



MUNSS Meeting Minutes
Monday, November 7th, 2016
6:30pm-8:30pm
Conestoga College, 3F09

Present

Anmolpreet Kaur (President), Amanda Todd (VP-Mohawk), Leighanne Swance (VP-Conestoga), Jessica Hill-Porter (Executive Assistant), Joyce Ng (Finance), Mira Sayah (Education-McMaster), Shivani Patel (Communications), Heather Buchanan (CNSA OD-Conestoga), Kayla Bradley (Level 1-McMaster), Kristin Greig (Level 1-Conestoga), Andrea Rideout (Level 1-Conestoga), Adriana Tugg (Level 2-Mohawk), Jessica DeBackere (Level 2-Conesotga), Aidan Nitz (Level 2-Conestoga), Sophie Lapierre-Green (Level 3-Mohawk), Mackenzie Mawson (Level 3-Mohawk), Rachel Rovey (Level 3-McMaster), Alison Langendon (Level 3-McMaster), Brianne Flowers (Level 3-Conestoga), Caitlin Devries (Level 3-Conestoga), Christina Pastore (RPN-BScN-Conestoga), Rebecca Crawford (CNSA AD-McMaster), Alexandra Dandy (CNSA AD-Mohawk), Vigne Sridharan (CNSA AD-Conestoga), Mary Attalla (Awards and Scholarships), Lawson Sherwood (RNAO-Kitchener-Waterloo), Aliisa Ragnanan (SRA), Alyson Bierling (GUNI-McMaster/Mohawk), Selena Braund (GUNI-Conestoga) and Caitlin Brydges (GUNI-Conestoga), Dr. Pam Baxter (Assistant Dean at McMaster), Lynn Voelzing (Chair of Nursing at Conestoga).

**Faculty
Absent**

Dianne DalBello (Conestoga)
Cynthia Hammond (Mohawk), Ola Lunyk-Child (McMaster), Lois Chui (VP-McMaster), Maryan Salik (Education-Mohawk), Shannon Forbes (Education-Conestoga), Hannah Cross (CNSA OD-McMaster), Thomas O'Handley (CNSA OD-Mohawk), Sara Rajiwate (Level 1-McMaster), Lou Ginne Avancena (Level 1-Mohawk), Grace Sinke (Level 1-Mohawk), Laura Chapman (Level 2-McMaster), Shirwa Geele (Level 2-McMaster), Zoe Waller (Level 4-Mohawk), Katie Labron (Level 4-McMaster), Nikki Berza (Level 4-McMaster), Dallas Miller (Level 4-Conestoga), Ashlyn Baer (Level 4-Conestoga), Hilary Sudar (RPN-BScN-Conestoga), Bailey Rogers (RPN-BScN-Mohawk), Cara Peters (RPN-BScN-Mohawk), Josh Enzlin (Accerlated), Melina Lin (Accerlated), Sharon Nwamadi (RNAO-Hamilton), Joseph Fan (Social Co-Chair-McMaster), Sarosh Karma (Social Co-Chair-McMaster), Megan Pople (Social Co-Chair-Conestoga), Kelly Long (SRA), and Lisa VanderWees (GUNI-McMaster/Mohawk).

Start of the Meeting

Motion	To start the meeting at 6:33pm
Motioned By	Caitlin DeVries (Level 3 Rep)
Seconded By	Kristin Greig (Level 1 Rep)
Motion Conclusion	Passed by general consensus

