

## SRC meeting on 27/7/23 Action items

Item raised	Actions
<p>1.A23 Students reported that they did not receive any reminders about placement documentation</p>	<p>Drop-in sessions arranged as follows by CPO-</p> <ul style="list-style-type: none"> <li>• Bourke Street Campus <ul style="list-style-type: none"> <li>- Location: Break room level 4</li> <li>- Time: 12:00pm to 1:00pm</li> <li>- Day: Tuesday</li> <li>- Method: Walk in</li> </ul> </li> <li>• Moorabbin Campus <ul style="list-style-type: none"> <li>- Location: Building 3, Level 2 outside lecture theatre</li> <li>- Time: 12:00pm to 1:00pm</li> <li>- Day: Thursday</li> <li>- Method: Walk in</li> </ul> </li> </ul> <p>CPO will assist students if they report that they cant see the nursing Dept PI announcements</p> <p>The CPO drop-in sessions will assist students with uploading documents</p>
<p>2.A23-Jonathan- requesting more plug points in classrooms to charge devices</p>	<p>28/7/23- Property services job lodged to action this. Discussion with Sean Lynch about both USB points and extra plug points being installed. Property services will raise this at a higher level.</p>

<p>3.C&amp;A, Stage 2, coordinator not releasing content early enough to allow for flexible delivery. Assessments not visible to students until a week before it is due.</p>	<p>To date all content was released at least 1 week prior to the session. Teacher has now released all weeks content. All assessment tasks were released at the start of the unit. There was a problem with AT4, when the drop box disappeared. This has been fixed.</p>
<p>4. MOO- Jonathan issue re combined class</p>	<p>Combined classes were to ensure that the teaching continued despite teacher absences and that subject experts taught all classes. The combined classes with 36 students will remain combined. The larger combined classes have now been split, into separate classes.</p>
<p>5. Blue cross – NDIS screening requirement</p>	<p>Addressed by LB. We are now a NDIS approved provider so students will be able to get the NDIS screening. This will be rolled out.</p>
<p>6. MOO- A23, students confused about who to email re Communication and Legal, Unit outline is not clear.</p>	<p>Unit outlines checked and the lead teachers are correctly indicated on the unit outline. Lead teachers emailed to go over the unit outlines again in class. Responses from teachers that they have gone over the unit outlines several times, on the first session and a few times thereafter in the 036 and 041 units. This is done in class and Brightspace is demonstrated on the screen. Students shown how to access the unit outline and the relevance of all information on the unit outline. Students also shown how to find the lead teachers names and contact details. Assessment due dates are shown, as well as</p>

	<p>announcements. Drop-in sessions arranged to answer questions.</p>
<p>7. Will Kok, not teacher visited on 5/6-18/8 while at Epworth Freemasons</p>	<p>This has been addressed with the visiting teacher, and teachers advised to email managers if they anticipate problems with undertaking CP visits</p>
<p><b><u>8.Email From student who sent her apologies for the meeting 2.</u></b> - We recently had our Mental Health OSCE, I just like to note that some students didn't attend as they felt uncomfortable performing a skill we've never had a practical lab on. We were given the case study or bits of information before the OSCE, although this information didn't really provide us with any talking points and still left us confused as to what to expect. It was confronting and left some of us questioning if there's room to make it into a simulation or have a practical lab leading up to the OSCE, there was a wasted opportunity to teach us about mental health nursing instead of associating it with an agitated person.</p>	<p>Response from Tong 12/9 - Current design: Student has been taught about the OSCE skills since week 3.</p> <p>Start from week 3, the tutorial sessions will focus on risk assessment and nurse intervention, active listening skills, showing empathy.</p> <p>Epecially in week 5, it is focused on communication, de-escalation and OSCE preparation. In addition to that, week 6 focused on self-awareness and safe wards interventions (essential de-escalation skill set used in acute ward).</p> <p>In addition to that, Mental health PC lab is actually designed to be a demonstration and practice of OSCE.</p> <p>In PC lab, teacher will go through all details and safety measures of OSCE and upcoming VR simulation – very detailed - teacher were require to go through the OSCE criteria's and safety measures word by word and also work with students to demonstrate how a real OSCE will looks like:</p> <p>“3. Role Play practice Teacher to choose one or two students/</p>

	<p>volunteers, demonstrate how role play works and how to de-escalate the situation.</p> <p>Ways of forming group:</p> <ul style="list-style-type: none"><li>a. Teacher act as the patient, Student act as the nurse</li><li>b. Teacher act as the nurse, Student act as the patient</li><li>c. One student act as the patient, the other student act as the nurse</li></ul> <p>Give feedback and recommendation to students.”</p> <p>Behaviour may benefit to students’ experience:</p> <p>In Moo campus, in each week’s tutorial, when I am about to talking about OSCE related information/skills/knowledge, I clearly warn students that they have to listen to me because I will talk about their OSCE – it seems work well.</p> <p>Reinforce the acute level of OSCE patient every week – teacher can describe the patient in a more severe and serious condition so student can be well prepared mentally.</p> <p>Utilise the SP guide when contact SPs, give more clear instructions to SP about how agitated is expected – different group may have different conditions (threshold) so it will be relay on lead teacher’s understanding of the group.</p> <p>Monitor SP during the OSCE because assessors may not able to provide clear and in-time feedback to SP’s agitation level. ADD:</p> <p>In regards to the feedback: “although this information didn’t really provide us with any talking points and still left us confused as to what to expect.”</p> <p>Is is clearly stated in the assessment guideline that student need to de-escalate (using the skills and knowledge they learned in the past 6 weeks) the situation and provide some health care information to the patient.</p>
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	<p>Due to the nature of mental health, it is impossible to make a clearer practice list about what to say and what to do at a certain time. It is very different to other nursing practice unit.</p> <p>De-escalation is like to establish a conversation with an angry person. It is a very subjective action – very subject to students’ own responses, SP will also provide a subjective action based on students’ behaviour and verbal response.</p> <p>The basic information has been provided, background information and OSCE task were all provide in the assessment guideline.</p> <p>SP guideline listed out more detailed background information (due to SP have no knowledge about mental health issues) and things SP can do/say and things SP cannot do/say.</p> <p>I may not able to make any further talking point or instructions due to the subjective nature of de-escalation. Otherwise, it will become a stage play instead of an assessment.</p> <p>In respond to: “to teach us about mental health nursing instead of associating it with an agitated person”</p> <p>It may worth to consider but it means we need to have a longer teaching time, 6 weeks is really not enough – I did not get extra time from last ANMAC meeting.</p> <p>Rational:</p> <p>Through our 6 weeks of teaching, we were teaching about mental health stigma and stereotype – not all mental health patient is agitated and “crazy”, in the fact is most of mental health patient is anxious, depress, isolative, suicidal etc. So, if we really need to consider to put in a SP to support, we do need to have more time and more session to demonstrate at least some of the major patients’ presentation. Only agitated person will reinforce the stigma and stereotype among our new generation nurse which will also have the possibility to potentially lead to</p>
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	<p>accreditation issues – reduce stigma and stereotype is one of the 8 national principal area of mental health nursing practice (I am not sure about the accreditation issues as I don't know how they audit our course content).</p>