

Health science clinical educators' self-reported knowledge and skills in supporting students-of-concern

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Work-integrated learning (WIL) provides students with essential practical experience, crucial to health professional education. Rising numbers of students-of-concern during clinical placements (placements) have increased the need for clinical educators (educators) to offer support. The definition of students-of-concern adopted in this paper are students who may be at risk of worsening mental health which interferes with their ability to be successful at university. This study investigated Australian health science educators' knowledge and skills in supporting students-of-concern on placement and identified resources to assist. Overall, 127 survey responses were collected. Most respondents felt confident identifying (81.8%) and supporting (71.4%) students-of-concern but lacked training in supporting students-of-concern (n=87/122, 71.3%). Less than half of the respondents felt supported by their workplace (n=44/126, 34.9%) and university partners (n=59/126, 46.9%). Enhanced educator training in supervising students-of-concern and ongoing institutional support is recommended to promote a proactive and preventative approach to student wellbeing.

Keywords: Clinical placement, health educators, clinical supervision, mental health, education

Work-integrated learning (WIL) provides students with opportunities to build behaviors and professional skills in a range of workplace settings (Furness, 2021). WIL plays a pivotal role in the delivery of quality healthcare professionals in Australia (Universities Australia, 2022) by allowing students to apply theoretical knowledge from the classroom and translate this into practical skills through real patient scenarios (Nyoni et al., 2021) – in-line with professional registration requirements and their clinical careers.

WIL is an educational approach incorporating a focus on authentic workplace learning and may look different in various settings as is relevant to the students' discipline of study (Zegwaard et al., 2023). In pre-registration health science programs in Australia, placement-based WIL may include full time and part time block placements ranging from one to eighteen weeks. These WIL placements are generally compulsory, unpaid and may be in a range of settings as is relevant to the profession including but not limited to, hospitals, private healthcare providers, schools, and gyms. Additionally, these WIL placements may take place both locally and in a rural setting. Central to the success of WIL programs are educators. In pre-registration health science programs, these educators are external stakeholders, employed externally to universities within placement sites, and are responsible for the practical training

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and supervision of students when on during their WIL placements (Courtney-Pratt et al., 2012; Hussain et al., 2011; Williams & Decker, 2009). Effective facilitation of student placements has positive impacts on students' learning, their mental health and their overall experience (Abbott et al., 2020; Jeyandrabalan et al., 2022; Soniassy et al., 2025). Educators need to build effective working relationships with their students and manage problematic aspects of their performance through effective communication and feedback (Brady et al., 2019; Burgess et al., 2020; Cleak et al., 2022; Courtney-Pratt et al., 2012; Jeyandrabalan et al., 2022). Quality supervision also aims to foster a sense of inclusiveness and belonging for students; allowing for them to be a part of the placement site team (Jeyandrabalan et al., 2022; Levett-Jones & Lathlean, 2008; McIntosh et al., 2014; Shivers et al., 2017).

Wellbeing during WIL is an area of increasing focus (Gillett-Swan & Grant-Smith, 2018; Hay & Fleming, 2025). Challenges of balancing academic work, WIL requirements and pressures, and personal responsibilities can trigger or exacerbate mental health issues for university students (Girn et al., 2022; Kremer et al., 2016). The term 'students-of-concern' is used in this paper to describe students, who may be at risk of worsening mental health, including risk of suicide and/or self-harm, which interferes with their ability to be successful at university, aligned with the definition used by The University of Sydney's wellbeing services. Universities are exploring strategies to identify and support students-of-concern (Brewster et al., 2022; Grøtan et al., 2019) leading to a recent nation-wide university policy and procedural recommendations to advise staff on improved support strategies (Browne et al., 2017). In WIL, this also extends to training external educators who provide support to students-of-concern during placement (Bell et al., 2024; Browne et al., 2017; Jeyandrabalan et al., 2022).

In a study among Australian university students aged 18-25 years, 65% reported high levels of psychological distress (Browne et al., 2017). Health science students may also find placement experiences emotionally difficult, which may arouse negative feelings (Girn et al., 2022; Kremer et al., 2016). Possible causes for such emotions include being confronted by severe illness and death, witnessing unprofessional behavior by clinicians (Weurlander et al., 2018), and fear of making mistakes (Alzayyat & Al-Gamal, 2014). Findings from several studies in paramedicine, nursing, and medicine reveal that students experience emotional challenges when caring for patients in the clinical environment (Alzahrani et al., 2023; Jack & Wibberley, 2014; Kremer et al., 2016). One study reported that 37.5% of student respondents from occupational therapy and audiology had symptoms of impostor syndrome and 15.3% were at risk of psychological distress due to compassion fatigue (Schmulian et al., 2020). Another international study reported that students, particularly female identifying, undertaking WIL are more likely to experience symptoms of anxiety than their non-WIL counterparts (Drysedale et al., 2016).

While the role of a WIL educator may differ across contexts and often encompasses aspects of administrative, educative, and supportive functions (Siggins Miller Consultants, 2012), it is the supportive aspect related to students' mental health that allows for them to make sense of emotional content during their WIL placements. It is likely that educators will be the first to observe decline in student mental health during placement and students need support to manage psychological distress whilst they develop their professional identity and ability to deal with difficult situations.

As educators play an important role in student support during WIL placements, it is crucial to investigate their perception and self-reported ability to undertake this role. It is clear that further research is needed to explore educators' experiences in supporting students-of-concern on placement and to determine the most beneficial formal training initiatives, including the format these initiatives should take (Armstrong-James et al., 2020; Courtney-Pratt et al., 2012; Girn et al., 2022; Jeyandrabalan

et al., 2022). This study aimed to investigate the self-reported knowledge and skills of Australian health science educators in supporting students-of-concern on placement, and to identify possible resources that may assist them in doing so.

METHODS

Study Design and Ethical Considerations

This was a descriptive cross-sectional study, suitable to obtaining insight into educators' perceptions of their knowledge, skills and challenges when supervising students-of-concern. The study design provided an opportunity to describe and quantify educators' current perceptions, across various healthcare professions. Educators' insights aimed to provide a snapshot for future planning and interventions. An online survey (conducted via Qualtrics) was used to explore health science educators' self-reported knowledge and skills in supporting students-of-concern on placement. The online survey format offered wide outreach and accessibility to targeted study participants, while being cost-effective and easy to create and implement (Shiyab et al., 2023). The survey included a participant information statement, describing the study and specifying that the survey was anonymous and voluntary. Consent to participate was via survey submission. Ethical approval to conduct the study was obtained from The University of Sydney Human Research Ethics Committee (Project number: 2022/847).

