Factors enabling and constraining work-integrated learning in rural practice settings

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Overview

- Work-integrated learning in the rural/remote context
- Rural health in Tasmania
- Study aims
- Design
- Key findings
  - Enabling factors
  - Constraining factors
  - Suggestions to build capacity and enrich placement experiences
- Where to from here? Implications
We know that:
• rural health is an area of identified workforce shortage and that
• positive placement experiences ruralise students’ horizons and influence graduates’ career plans and destination (Smith et al. 2018a, b)

However, we don’t know much about:
• The capacity of rural/remote health services to take undergraduate students for placement and provide a supportive, quality clinical learning environment; OR
• The impact of
  • Regulatory
  • Organisational
  • Educational and
  • Cultural factors on rural and remote work-integrated learning
In Tasmania the population is:
• geographically dispersed
• predominantly rural-remote
• ageing faster than any state in Australia -19.4% aged over 65 years; projections predict 33.5% by 2026 (Australian Bureau of Statistics 2016).
• The state’s health profile reflects compound rural/remote disadvantage, social determinants of health, chronic disease and limited access to health care services
Most rural health services provide a mix of 2-16 sub-acute rural beds, residential aged care and community-based services.
Study aims

To identify the factors that enable and constrain work-integrated learning in rural Tasmania from the perspectives of health service providers and faculty.
Study design

Exploratory
Sample: Purposive

• 18 Key staff in rural health services involved in student placements (8 RNs, 4GPs, 6 community pharmacists)
• 12 UTAS staff from 6 disciplines involved in coordinating placements

Data Collection: Semi-structured interviews with rural placement providers and faculty placement coordinators

Analysis: Content and thematic analysis
Enabling factors

**Placement providers**

- Rural health services provide authentic learning experiences
- The clinical learning environment is student-centred and conducive to student learning
- Effective relationships between university staff, **students** and placement providers (14/18)
- Having time to support student learning (9/18)
- Student factors (interest) (7/18)
- View placements as an investment in future rural workforce (8/18)

**Faculty**

- Effective relationships between university staff and placement providers (9/12)
- Value of rural placements is promoted to staff and students (10/12)
- Student factors (interest) (8/12)
- Students have access to material and financial supports (7/12)

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## Constricting factors

<table>
<thead>
<tr>
<th>Placement provider perspective</th>
<th>Faculty perspective</th>
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<tbody>
<tr>
<td>• Capacity to properly supervise and support students*</td>
<td>• Limited learning opportunities</td>
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<tr>
<td>• Limited and fluctuating learning opportunities</td>
<td>• Capacity to properly supervise and support students*</td>
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<td>• Burden of geography*</td>
<td>• Personal, practical and financial challenges for students</td>
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<td>• Constant supervisory burden*</td>
<td>• System constraints</td>
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<td>• Variable relationships between university and placement providers</td>
<td>• Negative views about rural practice and placements</td>
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System constraints

- Inter-sectoral and inter-disciplinary competition for available places
- Second semester bottle neck
- Accreditation, agency and regulatory authority requirements
- Juggling curriculum, school and faculty requirements
- Logistics of organising placements in advance
- Mismatches between policy and practice (Disciplinary & Systemic)*
- Inadequate communication between academics, rural staff and students a risk to sustaining rural placement capacity
  
  The administrative focus in managing placements limits academics’ engagement with students and service providers about placements in some disciplines, to crisis management
Suggestions to build rural placement capacity

- Could increase the length & frequency of placements
- Provide support to orientate students such as a supernumerary clinical facilitator
- Reconfigure the placement model (e.g. Interprofessional Learning, local community)
- Offer placements to other students (allied health, social work)
- Optimise existing placement capacity (avoid cancellations)*
- Having a dedicated learning space
- Having more staff/stable staffing/ reliance on locums makes it difficult to commit *
- Select students interested in rural practice
- Increase educators' awareness of rural practice and the learning opportunities available to promote rural & encourage more students to do rural placements

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Suggestions to enrich rural placements

- Improve communication between the Uni and placement providers “They don’t know what we do – or what we can and can’t offer”
- Need for feedback loop between students, UTas staff and placement providers e.g. use Video Conferencing
- Prepare students for rural/primary health so they have some understanding of what’s involved
- Let us make the most of every learning opportunity available within the local context
- Promote student safety and wellbeing by pairing students for placement
- Facilitate student-to-student feedback about value of rural/primary health placement
There is capacity to provide more work-integrated learning in Tasmanian rural health services provided the unique situation of services are known and respected.

1. A more dispersed approach to placements over more weeks of the calendar year; not more students at a time
   - Need to consider potential to reconfigure curricula to enable rural/remote placements over more calendar weeks
   - Greater flexibility in Teaching & Learning to reduce on-campus commitments
2. Some capacity to support allied health placements, especially social work students
3. Ability of some placement providers to adopt a broader community-based and IPL model of work-integrated learning
4. Need for multidisciplinary clinical education roles in rural communities to support rural service providers/ solo practitioners and students to engage more fully in the learning opportunities available within the local community
Implications for education providers

5. Need to know rural health services: accept local needs in-context; ensuring that staff are confident they can support student learning and that students will have a positive placement experience

6. Need to promote the benefits of rural work-integrated learning to colleagues, students and placement administrators

7. Need to better prepare students for rural/remote practice and lifestyle - ruralise curricula

8. Need to be more selective in allocating students to rural/remote placements to increase the likelihood that clinicians’ time and effort are valued

9. Need to address what’s missing...
   • What about placements in Aboriginal Health?
Where to from here?

- Feedback to participating stakeholders
- Strategic planning forum to prioritise and translate results
- Results used to inform future planning, policy and practice
- Publish results
- Undertake further research with others via ARHEN on the:
  - Rural clinical learning environment/learning opportunities available
  - Model(s) best suited to rural work-integrated learning
  - Process of ruralising students’ horizons; and to
  - Map longitudinally, relationships between curricula, placements and the career paths of graduates