

# 2022 AIF Pilot 42 students

Context – two Year 12 classes undertook the pilot in semester 1 2022 finishing in week 7 term 2.

Students have one week of time with a RP teacher at the end of year 11 – therefore the AIF pilot students came into 2022 with ideas for their RP not knowing that they would be undertaking AIF.

Different focus of AIF caused some changes for students at the beginning. *“How can you undertake learning that empowers you to thrive”?*

*Dear Parents and Caregivers,*

*My name is Virginia Grantham and I write to introduce myself as your child's Research Project teacher for 2022.*

*The Research Project is a compulsory part of the SACE. All subjects in the SACE are regularly evaluated to ensure that they are still meeting the aims that they set out to achieve and are in-line with educational practice that will best prepare students for their future. After extensive consultation across the state for the past year, the Research Project course has been refreshed to align with significant local, national and global drivers for transformation in education.*

*The new subject that has been developed from the Research Project is called "Activating Identities and Futures" (AIF). The same important goal of the subject remains – for students to get deep learning in an area that they choose and are passionate about. However, in the Research Project the students do this through formal research practices. In AIF, the way this learning occurs is much more open and can be achieved in whatever form best suits the area chosen. In addition, the word counts in AIF have been reduced so that the work requirements of the subject are in-line with other 10 credit Stage 2 subjects.*

*In 2022, 34 schools have been asked to pilot the subject. Nazareth is one of these schools and our class and Ms Pannell's class will be running AIF. The SACE Board has ensured all schools, that no student will be advantaged or disadvantaged by undertaking this subject instead of Research Project. The same resulting and ATAR arrangements will apply, including of course, the ability to achieve at the very upper grade bands.*

*Please do not hesitate to contact me if you have any questions about any of this information. I am passionate about the impact that Research Project, and now AIF, can have on students learning. I look forward to working with your child over this semester to help them achieve their best.*

*Kind Regards*

*Virginia Grantham.*

<i><b>Our Plan</b></i>	<i><b>What really happened</b></i>
Week 1-2 Ideas for learning	Week 1-2 Ideas for learning – stretching out as understanding that the learning should have value to you, caused changes in focus.
Week 3-11 Building your Portfolio – planning, acting, learning.	Week 3 – Week 4 term 2
Week 7 Portfolio check in – discuss with teacher	Week 5 – Screencast-o-matic submission talking through learning to date and outlining directions moving forward.
Week 9 Progress Check 1	Week 11 Progress Check 1
Holidays	Week 1 of holidays – ½ hour one-on-one for each student.
Term 2	Term 2
Week 2 Progress Check 2	
Week 3 Learning Output to be complete	
Week 4 Begin Appraisal	Week 4 Finalise the Two Progress checks for submission Learning Output complete
Week 6 Final Appraisal	
Week 7 Mop up and course end	Week 7 Final Appraisal

## *Take home messages*


- We found AIF to be much more “fluid” than RP. If students really have agency, they are developing and progressing at their own rate.
- This has implications for managing students and knowing “where they are at” at any given time.
- Important to utilise (and plan for), any methods that will allow you to “drop in” and check in – both for informal progress checks and formal progress checks.

## *Take home messages*

- We chose to do two progress checks – and to make one as late as possible to allow for as much evaluation by the student as possible. This can be a negative however.
- We found that the progress checks were quite easy to do – if the students really chose learning that was valuable to them – they made progress, and reporting on this was able to be captured quickly if necessary. **It didn't have to be onerous.**

