



*The University of Melbourne*

Research Project Report

# **Factors determining a ‘high-quality’ student clinical placement experience in rural public health services: Findings from a Victorian study**

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## 1. BACKGROUND

The majority of qualified health professionals live and work in cities resulting in a global phenomenon of rural health workforce shortages (World Health Organization, 2010). Compared to people living in urban areas, people living rurally have reduced access to health services, which negatively affects health care equity and health outcomes. Since the early 2000s, successive Australian federal and state governments have tried to address rural health workforce shortages through the implementation of a range of policy and program initiatives targeting both the health and education sectors and through a range of initiatives aimed at encouraging health students to consider 'going rural' (Mason, 2013). Until fairly recently, these 'going rural' initiatives have mostly focused on medical students and involved selecting students from a rural background and requiring a significant proportion of the student cohort to complete an extended rural training year or to undertake all their medical training rurally. These extended rural placements and the associated rural cultural immersion experiences have been found to positively influence the practice intention of medical students (Eley & Baker, 2006; Farmer, Kenny, McKinstry, & Huysmans, 2015; Lee, Barnard, & Owen, 2011; Young, Kent, & Walters, 2011). This has resulted in an increase in the size of Australia's rural medical workforce, especially among doctors working in rural primary care settings. However, while there has also been some improvement in allied health and nursing rural workforces; ongoing shortages persist (Australian Institute of Health and Welfare, 2014; Mason, 2013).

Compared to doctors and nurses, allied health professionals are twice as likely to leave their rural or remote position (Campbell, McAllister, & Eley, 2012). The average allied health professional's rural stay is three-years and this reduces further in remote areas (Chisholm, Russell, & Humphreys, 2011). In addition, allied health professionals who commence rural employment as new graduates are more likely to leave than those recruited at more senior levels (Chisholm et al., 2011). This high rural turnover of new graduate allied health professionals has been linked to Australia's rural public health services being used as 'professional nurseries' by graduates from cities (Miles, Marshall, Rolfe, & Noonan, 2006). While historically Australia's rural nursing workforce has been more evenly distributed and more stable, it is increasingly experiencing the negative effects from being an older workforce, with 40% of Australia's nurses currently over 50 years old (Australian Institute of Health and Welfare, 2013). In addition, it is also negatively impacted by a general decline in interest in nursing as a career. Recent Australian workforce planning projections forecast that in the medium to long-term, demand for nurses will significantly exceed supply, with a projected shortfall of 85,000 by 2025, and 123,000 by

2030 (Health Workforce Australia, 2014). This will likely be more keenly felt in Australia's more difficult-to-staff rural and remote areas.

While the evidence is consistently strong across the medicine, nursing and allied health workforce research, on the positive effect of rural background on rural practice intention, in regard to other factors influencing 'going rural', the strength of the evidence differs between medicine and other health professions (Health Workforce Australia, 2014). While there is some moderately strong evidence that rural-based placements can positively influence health students to consider rural employment (Playford, Larson, & Wheatland, 2006), other studies have found that rural placements are not a predictor of future rural employment (Dalton, Routley, & Peek, 2008). Schofield et al. (2009) in The Careers in Rural Health Tracking Survey of 121 health students, found that career and financial factors were the strongest influence on graduates' employment choices. The same study also found that choosing to work in a rural location is a result of a complex interaction of many factors and not determined simply by rural background or rural placement (Schofield, Fletcher, et al., 2009). However, while the strength of the effect of clinical placement on 'going rural' is variable, what is less contested is that a placement needs to be an 'excellent', experience if it is to positively influence rural employment intention (Playford et al., 2006).

Playfield et al. (2006) recommended that more qualitative research is undertaken to better understand what constitutes an 'excellent' rural clinical placement experience. However, because of the growing numbers of allied health and nursing students and the concomitant strain placed on both education and health providers, the capacity to offer of 'excellent' rural clinical placements is currently under significant strain (Australian Commonwealth Senate Community Affairs Reference Committee, 2012; Health Professions Council of Australia, 2004). Nancarrow et al. in their (2013) study of models of excellence in clinical training in rural NSW, found that the dominant model of rural clinical placement was undertaken by students in a community or hospital setting, under an apprenticeship supervision model with students usually being supervised daily by a single supervisor. This model was found to place a large burden on supervisors and negatively affect their ability to deliver clinical services and hence clinical service capacity.

There are various stakeholders (government, universities, health services, clinical supervisors and students) involved in the development, delivery and undertaking of rural clinical placements in public health services and each is motivated by different drivers. Nancarrow et al. (2013) study identified these drivers as follows:

- For governments, the key policy driver is to attract students to 'go rural' to address chronic rural workforce shortages.
- For universities, the key driver is to increase the number of clinical placements available to address a general shortage of placements. Secondary drivers specifically relating to rural placements, are to develop their students' work readiness and interdisciplinary team working skills.
- Public health services are motivated by opportunities to recruit students to their service after graduating, as well as delivering on their commitment to teaching institutions. The driver for clinical supervisors also includes keeping their professional skills and knowledge up to date.
- Students choose a rural clinical placement primarily do so for exposure to new clinical learning or a varied caseload. Secondary drivers include interest in rural health practice and rural living.

A recent study undertaken by Rural Health Workforce Australia (2015) found that allied health students associate rural placements, compared to their metro placements, with providing a range of opportunities. These include to: working in smaller teams, having a hands-on-learning experience, being exposed to a broader scope of practice, being given more responsibility and autonomy, and receiving more attention from supervisors. Nancarrow et al. (2013) study found that students defined 'a good rural clinical experience' as being when students' experienced: increased clinical skills and confidence to practice, exposure to and increased awareness of rural issues, an introduction to interdisciplinary teamwork, increased personal confidence and positive social experiences. However, compared with medical students, nursing and allied health students have been found to experience many disincentives for undertaking a rural placement these include: limited availability of placements, financial burdens, social isolation and inadequate administrative and organisational support from health and higher education organisations (Spiers & Harris, 2015; Sutton, et al. 2016). There is also research that nursing and allied health students prefer short duration placements compared to medical students, given they tend to undertake more paid employment than medical students (Playford et al., 2006; Schofield, Keane, Fletcher, Shrestha, & Percival, 2009).

## **2. METHODS**

### **2.1. Research Aim**

This research study sought to understand the factors influencing, and the processes underpinning high-quality rural clinical placements in public health services. This research aim was addressed by identifying the influencing factors required to achieve high-quality in a rural clinical placement. This understanding of rural clinical placement excellence was based on data collected from representatives of key stakeholder groups involved in the development, delivery or undertaking of rural clinical placements in public health services. These stakeholders included: students from learning institutions undertaking clinical placements in rural public health services, staff from rural-based public health services involved in the coordination and/or the supervision of students on placement, and staff from universities involved in the coordination of health courses and/or student placements.

