



TLEF Project – Final Report

Report Completion Date: 2026-03-02

1. PROJECT OVERVIEW

1.1. General Information

Project Title:	Promoting 2SLGBTQ+ Inclusion, Diversity, and Equity in Pharmacy Education (PrideRx)		
Principal Investigator:	Tristan Lai; Alex Tang		
Report Submitted By:	Tristan Lai		
Project Initiation Date:	2022-04-01	Project Completion Date:	2026-01-31
Project Type:	<input checked="" type="checkbox"/> Large Transformation <input type="checkbox"/> Small Innovation <input type="checkbox"/> UDL Fellows Program <input type="checkbox"/> Hybrid and Multi-access Course Redesign Project <input type="checkbox"/> Other: [please specify]		

1.2. Project Focus Areas – Please select all the areas that describe your project.

- Resource development (e.g., learning materials, media)
- Infrastructure development (e.g., management tools, repositories, learning spaces)
- Pedagogies for student learning and/or engagement (e.g., active learning)
- Innovative assessments (e.g., two-stage exams, student peer-assessment)
- Teaching roles and training (e.g., teaching practice development, TA roles)
- Curriculum (e.g., program development/implementation, learning communities)
- Student experience outside the classroom (e.g., wellbeing, social inclusion)
- Experiential and work-integrated learning (e.g., co-op, community service learning)
- Indigenous-focused curricula and ways of knowing
- Diversity and inclusion in teaching and learning contexts
- Open educational resources
- Other: [please specify]

1.3. Final Project Summary – *What did you do/change with this project? Explain how the project contributed toward the enhancement of teaching and learning for UBC students.*

PrideRx (learn more here: <https://priderx.pharmsci.ubc.ca/>) is a longitudinal 2SLGBTQ+ health curriculum integrated across the four-year Entry-to-Practice (E2P) Doctor of Pharmacy (PharmD) program at the University of British Columbia (UBC). Developed in response to the demonstrated gaps in pharmacy education and patient care experiences, PrideRx represents one of the first Canadian undergraduate pharmacy curricula to systematically integrate 2SLGBTQ+ health competencies across didactic, skills-based, and experiential learning activities. The curriculum, which spans four years, reframes 2SLGBTQ+ health as essential—not exceptional—pharmacist competence.

Grounded in the theories of teaching and learning and our shared values on community, intersectionality, and humanity, the pedagogical framework and its resultant curriculum moved beyond isolated interventions to concerted efforts in teaching 2SLGBTQ+ health and targeting both cognitive and affective learning domains. Since its launch in 2022, PrideRx has been implemented, evaluated, and refined, with evidence demonstrating improvements in student competence in providing dignified, high-quality pharmaceutical care to 2SLGBTQ+ people and communities.

The innovation responds directly to the Accreditation Standards, updated by the Canadian Council for Accreditation of Pharmacy Program (CCAPP) in June 2023, requiring education programs to deliver sufficient content so that students can develop appropriate understanding on anti-racism, anti-oppression, cultural safety, and health equity as it relates to 2SLGBTQ+ populations.

This work was conducted primarily on the UBC Vancouver campus, located on the traditional, ancestral, and unceded territory of the xʷməθkʷəy̓əm people (Musqueam; which means ‘People of the River Grass’). The land has always been a place of learning for the Musqueam peoples, who for millennia have passed on their culture, history, and traditions from one generation to the next. The PrideRx team acknowledges the many lands and territories where partners and graduates work, study, and practice.

1.4. Team Members – *Please fill in the following table and include students, undergraduate and/or graduate, who participated in your project.*

Name	Title/Affiliation	Responsibilities/Roles
Timothy Lim	Pharmacy Practice Consultant	Developed continuing professional development resources; finalized reporting; developed cases for practice skills labs; provided one-on-one support to faculty and staff; supported knowledge dissemination
Dylan Moulton	Pharmacy Practice Consultant	Conducted a needs assessment; generated the initial draft of the resultant report; provided one-on-one support to faculty and staff
Lillian Chen	Project Manager; former Undergraduate Academic Assistant	Coordinated and supported all aspects of the project from inception to execution, including developing, refining, delivering select course materials (PHRM_V 331, PHRM_V 441); served as secretary of the Queer Curriculum Advisory Committee (QCAC); led knowledge translation and dissemination efforts, including publications, presentations, and reporting; supervised and mentored Undergraduate Academic Assistants (UAA)
Daniel Gallardo	Project Manager	Coordinated communications with QCAC members
Jianding Bai	Undergraduate Academic Assistant	Oversaw all technical components (e.g., newsletter circulation and publication, web design, etc.); assisted in developing asynchronous learning activities (ALA)

Shannen Arviola	Undergraduate Academic Assistant	Conducted literature review
Vince Taylor	Undergraduate Academic Assistant	Supported various project components, primarily in course refinements and reporting
Sara Hiebert	Undergraduate Academic Assistant	Supported various project components, primarily in course refinements, knowledge translation, and dissemination
Reema Abdoulezak	Undergraduate Academic Assistant	Supported various project components, primarily in course refinements, knowledge translation, and dissemination
Jasneek Kaur	Undergraduate Academic Assistant	Supported various project components, primarily in course refinements, knowledge translation, and dissemination
Manpreet Sandhu	Undergraduate Academic Assistant	Supported various project components, primarily in reporting (QCAC) and creating a practicum-specific manual (PHRM V 473)
Mel Tsai	Undergraduate Academic Assistant	Supported various project components, primarily in developing select course materials (PHRM_V 331), knowledge translation, and dissemination
Courtney Ng	Undergraduate Academic Assistant	Supported various project components, primarily in developing select course materials (PHRM_V 331), knowledge translation, and dissemination

Acknowledgement

In addition to the above team members, the PrideRx initiative could not have succeeded without the invaluable financial support, emotional support, collaboration, and expertise from our communities near and far. Contributors listed below advanced our work through avenues such as financial support, curriculum development, implementation, delivery, and evaluation.

Community and/or Experiential Partners <ul style="list-style-type: none"> • CityStudio Vancouver • Community-Based Research Centre • Health Initiative for Men • QMUNITY • Ribbon Community • Shoppers Drug Mart • Trans Care BC • Vancouver Board of Parks and Recreation • ViiV Healthcare • WISH Drop-In Centre Society 	Financial and In-Kind Support <ul style="list-style-type: none"> • Sydney Kroes, UBC Centre for Community-Engaged Learning • Jocelyn Micallef, UBC Faculty of Pharmaceutical Sciences • Dr. Trish Varao-Sousa, UBC Centre for Teaching, Learning, and Technology • Office of Experiential Education, UBC Faculty of Pharmaceutical Sciences 	
Queer Curriculum Advisory Committee <ul style="list-style-type: none"> • Alex DeForge • Antoine Coulombe • Carrie Hill • Darren Ho • Eliot Newton • Dr. Fong Chan • Gwen Haworth • Hans Bosgoed • Isabella Durante • Ivan Leonce • Dr. Jaris Swidrovich • John Cheng • Jon Grosshuesch 	Subject Matter Experts <ul style="list-style-type: none"> • Dr. Amit Gupta • Anna Briscoe • Arianne Bayot • Dr. A.J. Lowik • Dr. Dylan Moulton • Dr. Elizabeth Saewyc • Gordon Ly • Dr. Hannah Kia • Lara Casciola • Dr. Laura Bulk • Dr. Lesley Thomas • Dr. Logan Smilges • Parkash Ragsdale 	Patient Partners <ul style="list-style-type: none"> • Bella Sie • Charis Hamm • Christopher Reed • John Dub • Karen Firus • Kendell Yan • Kieran Thwaites • Liss Cairns • Mandy Young • Michael Coss • Moffatt Clarke

