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Improving health student placement experiences in rural Tasmania: The *Whole of Community Facilitator* model of support

Abstract

Health professionals require specific knowledge and a broad range of skills and attributes to work and reside in rural environments. It is important students are offered the opportunity to undertake a rural professional experience placement (PEP) to ensure they develop a breadth of understanding of healthcare practice with opportunities to apply for rural positions after graduation. More importantly, students should have a positive rural experience which extends beyond the placement. Past research identifies barriers to positive placement experiences relate to limited exposure to diverse practice environments and multidisciplinary learning opportunities for students and supervisors (Smith *et al.*, 2017). To overcome these barriers the Whole of Community Facilitator (WOCF) model of support was conceptualised. It engages a dedicated health professional responsible for supporting students and supervisors, whilst also building capacity and capability of additional organisations to host students. The WOCF is an important communication link between the student, healthcare organisation and students' universities. This paper examines the project findings from stage one of the WOCF model implemented in fourteen locations throughout rural Tasmania. Overall, this model was well received by students, supervisors and organisations; particularly in the areas of student orientation, learning and teaching, support and guidance. However, the WOCF role requires further development to address competing work demands, time constraints and healthcare organisation requirements. Despite these limitations, the tripartite model offers healthcare organisations and supervisors opportunity to strengthen the preparation of the next generation of rural health practitioners. The outcomes of this study have relevance for other professions in rural settings, such as teaching.

Key Findings

1. The Whole of Community Facilitator model connected health professionals, nursing and allied health students and supervisors in rural placements to provide learning and teaching guidance and support.

2. The Whole of Community Facilitator identified and expanded placement opportunities for local and national nursing and allied health students within their communities.

Key words

Rural health workforce, rural health student placement, student support, supervisor support, learning and teaching, whole of community facilitator

Introduction

The ageing population is of particular concern in Tasmania, with current census data identifying that nearly one in every five people in Tasmania is aged over 65 years (Australian Bureau of Statistics (ABS), 2017). These figures are predicted to increase to one in three by 2061 (ABS, 2013). As the health status amongst rural Australians is generally worse than those residing in urban centres, these predictions have particular significance for those who reside in rural environments (Australian Institute of Health and Welfare, 2014). With the increase in the ageing rural population there is a subsequent increase in chronic conditions creating a burden on healthcare service delivery (Australian Government Department of Health 2013; Health Workforce Australia, 2014). This has resulted in the maldistribution of the rural health workforce caused by the shortage of health professionals in rural areas compared to urban centres (Australian Government Department of Health 2013; Health Workforce Australia, 2014).

In recognition of the maldistribution of the health workforce, and to address workforce shortages, the Australian Government supports students in health-related disciplines to access and undertake placements in rural locations through the Rural Health Multidisciplinary Training (RHMT) Program (Australian Government Department of Health, 2016; Smith *et al.,* 2017). The parameters for funding within this program recognise rural health professionals require specific knowledge, skills and attributes to enable them to successfully manage the working and living conditions in rural environments. Research suggested a positive rural placement experience may encourage some students to work in rural areas following graduation (Maloney, Stagnitti & Schoo, 2013).

Positive rural placements are underpinned by a number of enablers and drivers. These have been identified in research findings that suggest positive rural placement experiences result in a commitment to work in rural areas (Sanderson & Lea, 2012; Smith *et al.,* 2017; Sutton *et al.,* 2016). Similar findings have been noted in national and international literature related to education of pre-service teachers (Anderson, Rennie, White & Darling, 2019; Mitchell *et al*., 2019). Enablers include high quality supervision, approachable supervisors, high levels of student support, as well as the provision of teaching and learning opportunities (Marlow & Mather, 2017; Smith *et al.,* 2017; Oosterbroek, Young & Myrick, 2017). It therefore follows that the same level of support and opportunities must be afforded to those who supervise students. The challenges associated with supervising students need to be mitigated. These include competing workplace demands, confidence in completing student assessments and evaluations and the ability to provide contextual information that enhances student learning, whist juggling a busy workload within a facility with limited staff numbers and resources (Marlow & Mather, 2017; Zournazis, Marlow & Mather, 2018).