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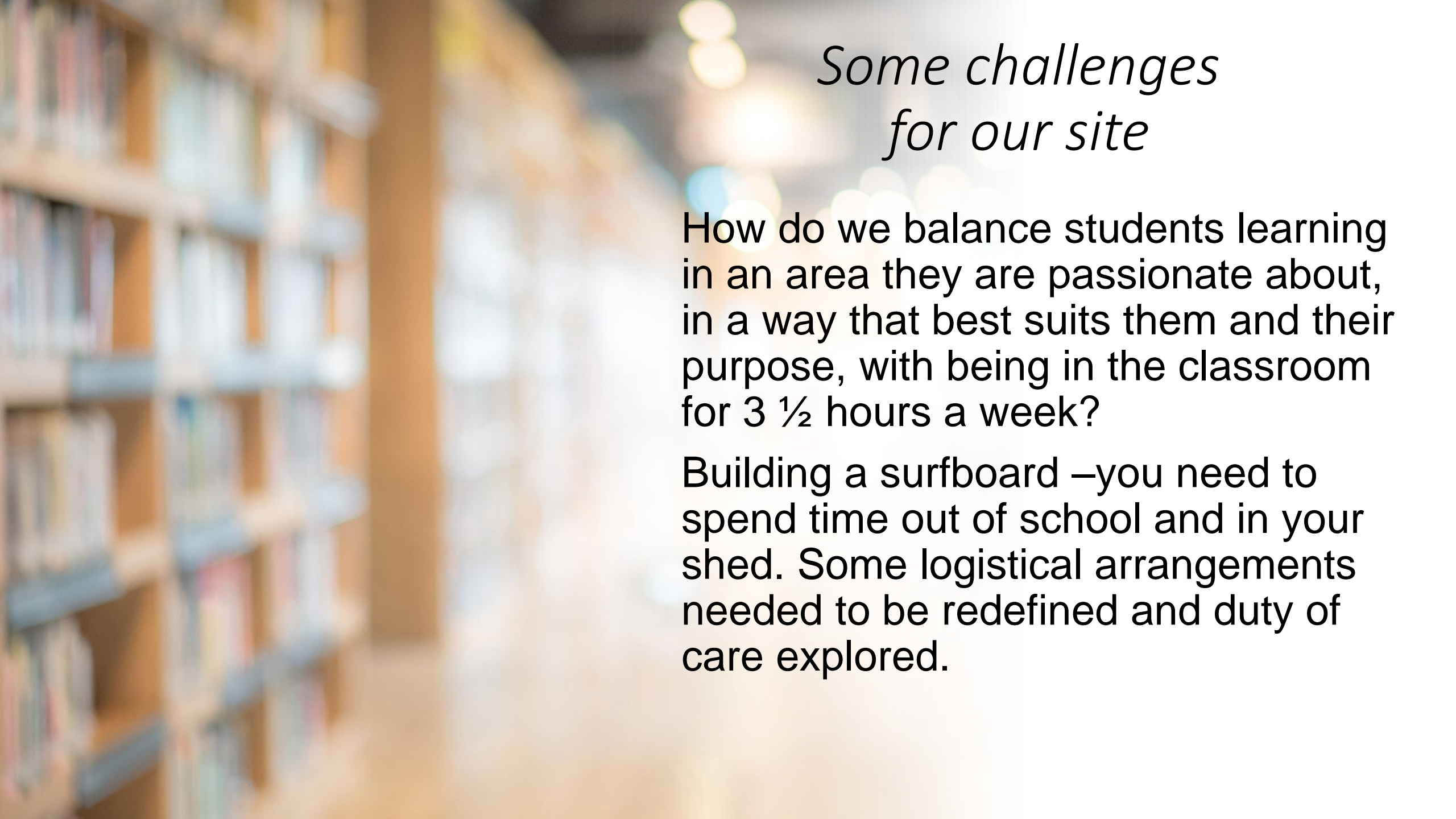
## *Take home messages*

- Students really enjoyed the early peer feedback sessions and were surprised at how much their classmates could contribute to their learning.
  - Most then went on to gain feedback on their strategies and perspectives from others who were very knowledgeable in the area, and they also loved this and gained much from it.
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- A series of four yellow dashed line segments are arranged in a curved path in the bottom right corner of the slide.