<ul style="list-style-type: none"> • Dr. Kathy Seto • Kayla Read • Lance Hansen • Madison Runa • Michael Robach • Olivia Lee • Roscoe Sullivan • Stephany Maude • Taylor Scheider • Wayne Campbell 	<ul style="list-style-type: none"> • Dr. Rob Wright • Dr. Sandra Jarvis-Selinger • Dr. Saraswathi Vedam • Dr. Su-Jan Yeo • Dr. Theresa Charrois • Thomas Trombetta • Dr. Travis Salway • Dr. Trevor Goodyear • Yuki Meng 	
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1.5. Courses Reached – Please fill in the following table with **past** and **current** courses (e.g., HIST 101, 2017/2018) that have been reached by your project, including courses not included in your original proposal (you may adapt this section to the context of your project as necessary).

Course	Academic Year
PHRM_V 100	22W; 23W; 24W; 25W
PHRM_V 270	22W; 23W; 24W; 25W
PHRM_V 331, formerly PHRM_V 300E	23W; 24W; 25W
PHRM_V 331	24W; 25W
PHRM_V 441	22W; 23W; 24W; 25W
PHRM_V 473	24W; 25W

2. OUTPUTS AND/OR PRODUCTS

2.1. Please **list** project outputs and/or products (e.g., resources, infrastructure, new courses/programs). Indicate a URL, if applicable.

Output(s)/Product(s)	URL (if applicable)
PHRM_V 100 Lecture (1-hour)	
PHRM_V 270 Workshop (3-hour)	
PHRM_V 312 Practice Skills Lab (1-hour)	
PHRM_V 331 (formerly PHRM_V 300E) Course (39-hour)	
PHRM_V 441 Asynchronous Module (1-hour)	
PHRM_V 473 Practicum (320-hour)	
The Next Step Pharmacist Facilitator Training Program: Module 2 – Inclusive Teaching Practices	https://courses.cpe.ubc.ca/browse/ubcv/pharmaceutical-sciences-cpe/pf-training/programs/nextstep-pf
Curriculum Framework for 2SLGBTQ+ Health Education	https://priderx.pharmsci.ubc.ca/education/
Queer Curriculum Advisory Committee	

2.2. **Item(s) Not Met** – Please list intended project outputs and/or products that were not completed and the reason(s) for this.

Item(s) Not Met	Reason
PHRM_V 212 Practice Skills Lab	Launch in 2026W
Suite of Patient Cases	In progress; will be completed in May 2026

3. PROJECT IMPACT

3.1. **Project Impact Areas** – Please select all the areas where your project made an impact.

- Student learning and knowledge
- Student engagement and attitudes
- Instructional team-satisfaction
- Teaching practices
- Student wellbeing, social inclusion
- Awareness and capacity around strategic areas (Indigenous, equity and diversity)
- Unit operations and processes
- Other: [please specify]

3.2. **Please provide details on each of the impact areas you selected in 3.1.** – For example, explain in which ways your teaching practices changed; how student wellbeing was impacted; how students wellbeing benefited from your project, etc.

Student Learning and Knowledge

We co-developed six program learning outcomes (PLO) with local and national 2SLGBTQ+ community partners. Each PLO responds to select educational outcomes for Canadian pharmacy programs developed by the Association of Faculties of Pharmacy of Canada (AFPC) and helps student gain competence in different areas of pharmacy practice as defined by the National Association of Pharmacy Regulatory Authorities (NAPRA) (AFPC, 2017; NAPRA, 2024). These PLOs served as a roadmap for designing and structuring curricular interventions.

Overall, evaluation data demonstrated positive response to curricular interventions. Student feedback consistently highlights increased confidence in applying course concepts and enhanced ability in achieving the intended learning outcomes.

Teaching Practices

PrideRx is unique because it refuses false choices. Most health professions curricula treat 2SLGBTQ+ health as either a discrete topic or as “diversity content” tokenized into single curricular interventions. We took a different approach and asked: “What if we treated this as core competencies that every pharmacy graduate must develop?” This required three approaches: (a) intentional integration and scaffolding of 2SLGBTQ+ health across the four-year PharmD program, (b) balance of cognitive and affective learning, and (c) grounding our work in community partnership rather than tokenistic inclusion.

Firstly, topics and themes were deliberately selected, sequenced, and reinforced to ensure the learning journey is enjoyable, meaningful, and most importantly, transformative. The PrideRx curriculum begins with language, such as understanding key terms and definitions. Therapeutic and pharmacy practice topics precede application, and we took deliberate steps to reinforce relevant topics to provide students with multiple opportunities to consolidate their knowledge and skills. Not only did we employ a variety of instructional and assessment strategies, accessibility and relevance of course materials were also considered when designing, developing, and delivering learning contents.

Secondly, we struck a balance of cognitive and affective learning so that students can *know* the content and *feel* something when learning it. For example, in PHRM_V 270, patient partners opened up to our students about their healthcare journey and highlighted the realities—both good and bad—of the healthcare system. Their stories were woven into our students’ hearts and we believe that patient voices, like those shared by our patient partners, instill humanity to the knowledge students receive from us.

Lastly, our curriculum was built from the ground up through authentic partnerships. We worked with a network of community partners from project inception to execution. The QCAC, established in May 2022, convened 15 meetings over 3.5 years to advise on the development, implementation, and evaluation of the PrideRx curriculum. It was designed to prioritize reciprocity, transparency, and diverse representation through pre-pilot consultations and ongoing evaluations. 17 committee members, including People with Lived and Living Experiences (PWLLE), academic partners, subject matter experts, and students, proposed, reviewed, made suggestions to all PrideRx curricular interventions to ensure content was taught methodically and reflected community needs and the quality of care one should expect from a pharmacist.

Awareness and Capacity around Strategic Areas (Equity, Diversity, and Inclusion [EDI])

PrideRx curriculum framework demonstrates high practicality, workability, and transferability for implementation in other pharmacy programs due to its methodical design, spiral learning model, and its alignment with CCAPP accreditation standards, which can be adopted by other accredited health professions education programs. Its core strength is that instructional content emphasized and foregrounded community and patient voices, while learners’ needs informed how the content should be delivered. This ensured the curriculum remained current and relevant, and it attended and responded to community needs. Further, this framework may serve as a foundation for designing an integrated, equity-oriented curriculum that targets other minoritized populations, such as disabled people, beyond 2SLGBTQ+ communities. Utilizing this framework demands modest resources, primarily faculty time, local partnerships, and funding, making it adaptable to similar programs, other health disciplines, and varied community contexts.

