Informed Care	Year 2 Medicine Students - Term 1 Required	Advise patients of their options, the resources available and the other professionals that may be involved to support a case of sexual assault.	Role Clarification	E
Medicine	MEDD 422: Osteoarthritis	Year 2 Medicine Students - Term 2 Required	Describe points of transition in the care of chronic conditions and their impact on effective collaborations amongst different professionals.	Team Functioning	E
			Describe the benefits of physical activity and exercise therapy in the management and prevention of osteoarthritis and develop a Physical Activity program for a patient with early osteoarthritis.	None	
Medicine	Non- Pharmacological Treatment of Osteoarthritis of the Spine and	Year 2 Medicine Students - Term 2	Define the role of the health care team including allied health professionals in treating musculoskeletal disorders in general, and	Role Clarification	E



	Extremities	Required	specifically osteoarthritis.		
			Recognize the role of patient education in cases of osteoarthritis of the lower limb joints and mechanical disorders of the spine.	Patient-centred	E
Medicine	Management of Heart Failure II - Introduction to the role of Electrophysiology and Devices in Heart Failure.	Year 2 Medicine Students - Term 2 Required	Outline the general principles of palliative care: a. Pain and symptom management b. Psychological and social dimensions c. Ethical issues d. Spiritual and existential issues e. Grief, loss and bereavement.	Patient-centred	E
Medicine	Why Mothers Die	Year 2 Medicine Students - Term 2 Required	Describe effective provincial perinatal and maternity care collaborations. Outline strategies that positively contribute to effective team function in perinatal care including low resource communities.	Team Functioning	E
Medicine	MEDD 422: Inflammatory Joint Pain	Year 2 Medicine Students - Term 2 Required	Describe effective collaborations (e.g., referral patterns) across specialties and health professions including long term follow up care from a distance and the use of telehealth and eHealth.	Role Clarification	E



			Identify health, social service, as well as community resources and supports available to people living with a disability, particularly in a rural context.	Patient-centred	E
			Describe the roles and responsibilities of each health professional in the establishment of an effective rehabilitation plan (including exercise, splinting, joint protection, and energy conservation).	Role Clarification	E
			Recognize the role of the Health Care Team, including that of the Physician, Nurse, Physiotherapist, and Occupational Therapist, in treating the "whole" patient.	Patient-centred	E
Medicine	MEDD 422: Pharmacologic and other Approaches to Treatment of Inflammatory Arthritis – Case Study	Year 2 Medicine Students - Term 2 Required	Identify the non-pharmacological therapies used for rheumatoid arthritis (RA) and the role of a "team approach" that includes allied health professionals, with awareness of the psychosocial aspects associated with having a chronic, painful disease.	Team Functioning	E
Medicine	MEDD 422: Hypotension/Shock	Year 2 Medicine Students - Term 2 Required	Describe points of transition in healthcare and their impact on collaboration.	Team Functioning	E



			Describe an approach to breaking bad news to patients and families, including prognosis.	None	
Medicine	MEDD 422: Dementia	Year 2 Medicine Students - Term 2 Required	Describe the impact of neurocognitive disorders on patients, their families, and care providers.	Patient-centred	E
			Discuss and explain the role of community and social resources for patients and caregivers.	Role Clarification	E
			Describe ways to assess function over the course of Dementia.	None	
			Describe preventative strategies to consider in long-term care (including influenza and pneumococcal immunization, infection control, and fall prevention).	None	
Medicine	MEDD 422: Non-Pharmacological Treatment for Dementia	Year 2 Medicine Students - Term 2 Required	Describe non-pharmacological strategies in a team for behavioral symptoms in Alzheimer's disease and other dementias.	Role Clarification	E
Medicine	MEDD 422: Interprofessional Session on Dementia	Year 2 Medicine Students - Term 2	Recognize the different types of expertise required to assess geriatric population.	Role Clarification	E



	Management (Panel Discussion)	Required	Describe the scope of practice of different professions in the field of geriatrics	Role Clarification	E
Medicine	MEDD 422: Dementia in Real Life-Patient and Caregiver Perspective	Year 2 Medicine Students - Term 2 Required	Describe the impact of neurocognitive disorders on patients, their families, and care providers.	Patient-centred	E
			Recognize the patient's perspective of living with dementia.	None	
			Recognize the caregiver's perspective of caring for a person with dementia.	None	
			List and discuss community resources available to patients and families who are living with dementia	None	
Medicine	MEDD 422: Long Term Care and Health Promotion Strategies	Year 2 Medicine Students - Term 2 Required	Describe a basic management plan for neurocognitive disorders, including the identification of allied health care providers for rehabilitative care.	Role Clarification	E
			Discuss the indications and implications for long-term care.	None	
			Discuss why care facility staff should be immunized for influenza to protect patients.	None	
Medicine	MEDD 422: Dementia - Week Wrap-Up	Year 2 Medicine Students - Term 2 Required	Discuss the role of community and social resources for patients and caregivers.	Patient-centred	E



Medicine	MEDD 422: Medication Reconciliation	Year 2 Medicine Students - Term 2 Required	Identify evidence-based information and employ communication technology effectively to optimize patient health outcomes.	Communication	E
			Demonstrate collaborative, responsive and responsible communication with other healthcare practitioners.	Communication	E
			Apply the knowledge and clinical skills necessary to recognize, evaluate and resolve medication discrepancies at transitions of care to enhance patient safety.	Patient-centred	E
			Demonstrate knowledge of roles and respect for the diversity of perspectives and responsibilities among health care professionals. Describe how this diversity supports safety and quality in care plans.	Role Clarification	E
			Demonstrate proficiency in active team-based care including determining when care should be transferred to another physician or health care provider, safe handover of care and structured approaches to both transitions in care and ongoing shared care.	Role Clarification	E



