

## College of Health Disciplines, UBC

Annual Report: 2011-2012

Submitted by Louise Nasmith, Principal

### *CHD Vision*

*Enhanced health and human services in our communities through innovative collaborations in interprofessional education, practice, and research.*

### *CHD Mission*

*The College of Health Disciplines serves as a resource to UBC and other provincial, national, and international communities to advance health and human services practice through:*

- interprofessional education across the continuum of learning,*
- interdisciplinary research into the effectiveness of innovative learning and practice initiatives,*
- policy development and advocacy*

### Introduction

This report will summarize the key activities and accomplishments of the College of Health Disciplines (CHD) over the past academic year. Our vision and mission have not changed and continue to guide our work.

The dedicated CHD staff and faculty members have worked tirelessly to help achieve a number of the CHD goals and objectives over the past year. In addition to the work of the CHD, members have contributed their time and expertise on many university and faculty specific committees.

The CHD is very grateful to the Provost's office for on-going support for our activities. Our budget is stable, our courses are cost-neutral, and we have used our reserves for strategic development. We also have been successful in securing education or research grants to advance interprofessional education and collaborative practice within the university and across the province. The Principal has been engaged in a number of university-wide endeavours, notably finishing the term as Vice-President Students *pro tem* in October 2011 and co-leading with the Vice-Provost Health the discussions on the re-organization of the Health Sector at UBC which will continue over the next year.

This report will be organized into the following areas:

- A summary chart highlighting key activities linked to *Place and Promise*
- Advocacy and coordination across UBC
- Interprofessional education (IPE), research and practice (IPC) (plus Strategic Plan in Appendix 1)
- The Division of Health Care Communication (DHCC)
- The Institute for Aboriginal Health (IAH)
- A summary chart highlighting key activities linked to *Place and Promise*
- The CHD Strategic Priorities for 2012-2013
- Scholarly and outreach activities (Appendix 2)

### **Advocacy and coordination across UBC**

The Principal of the CHD continues to chair the Health Deans' Advisory Group (HDAG) that meets every two months to discuss issues of common concern across the health sector. The agendas vary based on specific items brought forward by any one of the Deans or by the VP Health. As stated above, the Principal has been very involved in discussions and consultations on the reorganization of the Health Sector at UBC. In addition, she and the Director of the Institute for Aboriginal Health (IAH) have contributed to the deliberations about the future of Aboriginal Health at UBC.

The CHD hosted its second annual Education Forum that brought together educators and practitioner/preceptors from across the programs and the province to discuss the teaching and learning of "Community Engagement".

### **Interprofessional Education, Practice and Research**

The Associate Principal of the CHD, Dr. Lesley Bainbridge supported by a highly competent team of directors and staff continue to focus on IP education, research and practice in partnership with communities and service providers. A strategic directions document that signals strong support for the mission and vision of the College of Health Disciplines and as such, helps to support the UBC Strategic Plan of Place and Promise is attached in Appendix 1. The following section highlights some of the year's activity.

### **Overall direction: Lesley Bainbridge, Associate Principal**

- A new strategic direction for the Division
- Outreach to health authorities and other post-secondary education institutions
- International collaborations
- Participation in research activity funded by CIHR
- Liaison with all programs of health and human services

- Collection of data continues by asking students to complete two validated surveys: the Readiness for Interprofessional Learning Scale (RIPLS) and the Interprofessional Education Perception Scale (IEPS) at the beginning and end of each academic year.
- Second pain module: Assessment and Management of Pain and a Patient Safety completed and tested.
- Patient Safety Module completed using the pain module formatted. Still in testing mode.
- Participation in All Together Better Health VI, the 6<sup>th</sup> international IPE conference to be held in Japan will be strong with more than 12 abstracts accepted.
- Continuation of journal clubs for faculty and students to explore issues related to IPE and IPC in order to determine the key research questions that need exploration.