3.3. How do you know that the impact listed in 3.1/3.2 occurred? – Describe how you evaluated changes/impacts (e.g., collected survey data, conducted focus groups/interviews, learning analytics, etc.) and what was learned about your project from the evaluation. You are encouraged to include graphical representations of data and/or scenarios or quotes to represent and illustrate key themes.

Impact on teaching practices and awareness and capacity around strategic areas were evaluated based on self-reports. Evaluation was conducted on select curricular interventions, where feasible, to assess impact on student learning and knowledge and the results are summarized below.

Stakeholder feedback across courses was collected to evaluate PrideRx curriculum’s impact on student learning. The formal evaluation plan was developed and conducted by Dr. Trish Varao-Sousa, an evaluation and research consultant at the UBC Centre for Teaching, Learning, and Technology (CTLT). The mixed-methods evaluation strategy (2022–2025) included: anonymous pre–post student surveys, course evaluations, and student and preceptor (or practice educator [PE]) focus groups.

Broadly speaking, evaluation data collected demonstrated positive response to curricular interventions. Student feedback consistently highlights increased confidence in applying course concepts and enhanced ability to critically examine structural barriers in healthcare. Most students expressed appreciation for the opportunity to engage with diverse perspectives, particularly through experiential learning and interacting with community members. Overall, Practice Educators (PEs) shared that students were well-prepared and delivered high-quality work for the communities in which they serve.

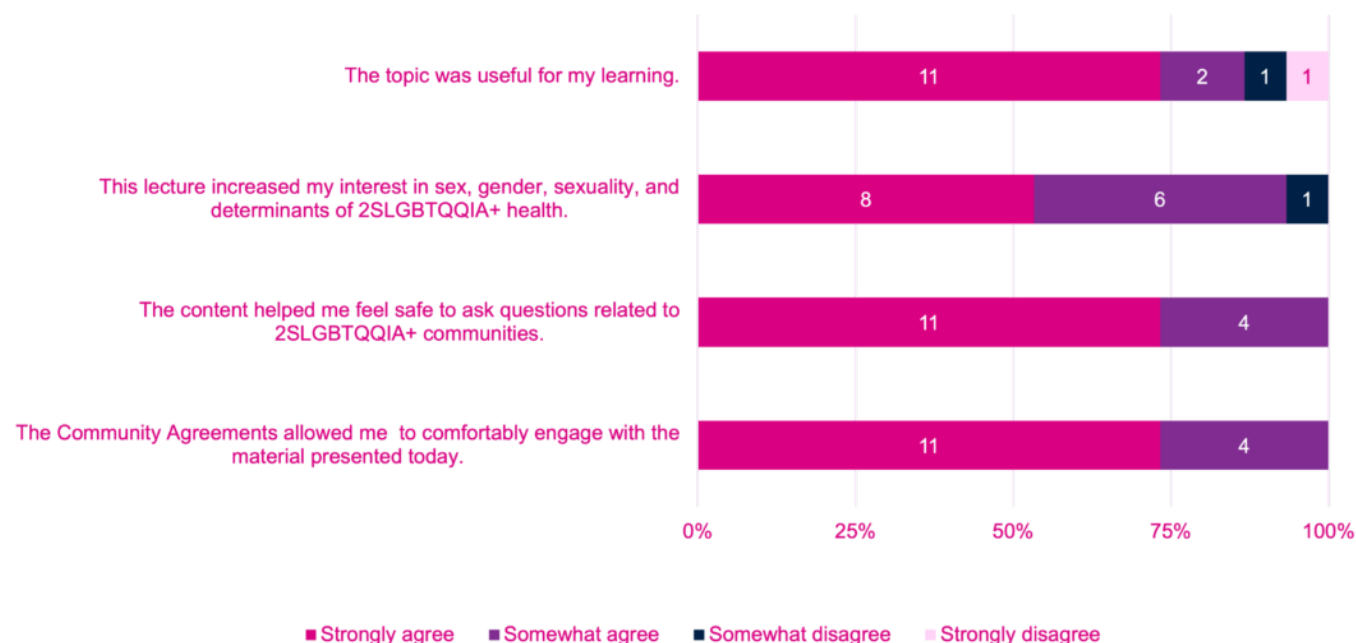
Table 1. Overview of Quantitative data across PHRM_V 100, PHRM_V 270, PHRM_V 331, and PHRM_V 473

Course	Section	Students (N)	Respondents (n)	Key Outcome
PHRM_V 100	22W	224	16	Majority reported gains (A or SA)
PHRM_V 270	22W; 24W	104 104	31 83	Majority reported gains (A or SA)
PHRM_V 331	23-25W	25	20	Course ratings 4.9-5.0 out of 5.0 across all items
PHRM_V 473	24W	5	5	Most students felt significantly more competent

PHRM_V 100 (Lecture)

In 22W, 16 (out of 224) students completed a post-session questionnaire, and most students provided favourable responses. Half of the students indicated that they would be interested in taking a third-year elective course on 2SLGBTQ+ health. The evidence points to both affective impact, such as students feeling seen, and perceived relevance and quality of the learning material, which together are good indicators that the lecture and teaching approach were effective.

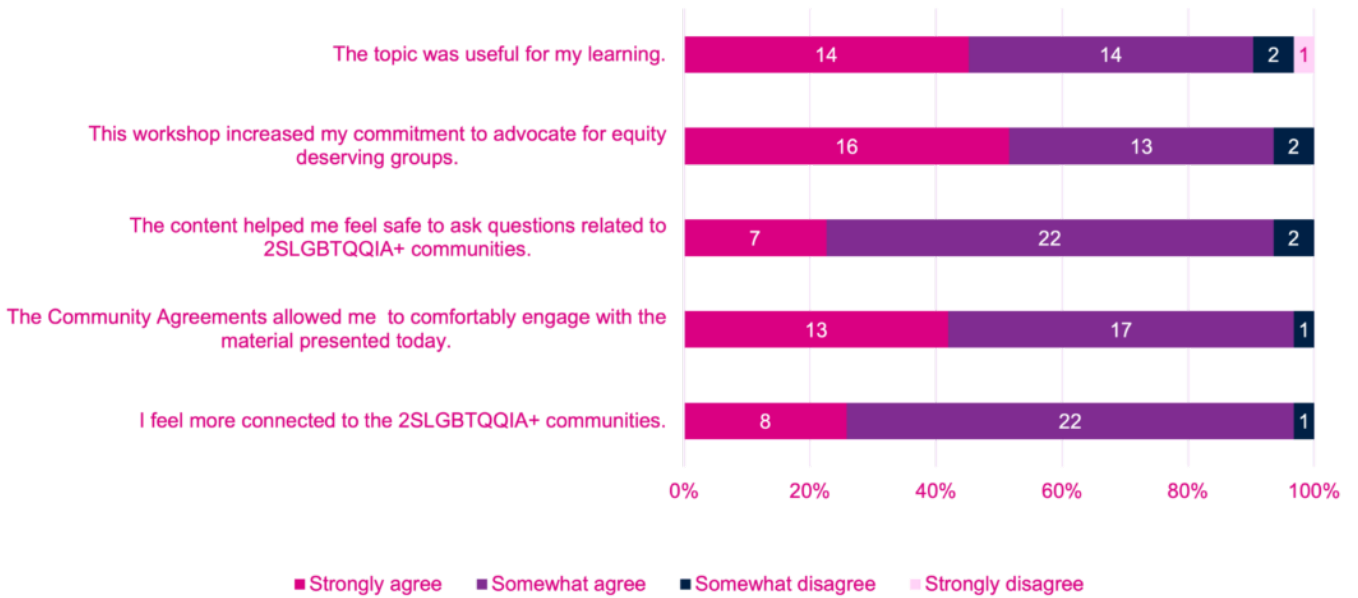
Figure 1. Post-Session Questionnaire for PHRM_V 100 (22W)



PHRM_V 270 (Workshop)

In 22W, 31 (out of 104) students completed a post-session questionnaire, and most students responded favourably.

