Exploring localized learning during a short-term health student placement

ELYCE GREEN[1]
CLAIRE ELLEN SEAMAN
BRENT SMITH
Charles Sturt University, Wagga Wagga, Australia

High-quality student placements in rural areas can provide students with the opportunity to learn about, and become immersed in, a rural community and associated health service delivery. As long-term placements are often resource-intensive, the learning potential of short-term placements in rural areas deserves greater examination. This research examined the learning afforded to students during a short-term, rural, work-integrated learning experience and the attributes and practices that facilitated students' learning. Undergraduate students from three health disciplines who attended the placement participated in two focus groups at the end of their placement. Thematic analysis of the data was inductively informed by a situated learning approach. The results demonstrate several localized learning opportunities afforded by this short-term placement and the design elements that enabled that learning. These findings demonstrate the value of offering short-term placements to health students.

Keywords: Localized learning, rural health, situated learning theory, workplace learning, short-term placement

Work-integrated learning (WIL) provides students with opportunities to develop and apply their occupational skills within the complex social context of health practice. For health students in Australia, WIL is often undertaken as periods of student placement within health and community settings under the direction of healthcare professionals so that students can extend their occupational knowledge to contexts representative of their future practice. High-quality student placements enable students to learn through engagement in localized networks and practices of a placement site (Billett, 2015). This may allow them to extend their professional practice capabilities when contextualized to their occupational curricula and other diverse practice-based experiences (Billett, 2015). In addition to this, student placement experiences in rural communities can contribute to improving the health of those communities, students' understanding of the complex relationship between socio-geographic location and health, and developing the future health workforce in these communities (Hudson et al., 2012; Reid et al., 2018; Smith, 2014).

In Australia, there has been an emphasis on creating and evaluating health student placements in rural areas of greater than two weeks duration (Australian Government Department of Health, 2021). This is due to the desire to attract these students to the rural health workforce, and the presumption that longer student placements are more likely to lead to rural employment (Seaman et al., 2022). As this has yet to be proven (Seaman et al., 2022), and considering the resource-intensive nature of long-term student placements (Moran et al., 2020), there is potential for short-term placements situated in rural areas to have a role in student learning and subsequently inform their future work intentions. Short-term placements offer a range of benefits over long-term placements including decreased financial impact on the student, less time away from dependents, greater flexibility in availability across the academic calendar, and greater flexibility to create innovative WIL experiences (Curtis et al., 2009).

Short-term placements are defined differently throughout the literature and across disciplines, sometimes referring to WIL experiences of less than five days (Donald et al., 2010; Vujcich et al., 2020),

[1] Corresponding author: Elyce Green, elgreen@csu.edu.au

one week (Bleicher, 2011; Curtis et al., 2009), or more (Kruger & Tennant, 2010; Shwartz & Ranz, 2017; Wright et al., 2014). The definition of a short-term placement in this study most closely aligns with the definition of micro-placements offered by Kay et al. (2019, p. 405), that is, "short periods in the workplace ranging from two to 10 days where students work individually or in teams on highly focused projects". Recently, a scoping review conducted by Green et al. (2022) examined 101 articles that reported on health student placements in rural areas and found no literature focused on placements of less than six days duration. This demonstrates the paucity of evidence in this area and the opportunity for research that investigates the potential of these placements.

In addition to the dearth of evidence focused on the learning opportunities afforded by short-term placements, it has been demonstrated that few studies (e.g., Hanson et al., 2020; Roberts et al., 2017) have engaged with social and/or learning theories to critically interrogate the transformative process and capacity of rural placements of any length, despite the prolific use of situated learning theory in education research focused on health professions (O'Brien & Battista, 2020). To address this gap, this study explored the learning afforded to students during a short-term, rural WIL experience and the attributes and practices that can facilitate students' learning during these experiences. By outlining an example of a short-term student placement and the students' reported learnings this paper aims to assist others who seek to create short-term rural student placement opportunities.

BACKGROUND

This research examined students' learning through a short-term placement (one-to-three days) at a health promotion tent coordinated by a regional university (campuses located outside of major city areas). The health promotion was conducted in association with the Australian Men's Shed Association (AMSA) at a large agricultural event attended by approximately 60,000 people in a rural Australian town of less than 1500 residents. Health promotion targeted men who were invited to participate as they walked past the tent. The health promotion was conducted across three days by an interdisciplinary group of undergraduate students from paramedicine, occupational therapy, and physiotherapy courses. Students were provided with training on the process and standard operating procedures for conducting health assessments and the interpretation of results on their first day of attendance. This all occurred under the supervision of health professionals. Supervisors were present to oversee the health promotion activities and health assessments and ensure correct interpretation of results and subsequent education and participant management. Adoption of this educational design allowed for students to learn in a supported interprofessional environment with a scaffolded approach to supervision where supervisors allowed students to incrementally become more autonomous.

Over the three days of the event, health promotion activities were undertaken by the students participating in the placement and included calculations of body mass index, measurement of blood pressure, measurement of waist circumference, screening of diabetes risk, and a general discussion of health screening requirements according to age. The results of the activity as a health promotion are available elsewhere (see Seaman et al., 2020). The learning objectives met through this activity to satisfy the curricula requirement for the students' subjects were broadly focused on students' ability to describe the role of community-based health services in a range of environments, demonstrate professionalism in a supervised clinical setting, articulate their role and tasks, develop and demonstrate communication and team building skills, and demonstrate continual reflection on their practice.

METHODS

Aims

The aims of this research were to explore:

1) What learning is afforded to students during a short-term, rural work-integrated learning experience?
2) What attributes and practices can facilitate students' learning during a short-term, rural work-integrated learning experience?

Theoretical Framework

This research was conducted from the lens of situated learning theory. Situated learning theory posits that learning is a social process tied to group and individual knowledge and identity practices (Lave & Wenger, 1991; Wenger, 2010). As such, learning influences and is influenced by individual identity and motivations, as well as access to valued knowledge and practice opportunities. Building on the work of identity theorists, Ibarra (1999) suggests that while individuals can have initial perceptions of roles and how they fit with their sense of self, direct engagement in these (or very similar) roles provides the individual with insights on role possibilities, role desirability, and their capacity to engage in that role. This direct engagement can occur through authentic WIL opportunities. In this way, placements may provide opportunities for identity adaptation, transformation and/or reification.

