

The student experience of paramedicine clinical facilitation in the out-of-hospital ambulance work-integrated learning placement: An exploratory study

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Work-integrated learning (WIL) placements are a vital part of healthcare education enabling students to integrate and consolidate theory to practice, demonstrate skills, socialize into the profession and create professional networks, develop their professional identity, and prepare for entering the workforce. The student paramedic out-of-hospital placement environment is uncontrolled and dynamic, often being high pressured and along with limited resources. In this exploratory study, the experiences of student paramedics receiving clinical facilitation were assessed. A self-reporting questionnaire was used to explore the student paramedic experiences of clinical facilitation in the out-of-hospital ambulance WIL placements. All participants identified advantages in having clinical facilitation in the out-of-hospital placement setting. Participants identified that clinical facilitators improved reflective practice for students, provided additional student support, and enhanced the learning opportunities for students. The key themes demonstrated the importance of adopting a clinical facilitator model for paramedic students undertaking out-of-hospital placements.

Keywords: Student paramedic, clinical facilitation, work-integrated learning.

Work-integrated learning (WIL) placements are a vital part of paramedic student education. They help the student to socialize into their future profession and consequently assist in developing their professional identity (Sanderson & Lea, 2012) integrating theory into practice, and provide an opportunity to demonstrate their clinical skills (Hickson et al., 2015), consolidating theory within the clinical practice environment (Broadbent et al., 2014), and to prepare for the future workforce (O'Meara et al., 2014). The WIL placements utilized in a contemporary paramedic education program are varied and include both traditional ambulance settings as well as non-traditional settings, such as patient transfers or community settings. The clinical environment in an out-of-hospital ambulance setting is different from an in-hospital placement. In the out-of-hospital ambulance setting, paramedics assess patients and perform a diverse range of procedures independently from the wider healthcare team. This has been described as high in demand as well as low in control and support (Regehr & Millar, 2007).

Throughout WIL placements paramedic students are supervised by a work-integrated learning clinical supervisor, who is a registered paramedic clinician. The clinical supervisor is experienced in supporting the student through teaching and learning in the clinical setting to help prepare them for their future role in the profession (Boyle et al., 2008). In this context, the clinical supervisor is a paid member of the health care provider, whose objective is to provide safe, timely, and quality healthcare provision, whilst also supervising an individual student. This has resulted in students often being seen as a burden, with a low priority being placed on the quality of the supervision being provided (Sanderson & Lea, 2012), and the learning gained in a WIL placement being influenced by the

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individual clinical supervisor (Wray & McCall, 2009). This is further complicated by the unpredictable environment of the WIL out-of-hospital setting placements, where paramedic students experience additional sources of stress (Deasy et al., 2014; Warren-James et al., 2021).

In contrast, other health professionals, such as nursing, midwifery, and physiotherapy, have a clinician for day-to-day supervision but have also adopted a 'clinical facilitator' approach (Jayasekara et al., 2018; Ryan & McAllister, 2019). A 'clinical facilitator' [CF] is a supernumerary member of staff who oversees a small group of students during clinical placement (McAllister et al., 2018; S. Walker et al., 2013). Unlike clinical supervisors, who are typically employed by ambulance services and embedded in day-to-day operational role of the ambulance service, the CF is a sessional staff member employed by the university, independent of the day-to-day pressures of ambulance service responsibilities (Langford et al., 2024). Although CFs generally have less academic expertise, they do have vast clinical experience giving them the ability to support students through logistical and educational guidance without holding grading authority, allowing for a supportive, non-evaluative relationship focused solely on the students' progression, welfare, and learning experience while also being a liaison between the university and the WIL provider (Cranley et al., 2017; Langford et al., 2024; Needham et al., 2016).

There have been a limited number of studies exploring student experiences with their paramedic clinical supervisors, ranging from 70% of students reporting satisfaction with their clinical supervisors and the learning opportunities (Wongtongkam & Brewster, 2017) to 39% of the students believing they did not provide them with learning opportunities (Boyle et al., 2008). In nursing, the level of support provided by CF has been rated higher than that provided by a clinical supervisor (Ryan & McAllister, 2021), with students reported feeling more supported in the clinical setting (Sanderson & Lea, 2012).