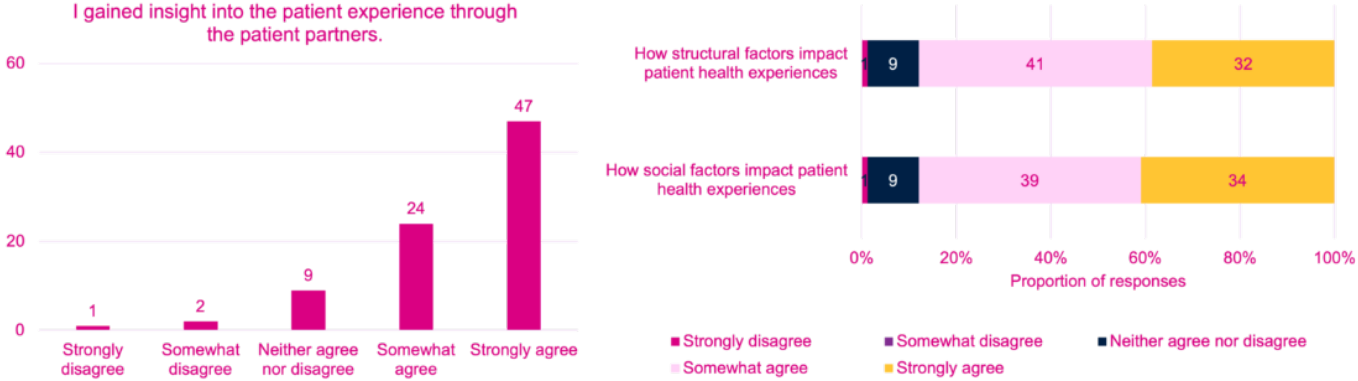
Figure 2. Post-Session Questionnaire for PHRM_V 270 (22W)



In the 24W session, we evaluated a newly launched patient partner session. This session featured patient educators recruited through the UBC Patient & Community Partnership for Education and was comprised of storytelling and group discussions. 83 (out of 104) students completed the post-session questionnaire, and most students responded with “somewhat agree” and “strongly agree.” One student discussed the benefits of patient voices, stating:

- “Thank you for bringing in the patient partners, their presence was meaningful and it’s their stories that I will remember and draw from in the future when helping my patients.” – Student, PHRM_V 270 (24W)

Figure 3. Post-Session Questionnaire for PHRM_V 270 in 24W



Student feedback from this workshop indicates that the iterative workshop design (i.e., narrative session in 24W) and facilitation are effective in achieving the intended learning outcomes. As majority of students ranked “Somewhat agree” or “Strongly agree” across items, this suggests that students perceived the workshop as relevant and impactful for their future roles as pharmacists. The patient partner session, which incorporated patient voices and discussions on the pain points in navigating BC’s healthcare system, was well received, and supported by open-text responses from students.

UBC collects anonymous feedback from students about the course and instructor(s). The Student Experience of Instruction (SEI) questionnaire includes a five-point Likert-scale (i.e., strongly disagree “1” to strongly agree “5”) and open-field questions.

Table 2. Student Experience of Instruction in PHRM_V 331 (23-25W)

Statement	Interpolated Mean (IM)		
	23W	24W	25W
The learning objectives for this course were clear.	5.0	4.9	5.0
The instructional methods (lectures, case studies, tutorial sessions, activities, etc.) facilitated achievement of the learning objectives.	4.9	4.9	5.0
The assessments of learning in this course were related to the learning objectives.	5.0	4.9	5.0
The assessments of learning in this course were fair.	5.0	4.9	4.9
The course was organized in a logical fashion.	5.0	4.9	5.0
Overall, the amount of work expected in this course was appropriate for its credit value.	5.0	4.9	5.0
Considering everything, I learned a great deal in this course.	5.0	4.9	5.0
<i>Responses Received / Course Audience</i>	<i>5/6 (83%)</i>	<i>10/13 (77%)</i>	<i>5/6 (83%)</i>

The quantitative data was supported by free-text responses shared by students. Across the three course iterations, student feedback reflected an overall appreciation for the lessons learned, as evident in the quotes below.

- “The course was crucial in my learning and understanding how to apply myself as a professional in the future. Other courses do not touch upon this topic so I am very grateful to this team for creating this course. All healthcare professionals should learn this topic because it really opened my eyes to understanding what these folks really need from us, and what we can do to dismantle the barriers they face everyday in our health care system.” – Student, PHRM_V 331 (23W)
- “I appreciate how this course touches on topics that we normally do not in our therapeutic [lectures]. I like that I got to learn a lot about PrEP and that we are pushing for increased accessibility of the medication. I also really like the concept of the Ideathon project as it really makes us think in a different perspective on how we can make a difference in the lives of those in the 2SLGBTQ+ community.” – Student, PHRM_V 331 (24W)
- “I would say that the strength of this course is that it allows pharmacy students to be introduced to a topic that doesn't get talked about much in the pharmacy world. As a pharmacy student, I have noticed that there is a huge lack of knowledge when it comes to serving 2SLGBTQ+ patients. At the pharmacy I work at, I have had 2SLGBTQ+ community members tell me that they have been turned away from pharmacies because the pharmacist was not adequately trained to answer their questions. I have, also, seen many negative interactions where 2SLGBTQ+ community members were not treated with basic respect. I think this comes from a lack of knowledge and as a future pharmacist I really hope that my patients do not suffer because I am ignorant to certain issues. I think this course did a great job at educating me about many health inquiries that 2SLGBTQ+ community members may come in with. I feel much more prepared in helping 2SLGBTQ+ patients than I did before. I honestly believe this class should be mandatory because it helps reach to a patient population that faces a lot of discrimination in the health care system. It teaches students how to provide safe, inclusive, and equitable health care. Alex and Tristan did an amazing job at making me feel more prepared to provide care to this patient population. I especially appreciate how they brought in experts from the field to talk to us about topics in the course. Overall, this was an amazing course and one of the most valuable classes I have taken in pharmacy.” – Student, PHRM_V 331 (25W)