Participants and Recruitment

Educators in the disciplines of medical radiation sciences, physiotherapy, occupational therapy, exercise and sports science, exercise physiology, speech pathology and health professions with registration under the Australian Health Professions Regulatory Agency (AHPRA) or Exercise & Sports Science Australia (ESSA) were invited to participate in the study via email invitations or advertised through professional bodies. The survey was open from October 2023 to April 2024, during which time a reminder was sent. Regarding inclusion criteria, there were no restrictions on demographic characteristics such as place of work, age, or gender.

Measures and Data Collection

The online survey was developed by the research team guided by current literature on student support during placement and the objective of the study (Alzahrani et al., 2023; Armstrong-James et al., 2020). The survey structure and content were piloted by academic staff from The University of Sydney external to the research team before distribution. The survey included three distinct sections and 20 questions in total, including the definition of the term 'students-of-concern' adopted for this study. The first survey section included demographic questions (gender, age range, experience, profession, rurality, state/territory, clinical setting, and role in WIL) to profile respondents' characteristics. The second section of the survey asked respondents about the role of academic staff and educators in supporting students-of-concern on placement. Participants also indicated their level of agreement via a 5-point Likert scale with response options ranging from 'strongly disagree' to 'strongly agree', regarding their confidence in identifying and supporting students-of-concern on placement, availability of support/assistance from their workplace and university partners, and self-reported knowledge and skills in doing so. This section also asked participants whether they have had

experiences with students-of-concern (with the option to elaborate, if unsure), and open-ended responses regarding the role of university staff and dedicated educators in supporting students-of-concern. In the third section, participants were asked about their training in identifying and supporting students-of-concern; provide a ranking (one to nine – most to least helpful) for pre-determined training initiatives ranging from a dedicated mental health first aid support person, formal qualifications, workshops (both face-to-face and online formats with varying durations), and multiple self-directed modules (varying durations); and open-ended answer fields to gather feedback on training needs, topic areas, and potential improvements.

Data Analysis

Participants' responses were imported into IBM Statistics SPSS Version 29 and Microsoft Excel where the data was screened for incomplete responses (i.e., responses without any input). The total number of participants answering each question was used, and the results reported accordingly. Demographic data was analyzed descriptively using frequency of percentage responses to describe the participant sample. Likert scale data (and all subsequent data) was combined, as a descriptive study the intent was not to compare results between different profession groups. Likert scale responses were collated per survey question, and percentages for each response option calculated. Participation in formal training initiatives were descriptively analyzed, and a Chi-Square Test of Independence was run to determine if there was an association between confidence in identifying students-of-concern and formal training data. The ranking question was analyzed using the Friedman Test (Friedman, 1937) and Kendall's W coefficient of concordance (Kendall & Smith, 1939), the mean rank was determined to rank the nine training initiatives and to determine the agreement level respectively (Pereira et al., 2015). Post hoc tests were not required as the aim was not to examine where the differences occur between the pre-determined training programs (Pereira et al., 2015). The open-ended questions were analyzed using content analysis in accordance to Bengtsson (2016) where each educator responses were (1) decontextualized to understand the data and identify meaning units, (2) recontextualized to include the most relevant content, (3) categorized to identify homogenous groups and bring subjects together, and (4) compiled to draw realistic conclusions. Four authors (JJL, FG, LDM, YAJ) independently coded data for the first 20 participants. Following this, the remaining data was coded by one author (JJL), who continued to meet regularly with the team to discuss coding decisions.

RESULTS

Respondent Characteristics/Participants

A total of 127 valid responses were returned with most respondents answering all questions of the survey. The response rate cannot be calculated precisely based on the recruitment strategy, as the number of educators who received the invitation cannot be calculated. Respondents' demographic characteristics are shown in Table 1. Majority of respondents were below the age of 60 ($n=121/127$, 95.3%), and more females ($n=93/127$, 73.2%) completed the survey compared to males ($n=33$, 26.0%). Approximately one-third of participants reported 21+ years of professional experience in their respective disciplines ($n=42/127$, 33.1%). Most respondents ($n=75/127$, 59.1%) were occupational therapists ($n=42/127$, 33.1%) and physiotherapists ($n=33/127$, 26.0%). Most respondents practiced in New South Wales ($n=109/127$, 85.8%), work in the public hospital system ($n=76/127$, 55.5%), and in a metropolitan area ($n=94/127$, 74.0%). Less than half of respondents were in dedicated educator

positions ($n=58/127$, 45.7%) and most respondents regularly spent time working with students on placement ($n=64/127$, 50.4%). While most respondents have supervised students-of-concern ($n=79/127$, 62.2%), a small number were unsure if they had done so ($n=9/127$, 7.1%). Possible concerns raised by participants include student disclosure issues ($n=6$, 54.5%), anxiousness ($n=2$, 18.2%), or external life pressures/diagnosed mental health conditions ($n=3$, 27.3%), as detailed in Table 2.

TABLE 1: Survey respondent demographics ($n=127$).

Attribute	Component	Count (n)	Percentage (%)
Age	20-29	25	19.7%
	30-39	38	29.9%
	40-49	36	28.4%
	50-59	22	17.3%
	60-69	5	3.9%
	70+	1	0.8%
Gender	Male	33	26.0%
	Female	93	73.2%
	Non-Binary/Gender Diverse	1	0.8%
Professional Experience (years)	0-5	19	15.0%
	6-10	29	22.8%
	11-15	22	17.3%
	16-20	15	11.8%
	21+	42	33.1%
Profession	Medical Radiation Sciences	27	21.3%
	Exercise Physiology/ Exercise Sports Science	16	12.6%
	Physiotherapy	33	26.0%
	Occupational Therapy	42	33.0%
	Other	9	7.1%
States/Territories of Practice	Australian Capital Territory	3	2.4%
	New South Wales	109	85.8%
	Queensland	5	3.9%
	South Australia	3	2.4%
	Victoria	3	2.4%
	Western Australia	4	3.1%
Clinical Setting*	Private Hospital	4	2.9%
	Public Hospital	76	55.5%
	Private Practice/Business	31	22.6%
	Community Setting	15	10.9%
	Non-Government Organisation	5	3.6%
	Aged-Care Facility	3	2.2%

	Other	3	2.2%
Rurality of Practice	Metropolitan	94	74.0%
	Regional	20	15.7%
	Rural	11	8.7%
	Remote	2	1.6%
Dedicated Educator Position	Yes	58	45.7%
	No	67	52.8%
	Did not respond	2	1.6%
Time working with students	Always	28	22.0%
	Regularly	64	50.4%
	Occasionally	33	26.0%
	Almost Never (N.B. not never)	2	1.6%
Supervised students of concern	Yes	79	62.2%
	No	39	30.7%
	Unsure	9	7.1%

* Some respondents work in multiple settings resulting in more than 127 responses.

TABLE 2: Reasons provided by educators who reported being unsure if they had supervised a student-of-concern (n=9).

