Transcript

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Zoe Brown

All right, I think we'll get started. We're on 2 o'clock, and thanks everyone for joining. My name is Zoe Brown, and I'm the international recruitment manager for the Faculty of Health, Arts, and Design. Today, it is my pleasure to be hosting alongside Dr. Annie Lassemillante. And we will be talking through Swinburne University and our PG or post-graduate health programs and the innovative teaching within these discipline areas.

Now just a quick bio on Annie. So Annie is an accredited practising dietitian with experience in clinical practice and research. She has been at Swinburne for over three years and used to coordinate our Bachelor of Health Science program.

She has since worked with her colleagues on the design of our wonderful new Master of Dietetics, which she now teaches into. So, Annie, I'll leave it to you.

Annie Lassemillante

Fantastic. Thank you, Zoe, and welcome everybody. I'm really happy, today, to be talking about our exciting innovations in our programs, with graduate health programs. So my name is Annie. Here, we say Lassemillante, but really, if we say-- because I'm a French speaker, we say [FRENCH ACCENT] Lassemillante.

And I came to Australia as an international student about 16 years ago from a small island called Mauritius. So I was an international student once, too.

So I'm now pleased to talk about our health programs. And what I will talk about today is-- I'll focus on three of our main post-graduate health programs that we have. I will give you a very brief, quick tour of our facilities because that will provide you some context, with our teaching approaches and how we use our space in innovative ways. I'm going to briefly talk about our teaching approaches and philosophy. And I'll finish off with talking about our innovations under usual conditions and during COVID-19. And I'm a dietitian, so I will talk about eating during a pandemic.

So before we start, I would like to acknowledge the country on which we meet. So at Swinburne , we value, and we respect Aboriginal and Torres Strait Islander people. So I would like to begin this webinar by respectfully acknowledging the traditional owners of the land on which we gather, the Wurundjeri peoples of the Kulin Nation. We also pay respects to all Aboriginal and Torres Strait

Islander community elders, past and present, who have resided in the area and have been an integral part of the history of this region.

We also pay our respects to any Aboriginal and/or Torres Strait Islander people present with us today. Now, I'm going to talk about Aboriginal people and how we have embedded that in our curriculum as well a little bit later.

Now about our post-grad health offerings, so we have the Masters of Dietetics, which is where I'm teaching into. We have the Masters of Occupational Therapy, or OT. I'm probably going to refer to it as OT. Master of Physiotherapy, which I'll probably refer to as Master of Physio, and we also have master's program in forensic science and counselling. I will focus on the top three today, in the interest of time.

Now, you will see on the right hand side of your screen, here, a whole bunch of logos. So our post-graduate health programs are accredited with external bodies, such as dietitians Australia, Australian Physiotherapy Association, Occupational Therapy Council, and most importantly, AHPRA, Australian Health Practitioner Regulation Agency.

Now, you would have heard at the start, I'm an accredited practising dietitian. It means that I did a course. I studied a course in dietetics in Australia that was accredited by Dietitians Australia. Hence, I have this title, the credentials of APD. So our students graduating from our health offerings can register with the relevant body. Now, if we have students who want to practice overseas, some of our-- some countries will also recognize our credentials through an exchange or reciprocal arrangement. But that needs to be checked on the relevant website.

So about us. So we all either practice as clinicians, or public health practitioners, or we are currently practicing, which means that we can bring our experience to the classroom. We can bring what we've learned from our patients and our clients to the classroom, which really makes the classroom come alive, and the students love when we share our experiences with them. We're very passionate. Again, we bring that in the classroom.

And again, the student when they start, they're passionate about the area, so it creates a fantastic learning environment as well. And we think outside of the box, and that's really important. Because this is what allows us to innovate in our curriculum. And during a pandemic, thinking outside of the box has really been an asset to us because it's allowed us to pivot really quickly in order to deliver some of our content online, so teaching online in a lot of instances. So thinking outside of the box is what I'm going to be focusing on today through our innovations

So really quickly, what are our facilities? What do we have? So we teach anatomy using virtual reality, so we don't have wet cadaver labs. So as you can see on the top left corner, here, we've got a really big touch screens, where we, as you can see-- there's an anatomy-- excuse me, there's a cadaver, or a specimen, on the table. We also teach anatomy using virtual reality, so as you can see, there's a person wearing goggles now and holding a joystick. I'm going to talk a bit more how that works, when we talk about physiotherapy. I've got some examples there.