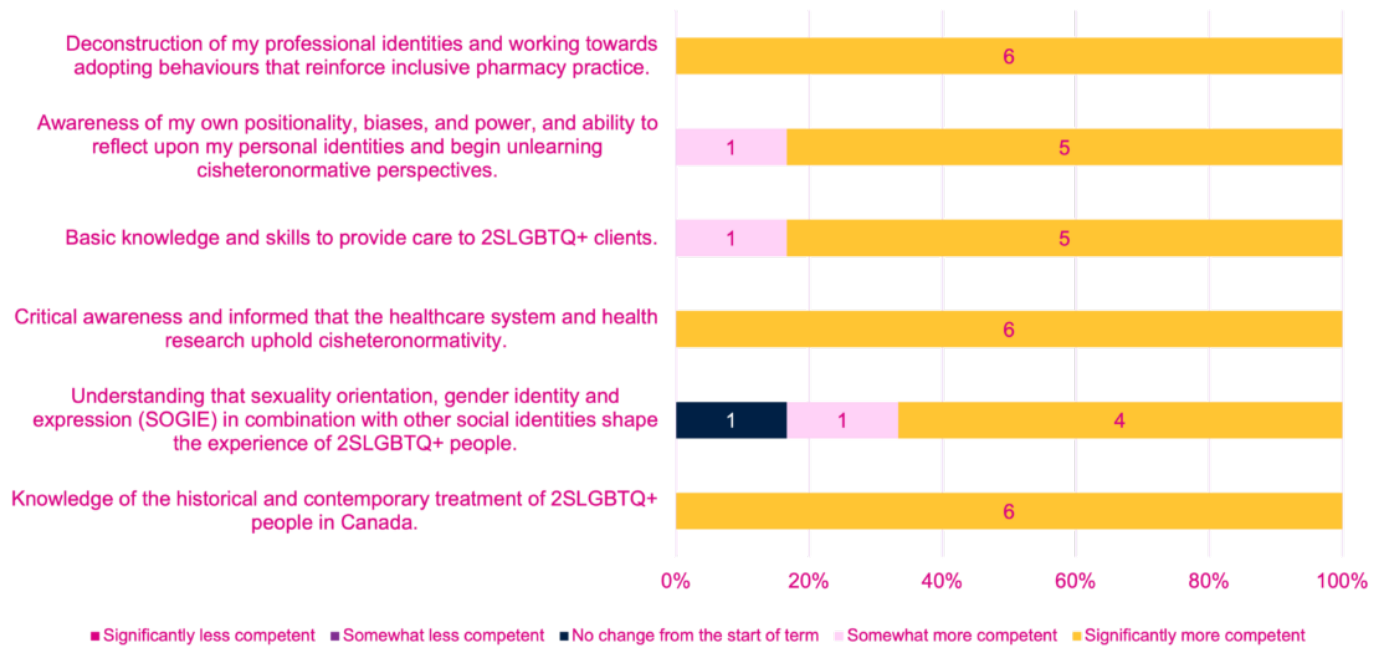
Further, one student commented on the course design, sequencing, and assessment activities, sharing:

- “All in-person and asynchronous lectures were structured similarly which made the content easier to understand a diverse number of topics. The order of lectures was really helpful in building a

foundational knowledge that then expanded on the role of pharmacists and health professionals in LGBTQ+ health through a variety of really interesting guests. Both instructors always provided detailed feedback and the post-class quizzes helped reinforce knowledge through application. It was clear that both instructors valued our learning experiences and both always maintained a safe environment, encouraging discussion and application of concepts. Assignments were extremely valuable for our learning experiences and the rubrics were easy to follow. The due dates were also spaced out which supported our learning.” – Student, PHRM_V 331 (25W)

In the 23W session, six (out of six) students were surveyed and four (out of six) students participated in a focus group. Based on the six PLO below, students indicated the degree of change from the start of the course via an anonymized survey. Most students felt significantly more competent.

Figure 4. Post-Course Questionnaire for PHRM_V 331 (23W)

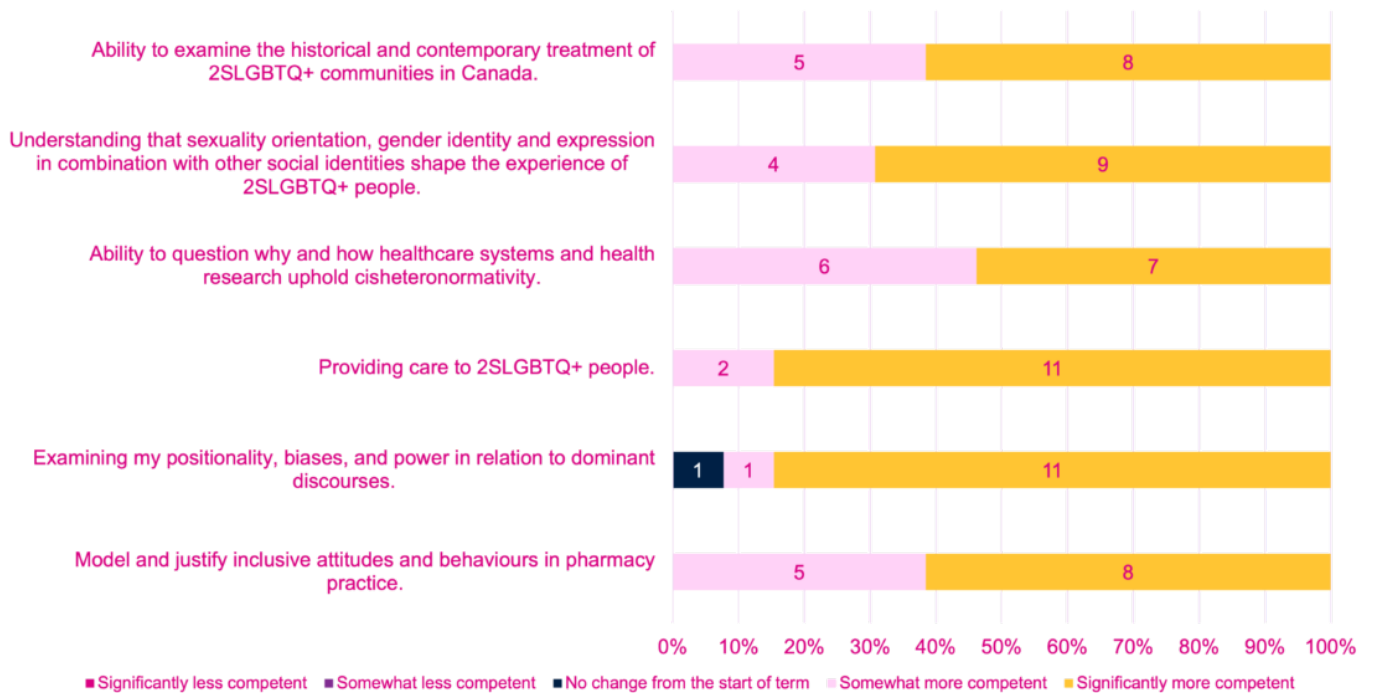


In the focus group, students spoke favourably about the course content and the impact on their learning and professional practice as future pharmacists. In the quote below, one student discussed changing pharmacy culture and advocating for 2SLGBTQ+ communities:

- “Having like worked in pharmacies where it’s like homophobic in the culture, it definitely gave me more confidence to speak up on issues.” – Student, PHRM_V 331 (23W)

In 24W, 13 (out of 13) students were surveyed. Most students felt more competent in their abilities to achieve all PLO.