The unique demands and pressures on supervisors of students in rural settings were recognised by researchers at the University of Tasmania (UTAS) in 2012, who investigated a framework for supporting undergraduate nursing students in practice, known as the *Whole of Community Facilitator* (WOCF) model of support (Zournazis, Marlow & Mather, 2018). The intention of this role was to support students, supervisors and host organisations within a geographical region, rather than a single location. The outcome of the pilot project suggested the model was well received, with the authors recommending the model be expanded to other rural regions.

Fortuitously, the receipt of Rural Health Multidisciplinary Training Program (RHMT) funding in 2016, provided the opportunity to implement this recommendation, with the WOCF role introduced into a larger number of rural regions throughout Tasmania. The WOCF model was expanded to include support of allied health students from the University of Tasmania and national universities undertaking placement in Tasmania. This paper presents stage one findings from the RHMT Nursing and Allied Health Rural Placement Expansion Project 2016-2018, which focuses on developing an understanding of the effectiveness of support for students, supervisors and organisations provided by the WOCF.

Background

Student professional experience placement (PEP), also known as work integrated learning or clinical practice (Maloney, Stagnitti & Schoo, 2013), is a core component of national nursing programs, and many allied health and university courses in Australia. The Australian Nursing and Midwifery Accreditation Council (2012) states that nursing students must undertake a minimum of 800 hours of workplace learning incorporating a variety of experiences in facilities located in urban, regional, rural and/or remote localities. Such commitments increase for allied health students, with PEP ranging from 1000 to 1500 hours, depending on the profession (Lowe, 2007). Despite differences in placement duration amongst health profession students, the importance of undertaking PEP is universal, where students are afforded opportunities to develop professional knowledge, skills and attributes in a multidisciplinary real-world environment (Lowe, 2007; Maloney, Stagnitti & Schoo, 2013).

Ensuring students are offered rural PEP in diverse locations is fundamental in providing students with a global understanding of healthcare. This strategy addresses the future health workforce shortage from a recruitment and retention perspective (Maloney, Stagnitti & Schoo, 2013). Research has shown that rural PEP provides students with a diversity of practice not experienced in urban environments, while having the potential to influence new graduates to seek employment in these regions (Johnson & Blinkhorn, 2013; Jones, Bushnell & Humphreys, 2014; Schoo, McNamara & Stagnitti, 2008; Smith *et al*., 2018; Sutton *et al.*, 2017; Trepanier *et al.*, 2013). Similar findings have been highlighted in research related to rural exposure for pre-service teachers, with researchers anticipating expanded student placement opportunities may lead to application for rural teaching positions following successful course completion (Mitchell *et al.*, 2019). By examining the enablers and barriers, this paper acknowledges the factors that enhance a rural and remote PEP experience for students and their supervisors.

Enablers for a positive rural health professional experience placement

Enablers within the nursing and allied health literature are described as supportive environments with educationally prepared and capable supervisors who work within a learning and teaching culture (Levett-Jones, Lathlean, Higgins & McMillan, 2009; Marlow & Mather, 2017; Taylor, Brammer, Cameron & Perrin, 2015). Additionally, the presence of confident and competent supervisors and students with good practical skills enabling them to contribute to health care is seen as valuable (Maloney, Stagnetti & Schoo, 2013). Furthermore, Smith *et al.* (2018) found students also value access to patients with a wide range of conditions, a welcoming, positive supportive and holistic environment, and interprofessional interactions and collaborations.

Therefore, well supported rural nursing and allied health placement experiences are enhanced when both students and their supervisors are supported and when learning and teaching opportunities are available to improve capabilities. These enablers are described by Smith *et al.*

(2018) as factors that assist in the ruralisation process of a student, culminating in a set of experiences that facilitate the decision to return to a rural area following graduation.

Barriers to a positive rural health placement experience

Barriers to a positive rural nursing student PEP experience include limited exposure to diverse placement environments, the inability of some rural facilities to expose students to multidisciplinary learning opportunities, and the importance of ensuring supervisors are provided access to opportunities to improve their skills (Smith *et al.,* 2017). Additionally, it is recognised the need to provide students with the opportunity to experience placements within facilities other than public hospitals or publicly funded community health facilities (Smith *et al.*, 2017). This includes residential aged care and school-based placements, which capitalises on community engagement and service-learning initiatives, described as *"… bringing benefits both to the students and the communities in which they complete their placements"* (Smith *et al.,* 2017, p.6).

