

Title page

What students and new graduates perceive supports them to *think, feel and act* as a health professional in a rural setting.

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What students and new graduates perceive supports them to think, feel and act as a health professional in a rural setting.

Abstract

Objective: Clinical placements in rural locations are perceived by students to provide positive learning experiences to support their transition to practice. This study explores how clinical placements in a rural health setting may influence students and new graduates to *think, feel and act* as a health professional.

Design: A qualitative study comprising focus group discussions was conducted.

Setting: The study was conducted in a rural health service in Queensland, Australia.

Participants: Allied health students (n=12) on placement and new graduates (n=11) working in a regional health service.

Outcomes: This study identified allied health student and new graduate perspectives on clinical placement factors which support them to *think, feel and act* as a health professional.

Results: Thematic analysis was used to understand student and new graduate perceptions of how rural placements support *thinking, feeling and acting* as a health professional. Suggestions for supporting learning included:

- Development of learning partnerships between students and Clinical Educators with inbuilt expectations and opportunities for reflection and supervision.
- Creating a culture where students are welcomed, valued and encouraged to take meal breaks with the team supported connectedness.
- The importance of balancing student autonomy with educating and grading support to increase independence.

Conclusions: Findings show clinical placement experiences identified by allied health students and new graduates which support them to begin to *think, feel, and act* as a health professional. Suggestions provided by students and new graduates can be used to inform implementation clinical placement experiences.

1. Introduction

A shortage of rural health professionals has resulted in increasing support for and emphasis on enabling rural placement experiences.^{1,2} This emphasis on facilitating rural placement experiences with the aim to facilitate recruitment to rural areas, coupled with the increased number of students undertaking allied health courses, has resulted in an increased demand for rural placement learning opportunities.³

Several investigations of student perceptions of their experience of a rural clinical placement in Australia have been undertaken.^{2,4,5,6,7} The majority of students were found to be satisfied with their rural placement⁴ and reported they would recommend a rural placement to other students.^{4,5} Students reported the positive aspects of rural placements to include: the friendly welcoming community; support provided by teams, interactions between professions and the learning opportunities provided by them.⁵ Rural placements were described to increase opportunities for learning and taking on responsibility for a wide variety of caseload presentations.^{4,7,8,9} The challenges of rural placements reported by students were potential isolation from family and friends, limited funding to support practice resources and limited social opportunities.^{4,5,10}

Placement experiences often influence intentions for future rural practice, however there is limited research on impacts of rural placement on developing professional identity. This paper builds on earlier reported work exploring the perspectives of allied health staff¹¹ and aims to explore the perspectives of allied health students and new graduates on the role rural clinical placements have in contributing to thinking, feeling and acting like a health professional.

2. Methods

2.2 Setting

The study was conducted in a rural public health service in Queensland, Australia, which covers approximately 90,000 square kilometres and services approximately 300,000 people.¹² Clinical Education is supported in the health service by several staff roles. The professional Director is a high-level management position responsible for all aspects of professional governance and practice for their profession within the health service. Clinical Education Support Officers coordinate and support clinical placements and Clinical Educators provide day to day student supervision and education. Clinical Educators are clinicians with greater than two years clinical experience.

2.4 Participants and recruitment

A convenience sample¹³ of allied health students and new graduates were recruited based on their availability and willingness to participate in the research. Allied health students included physiotherapy, occupational therapy, dietetics, speech therapy, social work and psychology. A new graduate is defined as an allied health professional working in their first two years of practice. Students were recruited by the principal researcher (LF) at three allied health student tutorials attended by a total of 22 students. Following the tutorials students who indicated interest in participating in the research were emailed details of focus groups. A total of 52 new graduates working in the health service in their first two years of practice during May 2018 were identified. An email invitation to participate in the research was sent to the new graduate's health service email.

2.5 Data collection

INSERT TABLE 1: Focus Group Questions and rationale

The development of focus groups questions from clinical education literature has previously been described.¹¹ The questions were designed to explore student and new graduate perceptions of how clinical placements support them to *think, feel and act* as a health professional. The rationale for focus group questions is shown in Table 1. Seven out of eight groups were held during work hours. Separate student and new graduate focus groups were held at the central hospital and participants at other sites used videoconference technology to link into focus groups. Focus groups

were facilitated by the primary author (LF) using semi structured questions. Focus groups were audio taped and transcribed verbatim. Data collection took place between March and September 2018.