So we also have simulated hospital wards on campus. So as you can see, there is a bed here. This is what-- and then there's an observation deck behind. If we put the observation deck aside for a

second, but where there's the bed, where there's the carpet, and everything there, this is what a hospital ward looks like. OK?

And here we have a patient, or a simulated patient, played by a specialized medical actor. And we've got students around the patient here, and we've got the lecturer here. So the students are practicing in a case with an actor in a very safe environment to learn. Now, in the meantime, the other students here are observing what the other students are doing. So the students can learn by observing others, so when it's their turn to practice with the simulated patient, they can do the good things that the students before them have done, but also improve on anything that wasn't done properly.

And this is why having the lecturer here, as you can see in the corner here, present, the lecturer can provide feedback in real time on how to practice differently or better. You'll see also, there's a screen at the top here. And there's a camera at the top. You can't really see that. It's a bit small, but, so the students in the observation deck can see a bit closer what is being done, if there's any kind of interventions done with that particular simulated patient. And there's also loudspeakers here. So anything, any sort of audio that is happening here, is broadcasted so that, in the observation deck, they can also hear what is happening.

Then, we also have our physio labs and our consult rooms. So these consult rooms works very similar to the simulated patient ward, or the hospital ward, where you can see here there's a mirror and behind that mirror is a classroom to observe. So for example, we use this in dietetics to run consults. So how would this has been has been really, really useful is that we have had one of our lecturers, who is also a paediatric dietitian-- so she was practising with a mum and a child. So she was doing a paediatric consultation, and the students were observing to learn.

Now you can imagine that, if the students were present in that room, that child would have been very, very distracted and potentially very shy. So having an observation room, where the consult room feels very private, is really useful, a really useful learning tool, as well. And here, this is our physio lab. As you can see, there's the bed. There's curtains around for privacy. This is just a small portion of the physio lab, but again, this looks like what a physio consult room or-- yeah, consult room, what it would look like in the clinic, in practice.

Now, here we have our kitchen and our food chemistry, or food science, lab. I'm going to talk about the kitchen and how we use the kitchen a little bit later, but I just want to emphasize that these two rooms are next to each other. So behind this wall here is the food chemistry and food science lab, which means that anything that we cook in the kitchen-- and we have done a prac like this, where baby food was cooked in the kitchen and was taken outside of the kitchen. The students just walked outside of the kitchen, into the food science lab, to analyse the nutrition composition of the food that they've just cooked, analyse the nutrition composition of the commercial baby food, and compare the two. So we can use the rooms quite creatively because they're next to each other.

Now, we have recently been visited by our auditors from the dietitians Association in order to get accreditation. And they've observed our facilities, and they have commented on the state-of-the-art of our facilities, how modern the kitchen is. And we're one of the few programs in Australia to actually have a kitchen in our building, where the students have their theory classes, and then they

go to the kitchen straightaway. They don't have to travel somewhere else. And having it next to a food chemistry, or food science lab, again, is very unique. Very few programs in Australia have these facilities

About our teaching approach, or pedagogy, so we use authentic learning. So basically everything that our students do is grounded in real life and in real world. You've probably already got a sense of that, when I was talking about the facilities. The students, then, can-- it makes a lot more sense, and the students draw a lot of value from that. But what we also do is, we draw from the students prior experiences, and that's a really important part of authentic learning.

As an example, we teach about cultural safety and cultural competencies. That's very important because, as health professionals, we're going to work with people from various cultural backgrounds, speaking different languages, a wide variety of people, quite a diverse-- quite diverse communities. And we encourage our students in class, students from different communities, example in dietetics, to share their experiences about speaking a different language in Australia, or about having a different culture in Australia, the students to share about their various cultural or religious festivals, about different foods that they eat, because it's all very different.

And what that creates-- that creates a peer learning environment, where others can learn about their culture but also can ask questions about their culture in a very safe way. And then the student who's sharing about their culture almost acts as an educator for a moment. And this creates, again, a very safe learning environment.