Limited opportunities to expose students to multidisciplinary collaborative sessions in rural health facilities is often due to reduced access to multidisciplinary teams. Students' ability to learn to work with other health professions is core to understanding the importance of *rapport* in developing interpersonal capabilities (Hudson & Crocker, 2017, p.2). This ensures students are taught the importance of being interested and inclusive, respectful and patient-centred, as well as valuing one's own discipline within a collaborative environment (Hudson & Crocker, 2017). The importance of providing multidisciplinary learning opportunities is not restricted to students. Equally, an enabler for supervisors includes offering these opportunities to them to ensure their capabilities are nurtured, imparting the skills required to facilitate students with confidence. Providing supervisor education to nurses is recognised as significant in ensuring students are placed with competent supervisors who are not only proficient in their nursing skills, but also proficient in their teaching skills (Marlow & Mather, 2017). Further to this recognition, it is acknowledged nurses do not graduate with teaching qualifications, rather, their knowledge relates to care provision, and educational support must be provided to develop the nurse's willingness to teach, in conjunction with their care-giving role (Marlow & Mather, 2017).

Distance to training opportunities is considered a significant barrier for nursing and allied health supervisors, hampering their ability to attend these sessions. Martin *et al.* (2016) describe the difficulties facing allied health professionals in the rural setting as professional isolation, with many rural practices located hundreds of kilometres away from their nearest professional colleagues. The issue of distance reduces the possibilities for local training and support opportunities due to time and costs associated with off-site training. This limits training and professional development activities compared to those provided in urban-based settings.

Supervisor stress levels and private practice profitability have also been identified as unique barriers to positive rural placements (Maloney, Stagnitti & Schoo, 2013). Staff stress is linked to low support, exacerbated by excessive workloads and staff shortages. Limited numbers of allied health professionals in rural areas often results in individuals being responsible for caring for clients in multiple locations resulting in tight timeframes, limited client contact hours and extended travelling times (Maloney, Stagnitti & Schoo, 2013).

Barriers to a positive placement experience can be summated as a lack of diversity in relation to PEP environments and limited learning and teaching opportunities for both students and supervisors. These are exacerbated by the added pressure associated with taking students in busy centres with limited staffing numbers, and into centres dependent on efficient business models to remain viable.

Focussing on enablers and barriers, the University of Tasmania developed the WOCF model of support, to provide learning and teaching opportunities for students and their supervisors across a geographic location. The approach was that of a dual role where the WOCF was also a Registered Nurse (RN) working within a host rural organisation with nominated hours assigned to the WOCF position, which fluctuated dependent upon the number of students present. Additionally, the role of WOCF included building capability and capacity of other health student placement organisations within their catchment areas. This role was initiated to support supervisors and organisational managers including the facilitation of student orientation and assessments, and learning and teaching opportunities for staff and students. Furthermore, the WOCF role was developed to ensure effective communication between the student, the placement host and the students' university.

Given the WOCF role was a relatively new initiative, it was essential for the project team to develop an understanding of the complexities and nuances of the role from the perspective of multiple stakeholders. As such, capturing the descriptions of the role from individual WOCFs, along with experiences of those who intersected with the WOCF was key to further refining and developing the role. The overarching aim of this paper is to present the findings from the exploration of the implementation of the WOCF model within its first year of operation, with a specific focus on capturing the intent, and developing an understanding of the role as it is experienced within the healthcare domain.

Method

Using an exploratory qualitative phenomenological research approach, stage one of this research sought to understand the real-life rural placement experience of students, supervisors and organisational managers in facilities supporting students undertaking PEP in rural and remote communities in Tasmania, Australia. This theoretical framework was chosen as it enabled researchers to explore and emphasise a person's lived experience (Jasper, 1994), allowing for a deeper understanding of the barriers and enablers of the WOCF role.

Study Sites

The study sites for this research included regional hospitals, multipurpose health facilities, residential aged care facilities and private health organisations in Tasmania supporting student placements within rural locations. The fourteen facilities that participated in this study were located in townships across Tasmania. Rural and remote classifications from the Australian Standard Geographical Classification – Remoteness (ASGC – RA) was applied (ABS, 2018).

Participants and procedure

Ethics approval was received by the Social Science Human Research Ethics Committee prior to the commencement of the project evaluation. The collection of data commenced in September 2017 and concluded in February 2018. A purposeful sampling approach was used. Prospective participants were invited to participate via emails disseminated by a Research Assistant. This included an information sheet and a consent form explaining the project and its objectives. Participants were encouraged to approach the researchers through the return of the signed Consent Form, after which they were contacted personally to arrange a mutually convenient interview time.