## *Take home messages*

As teachers we needed to spend time unpacking the performance standards and designing teaching activities that helped students understand what they meant – can't assume this is straightforward. Don't expect students to just “bump into” the specific features – they need to be unpacked with the class so that students are attune to them and can align their responses to them.

In the main, students really enjoyed devising their own natural evidence of learning – they loved the openness.



## *Some challenges for our site*

How do we balance students learning in an area they are passionate about, in a way that best suits them and their purpose, with being in the classroom for 3 ½ hours a week?

Building a surfboard –you need to spend time out of school and in your shed. Some logistical arrangements needed to be redefined and duty of care explored.



# Developing the knowledge and skills required to advertise for a small business using Instagram as a platform.



Figure 3.1: First photograph taken



Figure 3.2: Photograph taken 1 week later



Figure 3.3: Photograph taken 2 weeks later

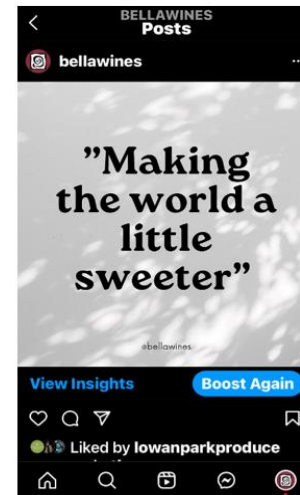


Figure 4.1: "slogan" post

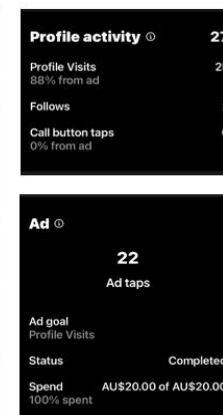


Figure 4.2: analytics for "slogan" post



Figure 5.1: Mother's Day post

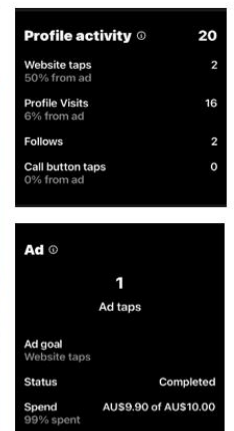
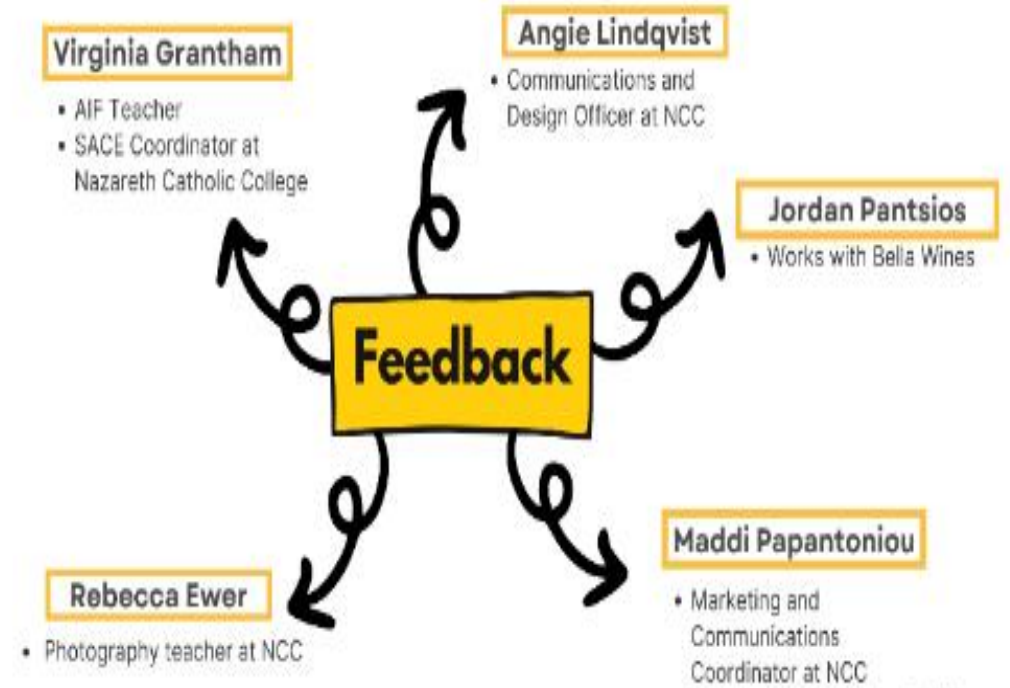