Situated learning theory is helpful for understanding the 'why' and 'how' of WIL experiences. Learners' understandings and practices, and their personal epistemologies influence their uptake and experience of practice-based learning opportunities, as well as the practices and learnings of others (Barton & Billett, 2017). This is highly relevant to research on rural placements, where prior rural experience is closely tied to desired placement outcomes, such as placement uptake and increased rural practice intention (Cosgrave et al., 2019). Using the lens of situated learning theory allows for the examination of what students can learn through engagement with rural WIL and how that learning is facilitated.

Participants and Recruitment

Students enrolled in subjects with a compulsory WIL component from paramedicine, occupational therapy, and physiotherapy courses at one regional university were sent an advertisement for the placement via their university's online communication platforms. The communications were sent via subject coordinators who had first reviewed the placement design and confirmed it would enable students to meet their subject learning outcomes. Students were able to contact two of the researchers (EG & BS) who were supervising the placement to self-nominate to attend the rural placement. All students who requested to attend the placement were accepted. They were then sent the Participant Information and Consent forms for this study via email so that they could consider participation or contact one of the researchers (CS) with any questions about the research prior to the placement commencing. Students were able to participate in the placement without participating in the research. Each student completed either one or three days working in health promotion under the supervision of registered nurses and a registered podiatrist. There were 13 students who attended the clinical placement and invited to participate in the research.

Ethics Approval

This project was approved by Charles Sturt University Human Research Ethics Committee (H19284).

Data Collection

Data were collected via two semi-structured focus groups held in the afternoon of the last day of the placement. Focus groups were chosen as the method for data collection for this study as they allow for small groups of individuals from similar backgrounds to be brought together to discuss the phenomenon of interest. Focus groups enable all participants to share their views and perspectives whilst allowing for spontaneous group interactions and dialogue to occur, which may not be realized with individual participant interviews (Seal et al., 1998).

The first focus group was conducted with students who completed one day of placement, the second with students who participated across all three days. The focus groups were conducted by one female member of the research team (CS) who has a background in sociology and experience in conducting focus groups and researching in rural health. Within this research project, the interviewer was solely responsible for participant recruitment and conducting the focus groups. This was to differentiate these activities from the supervision and coordination of the placement which was undertaken by the other two members of the research team (EG & BS). The interviewer was introduced to the students at the commencement of the placement and was available throughout the placement for the students to ask questions regarding their participation in the research. Students who wished to participate in the research identified themselves to the interviewer who arranged a time and place for them to meet to attend the focus group. Students were not asked to provide a reason for non-participation in the research.

The focus groups were conducted in a meeting room in the local hospital that had close proximity to the location of the health promotion and allowed the participants a quiet, private space for discussion. Only the interviewer and focus group participants were present for the focus groups. Questions asked during the focus groups were centered around the students' motivations to attend the placement, their professional and personal experience of the placement, what they felt they had learnt, the support they were provided, and their perspective of working and living in rural locations. The duration of the focus groups was approximately one hour, and the interviewer took notes to aid in transcription. Each of the focus groups were audio recorded and later transcribed verbatim by the interviewer, removing all potentially identifiable data.

Data Analysis

The research design was influenced by theory-informing inductive data analysis. Staying true to the process of theory-informing inductive data analysis the researchers waited until data analysis began to decide on the theory which helped inform data interpretation (Varpio et al., 2020). The transcripts were read several times by each of the researchers for familiarization, immersion, and initial thought provocation around themes and patterns in the data. After the initial data immersion, it was evident that the overarching theme of the data was centered on the students' localized learnings and enablers of this learning. The researchers then applied a situated learning theory lens, whereby the students' meanings and experiences of the placement were examined as a product of their personal epistemologies, manifested placement relations, and the broader discursive practices that imbue those. The researchers used an inductive stance to identify themes in the data, beginning by individually coding each focus group transcript. Coding was conducted manually and each of the researchers noted

potential codes and themes as they worked, linking them to data extracts. After individually coding the data, the researchers compared codes and discussed patterns. When the list of codes was collated, discussed, revised, and agreed upon, they were sorted into potential themes across a mind map. The transcripts were then revisited, and the collated list of codes used to identify any data omissions and ensure the codes reflected the data set (Braun & Clarke, 2006). The final codes were sorted into the themes. Data extracts belonging to each theme were collated by one researcher from the coded data and presented back to the other researchers who reviewed the patterns and whether the final thematic map represented the data set. The results of the analysis were themes that described the localized learning processes afforded by the short-term placement as informed by situated learning theory.

Trustworthiness of the Study

This qualitative research was designed with the intention to provide trustworthiness in the results by using design qualities that increased the study's credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). The credibility of the results of this study was demonstrated by the ongoing peer review between the three researchers who analyzed the data and matching codes directly to participant quotes. This process of investigator triangulation was adopted to develop a comprehensive understanding of the data and to ensure the validity of the results reported (Carter et al., 2014). All three researchers have different professional backgrounds allowing for diverse lens to be applied to the interpretation of the results. Two of the researchers have health backgrounds (nursing and allied health) which was strengthened by the third researcher's sociology background. The clear delineation of roles of members of the research team with regards to the student placement coordination and supervision (EG & BS) and participant recruitment and focus group facilitation (CS) further strengthens the credibility of the study.

The authors have addressed the transferability of the research in the limitations section of this paper; however, a thorough description of the placement design is given to allow readers to determine the transferability of the results to their situation. To demonstrate dependability, the researchers kept detailed documentation regarding the process of forming the initial codes through to creating the final themes and linked participant quotes directly to their thematic representations in the results section of the paper. This process combined with the reflexivity of the researchers as they peer reviewed the data analysis contributes to the confirmability of the study. To further increase the trustworthiness of the study, this paper followed the consolidated criteria for reporting qualitative research (see Tong et al., 2007).

