

Prosthetic and orthotic student experience in an interprofessional placement: A qualitative study

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Higher education institutions require innovative work integrated learning models to deliver sufficient and appropriate practice opportunities for students. This study describes the experience of an interprofessional placement course by students enrolled in a prosthetic and orthotic degree at a regional university in Australia. Twelve semi-structured interviews were conducted with students, analyzed using reflexive thematic analysis. Students reported the interprofessional placement as beneficial and effective for building foundational health professional skills, such as practicing professional communication, interacting with real clients, understanding other health professional roles, and becoming more acquainted with healthcare work environments. In addition, students reported challenges regarding the lack of understanding by supervisors of the role of prosthetists and orthotists. Given the workforce shortages in prosthetics and orthotics in regional areas of Australia, the interprofessional placement structure was both valuable in managing challenges regarding limited work placement sites, whilst still achieving student learning goals.

Keywords: Work integrated learning, higher education, multidisciplinary, allied health

Work integrated learning (WIL) is a highly regarded component of Australian tertiary education, designed to expose students to the workplace setting, where they are able to apply learned theory into a practical scenario, building on employability skills (Patrick et al., 2009). A variety of WIL approaches, play a crucial role in prosthetics and orthotics education, providing real-world experience and developing professional competencies. While limited research has been conducted on their effectiveness, there is a recognized need for structured WIL with clear expectations to offer diverse clinical experiences aligning skills with the evolving healthcare needs (Spaulding et al., 2020). However, with the demand in WIL activities such as clinical placements expected to increase in Australia, there are concerns with the capacity to sustain WIL opportunities for tertiary education health students (Bowles et al., 2014; McBride et al., 2020). Barriers to sustainability have been identified around resourcing, including the impact of increasing student numbers and the subsequent demand on university staff and industry clinical supervisors to deliver WIL (McBride et al., 2020; Patrick et al., 2009; Rodger et al., 2008).

For the prosthetic and orthotic profession, this is compounded by a workforce shortage. Whilst the prosthetic and orthotic workforce in Australia has grown between 2007 - 2019, the proportion of these professionals compared to the growing population remains below international standards and is unevenly distributed around the country, with particular shortages in regional and remote areas (Ridgewell et al., 2021). Therefore, universities face the challenge in finding sufficient and appropriate learning opportunities for these students, leading to a call for innovation in WIL models (Kay et al., 2019). In Australia, accreditation standards for entry into the prosthetic and orthotic profession mandate that students undergo assessment against entry-level competency standards, often requiring

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completion of extended block placements. Interprofessional WIL opportunities present a potential solution, capable of optimizing placement hours, particularly in regional and remote locations, thereby providing students with valuable experiences in diverse healthcare settings (Longman et al., 2020).

Interprofessional education is defined as when “two or more professions learn with, from and about one another to improve collaboration and the quality of care.” (Hammick et al., 2007, p. 736) or “when members of two or more professions simply learn side by side whatever the purpose” (Hammick et al., 2007, p. 736). For the purpose of this study, the relevance lies in the second definition of interprofessional education. This definition is pertinent in the study context because the primary aim of the interprofessional placement was to provide students with the opportunity to learn valuable professional competencies in the workplace, without the expectation of applying discipline-specific clinical skills. For this reason, the term ‘interprofessional’ is used throughout this paper to refer to the differing health professions represented by students and their supervisors, who learn from each other.

The supervision of an allied health student from another allied health profession has previously been reported as beneficial (Chipchase et al., 2012). Benefits of involvement in interprofessional education, reported from a student perspective, include learning about working as a team (Aggar et al., 2020; Kent & Keating, 2015), gaining a better understanding of their own scope of practice and professional identity (Aggar et al., 2020; Boshoff et al., 2020), learning about other professions (Aggar et al., 2020; Kent & Keating, 2015), improving communication skills (Aggar et al., 2020; Boshoff et al., 2020; Kent & Keating, 2015), increasing confidence in clinical skills (Aggar et al., 2020; Kent & Keating, 2015), being better prepared for interprofessional settings and working in collaboration (Boshoff et al., 2020; Kent & Keating, 2015). Similar to other WIL models, interprofessional placements require sufficient resourcing, including preparation of both students and supervisors for placement (Boshoff et al., 2020).