### **2.2. Significance**

The health workforce research has identified the need for more qualitative research to better understand what constitutes 'excellence' in a rural clinical placement experience. It is anticipated that this research will contribute to evidence on the factors influencing a high-quality rural clinical placement experience in the public health services; the most commonly undertaken placement type. It is anticipated that this research will be useful to the stakeholders involved in rural clinical placements to assist them to better understand the processes needed and resourcing required to achieve 'excellence'. For rural clinical placements to possibly positively affect health students' rural employment intention, it is essential that they are high-quality, positive experiences.

### **2.3. Setting**

The students' placements were all undertaken at public health services operating in regional and rural areas of Victoria. The students were enrolled in allied health or nursing (both enrolled and registered) courses and were attending either Australian universities or technical and further education institutes (both state-administered and private organisations).

### **2.4. Data Collection**

The project received approval from The University of Melbourne's Department of Rural Health Human Ethics Advisory Group in February 2017 (Ref: 1748810). To achieve the study's aim, data collection was conducted by the Responsible Researcher (Dr Cosgrave) over the period from May to November 2017. The data was collected using the following methods:



- 1) Focus groups with students undertaking a clinical placement at a rural public health service.
- 2) One-on-one or small group (maximum two persons) semi-structured interviews with:
  - i. Staff from rural and regional public health services involved in the coordination of student placements and/or in providing clinical supervision to students;
  - ii. Placement or course coordinators from learning institutions responsible for students on placement in rural and regional public health services.

Purposive sampling was used for the student focus groups and semi-structured interviews. Candidates were selected with the aim of including:

- Students undertaking clinical placements in a range of different sized public health services including large regional hospitals and small rural hospitals; and
- Students and tertiary sector staff participating in a range of allied health or nursing courses (including enrolled and registered).

Study participants from the learning institutions and public health services were recruited by drawing on the pre-existing professional networks of both the Responsible Researcher and UoM's Going Rural Health staff. Potential study candidates were invited to participate by the Responsible Researcher either face-to-face or by phone or email. Interviews were then arranged with those who expressed interest in participating. The interviews were arranged with the aim to be as convenient as possible to the participant and this included conducting face-to-face interviews at the participant's place of work, as well as undertaking interviews over the phone. Consent was undertaken before each interview and for those interviews conducted over the phone, the consent process was recorded (the process involved reading out the consent form and the Responsible Researcher filling in and signing on the participant's behalf). The duration of these interviews was mostly 45-60 minutes.

The student focus groups were arranged by the Responsible Researcher by contacting staff who were involved in the coordination or support of students on clinical placement working at rurally located public health services. These staff members were either existing contacts of the Responsible Researcher or UoM's Going Rural Health staff members or developed during the research project as a result of interviewing public health service staff. The staff members helped identify when groups of students would be on placement and arranged a time and venue for the Responsible Researcher to meet with students. At this meeting, the students were given a brief presentation about the study and provided with a Plain Language Statement and invited to participate. All students who attended these presentations agreed to participate. The focus group then either followed immediately on from the

presentation or was scheduled at a convenient time during the next week. Consent was completed by all student participants before the commencement of each focus group. The duration of the focus groups was on average 60 minutes.

Interview and focus group questions
<ul style="list-style-type: none"><li>• <i>Can you please give me an overview of your role/involvement/ experience in rural clinical placements?</i></li><li>• <i>What do you perceive to be the main elements needed to make a rural clinical placement high-quality?</i></li><li>• <i>From your experience how well do you think this quality standard is being met?</i></li><li>• <i>Is there anything extra or different you think should be done to improve the quality of rural clinical placement experience for students?</i></li><li>• <i>Do you think rural communities play a role in experiencing a high-quality rural clinical placement?</i></li><li>• <i>Any other comments?</i></li></ul>

The focus group and interview data collected included:

- Five student focus groups involving 34 students;
- Eight semi-structured interviews with staff working in rural and regional public health services including six one-on-one interviews and two small groups interviews each with two staff participants.
- Eight semi-structured one-on-one interviews with placement or course coordinators from learning institutions.

The participants included: students from five universities and two technical and further education institutes; staff from six rural Victorian public health services and staff from four universities.

## 2.5. Data Analysis

All interviews and focus groups were audio-recorded and transcribed. A thematic analysis was undertaken by coding the transcripts to assist in identifying key themes. The coding approach relied on Charmaz's (2014) coding structure, in particular, initial and focused coding approaches. Initial coding of the transcripts concerned applying open codes using an incident-by-incident approach and focused coding involved grouping the open codes into categories. QSR International's NVivo 12 software was used to support the analysis.

## 3. FINDINGS

The findings on the enablers and barriers to a high-quality rural clinical placement are presented in two sections. Firstly, from the students' perspectives, then from non-student stakeholders'

perspectives. The first section reports on the students' perspectives and draws on the data from four focus groups conducted with the students. The second section reports on non-student stakeholders' perspectives findings and draws on the interviews conducted with staff from public health services involved with student placements including clinical, supervisors and learning institutions course and placement coordinators.

### **3.1. Enablers and barriers for a high-quality rural clinical placement experience from students' perspectives**

This student findings section presents data on students' perspectives of the enablers and barriers for a high-quality rural clinical placement experience. These were identified as receiving quality supervision and teaching, opportunities for enhanced clinical learning and skills development, a supportive workplace and learning environment, supportive personal circumstances during placement, and the extent of placement organisation and student support provided by learning institutions.

#### **3.1.1. Receiving quality supervision and teaching**

Nearly all students made mention of the importance of receiving quality supervision as being one of the most important factors for their experiencing a high-quality rural clinical placement. The supervision models between nursing and allied health professions were described differently. Most allied health students discussed having an apprenticeship style model of supervision, involving daily close supervision from a single supervisor. Among the allied health students undertaking placements in larger regional hospitals, they also made mention of receiving support from an Allied Health Educator. Nursing students, on the other hand, generally described a preceptorship clinical supervision model, with a Nurse Educator usually taking the formal clinical teaching role, as well as being responsible for students' assessment. In the nursing placements, the use of 'buddy' system was also discussed as being commonplace, involving the allocation of a staff nurse for each shift to work alongside the student to support them in patient care but having no 'formal' clinical teaching expectations.

Compared to allied health students, the nursing students interviewed tended to talk less about clinical supervision but more in terms a 'quality learning experience' and that the Clinical Educator and the nursing staff both played an important role in this. The most important factor contributing to a quality learning experience was that the health service staff involved with students had both an interest in teaching and the ability to teach.

*The educators are amazing, they're very, I've found that they're just very hands-on and they'll come in and say 'Hello'. I've been on placements previously where I haven't even seen an Educator. So, they're really good, I feel really supported and the staff are so willing to teach students. [Student Focus Group 2]*

Sharing the responsibility for student nurses' learning among the nursing staff was fairly commonplace, especially in the small hospitals, where the nurse educator was often just one individual and their position was often only part-time.

