



THE UNIVERSITY OF BRITISH COLUMBIA

**School of Social Work
Course Outline - SOWK 452**

School Vision: Building upon a foundation of social justice and an ethic of care, we are a community of learners actively engaged in the development of critical, transformative knowledge for social work practice.

YEAR/TERM: 2017 Summer
COURSE TITLE: SOWK 452 HIV/AIDS Interprofessional Prevention and Care (6 credits)
COURSE SCHEDULE: May 22 – June 30, 2017 (Live class June 5 - June 30)
COURSE LOCATION: May 22 – June 3 UBC CONNECT; June 5 - 30 St. Paul’s Hospital

INSTRUCTORS	OFFICE LOCATION	OFFICE HOURS	TELEPHONE NUMBER	E-MAIL ADDRESS
Brynn Grierson Mary Petty	On site at St. Paul’s Hospital	TBA	604 604 687-1105	BGrierson@providencehealth.bc.ca pettym@mail.ubc.ca

COURSE DESCRIPTION

This interprofessional course prepares senior students in health and human service professions to respond effectively, as individuals and members of a team, to the HIV epidemic and its consequences, both biological and social. The knowledge, skills and abilities required for interprofessional and discipline-specific work are emphasized. Fundamental skills and abilities for working in partnership with patients/clients, families and community agencies to address the complex issues that influence health are explored. The theoretical component of the course is presented through problem-based learning (PBL) scenarios, presentations and workshops. Clinical practice experiences occur in institutional and community settings, with health and human service professionals who have expertise in HIV prevention and care.

LEARNING OUTCOMES

Goal: To prepare students in the health and human service professions to begin practice in the field of HIV as members of an interprofessional team. Practicum experience is observational only.

Learning Objectives for the Interprofessional component:

1. Understand the roles and responsibilities of members of interprofessional teams.

2. Understand concepts basic to effective interprofessional teamwork.
3. Explore personal and professional values and beliefs as they relate to interprofessional teamwork.
4. Build, maintain and evaluate the collaborative process as members of an interprofessional student team.
5. Value partnership between the interprofessional team and persons living with HIV.

Learning Objectives for the HIV Prevention and Care:

1. Know characteristics of the human immunodeficiency virus and its effect on the immune system.
2. Understand the epidemiology of HIV and AIDS.
3. Recognize the links between social determinants of health and prevailing social policies relevant to HIV.
4. Explore approaches to care, treatment and support of persons living with HIV.
5. Examine prevention strategies.
6. Demonstrate knowledge of community resources specific to the needs of persons living with HIV.
7. Explore personal and professional values, beliefs and attitudes as they relate to HIV infection.
8. Examine physical, psychosocial and spiritual issues confronting individuals at risk for, infected by and affected by HIV.
9. Explore the role of advocacy in relation to HIV prevention, care, treatment and support.

HIV Clinical (Practicum) Objectives:

1. Meets standards of professional practice.
2. Adheres to obligation of confidentiality in clinical settings.
3. Recognizes own limitations and seeking assistance appropriately.
4. Communicates effectively with mentors.
5. Integrates theory and PBL work into clinical experiences by:
 - demonstrating ability to apply chronic illness model to prevention, treatment, care and support issues
 - anticipating problems that may arise in a clinical setting
 - consulting appropriately with clinical facilitator and tutor
6. Integrates principles of interprofessional practice into clinical experiences by:
 - recognizing opportunities to collaborate in prevention, treatment, care and support
 - recognizing limitations of own scope of practice and seeks assistance of other disciplines appropriately
 - communicating effectively with all team members

UNIVERSITY POLICIES

“Regular attendance is expected of students in all their classes (including lectures, laboratories, tutorials, seminars, etc.). Students who neglect their academic work and assignments may be excluded from the final examinations. Students who are unavoidably absent because of illness or disability should report to their instructors on return to classes.” (UBC Calendar)

Disabilities: The University accommodates students with disabilities who have registered with the Disability Resource Centre. The University accommodates students whose religious obligations conflict with attendance, submitting assignments, or completing scheduled tests and examinations. Please let your instructor know in advance, preferably in the first week of class, if you will require any accommodation on these grounds. Students who plan to be absent for varsity athletics, family obligations, or other similar commitments, cannot assume they will be accommodated, and should discuss their commitments with the instructor before the drop date.

Academic Dishonesty: Please review the UBC Calendar “Academic regulations” for the university policy on cheating, plagiarism, and other forms of academic dishonesty. Also visit www.arts.ubc.ca and go to the students’ section for useful information on avoiding plagiarism and on correct documentation.

Retaining Assignments: Students should retain a copy of all submitted assignments (in case of loss) and should also retain all their marked assignments in case they wish to apply for a Review of Assigned Standing. Students have the right to view their marked examinations with their instructor, providing they apply to do so within a month of receiving their final grades. This review is for pedagogic purposes. The examination remains the property of the university.