Figure 5.2: analytics for Mother's Day post

Student 1



# The best things to come out of this

## AIF Mindmap





# Student 2

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- How is ineffective doctor-patient communication impacting the recovery, and potential development of mental illness within Subarachnoid Haemorrhage patients? What can be implemented to improve this?





## SUBARACHNOID HAEMORRHAGE

PATIENT GUIDE



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### WHAT IS A SUBARACHNOID HAEMORRHAGE?

A Subarachnoid Haemorrhage (SAH) refers to a bleed into the space between the arachnoid and pia mater, which are the two layers of the meninges that surround the brain. The blood vessels that supply the brain can rupture, leading to a bleed into the space between the arachnoid and pia mater. This is known as a Subarachnoid Haemorrhage (SAH). The blood that leaks out of the blood vessels can cause damage to the brain tissue and can also cause a blockage of the blood flow to the brain. This can lead to a stroke or other complications. The most common cause of SAH is a rupture of a blood vessel in the brain. This can happen for a number of reasons, including high blood pressure, atherosclerosis, and a brain aneurysm. A brain aneurysm is a weak spot in the wall of a blood vessel that can bulge out and rupture. This can cause a bleed into the space between the arachnoid and pia mater. Other causes of SAH include trauma, such as a fall or a blow to the head, and certain medications, such as blood thinners. The symptoms of SAH can vary depending on the location and size of the bleed. Some common symptoms include a sudden, severe headache, nausea and vomiting, stiff neck, and changes in vision or consciousness. If you experience any of these symptoms, it is important to seek medical attention immediately.



### WHAT IS THE ISSUE?

SAH patients are often at risk of developing mental illness and prolonged recovery. This is due to the physical damage to the brain and the psychological impact of the event. The physical damage can lead to cognitive and emotional changes, while the psychological impact can lead to depression, anxiety, and post-traumatic stress disorder (PTSD). The combination of these factors can make it difficult for patients to return to their normal lives. It is important for healthcare providers to be aware of these risks and to provide appropriate support and treatment. This may include cognitive behavioral therapy (CBT), medication, and support groups. It is also important for patients to be involved in their own care and to make decisions about their treatment. By working together, healthcare providers and patients can help to reduce the risk of mental illness and prolonged recovery in SAH patients.

### SUBARACHNOID HAEMORRHAGE DETECTION

SAH is a medical emergency and it is important to detect it as early as possible. The most common way to detect SAH is through a CT scan of the head. This is a type of X-ray that uses a computer to create a cross-sectional image of the head. This can show any bleeding in the brain. Another way to detect SAH is through a lumbar puncture, also known as a spinal tap. This involves inserting a needle into the lower back to collect a sample of cerebrospinal fluid (CSF). If there is a bleed, the CSF will be bloody. Other ways to detect SAH include MRI and angiography. MRI is a type of scan that uses a magnetic field to create a detailed image of the brain. Angiography is a procedure that uses X-rays to visualize the blood vessels in the brain. If you suspect you or someone you know may have a SAH, it is important to seek medical attention immediately.

Each Subarachnoid Haemorrhage (SAH) is unique. The location and size of the bleed can vary, as can the symptoms and the recovery process. Some patients may experience a mild headache and return to their normal lives within a few days. Others may experience more severe symptoms, such as a stroke or a seizure, and may require more extensive treatment. The recovery process can also vary. Some patients may recover quickly, while others may take weeks or months to return to their normal lives. It is important for patients to be patient and to follow their healthcare provider's advice. This may include taking medication, getting plenty of rest, and avoiding strenuous activities. It is also important for patients to seek support from family and friends, and to consider joining a support group. By taking these steps, patients can help to ensure a successful recovery from SAH.