*I know it's sort of circumstantial, but the Theatre Educator is away on compassionate leave ... so we haven't really seen much of an educator but the staff have sort of like taken on that role and they've done really well. [Student Focus Group 2]*

The effects of small workforces in rural hospitals as well as chronic workforce shortages resulted in the nursing students often being buddied with new graduate nurses or staff with just a couple years work experience. Some students questioned the quality of the learning they received from these staff and discussed that it was something that would never happen in a metro health service.

*On a different note, a lot of my clinical placements at metro, the grads never had a student unless it was like dire, dire circumstances, it was never heard of that a grad should have the responsibility of having a student with them. Whereas here obviously everyone's been buddied with grads and even, then we talk to the staff about it they said there's not enough staff so have to go with a grad. But that was never, the responsibility was never put on a grad to watch a student which is different. [Student Focus Group 4]*

On the whole, the allied health students interviewed were fairly satisfied with the quality of their clinical supervision. Factors discussed as contributing to having a quality supervision experience included:

- (i) the supervisor individually tailoring the placement to maximise learning opportunities

*Mine's amazing like they're very open to what I can do ... my supervisor has trust in me, to know that I know what I'm doing and I'll ask question when I need to. Like she assesses when she needs to. When we started, she goes 'What have you seen the most of or haven't seen the most of?' and I said 'Oh, like I've seen a lot of neuromuscular but I haven't seen much cardiac'. And she goes 'Well do you want to see more of that? And I said 'Yeah that'd be awesome'. And she will check every day, with the physios and other staff members, about what they've got on and she'll be like to me, 'I'm only seeing*

*someone with diabetes, but X [staff member's name] the physio is seeing someone with like spinal surgery, do you want to follow her instead?' Like give me that option of 'Well my day's a bit boring, so do you want to follow something that's a bit more interesting?'; it's really good. [Student Focus Group 1]*

(ii) the supervisor taking the time to explain and ensure student understanding;

*Mine have been unreal like they're pretty much sending me everywhere, making sure that I'm doing something like every minute of the day, getting as much experience as possible. And kind of like, just making sure I'm understanding what they're doing, like taking a step back and explaining it through and making sure that I actually know what's happening. [Student Focus Group 1]*

(iii) the supervisor providing timely and appropriate feedback

*I think supportive staff and feedback that's timely so that you have time to say 'Okay I need to fix this' ...and [so then I can] adapt. [Student Focus Group 2]*

### 3.1.2. Opportunities for enhanced clinical learning and skills development

Another factor discussed by the student participants as being very important for experiencing a high-quality rural clinical placement was the increased opportunities in rural health services to develop their clinical learning and practice skills. This enhanced opportunity was usually associated with high-quality supervision.

- *An expanded scope of practice*

Most commonly students discussed enjoying an expanded scope of practice compared to their metro placements which they described as generally being much narrower in clinical scope.

*I know some people in my course [that] have gone on placements and they've pretty much just been treated as one group of people. Like a lot of people have gone to the [name of large metropolitan hospital] and they really only see cancer... I think ... you need to be placed somewhere that is going to show [you] anything that could get through in your first year of working. [Student Focus Group 2]*

However, this exposure to an expanded scope of practice experience was more likely occur in a regional hospital setting. Some students undertaking placements in small rural hospitals, mainly the nursing students, described the opposite; encountering a fairly narrow and limited scope of practice.

*So, it was a smaller one [rural hospital] and they didn't have the facilities that other places do and the treatment, it was very basic treatment, so you don't learn very much. [Student Focus Group 4]*

*You don't get as many options to learn. I feel like you won't see as many things as you will in a sort of big city. So, you just really need to grab whatever you can get your hands on because you won't see anything. [Student Focus Group 4]*

- *A more hands-on placement experience*

Quite a few students discussed being encouraged by their supervisor to take a more active, 'hands-on' role in patient care and this again was contrasted with their experience of metro placements. The students often described, especially if they were students in the first couple of years of their course, as metro placements being just observational.

*I find that here, they let me be a lot more hands on. Like the first day here, my supervisor just said to me, 'We've got an assessment are you confident doing it?' and I just said 'Yeah' and away we went. Where a lot of my metro [placement time] was just observing and kind of like five-weeks of observing and by the end of it, I was ... falling asleep. [Student Focus Group 1]*

- *Greater opportunities to practice independently*

Among the allied health student participants who were in their final course year, they commonly mentioned valuing the opportunities their clinical supervisor gave them to practice independently.

*I was here last year for my third-year placement but it was only two weeks and it was a bit more like they would watch over my shoulder and make sure I'm doing okay. But now I'm in fourth year, pretty much they give me a room and put patients in that are okay and, then if it's a really complex patient they'll come in with me, help me and make sure I'm doing alright. And if I'm going fine, they just let me do it. And if I need anything, I just ask them and it's a really good level of faith, it's good. [Student Focus Group 2]*

### 3.1.3. A supportive workplace and learning environment

The next most commonly discussed factor by the students as being important in a high-quality rural clinical placement experience was their relationships with the other team workers, as well as the organisation more generally. The quality of these relationships was discussed as being affected by the specific team culture they were working in, the organisational culture with respect to teaching and

learning, the extent of consideration of students' well-being, the extent of the health services' staffing shortages and the work pace. These factors are discussed below.

- *Team and workplace culture is welcoming and inclusive of students*

Students very often mentioned the importance of staff they were working closely with being welcoming and inclusive of them.

*I think mainly the quality of the placement depends on the people and mainly the staff which you're working with. If, when you start ...they don't look at you and smile and if they [make you] feel like 'I'm from another planet or something' - it's not great. ... I think the quality of the placement depends on the people around your placement. [Student Focus Group 2]*

One student discussed how she had observed nursing staff supporting each other and taking on extra workload to ensure that the students were well-supported.

*Here they're pretty good like they know morning staff have students here, so the afternoon staff are willing to catch up to allow that. It's rural they always want nurses to come back. [Student Focus Group 3]*

A few students described having encountered staff members who were generally unwelcoming and not interested in teaching students.

*I've had times where people just can't be bothered, they can't be bothered to have a student so they would just kind of forget that you're there and they don't teach you so then you can't meet your learning objectives. Whether that's maybe just for a shift, maybe not the whole placement but it has happened. [Student Focus Group 2]*

Some students discussed the broader staff cohort being welcoming and attributed this to the organisation being committed to teaching and learning.