COURSE POLICIES

Attendance and Participation

For this course to be successful, students are expected to attend all classes, be prepared, have read the required readings, and actively participate in learning in the classroom. Non attendance and lateness for any reason may result in the student being disallowed from submitting final papers. This is a practice course and emulates a professional practice reality. Hence, students are expected to function as if a professional in a service agency. If a student is going to miss a class due to illness, s/he must call the instructor and submit a doctor’s note.

SUBMITTING ASSIGNMENTS:

Assignments are due as noted in this course outline, unless otherwise informed by the instructor.

RETURN OF MARKED STUDENT ASSIGNMENTS:

Instructors coordinate the return of marked assignments. The options are as follows: a) the instructor returns the paper to students in class; b) if the paper has been submitted electronically, the instructor will mark it on-line (with track changes) and return to the student on-line; c) the instructor returns the paper to the student by regular mail (the student provides a self-addressed, stamped, envelope to the instructor). Marked papers not returned by any of the options above will be held by the instructor and destroyed one year after submission.

LATE ASSIGNMENTS:

Generally, late assignments will not be accepted. In emergency situations, students must discuss any potential lateness with their instructor and be prepared to have a medical certificate available.

FORMAT OF THE COURSE:

The course is structured as a participatory on-line seminar (UBC Connect) for the first two weeks. The following four weeks will consist of 1) presentations by experts in the field, course instructors, participatory discussions of issues and readings, lectures, guest speakers, videos, and peer presentations, and 2) clinical observation days in community and hospital settings.

REQUIRED TEXTBOOK

There is no textbook for this course. Required readings and viewing of videos are outlined on the UBC Connect site. Readings are available through UBC Connect and the UBC Library. Students will engage in on-line discussions and classroom discussion in relation to most readings in the course.

COURSE SCHEDULE:	May 22 – June 30, 2017 (Live class June 5 - June 30)
COURSE LOCATION:	May 22 – June 3 UBC CONNECT; June 5 – 30 St. Paul’s Hospital

COURSE SCHEDULE FOR SOCIAL WORK 452

Week 1 (UBC Connect)	May 22-26, 2017
TOPICS:	<i>Orientation to the Course</i> <ul style="list-style-type: none">• Meet your colleagues• Introduction to HIV/AIDS• Introduction to Interprofessional Health Care• Review of learning materials to be used in course
LEARNING MATERIALS:	On-line modules, webinars, readings and discussion questions will be available on UBC Connect.
Week 2 (UBC Connect)	May 29-June 2, 2017
TOPICS:	<ul style="list-style-type: none">• Introduction to Social aspects of HIV/AIDS• Understanding HIV Prevention and Care through patient cases (Problem Based Learning)
LEARNING MATERIALS:	On-line modules, webinars, readings and discussion questions will be available on UBC Connect.

In-Class Schedule

Providence Level 1 – Conf Rm #7	June 5, 2017 ALL FACULTY
<u>REQUIRED READING</u>	<p> 8:30-8:45 Welcome Indigenous Health Team (Providence Health Care) </p> <p> 8:45 – 10:15 Introductions and orientation to the course All faculty course planning group What we’re doing here! </p> <p> 10:15-10:30 Break </p> <p> 10:30-12:15 HIV 101 – A refresher <i>Faculty</i> </p> <p> 12:15-1:30 Lunch with discipline-specific faculty (cafeteria) </p> <p> 1:45-4:30 Interprofessional HIV Care – theory/practice PBL #1 Introduction to Problem Based Learning for this course Meet your patient (read introduction to case prior to class) Taking a look at “Vulnerability” </p> <p> Bowen, E. A. (2012) Addressing the inequality epidemic: Applying a structural approach to social work practice with people affected by HIV/AIDS in the United States. <i>Critical Social Work</i>, 13(1). Retrieved from http://www.uwindsor.ca/criticalsocialwork/addressing-the-inequality-epidemic-applying-a-structural-approach-to-social-work-practice-with-peopl </p>

Providence Level 1 – Conf Rm #7	June 6, 2017
	8:30-10:00 HIV Testing Misty Bath 10:00-10:15 Break 10:15-12:00 Public Health and HIV Prevention CDC Public Health Nurses 12:00-1:00 Lunch 1:00-2:45 Decolonization, Indigenous Health and HIV Indigenous Health Team (PHC) 2:45-3:00 Break 3:00-4:30 History of the AIDS Epidemic Panel
REQUIRED READING:	Office of the Provincial Officer. HIV Testing Guidelines for the Province of British Columbia: http://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/hiv-testing-guidelines-bc.pdf
Providence Level 1 – Conf Rm #7	June 7, 2017
	8:30-9:30 “Addictions 101” Todd Sakakibara 9:30-11:00 PBL#2 11:00-12:00 Placement Preparation 12:00-2:15 Community HIV Resource Fair & Lunch (bring your lunch) 2:15-4:00 Decolonization and Sexual Health Jessica St. Jean
READING:	A Coming Together of Health Systems: Traditional Practitioners https://www.youtube.com/watch?v=NTDBvgQrDMc&feature=youtu.be Bevel Up: Drugs, Users and Outreach Nursing (BCCDC) Link Available on <i>UBC Connect (TBA)</i>
Placement #1	June 8, 2017

