

Evaluation of an allied health student placement model in a rural primary healthcare setting

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This article reports on the feedback, experiences, and learning of allied health students during their placement in a rural multidisciplinary student-led clinic in Australia. A cross-sectional survey design with convenience sampling was used. Data were collected anonymously via REDCap, using a semi-structured survey to assess students' experiences during placement. Ten allied health students from occupational therapy, social work, and speech therapy were placed in a rural General Practice clinic between February 2024 and July 2024. The findings highlight that placement in the rural student-led clinic enabled students to learn about discipline-specific and multidisciplinary skills, to consider the role of allied health professionals within a rural primary healthcare center, and to broaden their understanding of working within a rural general practice.

Keywords: Allied health, rural and remote, student-led clinics, student placements, service-learning model, primary healthcare

An estimated 28% of Australians live in rural and remote areas (Australian Bureau of Statistics, 2023). Despite this significant proportion, rural and remote Australians continue to face barriers in accessing and utilizing appropriate primary healthcare due to several factors, including, but not limited to, geographic isolation, low population density, limited infrastructure, and higher healthcare delivery costs (Australian Institute of Health and Welfare, 2025). Population in rural and remote communities are often too small to support traditional healthcare delivery models locally, and therefore, need to access care from larger metropolitan hospitals. Rural and remote communities adopt innovative strategies involving multidisciplinary health providers to optimize care provision in these locations and improve healthcare access (Nissen & Tett, 2002).

Multidisciplinary care responds to and modifies the increasing demands on the health system by managing health needs through the primary healthcare sector (Mitchell et al., 2008). Research highlights that multidisciplinary care improves client health outcomes, is rewarding for healthcare professionals, and is a cost-saving measure (Bajorek et al., 2005; Gittell et al., 2000; McAlister et al., 2004). Multidisciplinary teams embedded in primary care offer benefits for population health by enhancing chronic disease management, promoting preventive approaches and helping to address workforce shortages (Reeves et al., 2013; Sibbald et al., 2002; Watts et al., 2009). While the concept of multidisciplinary healthcare teams is well-established, there is increasing demand to implement sustainable multidisciplinary team-based models of primary care service delivery in rural and remote communities. For effective and sustainable rural and remote primary care in Australia,

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multidisciplinary health workforce planning is needed (Argus, 2024). Allied Health Professionals Australia (AHPA) defines allied health professionals as university-qualified practitioners with specialized expertise in preventing, diagnosing, and treating a wide range of conditions and illnesses, who are not part of the medical, dental, or nursing professions. They have a defined scope of practice, typically work as part of multidisciplinary teams and provide critical health services in various settings. (Allied Health Professions Australia, 2025).

Work-integrated learning (WIL) is a curricular approach that deliberately integrates academic learning with work-based experiences, connecting classroom concepts to real-world practice through placements, projects, or simulated/work contexts. This allows students to apply theoretical knowledge to practical situations and further develop their employability skills (Patrick et al., 2009). WIL, developed in collaboration with industry partners, equips students to manage both the practical and emotional challenges of their future careers (Aprile & Knight, 2020). Higher education institutions need to co-create innovative WIL models with industry and community partners to ensure students receive relevant, impactful practical experience that translates into workforce readiness.

Interprofessional education experiences are a key feature of the rural health student clinical placement experience, which trains a future workforce to work within primary rural health settings (Walsh et al., 2023). Clinical placement programs expose students to authentic workplace and practice experiences (Abuzar & Owen, 2016; Briggs & Fronek, 2020). Rural allied health placements are generally aimed at addressing the workforce shortages in these areas while generating meaningful placement opportunities for students (Moran et al., 2024). Such placements can increase students' exposure to rural practice and to specific skill development while addressing community needs (Moran et al., 2024). Undertaking a favorable rural placement with quality supervision has been associated with rural practice intention, leading to recruitment (Walsh et al., 2023). Rural placements require appropriate support and access to resources to be successful learning experiences. Alongside access to educational resources necessary for rural and remote practice, Campbell et al. (2021) found that quality supervision for nursing and allied health students on remote placements, significantly contributed to students' placement experience and encouraged students to consider remote practice in the future (Campbell et al., 2020). Clinical supervision for allied health professionals is crucial to healthcare, providing high-quality, accountable, and safe clinical practice (Wilson & Taylor, 2019).