RESULTS

Of the 13 students who completed the placement, 12 opted-in and consented to participate in the focus groups. Six students from occupational therapy or physiotherapy participated in the placement for one day; all students were either third- or fourth-year students of four-year undergraduate programs. All occupational therapy and physiotherapy students lived and studied in a nearby regional center and had varying degrees of rural-agricultural experience. Six paramedicine students participated in the second focus group after completing all three days of placement. Two of the 12 students were male, 10 were female. The paramedicine students who participated in this placement were all first-year students of a three-year undergraduate program. The paramedicine students were from differing backgrounds and geographic locations across Australia and only one identified as having any previous rural experience. No additional demographic or personal data was collected about the students. As this was

a small study the researchers wished to collect as little personal information as possible to protect the confidentiality of participants.

Three main themes were identified from the focus group data that constituted an overall narrative of 'personal epistemologies', 'authentic learning', and 'multidirectional guidance'. The thematic map shown in Figure 1 details the relationship between the three themes and the sub-themes that were identified within them.

Personal Epistemologies

Personal epistemologies "comprise what individuals know, can do and value which then directs how they think, act and learn including their preparation and motivations for placement learning experiences" (Barton & Billett, 2017, p. 113). Personal epistemologies was identified as a theme of rural learning in the focus group data and comprised of three sub-themes. These sub-themes included the students' motivations to attend, growing confidence, and practice intentions.

Motivation to attend

Students from the first focus group predominately described being motivated to attend the placement because it offered fulfillment of required placement hours, was financially supported, and was a unique practice opportunity. For students already living regionally or with rural practice intentions, motivations to attend included the potential to contribute to rural health, to attend a well-known event, the uniqueness of the activity, and the professional opportunities afforded by attending.

> I think, especially for us, we're coming up to job application time so it's nice to have like another thing to draw on and also if I am, well when I am, applying for rural places, it's kind of nice to say that I've sought like an opportunity to yeah, volunteer or do something in a rural environment. (Focus group 1)

Growing confidence

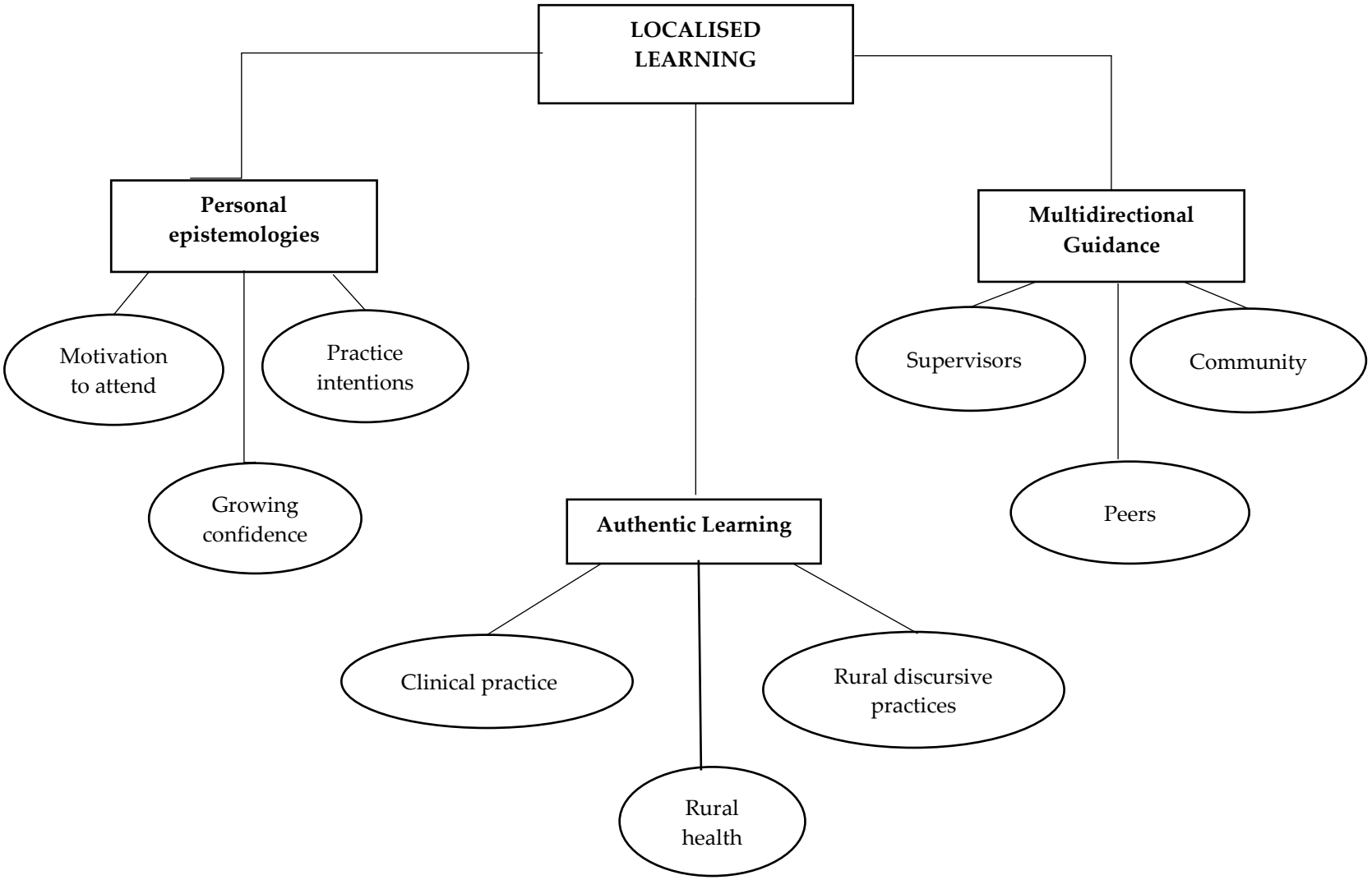
At the commencement of the placement, the students felt they had entered an unknown space. Each brought their own experiences and epistemologies and interacted together to develop a learning experience that ultimately increased their confidence in practice.