*I work with so many different people and they're just all so nice and supportive. I've been to a few of their conference [meetings] and ... when they're [occupational therapists (OTs)] talking about it, the OTs ...and I'm not even studying OT, they'll just explain to me like what they're doing. They're all really supportive and it's really nice to see. Like they don't have the responsibility of having a student but they all remember what it's like to be a student. I think that's what makes it work really well. Because it is rural I feel as though people are a lot more willing to help in a way. [Student Focus Group 1]*

- *Students' wellbeing is considered and addressed*

Some students discussed particularly valuing and appreciating their supervisor or other staff members taking the time to check-in with them about how they were settling-in and their general wellbeing.

*It's been really good here, [on the] first day, the Unit Manager she took me in her car and showed me lots of stuff and shops. [Student Focus Group 4]*

*Originally, I thought I was going to have to take taxis every single day. I did that the first day and it was \$50 there and \$50 back, so it cost a lot of money. And then my Educator actually went and found a physio that was coming from Z [name of a nearby town where the student was staying] and got lifts [arranged]. I'm really, really lucky because I don't know what I would have done without [that help]. Having to organise all of that [would have been] another stressful thing on top of just the placement in general. [Student Focus Group 2]*

- *Work environment and work pace is supportive of learning*

Students often discussed enjoying a more relaxed and easier work pace, compared to their experience on metro placements.

*Rurally because they have smaller places, small staff loads, they can have a lot better structure than the city. I'm not sure what it is, but like my days are so much easier here. Like I do 8 to 4.30 or 8.30 to 5, wherein Melbourne I was doing 6 am to 6 pm, 6.30, 7 o'clock at night and it was just non-stop, like client after client, like some days I wouldn't even get to each lunch. [Student Focus Group 1]*

- *Challenges arising from small workforces and staffing shortages*

Many students discussed negative clinical work experiences on placement resulting from the smaller health workforces found in rural services, especially in the small hospitals. These negative issues included: being pressured to do tasks beyond their current scope of practice, being asked to work at a pace beyond their current capacity and generally not feeling adequately supported.

*I find that there've been a couple of people going out to rural placements and they're understaffed and having issue that there is actually more stressful and that they're either throwing in the deep end or you're sort of lost until you can work out what's going on. That's really important. [Student Focus Group 2]*



### 3.1.4. Supportive personal circumstances during placement

All students discussed having no or very little choice about their rural placement and finding it challenging having to undertake a rural placement if it were a long way from their usual place of living. They mostly attributed the challenge to the additional financial costs involved (especially for those already paying for housing), as well as needing to rearrange or juggle employment and/or other personal or social responsibilities. For many students, the pre-placement time was the most stressful.

*Probably before I came I was stressed, [it is] my first rural placement, [I've] never been, away from my partner before and then you have to live apart for 5-weeks. That was probably more stressful than coming for placement, going rural or not being at home for that long. But after the first day here, I was less stressed. [Student Focus Group 4]*

The two principal causes of stress were in regard to:

- (i) finding suitable and affordable accommodation; and/or

*I just needed accommodation for a couple of nights and they don't actually offer accommodation through the hospital and they did recommend ringing the Uni. I tried to ring them about six-times over four or five-days and no one ever answered the phone, so I just sort of gave up and made my accommodation at a caravan park. [Student Focus Group 2]*

- (ii) being able to meet the additional financial costs.

*I know it'll never happen and it's just a bit of a pipe-dream, but getting paid to do placement, even just the tiniest bit, that'd just be, that'd make such a difference. [Student Focus Group 4]*

Once on placement, the quality of the accommodation often became of primary concern and something that could either very positively or negatively affect students' placement experience.

*We've got our own room and our own bathroom. Got TV and stuff, it's really good. Free breakfast... And [its] all free. [Student Focus Group 3]*

*Z [Name of university] gave us that one [a specific motel] to book through. They didn't give us any other options. Because I probably would have chosen somewhere with a kitchen. Because we're there for 5 weeks... [so I had to] bring a microwave and electric frying pan and all the stuff. Because there's nothing in there to cook with. But we had to*

*choose that one to then [be able to] apply for financial assistance when we got back.*

[Student Focus Group 4]

For those students who were able to arrange satisfactory accommodation and reasonable arrangements with their employer, they often discussed really enjoying the rural placement, in particular, the more relaxed lifestyle it offered.

*Being rural, I [have] found it so much easier to juggle everything, I'm on top of everything and I was behind by the second day when I was metro. ... I think that's also what's taken a big stress off my shoulders because if you go on placement thinking 'God I don't have time to do this, I've got to catch up on everything else' when I was in Melbourne. But now I'm finishing [with this rural] placement, I'm going to the gym or whatever and going home and I'm actually having time to do stuff because it's not taking me 45 minutes to drive.*

[Student Focus Group 1]

### 3.1.5. The extent of placement organisation and support from learning institutions

As discussed above, very few students were given choice by their learning institution regarding their clinical placement's location. Any placements (rural or metro) requiring students to travel large distances and/or live away from their current place of living, usually gave rise to additional personal challenges, and these commonly cause students' stress, both pre-placement and during the actual placement. Another significant source of stress, very commonly mentioned by students, was the extent of their learning institution's involvement in the organisation of the placement and supporting them while on placement. The issues discussed included: the need for good organisation pre-placement, the need for regular and open communication between the health service and learning institution; the placement type being appropriate for meeting learning needs, the course demands to be reasonable while on placement and the placement length being adequate for consolidating learning. These factors are discussed below.

- *Good organisation pre-placement*

Students very commonly discussed the importance of 'good organisation' for a high-quality placement experience. Good organisation was discussed as involving: being given adequate notice of the placement to be able to arrange accommodation and personal circumstances; being given sufficient details about the placement to be able to prepare; being given information about accommodation options, being advised of any financial support schemes/scholarships available. These factors are exemplified by the following student quotations:

[Interviewer] *What makes a quality and positive rural placement...have you got any suggestions?*

[Participant] *Just more like organisation, like Uni have been very good, like they gave us all accommodation links and made sure we knew that we were actually going to stay, like say that I was coming to A [name of regional town], for at least a month or two beforehand, so they were really organised in that way which was good. But just being organised and stuff like that.* [Student Focus Group 2]

[Interviewer] *What makes a quality and positive rural placement?*

[Participant] *Good organisation is probably the most important thing...from everyone involved with [placement] organisation ...So, I can be aware of what I'm going to do, knowing what I'm going to do, by the supervisor telling when to be there. Accommodation, because it can be really hard to sort out accommodation if ... the Uni doesn't tell you where you'll be able to stay, because I know that happened to me at the start of the year, not this one [placement], but I had nowhere to stay.* [Student Focus Group 1]

- *Regular and open communication between health service and learning institution*

Some students discussed their level of satisfaction with the placement being negatively affected because of issues regarding their allowed scope of practice. These students attributed this a lack of any or adequate communication between the health services and learning institution to discuss students' level of learning and competencies.