There are many studies exploring different aspects of clinical placements and learning, although most are focused on nursing or midwifery and there is little literature focusing on the paramedicine paradigm (Warren-James et al., 2021). The studies that exist in paramedicine look at student preparedness for clinical placement for example (Hickson et al., 2015), strategies used to deal with emotions in practice (Williams, 2013), managing their mental health and wellbeing (Weber et al., 2023) and paramedics developing rapport with elderly patients (Ross, 2020). WIL placements are vital for students, although students require sufficient support to ensure their progression, as well as their mental health and wellbeing (Nyoni et al., 2021).

All students studying paramedicine have to undertake WIL placements as a vital part of their study. Whilst a limited number of studies have explored student experiences with clinical supervisors, little is known about the experiences of paramedicine students who undergo clinical facilitation within the ambulance setting. This unique environment presents distinct challenges and opportunities for learning, shaped by the dynamic nature of out-of-hospital care. Understanding how students perceive clinical facilitation is essential for enhancing the quality of clinical placements, fostering effective support, and for the development of safe, competent, confident paramedic graduates. The research question for this study is: what are the experiences of student paramedics receiving clinical facilitation during out-of-hospital placements?

METHODS

Ontology, Epistemology and Researcher Positioning

The research team believe that there are multiple possibilities of reality, located within an individual's experience and interpretation of those experiences within their cultural and historical context. The core

of being human - one's cognition, feeling, motivation, agency, and self-determination - is shaped by the socio-cultural environment in which we live (Chirkov, 2020; Creswell & Creswell, 2023). WIL is a socially situated complex experience; therefore, this research is informed by social-cultural theory and aligns with the constructivist paradigm (Lincoln et al., 2013). Recognising the complex nature of the phenomenon being studied (Denzin & Lincoln, 2018), it was essential to use a qualitative methodology that considers the multiple factors that impact the student experience and their perspectives (Creswell & Creswell, 2023), as these experiences can only be understood by the individuals who have experienced clinical facilitation in WIL placements.

In this study, the researcher's positionality may be considered partial insiders (Watts, 2008), as they had some inside knowledge and understanding of the WIL processes but were not one of the participants. It may be more accurate to describe their positionality as insider-outsiders (Dwyer & Buckle, 2009; Holmes, 2020) as, whilst they were teaching the students in this study, they were not supervising them in the out-of-hospital setting and this provided the necessary distance to enable the team to take a critical stance of the research (Gair, 2012).

Design

This exploratory study used a qualitative descriptive design. A self-reporting questionnaire was used to explore the student paramedic experiences of clinical facilitation in the out-of-hospital WIL setting. The questionnaire consisted of two sections. The first section of the questionnaire asked participants to rate the importance of ten statements relating to clinical facilitation. These statements were modified from the publicly available Placement Evaluation Tool (PET) Nursing Student developed by the National Placement Evaluation Centre (Cooper et al., 2020). The question items were constructed in a 6-point Likert scale questions ranging from "Not at all important," to "Extremely important." Using a 6-point scale avoided having a neutral anchor in the scale (Wakita et al., 2012). A Likert scale was chosen as it is the most widely used psychometric scale for feedback on self-reported perceptions and attitudes (Ho, 2017; Kandasamy et al., 2020).

As the Likert scale items did not invite any qualitative narrative information, due to their closed format (Maul, 2013), the second section of the questionnaire contained three open-ended questions. These questions focused on the student's experience of clinical facilitation in the out-of-hospital setting, namely advantages of clinical facilitation in the paramedicine out-of-hospital setting, barriers to clinical facilitation in the paramedicine out-of-hospital setting and an open opportunity for further comments. Having a small number of questions was considered important to encourage responses and make the questionnaire accessible and not onerous to complete (Braun et al., 2020).

Data Collection

Purposive sampling was used to gather data targeting paramedic students currently enrolled in an entry to practice postgraduate program for registered nurses at an Australian University. Only students who had completed a WIL placement were invited to participate, ensuring that the data collected would provide insights specifically relevant to their experiences with clinical facilitation during these placements. Data was collected using Qualtrics from June 2024 to August 2024. The online questionnaire was distributed via email to all students who had completed a WIL placement in semester 1, 2024. Both a URL link to the questionnaire and a QR code was provided. This approach was economical, easy to administer, and enabled straightforward data collection whilst being able to render rich deep information (Braun et al., 2020). This also enables participants to take time to consider their responses before completion (Salvador et al., 2020).