We also focus on experiential learning, and experiential learning is learning by doing. And so, again, as you've seen, the students cook in the kitchen. The students practice in the physio lab. They practice on each other. It's all about learning by doing, and I'm going to talk more about that as we move on. But a very simple example of learning by doing is placement. In all of our health programs, we have health placements because they're mandated by our accrediting bodies. So that's when our students go into hospitals, private practice, community public health settings, Aboriginal communities, to apply what they've learned with real people, real clients, real patients, real populations, real communities. They do, on average, roughly around 100 days of placement throughout their courses.

And we use problem-based learning in the classroom. For example, OT, or Masters of Occupational Therapy, uses that quite heavily, where at the start of a semester, or teaching period, the students are presented with a scenario or a problem, and the students then spend the semester unpacking this scenario or this problem in order to come to a solution. So it's a very self-directed way of learning, but the students aren't doing this alone. The educator, the lecturer, is there along the way to guide them.

Now, I'm going to talk about how we innovate and give you some very specific examples. So I'm going to talk about how we innovate in our three programs, separately. But there's a very unique innovation that we do, and it's an interdisciplinary innovation. This is something that takes a lot of work, and a lot of time, to achieve, and I'm going to talk about our indigenous curriculum.

So we have what we call an indigenous tag team simulation. OK, so what does that mean? So let me start with giving you a bit of context. So the top picture on the left. So here we have a staff member

from OT, a staff member from psychology, a staff member from dietetics, a staff member from physio, and a staff member from nursing. And here we have an Aboriginal woman. Her name is Nicole. So these people, here, are in the studio recording a video that is part of the education pack that we use in our interdisciplinary teaching for the learning of our-- for our students to learn from.

So the students are presented with a case, a case of an indigenous person that has a particular health condition and needs to receive care. So the students read the case. They watch the video, and then they go in the simulated environment with actors, again, specialized actors. And the actors have been trained on the case, where the patient receives care from the students in a holistic manner. Now, the students-- so we have interdisciplinary teams of students working with that simulated patient.

So for example, the nursing student will go in and see the patient first. They will do their work as a nurse. They will come back, write their notes, and then refer the patient to the dietitian because the patient also has a nutrition problem. Then the nutritionist or, sorry-- the dietitian comes in. The dietitian does the consult with the patient, comes out, does their notes. And if they need to refer to another health professional, like an OT, they do so. So it goes on like that. This is why it's the tag team because it's one student from one profession after the other giving holistic care to that simulated patient.

Now, there's a lot of debriefing and peer feedback as well, and that's really important. Why debriefing? So Nicole, here, will debrief with the students. Because this is not just about the student applying what they've learned in the clinical aspect, but because this is an indigenous patient, or simulated patient, there's a big cultural aspect in there. So practicing in a culturally safe manner, understanding the social complexities of this patient, is really, really important, and the cultural complexities of this patient. So there's multiple layers of learning that the students are applying, and also improving, on their learning.

And also, what happens after this, at the bottom you can see, this is a group of OT students who then go on placement to an Aboriginal community. We also have students in dietetics going in on placement in Aboriginal communities. So learning-- having these kind of indigenous tag team simulations really sets students up really, really well when they go on placement in Aboriginal communities.

So how do we innovate in OT? So in OT, it starts about the second half of their first year, and for 12 months from there, the students work on a design challenge. And I've highlighted here in yellow the students do two design units in their Masters of OT. And they work with the Design Factory Melbourne, which is here. That's an old fire station that has been refurbished. And the students work in a multidisciplinary team, again, on a design challenge.

So what is a design challenge? It's what we call the neglected challenge. So we have a person who has a problem, and that problem is called a neglected challenge. And that person is called a Need-Knower. So they come at the beginning of the 12 months, and they say, this is my problem. I need a solution. So we can see here in the middle, we've got the lecturer here, at the start of the 12 months, going through the theory, the design thinking theory, the user-centred design, or human-

centred design aspects needed. And then the students work in their multidisciplinary team to brainstorm, what is that problem? What's the solution that we can find?

And then, most importantly, here on the right-hand side, you can see the person in the motorized wheelchair. This is the Need-Knower. This is the person who came with their problem. And their work with the multidisciplinary team around the table-- that Need-Knower, that person is involved all the way through with the students, so the students can understand, what are their challenges? What are their lives like? And when they design the solution, they consult with the Need-Knower on an ongoing basis, in order to design the best solution possible for the Need-Knower, or for that person.

So as you can see, the students are doing real-world exercises. And they're developing a whole lot more than just the mechanics of learning and what I need to do, but it's taking the person into consideration.