In the current study, an Australian regional university developed an interprofessional placement learning opportunity for undergraduate students completing a degree in prosthetics and orthotics. The placement aimed to enhance the students' communication skills in conveying client information, increase their exposure to client centered treatment, and deepen their understanding of their professional role and ethical values in a contemporary interprofessional healthcare setting. All students were commencing their final year of study and enrolled in a WIL course offering a non-profession specific placement, scheduled prior to their prosthetic and orthotic specific placement. In the design of the interprofessional placement, experienced allied health professionals from the physiotherapy, occupational therapy, podiatry, and exercise physiology disciplines supervised prosthetic and orthotic students in various private and public healthcare settings for a minimum of 80 hours.

A scoping literature review on interprofessional allied health placements (including sources up to 2018 and inclusive of the prosthetic and orthotic profession in the search), found that studies predominantly focused on occupational therapy and physiotherapy, along with few in social work, pharmacy and speech pathology professions (Boshoff et al., 2020). The research cited in the scoping review largely includes models of interprofessional education placements whereby students collaborate to address a client or group issue using their respective clinical expertise, with students supervised by multiple disciplines, and in some cases, a combination of supervision from their own profession and from those in alternative disciplines (Boshoff et al., 2020). A search of more recent literature also found that there are no known interprofessional prosthetic and orthotic WIL studies. Within the literature more broadly, there is a dearth of research exploring WIL experiences within the prosthetic and orthotic profession, except conference papers that refer to placement challenges and enablers (Spiers & McMonagle, 2021) and training of clinical practice educators (McMonagle et al., 2023). This study

aimed to contribute to filling these research gaps. The aim of this study was to explore the experiences of students studying prosthetics and orthotics at a regional university, who participated in an interprofessional placement that aimed to develop foundational health professional skills and understanding of various allied health roles.

METHODOLOGY

The research employed a constructivist approach, with the goal to explore the experiences and meaning of the interprofessional placement from the perspective of participants, in this instance the students (Cresswell, 2014). Therefore, a qualitative approach was employed using semi-structured interviews as a method to allow students to express their views of the interprofessional placement experience.

Data Collection

Participants

Participants included students in their final year of a health science degree, majoring in prosthetics and orthotics at a regional university in Australia. A purposive sample of students were selected to be involved, based on their completion of an interprofessional WIL course. Participants were known to the course coordinator (BD), and some were supervised in the interprofessional placement by one of the authors (KB). A third researcher from another discipline (KL), unknown to the students and not involved in the course, was involved in the data collection in an attempt to maximize participation and objectivity. Eighteen students were invited to participate in an interview, either individually or in a group. An invitation to participate was sent via email by one of the researchers to all eligible students (KB), along with a research information sheet outlining involvement in the study. Students who agreed to participate were able to either schedule an available time for an interview with KB via an online calendar, or, to maintain anonymity, students who had completed their placement under the supervision of KB were advised to contact KL directly to organize an interview. A reminder email was sent to all eligible participants after several weeks to encourage participation. Participants that agreed to participate were required to complete a consent form prior to the interview.

Method

A semi-structured interview schedule was developed for multiple interviewers to follow. The interview schedule was devised to elicit student experiences of the interprofessional placement using open-ended questions as shown in Box 1. Questions were designed to gain student's broad experiences and reflections on the placement (expectations versus reality, benefits and challenges of the placement), and their perspective of the relevance to prosthetic and orthotic professional practice. Interviews were conducted either in person in a meeting room at the university, or via an online platform (e.g., Zoom) and took between 15 to 50 minutes. With consent, interviews were audio recorded and later professionally transcribed verbatim. Participants had the option to verify their responses prior to data analysis, although no participants requested this option. The transcripts were deidentified and participants assigned a number, in preparation for data analysis. A copy of the interview questions is included in Box 1. Ethics approval was granted by Human Research Ethics at the University of the Sunshine Coast (A191247).