Providence Level 1 – TBA	June 9, 2017
	8:30-9:30 Debrief – placements Faculty 9:30-10:45 PBL #3 10:45-11:00 Break 11:00-12:30 Primary Care and HIV Sarah Stone, Vicky Lau 12:30-1:30 Lunch 1:30-3:00 ARV Treatments Linda Akagi 3:00-3:15 Break 3:15-4:30 HIV Treatment from patient/client perspective Patient panel
READING:	Role of the Pharmacist in Caring for Patients with HIV/AIDS: Clinical Practice Guidelines. <i>Can J Hosp Pharm.</i> 2012 Mar-Apr; 65(2): 125–145. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3329905/
Providence Level 1 – Conf Rm #6	June 12, 2017
	9:30-10:45 PBL #4 11:00-12:30 Gay Men’s Health Sarah Chown 12:30-1:30 Lunch 1:30-4:30 Cultural Safety in Health Care –Transgender, transsexualism and gender non-conformity Gwen Haworth, Andrea Szewchuk
Review these sites:	http://transhealth.phsa.ca/ http://www.cwhwc.com/
Placement #2	June 13, 2017

Providence TBA	June 14, 2017
	8:30-9:00 Debrief 9:00-10:30 Trauma Informed Care Colleen Varcoe 10:30-10:45 Break 10:45-12:00 PBL #5 12:00-1:00 Lunch 1:00-2:00 Power and Privilege Scott Harrison 2:00-2:15 Break 2:15-3:45 HIV Care at Native Health Clinic David Tu, Elders Bruce Robinson and Roberta Price 3:45-4:30 Small Group Discussion/Debrief
Placement #3	June 15, 2017
Insite and DTES, P.M. Providence Level 1 – Rm # 7	June 16, 2017
	8:00 a.m. -8:45 – Insite (Safe Injection Site) 8:45-10am Walking tour of DTES in small groups 10am -10:45 – Tour and Presentation at Alexander St. Community. 11:00-12:00 Lunch and return to SPH 12:00-1:30 PBL #6 1:30-1:45 Break 1:45-2:45 Drug Use Policy Mark Haden 2:45-3:00 Break 3:00-4:30 Housing—HIV, policy and social justice Miranda Compton and panel

BC Women's Health Centre - TBA	June 19, 2017	
<p>Enter at Heather and 29th Ave Entrance, Use Entrance #77. Take elevators to the 3rd floor.</p> <p>http://www.cw.bc.ca/library/pdf/pamphlets/CW620_GettingToBCCHandBCWHHC_2014.pdf</p> <p>Parking Information: http://www.bcwomen.ca/default.htm</p>	<p>9:00-10:00</p> <p>10:00-10:45</p> <p>10:45-11:00</p> <p>11:00-12:00</p> <p>12:00-1:00</p> <p>1:00-2:00</p> <p>2:00-2:45</p> <p>2:45-3:00</p> <p>3:00-4:30</p>	<p>Care of HIV-positive women Mary Kestler, Oak Tree Clinic</p> <p>Women and HIV Valerie Nicholson, Positive Living BC</p> <p>Break</p> <p>Perinatal Issues of HIV Infection Julie van Schalkwyk, BC Women's Hospital and Health Centre</p> <p>Lunch</p> <p>Interdisciplinary HIV Care with Newcomers to Canada Shannon Krell, Fraser Health Mary Kestler, Oak Tree Clinic Barbe Pickering, Oak Tree Clinic Karen Tulloch, Oak Tree Clinic</p> <p>Issues in the Care of Children Laura Sauve, Oak Tree Clinic</p> <p>Break</p> <p>Perspectives in Youth and HIV Moderated by Ariane Alimenti, Oak Tree Clinic Parent of a Positive Youth Sarah Chown, YouthCo HIV and Hep C Society Karen Friesen, Oak Tree Clinic Positive Youth</p>
<p>READING:</p>	<p>Carter et al. Women-specific HIV/AIDS services: identifying and defining components of holistic service delivery for women living with HIV/AIDS. <i>Journal of the International AIDS Society</i> 2013, 16: 17433. Available at: http://www.chiwos.ca/wp-content/uploads/2013/03/Carter-et-al-2013-Women-specific-HIV-AIDS-services.pdf</p> <p>CATIE. Growing up with HIV. The Positive Side. Winter 2013. Available at: http://www.catie.ca/en/positiveside/winter-2013/growing-hiv</p>	