### SYMPTOMS AND EARLY SIGNS

#### MEDICAL SYMPTOMS

- Sudden-onset severe headache
- Nausea and vomiting
- Stiff neck
- Blurred vision
- Loss of consciousness
- Seizures
- Weakness or numbness in the face, arm, or leg
- Difficulty speaking
- Changes in personality or behavior

#### LIFESTYLE SYMPTOMS

- Irritability
- Anxiety
- Depression
- Fatigue
- Difficulty concentrating
- Changes in sleep patterns
- Loss of interest in activities
- Changes in appetite
- Changes in social behavior
- Changes in work performance
- Changes in driving behavior
- Changes in sexual behavior
- Changes in overall quality of life

### STANDARD SURGICAL AND NATURAL TREATMENT

#### METHODS FOR SAH OPERATION

There are two main methods for treating SAH: surgical and natural. Surgical treatment involves removing the blood clot from the brain. This can be done through a craniotomy, which is a surgical incision in the skull. Natural treatment involves allowing the body to reabsorb the blood. This can be done through medication and lifestyle changes. The choice of treatment depends on the location and size of the bleed, the patient's overall health, and the patient's preferences. It is important for patients to discuss their options with their healthcare provider and to make a decision that is right for them.

Standard surgical treatment for SAH involves a craniotomy and the removal of the blood clot. This is a major surgery and it carries a risk of complications. Natural treatment for SAH involves the use of medication and lifestyle changes. This is a less invasive approach, but it may take longer to see results. It is important for patients to be aware of the risks and benefits of each treatment option and to make a decision that is right for them.

Other methods include endovascular treatment, which involves inserting a catheter into the brain to remove the blood clot. This is a minimally invasive procedure, but it still carries a risk of complications. Another method is stereotactic radiosurgery, which uses high-dose radiation to shrink the blood vessel that caused the bleed. This is a non-invasive procedure, but it may take several weeks to see results. It is important for patients to discuss their options with their healthcare provider and to make a decision that is right for them.

Following a standard surgery, patients will undergo a recovery period. This may include a stay in the hospital, followed by a stay in a rehabilitation facility. Patients may also need to take medication and make lifestyle changes to support their recovery. It is important for patients to be patient and to follow their healthcare provider's advice. This may include taking medication, getting plenty of rest, and avoiding strenuous activities. It is also important for patients to seek support from family and friends, and to consider joining a support group. By taking these steps, patients can help to ensure a successful recovery from SAH.

### OPTIMUM INDIVIDUAL TREATMENT FOLLOWING SURGICAL OPERATION OR REABSORPTION

Based on the experience of SAH sufferer Billy Bray, the optimum medical treatment is a combination of surgery and medication. This approach has helped Billy to return to his normal life and to avoid long-term complications.

- Surgery: Billy underwent a craniotomy and the removal of the blood clot. This was a major surgery, but it was necessary to prevent further complications.
- Medication: Billy took medication to manage his pain and to prevent further bleeding. This helped him to recover more quickly.
- Lifestyle changes: Billy made changes to his diet and exercise routine to support his recovery. This helped him to regain his strength and to return to his normal life.
- Support: Billy received support from his family and friends, which helped him to cope with the challenges of recovery. This support was invaluable.
- Follow-up: Billy had regular follow-up appointments with his healthcare provider to monitor his recovery and to address any concerns. This helped him to stay on track and to avoid complications.



Aspirin is a common medication used in the treatment of SAH.

### MEDICATION

Medication is an important part of the treatment for SAH. It is used to manage pain, prevent further bleeding, and support recovery. Common medications include painkillers, blood thinners, and anti-nausea drugs. It is important for patients to take their medication as directed and to avoid any activities that could increase the risk of bleeding. Patients should also be aware of the potential side effects of their medication and to report any concerns to their healthcare provider. By following these guidelines, patients can help to ensure a successful recovery from SAH.