BOX 1: Interview questions.

Interview questions:

- Where was your placement and which services and supervisors were you linked to?
- What were you expecting going into the placement?
- What was different to what you expected?
- Can you provide an example of a time where you saw the relevance of prosthetics or orthotics with the clients you were working with?
- How was the experience of receiving supervision from someone from another profession?
- What opportunities, if any, did you experience where you saw the relevance of what you've learnt at university in the practice setting?
- How would you describe the benefits of taking part in this sort of placement to future students?
- What would you describe as the challenges of taking part in this sort of placement to future students?
- Can you describe any opportunities you had to educate your supervisor (or other staff or clients) on the prosthetist or orthotist role?
- What did you learn about the role of other professions and the process of working with other professions?
- How do you feel this contributes to your preparation for future placements with a prosthetist or orthotist?

Data analysis

Reflexive thematic analysis was used to analyze the qualitative data, as outlined in the six steps by Braun and Clarke (2019). Reflexive thematic analysis was chosen to extend beyond a semantic, 'data reduction activity' to determine a deeper level of meaning and interpretive understanding of the experiences of participants undertaking the placement by adopting a fully inductive approach (Braun & Clarke, 2019), reflective of experiences across all participants (Braun & Clarke, 2021).

The first step included familiarization of the data (Braun & Clarke, 2019), with two authors [BD, KL] reading all interview transcripts and making notes and comments directly on to the transcript documents. Whilst these notes could have been established as codes in themselves, the authors first conceptualized these comments based on what participants had expressed in their interviews, often aligning with the interview questions asked. This semantic level of generating codes was considered as creating domain summaries. This was useful as a starting point to guide and inform the further generation of codes (Braun & Clarke, 2019), using NVivo software to guide the process (QSR International Pty Ltd, NVivo [released 2020]). The two authors first worked independently to derive central organizing ideas, along with regular meetings to discuss and review these perspectives to describe and give meaning to the dataset. This process involved discussing where codes could be collated together under a theme, and the relationship between these themes (Braun & Clarke, 2019). One of the researchers was also the coordinator of the interprofessional WIL course, and this often provided context for interpretation of the data.

The construction of themes was an iterative process, including re-reading the interview transcripts and data collated for each theme to check they were accurately reflecting the theme as intended (Braun & Clarke, 2019). Throughout this process, the two researchers created and adapted a thematic mind map depicting the themes. In parallel to the write up process of each of the themes, the names of themes

were discussed and revised to capture the full comprehensive meaning of the data (Braun & Clarke, 2019).

RESEARCH FINDINGS

Twelve of a possible eighteen students agreed to participate in the study, consisting of seven female and five male students. The thematic analysis identified 10 themes which are outlined below.

Theme 1: Exposure to Interprofessional Practice

According to students, the exposure to interprofessional practice, or other health professionals, was a widely agreed benefit to the placement experience. Students reported that the placement provided the opportunity to learn about the role of other health professionals, as expressed by a student, "... it does sound bad, but I didn't really have a good idea of what other professions did" [Student 11].

Students reported being able to observe how different health professionals interacted with one another and how they communicated and collaborated to discuss client needs, as one student expressed "The benefits are you get an opportunity to see how the professions that you're working with run and work" [Student 1].

As a result of this understanding, students developed a new respect for the roles of other health professionals. Students reported the value of learning about the health system and client care from observing different perspectives and reflected that this not only helped them understand the role of other health professionals, but also reported a growing sense of appreciation towards the benefits of working in interprofessional teams, acknowledging that prosthetics and orthotics were only one profession in a client's care. Students also reported that it was a beneficial opportunity to be exposed to other professions that they will work collaboratively with in the future, feeling more confident to be able to compromise and negotiate in an interprofessional environment. This was perceived as beneficial for future practice so that students as prosthetists and orthotists would be able to understand how they fit into an interprofessional health team, appreciate what other healthcare professionals' roles were in the care of shared clients, and who they might be able to refer their own clients to. As Student 2 reported, "the more you work with those people, the higher a level of understanding you have about their profession, as well as the application that their profession may have with your own clients."