			Demonstrate proficiency in active team-based care including determining when care should be transferred to another physician or health care provider, safe handover of care and structured approaches to both transitions in care and ongoing shared care.	Team Functioning	E
			Apply strategies to integrate and engage physicians and other health care professional colleagues in respectful shared decision making.	Team Functioning	E
Medicine	MEDD 422: Consolidation of Clinical Transition 1	Year 4 Medicine Students - Term 2 Required	Communicate pertinent patient information clearly and assist in setting shared care plan with other health care professionals.	Communication	E
			Explain the role of clinicians and different members of a health care team in the diagnosis and management for patients with chronic diseases such as type 2 diabetes and hypertension.	Role Clarification	E
			Manage a patient with type 2 diabetes in the ambulatory setting.	None	
Medicine	MEDD 422: Consolidation of Clinical Transition 2	Year 4 Medicine Students - Term 2 Required	Demonstrate strategies of collaborative decision-making and identify how all team members (including patient/family) contribute.	Leadership	E



Medicine	MEDD 422:Admitting The Patient	Year 4 Medicine Students - Term 2 Required	Describe the handover of patient care using a structured communication tool - I-PASS.	Communication	E
			List the elements of a discharge summary.	None	
			Perform the tasks required for rounding on a patient including writing a progress note.	None	
Medicine	MEDD 422: Office Visits (1-8)	Year 4 Medicine Students - Term 2 Required	Explain the role of family physicians and the primary health care team in the longitudinal and comprehensive care of their patients.	Role Clarification	E
			Demonstrate key components of professionalism including informed consent; respect of patient's confidentiality, privacy, and autonomy; appropriate boundaries in patient-physician relationships; respectful attitude toward colleagues and office staff.	Patient-centred	E
			Demonstrate key components of professionalism including informed consent; respect of patient's confidentiality, privacy, and autonomy; appropriate boundaries in patient-physician relationships; respectful attitude toward colleagues and office staff.	Team Functioning	E



Medicine	MEDD 422: Clinical Skills Integration 4	Year 4 Medicine Students - Term 2 Required	Write a set of admission orders for this patient and as if they were being admitted to hospital today.	Patient-centred	E
Medicine	MEDD 422: Congestive Heart Failure (CHF)	Year 4 Medicine Students - Term 2 Required	Discuss the role of the long-term doctor patient relationship and patient self-management as it applies to CHF.	Patient-centred	E
Medicine	Beyond the Clinic - Community Engagement as Scholarship	Year 4 Medicine Students - Term 2 Required	Discuss interactions with community agencies.	Communication	E
Medicine	Beyond the Clinic - Cultural Safety and Scholarship	Year 4 Medicine Students - Term 2 Required	Describe the challenges for participants, researchers and other stakeholders participating in community-based experiential learning projects.	Conflict	E
Medicine	FoS Journal Club	Year 4 Medicine Students - Term 2 Required	Explore challenges that might occur in organizing an experiential learning or community-service-scholarship activity.	Conflict	E
			Describe differences and similarities between experiential learning, volunteering, and community-service-scholarship.	None	



Medicine	PMP Standardized Patient Group Sessions	Year 4 Medicine Students - Term 2 Required	To become more competent and comfortable in establishing relationships and engaging in care planning in a culturally safe manner with FN people.	Communication	E
			To feel more competent in, comfortable with, conversations about team-based practice.	Communication	E
			To become more competent and comfortable in establishing relationships and engaging in care planning in a culturally safe manner with FN people.	Patient-centred	E
			To become more competent and comfortable in establishing relationships and engaging in care planning in a culturally safe manner with FN people.	Team Functioning	E
			To feel more competent in, comfortable with, conversations about team-based practice.	Team Functioning	E
Medicine	The Physician-Pharmacist Relationship	Year 4 - Term 2 Optional Evening Session for Pharmacy and Medicine Students	Summarize potential solutions to the challenges discussed in justifying the challenges and benefit of interdisciplinary practice in various environment and teams.	Communication	E



		Recognize the practical challenges of working in interdisciplinary teams.	Conflict	E
		Create a synergistic relationship with other healthcare professionals in your team to resolve a complex clinical problem.	Leadership	E
		Summarize potential solutions to the challenges discussed in justifying the challenges and benefit of interdisciplinary practice in various environment and teams.	Team Functioning	E
		Recognize the practical challenges of working in interdisciplinary teams.	Team Functioning	E
		Create a synergistic relationship with other healthcare professionals in your team to resolve a complex clinical problem.	Team Functioning	E
		Justify the challenges and benefits of interdisciplinary practice in various environments and teams.	Team Functioning	E



Program	Activity	Timing	Learning Objectives	Competency	Exposure (E), Immersion (I)
Midwifery	ALARM – (MIDW 305)	Year 3 - Term 1	Evaluate, update and maintain competencies in primary maternity care	None	
			Gain an understanding of best practice in obstetrics care	Patient-centred	E
			Participate in interprofessional management of obstetric emergencies	Team Functioning	E
			Collaborate within the interprofessional team to support best practice and outcomes	Team Functioning	E
Midwifery	Health Connect	Term 1 - Passport and Program level requirement	Describe the importance of interprofessional collaboration	Communication	E
			Actively seek out other interprofessional learning activities.	None	
			Describe the breadth of health care programs at UBC and connect students in different health professional programs	Role Clarification	E
			Apply basic principles of interprofessional collaboration	Team Functioning	E
Midwifery	Dialogue and Shared Decisions TLEF	Year 3 - Term 2 or 3	Facilitate partnerships with persons who seek to design and implement	Patient-centred	I



		their own care plans.		
		Describe the respective roles of relevant health professions, and use this knowledge appropriately to achieve patient/family and community goals.	Role Clarification	I
		Describe the respective roles of relevant health professions, and use this knowledge appropriately to achieve patient/family and community goals.	Team Functioning	I
		Demonstrate effective communication with other health professionals and patients/clients in a collaborative, respectful, responsive, and responsible manner.	Communication	I
		Discuss the principles of teamwork dynamics and group processes that enable effective interprofessional collaboration.	Team Functioning	I
		Describe how the patient/client, family, and community are affected by inequitable access to options for care, including choice of birth place, and/or availability of providers and facilities.	Patient-centred	I