So what does it look like once they've worked with the patient, or the client, or the Need-Knower, I should say? So at the top left, we've got John. John is in a wheelchair, and this is his team of OT and design students. And John had a new puppy. And John wanted to put the puppy on a lead, or a leash, to go for a walk because that's what we do in Australia. But John couldn't do that. So the team designed a harness, as you can see at the bottom, that John could put on his dog, on his new puppy, with a motorized lead so he could control his dog. Now as you can see, this is a real solution, for a real world person, that the person could then use, that our students have designed.

Then on the right, we have Jack-- Jack, here, with his team. He has two teams because he had quite a complex problem. Jack has multiple disabilities, intellectual and physical, and Jack does a lot of rehabilitation in the pool. And in the, pool one of his challenges was to remain vertical in the pool, so they designed the "Jacksuit," down there. Now, the Jacksuit allowed Jack to be in the pool vertical, but when he needed to be horizontal, there was also a device to keep his head steady. Again, as we can see, the students have designed a real world solution for real people.

How do we innovate in physiotherapy? So here, I've taken pictures. They're screenshots from YouTube, from the Australian Physiotherapy Association. Here's the link, here. Why I've taken the screenshots from their YouTube clip-- because this is showing that the peak body for physiotherapy in Australia is recognizing our innovations and how we teach anatomy at Swinburne.

So I've talked about using the big touch screen, or the Anatomage tables. So you can see on the top right hand corner, this is what the students are doing. We also have iPads here, and the students also are using augmented reality as well. And we've got, here-- this is Doa El-Ansary. She's the course director for physiotherapy, and she's going through cases with the students. So as you-- And there's another lecturer at the back, here. So as you can see, it's a very hands-on, consultative way of learning.

And on the left, we can see-- this is what VR looks like, virtual reality. So this is how we teach, also, anatomy. So at the top, we can see, there's this gentleman. He's got the goggles on, and he's got the joystick. And as you can see, he's kind of mid-movement. So he is in the virtual world. He is interacting with a cadaver. When we zoom in, at the bottom, you can see on that screen, this is what

he can see in the virtual world. So here, we can see the skeleton, but there's a bit of muscles as well. And here, you can see he's removed the muscles.

So he can interact with the human body in the virtual world. In the virtual world, he could also be paired with other people, and he would see other avatars of people. And they could all interact with the cadaver and pinpoint to various anatomical sites in the virtual world, so they can also create a peer-learning environment. Our students can record that, and they can refer to that for their future learning as well.

Now, how have we innovated during COVID-19 in physiotherapy? Now, all of our courses are very hands on because once we work with people, our clients in the future, we are very hands on. So we have to be able to teach these skills, these essential skills, to our students. But the pandemic came, and we've had to go into confinement. So we've had to pivot and think creatively. Are there skills that we can teach online, or in a remote manner? And cardiorespiratory skills is one of those skills that we managed to do.

Now, so here, as you can see, these are packs. This is the floor of our office, where we were putting these packs-- or, not myself, the physio team, was putting together really quickly to mail to our students. And in these packs are a few pairs of gloves and various types of tubings. And this was used to practice particular skills called airway clearance techniques. And the students had a series of online tutorials, live tutorials, and pre-recorded videos as well, so they could learn how to practice these skills.

An example a skill that they were practicing was a suctioning technique, where a lot of practice is needed. Because the students have to put two pairs of gloves on each hand and then open the packaging, take the tubing out without touching anything, because that tubing is going to go very close in the airway, so we don't want to contaminate the airway. Clearly at home, they didn't have a real person to do this, but doing the double gloving, and taking out the tubing, and putting it in a very small opening without touching anything-- It is--

[AUDIO OUT]

They could practice [INAUDIBLE]. The tutors could then observe their technique and give them feedback. Now, the student received this approach really, really well. We got some really, really good feedback, but something that was quite unexpected is that the student really appreciated receiving something tangible from Uni. So in the mail, they still felt connected with the Uni. They still felt connected with their lecturers, which is really important to us, so it was a really good added bonus.

Now, how do we innovate in dietetics? So we have our kitchen. I've talked about our kitchen before. And when we talk about dietetics, it's all about eating and food. We basically support people in eating-- changing their eating habits for health. Now, here we've got a class. It's all about the sensory experience of tea. Here, we have Madame Flavour. We work quite closely with the industry, I have to add. This is the creator of Madame Flavour, which is a brand of tea, a commercial tea found in supermarkets in Australia.