Content	Description	Example	Frequency (n)	Percentage (%)
Student Disclosure	Responses that mention student disclosure.	"No student has necessarily opened up about it" (P-31)	6	54.5
Life Pressures/ Diagnosed Mental Health Conditions	Responses that imply students are overwhelmed or have mentioned they have a confirmed diagnosed mental health condition.	"I have had students in the past who have identified significant external life pressures and/or diagnosed mental health conditions..." (P-35)	3	27.3
Anxiousness	Responses that mention anxiousness.	"Some students may seem anxious..." (P-126)	2	18.2
Total			11	100.0

Role and Confidence in Supporting Students-of-Concern

As shown in Figure 1, most respondents indicated they felt confident identifying students-of-concern ($n=103/126$, 81.8%) and the needs of students in relation to their wellbeing ($n=102/126$, 80.9%). Only 34.9% agreed or strongly agreed that their workplace has clear guidelines for managing students-of-concern ($n=44/126$). Many respondents agreed or strongly agreed ($n=59/126$, 46.9%) regarding feeling supported by university partners when facilitating a student-of-concern and to knowing their limitations when supporting students-of-concern ($n=115/126$, 91.2%). A majority of participants ($n=90$, 71.4%) believe they have the skills required to support a student-of-concern on placement.

In an open-response section, 122 participants (96.1% response rate) responded to the question about the main responsibilities of university academic staff in supporting students-of-concern. There were a total of 171 quotes coded from responses, as summarized in Table 3. The coded responses indicated that participants' perceptions of the two main responsibilities of university academic staff in supporting students-of-concern are to manage/develop a student support plan ($n=65/171$, 38.0%) and provide general ongoing support for students ($n=51/171$, 29.8%). While similar in nature, the differentiator between these two responsibilities is that the management/development of a support plan involves creating individualized interventions and accommodations for students, whilst general ongoing support focuses on regular check-ins and basic support without requiring significant adjustments.

FIGURE 1: Self-reported confidence and support in managing students-of-concern (n=126).

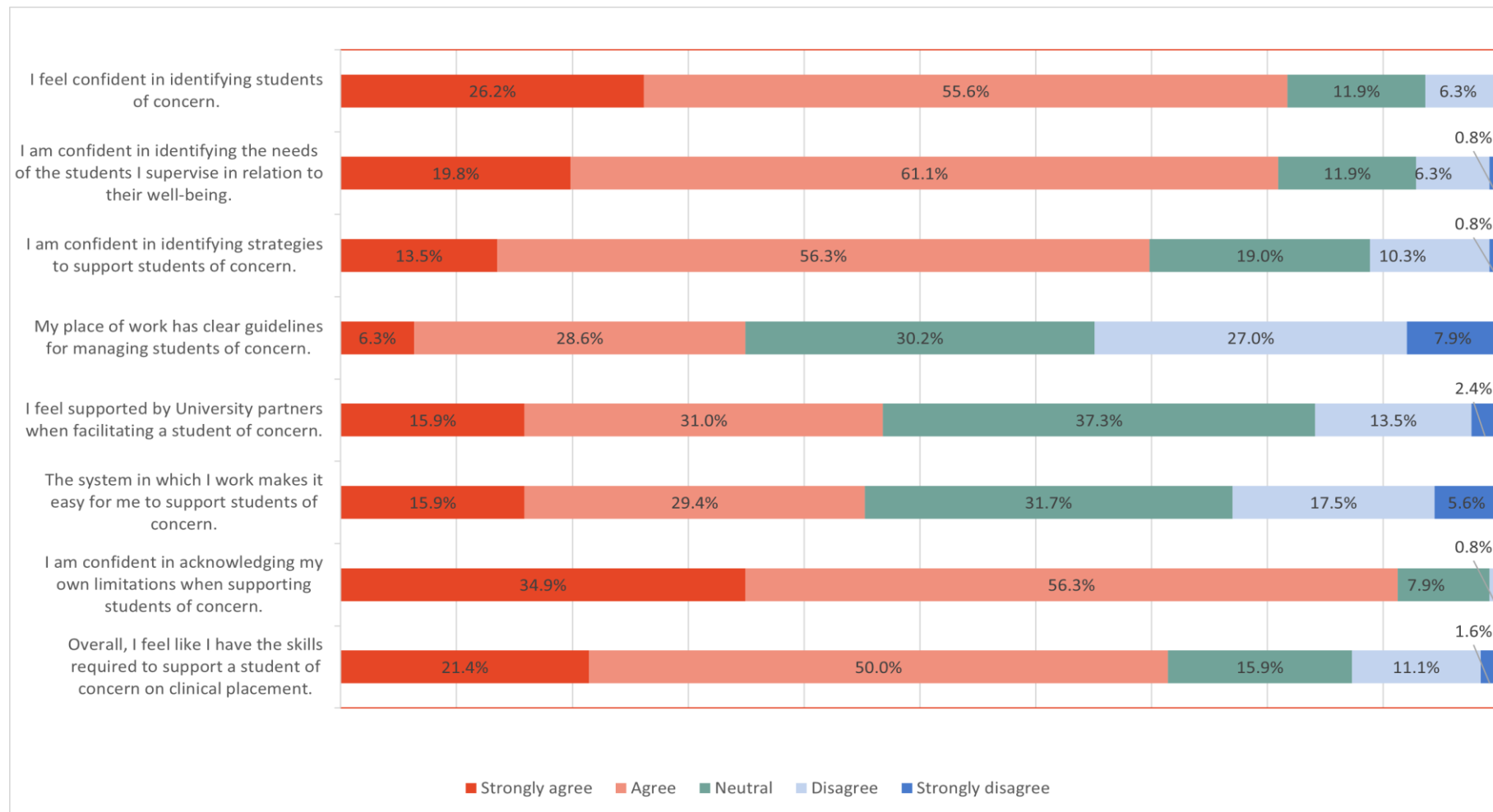


TABLE 3: Educators' perceptions of university academics' role in supporting students-of-concern on placement (n=122).