Placement #4	June 20, 2017
Providence Level 1 – Room # 6	June 21, 2017
	<p>8:30-9:15 Debrief – placements 9:15-10:30 Oral Health Leeanne Donnelly</p> <p>10:30-10:45 Break 10:45-12:15 HIV and Nutrition Alena Spears, IDC and Crosstown Clinic Ellie Schmidt, DCHC, Pender Clinic Gerry Kasten, Spectrum Health Cheryl Collier, Oak Tree Clinic</p> <p>12:15-1:15 Lunch 1:15-2:45 Ageing and HIV Silvia Guillemi</p> <p>2:45-3:00 Break 3:00-4:30 Prevention (Student debate) Brynn Grierson, Marianne Harris</p>
READING:	
Placement #5	June 22, 2017
TBA	June 23, 2017
	Work on Presentations
Providence Level 1 – Rm # 6	June 26, 2017
	<p>8:30-10:30 HIV and Mental Health Care Mary Petty and IDC Mental Health Team</p> <p>10:30-10:45 Break 10:45-12:00 End of Life and Palliative Care 12:00-1:00 Lunch 1:00-2:15 HCV Dr. Aida Sadr, Greta Pauls</p> <p>2:15-2:30 Break 2:30-3:45 Opportunistic Infections Natasha Press</p>
Placement #6	June 27, 2017

Providence Level 1 – Room # 6	June 28, 2017
	<p>8:30-9:15 Debrief – placements</p> <p>9:15-11:00 Incarceration and HIV Leita McInnis and Wayne Campbell, M-J Molloy, Karen Freisen</p> <p>11:00-11:15 Break</p> <p>11:15-12:15 Criminalization and HIV Micheal Vonn</p> <p>12:15-1:15 Lunch</p> <p>1:15 – 1:45 Legal Network video</p> <p>1:45-4:30 Small group work Some sort of activity to bring all of the information together</p>
Providence Level 1 – Rm # 7	June 29, 2017
	<p>9:30-10:30 Global HIV Work/Global Epidemiology Mark Tyndall</p> <p>10:30-10:45 Break</p> <p>10:45-11:45 Working abroad in HIV: Obstacles and opportunities Mary Kessler</p> <p>11:45-1:00 Lunch</p> <p>1:00-2:00 Global HIV Work - Students Meaghan Thumath</p> <p>2:00-3:00 From where we’ve been to where we’re going: An intergenerational panel Michael T. O’Shaughnessy, Kath Webster, Wayne Campbell, Jaydee</p>
Providence Level 1 – Rm # 6	June 30, 2017
	<p>8:30-12:00 Student presentations!</p> <p>12:00-1:00 Lunch</p> <p>1:00-2:00 Evaluation</p> <p>2:00-3:30 Closing Circle Indigenous Health Team</p>

ASSIGNMENTS FOR SOCIAL WORK 452

ASSIGNMENT #1 – Participation in On-Line component of course (May 22-June 2) WEIGHT 10%.

Students are expected to actively participate in all on-line activities, assignments and forums. Discussion questions and instructions will be posted on the site.

ASSIGNMENT #2 – Professional Presentation of Self/participation (throughout the course). WEIGHT 10%. Participation in all classroom activities, discussions and practicum placements will be evaluated using feedback from all faculty and clinical preceptors. Discipline specific faculty member will determine the mark.

Students are required to attend classes prepared, actively participate and engage in class discussions. Students will lose 1.5 marks for each absence. Students who miss three or more classes will not receive a participation grade. Lateness will result in .5 loss per event. Use of cell phones or computers for anything other than coursework (and instructor's consent) will result in immediate loss of full participation grade. See Appendix A

ASSIGNMENT #3 – Participation in Problem-based Learning (PBL). WEIGHT 20%. Participation throughout course.

See Appendix B

PBL focuses on student-centered, adult learning. Students are encouraged to learn how to think and act as beginning graduates and clinicians. Small-group learning is the central pedagogical strategy used in PBL. In small groups, together with self-directed learning activities, students analyze practice-based situations; determine their learning goals, and access information towards the achievement of those goals. Students address the content knowledge of all health care professions through the use of teamwork, problem solving, problem-posing techniques, critical reasoning and self-directed learning processes.

Students will be introduced to their PBL case on the course site (UBC Connect). Five subsequent facilitated sessions offer students the opportunity to work in small interprofessional groups. All students are encouraged to take responsibility and demonstrate initiative in working out the relevant cues, hypothesis, and interventions for each patient scenario. In liaison with the tutor/facilitator, learning needs will be identified and shared.

We use the concept of Living PBL, which includes patients as teachers and co-facilitators for the PBL sessions. Students will have the opportunity to engage with and learn from persons living with HIV during PBL sessions. The purpose of the Living PBL is to provide students with opportunities to gain from the unique expertise that persons living with HIV can contribute to the training of future health care and social services providers.

Facilitators will provide students with individual formative feedback during the second week of the course. This feedback is intended to guide students about their level of performance and to identify strengths as well as areas for improvement. Summative written feedback will be provided to each student at the completion of the course, and a mark out of 20 will be allocated.

As part of the overall course evaluation process, students are asked to evaluate their PBL experience.

PBL forum instructions

Each one of the inter-professional PBL student groups has its own on-line forum on the Connect site.