Aspirin	Acetaminophen
Ibuprofen	Paracetamol
Warfarin	Codeine
Heparin	Morphine
Enoxaparin	Hydrocodone

It is important for patients to take their medication as directed and to avoid any activities that could increase the risk of bleeding. Patients should also be aware of the potential side effects of their medication and to report any concerns to their healthcare provider. By following these guidelines, patients can help to ensure a successful recovery from SAH.

### IMPROVED DOCTOR-PATIENT COMMUNICATION

Improved communication between doctors and patients is essential for a successful recovery from SAH. Patients should be encouraged to ask questions and to express their concerns. Doctors should be open to listening and to providing clear explanations. This can help to build trust and to ensure that patients are fully informed about their treatment. Patients should also be encouraged to participate in their own care and to make decisions about their treatment. This can help to ensure that the treatment is tailored to their needs and to their preferences.

- Patients should be encouraged to ask questions and to express their concerns.
- Doctors should be open to listening and to providing clear explanations.
- Patients should be encouraged to participate in their own care and to make decisions about their treatment.
- Doctors should be encouraged to provide clear explanations and to answer questions.
- Patients should be encouraged to provide feedback and to report any concerns.
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Through regular communication, patients can help to ensure a successful recovery from SAH. Patients should be encouraged to ask questions and to express their concerns. Doctors should be open to listening and to providing clear explanations. This can help to build trust and to ensure that patients are fully informed about their treatment. Patients should also be encouraged to participate in their own care and to make decisions about their treatment. This can help to ensure that the treatment is tailored to their needs and to their preferences.

### HOW CAN DOCTOR-PATIENT COMMUNICATION BE IMPROVED?

- Improved communication can be achieved through a number of methods, including:
  - Education: Patients should be educated about their condition and their treatment. This can help them to understand what to expect and to make informed decisions.
  - Support: Patients should be encouraged to seek support from family and friends. This can help them to cope with the challenges of recovery.
  - Follow-up: Patients should have regular follow-up appointments with their healthcare provider. This can help them to monitor their recovery and to address any concerns.
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### HOW WILL THESE IMPLICATIONS LIMIT RISK OF MENTAL ILLNESS DEVELOPMENT AND PROLONGED RECOVERY?



### AT-HOME RECOVERY METHODS

At-home recovery methods can help patients to manage their symptoms and to support their recovery. These methods include:
 

- Rest: Patients should get plenty of rest and avoid any activities that could increase the risk of bleeding.
- Diet: Patients should eat a healthy diet that is rich in fruits, vegetables, and whole grains.
- Exercise: Patients should engage in light exercise, such as walking, to support their recovery.
- Support: Patients should seek support from family and friends, and consider joining a support group.

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At-home recovery methods can help patients to manage their symptoms and to support their recovery.



## **How is ineffective doctor-patient communication impacting the recovery, and potential development of mental illness within Subarachnoid Haemorrhage patients? What can be implemented to improve this?**

*"Many patients with cerebral aneurysms have an inaccurate understanding of their treatment plan, and an exaggerated sense of the risks of aneurysmal disease and treatment."*<sup>1</sup> In 2021, my mother suffered a Non-Aneurysmal Subarachnoid Haemorrhage (SAH) – a leak of blood caused by a ruptured brain vessel.<sup>2</sup> The effects of this injury whether treated, or untreated are severe, and surprisingly, there are very limited, beneficial patient support networks that are preventing the long-term effects this poses to the patient. My understanding of this prompted the drive to investigate not only the condition, but also the factors which impact the mental health and recovery of patients. My learning revealed that miscommunication between both parties reduces the quality of care doctors are able to provide their patients. The increased susceptibility of prolonged recovery and mental illness within SAH patients, as a result of ineffective communication, demonstrates the urgent requirement for revised practices. This meant, my output took the form of a 'SAH Patient Booklet' that can be utilised in neurological wards to improve doctor-patient communication.