Introductions

- Dr..Baxter, McMaster Assistant Dean
 - Chair on UNEC, which is a mechanism through the University that determines curriculum and policies.
 - UNEC is appreciative of the input MUNSS has had via Anmol on this committee.
 - Has currently filled the role as assistant dean for one year. McMaster has implemented many changes in leadership structure over the year, which ultimately has resulted in positive outcomes.
 - Nursing graduate from Mohawk College. This background at the collegiate level assists in building partnerships and facilitates how curriculum is presented.
 - Nursing experience in a variety of specialities in acute and community care with the exception of public health.
 - Received a degree from Wilfrid Laurier University in Sociology and has received BScN, MScN and PhD from McMaster University.
 - PhD work is in clinical decision making.
- Lynn Voelzing, Chair of Nursing
 - Nursing graduate from Conestoga College in 1977.
 - Will be retiring at the end of December, 2016 after five years within the position.
 - Currently recruiting for a new Chair of Nursing
 - Pleased with the work that has been accomplished within this time and truly enjoyed the time with Conestoga.
 - Experience in critical and acute care nursing, whether it was managing or direct patient care. The first 20 years after graduation were years spent nursing at the bedside. The real drive away from bedside care was to search for methods and actions to improve quality of patient care and ensure equality of this care.
 - This manifested the ambition towards teaching as an educator then eventually management within the clinical field.
 - Just prior to accepting the position at Conestoga College, Lynn was in the position in the of the director of Emergency and Critical Care at Grand River Hospital.
 - Many years of experience within the community has formed perspective and influenced the curriculum within Conestoga to ensure the program is creating nurses that can care for the Canadian patient.

Open Discussion

- From the level 4 cohort, students feel they should receive placements that are of preference. It seems unfair that some students are receiving placements in maternity or NICU when it was not listed as a preference and those who did indicate these type specialities as a preference did not. Some level 4 students have even stated they are willing to give their placement within maternity or NICU to students would like to have these placements, as they did want these type of placements.
 - Complaints about placements is a common issue within every level. Firstly, there are several layers of responsibilities, neither Lynn, Dianne or Dr. Baxter directly get involved in the placement process. They do however deal with complaints, so addressing this issue will from this perspective.
 - Firstly, it is a preference form indicating what student's *want* and not necessarily what students *need*. When level 4 requests come in, the level leads actually take into consideration of where the student has been placed in the past and try to balance the placement experience. The responsibility from the School of Nursing is to develop a graduate that is a generalist. Providing every student with a placement within his or her desired specialities may not be provided and is not an obligation to provide it. With that being said, it does make the School of Nursing pleased to accommodate students and allow them to experience the clinical speciality that is of preference.
 - Secondly, it is unfortunate that students that are placed in speciality units such as maternity or NICU are unhappy and are willing to switch with other students.
 - Thirdly, it is common to hear students complain about being placed in long term care. There are quite a few long term care placements and there are reasons behind this.
 - Predominantly the career opportunities will be in long term care and already are being created.
 - Long term care placements are highly complex; RN's have to determine if it is an aging process or disease process. The RN role is changing within this field and becoming more advanced. As an organization educating future nurses, it is an responsibility to respond appropriately and ensure graduates have clinical experience in long term care. Student should not see long term care as a deterrent, but an experience that can propel nursing careers.
 - If there was a legitimate issue of students feeling that they are missing a major area of clinical skills and this concern has been over looked then it is appropriate to contact their corresponding level leads/coordinators.
 - Take into consideration that speciality placements cannot be guaranteed as there are placement constraints placed by the agencies.
 - Example: the undergraduate nursing committee has just recently been notified from public health that the number placements within public health are going to be decrease to half. The reason for this is because

nursing is sharing these community placements with many other disciplines such as OT's, PT's, Masters of public health, etc. This is an example of the system type issues that are impacting and influencing preferred placements choices for students.

- If students experience issues, they should take a step back to think about how they can approach this in a constructive manner and work with the coordinator to decipher available opportunities. It is how students approach an issue that determine whether or not an opportunity becomes available.
- Students are having issues with placement locations. Students that live in London are being placed in Kitchener and students that live in Kitchener are being placed in London. It is confusing to understand how an issue like this occurs when students specifically request for placements within their hometowns. Also, when students ask if they switch to placements closer to their place of residence, coordinators are giving strict declines without discussion. Would like clarification as to how this type of issue occurs.
 - The only thing that the school can guarantee is the city. Typically, the school can always find a placement within a student's home city that is available in the areas of placement for Conestoga.
 - Placements are so unpredictable, as of right now there are five clinical groups for the winter semester in level three without designated placements because the placement requests were denied. That leaves 40 students with no placement.
 - Some reasons for agencies pulling out can be things such as new policy, mandate, or form of management, and realistically these types of issues occur and no placement is guaranteed.
 - Nursing students are guests and the agencies have a right to refuse requests. The sequence of events that lead to the request denial is unknown.
 - The placement process is a very complex matter and faculty does their best to accommodate students. In some cases, agencies require more information on the students entering the clinical practice environment.
 - However, the school does not provide any student identifiers when trying to secure placements
 - This is a common conversation with the heads of nursing all across the country because placements are issue.
 - Conestoga is currently implementing the use of HSP NET to give students more opportunities to chose placements.
 - Realistically, students do not always get want they want, they get what they need and for some students that may be a med-surg placement.
 - HSP NET is being piloted at one site and then will get carried out depending on its success at the other two sites
- In regards to the lack of placements for the winter semester and the use of HSP NET, students in the RPN-BScN program (level 3) at Conestoga are receiving lack of communication on a date to sign up for HSP and begin choosing placements.
 - That particular level is the cohort of 40 students that are currently without placements. Inevitably, because of these students have no placements to chose from so this is why no date has been set.