A total of 41 participants consented to be interviewed (Table 1). All respondents participated in a structured in-depth face-to-face or telephone interview. Open-ended questions which encouraged participants to describe their experiences, were used to guide interviews. Throughout the interview processes further clarity related to the WOCF role was gained through descriptive questioning (Bevan, 2014), with interviews lasting approximately 30 to 60 minutes. All interviews were digitally recorded and transcribed verbatim by an external transcription provider, which were checked for accuracy by the first and second author upon their return.

Table 1: ***Study Participants***

Participant Type	Number of Participants
Nursing Students	5
Allied Health Students	2
Nursing Supervisors	7
Allied Health Supervisors	3
Nursing Organisational Managers	15
WOCFs	9

Analysis

Transcriptions were analysed using NVIVO to identify major themes from the data. Search words or phrases were used to confirm frequency of categorisation terms, with unique categories recognised and recorded. Common and contrasting concepts were identified and categorised. Themes emerged from the frequency and uniqueness of terms.

Results

Thematic analysis identified differences of opinion related to the WOCF role, from the perspective of students, supervisors, organisational management and the WOCFs themselves. Key themes drawn from the data include: levels of support; competing demands; diversity of placement experiences; and, availability of learning and teaching opportunities.

Theme 1: Levels of Support

In what follows, insights from interviews have been presented under a series of sub-themes: student orientation; supporting students; supporting organisational managers; supporting supervisors; direct student support; communication link between students, supervisors, and university; and, ambivalence of WOCF role (Table 2).

The level of support provided by WOCFs to students, was expressed by most participants as positive for students, their supervisors and organisational managers from host facilities. WOCFs understood their role to include supporting students and supervisors, as well as being a conduit between the student, the supervisors and the students' universities. Directors of Nursing (DONs) and Nurse Unit Managers (NUMs) agreed the WOCF's role reduced their workloads as the WOCFs responsibilities included student orientation and their [students'] assessments. Additionally, the WOCFs supported the supervisors by providing oversight of student learning and one-to-one guidance where necessary. Overall, participants agreed that the WOCF made a positive impact on the placement experiences of supervisors, despite some WOCFs admitting they were unsure whether they had improved the placement experiences of staff.

Table 2: ***Respondents' Responses: Level of Support***

Sub Theme	Indicative Quotes
Student orientation	*"I think it's beneficial … because [students] get a one-on-one introduction and orientation. So, a really thorough orientation to the place, as opposed to what it used to just be." (WOCF 1)* *"Having this position and being able to be here on the day that they arrive, and giving them a really good introduction, sets them off on the right foot." (WOCF 2)*
Supporting students	*"[The WOCF is] monitoring [the students], making sure that they're managing all right, making sure there are no issues arising, that sort of thing. [She] has supported us quite a bit, as well as the students." (DON 1)* *"I know that she is taking [students] to task … holding them accountable as they come in the door to have good plans … ensuring that if they need specific areas to focus on, that they are given the opportunities to do that if it arises?" (Director of Nursing 2)*
Supporting organisational managers	*"… my perspective, not having to be the person doing all the orientation and all the paperwork has actually been quite good." (NUM 1)* *"The WOCF has made a dramatic difference to student placements here in the facility. We're now taking on more students than ever … they do build up a very good relationship with the WOCF … they know they've got somebody that they can go to directly if they're ever having any issues." (NUM 5)*
Supporting supervisors	*"The WOCF certainly has [provided support] … certainly, our registered nurses feel a lot more supported." (NUM 2)*
Direct student support	*"… the [WOCF] has been invaluable. I know last week we had a student that was struggling with time management as well as skills and I had highlighted that to the [WOCF]. He actually put on some extra shifts and worked one-on-one with that student, so to be able to have that support … it's a huge assistance." (NUM 3)*
Conduit between student, supervisors, and university	*"My role is to communicate between the students and the supervisors on the floor." (WOCF 1)* *"[The WOC] has taken over the responsibility of watching the attitude, clinical correctness and professionalism of the students and the communication between them and the staff." (NUM 2)* *"I kind of look at it like you're the go-between between the placement, the students and the uni." (WOCF 3)*
Ambivalence of WOCF role	*"I don't think it's made any change thus far. I think, for the students, it has … but I don't know if it's really had that much of an influence on the staff." (WOCF 1)* *"I know if has for this site, but I don't know how much I've helped other sites." (WOCF 2)*

Theme 2: Competing Demands

Participants identified competing demands as a barrier to the provision of a positive student PEP. Responses were categorised under the sub-themes of limited WOCF hours, dual roles, supporting students outside work hours and responsibility for multiple locations (Table 3).