### Feedback Questions:

- is this something you feel could support SAH patients in and out of hospital? if yes, why? Personally I would've loved this information

I was feeling incredibly or ask questions. extremely scared. information in this let I feel strongly to be recovery. a peak of your ration clearer? concerns, but for my and feel not could visit early to ask questions chronic headaches & nausea knowing that others undertaking? yes I believe missing support recovery process intended to have attention may not for medical stuff not even patients' dition? I strongly knowledge and when I left I would be asked instant headaches. later that lead me to have been life changing further recommendations and settings could

- from a marketing/designing perspective. would you find the layout confusing as a patient, or perhaps the information too difficult to understand still? I found the layout of the booklet easy to follow and understand. I feel I ~~am~~ have so much more knowledge about my brain bleed than I did before.

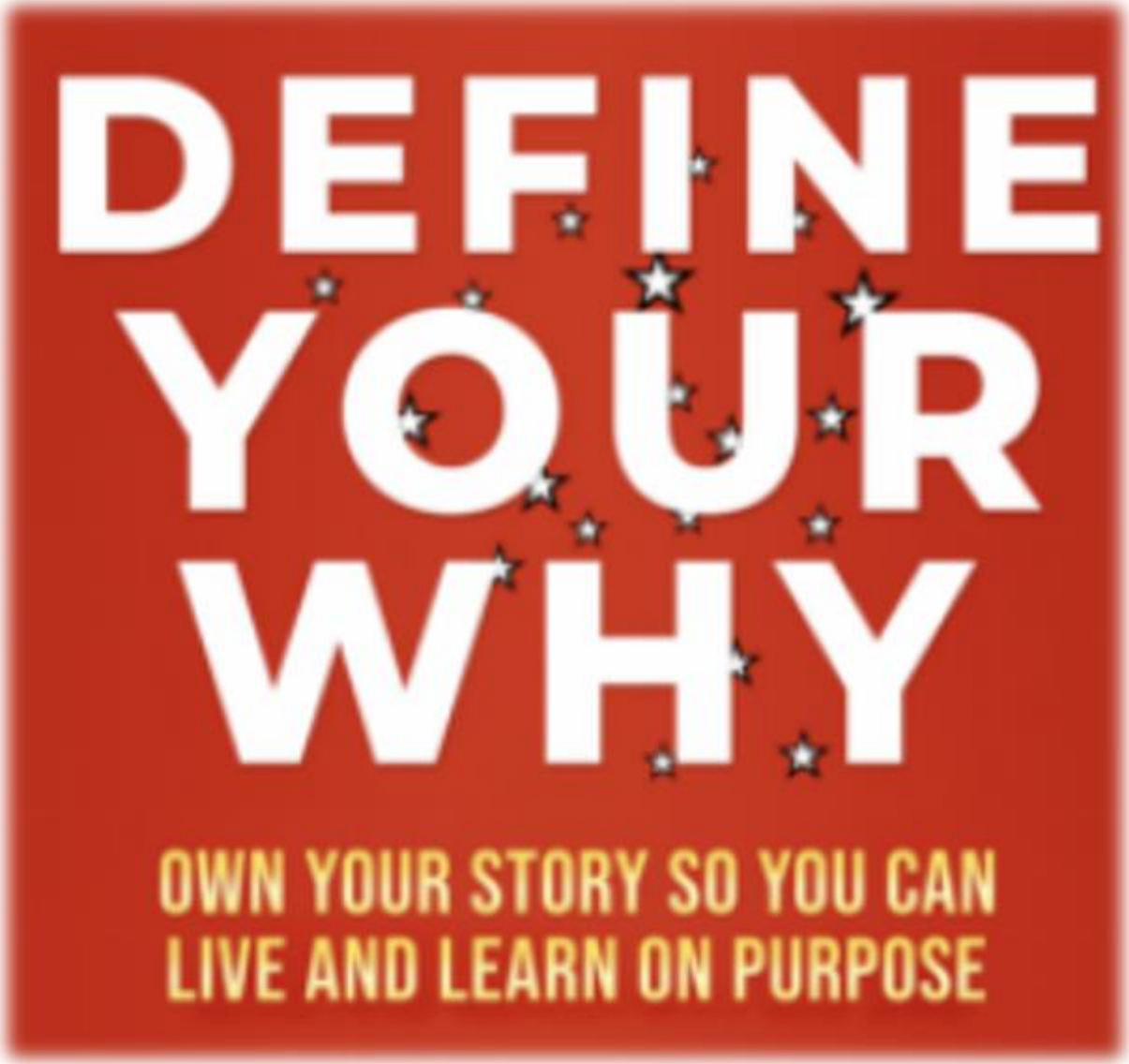
### Perspectives gained since Progress Check 1 – Student 3