Ethical Considerations

The study was approved by the University of Notre Dame Australia Research Ethics Committee (approval no. 2024-005F). Students were provided with a participant information statement, and their participation was voluntary. Consent to participate in the study was indicated through completion of the online questionnaire. The questionnaire provided anonymity as no participants' names or details (other than IP addresses) were collected. Using an online data collection approach, along with anonymity, minimized the possibility of participants providing only socially accepted responses (Braun et al., 2020). The authors are academics in higher education (two also work clinically) and acknowledge that the study design was informed by their experiences in facilitating WIL placements.

Data Analysis

Descriptive statistics were used to analyze frequency counts and percentages for the Likert scale questions. The six steps of thematic analysis was used for the qualitative open-ended questions (Braun & Clarke, 2006), chosen due to its flexibility and ability to identify patterns within the data and across the data (Clarke & Braun, 2017). This included identifying, analyzing, organizing, and interpreting the themes (patterns of meaning) within the data (Braun & Clarke, 2006; Braun et al., 2020; Clarke & Braun, 2017). Participant numbers were used for analysis. The data was read and re-read to ensure familiarization with the data, followed by identification of codes across the data set in a systematic way. These were then collated into potential themes, which was followed by a review of the themes and then consensus and final agreement by all of the authors. Finally, a selection of quotations were identified to support the themes (Braun & Clarke, 2006). Throughout this process, notes were maintained, and discussions were documented so that an audit trail was kept. Responses that had missing information were not included in the analysis. As the purposive sample was small, further statistical analyses were not deemed appropriate.

RESULTS

The self-reporting questionnaire had a 92% response rate (n=12). Most respondents were female, which was reflective of the cohort distribution, and all had experienced a WIL placement in the preceding semester. Descriptive statistics were used to analyze the frequency counts and percentages for the Likert scale questions, which aimed to gauge the importance of clinical facilitation from the perspective of paramedic students. The quantitative results demonstrate the significant value that students place on having a CF during WIL placements. Most participants (83%) rated the role of the CF as either "Very important" or "Extremely important" across various aspects of the WIL experience. For example, 92% of students rated the CF's role as a positive role model as "Very important" or higher, and 91% agreed that having a CF to discuss stressful experiences was crucial. Additionally, 92% of students emphasized the importance of the CF in providing additional learning opportunities beyond what is offered by the clinical supervisor, underscoring the key role facilitators play in enhancing the overall student experience. Table 1, below, provides an overview of the responses to the ten confirming actions.

TABLE 1: Number of responses to confirming actions for clinical facilitation.

Question	Extremely important	Very important	Somewhat important	Not important	Not very important	Not at all Important
1 A Clinical Facilitator is a positive role model.	6	5	1	-	-	-
2 A Clinical Facilitator should be viewed as a core necessity for WIL.	4	7	-	1	-	-
3 A Clinical Facilitator can provide support to work within my scope of practice.	4	7	1	-	-	-
4 The Clinical Facilitator provides opportunities to interact and learn from them.	4	6	1	-	-	-
5 Having a Clinical Facilitator is useful to contact if I have any issues in the WIL placement.	7	5	-	-	-	-
6 A Clinical Facilitator is needed for consistency of learning.	3	6	3	-	-	-
7 Having a Clinical Facilitator will provide additional learning opportunities to those obtained from my Clinical Supervisor.	3	8	1	-	-	-
8 A Clinical Facilitator can ensure achievement of course learning outcomes in the WIL setting.	3	8	1	-	-	-
9 It is useful to have a Clinical Facilitator to discuss stressful experiences with, instead of having to approach my Clinical Supervisor.	7	5	-	-	-	-
10 A Clinical Facilitator is vital to a successful WIL clinical placement.	4	6	2	-	-	-

The most notably finding was that all participants identified advantages to having clinical facilitation in paramedicine. The participants identified challenges to clinical facilitation in the out-of- hospital setting, which predominantly appeared to be due to the unpredictable nature of the setting. The analysis of each question resulted in four themes: a CF is a valuable resource for reflective practice; a CF can provide support and clarification on queries; a CF can support students in their learning opportunities, including assessment; and the unpredictable nature of the out-of-hospital student paramedic placement can be a barrier to clinical facilitation. The themes are explored below and include quotations drawn from the full sample of participants. The participant number is included in brackets after each quotation.