2.6 Data analysis

The primary author (LF) checked transcripts for accuracy against audio recordings before returning them to participants for comment and correction. Braun and Clarke's six step process of thematic analysis were performed. The steps performed in analysis were familiarisation with the data; succinct coding of data; searching for themes; reviewing themes; defining and naming themes; and writing up findings.¹ The deductive framework used for data coding and analysis is shown in Table 2. This framework was adapted by the authors from the work of Myrlea et al.¹⁵ Myrlea et al¹⁵ propose that self-determination theory elements of competence (thinking), relatedness (feeling) and autonomy (acting) support identity development.

INSERT TABLE 2 Data analysis codes

2.7 Ethical Considerations

Ethical approval was received from the University of Southern Queensland (H17REA228) and Darling Downs Hospital and Health Service (HREC/17/QTDD/74). Informed consent was obtained from all participants. All quotes have been de-identified and assigned a code to protect privacy.

3. Results

Four student focus groups were conducted between March and September 2018 with twelve participants comprising nutrition and dietetics (2), occupational therapy (5), physiotherapy (n=2), speech pathology (2), and social work (1). Eleven allied health new graduates working in their first two years of practice in their profession participated in four focus groups between May and August 2018. New graduates from the professions of nutrition and dietetics (n=1), occupational therapy (n=4), physiotherapy (n=4), speech pathology (n=1), and social work (n=1) attended. No psychology students or new graduates participated. The framework of supporting students to *think, feel and act* as a health professional (refer to Table 4) was used to report focus groups themes (refer to Table 3). Representative participant quotes are shown in Box 1.

INSERT TABLE 3 Themes: Placement factors supporting students to think, feel and act as a health professional

INSERT BOX 1: Representative participant quotes

3.1 *Thinking like a health professional*

The *thinking* category covered placement experiences supporting knowledge and skill development. Key elements supporting learning were described as: having ‘hands-on’ experience; Clinical Educator’s support for learning; and working with patients. Students identified ‘hands-on’ experience as seeing a wide variety of different clinical presentations during their rural placements. Clinical Educator support for learning included: empowering students to take responsibility for their own learning; allowing students to observe their practice; asking reflective questions; having expectations for student learning; providing mentoring and supervision; and building on student strengths. Supervision sessions with Clinical Educators were valued because they supported reasoning through issues allowing students to explore problem solving and develop plans for patient care. New graduates noted the benefits of learning about the health service systems and having opportunities to work with other professionals to understand their roles. Working with patients was identified by new graduates as helping support their learning and understanding of their own role. Students described placement experiences where they received minimal supervision or were not questioned about what they were learning as negative and not supportive to their learning.

3.2 *Feeling like a health professional*

The *feeling* theme covered aspects of the workplace culture such as welcoming and supporting students on placement. Students and new graduates described how sitting with health professionals during meal breaks, being included in social activities and being welcomed by the professional Director supported their inclusion in the workplace. One student told how Clinical Educators were excited to have a student on placement, while another summarised the overall perception of students being an asset to the health service. Several participants described the importance of student-Clinical Educator relationships, especially when Clinical Educators asked students for their opinions. The experience of staying in regional accommodation and connecting with other staff and students was described by five students. They explained how this provided support, social connections and enabled staff members from other professions to share their wisdom and experiences. They described opportunities for debriefing in the evenings as they prepared meals. One student explained how the support and social connections provided from these

connections in accommodation translated into the workplace with a smile of encouragement as they presented at case conference.

3.3 Acting like a health professional

The *acting* theme was linked to students developing skills and confidence in their profession and being recognised as health professional by patients and others. Being exposed to Clinical Educators who demonstrated passion in their roles and implemented professional theory in their practice was described by one new graduate as influential in their learning. The benefits of having support balanced with independence was described by a few new graduates. They described the importance of Clinical Educators gradually reducing their support throughout the placement. Being recognised by patients or the team as a health professional who contributed to patient care was also identified as an important aspect of identity by students. This was further reinforced by several students and new graduates explaining how other health professionals sought their input into patient care. Having team members and nursing staff ask questions of the student rather than the educator was reported by students as '*consolidating it (identity)*'. The influence of the size of the hospital on hierarchy and culture was considered, with smaller teams perceived to be more accepting of student contributions to services.