A student-led clinic refers to a healthcare service where students, typically from allied health, nursing, or medical programs, take primary responsibility for organizing and delivering patient care under the close supervision of qualified health professionals. These clinics provide real-world, practice-based learning experiences that enable students to develop clinical, communication, leadership, and interprofessional teamwork skills within a supportive environment (Robertson et al., 2024). Our allied health student-led clinic, co-located within a rural general practice, operated under a service learning model that provided free allied health services to clients with diverse health needs who lacked access to private healthcare, or were from low socioeconomic backgrounds (Moran et al., 2024). In the service-learning model, healthcare students are supported to complete placements providing direct clinical services where there are limited to no services (Campbell et al., 2020). Service-learning initiatives balance student learning and the healthcare needs of the community in which they are implemented (Jones et al., 2015). These placements foster reciprocal learning, enabling students to apply theoretical knowledge in real-world contexts while addressing community-identified health needs. Working collaboratively in interprofessional teams, students deepen their understanding of professional roles and scopes of practice and enhance their capacity for patient-centered, socially responsive care (Briggs & Fronek, 2020; Buckley et al., 2014; Hopkins et al., 2022). Integrating multidisciplinary allied health

student placements within rural General Practice settings is an innovative approach to addressing the escalating health needs of rural and remote communities. This approach provides essential allied health services to underserved populations while also offering allied health students invaluable practical experience in a multidisciplinary clinical environment.

This project focused on implementing this model in a rural Australian setting. A common approach to rurality classification in Australia is the Modified Monash Model (MMM) (Versace et al., 2021). This geographical classification system categorizes areas based on population size and geographic remoteness to allocate healthcare resources better. It has seven distinct categories: MMM1 (Metropolitan) for major cities, MMM2 (Regional Centers) for larger regional towns, and MMM3–MMM7 for progressively smaller and more remote communities, with MMM7 representing the most isolated, very remote locations. This project aimed to evaluate the placement experiences of multidisciplinary allied health students while co-locating within a General Practice to meet the increasing health needs of people living in rural and remote areas (MMM4–6).

METHODS

Study Design

This study employed a cross-sectional survey design with a qualitative analytic focus to evaluate multidisciplinary allied health student placements co-located within a rural primary healthcare setting. The design enabled data collection at a single point in time to explore students' experiences associated with these placements.

This study forms part of a larger research project comprising multiple sub-studies. The first explored the experiences of stakeholders, including general practitioners and practice managers, as well as client satisfaction with the placement model. The second documented students' experiences during their placements. The third involved the development of the student-led clinic model co-located within a general practice. This manuscript specifically focuses on students' experiences. Results from the stakeholder and client surveys have been published previously (Pascoe et al., 2025).

Research Question

What are the experiences of allied health students during multidisciplinary student-led clinic placements co-located within rural primary healthcare centers in Australia?

Setting and Participants

The study was conducted at a rural primary health center in an MMM4 area servicing clients from the MMM4–7 areas.

Participants in the study were undergraduate and postgraduate allied health students undertaking long-block placements in a university department of rural health.

A convenience sampling method was used to recruit participants. Students were recruited through the statewide university placement allocation process, except for Social Work, where students were recruited through an expression of interest process with individual universities. Placements were of varying duration, with overlapping placement times, which allowed for peer learning.

Study Procedure

This study was built on a pilot project that placed Social Work students in general practice in North Queensland (Zuchowski et al., 2023; Zuchowski et al., 2024). Students in the student-led clinic completed five “Allied Health Student Placements in General Practice” learning modules and attended monthly interprofessional education sessions. The modules were developed with a focus on the needs of allied health students in general practice, recognizing that this might be a new learning context for students. The five modules introduced students to (1) the general practice clinic context, (2) models of practice, (3) Emerald and the Central Highlands, (4) processes, documentation and practice, and (5) allied health in general practice (GP) clinics. The modules were an extension of the Social Work Student Placement in General Practice Curriculum developed in the earlier pilot project (Zuchowski et al., 2024).

The project team partnered with a local primary healthcare provider servicing the MMM4 to MMM6 areas and co-located an allied health clinic at the practice to provide student-led allied health services at no cost to the clients.