A Clinical Facilitator is a Valuable Resource for Reflective Practice

The first theme which strongly emerged from the data, and was identified by almost all of the participants, was how the CF was a valuable resource for reflective practice. The CF was identified as a “sounding board for reflection” (P1). This theme is not surprising as, throughout their education and

subsequent career, health professionals, as lifelong learners, are expected to reflect on their experiences and practice.

The CF, in addition to the clinical supervisor, gave the participants the “opportunity to discuss experiences” (P6), “reflect/debrief if required” (P11), and “someone to talk to about any challenges faced” (P7). Whilst students were given the opportunity to reflect and debrief with their clinical supervisor, it is important to choose the clinical supervisor wisely, as one participant noted that the CF is “great to debrief to if you feel uncomfortable talking to your placement supervisor” (P9). This was echoed by another participants who identified that it is “useful to have a third person to talk to” (P5), and “the clinical facilitator was extremely beneficial for queries, reflection, learning, debriefing and engaging different perspectives” (P10).

A Clinical Facilitator can Provide Support and Clarification

The next most common theme, identified by most participants, was that a CF can provide additional support for students when they are in unfamiliar workplaces. As one participant stated, “they can provide logistical assistance... and someone to vent to” (P1). They were identified as a “support and go to person with questions/issues” (P8) and it was highlighted that it is useful to have “someone to discuss concerns with outside of clinical supervisors” (P2) or is “great if you have questions and are not sure to direct them to” (P9). One aspect of the role of the CF includes being the conduit between the WIL placement staff and the university staff to facilitate a smooth placement experience, this was identified wonderfully by one participant who highlighted that the CF is “a direct link between the university and placement providers, which can identify issues early so that these can be worked upon and solved” (P3), as a “mutual point of contact for support, concerns, and questions” (P4) and “a necessary third party to discuss situations and issues that you may have encountered” (P12).

A Clinical Facilitator can Enhance the Learning and Assessment Process

The next theme that emerged related enhancing the learning opportunities and assessment process. From an overall WIL learning experience, participants felt that the CF can “support and assist [the student] in reaching their goals and objectives (P4). They stated that the CF can be “helpful if they assist with assessments and WIL handbooks” (P2). All students and clinical supervisors are provided with educational sessions and information on how to complete the WIL assessment handbook, although invariably there are ongoing questions. Not only can the CFs “provide better insight into the completion of WIL booklets to ensure that you pass the placement effectively” (P12), but they are available so that the student or clinical supervisor is “able to ask questions about skills and workbook tasks” (P11). Thus, providing the student with an improved WIL experience and if there are issues then the “clinical facilitator can identify issues early so that these can be worked upon and solved” (P3), and if necessary “they [the clinical facilitator] can provide extra education” (P1) and “different perspectives” (P10).

The unpredictable nature of the out of hospital student paramedic placement can be a barrier to clinical facilitation

All participants responded to the question about barriers to clinical facilitation in the out-of-hospital WIL setting with over half of the participants stating there were no barriers to clinical facilitation in the out-of-hospital setting. The singularly identified barrier to CF in the out-of-hospital WIL setting was related to the unpredictable nature of the out-of-hospital WIL setting “being in an ambulance makes it more difficult” (P5). Another participant highlighted that “not knowing where you will be able to meet

up or be available for a call when on the road" (P2) impacted on the effectiveness of clinical facilitation. Several participants acknowledged this barrier but also stated that "the phone call check ins were sufficient" (P2, P5, P10). Supporting this, another participant also identified that "it was handy to have the contact information of the CF to message at any time" (P12).

Whilst the unpredictable nature of the out-of-hospital WIL placement setting was identified as a potential barrier to clinical facilitation, over half of the participants viewed the CF role as beneficial and essential for their learning and well-being while on placement. Typical responses relating to this include "Clinical facilitation is important role for students to have access to" (P4) and "the clinical facilitator role is beneficial and would continue to assist students in their studies and placements" (P10). Some of the respondents proposed having face to face contact with the CF, "it is helpful and reassuring to have frequent contact from a [clinical] facilitator during placements and seeing them face to face is definitely nice" (P2).