3.4 Limitations

Whilst representatives from all allied health professions were invited to participate, no psychology students or new graduates attended focus groups. This is thought to be influenced by the strong emphasis on participation in research in their undergraduate training (Personal communication, Psychology Clinical Education Support Officer, 8 October 2018). Limitations to the agreed recruitment approaches influenced how students were invited to participate and may have impacted participant numbers. Whilst care was taken to separate student participation from assessment impacts, it is possible students may have elected not to engage in the research based on concerns that their participation may influence assessment outcomes.

4. Discussion

To the authors knowledge, this is the first study that has specifically explored the perspectives of students and new graduates from a number of allied health professions about the role of rural clinical placements in contributing to thinking, feeling and acting like a health professional. The results identified the potential of unique experiences available through rural placement learning. These results will be discussed in the context of studies

which touched on similar topics. Consideration of actions suggested by students and new graduates to support students completing rural placements in the present study will be incorporated. By limiting this research to one health service, we are not able to conclusively claim transferability of results, however, would suggest readers consider the applicability of these findings to their workplace context.

INSERT TABLE 4 Student and new graduate suggested actions for supporting allied health students to *think, feel and act* as a health professional

4.1 Suggestions supporting thinking like a health professional

Placements play an important role in developing competence and skill develop for professional practice. Participants described unique learning experiences provided by rural placements.^{6,16} They affirm the importance of Clinical Educators' role in supporting students to develop learning goals, provide supervision, and encourage reflection.¹⁷ Study participants noted that Clinical Educators currently provided this type of support and encouraged the continuation of these activities by Clinical Educators. Interprofessional learning experiences were encouraged to support a student's understanding of the role of other professions and how their profession contributes to patient care.^{4,18} Participants noted the importance of peer supported learning sessions as a way for students completing placements throughout the health service to connect and learn together.¹⁹

4.2 Suggestions supporting feeling like a health professional

During placement, students enter an established workplace culture which can impact their feelings of connection with those around them. Students and new graduates noted the importance of a workplace culture that welcomes, values and supports connections between students and the team.²⁰ They highlighted the importance of orientation in the early days of placement to set the scene and link them into the workplace. The concept of the whole team being part of the education process was identified. Participants suggested this can be achieved through inclusion in social activities, joint meal breaks and supporting opportunities for students and professionals to share experiences and debrief about patient care.²¹

4.3 Suggestions supporting acting like a health professional

To make a successful transition to practice as a new graduate, students require placement learning experiences which support the development of autonomy. Participants identified the

need to balance student autonomy with hands on experiences and education. The support required may vary between students and will rely on Clinical Educators to determine and negotiate the support required.^{22,23} Providing more support and guidance in the early stages of placement and then tapering off was valued to help students to develop independence and autonomy.¹⁷ Practical workplace actions such as the provision of a health service email account and access card to enter relevant treatment areas was suggested to facilitate students to begin to act as a member of their profession.

5. Future research

The results of this study allude to the impact of student factors, such as motivation, impacting on engagement in workplace learning during placement, however, more research is needed to examine this further. Further research could also be conducted broadening study sites to gain a better understanding of the impact of workplace environment and culture on clinical placements.

6. Conclusion

This study explored student and new graduate perspectives of how clinical placement supports them to *think, feel and act* as a health professional and provides suggested actions which can be incorporated into placement experiences. Rural placements enable beneficial experiences by providing exposure to diverse caseload presentations and opportunities for learning and support when students are accommodated together. This study provides insights from students and new graduates about rural placements and contributes to knowledge about the value of clinical placement learning in rural health settings.

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Table 1 Focus Group Questions and rationale

Focus Group Questions	Rationale
1. What is your perception of the impact of clinical placements in supporting students to <i>think, act and feel</i> like a member of their profession?	Designed to develop understanding of perceptions of allied health staff about the impact of clinical placement on supporting students to <i>think, act and feel</i> like a member of their profession
2. How do you think relationships with Clinical Educators impact students in beginning to <i>think, act and feel</i> like a member of their profession?	Developing understanding about perceptions of allied health staff on the influence of clinical educators on supporting students to <i>think, act and feel</i> like a member of their profession
3. How do you think contact with others in their profession (including students) impact students in beginning to <i>think, act and feel</i> like a member of their profession?	Start to explore impact of socialisation into an allied health profession on placement
4. How do think contact with staff and/or students from other professions impact students in beginning to <i>think, act and feel</i> like a member of their profession?	Explore impacts of working as a member of student's profession with members of other professions whilst on placement
5. How do think contact with patients impact students in beginning to <i>think, act and feel</i> like a member of their profession?	Develop understanding of impact of patient contact and its influence on supporting students to <i>think, act and feel</i> like a member of their profession
6. What are the health service organisational structures supporting student experiences in beginning to <i>think, act and feel</i> like a member of their profession?	Explore significance of placement context and organisational structures on supporting students to <i>think, act and feel</i> like a member of their profession
Additional questions asked during allied health student focus groups	
How did introduction and orientation documents influence beginning to <i>think, feel and act</i> like health professional	Explore student perceptions of organisational documents on development of professional identity
What are the rural/regional impacts/placement differences and their impact on beginning to <i>think, feel & act</i> like health professional	Explore student perceptions of impacts of rural/regional placement experiences on the development of professional identity
What are your suggestions for future placements to support students beginning to <i>think, feel and act</i> like health professional	Explore student perceptions of suggestions which could be implemented to support future student experiences and the development of professional identity