Ten allied health students, comprising four Speech Pathology (SP) students, three Social Work (SW) students, and three Occupational Therapy (OT) students, participated in this study. The SP students were the first to commence in the clinic in February 2024. The SP students undertook an eight-week placement under the professional supervision of a certified practicing speech pathologist with more than eight years of postgraduate experience. The second batch of SP students commenced in mid-April 2024 for a six-week placement block. The OT students commenced in mid-April for a 10-week placement block along with the SP students. They were supervised by a registered occupational therapist with more than 12 years of clinical experience. The SW students completed a 500-hour placement over 16 weeks. They were supervised by a qualified social worker with 12 years of post-qualifying experience. All students participating in the project received weekly discipline-specific supervision and a comprehensive orientation program. This orientation included rigorous learning activities covering topics such as rural and remote practice, working effectively within rural communities while maintaining confidentiality, culturally responsive care, and proper documentation practices. Throughout their placements, all students engaged in weekly peer feedback sessions with peers from their own discipline. These sessions provided a non-judgmental space for students to openly discuss their successes and challenges, fostering reflective learning and mutual support.

Data Collection

A survey (see Appendix A) was developed to gather students' insights and feedback about their experiences in the allied health clinics. Data were collected using the secure online survey platform REDCap (Harris et al., 2019; Harris et al., 2009). The survey included both open-ended qualitative questions and Likert-scale items to capture a range of responses.

Data Analysis

Qualitative data from the allied health students' feedback survey were analyzed using inductive thematic analysis (Braun & Clarke, 2019). Data from the survey responses were organized within NVivo 12.0 to highlight emergent themes. The first two authors initiated analysis by familiarizing themselves with the data by reading and re-reading the transcripts. Next, each author generated initial codes and themes, which were then compared between the two authors. Codes were then organized into themes and subthemes. Finally, the analysis process was completed with the interpretation and mapping of the data. The themes were then shared, discussed, and agreed upon with all co-authors.

Data were also triangulated by debriefing meetings among all co-authors. Debriefing meetings allowed for different perspectives to be considered, discrepancies to be addressed, and a consensus to be reached on how the data were interpreted.

Ethical Approval

The project was reviewed and approved by the James Cook University Human Research Ethics Committee (Application No H9224). Data was collected from February 2024 to July 2024.