*My teacher at University told me 'That anything we had done in the classes, we were able to do on placement, if we felt comfortable'. Whereas there's already been like a few people saying 'Oh no you're not allowed to give medication'. Whereas we practised that in class, so I was under the impression we were allowed to. So, it's like that we're unsure what we can and can't do. I think the communication between the university and the hospital should have been a bit better, with them [University staff] just saying 'Look this is a list of things the students can do, they can't do anything else outside of this list', then that would make things a bit easier.* [Student Focus Group 3]

- *The placement being appropriate for meeting learning needs*

Some students discussed finding it very stressful if their placement site was not suitable for meeting the particular placement types' assessment criteria. This was most commonly mentioned by nursing students and was associated with their learning institutions struggling to find enough 'appropriate' placements for students.

*I did a placement for ... child, adolescent and family health. We had a lot of assessments around medications and all that type of stuff, but I was in community and we were more dealing with palliative care patients and talking to them... about their feelings and getting some services set up for them. And I didn't have the opportunity to do my medications assignment or competencies so I had to go out and see a situation where I could do that competency. So, I had to go into the actual facility and ask a nurse to help me, 'Can I please administer medication and then you go through and fill out my competency for me?'* [Student Focus Group 2]

- *The course demands to be reasonable while undertaking a placement*

One factor mentioned as very negatively affecting the students' rural clinical placement experience was if they had to juggle course demands while on placement. Having to manage course demands, as well as a new learning environment and changed personal circumstances, negatively affected the extent of students' learning from the placement and their time available for social interaction.

*I'm very under the pump hugely at the moment, we are seven-weeks into our semester and when we get back we have assignments due the Monday, basically the clinic, the clients we've seen during our placement. We've got an exam the same week on the Friday, with one also the next week and another assignment due that week. We're all behind now. It's a very busy degree the one we're doing. That's one of the things I struggle with on placement is that I was torn between [things]. I wanted to come here and be able to reflect on what I was learning and the practical side of things because it's the first exposure for us. But I know that, and it's all of us, no matter how hard it is... I've wanted to interact with more students but I going home and getting to my desk and working.*

[Student Focus Group 1]

Not all students on placement had to manage course demands concurrently and this was because of either the timing of the placement in the semester or the particular course approach and structure. In the main, it was the nursing students who discussed having to juggle course demands while on placement. For those students not having to juggle course demands they often discussed this giving them time to revisit prior learning and so be well-placed to consolidate theory with practice.

*You're learning different things. You may have learnt that like a 1.5 year ago. You just need that refresh, it's kind of good not to have to focus on anything but placement.*

[Student Focus Group 2]

- *The placement length being adequate for consolidating learning*

While not a uniquely rural factor, the short placement length of two-weeks especially common in nursing courses was often mentioned by nursing students as negatively impacting their clinical placement experience.

*You get a two-week placement, the first-week you've got to learn your way around and where everything is and the second-week like you're starting to get more used to all the staff and everything and then you go. [Student Focus Group 2]*

*You start to get into the swing of things towards the second week and then it's like 'Oh guess I'm finished'. [Student Focus Group 4]*

### **3.2. Enablers and barriers to a high-quality rural clinical placement experience for students from public health services and learning institutions' staff perspectives**

This non-student findings section presents data on from staff working in public health services and learning institutions on their perspectives of the enablers and barriers for a high-quality rural clinical student placement experience. These were identified as: the quality of clinical supervision, opportunities to expand students' clinical learning work readiness skills, a workplace culture supportive of students and teaching and learning, the extent of placement organisation and support from the learning institutions and the quality of the relationship between health services and learning institutions.

#### **3.2.1. Quality of the clinical supervision**

- *Interest and skill-level of the supervisor*

Like the majority of students, the non-student stakeholders also identified quality supervision as being one of the most important factors for a high-quality rural clinical placement for students. Factors associated with quality supervision were: wanting to supervise students, the ability to provide constructive feedback, and being able to assess fairly. The ability to do this was often discussed as being linked to the extent of the individual supervisor's experience. These factors are exemplified by the following quotations:

*For students I think the first thing is having clinicians willing to have students and willing to support students, is probably the first and most important thing. Because that will make or break it doesn't matter anything else, if the clinician is supportive and helpful and all of that sort of stuff it will make all the difference, that's probably the key thing. [Health Service Interview 5]*

*I don't think [a rural clinical placement] it's any different to any other setting, any other placement site. You need staff who are keen to take on board students, who are prepared to work with students, to mentor them but also prepared to assess fairly and objectively and who have the confidence to do it. [University Interview 3]*

*Well it's a bit like anything the more practice you get, the better you're likely to be, I think with most things, the more and some educators are very, very experienced, they've taken students from a range of facilities and from a range of universities and for a number of year, so they get to really see patterns and trends. And ...usually that experience helps them to identify very early where a student may need extra support. [University Interview 8]*

- *Less students and more individualised support*

As was noted by students, staff from both universities and health services also identified the positive effects on students' rural placement experience because of reduced student numbers compared to placements in metro health services. The main benefit from having reduced student numbers was discussed as the rural clinical supervisors being able to 'tailor' the placement to the students' particular learning needs and/or interests.

*For our core placements, there might be two students up at Y [name of regional town] at the same time whereas when they're in Melbourne they'll be in a group of 10 students. So, they get more individual attention from the supervisors in that setting and with that comes more independence and more freedom in their practice, assuming that they're managing and they're safe and demonstrating a level of competence. So, I think that that is also really helpful for work readiness. [University Interview 1]*

*Generally, the feedback [from students] is that they've they feel like...when they go on placement in a metro setting, they go with a large cohort of students and feel like they're just one of the students. Whereas when they come here, they get a bit more of an individual experience and so they can direct their learning opportunities a bit more. [Health Service Interview 2]*

### 3.2.2. Opportunities to expand students' clinical learning and work readiness skills

Another uniquely rural factor, identified as being important for students to experience a high-quality rural clinical placement, was the increased opportunities for students to expand their clinical learning and to develop their work readiness skills.

*I would say it's very good because it probably gets the student ... to work on their softer skills a little bit more, their professionalism, their resourcefulness and particularly their*

*communication, being adaptable and flexible, they won't have everything there for them to use...[And] that's what we find, the feedback some of our students give is they have to be far more independent and get themselves organised, they have to adapt. [University Interview 3]*

*I think they are very, very good placements to develop those foundation skills. Just because we're almost generalists as opposed to specialists like you might be in the city. We've got to be across so much in terms of diagnoses, treatment approaches, working across different wards. [Health Service Interview 6]*

Other identified important outcome of rural placements was increased professionalisation arising from the students being exposed to rural issues and the personal and professional challenges of rural practice.