Figure 5. Post-Course Questionnaire for PHRM_V 331 (24W)

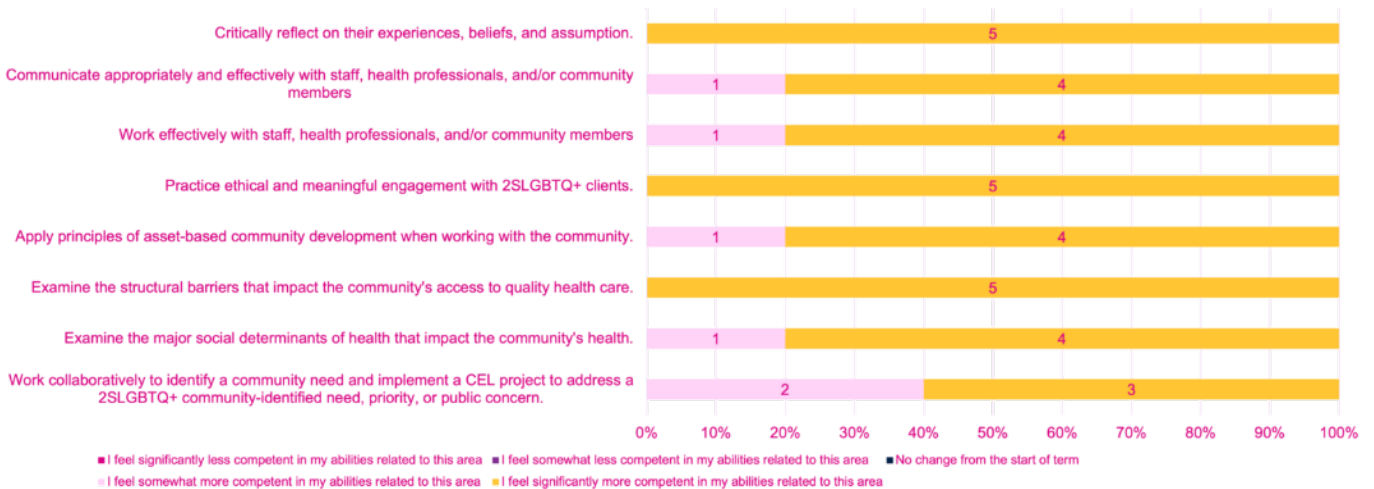


Student feedback collected over the three years consistently affirms the elective course’s success, both in terms of its delivery and impact on their learning. Quantitative and qualitative data demonstrate that students felt better equipped to address the structural barriers in the healthcare system, advocate and care for 2SLGBTQ+ patients, and examine their own power and privilege. Students' submitted work reinforces these outcomes.

PHRM_V 473 (Practicum)

In 24W, 5 (out of 5) students participated in a survey and focus group. 4 (out of 4) practice educators participated in a focus group. Based on the 8 practicum-specific learning objectives, students indicated the degree of change from the start of the practicum. Most students felt significantly more competent.

Figure 6. Post-Practicum Questionnaire for PHRM_V 473 (24W)



From the focus group, students discussed how (unexpectedly) personal the experience was. They learned about the importance of the patient journey, reflected on their privileges and positionality, and realized how much is lacking in the core curriculum. A student shared the value of hearing firsthand experiences from community members:

- “I learned more personal nuances towards [HIV]...We're used to learning a lot of clinical and very factual [information], [and] this is the history of it. This [practicum was] more: this may be the history, but this is how [people] experienced it.” - Student, PHRM_V 473 (24W)

From the focus group, PEs felt that the students were prepared and required minimal guidance. One practice educator mentioned that when feedback was provided, students were receptive and adaptable:

- “...maybe a step beyond what they were learning in the classroom, but was really easy to readjust, and they were so receptive ... it wasn't surprising, and it's not a bad thing, but it's kind of just that extra step of if you're in the queer community you automatically know to adjust or reorient your language and having students come in always highlights those little further steps that we're so used to taking.” - PE, PHRM_V 473 (24W)

Five and three students enrolled in 24W and 25W respectively. All students completed course evaluations. They highlighted strengths such as supportive PEs, clear syllabi and rubrics, reasonable workload, and projects and reflections that strengthen their understanding of gender-affirming care and community programming for 2SLGBTQ+ people. They viewed the practicum as an important learning milestone in their transition from student to pharmacist. Areas for improvement focused primarily on logistics, which included clearer timelines, additional check-ins, and the time demands of multiple written reflections. Multiple students explicitly stated they would recommend their site and PEs to future students due to their positive experience.

Student and PE feedback were overwhelmingly positive. In 24W, all five students showed significant gains across the learning goals, while focus groups revealed personal growth in understanding patient journeys, reflecting on privilege, and appreciating lived experiences beyond clinical information. Course evaluations from 24W and 25W praised supportive PEs and learning activities that deepened their knowledge. PEs corroborated this in focus groups, describing students as well-prepared, receptive to feedback, confirming the practicum's success in bridging classroom learning to real-world scenarios.

4. TEACHING PRACTICES – Please indicate if ***your*** teaching practices or those of ***others*** have changed as a result of your project. If so, in what ways. Do you see these changes as sustainable over time? Why or why not?

Teaching 2SLGBTQ+ health is inherently political as it intersects with the ongoing legal and ideological debates over social identities and an individual's rights to their bodily autonomy. Implementing such a curriculum requires not only institutional support, but also buy-ins from students. It involves creating a culture of inclusion that celebrates—not tokenizes—diversity and orients all those involved towards a commitment to equity. Teaching and learning, including what are taught and learned, how they are taught and learned, and the environment through which they are taught and learned, must be designed to welcome discourse and diverse perspectives while attending to individual differences. Inclusive pedagogy was heavily leveraged when developing and implementing the PrideRx curriculum.

Learning is made accessible, supportive, and achievable by applying a Universal Design for Learning (UDL) lens when generating and delivering curricular content. By embedding multiple means of engagement, representation, and action and expression in learning design, instructors recognize and work with differences in learning style and needs. While the curricular content is structurally aligned, instructors, including us, have the agency to decide how best to approach each topic, both in terms of teaching methods and modality, where operationally feasible. Various instructional and assessment methods have been trialed and deployed across different curricular elements. They include integrative, socratic, experiential, problem-, and inquiry-based learning. This multimodal approach to learning design not only helps students learn, but it also makes the process of learning relevant, accessible, and engaging.

We expect these changes in our teaching practices to be sustained as we continue our work in strengthening students' knowledge, skills, and abilities to deliver inclusive and affirming pharmaceutical care to 2SLGBTQ+ communities and people. We learned from our journey the importance of working alongside the impacted communities to execute such work. We shared our lessons learned with colleagues within and beyond UBC with the hope to effect changes in how academics collaborate with communities to co-create high-impact, community-informed work.