### **Curriculum: Lynda Eccott, Director**

- A professional development retreat for instructors
- Continued monitoring of the IHHS courses
- Pilot test of “the Launch” bringing together all first year health and human service students at the Chan Centre and planning for the 2012 event at the War Memorial Gym
- More development and testing of the IPE Passport
- Assistance with the revisions to CHIUS including a community needs assessment
- Continued work on a network for student clinics
- TLEF grant to develop 6 dvds each representing teaching and learning in one of the competency domains from the Canadian competency framework for interprofessional collaboration
- Peer review policy and process for IHHS courses
- IHHS instructor’s retreat

### **Practice Education: Donna Drynan, Director**

- Participation with BCAHC Practice Education directions: a hand book for IP practice education; an “accreditation” process for IPE sites
- Annual Practice Education workshop for preceptors across the professions attracting over 200 participants
- Participation in the IPE Passport development

### **Professional Development: Dr. Christie Newton, Director**

- Revised focus and membership to address faculty development
- Testing of IP-CLS series in two health authorities completed

- International research network continued through CIHR planning grant to further develop the Health Care Team Challenge™
- TLEF grant obtained to develop IPC on the Run series for short learning encounters for students and practitioners with limited time.

### **Division of Health Care Communication**

The Division of Health Care Communication works to promote a partnership model of communication between patients and health professionals. Our aim is to increase patient involvement in decision-making through collaborative research, development of community-driven programs and patient participation in health professional education.

### **Patient and Community Voices in Health Professional Education**

‘Patient and Community Voices in Health Professional Education’ provides enriched interprofessional and multiprofessional learning opportunities for UBC students that are designed and taught by patients and lay community members. Our mission is to build sustainable community-campus partnerships that enable patients and community members to contribute life experiences and expertise to enhance the education of future health professionals so they provide care that is patient/client-centred. During 2011-2012 activities included:

- Seven interprofessional workshops (on HIV/AIDS, mental health, arthritis, epilepsy and aphasia) designed and delivered by 25 patients (community educators) and attended by 97 students from 11 different disciplines;
- ‘Allies in Health’, the third Patient and Community Fair which brought together 38 patient support groups and other community organizations at UBC campus as part of ‘Celebrate Learning Week’ in October 2011. More than 500 students and faculty learned about the expertise and resources available in the community;
- Six ‘patient panels’ at which 3-4 patients talked about their experiences of living with chronic illness and accessing the health care system, and answered questions from over 140 students and faculty.
- Funding was received in Spring 2012 from the Faculty of Medicine Special Populations Fund for a project to extend patient and community involvement to postgraduate education, with a focus on the CanMEDS role of Health Advocate.
- Funding was received from the Vancouver Foundation in June 2012 for a 3 year community-based participatory action research project to

improve the care of vulnerable populations through their participation in the education of health professionals.

### **Aboriginal Community as teacher: Cultural immersion for health professional students**

Since 2006, our partnership with Fraser Valley Aboriginal Children and Family Services Society (Xyolhemeylh) has provided UBC students with opportunities to learn alongside Aboriginal youth at summer camps led by Elders, youth workers and cultural leaders. In 2011, eighteen students from 9 different health professional programs participated in the program. The program was awarded one of three national community service-learning awards from the J.W. McConnell Family Foundation in May 2012.

### **Communication skills for people in the community**

The DHCC supports several community-based programs designed to enable patients and citizens to improve their communication with health professionals so that they can take a more active role in their health care.

- ‘Talk to Your Doc’ is an outreach program to high schools in Vancouver, Prince George and Victoria: workshops facilitated by medical students help adolescents to develop independent relationships with their doctor. In 2011-2012, thirty-seven medical students ran 17 workshops (11 in Vancouver, 4 in Victoria and 2 in Prince George), reaching 379 high school students.
- In 2011 we partnered with the REACH Multicultural Family Centre to conduct a needs assessment of health care barriers for new immigrant women that informed the development of a series of 3 pilot workshops put on by 2<sup>nd</sup> year medical students for a new Spanish-speaking immigrant group at Little Mountain Neighbourhood House in fulfillment of their Doctor-Patient and Society Community Service Learning project.
- After completion of a successful pilot project in 2011, we continued to partner with the Patient Voices Network, an initiative of Impact BC, to train and support facilitators to run ‘Talking with Your Doctor,’ a community-based workshop developed by the DHCC.