> And just like, growing in confidence. Like that first day, just before the first person, I was like 'I don't know what I'm doing and what's going on', and then you do the first person, second person, third person, you really just find your rhythm, find the confidence and then you're out the front eventually being like 'come on!' (Focus group 2)

A key attribute of the placement for students' learning was the capacity to engage in a high volume of health assessments in a low-risk environment, allowing students to constantly test and self-correct their skills, while seeking guidance and feedback as needed. Correcting their mistakes and experimenting with new approaches allowed them to hone their engagement style as a health professional. The students in this study found that their autonomy in this learning experience was particularly valuable as it shifted the power balance from the 'supervisor watching' as previously experienced in the classroom or during other WIL experiences.

> When someone's watching you, you sort of like, become a crumbling mess if you're anything like me. So, it's nice to be able to like try and practice those skills without sort of having that pressure of, 'are you performing?' (Focus group 1)

FIGURE 1: Thematic map of rural learning.



Practice intentions

Overwhelmingly, students in both focus groups who did not already identify as intending to practice rurally, saw the placement as a positive rural learning experience. However, students were circumspect in describing the influence of the placement on their long-term plans. For metropolitan-based students, the amenities of a city lifestyle, including access to beaches were something that they currently viewed as taking precedence.

> Yeah, I think like you [other participant] were saying, it was just the right amount. If you put me somewhere more rural than that just to begin with – I'm obviously; this is the most rural I've ever been cos I'm from the city, obviously – if you put me there to begin with it probably might've freaked me out a little bit but this was more of a learning experience… (Focus group 2)

Although students from metropolitan areas did not view the experience as influential towards long-term rural practice, they suggested that it would make them more amenable to further rural practice experiences on a short-term basis.

> I think it would be a really interesting opportunity to do, you know, six months or a year, working rurally and getting to know the people and know the lifestyle out there, especially after seeing this, because they seem to be lovely people and it's a really great place to be. (Focus group 2)

This suggests that, for metropolitan students, this was a positive, acculturating experience that induced consideration of future rural practice opportunities where previously it was not a consideration. Comparatively, the students who already identified themselves as rural felt that while their positive placement experience reinforced their intention to practice rurally, this intention was unlikely to be altered.

> …I've already done rural placements and I already like the idea of it [rural practice] so like, unless it was horrible that would change my idea of it. So, for me, I already have a positive idea about rural, so it just enforces that more. (Focus group 1)

In summary, the theme of personal epistemologies explores the students' motivations to attend the placement, their growth in confidence that resulted from the experience, and the effect of their growth and experience on their future intentions. It is closely related to the following themes but specifically reflects the potential of short-term placement experiences to change or reinforce students' existing knowledge and confidence in relation to their future career and practice location.

Authentic Learning

As a theme, authentic learning describes the types of learning afforded by high-quality student placement experiences. Conducting the placement within an event-driven community context influenced the authenticity of the learning. Students reported being able to meaningfully engage in and extend their knowledge of discursive practices valued in clinical settings and used within the rural sub-culture in which they were situated. The skills practiced and interactions with different community members allowed for a situated learning experience in which the students were exposed to health professional practices, measurement and understandings of rural health and discursive practices. "…its more of an experience rather than a placement. It's the whole nine yards" (Focus group 2).

Clinical practice

The placement was designed with a focus on low-risk skills used in clinical practice. The measurements that were taken were those that could be assessed by a lay person at home with instruction. The purpose of student coordination of these activities was to engage community members who may not self-assess, and to provide the students with a platform to participate in an authentic community experience. Using this type of activity for placement allowed for the students to engage in situations in which they identified high-risk health signs and had to decide how to communicate this with the community member,

> I think it was good for learning how to deliver honesty to them about their health (some general agreement). Cos that's something that's sometimes hard when you're in a pre-hospital setting or simulation, they tell you the best policy is to be honest about someone's health if they ask you and they're not doing well, then the best thing is to be honest. And so, it was good, like, trying to balance that in the last three days. […] Like, it was good learning how to deliver that honesty in a positive manner that they would respond to. (Focus group 2)

Because of the placement structure, students in both focus groups reported feelings of personal achievement. The role of students in running the health checks and responding to periods of high demand facilitated their sense of autonomy and was seen as reflective of their future professional practice,

> [The Supervisor] said this morning that paramedics tend to be those people who just, 'oh I need to do this, and I need to do that', and just pick up the ball when it needs to be picked up. I think everyone got a good experience of that and that just made it easier to adjust to when it got busier or when it got slower when we were doing different things, we weren't like in rigid roles [because] it meant we could just do whatever needed to be done, that was cool. (Focus group 2)

Rural health

The skills that were practiced by the students and their immersion in the rural-agricultural community event were viewed as authentic exposures to rural health. The students professed surprise in many of the high-risk measurements they recorded, however, the placement experience also challenged simplistic conceptualizations of rural health and stereotypical views of what rural health, or the health of rural people should look like.

> I know there's the stereotype of rural men, like they never want to get their health checked… but you know I just found it really interesting; the different results and how, like I guess, some of them were really interested and they really wanted to know what different things meant and they really wanted to know how this impacted their health… So, yeah, I found it interesting; I never had really worked with that population before. (Focus group 1)

Rural discursive practices

Learning and participating in rural discursive practices was demonstrated through this placement, most notably through language as mediator. For most of the students, their position as outsiders was underscored by their city backgrounds and/or limited agricultural knowledge. Engaging independently in this new cultural environment with people they viewed as having distinct social identities to themselves meant they practiced and extended their interpersonal skills and built their confidence.