Theme 2: Exposure to Real Clients

Whilst most students initially perceived that the placement was going to be largely observational, many noted the benefit of being exposed to real people with real conditions. The opportunity to observe and practice with real clients was a key aspect to the student reflections of their placement experience. The exposure to real clients was considered beneficial for students to see firsthand a range of conditions and treatments, as well as the opportunity to be 'hands-on' in their placement.

Even though they were not specific to the prosthetic and orthotic discipline, students were exposed to clients with a range of relevant conditions. For example, people with diabetes, foot ulcers, osteomyelitis, neuropathy, Charcot neuroarthropathy, Parkinson's disease, cerebral palsy, limb loss or have had a stroke. This exposure to clients with real conditions was considered extremely valuable. Student 4 highlighted, "for me it was just meeting real people with disability and starting to interact with them in an interpersonal and professional way." Students noted the benefit of seeing conditions

that they had previously only read about in textbooks or learned theoretically, as clarified by Student 10, “but seeing it and reading about it is two different things.”

The exposure to real clients gave students the opportunity to get involved in the assessment and treatment procedures. Students reflected that this was valuable to be exposed to and assess real conditions, which they had previously only learned by testing on each other.

So [the client] let me feel what that feels like. So, it made a lot more sense, that testing and why we do it and what it actually is...Because I – we learn the tests and I could do it, but I didn’t know what it was supposed to feel like scoring wise. [Student 1]

Theme 3: Practice or Observe Communication

Students reported on the opportunity to observe how other health professionals interact with clients. It was widely reported that communication skills were something that was a shared competency across all health professions and therefore very relevant to the skills needed for future prosthetic and orthotic professionals. Students reflected on the different communication skills used by their supervisors and colleagues to communicate with clients with different needs. There were learning opportunities to observe verbal and non-verbal communication, as well as how to manage aggressive client situations.

Students reported one of the main benefits of the placement experience was the opportunity to interact directly with clients and practice or consolidate their communication skills, as expressed by Student 4, “For me it was more about actually speaking to people in the community ...”

Student 3 reflected that focusing on communication skills earlier in the program would be beneficial for future placement experiences, “it sort of prepares you to be able to then think less about the interaction when you go to your prosthetics and orthotics placement.” Students also recognized the value of practicing their communication skills when interacting with their supervisors and other health professionals.

Theme 4: Observe or Learn Clinical Skills

Students discussed the value of observing how other health professionals carry out their professional day to day duties with clients. Students felt that they learned a lot from how other experienced professionals conduct themselves with clients, which helped them to feel more confident in their own client interactions.

It was my first time really being in a client-to-clinician kind of environment so it wasn’t really me trying to use my skills to work things out whereas I was more trying to see how an experienced clinician would actually do their job day-to-day. [Student 8]

Whilst not specific to prosthetic or orthotic clients, students could see the benefit of observing how health professionals approached different clients, for example how they framed questions or advice, as indicated in the example reported by Student 11, “so they did that compromise thing with the patients a little bit to get better compliance.”

Students reported that they could see the relevance and benefit of observing other clinicians undertake client assessments, and rationalize their decisions based on clinical reasoning, along with how they took notes and used these for report writing. Student 2 provided examples such as “...getting a bit

more of an idea of the background of history taking, assessment taking, and also note writing, specifically within a health service.”

Theme 5: Prosthetist/Orthotist Role Within an Interprofessional Team

Students reported that there was limited understanding by other health professionals on the role of a prosthetist or orthotist. Students felt challenged by this, particularly answering questions within the field of prosthetics and orthotics that they were unsure of, whilst simultaneously being in the position where they were explaining the role of a prosthetist or orthotist to other health professionals. The frustration was evident in some responses, such as Student 11, “so it’s a continual battle in a way explaining who we are and what we do.”