			Describe how the patient/client, family, and community are affected by inequitable access to options for care, including choice of birth place, and/or availability of providers and facilities.	Role Clarification	I
			Demonstrate positive, constructive techniques and skills to address disagreements or divergence in opinion among providers and patients as they arise during health care decision making.	Communication	I
			Demonstrate positive, constructive techniques and skills to address disagreements or divergence in opinion among providers and patients as they arise during health care decision making.	Conflict	I
			Model best practices for communication and teamwork that support collaborating with patients/clients, families, and colleagues to make decisions, while accepting individual accountability for their own actions and professional responsibilities.	Leadership	I



Midwifery	MIDW 360 Global Maternal Infant Care Theory	Year 3 - Term 2	Apply the broad social and economic determinants of health to concepts of reproductive health care in Canada and other countries.	None	
			Analyze the causes of maternal, newborn and infant mortality and morbidity worldwide.	None	
			Synthesize knowledge of broad public health measures to improve health in women of childbearing age both in Canada and in resource poor countries.	None	
			Demonstrate knowledge of approaches that have used for prevention, identification and treatment of diseases and conditions relating to maternal and newborn morbidity and mortality.	Role Clarification	E
Midwifery	MIDW 370 Global Maternal Infant Care Practicum	Year 3 - Term 2	To learn about maternal and infant mortality/morbidity globally and in a low-income country;	None	
			To participate in antenatal clinic, deliveries and postpartum care in a low-income country;	None	



			To be able to discuss reproductive health successes and challenges in another social-cultural context to different healthcare professionals and patients;	Role Clarification	I
			To participate in teaching about birth using various methods and locally available technology;	None	
			To participate in maternal infant care in rural and remote settings in a low-income country;	None	
			To investigate global maternity care initiatives and be able to discuss both positive and less useful initiatives;	None	



Program	Activity	Timing	Learning Objectives	Competency	Exposure (E), Immersion (I)
Nursing	Health Connect	Term 1 - Passport and Program level requirement	Describe the importance of interprofessional collaboration	Communication	E
			Actively seek out other interprofessional learning activities.	None	
			Describe the breadth of health care programs at UBC and connect students in different health professional programs	Role Clarification	E
			Apply basic principles of interprofessional collaboration	Team Functioning	E
Nursing	MEDD 411/N303 Patient Safety – Shared Leadership, Partnered Activity	Year 3 - Term 1 Engagement	Communicate the essential elements of a case using the ISBAR communication tool	Communication	E
			Describe factors that contribute to adverse events in the Human Factors causal framework	Leadership	E
			Function effectively in nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.	Leadership	E



			Explain "shared leadership" with examples using the causal framework	Team Functioning	E
			Function effectively in nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.	Team Functioning	E
Nursing	Medication Reconciliation (Partnered Activity)	Term 2 Required	Identify evidence-based information and employ communication technology effectively to optimize patient health outcomes	Communication	E
			Demonstrate collaborative, responsive and responsible communication with other healthcare practitioners	Communication	E
			Apply the knowledge and clinical skills necessary to recognize, evaluate and resolve medication discrepancies at transitions of care to enhance patient safety.	Role Clarification	E
			Demonstrate knowledge of roles and respect for the diversity of perspectives and responsibilities among health care professionals. Describe how this diversity supports safety and quality in care plans.	Role Clarification	E



			Demonstrate proficiency in active team-based care including determining when care should be transferred to another physician or health care provider, safe handover of care and structured approaches to both transitions in care and ongoing shared care.	Role Clarification	E
			Negotiate role overlap and responsibilities in a complex care case	Role Clarification	E
			Demonstrate proficiency in active team-based care including determining when care should be transferred to another physician or health care provider, safe handover of care and structured approaches to both transitions in care and ongoing shared care.	Team Functioning	E
			Apply strategies to integrate and engage physicians and other health care professional colleagues in respectful shared decision making.	Team Functioning	E



Program	Activity	Timing	Learning Objectives	Competency	Exposure (E), Immersion (I)
Occupational Therapy	Advanced communication skills (RSOT 549 or PHTH 549)	Term 1 Passport and Program level requirement	Demonstrate appropriate therapeutic and interpersonal skills with the standard patients and other members of the healthcare team.	Communication	I
			Demonstrate appropriate therapeutic and interpersonal skills with the standard patients and other members of the healthcare team.	Team Functioning	I
Occupational Therapy	Client-Centred Practice, ICF and Social Determinants of Health – (OSOT513)	Year ? - Full Year, Passport and Program level Requirement	Describe purpose of International Classification of Functioning (ICF)	Communication	E
			Define client-centred practice (CCP)	Patient-centred	E
			List at least five concepts contributing to a client-centred philosophy	Patient-centred	E
			Discuss major barriers to client-centred practice and possible solutions to address them	Patient-centred	E
Occupational Therapy	Health Connect	Term 1 - Passport and Program level requirement	Describe the importance of interprofessional collaboration	Communication	E
			Actively seek out other interprofessional learning activities.	None	



			Describe the breadth of health care programs at UBC and connect students in different health professional programs	Role Clarification	E
			Apply basic principles of interprofessional collaboration	Team Functioning	E
Occupational Therapy	PHTH 514 Ambulation Session – (RSOT 515 or PHTH 514)	Year ? - Term 1 Passport and Program level requirement	Instruct a client in the use of ambulation aids	Communication	E
			Appropriately select and measure an aid for a client	Patient-centred	E
			Instruct a client in the use of ambulation aids	Patient-centred	E
			Identify the most common types of ambulatory aids	Role Clarification	E
			Identify and demonstrate different weight-bearing categories and gait patterns used with ambulatory aids	Role Clarification	E
			Identify major safety concerns when using aids	Team Functioning	E