I engaged with physiologists Doctor Teresa Batista, Doctor Tayla Haslam, and Doctor Kayla Anderson, who all mentioned the importance of contacting an occupational therapist. After further research, I now understand how an OT's perspective would add depth to my learning. I discovered OT Lisa Warren through a video published on YouTube, and the most compelling information presented was regarding adaptive equipment and assistive devices. Warren exposed me to these devices which aim to help reduce the risk of falls, increase safety, and improve the independence of the patient - which are the three ultimate goals.

Prior to pursuing an OT's perspective, I only obtained the viewpoint of exercise physiologists regarding strategies that would improve the patient's quality of life. Looking back, I recognise that their perspective could be described as biased since their only recommendations were based around exercise - as they specialise in this form of therapy. Their encouragement to question an OT, has led me to great discoveries, as I am now familiar with the creation of assistive devices. However, since I was introduced to these devices later within the course – after my podcast was created, I was unable to include information regarding this into my end point. However, it is still extremely valuable to the advancement of my personal learning, as I now have the knowledge to improve my grandmother's standard of living.

# AIF 2023

*Just the fun parts of RP*



**DEFINE  
YOUR  
WHY**

**OWN YOUR STORY SO YOU CAN  
LIVE AND LEARN ON PURPOSE**



*Research  
Project –  
we love it!!!  
Why  
change?*

Value and Purpose for  
every person

Focus on the learning

Greater Agency

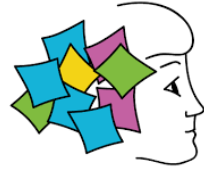
*How do you change when you are Passionate about something – when it has meaning for you and you know why you are doing it?*

## **Minds On - Know Your Why – Michael Jr:**



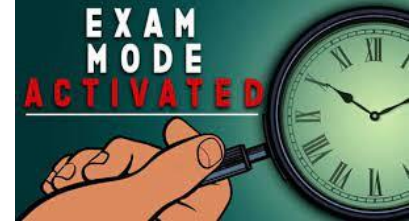
# Learning Mode v Performance Mode – Guy Claxton

## Learning Mode



- The focus is on information for improvement
- Mistakes are part of it
- Feedback is welcome
- Cheating is pointless

## Performance Mode



- The focus is on being impressive
- Mistakes are unwanted
- Non-positive feedback is unwanted
- Cheating is seen as rational for some

Both are useful e.g. exam or a sports match but need to go back to learning mode afterwards.

**Too much performance mode is an issue for improvement.**

# Learning Zone v Performance Zone – Eduardo Briceno

With deliberate practice for something at a high level of challenge we need:


- Something to be **important** to us, **feedback** and **coaching**.

When we are in the Learning Zone we are more likely to become **better** through:

- Experimentation
- Collaboration

as we are **less anxious**.

This is where we should be **most of the time** at school.







- *“Go with your strengths and interests, find your passion and, then your purpose will discover you.”*