### **Interprofessional Health Mentors Program**

The Health Mentors program was implemented for a pilot cohort of 92 students from 6 different professional programs and 23 Health Mentors in September 2011. It is a longitudinal interprofessional experience in which students from different health disciplines learn together from and with a mentor

(patient/client) with a chronic condition or disability. Over the course of the program (16 months) the groups (4 students and mentor) meet two or three times a term, each meeting focusing on specific health-related topics. Our Health Mentor concept is learning communities of student and mentor with an emphasis on reciprocal learning: mentor-student, student-mentor and student-student. Faculty play a supporting role by reading and responding to student reflective journals. The program has been exceptionally well-received and a second, larger scale pilot will begin in September 2012. The program is funded by the Teaching and Learning Enhancement Fund and the College of Health Disciplines. See article 'A New Window on Patients' Personal Struggles' in UBC reports March 2012, page 2. Online at: <http://www.publicaffairs.ubc.ca/2012/02/29/a-new-window-on-patients-personal-struggles/?src=email>. For more information visit: <http://www.chd.ubc.ca/dhcc/healthmentors>.

## **Institute of Aboriginal Health**

### **Education Activities**

#### **Summer Science Program**

The Summer Science Program is in its 24rd year of introducing energetic Aboriginal secondary school students from British Columbia to the Health and Science faculties at UBC. Students are guided on an exploration of UBC health education programs in an atmosphere of culture, learning, friendship, and fun! In 2011, the Summer Science program involved: thirty nine students; five program Staff; two IAH Staff; six volunteers and twenty Health Science presenters representing UBC faculties. The Summer Science program introduces students to the concept of holistic health and the importance of interprofessional health care that includes Aboriginal health professionals and traditional Aboriginal health care providers.

#### **The Aboriginal Community Health Administration Program (AHCAP)**

AHCAP provides Aboriginal community health workers expertise while allowing them to maintain their employment with tribal health agencies. The IAH, in concert with UBC Continuing Studies and Aboriginal community health organizations developed AHCAP in 2002 to meet the need for administrative skills and improve community health care services. The training modules for AHCAP deepen participants understanding of interprofessional health care requirements at the community level. AHCAP received the Canadian Award for Program Excellence and the Outstanding Non-Credit Program Award from the University Continuing Education Association in the United States. AHCAP provides health practitioners and health care administrators an opportunity to advance and deepen their existing applied health care skills. AHCAP has

graduated over a hundred and twenty students. In 2010-2011 AHCAP graduated twenty three students.

### Indigenous Students in Science and Health Association

The Indigenous Students in Science and Health Association (ISSHA) became a member of the UBC Student Society in the fall of 2009. ISSHA is as a networking and peer support program that raises the profile of Aboriginal students in sciences and health. ISSHA students are excited to meet each other and happy to share the commonalities of their experiences in health science programs. Each ISSHA meeting includes a presentation on a health education topic which often address the issues of interprofessional health care in the Aboriginal Community.

### IHHS classes

#### IHHS 301: First Nations Health and the Traditional Role of Plants

This course focuses on the development and use of traditional First Nations plants and foods as ethno-medicine within the traditional Aboriginal medical system. The course includes discussions that encourage students to consider the role of ethno medicine in interprofessional health care strategies and some of the difficulties in bridging traditional ecological knowledge and modern health sciences in the current health care system that can.

#### IHHS 404: First Nations Health: Historical & Contemporary Issues

This class is an epistemological approach that considers the holistic determinants of health within Aboriginal cultural-environmental-spiritual perspectives. The class provides an opportunity to learn about the traditional Aboriginal Health Care system, current health care needs and their treatment through contemporary health care provision and the opportunities to create interprofessional health care responses to the complex health needs of rural and urban Aboriginal communities.

### IHHS Class in Holistic Aboriginal Health Care

The IAH has developed a new class that explores the Holistic Aboriginal Health Care System through a TLEF grant. The course explores Interprofessional Health and Human Services within holistic Aboriginal health care approaches to healing and disease prevention practice. The course validates Aboriginal Traditional Knowledge and enhances each student's cultural competency in their health discipline as well as in interprofessional health settings.

### Aboriginal Admissions Officer

The IAH developed an Aboriginal Admissions Office to create an Aboriginal Admission strategy for each of the Health Faculties and programs at UBC except Medicine which is already under the purview of the Aboriginal Peoples Health Program. The Aboriginal Admissions Strategy focuses on Admissions, retention, support and Indigenization of curricula. A highlight of the year was the first Aboriginal admissions forum on June 25/26 in which we shared our admissions efforts with UBCO, UNBC, TRU, UVic and other educational institutions.