Several WOCFs had dual roles as clinician and facilitator. These participants expressed concern that the allocated time for their role was at times inadequate. This resulted in them feeling overwhelmed when they juggled their clinical workload with their facilitation responsibilities. At times this meant they had to prioritise the demands of the workplace over their allocated time for facilitation. Furthermore, in one regional area the WOCF highlighted the difficulty in supporting students in other organisations within the region. This is exemplified by the following comment, "… it's not physically possible to visit other sites … other than what I've done."

In more remote regions a WOCF expressed the remoteness of the student PEP made her feel obligated to include students in social events after hours and during weekends resulting in fatigue. Participants had concerns that downtime was valuable for catching up with their own families and recreational activity, and that any additional commitment was problematic in terms of recovery time, especially after a night shift.

Table 3: ***Respondents' responses: Competing Demands***

Sub Themes	Indicative Quotes
Limited WOCF hours	*"It was difficult [to see the WOCF]. She was in [another location] … I did request that she come and supervise me for the day, basically, which … I just felt that I needed her to see how I was working. … But, again, you know, she wasn't on site, so couldn't see." (Nursing Student 1)*
	"It's hard, because you generally have like one day that you need to work for [the university], but that's not how it works. You need to stretch yourself over a number of days to be able to catch up with staff to do it." (WOCF 1)
	"I'm working on the floor with [students] most of the time … I supervise them as they go … but it also restricts you very much too because you are working and having your own work load as well, so there's restrictions what you can and can't do." (WOCF 4)
Dual roles	*"As much as possible we roster a WOCF day for when the student arrives, but [the WOCF] is actually on a community health rotation so it's not always possible … I mean, the WOCF should be a registered nurse, but I think we should look at not having a WOCF who is already working at the hospital … the RN role is at odds with the WOCF role." (DON 3)*
	"… there are often times, you know, you are short on the ward, and therefore you end up doing a shift the day that you are allocated [as the WOCF], and that sort of thing…" (WOCF 5)
	"… as much as possible we ensure that he is able to undertake his WOCF duties, but it is dependent on the day, it certainly depends on the availability. As much as possible, we roster a WOCF day on day one for the

	students so that that can occur, but he is actually now on a community health rotation. I don't know that it was possible on the last round of students." (DON 3)
Supporting students outside work hours	*"I will pick a student up and take them out but then that eats into your downtime from work, so it's not something that can happen all the time." (WOCF 1)* *"Here [in a remote location] I think it's that stuff around the isolation beyond the shifts that they do. And, you know, I can't dictate to anyone about, hey, would you give them some time, take them here or there, you know. I don't want to create an expectation on staff or anyone else. It's a difficult one, because staff also need their downtime and their family time." (DON 2)* *"[The WOCF] did well over her allocated hours managing students because she needs more time to do it … she cut into her private hours. Not only that, even when she is working on the ward there was a lot of stuff she had to do while she was theoretically being paid by the hospital to do ward work." (DON 4)*
Responsibility for multiple locations	*"It's not physically possible to visit other sites … other than what I've done, as in [calling and asking] how is everything going, is there any problems?" (WOCF 2)* *"If we were able to have a WOCF who worked here regularly, [rather than sharing her between sites], that might be good. It might also make it easier when we are giving feedback." (NUM 1)*

Theme 3: Diversity of placement experiences

Despite the expectation that WOCFs would investigate opportunities to develop relationships with other health service providers in their communities with the aim of exposing students to a multidisciplinary health care team, data revealed limitations. To encapsulate this information, responses have been categorised into the sub-themes of variety of experiences; the unique rural/remote experience; lack of diversity offered; and, the 'nursing only' focus of some facilitators (Table 4).

Being offered a diverse rural experience was an expectation of Nursing Student 2, who was fortunate enough to be placed in a rural facility that could offer her experiences within an emergency department – including air ambulance, an acute care ward, an aged care facility and the general practice, as well as participating in multidisciplinary team meetings. Understanding the unique nature of the rural placement experience was also recognised by other participants, who agreed that such an experience provides the student with a true understanding of how isolation can impact a person's well-being, and how rural health facilities are a vital component of rural and remote communities.