Program	Activity	Timing	Learning Objectives	Competency	Exposure (E), Immersion (I)
Pharmacy	DentPharm Case-based Learning (Cardiovascular Case)	Year 2 - Term 1 Required	Reflect on team functioning and determine areas of strength and areas for improvement	Team Functioning	E
			Describe the role of the pharmacist and dentist in the care of patients.	Patient-centred	E
			Describe the role of the pharmacist and dentist in the care of patients.	Role Clarification	E
			Communicate to ensure common understanding of care decisions by actively listening to other team members.	Communication	E
			Participate, and be respectful of all members' participation, in collaborative decision making.	Team Functioning	E
Pharmacy	DentPharmPhysio Case-based Learning (Neurology Case)	Year? - Term 2 Required	Communicate to ensure common understanding of care decisions by actively listening to other team members	Communication	E
			Identify common situations in chronic pain management that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals.	Conflict	E



			Describe the role of the pharmacist, dentist, and physical therapist in patient-centred care and the collaborative management of a patient with chronic pain.	Patient-centred	E
			Describe the role of the pharmacist, dentist, and physical therapist in patient-centred care and the collaborative management of a patient with chronic pain.	Role Clarification	E
			Communicate to ensure common understanding of care decisions by actively listening to other team members	Team Functioning	E
			Participate, and be respectful of all members' participation, in collaborative decision-making.	Team Functioning	E
			Develop a set of principles for working together that respects the ethical values of team members	Team Functioning	E
Pharmacy	Health Connect	Term 1 - Passport and Program level requirement	Describe the importance of interprofessional collaboration	Communication	E
			Actively seek out other interprofessional learning activities.	None	
			Describe the breadth of health care programs at UBC and connect students in different health professional programs	Role Clarification	E



			Apply basic principles of interprofessional collaboration	Team Functioning	E
Pharmacy	Living with Schizophrenia Interprofessional Panel and Case Activity	Year? - Term 2 Required	Learn how to facilitate forming interprofessional relationships in future practice.	Leadership	E
			Understand the importance of the interprofessional collaboration in patient-centered care.	Patient-centred	E
			Further understand the role of other healthcare professionals.	Role Clarification	E
			Gain further insight about interprofessional collaboration in real life practice.	Team Functioning	E
			Learn how to facilitate forming interprofessional relationships in future practice.	Team Functioning	E
Pharmacy	Medication Reconciliation through the Interprofessional Collaboration	Year? - Term 2 Required	Identify evidence-based information and employ communication technology effectively to optimize patient health outcomes	Communication	E
			Demonstrate collaborative, responsive and responsible communication with other healthcare practitioners	Communication	E



		Apply the knowledge and clinical skills necessary to recognize, evaluate and resolve medication discrepancies at transitions of care to enhance patient safety.	Role Clarification	E
		Demonstrate knowledge of roles and respect for the diversity of perspectives and responsibilities among health care professionals. Describe how this diversity supports safety and quality in care plans.	Role Clarification	E
		Demonstrate proficiency in active team-based care including determining when care should be transferred to another physician or health care provider, safe handover of care and structured approaches to both transitions in care and ongoing shared care.	Role Clarification	E
		Negotiate role overlap and responsibilities in a complex care case	Role Clarification	E
		Demonstrate proficiency in active team-based care including determining when care should be transferred to another physician or health care provider, safe handover of care and structured approaches to both transitions in care and ongoing shared care.	Team Functioning	E



			Apply strategies to integrate and engage physicians and other health care professional colleagues in respectful shared decision making.	Team Functioning	E
Pharmacy	Pharmacy - Pharmacy Technician Interactive Webinar	Year 1 - Term 1 Required	List the benefits of working in a team with a pharmacy technician.	None	
			List the different licensure requirements in British Columbia for a pharmacy technician and pharmacist.	Role Clarification	E
			Describe the overlapping role of the pharmacy technician and pharmacist in different case examples	Role Clarification	E
			Describe the responsibilities and role of the pharmacy tech in comparison to an unregulated pharmacy assistant and a pharmacist.	Role Clarification	E
Pharmacy	The Contraceptive Conversation	Year? - Term 1 Passport and Program level requirement	Describe the importance of effective communication in support of interprofessional collaboration	Communication	E
			Practice using communication skills, strategies and tools to support interprofessional communication	Communication	E
			Practice collaborative approaches to sharing information that actively engage patients and families in their own care;	Communication	E



			Practice collaborative approaches to sharing information that actively engage patients and families in their own care;	Patient-centred	E
			Contextualize patient-centred care within interprofessional practice;	Patient-centred	E
			Recognize the diversity of other health and social care roles, responsibilities, and competencies.	Role Clarification	E
Pharmacy	The Physician-Pharmacist Relationship	Year? - Term ? Optional Evening Session for Pharmacy and Medicine Students	Summarize potential solutions to the challenges discussed in justifying the challenges and benefit of interdisciplinary practice in various environment and teams.	Communication	E
			Recognize the practical challenges of working in interdisciplinary teams.	Conflict	E
			Create a synergistic relationship with other healthcare professionals in your team to resolve a complex clinical problem.	Leadership	E
			Summarize potential solutions to the challenges discussed in justifying the challenges and benefit of interdisciplinary practice in various environment and teams.	Team Functioning	E
			Recognize the practical challenges of working in interdisciplinary teams.	Team Functioning	E



			Create a synergistic relationship with other healthcare professionals in your team to resolve a complex clinical problem.	Team Functioning	E
			Justify the challenges and benefits of interdisciplinary practice in various environments and teams.	Team Functioning	E