- As soon as placements are found, students will receive the appropriate information and gain access to HSP NET.
 - Asked if an email or an announcement on the forum that notifies that students of this issue so it can alleviate some anxiety. This was agreed to by Lynn Voelzing.
- Level 4 students are concerned with being placed late in the semester because this issue places the students behind in clinical hours and are interested to know if there is anything in place to address this issue.
 - The declines the program faces are completely out of the control of the school and those involved in the placement process. Requests are sent to the agencies months in advance, however these requests have specific response deadlines. Faculty can push to receive answers from the agencies sooner, however the agencies will state that they were given the deadline of a specific date and will give the response then.
 - Remember students attending clinical placements are guests, so to pry information from the agencies is not acceptable or reasonable and can result in request refusal. The agencies are given a deadline and that is what the school has to work with.
 - Last year faculty had to pull personal favours from units of previous employment in attempts to create placements. That is just an example of the level of begging the faculty undergoes for the students.
 - There are constraints on students indicating that they cannot work more than 24 hours a week and with the preceptor working various hours (3 shifts one week and 1 shift the next) puts the student in situations where clinical hours cannot be achieved, especially when students start late in the semester.
 - Extensions past the clinical dates are not an option. The school has affiliation agreements with the agencies that states students be present from the specific start date and end date. Insurance coverage for the students only exists between these specific dates. The hours have to be achieved within this timeline.
 - Resolving this type of issue is from students negotiating with their tutors and ultimately it is decided based on the tutor's discretion and the student's success towards course objectives. If students approach problems in the correct manner, they will have better luck as tutors will be more understanding. An example of a way to approach such problem is stating to the tutor that you are aware that this is out of your control, but as a student I need to complete my clinical hours and I do not want to miss out on any opportunities would you consider this...
 - This approach has worked in the past; however, students are asked to take caution because increasing the amount of clinical hours per week may negatively impact students in PBL or electives. Students must recognize what they can manage individually while ensuring they are still fully prepared for other courses.
 - Students are responsible for their education and clinical experience

- Students are waiting for placements later on the semester are due to the decline from the placements that were requested for on the student's behalf and now faculty have to search for another opportunity.
 - Students do not receive confirmed placements until the student is assigned to a preceptor. This is often the last piece in the process that is missing.
- Currently evaluating how the program teaches professional practice to determine if the concept is being taught the most effectively.
 - Encourage students to contribute input on this, as some students have been employed in the nursing profession.
- From the RPN-BScN program at Conestoga, there are concerns on the increased number of student enrollment. Student were told that the normal number of students enrolled into the program was 60 and this year it was increase to 84.
 - That is not true, the normal number of students for enrollment has been 80, so the increase to 84 is not significant. It important students are enquiring information on enrollment from individuals that are directly involved such as Dr.Baxter or Lynn to prevent miscommunication.
 - The reason for this increase was negotiated between the three sites in response to the concerning number at McMaster and ensure quality education. The college sites increased the enrollment number in the RPN-BScN stream and the basic stream (at all three sites) were decreased by 20 to augment the changes in the RPN-BScN stream. This was to ensure there was no additional burden on the program.
 - The college sites went up in their RPN-BScN stream. This was negotiated because there was concern of the numbers of McMaster and ultimately wanted to ensure quality education so all three sites agreed to decrease
 - If there are any additional concerns similar to this, they can be directed to Anmol and will be sent to Dr.Baxter or Lynn.
- Level 2 students are interested to know if groups of 40 students that were implemented in the nursing courses (in level 1) will carry through to the rest of the levels. As last year was the first year it was implemented into the program.
 - Yes. The direction from steering committee is to ensure the groups of 40 going all the way through the curriculum.
 - From an operational issue we decided that we could only do certain levels at certain years; it is a roll out process over a few years
 - It is important to ensure faculty are ready for this change because large group can be seen as intimidating. It is important students are giving constructive feedback on the courses so faculty can grow as well.
 - There is faculty development session for support.
 - Complaints from faculty about the changes have been stated.
 - This is unfortunate, however this is how the program changing and developing. It is troubling to hear that faculty may be influencing the student experience within a class based on personal opinions and negative attitude. If this exists, Dr.Baxter and Lynn would like to be