And as you can see on the table, there's a selection of teas. So she's basically guiding three students, trailing different teas, and talking through the flavour profiles, and some of the emotions that it's bringing up. But as she's doing this, she's also talking about her market, all the market research that she's done, who is her consumer base, why she's designed this tea like that. Generally, is it mums or grandmothers who like this particular tea?

So she really also guides the students through her product design and how she got through to the final product of her tea blends. So while it's a fun activity, yes, we're all having a nice cup of tea, but the learning is actually quite profound.

And I also have to add in this unit-- so this is a unit where the students have to design a food product for food industry, ready for market. So having an experience like that, where they can learn about sensory testing and sensory experiences is an essential part of designing a new food product. We have to do sensory testing before it goes to market anyway, so another example of a real-life activity.

Then we have our students, as you can see on the right, our students cook, and at the bottom, you can see beautiful pancakes. Our students, in the first week ever of their Masters of Dietetics with us, by the end of the week with us, we put them in small groups in the kitchen. And we tell them, go and cook pancakes. You have no recipes, and you have to cook with these people that you have just met. Now, this is a great way for students to learn about themselves, learn about working with others that they've just met, learn about communication skills, but also learn about their own food skills pretty quickly.

Now, this is a very safe environment. We have a facilitator present in the room with the students. So it's-- this is pancakes. This is fairly low stakes. We don't have very sharp knives. There's no use of sharp knives, really, in there. But also, if the student doesn't have great cooking skills, they have another team member who can help.

Now, at the end, we debrief. We debrief, and we talk about, what did you learn about working with others? What did you learn about yourself? And very often, we have a lot of students who come in, and they haven't cooked very much before. They're not great cooks, and they say, well, I've realized I need to learn how to cook better. And for us, as dietitians, we don't need to be expert cooks. We don't need to be great cooks. But we need to have enough food skills, so that, when we give advice to our clients and our patients, that we understand what it takes to cook.

So, and then-- it really sets the tone for the next two years for them because they cook for two years with us, as well as everything else that they do. It really sets the tone for their learning and their personalized learning, what are the specific skills that they need to develop.

So another innovation that we have done in dietetics is-- one of my colleagues in dietetics has produced, with Swinburne University, this documentary called My Plate is Full. I have the link at the bottom, here. Now, My Play is Full is a documentary about following a few university students and asking them some questions about eating. And what we have found is that a lot of our students go through what we call nutrition insecurity. What that means is that many of them don't feed themselves very well for various reasons. For many, first on their away from home, away from mum

and dad. They don't really know how to cook, and mum or dad are not there to cook for them. So they have to learn how to cook.

So we have some very basic cooking skills. Some of them are not very successful at feeding themselves really well. Others have don't have a lot of money because their mum and dad, again, are no longer buying food. They rely on their own income. So we follow these students in that documentary.

Now, what has happened after this? We have realized that our students at Swinburne University need resources to support them in eating healthy on a budget, and with the limited food skills that they possess. Now, on the right-hand side, I have a screenshot of blogs that we produce for our students at Swinburne. And I have circled, in kind of a mustardy colour, or yellow colour, the blogs that our dietetic students have written. So basically, we have dietetic students writing a blog for students. So it's by students, for students.

So it's about cheap recipes, how to eat out on a budget, and things like that. So as you can see, our students do activities that apply in real life. So it's not just hypothetical assignments that they do in the classroom, and that's it. No, this is actually used in real life.

COVID-19 happened, and this is how classes looked like for us. This is-- here, this is one of my colleagues. So she specializes in community and public health. And these students were on community and public health placement, when confinement happened. Confinement happened, which meant that they could no longer be on their placement site. Some of them had to come back. So these two students were in a very remote area in Australia working with Aboriginal people. So they had to drive back and come back to Melbourne. But the students were still able to continue placement, but they were doing placement from home. And this is how a placement from home activity looked like.

Now, in the next video-- I have a short testimony, actually, in the next video, from Zeliha, or Zel. I call her Zel. She was on placement, and she is going to talk us through what it has been like being on placement, but also being on placement in confinement and working from home. And what are the alternate placement activities that we organized for our students. All right, so, let me-- I'm going to press play now.