Program	Activity	Timing	Learning Objectives	Competency	Exposure (E), Immersion (I)
Physical Therapy	Advanced communication skills (RSOT 549 or PHTH 549)	Term 1 Passport and Program level requirement	Demonstrate appropriate therapeutic and interpersonal skills with the standard patients and other members of the healthcare team.	Communication	I
			Demonstrate appropriate therapeutic and interpersonal skills with the standard patients and other members of the healthcare team.	Team Functioning	I
Physical Therapy	Client-centred Practice, ICF and Social Determinants of Health – (OSOT513)	Year ? - Full Year, Passport and Program level Requirement	Describe purpose of International Classification of Functioning (ICF)	Communication	E
			Define client-centred practice (CCP)	Patient-centred	E
			List at least five concepts contributing to a client-centred philosophy	Patient-centred	E
			Discuss major barriers to client-centred practice and possible solutions to address them	Patient-centred	E
Physical Therapy	DentPharmPhysio Case-based Learning (Neurology Case), Complex Pain –	Year ? - Term 2 Required	Communicate to ensure a common understanding of care decisions by actively listening to other team members	Communication	E



	(RHSC 420)	Identify common situations in chronic pain management that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals	Conflict	E
		Describe the pathophysiology, signs and symptoms, causes, classifications, risk factors, goals of therapy, pharmacological interventions/evidence, and physical therapy exercises for the following conditions: tension type headaches, medication overuse headaches, migraines, MSK pain, neuropathic pain, facial pain, insomnia	None	
		Describe the role of pharmacist, dentist and physical therapist in patient-centred care and collaborative management of a patient with chronic pain	Role Clarification	E
		Identify the scope of practice, professional obligations, and current guidelines/resources for each discipline with regards to the opioid crisis and the use of naloxone	Role Clarification	E



			Develop a set of principles for working together which respects the ethical values of team members	Team Functioning	E
Physical Therapy	Health Connect	Term 1 - Passport and Program level requirement	Describe the importance of interprofessional collaboration	Communication	E
			Actively seek out other interprofessional learning activities.	None	
			Describe the breadth of health care programs at UBC and connect students in different health professional programs	Role Clarification	E
			Apply basic principles of interprofessional collaboration	Team Functioning	E
Physical Therapy	PHTH 514 Ambulation Session – (RSOT 515 or PHTH 514	Year ? - Term ? Passport and Program level requirement	Instruct a client in the use of ambulation aids	Communication	E
			Appropriately select and measure an aid for a client	Patient-centred	E
			Instruct a client in the use of ambulation aids	Patient-centred	E
			Identify the most common types of ambulatory aids	Role Clarification	E
			Identify and demonstrate different weight-bearing categories and gait patterns used with ambulatory aids	Role Clarification	E
			Identify major safety concerns when using aids	Team Functioning	E



Program	Activity	Timing	Learning Objectives	Competency	Exposure (E), Immersion (I)
Social Work	Health Connect	Term 1 - Passport and Program level requirement	Describe the importance of interprofessional collaboration	Communication	E
			Actively seek out other interprofessional learning activities.	None	
			Describe the breadth of health care programs at UBC and connect students in different health professional programs	Role Clarification	E
			Apply basic principles of interprofessional collaboration	Team Functioning	E

Program	Activity	Timing	Learning Objectives	Competency	Exposure (E), Immersion (I)
School of Population and Public Health	Health Connect	Term 1 - Passport and Program level requirement	Describe the importance of interprofessional collaboration	Communication	E
			Actively seek out other interprofessional learning activities.	None	
			Describe the breadth of health care programs at UBC and connect students in different health professional programs	Role Clarification	E
			Apply basic principles of interprofessional collaboration	Team Functioning	E



Appendix B – Integrated Curricula Mapping Data

<i>Activity</i>	<i>Timing</i>	<i>Learning Objective(s)</i>	<i>Competency</i>	<i>Exposure (E) Immersion (I)</i>
UBC Health Connect: Social Determinants of Health	Term 1, mid-September	Describe the importance of interprofessional collaboration	Communication	E
		Describe the breadth of health care programs of UBC and connect with students in different health professional programs	Role Clarification	E
		Become familiar with the concept of social determinants of health	Patient-centered	E
		Explore the connections and complexities between the social determinants of health and interprofessional collaboration	Patient-centered	E
Q1 iEthics: Foundations of Ethical Practice	TBD by program-early	Articulate how personal and professional values, beliefs and perspectives influence ethical decision-making	Team Functioning	E
			Communication	E
		Compare codes of ethics from different professions	Role Clarification	E
		Use your professional code of ethics to describe your professional responsibilities in relation to specific ethical scenarios	Role Clarification	E
			Communication	E
		Describe how the fundamental elements of an ethical decision-making framework might be applied in specific cases	Team Functioning	E
			Communication	E
			Patient Centered	E
Q3 iEthics: Interprofessional Ethical Decision-Making – Important Concepts	TBD by program-late	Demonstrate how to effectively approach differences in your personal values and beliefs with those of others as they relate to ethical practice	Team Functioning	E
			Communication	E
			Conflict Resolution	E
		Consider multiple perspectives in addition to your own when involved in shared ethical decision making	Team Functioning	I
			Role Clarification	I
		Demonstrate collaborative practice competencies with other members of the healthcare team when engaged in complex ethical discussions	Team Functioning	I
			Role Clarification	I
			Leadership	E
			Conflict Resolution	E
			Communication	I
			Patient-Centered	E
		Apply an ethical decision making framework to a complex clinical situation in an interprofessional setting	Team Functioning	I
			Leadership	E
			Conflict Resolution	E
			Communication	I
			Patient-Centered	E
		Recognize the importance of effective	Team Functioning	E