informed.

- This input can be addressed at leadership meetings with faculty.
- Faculty set the tone for the course and we do not want negativity existing within the classroom. It is not fair for an instructor that is supposed to guide students into the profession with a negative outlook. This is a profession everyone has chosen and that other opportunities are available for those that are unsatisfied.
 - It is normal for individuals to resist change, however it is needed for growth and prosperity.
- There are positive comments made by tutors on the changes as well and this is resulting in beneficial outcomes in learning and student experience.
- Students are encouraged to use course and instructor feedback properly, whether it is positive or constructive. It is clear faculty are not getting the feedback they deserve. The response rate to the feedback is low.
 - Faculty require student feedback for promotions such as tenure.
 - Some faculty would not be the teacher they are currently without student feedback.
- Last year there were issues with the feedback link on Avenue2Learn that prohibited students from even accessing the site.
 - This issue has been addressed and the problems within the site should be resolved so students will be able to access the link.
 - Dr. Baxter will follow up with the program manager and ensure that it truly is functioning
- As a suggestion, Anmol brought up from the president's council, that some facilities host course review parties. So this may be an option for level rep to host as a future event.
- Clinical placements are requesting more requirements from students prior to entering the clinical workplace. This year it was the GPA and NVCI courses.
 - Two hospitals within the region (Guelph General Hospital and Cambridge Memorial Hospital) had very serious incidents last year. The nurse's union, ONA, and the Ministry of Labour investigated the incidents and as a result mandated that the hospitals in our region have to train the staff (regardless of the unit within the hospital) for deescalating strategies.
 - When new mandates are placed Conestoga typically plans for action immediately to ensure deadlines are met. It takes a long period of time to train all students and faculty and arrange for organizations to provide necessary courses.
 - GPA and NVCI are both registered trademarked programs, so the school also had to receive permission from these programs to hold sessions at the school for the students.
 - Conestoga College received an extra year of grace to have all students trained because it was not realistic to have all students trained by the deadline last year.

- Now only the incoming students have to complete the course prior to attending placement. Level 1 students do not need to complete this course as they do not attend hospital placement. Students entering level 2 will be the required to complete necessary mandated courses.
 - As of right now, Conestoga is the only site that requires students to complete these courses. It is predicted that McMaster and Mohawk will eventually incorporate these courses in their pre-practicum requirements in the future.
- It was presented by CNSA that the way the courses are implemented at a college level can be problematic.
 - Conestoga College is not the only college that is requiring students to complete the courses and is not the only college that requires an additional expense to complete the course, however Conestoga is by far the most expensive.
 - The nearest school that requires students to complete GPA and NVCI was only an additional cost of \$50.00.
 - Lynn stated that the expense the students had to pay at Conestoga barely covered the cost to host the sessions. They made the courses as cheap as they possible could and the expense is cheaper than most places.
 - Because they were required courses, other schools were either having the hospital run sessions (which in our region, the hospitals do not run the sessions) or integrated in the required curriculum and not through continuing education unlike Conestoga.
 - The courses are not required for students to attend the program and they have no affiliation with McMaster, Mohawk or Conestoga. It has everything to do with the clinical agencies and this is why it is not a part of the curriculum. It a pre-practicum requirement, just like the TB test, mask fitting or CPR training, which is also an additional expense. It is simply not a university course and cannot be accredited by the school.
 - Claiming clinical hours through completion of GPA and NVCI is not an opportunity that can replace a clinical experience. For example, claiming 8 hours while observing a delivery is not the same as claiming 8 hours while completing an requirement. Taking 8 hours away from clinical is an disadvantage to the student and reduces the opportunities for beneficial learning experiences.
 - It is clear the blanket implementation and cost are not working well for students. With all the additional expenses students have to pay just to attend clinical, it is just not realistically feasible for students to pay the cost of the courses.
 - This is understandable and perhaps knowing the total cost of the courses well ahead of time would allow for proper budgeting.