> I feel like I'm a different generation but also, I'm like, yeah I'm from the city, I don't know anything about the machines and stuff like that. So being able to sit in a booth with someone and not rely on someone else to make the conversation, like it was literally just me and them and so really making those conversations happen, it was really helpful. (Focus group 2)

The students suggested this placement provided a different type of learning to other clinical placements in rural settings, predominately through the broader situated relations that providing a health promotion service in a large agricultural show in a small rural town presented. In this context, the dominant discourse was that of the community member rather than clinicians or health institutions, and so the onus was on the student to participate in those localized discursive practices. While a few students were from rural backgrounds and had experience in agriculture, for most this was new. A key part of communicating effectively with the men for many students was learning their language, as this feedback from Focus group 1 shows:

- Participant: … I think that today was just another really good opportunity to just engage with them and chat about what they do and their life, cos sometimes I'm just 'uhh', I don't really know what
- Participant: What they're talking about! [Laughter, general agreement]
- Participant: It's funny, I did one with <other rural background student> and she was just like, flying farm convo [sic] and it was just… what is going on? It's a script –
- Participant: [Learning] questions to ask rather than being like, 'oh yes, so you live on a farm? Cool'. I want to know more but I don't necessarily always know like –
- Participant: – the right words

There were several interconnected features of the situated context that underscored distinct power relations that were navigated through language. Such factors included that the health checks were a promotional activity where participants were encouraged to attend and their attendance was incidental to the broader purpose of their event attendance, unlike typical clinical health engagement. The health check itself used a machinery metaphor to relate to participants rather than typical clinical discourse. Further, the event is an agricultural machinery showcase that brings together and celebrates rural people.

Multidirectional Guidance

The theme of multidirectional guidance illustrated that the students learnt from several sources including their supervisors, peers, and the community. The placement was structured to encourage exposure to multiple social groups and learning through experience rather than instruction.

Supervisors

Registered health professionals were responsible for the supervision and placement design, including the availability of appropriate support for students where needed, rather than providing structured teaching. This enabled community safety as well as creating a safe space and modelling for students' autonomous learning,

> I think the supervisors did really good and it was good that they were there to look after us but also backed off to let us do our own thing and find our feet in the place. I think that was really good [general agreement]. (Focus group 2)

Peers

Much of the learning that was experienced by the students came from their peers. The placement was designed so that the students were able to work as a team to provide the service and those who had learnt particular skills were able to show others how they were performed, including students from different courses and at various course levels. Students gave feedback that they would have liked more instruction and practice with the health check tools amongst themselves prior to seeing people, with students on the second day noting the role of the (first year) paramedicine students who arrived on first day for instruction,

> I think we had a really good paramedicine student who ran through it with us quite thoroughly, so we were probably pretty lucky [participant agreement]. But for me it was more like the verbal stuff that I would have liked to have listened to someone else a couple of times, just to hear like what they actually say when someone is high and like what they're at risk of and stuff but yeah, the physical procedures, I was pretty familiar with [as a 3rd or 4th year student]. (Focus group 1)

Community

Students viewed the Australian Men's Shed Association (AMSA) staff present at the health promotion as informing their learning. This was an unanticipated outcome of partnering with AMSA to deliver health promotion. The men working for AMSA spoke to the students at the commencement of the program and told them about their own motivations for being present and the effect they hoped the health promotion would have on the community. They also demonstrated how to engage with the men walking past and encourage them to enter the tent. Students appreciated the modelling and experience gained through observing the AMSA staff engage with men to promote the health checks. There was a lot of positive feedback about the skills of the AMSA staff, "Yeah, their people skills, they're incredible" and

> They're amazing. And they really instilled confidence in some of the guys that didn't look like they were so happy to come in and they were just like encouraging them, and were just like 'yeah, it's all good, it's just like two minutes'… (Focus group 2)

Students also learned from connecting with rural men and benefitted from the feedback gained directly and indirectly as they engaged with them, including through experimenting and honing their clinical and rural-agricultural discursive practices, as well as challenging pre-existing perceptions of rural people.

DISCUSSION

The results of this study suggest students' localized learning experiences during the short-term rural placement were influenced by personal epistemologies, access to multidirectional guidance, and the authentic learning opportunities offered by the placement, especially through the privileging of rural-agricultural discursive practices at the event. As a result, the learning afforded students included clinical skills (biometric measurements, survey administration) and non-clinical skills (communication, time management, teamwork). While these skills are essential for undergraduate health students' professional development, the findings of this research suggest that the value of this short-term placement extended to transforming students' professional identity and understandings of rural health.

Professional identity formation is essential for future health professionals and is an important contribution of WIL experiences to student learning (Blåka & Filstad, 2007; Trede, 2012; van Dellen & Cohen-Scali, 2015). This research reflected the ability of short-term placements to contribute to

professional identity construction. The theme of 'building confidence' demonstrated that by observing, practicing, and participating the students were able to gain confidence and mold their professional identities. In the context of delivering the health promotion, students modelled behaviors based on their observation of others and experimented with practices as they built shared understandings that gave them confidence in their own role. This was aided by the self-efficacy gained through the community's feedback and students' perceptions of the impact of their work. The confidence of the students as emerging professionals grew as a result of working in the rural health space even though they did not have ongoing clinical relationships with the men they saw, which Roberts et al. (2012) previously found was a key benefit of long-term rural placement experiences. This suggests short-term placements can offer similar benefits through different means.

The experience of the students during this short-term placement also affected some of their future practice intentions. In the context of their professional journeys and particularly for students new to the rural context, the positive experience of this short-term placement was not transformative but rather suggestive. The inducing factors of the placement (unique experience, financially supported) were an avenue for discovering and succeeding in a new practice context that students without prior rural experience may not have otherwise considered. While these students were circumspect about working rurally in the future, they saw the experience as an appropriate and positive taste of a rural practice role and a career pathway they may consider in the future. This finding demonstrates that a short-term placement experience can foster positive role experimentation in rural practices and thereby serve as a positive acculturing experience for future practice orientations. The ability for short-term WIL to influence career intentions has been shown in the work by Wright et al. (2014) who found that following a short, rural placement, metropolitan medical students were more positive about a rural career. Although this finding is encouraging it must be noted that intentions do not always convert to outcomes. Despite this, there remains potential value in using short-term rural placements to attract metropolitan-based students to the rural workforce, even if only for a short time in their career.

This study revealed that student learning occurred through the engagement of metropolitan and rural-background students in rural-agricultural discursive practices, but for the former, this was generally ascribed as a rural experience while for the latter, this was an agricultural community experience. The experience was viewed positively by the metropolitan-based students overall but was sometimes in reference to their preconceptions of rural practice, which was more likely to be framed as a deficit. The results from the focus groups demonstrated that broader discursive practices informed the personal epistemologies students brought to the placement and were able to alter their experience of the placement. It was shown that discourse with rural people was important for undermining rural practice preconceptions derived from a rural 'other' where it is treated as a cultural monolith (Malatzky & Bourke, 2018).