*If they go rural... they probably see a slightly different dimension to clinical practice... You might be dealing with more complex social issues and socio-economic issues that can impact on how the client is cared for. Follow up is going to be hard, particularly if they live some distance from the service. So, I think there's probably a range of issues that might bring a slightly different dimension to the student's experience. [University Interview 1]*

*So, it's a unique setup in that way because ... the teams are small, much smaller, they do know the community, they know the members and you have the challenges of dual relationships and all of that sort of stuff. Which is a fantastic for understanding professional boundaries and ethics and all of that... So, it's all of those layers that make rural ... really interesting. You know in the city you don't work with your ex-husband's cousin and, you know your senior nurse was your midwife who delivered you. [Health Service Interview 5]*

### 3.2.3. A workplace culture supportive of students and teaching and learning

As with students, the health service and university participants also identified for a quality placement experience, the importance of students feeling supported by the organisation and staff. Factors associated with a supportive workplace culture included: a well-organised placement, the organisational culture being supportive of teaching and learning, staff being inclusive and supportive of students, students' personal needs and wellbeing being considered and addressed. Barriers to being able to provide a supportive workplace in a rural setting were identified with the negative effects of staffing shortages and financial incentives for taking students. These factors are discussed below.



- *A well-organised placement*

Health service participants often identified the importance of student placements being well-organised and that this should be a shared responsibility with the learning institutions. The learning institutions were considered responsible particularly for organisational tasks pre-placement in regard to providing full details to both the supervisors and the students about the placement.

*It's about making sure the students have information prior to coming on placement, supervisors have information prior to coming on placement. [Health Service Interview 2]*

One health service participant discussed the negative impact on student placements from the time lost because the mandated paperwork required before undertaking a placement in a public health service was rarely completed before the students arrived.

*So, everyone comes with their hard copies and you tick the box, there is the ability to upload it to the 'place right' so it could all be checked off beforehand. The training organisations just don't ever do it. So, therefore we're playing catch up at our end. So, they're [the students] losing that significant time with the staff. [Health Service Interview 3]*

Health services organisational responsibilities were mostly discussed as mainly occurring when the students were on placement and this involved such things as providing an adequate orientation and a timetable at the start.

*Just knowing... that we're prepared is a really good sign for the student and that we're a professional organisation and they've got that formal orientation that they've got to do. We usually have like a timetable or a diary ready for them, even if it's just sheets of paper that say 'This is what the week looks like'. We talk about encouraging them to bring an exercise book, so they're writing notes straight away; all those types of things. [Health Service Interview 6]*

- *Organisational culture values teaching and learning*

The importance of health services having a genuine commitment to teaching and learning was mentioned by several non-student participants as also being important for students to experience a high-quality placement

*Well, it's got to start with the culture of taking students initially, and not just having them as workload, as relieving workload for staff, it's actually all about learning and teaching. I think any service can offer a positive learning experience if it actually has the culture to do it and the desire to take students and provide them with that opportunity for learning. [University Interview 3]*



- *Staff are inclusive and supportive*

Associated with having an organisational culture supportive of teaching and learning, many of the non-student participants discussed the importance for a quality student placement experience, that the health service staff students are working with is inclusive and supportive. This was discussed as being especially important in rural placements when students are usually living away from home and have few or no pre-existing social connections. A supportive and inclusive culture was often described as being or needing to be manager-led.

*Where I think students have great placement experience, often there's a culture in that from the team manager about making sure the students [are] well orientated to the program, making sure they're welcome and included, ... it's just the whole culture of that team, is welcoming. [Health Service Interview 2]*

*Well engaged staff, a positive environment and when I say a positive environment what I mean is, is a student and intern friendly environment. And that is that students should not feel burdened, or should not feel unwelcome, but should feel embraced. And working in the environment that actually wants students to be here and the staff engage with them and give them a positive experience. [Health Service Interview 4]*

- *Students' social connectedness and personal wellbeing is considered*

As well as being supportive and inclusive of students in the workplace, non-student participants discussed the importance for a quality student placement experience, that students' settling-in needs and social and personal well-being were considered and addressed by rural health staff. A number of health service participants discussed seeing this as an important part of their responsibilities.

*I think the one thing about this [Educator] team, the four of us, are very clear that we support the social side and the bits behind the scene. We can be on the ward doing the tasks and the medications but all our debriefs are about 'Where are you going? What are doing? How are you going? What's going on in your life? How many assignments are you doing?' [Health Service Interview 7]*

*Student needs, I feel it just needs someone to keep an eye out for them. [To check] that things are going okay with their accommodation, that in the evenings they're not just sitting in a room on their own, that they've got some sort of social contact if that's what they want. That if they a particular interest and we can connect them with a group while they're here...So just making sure they do have some sort of social contact. [Health Service Interview 2]*

- *Challenges arising from small workforces and staffing shortages*

Non-student participants discussed the negative effect on placement quality arising from workforce shortages. This was discussed by one health service participant in relation to the challenges that their small rural hospital faced in adequately buddying nursing students.

*We provide preceptorship model, where we try and buddy the students up with a registered nurse, an enrolled nurse ... and when they're the allied health students, they just buddy up with the physio, that sort of stuff... But because we have recruitment issues and retention issues in the staff, and so many... nurses work part-time, it's really hard to get a consistent buddy to work with a student so that's really a challenge. [Health Service Interview 5]*

The constant pressure on staff from having students while still having to provide the same level of care delivery was considered a risk for staff burnout. The need to care for existing staff and ensuring their workloads were manageable was the most common reason given, especially by staff working in small rural hospitals, for not taking any or more students, particularly in regard to the allied health students.

*Most of the time staff cope OK – but gets difficult when they have got a couple of student cohorts and the team is under pressure to perform. I have heard the staff say 'Could we just have a week when we've got no students in the building? Just to focus on what we need to do rather than what do I need to explain and how to explain it to students'. [Health Service Interview 1]*

- *Effects of financial incentives for taking students on clinical placement*

Many of the university participants discussed observing negative effects on placement quality resulting from public health services in Victoria charging the education institutions fees for clinical placements (not commonly the case in other States and territories in Australia). They discussed observing that health service staff were pressured by management to take on increased student numbers, often beyond their capacity to satisfactorily manage, in order to increase hospital revenue.

*I think they [clinical supervisors in public hospitals] take on students ... partly because of the money and their organisation tells them that they have to... We're actually the only state in Australia that pays for placement... all the other states haven't had to pay for placements. So, there's been a push by organisations. Money often doesn't go to the departments that are actually providing the supervision or having the students, it goes somewhere else in the organisation. So, there's pressure from the organisations to tell their supervisors to have students. [University Interview 5]*

One university participant believed that the primary motivation for some health services in taking students was now only financial.

*So, some just have a financial investment in students rather than an educational investment in students. [University Interview 6]*

One participant from a smaller rural hospital discussed their service being completely reliant on the placement fee revenue to fund the Nursing Educator position. They discussed the service facing challenges every year in keeping the role because learning institutions commonly overbooked placements on the 'place right' system and then later cancelled them.