Content	Description	Example	Frequency (n)	Percentage (%)
Managing/Developing Student Support Plan	Accommodations or further interventions are required. More attention required as opposed to general ongoing support code. More thorough checking in process – requires more attention. Accommodations or further interventions warranted.	“To be aware that the student is struggling and to be flexible in providing a solution to their [clinical] placement in supporting the student to be as well and safe as possible.” (P-25)	65	38.0
General Ongoing Support	Ensuring students are okay and providing support as required. No major accommodations or further interventions required based on an initial assessment of the student's concerns.	“I feel the university has a role to ensure regular check-ups on their wellbeing...” (P-29)	51	29.8
Communication and Collaboration	Communication and collaboration between students, academics, and/or educators to ensure issues can be addressed and managed.	“Liaising with the student and educator about the concerns, assisting the student to identify issues and develop strategies to manage concerns” (P-91)	18	10.5
Preparation for Placement	Responsible for ensuring students are prepared to face the placement environment.	“To better prepare them for the rigors of full-time work as part of placement. To better	13	7.6

prepare them clinically so they have resilience.” (P-79)

Resources/Education	Provide resources/education for either students to support themselves or educators to support students	“Providing students with resources to address and manage their mental health on placement, to provide supervisors with support for students with additional needs” (P122)	13	7.6
Placement Site Visits	Responses that mention site visits/in-person meetings.	“...ideally an in person visit” (P-112)	6	3.5
Interventions for Students at-risk of Failing	Providing assistance and support with students at-risk of failing.	“Supporting supervisor and student including assistance with failing student where unable to meet placement goals.” (P-48)	4	2.3
Reviewing Safety of Placement Sites	Mentions the need to ensure placement sites are safe places for students.	“...review the safety of placement sites” (P-29)	1	0.6
Total			171	100.0

In another open-response section, 122 participants (96.1% response rate) responded to the question about their role in supporting students-of-concern. There were a total of 207 quotes coded from responses, as summarized in Table 4. Most commonly, educators identified that their role required them to provide guidance and advice to support students-of-concern ($n=113/207$, 54.6% of total quotes). A small proportion of quotes mentioned collaboration with university partners to support students-of-concern ($n=59/207$, 28.5%). However, five quotes mentioned that competing priorities limits their capacity to provide support to students during WIL (2.4%). (Table 4).

TABLE 4: Educators' role in supporting students-of-concern on placement ($n=122$).

Content	Description	Example	Frequency (n)	Percentage (%)
Ongoing Student Support	Checking in with the student and being able to help/provide support, advice, and/or assistance.	"Provide direct support to the student to facilitate achievement of placement goals" (P-48)	113	54.6
Informing University	Informing/liasing with university partners regarding concerns that may exist.	"...act as a link between the student and the university to ensure student gets the correct support" (P-7)	59	28.5
Mentoring/ Role Model for Students	Mentions/implies learning opportunities or mentoring moments.	"Provide opportunities to implement OT skills in a safe environment, opportunities to reflect on performance, support clinical reasoning" (P-60)	16	7.7
Student Safety	Responses implying/mentioning student safety.	"Provide a safe and supporting learning environment" (P-89)	8	3.9
Complexities of the Workplace	Responses that mention/imply navigation of one's future career/profession/workplace.	"...ground students in the workplace to prepare them for the real-world experience of their chosen career" (P-2)	6	2.9
Competing Priorities	Mentions other concerns competing with students learning or supporting students-of-concern.	"...competing priorities ... client wellbeing, quality service delivery" (P-59)	5	2.4
Total			207	100.0

Training Background(s) in Identifying or Supporting Students-of-Concern

The concepts of 'identifying' and 'supporting' students-of-concern have distinct functions, and formal training may be similar in nature but differ in the objectives. Most respondents did not have formal training in identifying individuals-of-concern ($n=93/124$, 75%) or supporting individuals-of-concern ($n=87/122$, 71.3%) as shown in Figure 2.

Participants who indicated that they had undertaken formal training had completed student educator training and/or mental first aid/suicide prevention training. Some respondents also had general/personal encounters/experiences that they indicated bring lived experience to the identification and support for individuals-of-concern. (Table 5). The association between the variables, while not statistically significant, showed a positive association and approaching statistical significance with the Chi-Square Test of Independence ($\chi^2(3, N=124) = 7.368, p = .061$).

FIGURE 2: Formal training in identifying and supporting individuals-of-concern.

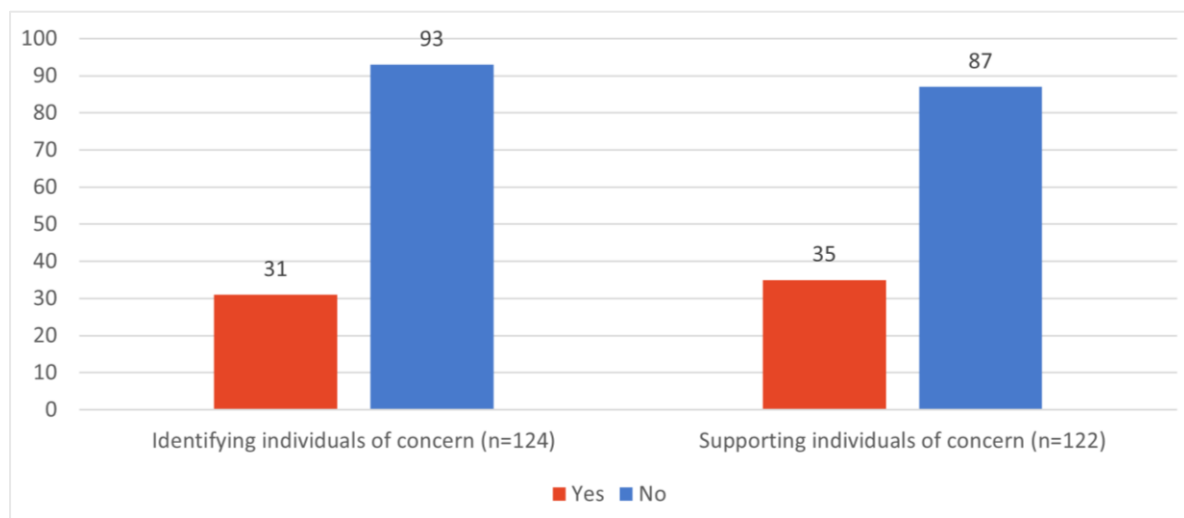


TABLE 5: Training initiatives for respondents who had completed formal training related to identifying and supporting students-of-concern.

Training Initiative	Identifying	Supporting
	Frequency* (n=31)	Frequency* (n=35)
Student Educator Training	12	16
Mental Health First Aid/Suicide Prevention	12	11
General/Personal Encounters/Experiences	7	10
University Course	3	6
In-House/Work-Related Training	3	1

* Some respondents have completed multiple training types

The agreement among the respondents ($n=121$) in ranking nine pre-determined training initiatives was evaluated using a Kendall's W test. The mean ranks show that respondents believe having a dedicated mental health first aid support person to be the most useful resource, whilst training initiatives with longer duration were ranked between six to nine inclusively (Table 6). The analysis revealed a Kendall's $W = 0.275$ indicating a weak to moderate agreement among respondents. The Chi-Square Test as part of the Friedman Test yielded statistically significant results ($\chi^2(8, N=121) = 265.851, p < .001$).

TABLE 6: Training initiatives related to identifying and supporting students-of-concern ranked from most useful to least useful by study participants ($N=121$).