The influence of discursive practices on learning during short-term WIL has previously been discussed by Shwartz & Ranz (2017). They used student self-reflection to explore human rights discourse during an international social work field placement. Their findings suggested important discursive elements that influenced students' learning were facilitated by the authenticity of their experience and challenging their stereotypes. In the current study, the learning experience was situated in a setting where rural-agricultural discursive practices were normative and clearly privileged. In this sense, students valued learning from more knowledgeable peers and the men on how to authentically participate in these social relations as a necessary part of being able to deliver the health checks. Although the placement examined in the study by Shwartz and Ranz (2017) was longer in duration than the health promotion activity used in this research, the similarities in the findings emphasize the

importance of immersive experiences that encourage meaningful engagement with 'other' discursive practices.

This research demonstrated the ability for a short-term placement to challenge metropolitan students' stereotypical ideas of the health of rural people and their perceptions of rural as a singular cultural 'other' (Malatzky & Bourke, 2018). Several of the focus group participants expressed surprise at what they had seen and learnt during the health promotion activity and reported how it challenged their assumptions of rural communities. Bleicher (2011) had similar findings when examining the effect of a short-term (one week) cross-cultural immersion on student teachers' stereotypes. In Bleicher's (2011) study, student teachers from rural or suburban areas were placed in urban schools with multicultural student bodies. The cross-cultural immersion program was shown to increase undergraduate teachers' confidence in cross-cultural teaching, challenge their assumptions, and increase their willingness to teach in an urban school in future (Bleicher, 2011). Thackrah et al. (2014) have also reported on the impact of a short (one-week) midwifery placement for cultural learning. Students reported that the week allowed them a valuable cultural learning experience that was relevant to their rural and metropolitan practice (Thackrah et al., 2014). The students reflected that even though they may never work in a remote Aboriginal community, the cultural learnings were important for their future practice regardless of its location (Thackrah et al., 2014). The ability of short-term placements to challenge student perceptions of a cultural 'other' is an important potential value of these placements. It shows an ability to attract students who perceive themselves as culturally different to a location they may not have previously considered and challenge the stereotypes they carry into their future practice.

The results of this research demonstrated that the important attributes of this short-term placement for student learning were the authenticity of the activity, a scaffolded approach to supervision, and access to multidirectional guidance including peer learning and interaction with community members. Authentic learning can be described as a way to increase the applicability of learning experiences to future practice. Perceptions of authenticity are vital for local placement practices to be viewed as valuable learnings by students. Allowing students to learn at the 'interactive interface' of health practice is important for realizing the transformative learning potential during short-term rural placements (Prout et al., 2014). Placing students in an authentic environment was one of the primary facilitators of student learning during this short-term placement. It allowed the students to interact with multiple social groups to experiment with their professional identities and engage in rural discourse. The opportunity to provide authentic learning in WIL can be affected by power dynamics, student identity and other social processes. Characteristics of authentic learning environments have been suggested by Herrington and Oliver (2000) and further discussed by Herrington and Herrington (2005). Some of the elements required for an authentic learning environment that were reflected in this health promotion activity included reflecting the knowledge required for students' future work, access to multiple roles and perspectives, access to collaborative opportunities, and scaffolded supervision (Herrington & Herrington, 2005; Herrington & Oliver, 2000).

The scaffolded approach to supervision used in this short-term placement was an intentional component of the program. The students were from a variety of disciplines and levels of education, and the tasks they were given during the placement were those they had either had experience administering or were congruent with their discipline area. As a result, the students were at a level where it was safe for them to complete the task, but also necessary that they relied on others to excel and gain confidence to reach a level of independent functioning. This scaffolded approach to their learning was safe and provided them with the opportunity to expand their knowledge. It also allowed the creation of knowledge through trial and error of practices. This is another unique facet of

conducting a clinical placement in which low-risk health activities were undertaken and safety was not dependent on intense supervision. The students in the focus groups appreciated this aspect of the placement and commented on how it assisted their learning. The implementation and removal of these scaffolds demonstrated the interactive process of learning and how students initially relied on a more knowledgeable person before moving towards independence (Hickey, 1997). It was, therefore, important that the scaffolding was both adjustable and temporary, and could be withdrawn as learners became more confident and competent (Palincsar, 1986).

Access to multidirectional guidance allowed the students participating in this health promotion activity to learn from their supervisors, their peers, and community members. In particular, the students who participated in the focus groups continually referenced what they had learnt from one another individually and across disciplines. Peer learning is often cited as an effective means of learning in higher education (Choi et al., 2021; Markowski et al., 2021), and particularly important during WIL (Boshoff et al., 2020). Placements involving students of various disciplines extend on peer learning by enhancing interprofessional communication and knowledge sharing (Wright et al., 2014). It is, therefore, important for those developing short-term placement experiences to consider students access to peers, including those from other disciplines.

Finally, there were some elements of this short-term placement that students stated could be improved. In particular, the orientation was short (less than one hour) and did not provide the students with a level of comfortability with the health promotion activity that they felt was satisfactory. This finding reflects that a short placement length does not negate the need for a thorough student orientation to the context and activities undertaken during a WIL experience. The project team intends to address this feedback in future offerings of short-term placements.

LIMITATIONS

This research was a small study that explored the notion of rural learning within one short-term rural placement experience and as such may not be generalizable to other contexts or student groups. It is important that the theoretical discussion undertaken in this paper is tested in future research. While this research has pointed to some of the concepts that may underpin the learning experiences afforded by a short-term rural placement, it does not offer a definitive structure on which others could model placement opportunities.

CONCLUSION

This research used situated learning theory to explore the learning afforded to students during a short-term, rural WIL experience and the attributes and practices that facilitated that learning. The results suggest that the localized learnings of short-term placements are facilitated by the authenticity of the activity, a scaffolded approach to supervision, and access to multidirectional guidance including peer learning and interaction with community members. These elements enabled the students to learn skills relevant to their future professional practice. Additionally, the students' learning extended to transforming their professional identity, understandings of rural health, and participation in rural discourse. These findings demonstrate the potential value in offering short-term placements to students, particularly as a means of attracting them to, and increasing their knowledge of rural health.