There was a sense by students that supervisors were unsure of the scope of practice of prosthetists or orthotists and that exposure to these professions was minimal. The students felt that this lack of understanding might have influenced supervisors to be hesitant in approaching some topics, as they didn’t know whether they were relevant.

Theme 6: Utilising Prosthetic and Orthotic Knowledge to Educate

Students identified valuable opportunities within their placement to share specialized insights and expertise related to the prosthetic and orthotic profession with both their supervisor and the allied health team. In this collaborative environment, students were able to contribute valuable information about specific componentry, share their knowledge regarding the functionality of more complex prostheses and orthoses, and provided their own unique profession-specific perspective. For example, Student 8 commented “So it wasn’t me fully making a prescription or anything, but it was me just offering suggestions of what you could look at...”

Theme 7: Becoming Familiar with the Work Environment

Students reflected that the placement experience was beneficial in exposing them to the healthcare environment. This helped students to feel comfortable with how hospitals and healthcare settings worked, how to interact with other health professionals and having different supervisors. This early exposure to healthcare settings was seen as a benefit going into a discipline-specific placement later in their degree as indicated by Student 9, “it’s almost like setting you up so you don’t have to try to get comfortable in the environment as well as try to learn and apply your skills and everything.”

Theme 8: Supervisor Role is Important

Students found it beneficial that supervisors shared their expertise regarding their own health professional role and perceived it as a valuable opportunity to experience supervision from new perspectives, that they were not necessarily exposed to at university.

If there was a client coming in with orthoses and things, [the supervisor would] get us to come and have a look. [The supervisor] was really good at understanding that while we're not doing the exact same thing as him, it's still beneficial for us to see what he's doing. [Student 4]

However, students also expressed that supervisors were unclear of the student’s role and expectations whilst on the interprofessional placement, which created a challenge for students in gaining learning opportunities. Although some participants reported that the supervisors were open to questions from

students and focused their supervision on shared skills such as providing feedback about communicating with clients.

Theme 9: Learning Without Pressure

One of the benefits highlighted by students was the comfort that they were not expected to apply prosthetic and orthotic knowledge and practice on their clinical placement. Students reflected that this made the placement less daunting and stressful, as indicated by Student 4, “just knowing that you’re not being marked on what you say.” Instead, the students valued the opportunity to ask questions and gain valuable feedback if they wanted to, though under no pressure to demonstrate or share their knowledge of prosthetics and orthotics. Students felt that this opportunity created a comfortable environment for learning, knowing they were not going to be assessed on their application of prosthetic and orthotic knowledge learned so far.

Theme 10: Change in Expectations Over Time

Many of the interviewed students reported feeling initially unsure of what to expect on their placement. A few students expressed that they were unable to see the relevance to their future profession, as commented by Student 9, “I was a little bit apprehensive about the whole thing going into it thinking I’d rather do the P&O fully and [unclear] and just try and get as much experience in that as I can.” However, by the end of the placement experience, many of the students reflected that they had learned a lot and recommended that future students keep an open mind to the learning opportunities in an interprofessional health environment.

DISCUSSION

Overall, the findings of this study demonstrate that an interprofessional placement experience, not focused on discipline-specific clinical competencies, was perceived as beneficial by the participating prosthetic and orthotic students. Whilst the interprofessional placement experience would not be able to replace a discipline-specific placement, it was reported by students as effective for building foundational health professional skills in a healthcare setting.

In agreement with other literature, this study highlighted the benefits of interprofessional placements, including learning about other professions, the value of working collaboratively, and improving the communication skills of students (Aggar et al., 2020; Boshoff et al., 2020; Kent & Keating, 2015). Whilst the findings from this study demonstrate ten themes that reflect the experiences of students, there are valuable insights on how these themes were interconnected in practice. For example, students expressed a high level of value on the opportunity to work with real clients, which gave them opportunity to practice their communication skills, alongside observing aspects of allied health clinical procedures such as client assessments.