### E-Mentoring Program

The Institute has partnered with Sandra Jarvis-Selinger and the eHealth Strategy Office to develop an e-mentoring program for Aboriginal Youth. The purpose of this initiative is to increase Aboriginal student enrollment in postsecondary health science education programs through a long-term, integrated e-mentoring strategy to improve the academic success of Aboriginal Students seeking Health Careers.

### **Research Activities**

#### B.C. Aboriginal Health Research Needs Survey

The Institute in partnership with Kloshe Tillicum has conducted a research project to survey the perceived research needs of B.C Aboriginal community organizations.

#### Aboriginal Health Research Forums

The Institute has initiated an Aboriginal Health Research Forum Series that brings together UBC researchers conducting Aboriginal Health Research with the goal of creating a community for researchers (both Aboriginal and non-Aboriginal) in the field of Aboriginal health. These forums provide:

- 1) Networking and learning about other Aboriginal Health research on campus
- 2) Providing a venue for education and awareness concerning Aboriginal Health research
- 3) Discussing the ethics of Aboriginal health research
- 4) Providing the potential for partnerships and future research relationships

The highlight of this year's forums was the presentation by the Interim First Nations Health Authority to share with UBC researchers their health research priorities.



## Institute for Aboriginal Health Demonstration and Research Garden

The IAH has developed a community demonstration and research garden at UBC that focus on Aboriginal Herbs and Foods that can be used in health care delivery with a focus on cancer, diabetes and arthritis. The Garden has partnerships with a number of Research projects that contribute to the Educational Objectives of the IAH, The College of Health Disciplines and UBC Farm including the development of knowledge and methodologies for the use of traditional medicines in interprofessional health care. This year we held two medicine making workshops in the First Nations Longhouse that connected students and researchers with elders to learn about the preparation of medicines from the garden medicinals. In addition, Feast Bowls are held once a month throughout the year in which meals are prepared from garden foods along with knowledge sharing. This year the Feast Bowls focused on Diabetes awareness and prevention including two health clinics at the feast bowls to screen students for diabetes. Feast Bowls are designed to strengthen and support the traditional health care system and its ability to provide services in interprofessional health settings.

## Traditional Healers Gathering

The Institute assisted in the planning and support of a Traditional Healers Gathering in the First Nations Longhouse on October 12 and 13 that brought together sixty eight practitioners in the traditional Aboriginal health care system who practice in hospitals. The Institute joined forces with Vancouver Coastal Health, the Provincial Health Services Authority, the Musqueam Nation and the interim First Nations Health Authority to explore protocols to allow Traditional practitioners work in the western medical system. Discussions also explored possibilities for Traditional practitioners to become professional partners in interprofessional health care strategies.

## ***Institute for Aboriginal Health Grant Awards***

### Aboriginal Admissions Officer AHHRI Grant:

The purpose of this project is to develop a successful Aboriginal Admission program for each of the Health Faculties and programs at UBC except the Medical School programs which are already under the purview of the Aboriginal Peoples Health Program. The project has develop admissions, retention, recruitment and support processes with a number of the Health Faculties. This model was be shared with UBCO, UNBC, TRU, UVic and other educational institutions that have Health Science programs in an Aboriginal Admissions forum held at UBC in June of 2012. We received an initial grant of \$227,000 and have applied for additional funding for 2012-2013.

Total Grant: \$110,000 (approval pending)

#### Health Workplace Initiative

IAH received funding for a Healthy Workplace Initiative Program grant. It will support Aboriginal staff and faculty members at UBC to prevent the risk of diabetes through a range of health education and promotion activities at IAH Feast Bowl Luncheons.

Total Grant: \$4,500

#### Klose Tillicum Research Award

IAH received funding from Klose Tillicum to provide a provincial snapshot of Aboriginal community health and research needs in five locations. This project will give IAH insights into the research activities that will best address the needs of the community. It will also allow for future projects/proposals to be sought in collaboration with the Aboriginal community. At the conclusion of the project a community feast will be organized and research results will be shared and discussed with the community.