ACKNOWLEDGMENTS

This study was supported by Three Rivers Department of Rural Health who are funded by the Australian Government under the Rural Health Multidisciplinary Training Program.

The authors acknowledge those who supported the delivery of this health promotion including all volunteers, Stuart Torrance and Marty Leist from the Australian Men's Shed Association. We acknowledge the Australian Men's Shed Association for providing the platform for the 'Spanner in the Works?' health promotion initiative.

REFERENCES

Australian Government Department of Health and Aged Care. (2021). *Rural health multidisciplinary training (RHMT) program framework 2019-2020.* https://www.health.gov.au/resources/publications/rural-health-multidisciplinary-training-rhmt-program-framework-2019-2020

Barton, G., & Billett, S. (2017). Personal epistemologies and disciplinarity in the workplace: Implications for international students in higher education. In G. Barton & K. Hartwig (Eds.), *Professional learning in the work place for international students: Exploring theory and practice* (pp. 111-126). Springer.

Billett, S. (2015). The practices of using and integrating practice-based learning in higher education. In M. Kennedy, S. Billett, S. Gherardi & L Grealish (Eds.), *Practice-based learning in higher education* (pp. 15-30). Springer.

Blåka, G., & Filstad, C. (2007). How does a newcomer construct identity? A socio-cultural approach to workplace learning. *International Journal of Lifelong Education, 26*(1), 59-73.

Bleicher, E. (2011). Parsing the language of racism and relief: Effects of a short-term urban field placement on teacher candidates' perceptions of culturally diverse classrooms. *Teaching and Teacher Education, 27*(8), 1170-1178.

Boshoff, K., Murray, C., Worley, A., & Berndt, A. (2020). Interprofessional education placements in allied health: A scoping review. *Scandinavian Journal of Occupational Therapy, 27*(2), 80-97.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research. *Oncology Nursing Forum, 41*(5), 545–547.

Choi, J. A., Kim, O., Park, S., Lim, H., & Kim, J. H. (2021). The effectiveness of peer learning in undergraduate nursing students: A meta-analysis. *Clinical Simulation in Nursing, 50*, 92-101.

Cosgrave, C., Malatzky, C., & Gillespie, J. (2019). Social determinants of rural health workforce retention: A scoping review. *International Journal of Environmental Research and Public Health, 16*(3), Article 314. https://doi.org/10.3390/ijerph16030314

Curtis, S., Axford, B., Blair, A., Gibson, C., Huggins, R., & Sherrington, P. (2009). Making short politics placements work. *Politics, 29*(1), 62-70.

Donald, G. K., Mackereth, P., & Tobin, I. (2010). Medical students and acupuncture: A short sharp placement experience! *Acupuncture in Medicine, 28*(1), 12-15.

Green, E., Quilliam, C., Sheepway, L., Hays, C. A., Moore, L., Rasiah, R. L., Bailie, J., Howard, C., Hyde, S., Inyang, I., Matthews, K., Ferns, J., Borwn, L. J., Jones, S., & Collett, M. (2022). Identifying features of quality in rural placements for health students: scoping review. *BMJ Open, 12*(4), Article e057074. https://doi.org/10.1136/bmjopen-2021-057074

Hanson, D., Carey, E., Harte, J., Bond, D., Manahan, D., & O'Connor, P. (2020). Prevocational integrated extended rural clinical experience (PIERCE): Cutting through the barriers to prevocational rural medical education. *Rural and Remote Health, 20*(1), 5437-5437.

Herrington, A., & Herrington, J. (2005). *Authentic learning environments in higher education*. Information Science Publishing.

Herrington, J., & Oliver, R. (2000). An instructional design framework for authentic learning environments. *Educational Technology Research and Development, 48*, 23–48. https://doi.org/10.1007/BF02319856

Hickey, D. T. (1997). Motivation and contemporary socio-constructivist instructional perspectives. *Educational Psychologist, 32*(3), 175-193.

Hudson, J. N., Knight, P. J., & Weston, K. M. (2012). Patient perceptions of innovative longitudinal integrated clerkships based in regional, rural and remote primary care: A qualitative study. *BMC Family Practice, 13*, Article 72. https://doi.org/10.1186/1471-2296-13-72

Ibarra, H. (1999). Provisional selves: Experimenting with image and identity in professional adaptation. *Administrative Science Quarterly, 44*(4), 764-791.

Kay, J., Ferns, S., Russell, L., Smith, J., & Winchester-Seeto, T. (2019). The emerging future: innovative models of work-integrated learning. *International Journal of Work-Integrated Learning, 20*(4), 401-413.

Kruger, E., & Tennant, M. (2010). Short-stay rural and remote placements in dental education, an effective model for rural exposure: A review of eight-year experience in Western Australia. *Australian Journal of Rural Health, 18*(4), 148-152.

Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. Cambridge University Press.
Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
Malatzky, C., & Bourke, L. (2018). Different perspectives on the key challenges facing rural health: The challenges of power and knowledge. *Australian Journal of Rural Health, 26*(6), 436-440.
Markowski, M., Bower, H., Essex, R., & Yearley, C. (2021). Peer learning and collaborative placement models in health care: A systematic review and qualitative synthesis of the literature. *Journal of Clinical Nursing, 30*(11-12), 1519-1541.
Moran, A., Nancarrow, S., Cosgrave, C., Griffith, A., & Memery, R. (2020). What works, why and how? A scoping review and logic model of rural clinical placements for allied health students. *BMC Health Services Research, 20*(1), 1-18.
O'Brien, B. C., & Battista, A. (2020). Situated learning theory in health professions education research: A scoping review. *Advances in Health Sciences Education, 25*(2), 483-509.
Palincsar, A. S. (1986). The role of dialogue in providing scaffolded instruction. *Educational Psychologist, 21*(1-2), 73-98.
Prout, S., Lin, I., Nattabi, B., & Green, C. (2014). 'I could never have learned this in a lecture': Transformative learning in rural health education. *Advances in Health Sciences Education, 19*(2), 147-159.
Reid, S., Conradie, H., & Daniels-Felix, D. (2018). The effect of undergraduate students on district health services delivery in the Western Cape Province, South Africa. *African Journal of Health Professions Education, 10*(1), 56-60.
Roberts, C., Daly, M., Held, F., & Lyle, D. (2017). Social learning in a longitudinal integrated clinical placement. *Advances in Health Sciences Education, 22*(4), 1011-1029.
Roberts, C., Daly, M., Kumar, K., Perkins, D., Richards, D., & Garne, D. (2012). A longitudinal integrated placement and medical students' intentions to practice rurally. *Medical Education, 46*(2), 179-191. **https://doi.org/10.1111/j.1365-2923.2011.04102.x**
Seal, D. W., Bogart, L. M., & Ehrhardt, A. A. (1998). Small group dynamics: The utility of focus group discussions as a research method. *Group Dynamics: Theory, Research, and Practice, 2*(4), 253-266.
Seaman, C. E., Green, E., & Freire, K. (2022). Effect of rural clinical placements on intention to practice and employment in rural Australia: A systematic review. *International Journal of Environmental Research and Public Health, 19*(9), Article 5363. https://doi.org/10.3390/ijerph19095363
Seaman, C. E., Green, E., & Smith, B. (2020). Reaching at-risk rural men: An evaluation of a health promotion activity targeting men at a large agricultural event. *Health Promotion Journal of Australia, 32*(52), 65-71. https://doi.org/10.1002/hpja.394
Shwartz, N., & Ranz, R. (2017). Human rights discourse during a short-term field placement abroad: An experience of social work students from Israel and India. *International Social Work, 60*(2), 283-296.
Smith, M. (2014). Workplace learning as a strategy to develop a rural health workforce. In A. T. Ragusa (Ed.), *Rural lifestyles, community well-being and social change: Lessons from country Australia for global citizens* (pp. 380-415). Bentham Science Publishers.
Thackrah, R. D., Thompson, S. C., & Durey, A. (2014). "Listening to the silence quietly": Investigating the value of cultural immersion and remote experiential learning in preparing midwifery students for clinical practice. *BMC Research Notes, 7*(1), 1-12.
Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care, 19*(6), 349-357
Trede, F. (2012). Role of work-integrated learning in developing professionalism and professional identity. *International Journal of Work-Integrated Learning, 13*(3), 159-167.
van Dellen, T., & Cohen-Scali, V. (2015). The transformative potential of workplace learning: Construction of identity in learning spaces. *International Review of Education, 61*, 725-734. https://doi.org/10.1007/s11159-015-9528-3
Varpio, L., Paradis, E., Uijtdehaage, S., & Young, M. (2020). The distinctions between theory, theoretical framework, and conceptual framework. *Academic Medicine, 95*(7), 989-994.
Vujcich, D. L., Toussaint, S., & Mak, D. B. (2020). "[It's] more than just medicine": The value and sustainability of mandatory, non-clinical, short-term rural placements in a Western Australian medical school. *Medical Teacher, 42*(5), 543-549.
Wenger, E. (2010). Communities of practice and social learning systems: The career of a concept. In C. Blackmore (Ed.), *Social learning systems and communities of practice* (pp. 179-198). Springer.
Wright, J. R., Bourke, L., Waite, C. J., Holden, T. A., Goodwin, J. M., Marmo, A. L., Wilson, M. L., Malcolm, H. E., & Pierce, D. (2014). A short-term rural placement can change metropolitan medical students' knowledge of, and attitudes to, rural practice. *Medical Journal of Australia, 201*(2), 106-108.

International Journal of Work-Integrated Learning
ISSN: 2538-1032
www.ijwil.org

About the Journal

The International Journal of Work-Integrated Learning (IJWIL) publishes double-blind peer-reviewed original research and topical issues dealing with Work-Integrated Learning (WIL). IJWIL first published in 2000 under the name of Asia-Pacific Journal of Cooperative Education (APJCE). Since then the readership and authorship has become more international and terminology usage in the literature has favored the broader term of WIL, in 2018 the journal name was changed to the International Journal of Work-Integrated Learning.

In this Journal, WIL is defined as "*an educational approach that uses relevant work-based experiences to allow students to integrate theory with the meaningful practice of work as an intentional component of the curriculum. Defining elements of this educational approach requires that students engage in authentic and meaningful work-related task, and must involve three stakeholders; the student, the university, and the workplace*". Examples of practice include off-campus, workplace immersion activities such as work placements, internships, practicum, service learning, and cooperative education (Co-op), and on-campus activities such as work-related projects/competitions, entrepreneurships, student-led enterprise, etc. WIL is related to, but not the same as, the fields of experiential learning, work-based learning, and vocational education and training.

The Journal's main aim is to enable specialists working in WIL to disseminate research findings and share knowledge to the benefit of institutions, students, co-op/WIL practitioners, and researchers. The Journal desires to encourage quality research and explorative critical discussion that leads to the advancement of effective practices, development of further understanding of WIL, and promote further research.

The Journal is ongoing financially supported by the Work-Integrated Learning New Zealand (WILNZ; www.wilnz.nz), and the University of Waikato, New Zealand, and received periodic sponsorship from the Australian Collaborative Education Network (ACEN) and the World Association of Cooperative Education (WACE).

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Types of manuscripts sought by IJWIL is primarily of two forms: 1) *research publications* describing research into aspects of work-integrated learning and, 2) *topical discussion* articles that review relevant literature and provide critical explorative discussion around a topical issue. The journal will, on occasions, consider good practice submissions.

Research publications should contain; an introduction that describes relevant literature and sets the context of the inquiry. A detailed description and justification for the methodology employed. A description of the research findings - tabulated as appropriate, a discussion of the importance of the findings including their significance to current established literature, implications for practitioners and researchers, whilst remaining mindful of the limitations of the data, and a conclusion preferably including suggestions for further research.

Topical discussion articles should contain a clear statement of the topic or issue under discussion, reference to relevant literature, critical and scholarly discussion on the importance of the issues, critical insights to how to advance the issue further, and implications for other researchers and practitioners.

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