Additional questions asked during allied health new graduate focus groups

What are the rural/regional impacts/placement differences and their impact on beginning to *think, feel and act* like health professional

Explore new graduate perceptions of impacts of rural/regional placement experiences on the development of professional identity

What are your suggestions for future placements to support students beginning to *think, feel and act* like health professional

Explore new graduate perceptions of suggestions which could be implemented to support future student experiences and the development of professional identity

Source: Developed for this research

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Table 2: Framework for data analysis- codes and code definitions

Code	Code definition
<i>Thinking / competence</i>	References to supporting development of mastery
<i>Feeling / relatedness</i>	References to connections with and care for others
<i>Acting / autonomy</i>	References to self-organising experiences and actions

Source: Adapted from Furness et al (2019)¹¹

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Table 3: Themes: Placement factors supporting students to think, feel and act as a health professional

Framework Dimension	Themes
<i>Thinking/ Quality learning</i>	<ul style="list-style-type: none"> • Clinical Educator support to learning • Learning through hands on experience • Learning through asking questions, supervision, tutorials, working with patients • Negative learning experiences on placement
<i>Feeling/ socialisation and connectedness</i>	<ul style="list-style-type: none"> • Made to feel welcome • Inclusion in workplace activities, meal breaks • Connection with own profession- work shadowing, case discussion • Connection with other professions • Connections in rural accommodation
<i>Acting/ gaining independence</i>	<ul style="list-style-type: none"> • Build knowledge • Contribution to patient care • Recognised by other professions for contribution to care
<i>Experiencing the rural context</i>	<ul style="list-style-type: none"> • Encouragement from others in rural settings • Opportunities for more involvement with other professions • Differences in rural experiences – smaller teams with less hierarchy, see beginning and end of life • Rural Clinical Educators inspire • Develop understanding of rural impacts for patients

Table 4: Student and new graduate suggested actions for supporting allied health students to think, feel and act as a health professional

Framework Dimensions	Themes	Actions for rural clinical placements supporting framework dimensions
Thinking / competence	Quality learning	<ul style="list-style-type: none"> • Designated reflection times with feedback from Clinical Educators on written reflections • Scheduled supervision to reflect and debrief with Clinical Educator • Receiving detailed and clear expectations from Clinical Educators • Development of learning partnership between student and Clinical Educator with establishment of learning goals • Access to opportunities and experiences for learning (client contact and providing services, attending in-services, learning workplace systems and processes) • Learn about 'a day on the job' in their profession • Continuation of facilitated tutorials • Workshops on topics such as preparing discharge reports rather than just reading about them • Encourage students to spend time with members of their own profession working in different service areas and with other professions to cement understanding of other's roles in patient care • Discussion of complex cases within the profession, both informally and in organised sessions
Feeling / relatedness	Socialisation / Connectedness	<ul style="list-style-type: none"> • Creating a culture where students are welcomed, valued, feel like part of the team and have their contributions valued • <i>'First couple of days are critical'</i> to set the scene, provide expectations, link to others in the workplace • Continue facilitated peer support sessions to connect students across the health service

		<ul style="list-style-type: none"> • Whole team has awareness of students on placement • Encourage students to take meal breaks with other team members • Encourage opportunities for debriefing safely within the profession or with other students where staff share their experiences and what they've learnt
<p>Acting / autonomy</p>	<p>Gaining independence</p>	<ul style="list-style-type: none"> • Balance student's autonomy with 'hands-on' experiences and educating • Provide more guidance early in placement then begin to support more independence • Using professional values and emphasising clinical reasoning and theory to underpin practice • Provision of workplace email account and access card to treatment areas