Rurality was however, highlighted as an issue in relation to the ability to offer a diverse multidisciplinary experience. A participant from a remote locality explained that allied health

professionals often only visit occasionally, this limited students' exposure to them during their PEP. Additionally, despite the role of the WOCF including support of allied health students within their communities, some stated they were not able to fulfil this requirement adequately. One WOCF described the limitations some nurses have related to understanding the value of their contribution within a multidisciplinary team. While another admitted that she felt this way, and that supporting a student outside of the nursing profession was not something she was comfortable with.

Table 4: ***Respondents' Responses: Diversity of placement Experiences***

Sub-themes	Indicative Quotes
Multiplicity of Experiences	*"I expected to get more multiplicity of experiences, being in a remote placement … [This location] had an emergency department, an acute care, and an aged care, as well as general practice, Allied Health, and we had a lot to do with the air ambulance services, as well, I really enjoyed that. And I did get that, so that's fantastic." (Nursing Student 2)*
Unique Rural/Remote experience	*"[Students] certainly have a much greater understanding of what it's like to be remote. Even though it's a half an hour plane ride, it means restricted access to medical treatments or any sort of health resource. I think they really enjoy it and I think they gain a lot from it. I think one thing that really strikes the students is how much community means." (WOCF 1)* *"It was more like learning a whole entire new world even though it is still in Australia." (Allied Health Student 1)* *"… There are some unique qualities [here]. I can almost generalize with some qualities of people here … how stoic some are, but how isolated they are from family and friends which impacts their wellbeing. But also, what we have in place to support them … social work, psychology, mental health support, alcohol and drug support, so there are all those things that you don't always get the exposure to at other placements." (DON 5)* *"We have seven sites our services provide, but it depends on the timing of the placement. In the past, with the funding from [the uni], we sent a student to King Island and we often go overnight to Queenstown, and they see patients from Devonport, Burnie, North West Regional Hospital and Smithton." (Allied Health Supervisor 1)*
Lack of diversity offered	*"It's not viable … we have a physio once a week … We don't have [allied health discipline] here … have one doctor that's so full-on as a GP that you don't have the opportunity to use them for your own nursing." (WOCF 1)* *"Look, we've only got a physio one day a week, and no other Allied Health in the [location]. We get occasional visits from podiatry." (DON 2)* *"It's a bit restricted [here] because you just don't have the allied health professions." (WOC 7)*

'Nursing only' focus of nursing supervisors	*"Some who have been nursing for a very long time, still find it difficult to ask a doctor for something. So, I think if they could learn that we are all just the same would be good … understanding their role in that multi-disciplinary team." (WOC 6)*
	"As far as Allied Health is concerned, I have got to get my head around all of that because I'm a registered nurse, because my background is nursing. I'm thinking, even before I walk into the pharmacy, how can I assist, other than making sure they are okay, and making sure their accommodation is set up? If it's a nurse, I am all over it." (WOCF 2)

Theme 4: Availability of Learning and Teaching Opportunities

As one of the roles of the WOCF was to provide learning and teaching opportunities for both students and supervisors, respondents were asked to comment on their experiences in this area. Responses are categorised into the sub-themes of supervisor training; student teaching; barriers to providing training; and, multidisciplinary training experiences (Table 5).

The need for supervisor training was a theme that resonated with many of the participants. Although WOCF 7 explained that she was in the process of planning training, students, supervisors and organisational managers from many other sites admitted that this was still an area of great need. Many explained they were unsure of students' scopes of practice, others were unsure of the in-practice assessment requirements, and some stated they needed clarification of the requirements of the university. Although this was within the scope of the WOCFs' role, results suggest this was not an area that had been fulfilled by the WOCFs, with one explanation provided by DON 6 explaining that often the allocated WOCF hours did not allow for this extra task.

However, the data revealed that some WOCFs had developed educational materials and provided sessions specific to their context. There were also many multidisciplinary teaching and learning opportunities described by the respondents that pre-exist within many of the rural hospitals, which were not necessarily provided by the WOCFs, but which students were welcomed and encouraged to attend. Communication skills of allied health students were identified by supervisors as an area for student learning. Improved student communication skills were perceived as likely to assist supervisors with their workload.