Find your forum and access ongoing discussions within your own group. This is the place to share issues regarding your paper-based case study. Both your faculty tutor and your assigned +Role Model also have access to this forum for the purposes of posting their own comments, as well.

ASSIGNMENT #4 – Weekly Clinical Journal Entry. WEIGHT 15%. DUE June 9, 16, 23, and 30, 2017.

At the end of each week you will submit a written journal to your discipline specific faculty member. The journal is intended to provide students with the opportunity to reflect upon, and discuss specific aspects of the clinical practicum. Pseudonyms are to be used for any people referred to in the journal. (See Appendix C re: clinical experience)

Interdisciplinary	Mary Petty pettym@mail.ubc.ca	
Medicine	Todd Sakakibara Todd.Sakakibara@vch.ca	Marianne Harris mharris@cfenet.ubc.ca
Nursing	Brynn Grierson BGrierson@providencehealth.bc.ca	
Dietetics	Cheryl Collier CCollier-02@cw.bc.ca	
Pharmacy	Linda Akagi LAkagi@providencehealth.bc.ca	
Social Work	Bart Newman Bart.Newman@vch.ca	

Differentiating between Recount and Reflection

Recount:

This morning I woke up at 8:30. I caught bus number 44 to St. Paul's and made my way to ward 10C. I met my preceptor Penny. She is a social worker and has worked on 10C for two years. We worked together and one of the patients she spoke with was Billy. He is a gay man who has just been diagnosed with HIV. Another patient was Guy, but I did not talk with him because Penny and I went on our break and when we came back he had discharged himself. All in all it was a good day, I learnt heaps and Penny is a great social worker. I caught the 44 bus back home.

Reflection:

Working with doctor preceptor X provided me with many opportunities to integrate and think about some of the things we have been talking about during the course. For example, one patient we looked after was G, a HIV positive, gay man. G spoke with me about being recently diagnosed and the uncertainty and vulnerability that he felt. His partner, T, is negative and G felt awkward and unsure if he could continue their relationship. He wondered how he might feel if T became positive, despite the fact that they now practiced safe sex. G's vulnerability related directly to the vulnerability of his partner. We have talked in class about vulnerability, however today I saw how vulnerability is interconnected and many issues co-existed for G and T. I began to get an appreciation of the complexity and diversity of what is often collectively referred to as vulnerability. I thought about how I might best manage or alleviate G's concerns. Doctor preceptor X provided me with a number of strategies that he has found useful. These included...

ASSIGNMENT #5 – FINAL PAPER

WEIGHT = 20%. DUE BY 5 P.M. ON JUNE 30, 2017.

The final case study is to be completed independently and handed in on the last day of the course to your discipline specific faculty member.

Interdisciplinary	Mary Petty
Medicine	Todd Sakakibara/Marianne Harris
Nursing	Brynn Grierson
Nutrition	Cheryl Collier
Pharmacy	Linda Akagi
Social Work	Miranda Compton
Dental Hygiene	Leeann Donnelly

Purpose

This assignment is designed to help you integrate the knowledge you have gained about HIV/AIDS care and interprofessional work.

Requirements

The paper should be 1500 words in length and conform to the format requirements of your Faculty or School.

Topic and further details are posted under "Assignments" on *UBC Connect*.

ASSIGNMENT #6 – Final team Assignment – WEIGHT 25%

Team Presentations will be made on June 30, 2017.

Goals:

- To synthesize your PBL case into a succinct, “case presentation” in the form of a skit or role-play
- To reflect on team process.

On the final day of the course each group will present a skit/role-play based on their PBL case. Students are encouraged to be creative and innovative in their 20 minute presentation.

PowerPoint, whiteboard, and video projection will be available. Please advise faculty one week in advance of the technology you require (sound system, projector, etc.). Each group will be allocated a mark, which all presenting group members will receive.

Time allocated for team presentation: 20 minutes (maximum) with 5 minute question period to follow.

Evaluation will be based on

Content (10)

Delivery (5)

Organization (5)

Question Period (5)

EVALUATION BASED ON...	Percentage of Final Grade		DUE
Participation in On-Line component of course	10%		May 22-June 2
Professional Presentation of Self/participation (Appendix A)	10%		Throughout course
Participation in Problem-based Learning (PBL) (Appendix B)	20%		Throughout course
Weekly Clinical Journal Entry	15%		June 9, 16, 23, and 30
Final Paper	20%		5 PM, June 30, 2017
Final Team Assignment	25%		June 30, 2017

GRADING CRITERIA

Letter Grade	Percent Range	Mid-Point	
A+	90-100	95	Represents work of exceptional quality. Content, organization and style are all at a high level. Student demonstrates excellent research and reference to literature where appropriate. Also, student uses sound critical thinking, has innovative ideas on the subject and shows personal engagement with the topic.
A	85-89	87	
A-	80-84	82	
B+	76-79	77.5	Represents work of good quality with no major weaknesses. Writing is clear and explicit and topic coverage and comprehension is more than adequate. Shows some degree of critical thinking and personal involvement in the work. Good use of existing knowledge on the subject.
B	72-75	83.5	
B-	68-71	69.5	