*Because universities overbook that's really problematic for us. It's problematic for everyone but for us in particular, because our student numbers are so low, they are the core of the funding of the clinical support nurse. So, there is no other funding and if we don't get that student funding we can very quickly lose a high proportion of the money that pays the EFT. [Health Service Interview 5]*

### 3.2.4. The extent of placement organisation and support from the learning institutions

Another commonly mentioned factor for being able to provide high-quality supervision and support to students on placement related how well the placement was organised by the learning institutions. Some health service participants discussed their challenges in having to manage and understand the different administration systems, paperwork requirements, assessment systems and placement rules and regulations from each of the learning institutions.

*[Interviewer] What makes a quality and positive rural placement?*

*[Participant] I think having a relationship with the education provider, an honest relationship with the course coordinators and the undergrad team can make it [the student placement experience] a very positive thing as far as understanding the support structures. I think one of the challenges is that everybody comes with completely different paperwork, completely different objectives, all the same thing, all the same registration, that makes it cumbersome for us because it can be really challenging [for the clinical supervisors] to get their head around it. [Health Service Interview 7]*

In situations where the clinical supervisors did not have a full understanding of the assessment criteria, this could result in assessment concerns from the learning institutions.

I'm just thinking about a student I had earlier this year who with the assessment standard, was marked very harshly and the interpretation of our assessment tool was different to what we're used to... I think that that was partially the clinician had supervised students from other universities. [University Interview 1]

A few public health service participants discussed the challenges they experienced when learning institutions made a poor placement selection for a student being able to meet particular placement type's learning assessment criteria.

*I think there can be a better understanding about consolidation of practical stuff, about how we make that happen for the students ...instead of just, 'You've got a child and adolescent component, there's only one parent and baby unit [here], so we're just going to stretch the idea about your time in adolescent and send you to district nursing, just because that's where the placement is'. I think the education provider stretches those thought processes around it too much. And so, then you have students that are going 'I'm supposed to be on my child and adolescent and understanding paediatrics and I can't get that because we don't have that here'. [Health Service Interview 7]*

Health service participants commonly spoke of only contact having contact with learning institutions when a student was struggling or failing.

*It's only a phone call, it's only communication, but you know because you've got students coming and going all the time, they only time they communicate [the learning institutions] is when we have problems with a student. I think there's a lack of, we get no correspondence from the universities about the students at all. No information around if there's going to be a problem student. [Health Service Interview 7]*

The health service participants also discussed the challenges that both staff and nursing students commonly experienced with short-duration placements and wanting to discuss the feasibility of longer placements of a minimum four-week length.

*Personally, I believe that the [nursing] placements should be longer, I think that two-week placements are a waste of time. I think... [they should be] four-weeks minimum. I think that's really important, especially in their first year, when they're just trying to work out how it all works and where it all goes. [Health Service Interview 7]*

*B [name of a University] have had the model where they [students] come to the same place over a longer period of time for a couple of days for about six-weeks rather than*

*blocks. And I think that's great because they do get to know the staff and that sort of stuff a little bit more. [Health Service Interview 5]*

### 3.2.5. Quality of the relationship between health services and learning institutions

As with students, the non-student participants identified the degree of involvement from the learning institution as being extremely important for achieving a quality student placement experience. The most important aspect identified was having a genuine relationship between the health service and learning institutions, to ensure open and regular communication occurred. University Course Coordinators discussed finding it increasingly challenging to develop/maintain a genuine relationship with health services because of not having the time to undertake relationship building and generally having less contact with them. This reduced interaction was associated with: a significant increase in student numbers, the move to an online student placement system (place right) and responsibility for student placements lying increasingly with placement coordinators, not course coordinators.

*What is difficult for us is ...we haven't got the time in our workloads to do that. So, it was good a couple of years ago when I had time and I was actually going around the place and doing the clinical education workshops, and I had the opportunity to meet and greet and get to know people. Because if there is a problem, then you know who you're talking to, you've met them before. But we just don't have time and the University doesn't want us to do that. So, I think that is an issue from the University perspective what could we be doing better... [And] from an agency point of view, looking at the University, because we've got three different roles, I think people don't actually understand what the three different roles are and who to contact about what. [University Interview 8]*

Course coordinators discussed that in recent years their principal support to health services was mostly limited to offering training to clinical supervisors.

*We did a lot of work in trying to educate therapists that there are different supervision models rather than just the one traditional sort of expert apprentice type model. We also... did a fair bit of work in educating the supervisors around assessment ...because our course is a bit different to the other universities. [University Interview 1]*

## **4. DISCUSSION and RECOMMENDATIONS**

### **4.1. Summary of factors identified by stakeholders as supporting a high-quality student clinical placement experience in rural public health services**

This study identified enablers and barriers for a high-quality rural clinical placement experience for students from the perspectives of both students and non-students stakeholders (public health services and learning institutions). Overall there was very strong agreement among stakeholders about the factors that support a high-quality rural clinical placement experience for students -see Table 1 for a summary of the findings. Five critical supporting factors were identified:

1. Students receive a high-quality supervision and teaching experience.
2. Students have the opportunity to expand their clinical learning and develop work readiness skills.
3. Health service staff are welcoming and considerate and the organisational culture is supportive of teaching and learning.
4. Students personal circumstances are supportive of their being able to undertake the placement.
5. Placements are well-organised and students and health services are adequately supported by learning institutions.

All these supporting factors are well-supported in the existing literature and arguably are relevant for any clinical placement, irrespective of the setting (rural, regional or metro). However, this study found that achieving these critical supporting factors was generally much more challenging to achieve in regional or rural setting. Especially so for the small rural hospitals, due to their small workforce sizes and often experienced staffing shortages. The study also identified two uniquely 'rural' enablers for students experiencing a high-quality clinical placement and these were:

1. The slower work pace and a generally more relaxed working environment found in regional and rural hospitals (especially in the latter);
2. Staff working in regional and rural health hospitals very commonly 'took the time to care' and checked-in with students' on how they were settling-in and their general wellbeing.

The main benefits/outcomes for students of a rural placement identified by all stakeholders have also already been well-identified in the existing literature and these are:

1. having access to an expanded scope of practice

2. having more opportunity to practice independently
3. strengthening work readiness skills through exposure to rural practice and resourcing constraints
4. having more opportunity to have a 'hands-on' placement experience.