DISCUSSION

This study aimed to explore the student paramedic experiences of a hybrid model of clinical facilitation during WIL placements in a variety of settings, whilst under the direction of a clinical supervisor. The CF model, in this study, also used a hybrid approach, combining in-person and remote support. CFs interacted with students daily through phone check-ins and in-person visits, supporting them in areas such as critical reflection, well-being, and guidance on clinical procedures. This structure, adapted to the out-of-hospital environment, emphasizes formative feedback, debriefing, and reflective practice, addressing the unique challenges paramedic students face in high-stakes, low-control settings and creating a positive learning environment.

It was evident from the responses that all participants reported a generally positive impact of clinical facilitation on their placement experience. The findings suggest that CFs play a crucial role in supporting students through reflective practice, providing necessary guidance, enhancing the learning and assessment process, and addressing the inherent challenges of paramedic WIL placements. Previous studies have identified the importance of clinical facilitation in other health professions, such as nursing and midwifery, where the role is well-established and recognized for its benefits in improving student outcomes and satisfaction. The current study adds to this body of knowledge by focusing on paramedic education, a field with limited literature on the implementation of clinical facilitation. The four themes identified in this study offer a comprehensive understanding of the student experience with clinical facilitation in paramedicine.

The findings from this study indicate the importance of the CF in promoting reflective practice as it was consistently highlighted by participants. Reflective practice is a cornerstone of professional development in healthcare, allowing practitioners to critically self-assess their experiences and improve future performance (Artioli et al., 2021; Mantzourani et al., 2019). According to the reflective practitioner concept by Schön (1983), professionals develop their expertise through reflection in and on action, which allows them to integrate theoretical knowledge with practical experiences. In this study, students appreciated having a CF as a 'sounding board for reflection.' This role is particularly valuable in paramedicine, where the dynamic and often unpredictable nature of out-of-hospital care presents unique logistical challenges and learning opportunities in comparison to other health professions (Regehr & Millar, 2007; Wongtongkam & Brewster, 2017).

Students appreciated the safe and supportive environment created by the CF to reflect and debrief, where they could openly discuss their experiences and challenges while on placement. This finding

aligns with previous research in other health professions, where reflective practice has been shown to enhance clinical reasoning, critical thinking, and professional growth (Armitage, 2010; Lilienfeld & Basterfield, 2020; McIntyre et al., 2019; Shin et al., 2022). The CF's ability to guide students through the reflective process strengthens their learning by helping them make sense of complex clinical situations, recognize areas for improvement, and develop a deeper understanding of their professional responsibilities (Duffy, 2009; Hanna et al., 2021). This support is especially important in paramedicine, where students may encounter high-pressure situations that require quick decision-making and adaptability (Wongtongkam & Brewster, 2017).

Moreover, the role of the CF in fostering reflective practice extends beyond the immediate placement experience. By encouraging students to engage in reflection, CFs contribute to the development of lifelong learning habits that are essential for maintaining competence and providing high-quality patient care (Mann et al., 2009). This emphasis on continuous professional development is critical in paramedicine, where the scope of practice is inconsistent and constantly evolving and is also one where practitioners must stay current with emerging evidenced based best practices (O'Brien et al., 2013; Wongtongkam & Brewster, 2017).

The study also found that CFs are essential in providing support and clarification, particularly in unpredictable and often unfamiliar out-of-hospital settings. The presence of a CF was highly valued by students, who viewed them as a reliable resource for addressing questions and concerns that might not be fully addressed by clinical supervisors. This finding is consistent with the literature on clinical supervision, which suggests that levels of support from CFs are higher as compared to supervisors who may not always have the time or capacity to provide the level of support needed by students, particularly in fast-paced or high-stress environments (Hanna et al., 2021; Langford et al., 2024).

CFs play a crucial role in bridging the gap between the academic institution and the WIL placement provider, acting as liaisons to ensure that students receive the support they need to succeed (Langford et al., 2024; Mathisen et al., 2023; F. Walker et al., 2024). This function is particularly important in paramedicine, where placements can vary widely in terms of the types of patient cases encountered, the resources available, and the expectations placed on students. By providing timely and targeted support, CFs help students navigate the complexities of their placements and enhance the learning environment by reducing the potential for misunderstandings and missed learning opportunities (Mathisen et al., 2023).

Furthermore, the study highlights the importance of CFs in helping students manage the emotional and psychological demands of out-of-hospital ambulance care. Paramedicine students often encounter traumatic or distressing situations during their placements, which can be overwhelming for those who are still developing their clinical skills and professional identities (Weber et al., 2023). The facilitator's role in offering emotional support and helping students process these experiences is critical for their overall well-being and professional development (Hanna et al., 2021). This support not only enhances the student's placement experience but also contributes to their resilience and ability to cope with the demands of the profession (Weber et al., 2023).