		collaboration with patients/clients/families and healthcare team members when engaging in shared ethical decision-making	Leadership	E
			Conflict Resolution	E
			Communication	E
			Patient-Centered	E
Q1 eHealth: Health Informatics	TBD by program-late	Describe the overarching goals of Information and Communication Technology (ICT) within the current healthcare context	Communication	E
		Analyze how ICT supports or inhibits safe, collaborative, person-centered care to diverse populations across practice settings	Patient-centered	E
		Analyze the potential impact of ICT on the relationship between patients/clients and their healthcare team	Patient-centered	E
			Communication	E
		Apply the principles that guide effective ICT use in healthcare in a specific case	Team Functioning	E
			Role Clarification	E
			Conflict Resolution	E
			Communication	E
			Leadership	E
			Patient-centered	E
			Communication	E
		Identify appropriate ways to use ICT based on an individual's digital literacy	Patient-centered	E
Q1 Indigenous Cultural Safety	TBD by program-early	Explore diversity and aspects of identity	Patient-centred	E
		Examine Intersectionality in relation to privilege and oppression	Patient-centred	E
		Acknowledge Indigenous people's diverse perspectives on culture, language and identity	Leadership	E
			Communication	E
			Patient-centered	E
		Explore concepts of stereotyping, prejudice and implicit bias	Conflict Resolution	E
			Communication	E
			Patient-centered	E
		Discuss how to integrate cultural safety and cultural humility approaches into health care practice and strategize to leverage power relationships between health care professional and patient/client	Team Functioning	E
			Leadership	E
			Conflict Resolution	E
			Communication	E
			Patient-centered	E



Appendix C – IPE Passport Activity Mapping Data

Programs Involved	Activity	Timing	Learning Objectives	Competency	Exposure (E), Immersion (I)
Available to all programs	Aboriginal Community as Teacher Cultural Camps	Summer - Passport activity elective	Students will be able to reflect on their behaviours, including communication, with First Nations youth, camp leaders, and within an interprofessional team; including identifying effective and ineffective or counterproductive behaviours	Communication	I
			Students will be able to reflect on their behaviours, including communication, with First Nations youth, camp leaders, and within an interprofessional team; including identifying effective and ineffective or counterproductive behaviours	Conflict	I
			Students will be able to develop skills in cultural awareness, sensitivity, and safety by identifying their own cultural norms and describing cultural differences that can affect professional practice.	Patient-centred	I
			Students will be able to describe the unique ways in which culture affects health needs of First Nations people and communities	Patient-centred	I
			Students will be able to compare and contrast the definitions of “health” from a First Nations perspective with that of their own.	Patient-centred	I
			Students will be able to describe examples of traditional healing practices and sources of community expertise.	Role Clarification	I
			Students will be able to recognize the diversity of other health and social care roles, responsibilities, and competencies and describe your own role and that of others	Role Clarification	E



			Students will be able to reflect on their behaviours, including communication, with First Nations youth, camp leaders, and within an interprofessional team; including identifying effective and ineffective or counterproductive behaviours	Team Functioning	I
Available to all programs	BC Special Olympics Healthy Athlete Program	Term 1 and Term 2 - Passport activity elective	Experience in communicating and administering health screenings to people with ID	Communication	I
			Gaining a better understanding of the challenges and barriers experienced by with ID as it relates to access to health care	Communication	I
			Create projects that generate data that will help to promote awareness for inclusive health for people with ID	Communication	I
			Experience in communicating and administering health screenings to people with ID	Patient-centred	I
			Gaining a better understanding of the challenges and barriers experienced by with ID as it relates to access to health care	Patient-centred	I
			Providing a positive and desensitizing experience to people with ID and help them build rapport with medical professionals and common procedures.	Patient-centred	I
			Provide professional networking opportunity for FLEX students while also making new partnerships with medical professionals who could volunteer or provide follow up care to Health Athlete Screenings	Role Clarification	E
			Create projects that generate data that will help to promote awareness for inclusive health for people with ID	Team Functioning	E



Medicine, Nursing, Occupational Therapy, Pharmacy, Social Work	CHIU 3 Bridges Interprofessiona l Student Led Clinic	Term 1 and Term 2 (October- March), Saturday mornings, 3- week blocks, - Passport activity elective	Students learn with and about other health care professions, including the roles that they play on contemporary health care teams.	Role Clarification	I
			Under the supervision of preceptors, students interview persons living with chronic health conditions, and through a unique, team-based approach, provide appropriate counselling and deliver interventions.	Patient-centred	I
Medicine, Nursing	CHIU Vancouver Native Health Interprofessiona l Student Led Clinic	Term 1 and Term 2 (September- April), - Passport activity elective	Students work in a multidisciplinary comprehensive care clinic under the supervision of a family medicine preceptor and nursing (RN) preceptor to deliver comprehensive medical, counselling and social services generally to Vancouver's Downtown Eastside (DTES) Aboriginal community.	Patient-centred	I
			Students work in a multidisciplinary comprehensive care clinic under the supervision of a family medicine preceptor and nursing (RN) preceptor to deliver comprehensive medical, counselling and social services generally to Vancouver's Downtown Eastside (DTES) Aboriginal community.	Team Functioning	I
Audiology & SLP, Medicine, Nursing, Occupational Therapy, Pharmacy	CHIU Vancouver Native Health Youth Initiative Dinners	September- August, 1 dinner per month - Passport activity elective	Students work in a multidisciplinary comprehensive care clinic under the supervision of a family medicine preceptor and nursing (RN) preceptor in order to serve nutritious meals and develop socially responsible attitudes.	Patient-centred	I



			Students work in a multidisciplinary comprehensive care clinic under the supervision of a family medicine preceptor and nursing (RN) preceptor in order to serve nutritious meals and develop socially responsible attitudes.	Team Functioning	I
Available to all programs	CWGHR Module: Rehabilitation in the Context of HIV	Term 1 (October), Term 2 (January) - Passport activity elective	Students will stimulate taking HIV antiretroviral drugs by using candy. Students will experience firsthand how easy or difficult it is to fully adhere to a treatment program and discuss this in relation to collaborative care-planning and the responsibilities each healthcare provider plays in the world of HIV.	Role Clarification	I
			Students will stimulate taking HIV antiretroviral drugs by using candy. Students will experience firsthand how easy or difficult it is to fully adhere to a treatment program and discuss this in relation to collaborative care-planning, decision making and the responsibilities each healthcare provider plays in the world of HIV.	Team Functioning	I
Audiology and Speech-Language Pathology, Dental Hygiene, Dentistry, Dietetics, Nursing, Occupational Therapy, Physical Therapy	Eating, Feeding and Swallowing (DHYG 310)	Year ? - Term 1 Required for Dental Hygiene Students, Passport activity elective for others	Discuss the interprofessional role of dental hygienist on a provided health scenario with other health professions	Role Clarification	E
			Gain awareness of roles and responsibilities of other health care professionals	Role Clarification	E
Dietetics, Medicine, Nursing,	Hatching Health	Term ? - Passport activity	Critically reflect on your own communication style and how this may influence an interprofessional	Communication	E