- In the future the courses will be offered more so during the breaks and not so much during the semester (during summer, holiday periods, etc.) to prevent students from missing curriculum. It is just like having the CPR training completed prior to the start of the semester.
 - The level 4 students that did fast track during the summer semester are not required to complete the additional courses as the January is the deadline for student training. So, for the students that did not fast track are still required to complete GPA and NVCI.
 - Students are confused on how long the certification from the completing additional courses is valid for.
 - The companies running the programs have recommendations on when students should recertify. However, the place agencies are only requiring students to complete the courses once.
 - Student may feel the expense of the courses are not as burdening clearly knowing they will not have to take the course again. If it can be stated very clearly that students do not have to recertify within the pre-practicum information as a suggestion moving forward.
 - In the future, incoming students will only have to pay for the NVCI course and not GPA because hospitals are now not requiring employees to have this certification so neither will students.
- Conestoga students do not receive exam schedules on Mosaic and are curious to know if this will be something that will be implemented in the future.
 - Conestoga is not connected to Mosaic. Lynn has attempted to get Conestoga connected for 5 years without success. It is clear there are a lot of issues with Mosaic, but being distant and disconnected allows for Conestoga to do things differently and more easily.
 - McMaster and Mohawk students have already received their final exam schedules on Mosaic and this information has not been made available to Conestoga students.
 - Conestoga students receive final exam information on Avenue2Learn based on when the instructor for the course is informed and decides to post the information. Students do receive the information, however, it is just not as early or efficient as other sites.
 - Keep in mind Conestoga students must write their final exams on the same date as the other sites. The time and locations are obviously going to vary, however the date will be the same that is indicated on mosaic.
 - Lynn will investigate the process at other sites and implement changes to the method of communication to ensure students are receiving the information they need.
 - Dr. Baxter plans to connect the program manager and notify him of the issue. Will work to have all three sites receive their exam schedules at the same time and ensure the RPN-BScN program at Conestoga receives their

exam information for this semester as they have not received their schedule yet.

- There was two BScN communication hubs open on Avenue2Learn, the original BScN communication hub and the BScN communication 2016. Anmol spoke to Michelle Buchner about this, who stated that she was under the impression the old communication hub was closed. This issue will be addressed on her end to ensure only one hub is open for communication.
 - The BScN communication 2016 is the hub that students need to refer to for communication.
- Students that have issues are asked to direct their concerns to their corresponding level leads. If issues are not being addressed, students are asked to escalate concerns to the level of the deans. Deans need to be aware if level leads are enacting within their role.
- NCLEX updates
 - Currently the program is up 12% from the last writing. Conestoga site improved the most overall. This trend is expected to continue.
 - Student need to utilize the HESI exam and take this resource seriously because this exam will determine where the mediation exists within the program.
 - Currently deciding whether or not a grade should be associated with the exam because the results can indicate where students need to improve upon. Knowing this the program can develop and present resources to students to improve those lacking areas.
 - Only 6% of students in the past have taken HESI seriously. To have students not utilize beneficial resources is frustrating and disheartening.
 - The HESI is a free exam and a beneficial resource. Just to place some perspective other school have placed a fee with the HESI exam and have assigned grades to student results.
 - There is a lot of backlash from students in regards to receiving grades on an exam that is designed from a company outside of the University. CNSA stance is this practice of assigning grades to the HESI should not be implemented.
 - Deans would like feedback from MUNSS and CNSA in regards to the experience of completing the HESI across the province and assigning grades to it. So this can be an informed decision making process, that reflects on data not “voices” moving forward.
 - Data should answer if assigning grades to the HESI is beneficial and if the HESI is the best resource for the student.
- Level 3 students are not able to demonstrate their learning on the PBL exams. It is understandable why PBL has an exam because the questions reflex the format of the NCLEX. Students would like the opportunity to have exam review session because this opportunity has existed in the past.
 - This is not a typical practice because there are not enough iterations of exams to conduct a review session, however students do have the opportunity to sit down with the faculty member and review their exams individually.