Total Grant: \$4,000.00

#### Peter Wall Solutions Initiative

IAH received funding in collaboration with Réseau' Net (Chemical & Biological Engineering Department at UBC) to research water quality in three selected First Nation communities. The main objective of this project is to tackle issues surrounding Drinking Water and Health in selected small First Nations communities in BC. The goal of this project is four-fold to: collaborate with communities which are at various stages of drinking water treatment; to understand their water-health perspectives; to propose innovative treatment-solution technologies that match the community's cultural perspectives and philosophical teachings regarding water; and to prove the solutions towards their implementation and sustainability. This project is aligned with Aboriginal engagement, sustainability, and community engagement priorities of UBC Strategic Plan.

Total Grant: \$433,000 (over 30 Months)

#### Culturally Relevant Land-Based Practice as a Path to Holistic Urban Wellness Project

This project provides some of Vancouver's most disadvantaged Aboriginal youth, those who have been removed from their families and placed in the foster care system, with access to culturally relevant land-based practices as a pathway to holistic wellness in an urban setting. The project brings Aboriginal youth in care with Vancouver Aboriginal Child and Family Services (VACFSS) to

the Institute Garden at UBC farm. Youth from VACFSS will be joined by non-Aboriginal youth in an attempt to dismantle negative stereotypes and foster mutual respect and meaningful collaboration towards the reduction of racism and discrimination. Together they will engage with Aboriginal elders, practicing knowledge keepers, and project personnel to learn about the medicinal plants grown at the farm, and how these plants can positively impact holistic health in an urban environment. Youth will plant and maintain a section of the garden and learn about the importance of the “food as medicine” concept promoted by the garden.

Total Grant: \$263,000

### Alignment of Initiatives with *Place and Promise*

The following table lists a number of key initiatives from the CHD that align with the three strategic priorities in *Place and Promise* and link with the stated six commitments. In all of our endeavours, we are committed to maintaining an outstanding work environment for our staff, faculty and work-study and volunteer students.

<p><i>Student Learning</i></p> <p>Aboriginal engagement          Alumni engagement          Intercultural understanding          Sustainability</p>	<ul style="list-style-type: none"> <li>• Review of all IHHS courses for IP content and financial viability</li> <li>• Development of elements of the IPE Pathway for all HHS students</li> <li>• Support for student leaders and groups</li> <li>• Mapping of IP learning objectives to IP competencies</li> <li>• IP-CLS adoption in HAs</li> <li>• Patient and Community Voices in Health Professional Education</li> <li>• Patient and Community Fair</li> <li>• Interprofessional Health Mentors Program</li> <li>• On-line IPE courses (Pain and patient safety)</li> <li>• Summer Science Program</li> <li>• Aboriginal Student Admissions Officer</li> <li>• AHCAP</li> <li>• MPH stream in Aboriginal Health</li> <li>• Garden education and research activities</li> <li>• Parisienne Salons</li> <li>• Engagement Studios</li> </ul>
<p><i>Research Excellence</i></p>	<ul style="list-style-type: none"> <li>• Numerous TLEF grants</li> <li>• Evaluation of IPE impact on students</li> </ul>

<p>Aboriginal engagement International engagement Intercultural understanding Sustainability</p>	<ul style="list-style-type: none"> <li>• eHealth Mentorship Program</li> <li>• Accreditation of Interprofessional Health Education (CIHR)</li> <li>• IPE/C and Health Human Resource impact (WCIHC/CIHR)</li> <li>• CIHR HCTC international project</li> <li>• IPE in Practice Education (Australia research partnership)</li> <li>• Aboriginal Health Research Forums</li> <li>• Numerous conference presentations Institute of Medicine project on collaborative leadership</li> </ul>
<p><i>Community Engagement</i></p> <p>Aboriginal engagement Alumni engagement Intercultural understanding Sustainability</p>	<ul style="list-style-type: none"> <li>• Collaboration with HAs</li> <li>• Participation on BCAHC Board and Committees</li> <li>• Patient and Community involvement in Health Professional Education</li> <li>• Patient and Community Fair</li> <li>• Aboriginal Community as Teacher</li> <li>• Student clinics in community (CHIUS, RCH, GF Strong)</li> <li>• Engagement Studios</li> <li>• AHCAP</li> <li>• Summer Science program</li> <li>• Numerous presentations to Aboriginal groups and other post-secondary institutions</li> </ul>

### Summary of Strategic Directions 2012-13

Over the next academic year, the CHD will focus on the following areas that are aligned with the strategic priorities of UBC as elaborated in *Place and Promise*.