While all these outcomes were quite commonly experienced by students undertaking a rural clinical placement, this study found that these benefits were unevenly experienced. The students most likely to experience these positive benefits were allied health students (particularly those in their final year) and those undertaking their placements in regional hospitals. Allied health students were also found to most likely to have their placement 'individually tailored' to their specific learning needs and practice interests. This was generally because of the much smaller numbers of allied health students in undertaking placements in rural health services (compared to metro health services) as well as the individual apprenticeship style of supervision, commonly used with allied health students. Another factor identified with more negative consequences for Victorian rural public health services was their charging learning institutions for student placements, rural health services, especially small rural hospitals, were particularly reliant upon this revenue stream to fund clinical educator positions and/or their general revenue.

## 4.2. Recommendations

Drawing on the critical support factors identified in this study the following recommendations are made for the achievement of a high-quality rural clinical placement experience for students:

***Table 2: Critical supporting factors for a 'high-quality' rural clinical placement and recommendations its achievement in a rural public health service setting***

The critical supporting factors for a 'high'-quality clinical placement	Recommendations for achieving a 'high-quality' clinical placement in a rural public health service setting
1. Students receive a high-quality supervision and teaching experience.	<ul style="list-style-type: none"> <li>• Health services: Only allocate supervisors who are interested in supervising students.</li> <li>• Health services: Supervisors are adequately trained and ideally experienced in clinical supervision of students (including in teaching, feedback and assessment).</li> </ul>
2. Students have the opportunity to expand their clinical learning and	<ul style="list-style-type: none"> <li>• Government Provides additional and permanent funding to small rural hospitals to increase their teaching capacity in particular financing permanent educator positions in both nursing and allied health.</li> </ul>

develop work readiness skills.	<ul style="list-style-type: none"> <li>• Victorian Government: Removes the policy allowing public health services to charge learning institutions for student placements and provides instead a dedicated funding line to health services for strengthening their teaching and learning capacity.</li> <li>• Learning institutions: Consider extending the placement length and/or course model for nursing students to maximise the opportunities for students to consolidate their learning and to reduce the burden on health service staff from very high-turnover of nursing students.</li> </ul>
3. Health service staff are welcoming and considerate and the organisational culture is supportive of teaching and learning.	<ul style="list-style-type: none"> <li>• Health services: Ensuring staff in the health services' teams/wards are welcoming and supportive of students.</li> <li>• Health services: Establishing/building an organisational culture that is genuinely committed to teaching and learning.</li> </ul>
4. Students personal circumstances are supportive of their being able to undertake the placement.	<ul style="list-style-type: none"> <li>• Learning institutions: Ensuring students receive adequate notice (ideally not less than 1-month) of their placement to have sufficient time to be able to organise their personal and employment circumstances.</li> <li>• Learning institutions and/or public health services: Financial and accommodation support is made available to the maximum extent possible for those students who are required to undertake placements requiring travel large distances and/or to live away from their current place of living.</li> </ul>
5. Placements are well-organised and students and health services are adequately supported by learning institutions.	<ul style="list-style-type: none"> <li>• Learning institution: When placing students works to ensure that the placement site is appropriate for meeting the specific learning needs and assessment criteria.</li> <li>• Learning institutions and public health services: Ensure that the placement is well-organised and well-supported both pre-placement and during placement.</li> <li>• Learning institutions: Aim to maximise the learning experience Ensure that while students are on placement other course requirements are reasonable and manageable for students</li> <li>• Learning institutions: Ensure that there is open and regular communication with health services especially in regard to students with particular needs or who experiencing course/personal issues.</li> <li>• Learning institutions: Provide regular and accessible clinical supervision training and education to health services.</li> </ul>



**Table 1: Summary of factors identified as supporting a high-quality student rural clinical placement experience**

<p><b>1. Students receive a high-quality supervision and teaching experience</b></p> <ul style="list-style-type: none"> <li>• Clinical teaching and support is provided by both a Clinical Nurse Educator and experienced nursing staff (not in very early career)</li> <li>• Allied health placements have small student numbers (compared to metro)</li> <li>• Allied health placements are able to be tailored to maximize students' learning needs and interests</li> <li>• The supervisor takes time to explain and ensure students' understanding (sufficiently experienced and has adequate time)</li> <li>• Supervisor provides timely and constructive feedback (adequately trained and sufficiently experienced)</li> <li>• Supervisor wants to supervise students (has a genuine interest in teaching and learning not pressured to do so for financial reasons)</li> <li>• The supervisor is able to assess fairly and accurately (adequately trained and sufficiently experienced)</li> </ul> <p><b>1. Students have the opportunity to expand their clinical learning and develop work readiness skills</b></p> <ul style="list-style-type: none"> <li>• Students have access to an expanded scope of practice (mostly allied health students on placement in regional hospitals)</li> <li>• Students have more opportunities to be 'hands-on' in their placement</li> <li>• Students have more opportunities to practice independently (mostly allied health students in their final course year)</li> <li>• Students build work readiness skill through their exposure to rural practice issues and resourcing constraints</li> </ul> <p><b>2. Health service staff are welcoming and considerate and the organisational culture is supportive of teaching and learning</b></p> <ul style="list-style-type: none"> <li>• Staff on team/ward are welcoming and supportive of students</li> <li>• Staff on team/ward are committed to supporting students' teaching and learning</li> <li>• Organisation-wide staff are welcoming and inclusive of students</li> <li>• Students' settling-in needs and general wellbeing is considered and addressed by the supervisor and/or by staff on team/ward</li> <li>• The workplace is slower and the work environment more relaxed (compared to metro placements)</li> </ul>
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- The health service is sufficiently staffed to be able to provide the appropriate level of support to students on placement
- The organisational culture is genuinely supportive of teaching and learning

**3. *Students personal circumstances are supportive of their being able to undertake the placement***

- Students are able to satisfactorily rearrange their personal and employment circumstances to undertake the placement without too many barriers or financial losses
- Students are supported by their learning institution and/or the hospital to find and arrange affordable accommodation
- Students are able to meet the additional financial costs (access to scholarships, subsidised accommodation)
- Students accommodation is suitable (clean, individual secure room, access to cooking facilities & Wi-Fi)

**4. *Placements are well-organised and students and health services are adequately supported by learning institutions***

- Students are provided with adequate notice of placement by their learning institution to be able to satisfactorily arrange their personal and employment circumstances
- Students' scope of practice is negotiated and authorized between the health service and learning institution before placement commences
- The placement site is suitable for meeting the particular placement type's assessment criteria
- Other course demands are reasonable while students are on placement
- The placement length is adequate for consolidating learning (nursing 4 weeks minimum)
- The required paperwork is completed by the learning institution before students commence their placements
- The students are provided with a thorough orientation at the start of their placement by health services supervisor or other staff
- The students are provided with a timetable at the start of their placement by their clinical supervisor
- The supervisors receive training and support in the administration requirements and assessment criteria from the relevant learning institution(s)
- The learning institutions are in regular contact with health service staff and provide adequate information pre-placement about any students with particular needs/issues
- The learning institutions regularly offer training to health services

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