Zleiha Hacioglu

Hello, my name is Zeliha, and I am a student dietitian. Now, I was asked to share a short video of the placement experience during COVID-19 and what we did to overcome challenges during isolation.

Now, I started my community placement in Bourke, which is a small, remote community up northwest of New South Wales. Now, unfortunately, we had to come back to Melbourne midway of our placement, due to COVID-19.

Like everyone else, we also had challenges that we faced with. But we managed to overcome them because we had a great support system. We were constantly in communication with our supervisor preceptors, and this was either by email or Zoom meetings. We were also in constant communication with our placement colleagues, as we needed to continue working on our projects.

Our unit convenor was always available and supportive, along with the dietetics team of Swinburne University.

And during this time, we also had weekly tutorials that were set up for us community placement students, and this was, again, using Zoom meetings. And this was a platform where we were able to discuss different community health, public nutrition topics. And amongst these were COVID-19 and how it had affected the communities by looking at it from a social determinants of health perspective.

We also took this opportunity to discuss how students were affected by COVID-19, especially around food insecurity. And this could mean not having access to food like they used to, having financial difficulties, or just not having the basic skills to prepare food. Now, to tackle this issue, the recipe collective project was introduced.

Now, this project allowed me to apply my dietetic knowledge, by understanding and tackling the food insecurities that were experienced by students, by choosing recipes of our own that were simple to prepare with minimum steps and equipment, as well as having cheap, affordable, nutritious ingredients for students to prepare.

For me, being a part of this project was about making a difference. And knowing that the recipe collective will be beneficial for future students that may experience food insecurity will be quite significant, and gives me the confidence that I can be a great future dietitian. Thank you.

Annie Lassemillante

So that was Zel. And so, as you can see, she's still one of our-- she's currently one of our students in the master's program.

Now, that concludes the innovative teaching aspect of it. Now, it's a nice segue. We've talked about the various programs, and we'll finish with dietetics. And I'm going to talk about eating during a pandemic with you.

Now, I'm going to talk about acknowledging that our contexts are different. We're from different-- we're in different countries, right now, so it's fairly broad advice. Now, during the pandemic, we've probably all been confined, or still confined, or coming out of confinement. But at some stage, we probably all ate together as family or people living in the same household. Now, I would strongly encourage you to keep doing this, even if you're out of confinement, or quarantine, right now.

Because it has some great positive impacts, especially on children. When children observe their parents eat a variety of food, especially fruits and vegetables, those children are more likely to eat more fruits and vegetables as well, provided it's done in a non-threatening environment and you're having casual conversation around the table.

Eating lots of fruits and vegetables are very, very important because colours means lots of antioxidants, so lots of nutrients that help us keep healthy, not just in terms of vitamins and minerals, but help us keep our heart healthy, keep our metabolic health healthy. And a lot of us, maybe, during confinement, are not moving as much, so making sure we have good nutrition is even more important.

Planning ahead is, again, a very important thing to do for various reasons. One, you can plan healthy meals, but two, when you go to the supermarket, when you've got a shopping list, it means that you're going to spend less time at the supermarket, or the market, meaning you're practicing social distancing. And you're reducing your risk of being exposed to the infection as well.

But also, when you're at the market or supermarket, when you know what you're going to buy, when you touch a food item, you've committed to buy this food item. So if you have a list, yep, I'm picking this. I'm putting it my trolley, my basket, or my bag. You're not touching multiple things, again, risk of contamination. So having a plan is very helpful on multiple levels.

Can you eat less salt and sugar? That would be fantastic, especially eating less processed food, or junk food, or in Australia, we call them discretionary foods, again, to manage any sort of chronic diseases that you may have.

Why I talk about managing chronic diseases, that is very important. We have all heard, and we are all aware, that the people who are not faring too well, and some of the people who are dying, as a result of COVID-19, are people who have other chronic conditions. So by eating healthy and moving, if we can, in the form of exercises, helps to manage our cholesterol, helps to manage our diabetes helps to manage our cardiovascular health, meaning that we're not having a flare-up of these other conditions as well.

Now, there's a question on everybody's mind. Are there any foods that are going to cure, prevent, the new coronavirus infection. No. I wish I could say, yes there is, but there isn't anything. There is no evidence to show that any particular food is going to protect us. What we know, however, is that good, healthy nutrition is going to keep us well overall. It's going to keep us in good health overall, so we can fight any kind of infection or disease in the best way our body can do.