**1. Advocacy and Coordination at UBC: (*community engagement; sustainability*)**

- To actively participate in discussions with the Health Sector and the First Nation Chief Council regarding the development of the Aboriginal Health Authority and Aboriginal Health research and education at UBC;

- To contribute to provincial discussions and directions related to interprofessional practice learning in partnership with the BC Academic Health Council, the First Nations Health Authority, and Vancouver Coastal Health as well as other Health Authorities.

**2. Embedding IPE/IPC in all HHS programs:** (*student learning; community engagement; intercultural understanding*)

- To implement and evaluate an Interprofessional Education Pathway for all health and human service students at UBC which will include an orientation event for all incoming students, an interprofessional passport for tracking interprofessional learning throughout their program of study, and providing access to interprofessional learning activities hosted by the College such as the IHHS courses, pain modules, IP-PBL module etc;
- To administer learning modules (pain and patient safety) built around on-line and face-to-face learning;
- To explore methods for embedding a hybrid model of IPE into existing curricula;
- To partner with the Practice Education Committee of the BCAHC to develop Collaborative Learning Environments for our students;
- To build an IPC on the Run series by adapting the Interprofessional Collaborative Learning Series for faculty development and for short, brown bag, lunch time student learning experiences;
- To continue to develop partnerships with community organizations to strengthen the academic-practice continuum of IP learning;
- To examine assessment of collaborative practice skills and to test specific assessment methods in partnership with the health and human service programs at UBC and community partners.

**3. Developing our research areas:** (*research excellence*)

- To initiate and participate in research locally, nationally, and internationally that contributes to the interprofessional body of knowledge.

**4. Supporting our student groups:** (*student learning; intercultural understanding*)

- To work closely with HSSA, ISAG, ISSHA and CHIUS to assist them to clarify their mandates and operations to strengthen student

engagement in interprofessional learning through, for example, community service learning;

- To create a student resource and study centre at IAH.

**5. Support the DHCC: (*student learning; community and alumni engagement; research excellence; understanding; aboriginal engagement*)**

- To pilot test and evaluate a longitudinal interprofessional health mentors program;
- To build a program of research to study the short and long-term impact of patient as educator initiatives on student learning (especially professional identity formation) and practice.
- To develop appropriate preparation and support for community educators to engage in interprofessional education;
- To organize and evaluate the third Annual Community & Patient Fair for Health Professional Education;
- To develop an organizational structure for patients as educators in health professional education at UBC;
- To continue to develop and evaluate enhanced education for students through experiential interprofessional opportunities for students to learn from patients in the community;

**6. Support the IAH: (*aboriginal engagement; international engagement; intercultural understanding; community engagement; student learning; research excellence*)**

- To continue and expand current educational programs (AHCAP, Blossoming Connections, Summer Science);
- To continue the Admissions and student support initiative with all Health Faculties and increase the number of Aboriginal Health Science Students;
- To continue to develop the research function of IAH;
- To create and expand the HAHLLI: The BC Holistic Health Learning Initiative;
- To expand National and International engagement in Health Projects;
- To expand of the Indigenous Research Garden and incorporation of herbal knowledge into research and educational programs;

- To continue to strengthen the traditional Aboriginal health system and its integration with Interprofessional health care;
- To implement the IHHS class in traditional holistic Aboriginal health care.

**7. Maintain and continue to improve the work environment in the CHD:**  
*(outstanding work environment)*

- To continue to ensure flexible work schedules to accommodate health and family needs;
- To continue to provide professional development opportunities including travel to conferences;
- To model ergonomic best practices;
- To continue regular monthly meetings to share information and exchange ideas.

**Summary**

In spite of its small size, the CHD has achieved a number of its goals in education, scholarship, and advocacy and with support from the university will continue to engage in important work that is aligned with the strategic priorities in *Place and Promise*.

I wish to thank the core staff and faculty, Maureen Dunn, Ruth Smith, Lesley Bainbridge, Christie Newton, Lynda Eccott, Donna Drynan, Lee Brown, Bill Godolphin, Angela Towle, Cathy Kline, Ellison Richmond, Victoria Wood, Carrie DePalma, Valerie Ball, John Cheng, Guan Wang, Leslie Soon, Juliet Ho, Kerrie Charnley, Anita Ho, Sita McMillan, Kiri Chainwai for their dedication and tireless efforts and to recognize the support from the Provost David Farrar and other partners at UBC for their support.