Ranking	Training Initiative	Minimum Rank	Maximum Rank	Mean Rank	Standard Deviation
1 (Most Useful)	Dedicated Mental Health First Aid Support Person	1	9	3.61	2.637
2	Face-to-face Workshop (1-2hrs)	1	8	3.69	1.871
3	Resource Toolkit (Online or Hardcopy)	1	9	3.84	2.463
4	Online Workshop Live (1-2hrs)	1	9	3.89	2.061
5	Self-directed Online Module (1-2hrs)	1	9	4.69	2.327
6	Face-to-face Workshop (8+ hrs)	1	9	5.15	2.348
7	Online Workshop Live (8+ hrs)	1	9	5.98	1.727
8	Self-directed Online Module (8+ hrs)	1	9	6.52	1.992
9 (Least Useful)	Formal Qualification	1	9	7.62	2.289

Open-ended questions regarding further training or resources and indicated educators would value a resource toolkit to reference ($n=20/71, 28.2\%$) (Table 7). Educators also suggested that accessing information regarding a student's history (including their academic knowledge, past placements, and their wellbeing) before their placement would help them prepare and tailor their support ($n=12/71, 16.9\%$) (Table 7). The two most important topic areas for such training resources identified from educators include the identification of students-of-concern ($n=63/215, 29.3\%$) and the development of practical strategies to support these students ($n=60/215, 27.9\%$) (Table 8). To improve the quality of supervision for students-of-concern, educators highlighted the importance of being readily available to provide support ($n=22/101, 21.8\%$) and emphasized the necessity of additional training to better support these students ($n=18/101, 17.8\%$) (Table 9). Respondents also mentioned the need for both clearer guidelines regarding their role and responsibilities in supporting students-of-concern ($n=15/101, 14.9\%$) and collaboration with various stakeholders to work through challenges and provide students with support where required ($n=17/101, 16.8\%$) (Table 9).

TABLE 7: Further training or resource suggestions to help educators support students-of-concern (n=55).

Content	Description	Example	Frequency (n)	Percentage (%)
Resource Toolkit	Referring to a collection of resources available at hand.	"Understanding the existing services (from university, health or other mainstream services) for students-of-concern; how accessible they are and their scope of service etc." (P-36)	20	28.2
Support Contacts/Referring to Professionals	Contacts that at-risk students can reach out to for support.	"Being able to contact the placement team at the university and get immediate advice / support..." (P-40)	14	19.7
Student History	Having information regarding a student prior to placement to prepare sites in advanced.	"Knowing individual student history (including types of previous placement, academic knowledge level) would be much appreciated to design learning curve of each placement and to evaluate student goals prior to orientation" (P-5)	12	16.9
Preparation for Placement	Responses that allude to the need to be proactive and prepare for such situations.	"Is mental health status part of prep for placement -? proactive rather than reactive when on placement" (P-98)	9	12.7
Student Supervision Training	Suggestions that make reference of educators needing training in student supervision and/or mental health-related training.	"The university offering training for supervisors in their first/second year of taking students." (P-62)	8	11.3

Content	Description	Example	Frequency (n)	Percentage (%)
Systemic Changes to Supervision Policy	Respondents referencing or alluding to supervision policy.	“Procedure and policy from uni[versity] regarding process of addressing concern and subsequent remediation” (P-81)	2	2.8
Student Feedback Form	Reference to student feedback form	“As part of the mid and final assessment, there should be a section where the supervisor is encouraged to ask the student if they are okay and ask if there were any moments where they felt overwhelmed. The students could also be asked this as part of their mid and final reflection reports.” (P-6)	2	2.8
Escalating with University – Meetings	Meetings with university to discuss options moving forward	“Formal scheduled meetings with the University during placement to discuss progress and strategies” (P-60)	2	2.8
Unsure/Nil	Respondents that had no feedback to give or were unsure.	“Nil” (P-9)	2	2.8
Total			71	100.0

TABLE 8: Important topic areas to cover in training or resources for supporting students-of-concern (n=106).

Content	Description	Example	Frequency (n)	Percentage (%)
Identification	Specifically looking into how to identify students-of-concern.	"How to identify students-of-concern..." (P-29)	63	29.3
Developing and Deploying Strategies	Responses that mentioned developing strategies and putting them to practice.	"Identifying and implementing strategies..." (P-102)	60	27.9
Responding to Students-of-concern	Responses that wanted to know how exactly to engage with or support students-of-concern.	"...having difficult conversations with them" (P-41)	30	14.0
Roles and Responsibilities	Responses wanting clearer guidelines as to the role descriptions and responsibilities each role has in supporting students-of-concern.	"... scope when it comes to providing support" (P-117)	20	9.3
Available Resources	Identifying available resources that may be useful for at-risk students to receive from educators.	"... Appropriate resources to direct the student to" (P-120)	15	7.0
Student Support Plan	Related content to accommodations or interventions for students if at-risk.	"...how to modify placement accordingly" (P-100)	14	6.5
Psychological safety	Responses that relate to building a safe space for at-risk students.	"...how to gain trust and effectively show empathy..." (P-1)	13	6.0
Total			215	100.0

TABLE 9: Other resources or changes to improve the quality of supervision for students-of-concern (n=72).

Content	Description	Example	Frequency (n)	Percentage (%)
Support Availability	References to support or time to provide support and advice.	"I like to let our students know that I am here for them for support and am willing to help throughout their whole learning and not just for the [clinical] placement at this site." (P-1)	22	21.8
Training for educators	Explicitly mentions training or topics that are covered within training to help educators better support students-of-concern.	"Mental health first aid course for all educators." (P-18)	18	17.8
Academic/Educator Meetings	Various stakeholders communicating and collaborating to work through challenges and provide support where required.	"Regular communication between University and [clinical] educator" (P-80)	17	16.8
Roles and Responsibilities	Responses wanting clearer guidelines as to the role descriptions and responsibilities each role has in supporting students-of-concern.	"...Being aware of how the supervisor and university will support the student." (P-38)	15	14.9
Student Disclosure/Student History	Responses mentioning issues surrounding student disclosure/Sites obtaining information regarding a student prior to placement.	"...Encouraging students to share their needs and past experiences/strategies with us ahead of time would be very helpful for planning and management." (P-53)	14	13.9

No Improvements	Explicitly mentions that they have nothing to add to the question being asked.	“Not at this stage” (P-66)	7	6.9
Tailored Supervision/Adjustments to Placement	Mentions adjustments to placements for at-risk students.	“Tutorial based learning to complement placement if concerns exist” (P-45)	5	5.0
Clinical Placement Site Screening	Ensuring placement sites are well equipped with available resources and expertise to support all students (including students-of-concern)	“Future placement options for the student need to be evaluated to ensure that the site has appropriate staffing levels and expertise to support the student. If a placement site is very busy with staffing level shortages, then it could be difficult for the supervisors to provide the required level of care.” (P-123)	3	3.0
Total			101	100.0

DISCUSSION

This study examined the self-reported knowledge and skills of Australian health science educators in supporting students-of-concern on placement.