- The school has to be careful in maintaining integrity of the exam, so having a review is not an option.
 - Note that students can take up an exam at anytime with a faculty member. Students should really act upon this opportunity to really review the questions and the content to understand where you went wrong and determine areas of that lack understanding.
 - Evaluations are changing as our curriculum is revamped, so this feedback is going to play an integral role in that. If there are any other feedback students would like to contribute, please be sure to bring it forward.
 - PBL exam questions are typically scenario questions, so attending class and referring to the textbooks are the strategies for success.
 - The PBL exam is focused on how students apply the science to the theory.
 - Some students do not receive the learning objectives for the PBL course and students are confused on what they should be learning. Students would like to receive an outline of the content to ensure they are meeting the course objectives and are prepared for the exam.
 - Yes, tutors should be providing this information.
 - Dr.Baxter has acted upon this issue once with the level 3 leads and plans to act upon it again to ensure students feel fully prepared for the exam.
 - By the end of the week either Dr.Baxter or the level 3 leads will respond to the level 3 students in general.
 - Going forward students should keep in mind that material that has only been taught is testable.
 - Level 2 students are also having issues in regards to meeting objectives and would like if this concern was also address for level 2 as well.
 - Level 2 students are asked to directly contact faculty about this issue first then escalate to the level leads if the issue has not been resolved. If these avenues do not resolve the concerns, then taking the issue to the deans is appropriate.
 - Deans have to honour the role of the level leads allow them to enact their role.
 - Students should not stop at the first person they address about an issue, use different avenues such as contacting the academic advisors, which are present at all sites.
- Level 1 students are having issues in completing community placement hours. Some placements having very long processes for students to be approved within the placement agency.
 - Deans would like feedback on the service learning course and investigate what students are gaining from attending a community placement. The students need to benefit from this course and what students are gaining need to be justifiable to what the students are investing financially.
 - Deans would like if Anmol could elicit feedback from the students in regards to service learning so this information can be directed to the

- working group that reviews the service learning course.
 - Organizations also seem unclear as to why nursing students are involved within these community placements.
 - The organization directors or higher ups are aware of the course purpose and student involved, but this information may not be communicated to all individuals within the organization. Students can provide information about the course to help with this understanding.
 - This type of feedback needs to be directed the deans as well. Dr.Baxter will be in contact with the level 1 leads with these concerns.
- Level 1 students are also having issues with Mosaic and feel they would benefit from tutorial sessions to help navigate the website.
 - Yes, this can be arranged for all sites for the returning and new incoming students during the summer break prior to course selection dates.
- Students would like information on the policies in regards to students missing clinical placement days due to illness.
 - Students need to remember they are caring for a vulnerable population and if the student does not feel well enough to provide this care in safe and effective manner than the student should be present in the clinical setting.
 - Clinical hours are designed for students to work towards achieving the course objectives. Learning these skills and objectives do not always come from attending clinical setting, but from theory and lab practice.
 - Confidence in skills comes from practice and the clinical placement is for solely applying these learned skills in the patient environment.
 - If students are sick, they must stay home.
 - Student need to contact their tutors about absences immediately and discuss a plan to ensure skills are up to pace and meeting the course objectives. Tutors need to able to evaluate if students are meeting the course requirements and they may be practicing skills in the open access lab.
 - Students need to refer to the school and agency policies to ensure appropriate actions are taken.
- A level 2 student and CNSA delegate was prohibited from missing a clinical placement day to attend a CNSA conference from placement coordinator.
 - It is a very individual situation and this is why there are no specific hours indicated for level 2 students to complete.
 - As a professional it is the student's responsibility to determine if attending conference is the best decision. If the tutor believed attending conference would jeopardize success in completing the course objectives, which is not the case here, but the tutor would guide the student in the best decision.
 - What happened at the coordinator level is unknown.
 - It is a decision based on student progression toward successful completion of the course. The coordinator knows what the students need and are striving for student success.
 - CNSA presented that tutor's do not feel comfortable in giving clinical hours to

students to attend conference because there is no direct literature from the University in relation to this issue, even if attending conference is for professional development in achieving a learning goal.