So that concludes my presentation today. I'll be very, very happy to take any question.

Zoe Brown

All right. Thank you very much, Annie. That was a really wonderful and insightful presentation. And I hope our audience enjoyed it, particularly talking about all of our wonderful facilities, obviously, the innovative ways that we're teaching and our students are learning, particularly during this challenging period, and also just the focus on teaching and learning in a safe and supportive learning environment.

So, yeah, it's wonderful to hear. And yes, so please, if anyone has any questions, please type it into the Q&A. We'll allocate a couple of minutes, as we're probably just a little bit over time. Annie, perhaps you could answer this question. It's in relation to what the class size is for the Master of Dietetics, ratio of international students versus domestic students.

Annie Lassemillante

Yeah, so we haven't had our first cohort of international students yet. So we are looking forward to having international students come in, in the future, at our next intake. But our classroom is very diverse. So in Australia, we have diverse communities, and we're very fortunate that we have a very

diverse classroom. Because we use that in our teaching, and we have used that in our teaching so far.

And again, something else that our accreditors, when they came and they visited, one of the really good feedback that they said was, we have created a culturally safe environment, which, for us, was a huge win and affirmation of what we were doing was right. Were we doing the right thing. Yep.

Zoe Brown

Thank you. Thank you for your question.

Can I ask, Annie, in terms of that cultural simulation that you talked about, and sort of the training involved, is there a sort of-- well, the IELTS required is a 7, with no less than 7. But naturally, there will be students who need some extra support with language, or maybe it's a confidence thing. How do we enable them with that confidence?

Annie Lassemillante

That's really, really interesting because two weeks ago, we had a session with our current dietetic students, students who speak more than one language. Now, the IELTS is a requirement because that's external accrediting bodies. That's what they require because when we work in Australia, we still communicate in English. So we need to have that basic communication in English. That's what is regarded by our accrediting bodies.

But in terms of support, there's lots of support. We have the language of this-- the team has a specific name, and I apologize. I'm not going to have the right name, but it's with our learning and academic services. And we have teams to help our students when it comes to written English and spoken English. But also, in our classrooms, we value multiple languages. But we also talk to our students and explain to them, if you have an accent, it's OK. I have an accent, but people can understand me.

And that speaks to that confidence thing that you were talking about, Chloe. And I have had students telling me, oh, I'm not confident. I'm a bit nervous. People are not going to understand me. If what you say is correct, in terms of clinically, what we teach you, you say the correct things. You apply the correct techniques. Yes, there are some words that may not come out sounding like a nosy person, for example, but that's OK. So we give--

And there's lots of practice, counselling practice, where the students can speak. They can record themselves as well and listen to themselves in order to improve. Yeah.

Zoe Brown

Great. Thank you. And we just have another question regarding the entry requirements. So our entry requirements can be found on our website because they're quite detailed, in terms of the requirements. But in terms of what the basics-- a three-year bachelor program that is a relevant program in the health area, and obviously, a degree that's been completed in the last 10 years. IELTS of 7 with no band less than 7.

Students-- from my understanding, Annie, they require to have an immunization check and sort of a list of all their various vaccinations before arriving. Is that correct?

Annie Lassemillante

Correct. And also, that is checked before they go on placement. This is a Department of Health and Human Services, in Victoria. Before students go on placement, they need to be immunized for a whole range of things. So also is that-- there's also a big workup that happens before placement across all of our health offerings.

Because anyway, before we work-- I've worked in hospitals. I've had to do them anyway. It's standard practice.

Zoe Brown

And also, with the police check and then working--

Annie Lassemillante

Yes. Children.

Zoe Brown

--children check as well.

Annie Lassemillante

Absolutely.

Zoe Brown

Yes, so it's a really safe environment for everybody. And we're making sure that, obviously, the right people have the right attributes to continue and succeed in their placement. So, yeah, terrific.

OK. All right. Well, if there's no further questions, I'd just like to say, thank you once again to Annie for her wonderful presentation. And if anyone has any questions, you can email myself, so Zoe Brown, so zabrown@swin.edu.au.

I will actually be emailing all the participants in today's session this webinar and the details around that. So if you do have any questions, don't hesitate to ask myself, and get in contact. And we look forward to seeing you at Swinburne soon.

[END OF TRANSCRIPT]