Occupational Therapy, Pharmacy, Physical Therapy, Social Work		elective	work environment		
			Integrate and apply frameworks to support overall learning and interprofessional communication development	Communication	E
			Collaborate with other professions to set common, patient-centred goals and share decision-making	Communication	E
			Identify and practice conflict management strategies to deal with interprofessional conflicts effectively.	Conflict	E
			Initiate purposeful collaborations and create opportunities to maximize the contributions of each discipline involved in care.	Role Clarification	E
			Strategize ways to improve interprofessional team functioning	Team Functioning	E
Available to all programs	Health Care Team Challenge	Term 2 - Passport activity elective	To demonstrate the concept of a health care team and how various health professions contribute to the solution of clinical problems	Role Clarification	I
			To enhance students' knowledge about each other's health professions and each other's health professional roles in the clinical arena	Role Clarification	E
			To demonstrate the concept of a health care team and how various health professions contribute to the solution of clinical problems	Team Functioning	I
			To provide an opportunity for all to reflect on and dialogue about team processes	Team Functioning	E
Audiology and Speech-Language Pathology, Dental Hygiene,	Health Care Travelling Roadshow	May - Passport activity elective	Showcase healthcare careers as options for rural students	None	
			Showcase the rural community as a career option for healthcare students	None	



Dentistry, Medicine, Midwifery, Nursing, Occupational Therapy, Pharmacy, Physical Therapy			Provide an interdisciplinary experience for the healthcare students	None	
			Understanding the benefits and challenges of working in a rural underserved area	Patient-centred	E
Available to all programs	Health Connect	Term 1 - Passport and Program level requirement	Describe the importance of interprofessional collaboration	Communication	E
			Actively seek out other interprofessional learning activities.	None	
			Describe the breadth of health care programs at UBC and connect students in different health professional programs	Role Clarification	E
			Apply basic principles of interprofessional collaboration	Team Functioning	E
Audiology and Speech-Language Pathology, Dentistry, Nursing, Occupational Therapy, Physical Therapy	Health Mentors	Term 1 - Passport activity elective	Provide learning relevant to all six interprofessional competency domains identified in the National Competency Framework for Interprofessional Collaboration (role clarification, team functioning, interprofessional conflict resolution, patient/client/family centered care, communication and collaborative leadership)	Communication	E
			Provide learning relevant to all six interprofessional competency domains identified in the National Competency Framework for Interprofessional Collaboration (role clarification, team functioning, interprofessional conflict resolution, patient/client/family centered care, communication and collaborative leadership)	Conflict	E



		Provide learning relevant to all six interprofessional competency domains identified in the National Competency Framework for Interprofessional Collaboration (role clarification, team functioning, interprofessional conflict resolution, patient/client/family centered care, communication and collaborative leadership)	Leadership	E
		Help students learn about the experience of chronic disease and the range of work involved in its management, from the perspective of the patient and family	Patient-centred	I
		Help students explore their roles, both as individual practitioners and interprofessional teams; support Chronic Disease Self-Management (CDSM) addressing psychosocial and biomedical needs	Patient-centred	I
		Provide learning relevant to all six interprofessional competency domains identified in the National Competency Framework for Interprofessional Collaboration (role clarification, team functioning, interprofessional conflict resolution, patient/client/family centered care, communication and collaborative leadership)	Patient-centred	E
		Permit students to meet discipline specific objectives in related topics, such as the social determinants of health and communication skills	Patient-centred	I
		Offer members of the wider community opportunities to share their lived experiences and participate in educating future health care professionals	Patient-centred	I



			Help students explore their roles, both as individual practitioners and interprofessional teams; support Chronic Disease Self-Management (CDSM) addressing psychosocial and biomedical needs	Role Clarification	I
			Provide learning relevant to all six interprofessional competency domains identified in the National Competency Framework for Interprofessional Collaboration (role clarification, team functioning, interprofessional conflict resolution, patient/client/family centered care, communication and collaborative leadership)	Role Clarification	E
			Help students learn about the experience of chronic disease and the range of work involved in its management, from the perspective of the patient and family	Team Functioning	I
			Help students explore their roles, both as individual practitioners and interprofessional teams; support Chronic Disease Self-Management (CDSM) addressing psychosocial and biomedical needs	Team Functioning	I
			Provide learning relevant to all six interprofessional competency domains identified in the National Competency Framework for Interprofessional Collaboration (role clarification, team functioning, interprofessional conflict resolution, patient/client/family centered care, communication and collaborative leadership)	Team Functioning	E
Medicine, Nursing, Pharmacy	Influenza Immunization Clinic	Term 1 - Passport activity elective	Students interact and communicate with other health profession students during both the orientation session (attending a didactic session together and practicing skills on one another) and the actual flu clinic day (in the running of the clinic and in the post-clinic debrief). Students from	Communication	E