C+	64-67	65.5	Adequate and average work. Shows fair comprehension of the subject, but has some weaknesses in content, style and/or organization of the paper. Minimal critical awareness or personal involvement in the work. Adequate use of literature.
C	60-63	62.5	
C-	55-59	57	
D	50-54	52	Minimally adequate work, barely at a passing level. Serious flaws in content, organization and/or style. Poor comprehension of the subject, and minimal involvement in the paper. Poor use of research and existing literature.
F	0-49		Failing work. Inadequate for successful completion of the course or submitted beyond final date of acceptance for paper.

Appendix A

Professional Presentation of Self/Participation (10%)

This form will be completed by the faculty for each student. **Hand the original (or scan and send) to the student and a copy to Mary Petty.**

Student Name _____
Discipline _____

Record the rating of this student's participation and professionalism. Make this judgment with reference to the criteria of four areas: quality of comments, frequency of contribution, listening skills and professionalism. Circle a grade based on performance in each skill area. **Please discuss your evaluation feedback with the student.**

Criteria	Distinguished	Proficient	Basic	Unacceptable
Quality of Comments / 5	<ul style="list-style-type: none"> Integrates knowledge from readings / class / placements. Adds depth to discussion with analysis of complex ideas Respectfully challenges ideas and accepts feedback 5 / 5	<ul style="list-style-type: none"> Comments are developed from course and contribute to understanding material Usually able to challenge ideas respectfully or accept feedback 4 / 5	<ul style="list-style-type: none"> Comments are not always relevant to the discussion Some difficulty accepting challenges to opinions or being respectful 2 - 3 / 5	<ul style="list-style-type: none"> Contributions are uninformative with significant reliance on opinion Significant difficulty accepting challenges to opinions or being respectful 0 - 1 / 5
Frequency of contribution / 3	<ul style="list-style-type: none"> Regular and consistent contributions to classroom, placement, and individual discussion Does not dominate discussion- timing of comments are thoughtful and allows others to participate 3 / 3	<ul style="list-style-type: none"> Contributes to classroom, placement and individual discussion Does not dominate discussion 2 / 3	<ul style="list-style-type: none"> Contributions are limited <i>or</i> at times dominating and distracting 1 / 3	<ul style="list-style-type: none"> Minimally contributes or excessively dominates discussions 0 / 3
Listening Skills / 4	<ul style="list-style-type: none"> Listens attentively when others present material, perspectives Regularly builds on, clarifies and/or responds to others' contributions 4 / 4	<ul style="list-style-type: none"> Mostly attentive when others present material, perspectives Responds to others' comments or questions 3 / 4	<ul style="list-style-type: none"> Can be inattentive and needs reminding to focus in class May be disruptive when others speak 1 - 2 / 4	<ul style="list-style-type: none"> Does not pay attention - i.e.: repetition of comments, off task activities Distracts from discussion 0 / 4

Appendix B

Problem-based Learning (PBL)

Value: 20%

PBL focuses on student-centered, adult learning. Students are encouraged to learn how to think and act as beginning graduates and clinicians. Small-group learning is the central pedagogical strategy used in PBL. In small groups, together with self-directed learning activities, students analyze practice-based situations; determine their learning goals, and access information towards the achievement of those goals. Students address the content knowledge of all health care professions through the use of teamwork, problem solving, problem-posing techniques, critical reasoning and self-directed learning processes.

Six facilitated sessions offer students the opportunity to work in small interprofessional groups. All students are encouraged to take responsibility and demonstrate initiative in working out the relevant cues, hypothesis, and interventions for each patient scenario. In liaison with the tutor/facilitator, learning needs will be identified and shared.

This year, we are continuing the concept of Living PBL, which includes patients as teachers and co-facilitators for the six PBL sessions. Students will have the opportunity to engage with and learn from persons living with HIV during PBL sessions. The purpose of the Living PBL is to provide students with opportunities to gain from the unique expertise that persons living with HIV can contribute to the training of future health care and social services providers.

Facilitators will provide students with individual formative feedback during the second week of the course. This feedback is intended to guide students about their level of performance and to identify strengths as well as areas for improvement. Summative written feedback will be provided to each student at the completion of the course, and a mark out of 20 will be allocated.

As part of the overall course evaluation process, students are asked to evaluate their PBL experience.

PBL forum instructions

Each one of the inter-professional PBL student groups has its own on-line forum, in CONNECT.

Find your forum and access ongoing discussions within your own group. This is the place to share issues regarding your paper-based case study. Both your faculty tutor and your assigned +Role Model also have access to this forum for the purposes of posting their own comments, as well.

Please see the following pages for marking criteria.