5. PROJECT SUSTAINMENT – Please describe the sustainment strategy for the project components. How will this be sustained and potentially expanded (e.g., over the next five years). What challenges do you foresee for project sustainment?

The PrideRx project has been successful in fostering strong student and community engagement and generating measurable learning outcomes. Through sustained integration into the core E2P PharmD curriculum, this work will continue to evolve beyond its active implementation phase. Its national reach and scholarly dissemination have further positioned UBC as the national champion in advancing 2SLGBTQ+ healthcare within pharmacy education.

We recognize the critical role of faculty, including clinical faculty, in delivering inclusive education. Therefore, we hope to expand faculty development opportunities, such as advanced workshops on inclusive teaching practice, ensuring educators are equipped to facilitate safe and meaningful learning experiences for all learners, including 2SLGBTQ+ students. Planned enhancements include expanding faculty and practice educator training, increasing cross-faculty collaboration to strengthen sustainability and reach, and strengthening community partnerships.

Despite its demonstrated successes, we anticipate challenges as we sustain and expand on the outputs generated, notably the significant faculty workload required and the ongoing variability across experiential learning environments that may impact the consistency in student experience. The discontinuation of the QCAC and depletion of funding resources add pressure to maintain the required infrastructure for ongoing refinements. More broadly, emerging external forces such as the crackdown on EDI initiatives, pose existential risk to this work, underscoring the need for ongoing institutional commitment to advancing EDI.

6. DISSEMINATION – Please provide a list of scholarly activities (e.g., publications, presentations, invited talks, etc.) in which you or anyone from your team have shared information regarding this project. Be sure to include author names, presentation title, date, and presentation forum (e.g., journal, conference name, event). These will be included on the TLEF scholarly output page.

Peer-Reviewed Papers (Published)

1. Chen LPC, Ng CN, Tsai M, Abdoulrezzak RM, Hiebert S, Tang A, **Lai T**. Pharmacists' experiences providing care to 2SLGBTQ+ communities in British Columbia, Canada. *Can J Pharm J (Ott)*. 2026;159(1):70-79. doi:10.3138/cpj-25-0019
2. Chen LPC, Ng CN, Abdoulrezzak RM, Tsai M, Hiebert S, Manhas JK, **Lai T**, Tang A. 2SLGBTQ+ patients' experiences in the pharmacy in British Columbia, Canada. *Can J Pharm J (Ott)*. 2025;158(6):368-377. doi:10.1177/17151635251360227

Conference Proceedings

1. Chen LPC, Abdoulrezzak RM, Lai T, Tang A. An inclusive pharmacy, a myth or a reality? A study on the experiences of 2SLGBTQ+ clients receiving care and pharmacists providing care in British Columbia. *Pharm Educ*. 2025;25(4):126. doi:10.46542/pe.2025.254.cps.1135
2. LPC Chen, Lai T, Tang A. Co-creating an integrated 2SLGBTQ+ pharmacy curriculum with communities: three years of learnings from the Queer Curriculum Advisory Committee. AFPC CPERC 2025 Abstracts – Oral and poster presentations. *Can J Pharm J (Ott)*. 2025;158(6):S54. doi:10.1177/17151635251386986
3. Chen L, Lai T, Lim T, Tang A. Co-creating an integrated 2SLGBTQ+ pharmacy curriculum with communities: successes and learnings from years one and two of the queer curriculum advisory committee. *Pharm Educ*. 2024;24(7):9. doi:10.46542/pe.2024.247.172
4. Manhas JK, Lai T, Tang A, Varao-Sousa T. "This should be included in our normal content.": evaluation of an upper-year 2SLGBTQ+ pharmacy classroom-based elective. AFPC CPERC 2024 Abstracts – Oral and poster presentations. *Can J Pharm J (Ott)*. 2024;157(6):S158. doi:10.1177/17151635241287596
5. Chen LPC, Abdoulrezzak RM, Tang A, Lai T. Inclusive pharmacy: where are we and how can we do better? A study on the experiences of 2SLGBTQ+ clients receiving care and pharmacists providing care in British Columbia. AFPC CPERC 2024 Abstracts – Oral and poster presentations. *Can J Pharm J (Ott)*. 2024;157(6):S26. doi:10.1177/17151635241287596
6. Tang A, Lai T. PRIDE-RX progress updates: Navigating the straights and narrow of higher education. AFPC CPERC 2023 Abstracts – Oral and poster presentations. *Can J Pharm J (Ott)*. 2023;156(6):S20. doi:10.1177/17151635231207694
7. Manhas J, Ng C, Lai T, Tang A. Evaluation of a mandatory first-year lecture and a second-year workshop on

- sexual orientation, gender identity and expression. AFPC CPERC 2023 Abstracts – Oral and poster presentations. *Can J Pharm J (Ott)*. 2023;156(6):S109. doi:10.1177/17151635231207694
8. Chen L, Tsai M, Tang A, Lai T. Evaluation of the Queer Curriculum Advisory Committee: Co-creating a SOGIE-inclusive pharmacy curriculum through community engagement. AFPC CPERC 2023 Abstracts – Oral and poster presentations. *Can J Pharm J (Ott)*. 2023;156(6):S62. doi:10.1177/17151635231207694
 9. Lai T, Tang A. Promoting 2SLGBTQQA+ inclusion, diversity, and equity (PRIDE-RX). AFPC CPERC 2022 Abstracts: Oral and poster presentations. *Can J Pharm J (Ott)*. 2022;155(6):S22.

Invited Talks

1. Lai T, Tang A. “Nothing about us without us.” – Co-creating an integrated 2SLGBTQ+ curriculum at UBC. Presented as part of Association of Faculties of Pharmacy of Canada Canadian Pharmacy Education and Research Conference; June 12, 2024; Quebec City, QC.
2. Tang A, Lai T, Ng CN. Untucking the pharmacy experiences of the 2SLGBTQ+ Communities. Presented as part of the College of Pharmacists of British Columbia Open Board Meeting; April 21, 2023; Vancouver, BC.

Invited Talks (Continuing Professional Development)

1. Lai T, Tang A. Queering and querying: applying an intersectional lens to practice. Presented as part of Fraser Health, Providence Health Care, Provincial Health Services Authority, and Vancouver Coastal Health’s Community, Provincial Academic Detailing, and Primary Care Network’s Pharmacists Networking & Educational Event; October 4, 2025; Virtual.
2. Lai T, Chen LPC. Queering pharmacy education: navigating the straights and narrow (1 CEU; CPFC Mainpro+ 199079). Presented as part of the University of Alberta Faculty of Medicine Inclusive Health Conference; March 25, 2023; Edmonton, AB.
3. Lai T, Tang A. Crashing the cis-stem: understanding SOGIE inclusive pharmacy practice (1.5 CEU; CCCEP 1678-2022-3519-C-P). Presented as part of the Canadian Society of Healthcare-Systems Pharmacy Manitoba Branch Fall Half Day; October 15, 2022; Winnipeg, MB.