In addition, students reported that one of the benefits of the placement was learning and practicing communication skills and becoming more acquainted with the healthcare environment, without the pressure of being assessed on their own clinical application skills. As reported elsewhere, exposure to healthcare workplaces allows students to feel more comfortable and confident to work in other interprofessional settings in the future (Boshoff et al., 2020; Kent & Keating, 2015). The reduced pressure to apply clinical skills was seen as beneficial from a student point of view, although is possibly unique to this placement context. Most other research studies on interprofessional placements are structured for students to apply their discipline-specific clinical skills in an interprofessional healthcare

setting (Boshoff et al., 2020). It is therefore not surprising that students in this study did not report improved profession-specific clinical practice skills, as reported elsewhere (Aggar et al., 2020), given that application of prosthetic and orthotic clinical competencies was not an expectation of the placement structure.

However, whilst previous research has reported that interprofessional placement experiences have improved students' understanding of their own scope of practice and professional role (Aggar et al., 2020; Boshoff et al., 2020), this current study had much more mixed responses. Whilst students reported that they could provide advice using their prosthetic and orthotic knowledge, or explain the role of their future profession, they also perceived a lack of feedback to verify their professional role. Further to this, students also perceived that placement supervisors did not understand the role of prosthetists and orthotists enough to be able to generate opportunities for students to apply their skills or provide them with specific feedback. This led to students feeling like they were the 'experts' on their role, without the opportunity to verify their contributions with a prosthetist or orthotist clinical supervisor. From one perspective, students felt that this was not ideal in building their understanding of their own clinical practices, something that has been reported in other interprofessional placement scenarios (Chipchase et al., 2012). However, the structure of the placement may have generated an important interprofessional education opportunity for allied health professionals to learn more about the role and skills of prosthetists and orthotists. It highlights the need for greater clarity regarding the role and scope of prosthetists and orthotists within the Australian and international healthcare system and consideration for how this could be more explicitly incorporated into the placement structure. This study only included the views of students on this concept and exploring the experiences and perspectives of placement supervisors in their role within the interprofessional placement would provide valuable insight and is recommended in future research.

One of the reassuring and valuable lessons from this study was the change in expectations of the placement experience over the short period of time. Whilst students were initially hesitant about the value of the placement, over time they saw the opportunity as a valuable learning experience, preparing them for their profession-specific clinical placements. It is possible that the change in expectations was a result of misinterpreted expectations at commencement of the course and not necessarily a result of the placement experience. However, students were fully briefed on the expectations prior to the placement experience, yet the findings suggest that these were only fully realized once they were immersed in the placement experience. Despite the learning outcomes remaining the same, future course deliveries have further reinforced the expectations and valuable learnings expected from the interprofessional placement.

In addition to student learnings, the authors also see beneficial findings for the university. Given the workforce shortages in prosthetics and orthotics in regional areas, the interprofessional placement structure as outlined here helps to solve the issue of limited placement sites, whilst still achieving student learning goals. Whilst the placement experience only included prosthetic and orthotic students, allied health professions with similar workforce challenges may consider these findings relevant. Furthermore, the insights from the perspective of students have helped to improve the quality of the interprofessional placement course in future offerings.

Overall, the interprofessional placements provided students with valuable practical experiences, offering exposure to diverse healthcare settings and collaborative teamwork, while also contributing to the enhancement of their communication skills, capacity to develop client-centered treatment plans, and understand their professional role in an interprofessional healthcare team environment. Building

upon these insights, the course continues to offer interprofessional WIL placements. The success of these placements has since been improved through the refinement of the supervisor information package, which clearly outlines the student expectations and supervisor requirements. This adjustment is in line with student feedback, alongside recommendations from prior literature emphasizing the importance of clear expectations and supervisor responsibilities before the delivery of WIL (Boshoff et al., 2020; Nagarajan & McAllister, 2015). Increased clarity regarding the supervisor's role in these interprofessional placements has been pivotal in enhancing the learning experience. Additional improvements in the sequencing of weekly learning activities, including independent study and simulated on-campus sessions, have also been aligned with weekly placement expectations. This approach has contributed to a more successful WIL placement experience, underscoring the importance of clearly defining and communicating the roles and expectations of all involved parties.