- Anmol represented MUNSS well at UNEC in regards to this issue. A discussion was had and the University is not changing the method of addressing this issue. If the coordinator or tutor declines the student from missing clinical hours, then it is the responsibility of the student to seek rationale. If the student feels the outcome is not reasonable then the issue should be taken to high levels of management.
- The program enables this autonomy and students need to be able to make the right decision. Student make the decision of attending lectures and the is for attending conference. If this will negatively impact the student's education or skills, then the consequences will follow.
- For further information, students can refer to page 19-20 in the BScN handbook for policies in relation to attending conference.
- Anmol wrote a letter to all those who attended the regional conference to clarify this policy for them

Self Care

- Anmol has noticed posts around social media causing a concern for self-care
 - Recent resignations from MUNSS due to stress, being overwhelmed
 - Concerning posts and conversations about level 1 A&P post-midterm
- Please keep in mind as a society, but also for your peers, your self-care is the most important thing so please remember that
- Keep in mind that there are various resources that can be accessed for support, like :
 - Other executive members
 - Counselling services, academic counselling, or tutoring services at your site
 - Faculty members
- There have posts from students concerned about failing courses from level 1 students.
 - MUNSS Exec members are encouraged to connect with the first years in the course to emphasize the resources available for assistance; IE. Level 1 coordinator, A&P prof, tutoring services, etc.
 - Keep in mind midterm marks are not the end all mark for the course, especially in Anatomy and Physiology there are other assignments, participation credit or quizzes that contribute to the overall mark.
 - Students can contact instructors to go over the grading system and how the mark is weighted, especially since Anatomy and Physiology is a multi-termed course and weighs marks from fall and winter semesters with multiple ways to attain grades; IE. Quizzes, tutorials, iclicker, midterm and final x2
 - An email will be sent out to level 1 and A&P faculty by Anmol to ask for assistance in addressing this issue from the faculty perspective in terms of supports, self-care and multiple grades
- To determine what marks are required for each course please refer to the Undergraduate Calendar, essentially students must achieve a 60% in every course with a

65% overall.

- This has changed recently and some instructors are unaware of the grades students must achieve in each course. An informative email will be sent out to inform instructors of these changes.
- Most importantly to keep in mind, failing is not the end of the world, grades do not dictate what type of great nurse you will become.

Updates

- SRA: McMaster will be hosting a Mental Health Awareness in the Health Sci Lounge and crafts and food will be available. Update that students will the yellow border on their students are able to access the Health Sci Lounge and if they have troubles they are asked to contact security.
- Level 2: Mohawk is waiting on EOHSS for approval for upcoming serve ping pong event and Conestoga is organizing a level 1 help session for OSCE at the end of the semester.
- RPN-BScN: Conestoga is waiting on room booking for Anatomy and Physiology review session for the end of the month.
- CNSA: National Nursing Student Week is next week and students to run the station in the E-Wing at Conestoga is organized (from Monday-Thursday), Mac/Mohawk will have a station on Tuesday. The sponsorship application for National Conference was sent out November 8th and will close on the 20th
- Level 1: Receiving input from their cohort if they would attend a de-stressor event at the end of the semester and it input was negative due to stress with final exams. So planning to hold an event early next semester.
- Level 3: working on Nursing Games information and will present budget proposal early December.
- RNAO: November 12th a Best Practice Workshop will be held at McMaster from 9:30am-4:00pm. Recruitment Day at McMaster is November 17th from 11:00am-1:00pm.
- Education and VP Conestoga: November 16th is the Nursing Rounds at Conestoga and Key note speaker; there is a signup sheet for the Nursing Rounds posted online via social media, avenue and the website. 6:00pm-7:00pm the keynote will be presenting on the topics of homelessness, LGBTQ and sex work. The Nursing Rounds will begin afterwards and have scheduled 5 different specialities presenting including mental health new grad, ET nurse, trillium gift of life, flight nurse and sexual assault nurse examiner.

End the Meeting

Motion	To end the meeting at 8:44pm
Motioned By	Aiden Nitz (Level 2 Rep)
Seconded By	Heather Buchanan (CNSA OD)
Motion Conclusion	Passed by general consensus

Meeting Adjourned