Another key theme identified in the study was the role of the CF in enhancing the learning and assessment process (Langford et al., 2024). Students reported that the CF was instrumental in helping them achieve their learning goals. The CF has a depth of knowledge regarding curriculum content and assessment requirements, therefore enhance the students' learning outcomes. This finding is particularly significant in the context of paramedic education, where the development of practical skills

and clinical competence is essential (Langford et al., 2024). The role of the CF in enhancing learning is well-documented in the literature, particularly in nursing and allied health education (Jayasekara et al., 2018; Ryan & McAllister, 2019). Facilitators help create a structured learning environment where students can apply theoretical knowledge to real-world situations, receive constructive feedback, and develop the critical thinking and problem-solving skills necessary for professional practice (Langford et al., 2024). In this study, students appreciated the facilitator's ability to tailor learning experiences to their individual needs, ensuring that they were supported appropriately in their development.

Despite the overwhelmingly positive feedback, the study identified challenges associated with clinical facilitation in the out-of-hospital setting. The unpredictable nature of ambulance work, including the difficulty of coordinating meetings and the variability of placement experiences, was seen as a potential barrier to effective facilitation. However, students noted that regular check-ins via phone or messaging helped mitigate these challenges, suggesting that flexibility and adaptability are essential components of successful clinical facilitation in this context. The availability of CFs and the time they spend supporting students are key factors that significantly improve learning and enhance the educational experience (Sweet & Broadbent, 2017). This is especially important as both high levels of engagement and effective communication are considered crucial to the role of the CF (Needham et al., 2016).

This research highlights the significant impact of clinical facilitation on paramedic students' learning outcomes during WIL placements. Early findings suggest that educational institutions should adopt a structured and consistent clinical facilitation model across paramedic programs. Whilst the cost of clinical facilitation must not be overlooked, strategies to include this important aspect of supporting students through their WIL experiences should not be overlooked. As the hybrid model of facilitation used in this study shows promise, we recommend this approach to clinical facilitation, blending face-to-face and online support to accommodate the unpredictable nature of out-of-hospital placements. Further exploration is needed to compare the effectiveness of this hybrid model with traditional facilitation approaches. A larger sample size would provide a more comprehensive understanding of student experiences. Future research should also include perspectives from clinical supervisors, facilitators, and placement providers to gain a complete understanding of clinical facilitation's challenges and opportunities. Multi-institutional research and collaboration are encouraged to validate these findings across different educational contexts, ultimately leading to an evidence-based framework for clinical facilitation in paramedicine.

LIMITATIONS

There are some limitations in this study that must be acknowledged. The participants were enrolled in a paramedicine program, all with prior nursing degrees, which may have introduced bias as students compared their paramedic WIL experience to their previous nursing placements. Additionally, the small sample size of 12 participants from a single institution limits the generalizability of the findings. However, whilst the sample size is small, the outcome of this study sets a foundation for consideration for further and more comprehensive studies in this area. The study only explored students' perspectives, missing insights from key stakeholders such as clinical supervisors, placement providers, and CFs. These perspectives are essential for a complete understanding of the impact of clinical facilitation in WIL placements.

CONCLUSION

This study explored paramedic students' experiences with CFs during out-of-hospital ambulance WIL placements. The findings highlight the crucial role of CFs in enhancing the student experience,

supporting reflective practice, providing additional support, and addressing the challenges of the unpredictable nature of paramedic WIL placements. Students reported overwhelmingly positive experiences, emphasizing the importance of CFs in bridging academic learning and practical application. Though the small sample size limits the generalizability of the results, the study lays a foundation for future research on clinical facilitation in paramedic education. Further studies should include perspectives from clinical supervisors and facilitators and involve multiple institutions to validate the findings. Incorporating CFs into paramedic programs could improve student preparedness and lead to higher quality learning experiences, ultimately enhancing patient care delivered by newly qualified paramedics.

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

Types of Manuscripts Sought by the Journal

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.

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 into how to advance the issue further, and implications for other researchers and practitioners.

Good practice and program description papers. On occasions, IJWIL seeks manuscripts describing 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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