Neutral was the most popular response amongst participants regarding the clarity of workplace guidelines ($n=38/126$, 30.2%) and support from university partners ($n=47/126$, 37.3%), whilst there was a more positive response to their own knowledge and skills in identifying and supporting students-of-concern (majority in agreement >70%) as shown in Figure 1. Hence, while most participants expressed personal confidence in their capabilities, the findings reveal a concerning disparity between individual preparedness and perceived institutional or systemic support. This misalignment is evident in the preference for neutral responses regarding organizational clarity and university support. Such results highlight a structural gap; educators may feel confident in their personal judgement, but are often unsupported by consistent guidelines or dedicated institutional resources.

This may suggest a perceived lack of institutional support for educators to support students-of-concern. These findings echo broader calls in the literature for systemic reforms to clinical education environments, specifically emphasizing shared responsibility among universities, health services, and educators (Bell et al., 2024). Moving forward, establishing formalized, co-designed support systems and frameworks that integrate university and workplace efforts could bridge this gap. One approach could involve developing joint university-health service supervision guidelines, accompanied by clear referral pathways and proactive student support structures that reduce the burden on individual educators. The need for support from organizational stakeholders is apparent and warrants further investigation.

Despite limited formal training, 75% had no prior education in identifying students-of-concern, and 71% had no prior education in supporting them; educators reported high confidence in managing these situations. This paradox may be explained by the high levels of professional experience in the cohort, suggesting experiential learning as a critical, albeit informal, mode of skill development. For example, physiotherapy educators' confidence in supporting fitness to practice issues significantly increased with years of experience (Lo et al., 2017). However, some Australian educators are known to feel ill-prepared for their role due to a lack of adequate training and difficulties in accessing support during WIL (O'Brien et al., 2019). Educators, as part of their responsibilities, should enact a supportive role for students to make sense of their emotional wellbeing (Siggins Miller Consultants, 2012). As suggested by educators in the current study (Table 8), this gap may be mitigated through dedicated training initiatives, with focused content on identifying and responding to students-of-concern. However, overreliance on experiential knowledge raises questions about the consistency and equity of support students receive, particularly from less experienced educators or in under-resourced settings (Amimaruddin & Rudiatladrin, 2021). This points to the need for structured, scalable training programs that are both evidence-informed and context-specific. Future research should therefore move beyond describing educator confidence to evaluating the actual efficacy of support strategies employed in practice. For instance, do students supervised by experienced but untrained educators receive comparable support to those supervised by trained educators? Do educator perceptions of preparedness translate into effective action, and how does this affect student wellbeing and placement success?

One significant challenge raised in both the quantitative and qualitative data was the tension between student disclosure and educator preparedness. Many educators noted that their ability to support

students was hindered by a lack of insight into students' mental health or learning needs. Respondents suggested that knowing a student's history (including any mental health related information and disclosures) would be useful. However, this approach raises ethical questions and concerns about student privacy, which may also have legal implications if universities disclose student information without consent, or if students choose not to disclose personal information (Allott et al., 2013; Farrer et al., 2013; Kilminster & Jolly, 2000; Lo et al., 2017). A recommendation is to ensure balance between empowering educators to implement preventative and proactive strategies to accommodate students-of-concern whilst also being respectful of students' views about disclosure. Strategies could also focus on student confidence to disclose their learning and health needs. Rather than focusing solely on disclosure, future interventions should prioritize creating psychologically safe environments where students feel empowered to share concerns early and voluntarily. Universities could also explore opt-in support plans that allow students to share relevant information with clear boundaries and consent processes. Further exploratory research into piloting interventions or strategies that incorporate students' voices may prove valuable.

Educators indicated a preference for short, expert-led training initiatives that are easily accessible and directly relevant to their roles. The data also highlighted competing demands that limited their ability to attend lengthy or generalized training sessions. This indicates that future professional development should adopt micro credentialing or modular learning formats. Integrating training into existing continuing professional development (CPD) requirements or educator onboarding could normalize these expectations and lower access barriers.

In conjunction with other resources or changes to improve clinical supervision for at-risk students, one-quarter of respondents ($n=18/72$) suggested the need for educators to participate in training with some suggesting it should be mandatory. Mental Health First Aid is one such formal training initiative that aims to provide better initial support for individuals who are developing or experiencing poor mental health, and has been reported to be effective in increasing participants' knowledge of mental health, decreasing negative attitudes towards individuals-of-concern, and increasing help-providing behaviors (Hadlaczky et al., 2014; Kitchener et al., 2017; Morgan et al., 2018; Obuaku-Igwe, 2022). A customized Mental Health First Aid program dedicated to make training accessible and relevant reported in Canada showed that physiotherapy educators' knowledge and confidence improved significantly ($p<.001$) and has increased their intentions of providing help to individuals of need (Lo et al., 2023). Such programs should be adapted for the Australian context through co-design with educators, students, and mental health professionals. Research evaluating the longitudinal impact of these programs on student outcomes, educator burden, and team culture would provide critical evidence for scaling and policy change.

Finally, institutions should recognize that improving support for students-of-concern is not solely the responsibility of educators. Organizational commitment is required to provide protected time for supervision, clear escalation processes, and integrated wellbeing frameworks. A national educator support strategy, similar to accreditation or credentialing frameworks, may provide consistency and legitimacy to this evolving area of practice.

Adopting a tailored approach similar to that of Lo et al. (2023) for training Australian educators could enhance supervision for at-risk students serving as a proactive and preventive strategy to maximize support and safeguard student wellbeing.

Limitations

This study has several limitations. It was found that most respondents worked in New South Wales (n=109/127, 85.8%), and in metropolitan areas (n=94/127, 74.0%), which could be attributed to the higher availability of student placement positions and allocations made to such regions. Additionally, educators who elected to complete the survey are more likely to have positive attitudes towards mental health due to the nature of their role compared to those who chose not to participate. As such, these factors may potentially introduce sampling or selection bias due to the nature of the self-reported survey study design. The survey tool used in this study was not a validated tool, yet it was piloted and met the study aims. However, interpretation of results must be done with caution due to the survey capturing a single-time assessment of a limited number of participants, who may not represent the entire educator population. The qualitative data collected in this study was limited, yet it provided an insight into the experiences and needs of educators. Due to the limited scope of this study, further research using focus groups could be used to better understand the current knowledge and training needs of educators in supporting students-of-concern.