		multiple health disciplines are scheduled within each clinic to ensure they have the opportunity to work with one another.		
		Learners will be able to understand each health disciplines role and limitations when providing immunizations. Additionally, they will understand the requirements for operating a pop-up health clinic for the purposes of serving a large population. This is different from a standard clinical practice. Learners are advised of their roles and limitations during orientation and are discussed in small group settings during clinic debriefs.	Role Clarification	E
		Learners will be able to understand each health disciplines role and limitations when providing immunizations. Additionally, they will understand the requirements for operating a pop-up health clinic for the purposes of serving a large population. This is different from a standard clinical practice. Learners are advised of their roles and limitations during orientation and are discussed in small group settings during clinic debriefs.	Team Functioning	E
		Learners/practitioners understand and can apply principles that support a collaborative practice model. This supports shared decision-making as well as leadership but it also implies continued individual accountability for one's own actions, responsibilities and roles as explicitly defined within one's professional/disciplinary scope of practice. The objective is met by regular supervision and discussion	Team Functioning	E



			with immunization supervisors.		
Available to all programs	IP Placement Activity 1: Reflection on an IPE Session	Upper level students - Passport activity elective	Develop a different understanding of issues of common concern for a range of health care providers.	Role Clarification	E
			Understand the roles of other health care providers and the contributions they make to the health care team	Role Clarification	E
Available to all programs	IP Placement Activity 2: Shadowing a Team member	Upper level students - Passport activity elective	Describe their own roles, responsibilities, values and scope of practice effectively to a team member	Role Clarification	E



			Explain how other professions' goals are related to and different from their own role	Role Clarification	E
			Relate their learning to patient/client goals	Patient-centred	E
			Describe why or why not interprofessional collaboration is required for patient/client care	Leadership	E
			Explain the concept of a team	Team Functioning	E



			Demonstrate effective team skills by sharing information effectively, listening attentively, using understandable communications and responding to feedback from others	Communication	E
Available to all programs	IP Placement Activity 3: Participation in a Team meeting	Upper level students - Passport activity elective	Identify factors that contribute to or hinder team collaboration	Team Functioning	E
			Recognize the dynamic nature of teams	Team Functioning	E
			Consider conditions that promote collaboration	Leadership	E



			Analyze team dynamics and stages of team development	Team Functioning	E
Available to all programs	Patient and Community Voice Workshop	June - Passport activity elective	Describe the perspective of persons living with HIV related to an interprofessional health care team	Patient-centred	E
			Discuss what is meant by a right to care in the context of HIV	Patient-centred	E
			Discuss the safety and security concerns of persons living with HIV	Patient-centred	E
			Describe available community resources available to persons living with HIV	Patient-centred	E
			Describe available community resources available to persons living with HIV	Team Functioning	E
Dentistry, Medicine, Nursing, Pharmacy, School of Population and Public Health	Public Health Symposium	Term 1 - Passport activity elective	Presenters will discuss an interdisciplinary approach to public health, specifically in 2018 where the theme was centered on improving healthcare for refugees and immigrants.	Patient-centred	E
Audiology and Speech-Language Pathology, Nursing, Occupational Therapy, Pharmacy,	Sea to Sky Aphasia Camp	Year 2 - Term 1 Passport activity elective	To learn supported communication strategies to support people with aphasia	Communication	I
			To understand barriers and facilitators to participation in people with aphasia	Patient-centred	I



Physical Therapy			To learn supported communication strategies to support people with aphasia	Patient-centred	I
			To understand your role in relation to community aphasia activities and programming	Role Clarification	I
			To understand the role of your health professional peers in relation to community aphasia activities and programming	Role Clarification	E
Available to all programs	SOWK 451 - Health Care Team Development	Year ? - Passport Activity Elective	Understand the components for effective reflective practice in communication, conflict management, leadership and relationship-centred practices	Communication	E
			Understand the components for effective reflective practice in communication, conflict management, leadership and relationship-centred practices	Conflict	E
			Understand the components for effective reflective practice in communication, conflict management, leadership and relationship-centred practices	Leadership	E
			Articulate the role and value of their discipline to patient care	Patient-centred	E
			Identify barriers and strategies to increase greater patient and family participation.	Patient-centred	E
			Articulate the role and value of their discipline to patient care	Role Clarification	E
			Identify the potential impact of professional and personal values on patient care and teamwork	Role Clarification	E



			Understand the structure and processes of effective teams within health care context health care team	Team Functioning	E
			Understand what skills are required to work collaboratively on an interprofessional team	Team Functioning	E
			Develop the skills to more effectively facilitate team process	Team Functioning	E
			Develop realistic and relevant team development strategies.	Team Functioning	E
			Analyze a fictional health care team's strengths and challenges.	Team Functioning	E
Available to all programs	SPPH 410 Improving Public Health - (SPPH 410)	Year ? - Term 2 Passport Activity Elective	Communicate ideas and opinions with clarity and respect	Communication	E
			Demonstrate effective and respectful problem solving skills	Communication	E
			Demonstrate effective and respectful problem solving skills	Conflict	E
			Demonstrate collaborative teamwork and leadership skills	Leadership	E



			Perform a thorough analysis of a selected public health issue (also known as a health condition, health problem or health outcome) as it relates to a specific target population	Patient-centred	E
			Identify and use information resources from other disciplines	Role Clarification	E
			Demonstrate collaborative teamwork and leadership skills	Team Functioning	E
			Demonstrate effective and respectful problem solving skills	Team Functioning	E
			Outline the major component objectives, strengths and weaknesses of different intervention Options, provide rationale for selecting a particular intervention, and describe specific details of the intervention plan reflecting scientific, political, practical, economic, cultural and ethical considerations	Team Functioning	E
Medicine, Midwifery, Nursing, Pharmacy	The Contraceptive Conversation	Term 2 Passport activity and required for Pharmacy	Describe the importance of effective communication in support of interprofessional collaboration	Communication	E
			Practice using communication skills, strategies and tools to support interprofessional communication	Communication	E
			Practice collaborative approaches to sharing information that actively engage patients and families in their own care;	Communication	E
			Practice collaborative approaches to sharing information that actively engage patients and families in their own care;	Patient-centred	E
			Contextualize patient-centred care within interprofessional practice;	Patient-centred	E
			Recognize the diversity of other health and social care roles, responsibilities, and competencies.	Role Clarification	E