Conference Presentations (Oral)

1. Lai T, Tang A. A framework for 2SLGBTQ+ health education in a backlash era: why you should fill this prescription” Presented as part of the Community-Based Research Centre Summit; November 21, 2025; Montreal, QC.
2. Lai T, Tang A. Pushing back in an anti-EDI era: a framework for 2SLGBTQ+ health education. Presented as part of the UBC Centre for Health Education Scholarship Celebration of Scholarship; October 22, 2025; Vancouver, BC.
3. Tang A, Lai T. Queering health: lessons learned from the UBC faculty of pharmaceutical sciences’ journey in becoming a champion in 2SLGBTQ+ education. Presented as part of the UBC Celebrate the Scholarship of Teaching and Learning; October 9, 2025; Vancouver, BC.
4. Chen LPC, Abdoulrezzak RM, Lai T, Tang A. An inclusive pharmacy, a myth or a reality? A study on the experiences of 2SLGBTQ+ clients receiving care and pharmacists providing care in British Columbia. Presented as part of the International Pharmaceutical Federation World Congress of Pharmacy and Pharmaceutical Sciences; September 1, 2025; Copenhagen, Denmark.
5. Chen LPC, Lai T, Tang A. Co-creating an integrated 2SLGBTQ+ pharmacy curriculum with communities: successes and learnings from years one and two of the queer curriculum advisory committee. Presented as part of the UBC Centre for Health Education Scholarship Celebration of Scholarship; October 2, 2024; Vancouver, BC.
6. Chen LPC, Abdoulrezzak RM, Tang A, Lai T. Inclusive pharmacy: where are we and how can we do better? A study on the experiences of 2SLGBTQ+ clients receiving care and pharmacists providing care in British Columbia. Presented as part of the Association of Faculties of Pharmacy of Canada Canadian Pharmacy Education Research Conference; June 13, 2024; Quebec City, QC.
7. Tang A, Lai T. PrideRx progress updates: navigating the straights and narrow of higher education. Presented as part of the Association of Faculties of Pharmacy of Canada Canadian Pharmacy Education Research Conference; June 15, 2023; Winnipeg, MB.
8. Lai T, Tang A. Promoting 2SLGBTQQA+ inclusion, diversity, and equity in pharmacy education. Presented as part of the Association of Faculties of Pharmacy of Canada Canadian Pharmacy Education Research Conference; June 16, 2022; St. Johns, NFL.

Conference Presentations (Posters)

1. Lai T, Firus K, Coss M, Varao-Sousa T. Patients know best: Educating pharmacy students on the social and structural determinants of health. Presented as part of the Where’s the Patient Voice in Health Professional

- Education 20 Years on? 3rd International Conference; November 12-15, 2025; Vancouver, BC.
2. Lai T, Leung L, Min J, Tang A, Wilbur K. Community members as equal partners in curriculum decision-making. Presented as part of the Where's the Patient Voice in Health Professional Education 20 Years on? 3rd International Conference; November 12-15, 2025; Vancouver, BC.
 3. Lai T, Tang A, Lim T, Chen L. Queering health: lessons learned from the UBC faculty of pharmaceutical sciences' journey in becoming a champion in 2SLGBTQ+ education. Presented as part of the International Pharmaceutical Federation World Congress of Pharmacy and Pharmaceutical Sciences; September 3, 2025; Copenhagen, Denmark.
 4. Chen L, Lai T, Tang A. Nothing for us without us: successes and learning from partnership with a community-oriented advisory committee. Presented as part of the International Pharmaceutical Federation World Congress of Pharmacy and Pharmaceutical Sciences; September 1, 2025; Copenhagen, Denmark.
 5. Chen L, Lai T, Tang A. Co-creating an integrated 2SLGBTQ+ pharmacy curriculum with communities: three years of learnings from the queer curriculum advisory committee. Presented as part of the Canadian Pharmacy Education and Research Conference; June 17-20, 2025; Niagara Falls, ON.
 6. Lai T, Tang A, Taylor V. Promoting 2SLGBTQ+ inclusion, diversity, and equity in pharmacy education: progress updates. Presented as part of the UBC 2025 TLEF and ALT-2040 Virtual Showcase; May 8, 2025; Virtual.
 7. Hiebert S, Abdoulezak RM. Supervisors: Lai T, Tang A. Characterizing LGBTQ+ education interventions for pharmacy students, pharmacy residents and pharmacists. Presented as part of the Community-Based Research Centre Summit; November 21-22, 2024; Vancouver, BC.
 8. Chen L, Lai T, Lim T, Tang A. Co-creating an integrated 2SLGBTQ+ pharmacy curriculum with communities: successes and learnings from years one and two of the queer curriculum advisory committee. Presented as part of the International Pharmaceutical Federation World Congress of Pharmacy and Pharmaceutical Sciences; September 1-4, 2024; Cape Town, South Africa.
 9. Manhas JK, Lai T, Tang A, Varao-Sousa T. "This should be included in our normal content.": evaluation of an upper-year 2SLGBTQ+ pharmacy classroom-based elective. Presented as part of the Association of Faculties of Pharmacy of Canada Canadian Pharmacy Education and Research Conference; June 12-13, 2024; Quebec City, QC.
 10. Chen L, Tang A, Manhas J, Hiebert S, Sidhu M, Abdoulezak RM, Lai T. Promoting 2SLGBTQ+ inclusion, diversity, and equity in pharmacy education: progress updates. Presented as part of UBC 2024 TLEF and ALT-2040 Virtual Showcase; May 7, 2024; Virtual.
 11. Tsai M, Chen L, Lai T, Tang A. Co-creating an inclusive healthcare curriculum with 2S/LGBTQ+ communities: evaluation of the queer curriculum advisory committee. Presented as part of the Community-Based Research Centre Summit; November 17-18, 2023; Vancouver, BC.
 12. Manhas JK, Ng C, Lai T, Tang A. Evaluation of a mandatory first-year lecture and a second-year workshop on sexual orientation, gender identity and expression. Presented as part of the Association of Faculties of Pharmacy of Canada Canadian Pharmacy Education and Research Conference; June 14-15, 2023; Winnipeg, MB.
 13. Chen L, Tsai M, Tang A, Lai T. Evaluation of the queer curriculum advisory committee: co-creating a SOGIE-inclusive pharmacy curriculum through community engagement. Presented as part of the Association of Faculties of Pharmacy of Canada Canadian Pharmacy Education and Research Conference; June 14-15, 2023; Winnipeg, MB.
 14. Tsai M, Manhas JK, Lai T, Tang A, Chen L, Ng C. Promoting 2SLGBTQQIA+ inclusion, diversity, and equity in pharmacy education: progress updates. Presented as part of UBC 2023 TLEF and ALT-2040 Virtual Showcase; May 4, 2023; Virtual.
 15. Lai T, Lim T, Tang A. Promoting 2SLGBTQQIA+ inclusion, diversity, and equity. Presented as part of the Community-Based Research Centre Summit; October 28-29, 2021; Vancouver, BC.