Table 5: *Respondents' Responses: Availability of Learning and Teaching Opportunities*

Sub-themes	Indicative Quotes
Supervisor training	*"Well that's what I'm trying to do … to have a little bit of an in service on preceptorships … we have to be on the same page … I don't want preceptors to think that they are by themselves and have to cope with a student that they can't handle." (WOCF 7)*
	"Our preceptors could do with a refresher that lets them know the students' scope of practice." (NUM 2)
	"I found that sometimes, some of the nurses didn't understand what I could and couldn't do with or without supervision." (Nursing Student 2)

	"[We need] an update on what is the expectation of the preceptor like filling in the forms that the university needs … If someone could come down here and spend an hour with the nurses that actually precept the students, I think, it would be quite helpful because I'm not here all the time, so I can't." (WOCF 8) *"Preceptor training is always something that we certainly would like some of because of changes in staff." (Allied Health Supervisor 2)* *"Preceptor training for our ENs and RNs would be a really wonderful opportunity. We don't have that really through age care … so some preceptor training would be great." (DON 1)*
Student teaching	*"I see the WOCF role as enhancing placement while the students are here to give that little bit of extra educational support, [such as] dressings, that the registered nurse on a really busy day doesn't have time to give." (DON 6)* *"I do a lot of education materials - it's all about being organised as this facility can vary from being very quiet to being very busy. So, we need to continue learning, so I put a lot of homework in beforehand just to say for education purposes." (WOCF 9)*
Barrier to providing training	*"[No training is provided at the moment as] the WOCF is only doing 4 hours a week … I think it's really important that that position is seen as facilitating any additional learnings for our students and preceptors." (DON 6)*
Multidisciplinary learning experiences (IPL)	*"We try and introduce them to many allied health professionals … nursing home, doctors and community nurse." (Allied Health Supervisor 3)* *"We have an emergency management training day and that includes the medical staff, ambulance staff, nursing and any students that are here." (DON 5)* *"The students have the ability to join our interdisciplinary meeting on Friday mornings … we run a midwifery clinic … they can go out for a day with the Chronic Disease Management Co-ordinator." (DON 4)* *"We've had a dementia month. We are getting external providers coming in and doing some education with all of our staff, including cleaners, cooks, everything, so we've had dieticians, GPs, we're getting a physio, a lot of Allied Health." (NUM 6)* *"Communication is definitely an area that needs an IPL with the students … we have had a student fail in the past because of communication." (Allied Health Supervisor 2)* *"Students need [more work in relation to] communication. Their clinical knowledge may be great, but if they aren't able to talk to a famer, or an illiterate customer, there are problems … a student constitutes about 20% - 25% of our employment hours a week, so it can have a great impact on our business." (Allied Health Supervisor 3)*

Discussion

Analysis of the data provided an insight into the effectiveness of the WOCF model of support in rural and remote health facilities hosting nursing and allied health students undertaking PEP in fourteen regions throughout Tasmania, Australia. It highlighted areas in which the model has had a positive impact on the placement experience of students, supervisors and organisational managers, as well as areas for consideration. This model enabled a dedicated health professional to provide learning and teaching guidance and support to students and their supervisors as well as identifying and expanding placement opportunities for local and national nursing and allied health students within their communities.

The findings are consistent with the pilot study undertaken in Tasmania by Zournazis, Marlow & Mather (2018) which suggested the WOCF model of support was perceived as positive by all participants, particularly related to student orientation and assessments, as well as being the point of contact for the students and the universities. Reinforcing Barnett *et al.'*s (2010) views of the importance of having a dedicated facilitator to take responsibility for centralised orientations, regular face-to-face communication and consistent student support, the findings confirmed the provision of support by the WOCF had improved the capability of staff in rural healthcare organisations to supervise students. Findings also highlighted the importance of having a constructive and supportive link between the students' universities and the rural health facility hosting them, identified by Sutton *et al.* (2016) as a factor that may support rural health recruitment after student graduation.

Despite the important role the WOCFs played in reducing the pressure on staff and facilities, findings showed issues still existed in relation to competing work demands for those WOCFs. Juggling clinical workloads and facilitating the learning opportunities of students resulted in one WOCF concerned the role *"… restricts you … because you are working and having your own work load as well" (WOCF 9)*. Comments such as this support Sanderson & Lea's (2012) sentiments, describing such conflicts as burdensome. Furthermore, there continued to be tensions where the role included a larger geographical area with multiple organisations to support. The travelling time between facilities across a geographic expanse made travelling between sites physically difficult. This coupled with limited WOCF hours, was problematic, creating a conflict when WOCFs worked over their allocated hours in order to ensure students in multiple areas felt supported. These findings highlight issues related to rural health professionals working longer hours with fewer resources, impacting work-life balance and employment retention (Sutton *et al*., 2016).