There are some strengths and limitations to this study that are acknowledged. Recruitment of participants took place months after the interprofessional placement course. Some student participants had since been involved in further clinical placements and this may have influenced their responses. In addition, it is not known why non-responders did not participate. It is possible that participants had a more positive experience and were therefore more willing to participate in the research. Future research should attempt to include a larger sample size to minimize participant bias. The findings are based only on the student perspective and future research should consider gaining insights from placement supervisors and academic staff involved. Two of the three researchers were involved in the interprofessional placement course. Whilst this may have influenced participation by students, the risk was minimized with the active involvement of an academic not involved in the course who was available to conduct participant interviews. Additionally, the findings may have been influenced by the views of the two researchers involved in the delivery and student supervision in the course given that they often understood the work environment in which the students were on placement. However, the reflexive analysis chosen in the study design identifies this as a potential strength (Braun & Clarke, 2022). The intentional involvement of a third researcher from outside of the course delivery and supervision also contributed to further critical objectivity. Despite the limitations, this research adds to the limited research related to prosthetics and orthotics WIL design and student experiences.

CONCLUSION

Given the workforce shortages in prosthetics and orthotics in regional areas of Australia, the interprofessional placement structure was both valuable in managing challenges regarding limited work placement sites, whilst still achieving student learning goals of the placement. Prosthetic and orthotic students perceived the interprofessional placement experience to be beneficial for building foundational health professional skills. Although not a replacement for discipline-specific placements, the interprofessional experience was perceived to improve students' communication skills and their understanding of collaborative practice in healthcare settings, aligning with previous literature. It is anticipated that these findings may have relevance for other allied health professions facing similar challenges. Further course improvements to clarify the role of supervisors is anticipated to strengthen the quality of the experience. Additionally, further research exploring the views of placement supervisors in the interprofessional placement experience would provide insights into how the experience could be improved and additionally explore opportunities to improve the health literacy of prosthetist and orthotist roles in an interprofessional healthcare setting.

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About the Journal

The International Journal of Work-Integrated Learning (IJWIL) publishes double-blind peer-reviewed original research and topical issues related to Work-Integrated Learning (WIL). IJWIL first published in 2000 under the name of Asia-Pacific Journal of Cooperative Education (APJCE).

In this Journal, WIL is defined as:

An educational approach involving three parties – the student, educational institution, and an external stakeholder – consisting of authentic work-focused experiences as an intentional component of the curriculum. Students learn through active engagement in purposeful work tasks, which enable the integration of theory with meaningful practice that is relevant to the students' discipline of study and/or professional development (Zegwaard et al., 2023, p. 38).*

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, entrepreneurship, student-led enterprise, student consultancies, etc. WIL is related to, and overlaps with, the fields of experiential learning, work-based learning, and vocational education and training.

The Journal's aim is to enable specialists working in WIL to disseminate research findings and share knowledge to the benefit of institutions, students, WIL practitioners, curricular designers, and researchers. The Journal encourages quality research and explorative critical discussion that leads to the advancement of quality practices, development of further understanding of WIL, and promote further research.

The Journal is financially supported by the Work-Integrated Learning New Zealand (WILNZ; www.wilnz.nz), and the University of Waikato, New Zealand.

Types of Manuscripts Sought by the Journal

Types of manuscripts sought by IJWIL is primarily in 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.

Good practice and program description papers. On occasions, the Journal seeks manuscripts describing a practice of WIL as an example of good practice, however, only if it presents a particularly unique or innovative practice or it was situated in an unusual context. There must be a clear contribution of new knowledge to the established literature. Manuscripts describing what is essentially 'typical', 'common' or 'known' practices will be encouraged to rewrite the focus of the manuscript to a significant educational issue or will be encouraged to publish their work via another avenue that seeks such content.

By negotiation with the Editor-in-Chief, the Journal also accepts a small number of *Book Reviews* of relevant and recently published books.

Reference

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