CONCLUSION

This study underscores a significant gap between educators' self-reported confidence in supporting students-of-concern and the limited institutional training and support available to them. While educators exhibit a strong willingness and perceived ability to assist at-risk students, this capacity is hindered by the lack of structured, accessible, and context-specific professional development. The findings highlight an urgent need for targeted training initiatives that are practical, time-efficient, and integrated within clinical education systems. Additionally, a coordinated effort involving universities, health services, and educators is vital to establish supportive frameworks that facilitate early identification and intervention. To genuinely support students-of-concern during WIL, a shift is necessary: from reactive, individual efforts to coordinated, proactive strategies underpinned by policy and practice. Embedding tailored training and formalized support structures will not only enhance educators' preparedness but also help create psychologically safe and inclusive learning environments where students-of-concern can thrive. This approach not only addresses challenges as they arise but promotes a proactive and preventative strategy to safeguard student wellbeing.

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REFERENCES

- Abbott, P. A., Brooker, R., Hu, W., Hampton, S., & Reath, J. (2020). "I just had no idea what it was like to be in prison and what might be helpful": Educator and learner views on clinical placements in correctional health. *Teaching and Learning in Medicine*, 32(3), 259-270. <https://doi.org/10.1080/10401334.2020.1715804>
- Allott, K. A., Turner, L. R., Chinnery, G. L., Killackey, E. J., & Nuechterlein, K. H. (2013). Managing disclosure following recent-onset psychosis: Utilizing the Individual Placement and Support model. *Early Intervention in Psychiatry*, 7(3), 338-344. <https://doi.org/10.1111/eip.12030>

- Alzahrani, A., Keyworth, C., Wilson, C., & Johnson, J. (2023). Causes of stress and poor wellbeing among paramedic students in Saudi Arabia and the United Kingdom: A cross-cultural qualitative study. *BMC Health Services Research*, 23(1), Article 444. <https://doi.org/10.1186/s12913-023-09374-y>
- Alzayyat, A., & Al-Gamal, E. (2014). A review of the literature regarding stress among nursing students during their clinical education. *International Nursing Review*, 61(3), 406-415. <https://doi.org/10.1111/inr.12114>
- Amimaruddin, D. K. S. N. M. P., & Rudiataldris, D. (2021). Exploring student nurses' learning experience in the clinical setting: A literature review. *International Journal of Nursing Education*, 14(1), 31-37. <https://doi.org/10.37506/ijone.v14i1.17733>
- Armstrong-James, L., Khine, R. N. M., Thorne, R. J., Tuckey, M. J. E., & Bennett, C. (2020). Radiotherapy students' perceptions of support provided by clinical supervisors. *Journal of Radiotherapy in Practice*, 19(1), 15-19. <https://doi.org/10.1017/S1460396919000426>
- Bell, A., Borges Dario, A., Klinner, C., Nisbet, G., Penman, M., Storer, D., & Monrouxe, L. (2024). Improving the quality of allied health placements: Student, educator and organisational preparedness. *Studies in Continuing Education*, 1-23. <https://doi.org/10.1080/0158037X.2024.2360495>
- Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *NursingPlus Open*, 2, 8-14. <https://doi.org/10.1016/j.npls.2016.01.001>
- Brady, M., Price, J., Bolland, R., & Finnerty, G. (2019). Needing to belong: First practice placement experiences of children's nursing students. *Comprehensive Child and Adolescent Nursing*, 42(1), 24-39. <https://doi.org/10.1080/24694193.2017.1372530>
- Brewster, L., Jones, E., Priestley, M., Wilbraham, S. J., Spanner, L., & Hughes, G. (2022). 'Look after the staff and they would look after the students' cultures of wellbeing and mental health in the university setting. *Journal of Further and Higher Education*, 46(4), 548-560. <https://doi.org/10.1080/0309877X.2021.1986473>
- Browne, V., Munro, J., & Cass, J. (2017). Under the radar: The mental health of Australian university students. *Journal of the Australian and New Zealand Student Services Association*, 25(2), 51-62. <https://doi.org/10.30688/janzssa.2017.16>
- Burgess, A., van Diggele, C., Roberts, C., & Mellis, C. (2020). Feedback in the clinical setting. *BMC Medical Education*, 20(2), 460. <https://doi.org/10.1186/s12909-020-02280-5>
- Cleak, H., Zuchowski, I., & Cleaver, M. (2022). On a wing and a prayer! An exploration of students' experiences of external supervision. *British Journal of Social Work*, 52(1), 217-235. <https://doi.org/10.1093/bjsw/bcaa230>
- Courtney-Pratt, H., Fitzgerald, M., Ford, K., Marsden, K., & Marlow, A. (2012). Quality clinical placements for undergraduate nursing students: A cross-sectional survey of undergraduates and supervising nurses. *Journal of Advanced Nursing*, 68(6), 1380-1390. <https://doi.org/10.1111/j.1365-2648.2011.05851.x>
- Drysdale, M. T. B., McBeath, M. L., Johansson, K., Dressler, S., & Zaitseva, E. (2016). Psychological attributes and work-integrated learning: An international study. *Higher Education, Skills and Work-Based Learning*, 6(1), 20-34. <https://doi.org/10.1108/HESWBL-02-2015-0004>
- Farrer, L., Gulliver, A., Chan, J. K., Batterham, P. J., Reynolds, J., Caele, A., Tait, R., Bennett, K., & Griffiths, K. M. (2013). Technology-based interventions for mental health in tertiary students: Systematic review. *Journal of Medical Internet Research*, 15(5), Article e101. <https://doi.org/10.2196/jmir.2639>
- Friedman, M. (1937). The use of ranks to avoid the assumption of normality implicit in the analysis of variance. *Journal of the American Statistical Association*, 32(200), 675-701. <https://doi.org/10.1080/01621459.1937.10503522>
- Furness, L. (2021). Supporting allied health students on clinical placements to begin to think, feel and act as a health professional – A health librarian's contribution. *Journal of Health Information and Libraries Australasia*, 2(1), 58-63. <https://doi.org/10.55999/johila.v2i1.55>
- Gillett-Swan, J., & Grant-Smith, D. (2018). A framework for managing the impacts of work-integrated learning on student quality of life. *International Journal of Work-Integrated Learning*, 19(2), 129-140.
- Girn, R., Punch, A., & Jimenez, Y. A. (2022). Diagnostic radiography students' perceptions of working in the clinical environment: A focus on emotional challenges. *Radiography*, 28(2), 492-498. <https://doi.org/10.1016/j.radi.2021.11.001>
- Grøtan, K., Sund, E. R., & Bjerkset, O. (2019). Mental health, academic self-efficacy and study progress among college students - The SHoT study, Norway. *Frontiers in Psychology* 10, Article 45. <https://doi.org/10.3389/fpsyg.2019.00045>
- Hadlaczky, G., Hökby, S., Mkrtchian, A., Carli, V., & Wasserman, D. (2014). Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: A meta-analysis. *International Review of Psychiatry*, 26(4), 467-475. <https://doi.org/10.3109/09540261.2014.924910>
- Hay, K., & Fleming, J. (2025). Wellbeing and work-integrated learning. *International Journal of Work-Integrated Learning*, 26(1), 1-8.
- Hussain, Z., Pickering, V., Percy, D., Crane, J., & Bogg, J. (2011). An analysis of the experiences of radiography and radiotherapy students who are carers at one UK university. *Radiography*, 17(1), 49-54. <https://doi.org/10.1016/j.radi.2010.08.006>
- Jack, K., & Wibberley, C. (2014). The meaning of emotion work to student nurses: A Heideggerian analysis. *International Journal of Nursing Studies*, 51(6), 900-907. <https://doi.org/10.1016/j.ijnurstu.2013.10.009>
- Jeyandrabalan, M., Punch, A., Rogers, J. M., & Jimenez, Y. A. (2022). Insights into diagnostic radiography students' perception of clinical stressors. *Radiography*, 28(2), 499-505. <https://doi.org/10.1016/j.radi.2021.12.014>