SOWK 452
Tutor Evaluation of Student
June 2017

Complete this form for each student in your group. **Hand the original (or scan and send) to the student and a copy to Mary Petty.**

Student Name _____ **Tutor Name** _____

Discipline _____ **Case Name** _____

Record (√) your '*global*' rating of this student's performance in tutorials. Make this judgment with reference to the performance criteria of four skill areas: workload management, participation in discussions, organization and meeting deadlines and providing and giving feedback. Circle a grade based on performance in each skill area. **Please discuss your evaluation feedback with the student.**

Global Rating: <13 – requires improvement; 14 – 16 - meets requirements;
17 - 20 – exceeds requirements

Overall Rating: /20

** See page 2 for grading in each skill area.

Specific recommendations to guide student's development

Tutor's Signature: _____ **Date:** _____

Appendix C

CLINICAL EXPERIENCES

Your course instructors, clinical preceptors and + role models want to help prepare the next generation to deliver HIV care. A significant part of this learning will occur in your clinical experiences and we want these to be positive for you.

Here are some strategies for getting the most out of your clinical experience...

Monday of each week: Background preparation

- Review the Clinical Placement sheet and contact list
- Call the day before to confirm time if requested to do so
- Check the web site to orient yourself to the agency you are visiting
- Give yourself plenty of time to find the site and be on time

Dress: professional casual with good, protective walking shoes!!!

On site: minimal valuables, please secure (an ounce of prevention!!!)

At the clinical site:

- Engage in the environment, don't be shy!
- Interact with your preceptor, the clients/patients, staff
- Ask questions, offer observation

Be your curious, flexible self!

Clinical Placements are set for half or full days

- Your attendance is expected and is with the understanding you will remain at the clinical site for the pre-determined time
- Timeframes are to enhance your learning
- Please do not abuse the clinical sites by attending at your will

Confidentiality

Provincial Health Services Authority and Vancouver Coastal Health privacy and confidentiality forms to be signed.

Appendix D

SOWK 452 Faculty and Staff

Linda Akagi, BSc (Pharm), Coordinator, Outreach Pharmacy, B.C. Centre for Excellence in HIV/AIDS, St. Paul's Hospital Providence Health Care, & Member College of Health Disciplines, University of British Columbia

Linda Akagi is a clinical pharmacist at St. Paul's Hospital and has been the Outreach Pharmacy Coordinator for the BC Centre for Excellence in HIV/AIDS (BC CfE) – Drug Treatment Program (DTP) since September, 2001. Her function in this position is as an external resource, educator and consultant for health care providers and other users of the DTP. Linda reviews new drug requests that are sent to the DTP for appropriateness and safety (e.g. drug resistance, interactions with other medications, consistency with current treatment guidelines). She also is a member of several committees that develop HIV-related guidelines, including those for HIV treatment, primary care and prophylaxis (accidental exposure, including sexual assault.) Linda is the pharmacy faculty advisor for IHHS 402, an interdisciplinary HIV/AIDS Prevention & Care course, which is provided through the College of Health Disciplines (UBC) and is also a clinical instructor for the Faculty of Pharmaceutical Sciences at UBC.

Leeann Donnelly, BSc, MSc, PhD Assistant Professor, Dept. Oral Biological & Medical Sciences, University of British Columbia

Cheryl Collier, MSc, RD; Oak Tree Clinic, Children's & Women's Health Centre of British Columbia; Adjunct Instructor, College of Health Disciplines, University of British Columbia
Cheryl Collier is the dietitian at the Oak Tree Clinic, an HIV clinic specializing in care for women and families. She completed her undergraduate degree in Biological Science in 2001 and a Master of Science in Human Biology and Nutritional Science in 2004, both at the University of Guelph in Ontario. Cheryl moved to Vancouver for the dietetic internship program with Providence Health Care. As a casual dietitian at St Paul's Hospital, she gained experience in many clinical areas of dietetics. Cheryl was fortunate to work as the dietitian with the HIV Program at St Paul's Hospital for two and a half years. In this position she covered on the inpatient HIV ward and the outpatient HIV clinic. Cheryl has a strong interest in research and worked as a research dietitian for three years with a multi-centre trial on diet and cholesterol management based out of St Michael's Hospital in Toronto, Ontario. In March 2010, Cheryl joined the Oak Tree Clinic's HIV program and has participated as the dietitian faculty member for IHHS 402 since this time. Cheryl enjoys sharing information about HIV nutrition. She is involved with training dietetic interns and orienting dietitians new to HIV. She writes nutrition articles for *Living Positive* magazine (Positive Living Society of British Columbia), and has contributed to CATIE's *The Positive Side* magazine. Cheryl is an active member of Vancouver Dietitians in HIV Care group.