The findings from the student participants confirm Smith *et al.'s* (2017) views regarding the benefits of a diverse PEP, which include the provision of interprofessional learning opportunities and quality supervision. Nevertheless, some remote organisations had limited ability to provide these possibilities. Furthermore, the WOCF's role was to explore additional placement opportunities, particularly in relation to allied health students. The findings highlighted that some WOCFs were uncomfortable communicating with health service providers outside of their own profession, commenting *"as far as Allied Health is concerned, I have got to get my head around all [that] … If it's a nurse, I am all over it, because I know [nursing]" (WOCF 2)*. Serksnys, Nanchal & Fletcher (2017) described similar discomfort during nurse and physician communications during hand-over.

Consistent with the literature, the findings indicated the challenges supervisors had relating to their understanding about student assessment and the provision of constructive feedback; and the need for them to receive supervisor training (Oosterbroek, Yonge & Myrisk, 2017). Although the initiation of the WOCF role was to assist in these areas, they perceived that they did not have the capacity. This appears to be as a consequence of being time-poor, which Rankin *et al.* (2016, p.366) recognised amongst senior nurses who struggle to accomplish goals, *"… because of [having to manage] staffing levels, increased workload, time constraints and limited support".* Such constraints also impacted the capacity of some WOCFs to provide extra learning and teaching opportunities for both staff and students.

Data related to the provision of learning and teaching suggested nursing students and supervisors attended pre-existing sessions held within the healthcare environment, not organised by the WOCFs. Most appeared content that these activities were sufficient to provide the nursing students and staff with a positive learning experience. However, responses from allied health supervisors indicated there was a great need to provide learning and teaching activities to improve students' communication skills, in particular, with one allied health supervisor inferring students with poor communication skills impacted the business. This is affirmed in Maloney *et al.* (2013) who indicated unprepared students impact the productivity of the workplace which was identified as a barrier to a positive allied health supervisor's placement experience. Despite WOCFs indicating the motivation to fulfil interprofessional learning requirements, the significant investment of time needed to achieve this was not possible due to time constraints. To strengthen the role the project team will continue to explore opportunities to address the WOCFs' concerns and noted barriers to a positive student rural placement experience. This will assist in promoting a quality rural PEP for students, their supervisors and organisational managers.

Limitations

It is acknowledged that most participants were from a nursing background, resulting in many responses focusing on nursing student, supervisor and organisational manager placement experiences.

Conclusions

This study was a qualitative exploration of stage one implementation of the WOCF model which described the experiences of students, their supervisors and staff within healthcare organisations. Overall, participants viewed the WOCF role as the vital link between the healthcare organisations and the university. This study identified several factors associated with the WOCF model itself that need refining. Despite their best efforts, WOCFs faced several barriers in the efficient delivery of their role due to time constraints, related to competing demands of the workplace. This study confirmed the competing demands of the WOCF role when also working in practice, which related to staff shortages, increased workload and limited support. Results also showed that although the WOCF role was well supported within the rural healthcare setting, at the time of data collection the role had been nurse-centric, and more was needed to extend support to allied health students, their supervisors and placement facilities.

Future Directions

The WOCF model of support in rural areas is axiomatic in enabling organisations and facilitators to focus on supervising students and patient care. This includes providing students with learning and teaching opportunities, assistance with their placement assessments and support for supervisors, as well as being a conduit between the university and healthcare organisation. To do this the WOCFs require sufficient time and support to enable them to achieve their intended outcomes. Consideration needs to be given to the structure of the WOCF role, as this research shows that the WOCF/RN dual role is ideal in its current format.

This research indicates attention be given to extending the WOCF hours, including allowance for travel time for those working between multiple locations. Additionally, creating alternate learning and teaching focussed positions within rural healthcare organisations could provide alternate career and employment opportunities for existing staff. Such a model could provide a positive placement experience for all involved and potentially lead to future intentions that see students choosing to live and work as health professionals in rural areas. The outcomes of this study could also have relevance for other professions in rural settings, such as teaching.

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