- Kendall, M. G., & Smith, B. B. (1939). The problem of m rankings. *The Annals of Mathematical Statistics*, 10(3), 275-287. <https://doi.org/10.1214/aoms/1177732186>
- Kilminster, S. M., & Jolly, B. C. (2000). Effective supervision in clinical practice settings: A literature review. *Medical Education*, 34(10), 827-840. <https://doi.org/10.1046/j.1365-2923.2000.00758.x>
- Kitchener, B., Jorm, A., & Kelly, C. (2017). *Mental health first aid manual* (4th ed.). Mental Health First Aid Australia.
- Kremer, T., Mamede, S., Roriz Filho, J. S., & Madeiro Leite, Á. J. (2016). Emotionally difficult experiences faced by medical students during training. *Health Professions Education*, 2(1), 24-32. <https://doi.org/10.1016/j.hpe.2016.01.010>
- Levett-Jones, T., & Lathlean, J. (2008). Belongingness: A prerequisite for nursing students' clinical learning. *Nurse Education in Practice*, 8(2), 103-111. <https://doi.org/10.1016/j.nepr.2007.04.003>
- Lo, K., Ahern, G., Rossetto, A., & Farlie, M. K. (2023). Mental Health First Aid training for allied health clinical educators: A pre-and post-evaluation. *Physiotherapy Canada*, 76(1), 55-63. <https://doi.org/10.3138/ptc-2021-0099>
- Lo, K., Curtis, H., Keating, J. L., & Bearman, M. (2017). Physiotherapy clinical educators' perceptions of student fitness to practise. *BMC Medical Education*, 17(1), Article 16. <https://doi.org/10.1186/s12909-016-0847-2>
- McIntosh, A., Gidman, J., & Smith, D. (2014). Mentors' perceptions and experiences of supporting student nurses in practice. *International Journal of Nursing Practice*, 20(4), 360-365. <https://doi.org/10.1111/ijn.12163>
- Morgan, A. J., Ross, A., & Reavley, N. J. (2018). Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour. *PLoS ONE*, 13(5), Article e0197102. <https://doi.org/10.1371/journal.pone.0197102>
- Nyoni, C. N., Dyk, L. H., & Botma, Y. (2021). Clinical placement models for undergraduate health professions students: a scoping review. *BMC Medical Education*, 21(1), Article 598. <https://doi.org/10.1186/s12909-021-03023-w>
- O'Brien, A., McNeil, K., & Dawson, A. (2019). The student experience of clinical supervision across health disciplines – Perspectives and remedies to enhance clinical placement. *Nurse Education in Practice*, 34, 48-55. <https://doi.org/10.1016/j.nepr.2018.11.006>
- Obuaku-Igwe, C. C. (2022). Exploring the effectiveness of Mental Health First Aid program for young people in South Africa. In A. Marques, M. Gaspar de Matos, & H. Sarmento (Eds.), *Mental Health - Preventive Strategies*. IntechOpen. <https://doi.org/10.5772/intechopen.108303>
- Pereira, D. G., Afonso, A., & Medeiros, F. M. (2015). Overview of Friedman's test and post-hoc analysis. *Communications in Statistics - Simulation and Computation*, 44(10), 2636-2653. <https://doi.org/10.1080/03610918.2014.931971>
- Schmulian, D., Redgen, W., & Fleming, J. (2020). Impostor syndrome and compassion fatigue among postgraduate allied health students: A pilot study. *Focus on Health Professional Education: A Multi-Professional Journal*, 21(3), 1-14. <https://doi.org/10.11157/fohpe.v21i3.388>
- Shivers, E., Hasson, F., & Slater, P. (2017). Pre-registration nursing student's quality of practice learning: Clinical learning environment inventory (actual) questionnaire. *Nurse Education Today*, 55, 58-64. <https://doi.org/10.1016/j.nedt.2017.05.004>
- Shiyab, W. e., Ferguson, C., Rolls, K., & Halcomb, E. (2023). Solutions to address low response rates in online surveys. *European Journal of Cardiovascular Nursing*, 22(4), 441-444. <https://doi.org/10.1093/eurjcn/zvad030>
- Siggins Miller Consultants. (2012). *Promoting quality in clinical placements: Literature review and national stakeholder consultation*. Health Workforce Australia
- Soniassy, R., Martin, A. J., & Kruger, R. (2025). Enhancing student mental health and wellbeing: A good practice guide for work placement supervisors. *International Journal of Work-Integrated Learning*, 26(1), 159-176.
- Universities Australia. (2022, August 30). *More clinical placements needed to meet workplace demands* [Media release]. <https://www.universitiesaustralia.edu.au/media-item/more-clinical-placements-needed-to-meet-health-workforce-demands/>
- Weurlander, M., Lönn, A., Seeberger, A., Broberger, E., Hult, H., & Wernerson, A. (2018). How do medical and nursing students experience emotional challenges during clinical placements? *International Journal of Medical Education*, 9, 74-82. <https://doi.org/10.5116/ijme.5a88.1f80>
- Williams, M., & Decker, S. (2009). Mature students' perspectives of studying radiography. *Radiography*, 15(1), 77-85. <https://doi.org/10.1016/j.radi.2008.01.002>
- Zegwaard, K. E., Pretti, T. J., Rowe, A. D., & Ferns, S. J. (2023). Defining work-integrated learning. In K. E. Zegwaard & T. J. Pretti (Eds.), *The Routledge international handbook of work-integrated learning* (3rd ed., pp. 29-48). Routledge.



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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 [WILNZ](#), [WACE](#), [WIL Australia](#), and the [University of Waikato](#).

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Types of manuscripts sought by IJWIL are primarily in two forms: 1) *research publications* describing research into aspects of WIL 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 including recommendations.

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Reference

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