Miranda Compton, RSW, Regional Manager, HIV Services, Vancouver Coastal Health Authority
Miranda has been working in Vancouver's HIV/AIDS community for 20 years. As a leader of people and program delivery, Miranda has worked in a variety of capacities, as Case Management Supervisor and Director of Support Services at AIDS Vancouver, Social Worker at Oak Tree Clinic – Women and Family HIV Centre, and currently as the Regional Manager of HIV Services for the Vancouver Coastal Health Authority. Throughout her career, Miranda has worked to build and lead clinical and community services that are rooted in increased access to social determinants of health. Her MSW thesis, completed in 2006, focused on the impact of stable housing on the health of formerly homeless persons living with HIV. For the past 4 years, Miranda has led the operational implementation of the Seek and Treat to Optimally Prevent HIV/AIDS (STOP HIV) pilot project in

Vancouver.

Silvia Guillemi, MD, Director of Clinical Education, BC Centre for Excellence in HIV-AIDS; Assistant Medical Director, IDC, St. Paul's Hospital, Providence Health Care; Clinical Associate Professor, Department of Family Practice, Faculty of Medicine, University of British Columbia
Dr. Silvia Guillemi is the Director of the Clinical Education at the BC Centre for Excellence in HIV/AIDS. She also works as the Assistant Medical Director of the John Ruedy Immunodeficiency Clinic (IDC), collaboration between the BC Centre for Excellence and Providence Health Care.

Marianne Harris, MD, CCFP

Dr. Marianne Harris is the Clinical Research Advisor in the [AIDS Research Program](#), a collaboration between St. Paul's Hospital and the University of British Columbia (UBC). Her primary research interests include HIV clinical trials and complications of antiretroviral therapy. She is a Clinical Assistant Professor in the Department of Family Practice, UBC Faculty of Medicine and an Associate Member of the Division of AIDS, UBC Department of Medicine.

Alan Hungerschafer

Al is an active volunteer with Positive Living BC and the Heart of Richmond AIDS Society. He is very proud of his participation in the HIV/AIDS education programs in the Richmond high schools and the community.

Mary Petty, MSW, PhD; Social Work Department, St. Paul's Hospital, Providence Health Care (retired), Sessional Instructor, School of Social Work Adjunct Faculty, University of British Columbia

Mary Petty has worked in the HIV/AIDS epidemic since the early 1980s when she was a graduate social work student in the U.S. Like many activists in the women's health movement at the time, she began working with gay men in communities facing the AIDS crisis. She went on to receive her MSW from Dalhousie University in 1985 and began her professional social work career in a psychiatric rehabilitation program in Halifax. Continuing to work in the community, organizing around gay and lesbian health issues and the HIV/AIDS crisis, she worked to incorporate HIV prevention education into services for patients with psychiatric illnesses. She began doctoral studies at the University of Pennsylvania in 1994, studying cultural and policy aspects of the AIDS epidemic through ethnographic research with ACT UP Philadelphia. She received her Ph.D. in Social Welfare in 2000 and moved to Vancouver where she began working in St. Paul's Hospital HIV program. She has collaborated extensively with community groups and is currently working with Positive Living Society of BC (formerly BCPWA) to develop a peer navigation program as part of the HIV primary care program in the Immunodeficiency Clinic. She started a support group for HIV positive people working and re-entering the work force and has been instrumental in developing counseling and advocacy services for long term survivors of HIV. She teaches in the UBC College of Health Disciplines Interprofessional HIV/AIDS course and is an adjunct professor of social work at Dalhousie University where she developed an HIV and social work course for the distance graduate program. She has published on criminalization of HIV, self-help groups, aging with HIV and community based qualitative research methods.

Todd Sakakibara, MD, CCFP, ASAM; Assistant Director, Inner City Medicine, Assistant Clinical Professor, Department of Family Practice, Faculty of Medicine, & Member College of Health Disciplines, University of British Columbia

Dr. Sakakibara is a specialist in Family Medicine and is now a practitioner and the Associate Director of the Division of Inner City Medicine with Vancouver Coastal Health. Dr. Sakakibara is also an Assistant Clinical Professor in the Department of Family Practice at the UBC Faculty of Medicine. He practices Family Medicine at Three Bridges Community Health Clinic and at the Raven Song Community Health Clinic in Vancouver and is certified in Addiction Medicine. He has done volunteer work in several international locations. Dr. Sakakibara is also actively involved in several professional and community organizations. His service activities include among others membership on the boards of directors for the Shooting Stars Foundation, and the Community Based Research Centre.

Special Thanks

The course teaching team would like to thank previous members for establishing the solid foundations on which we build. Without the vision of these leaders from the community, practice environments, and academy, we would not be able to bring this offering to you our students. We would especially like to honor the late Dr. Peter Granger, one of the founders of this course. He inspired countless students in the medical fields, motivating them to pursue careers in HIV care and other aspects of urban health care. We would also like to thank Irene Goldstone for her contributions to this course since its inception and to making life better for the many people living with HIV in Vancouver, in British Columbia, and across Canada. And finally, a big thanks to Paul Kerston who served for many years on our faculty.

It is our hope that we can continue to offer the next generation of students the opportunity to expand knowledge and bring about change for persons living with HIV that is grounded in a human rights approach to HIV, honouring and respecting the dignity of each person we serve.

Course Faculty and Staff Contact Information

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