RESULTS

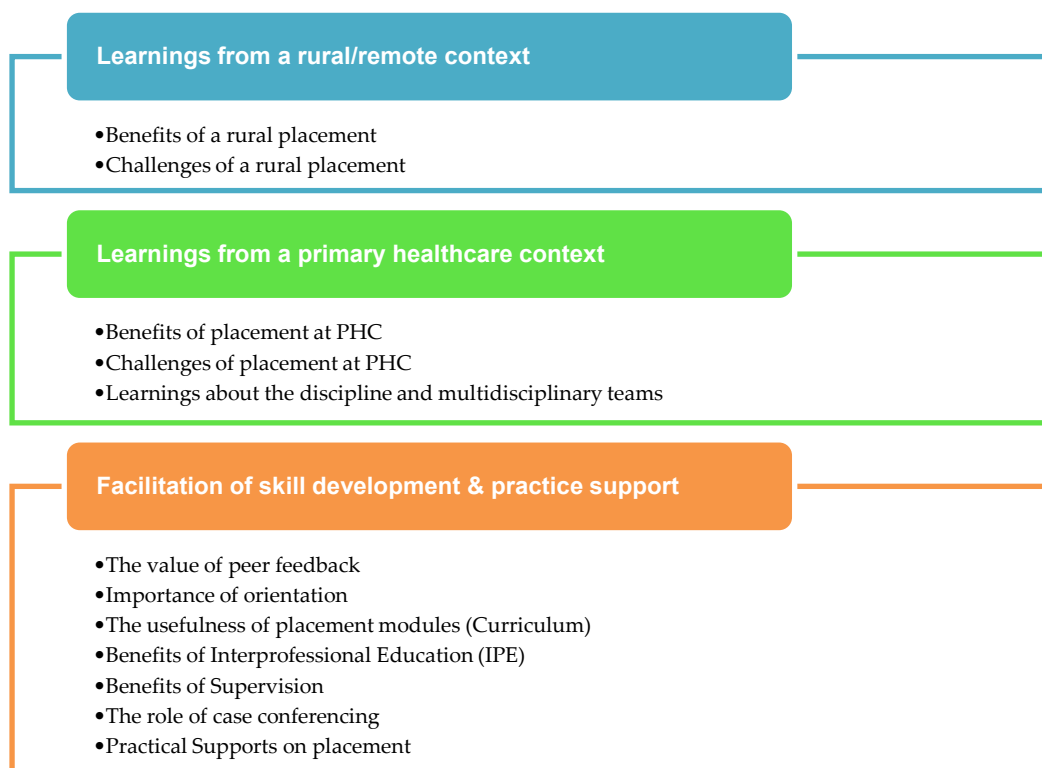
Student Demographics

The allied health students came from six Australian universities, relocating temporarily to undertake their placements. An equal proportion of students were from metropolitan (MMM1) and regional universities (MMM2). Eight out of 10 students were female, aged between 22 and 50. All except two students were in their undergraduate placement. Eight students were in their final year of study, and two were in their third year of undergraduate study.

Thematic Analysis

All except one student completed the survey. Quantitative data were presented as descriptive statistics, and qualitative data were coded against three broad descriptive categories: 1) Learnings from a rural/remote context, 2) Learnings from a primary healthcare context, and 3) Skill development and practice support (Figure 1). These three categories were further organized into themes.

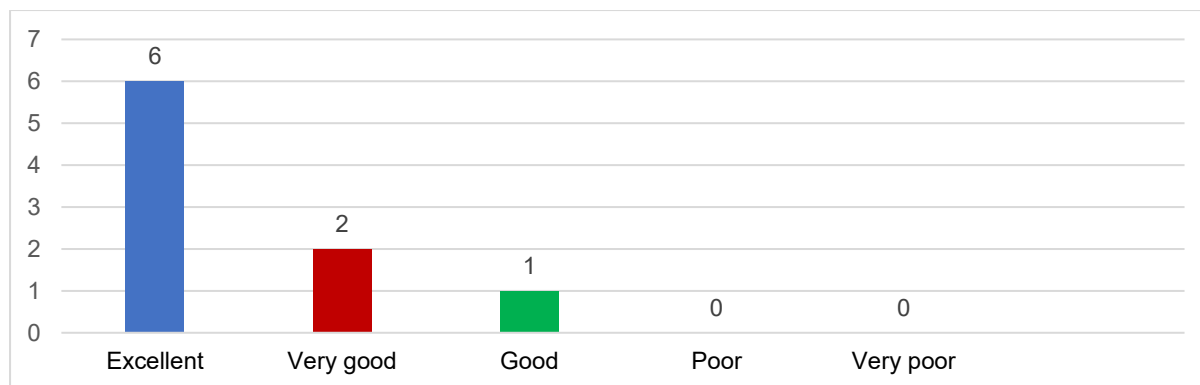
FIGURE 1: Categories and themes.



Category 1: Learnings From Rural/Remote Context

Theme (a) Benefits of a rural placement. Six students rated their experience on a rural placement as excellent, two as very good, and one as good (Figure 2). Most students described their learning from rural and remote contexts as invaluable, helping them understand the diverse skills health professionals need to have to work within rural communities, as evidenced by the comments below:

FIGURE 2: Experience of student placement in a rural context.



I now have a better understanding of small communities, what services are available, the social determinants of health that underpin individuals living within a rural setting, the importance of networking with other health professionals and the types of skills clinicians need to possess to provide the best possible care to their clients. [Student 1]

Coming from a metropolitan context, undertaking my placement in a rural context has been so different and rewarding. I have learned the challenges within a rural community and the strengths that rural communities have (e.g. supportive, tight-knit and welcoming). It has also given me a completely new perspective on social work practice and the healthcare system, and it has been very rewarding to be part of a system that supports the identified gaps within the community. [Student 8]

Theme (b) Challenges of a rural placement. Most students mentioned being away from family and friends as the challenging part of the rural placement. Some students also noted that not having their vehicle while on placement was difficult. For example, Student 9 outlined that:

The biggest challenge for me was the length of my placement being 4 months. However, in some way, this challenge has been a benefit as it has allowed me to completely immerse myself in the experience of living rural. Another challenge has been being so far away from home and unable to see my loved ones back home; however, it has encouraged me to learn how to communicate better and build stronger bonds with people back home.

Students acknowledged other challenges of working in rural settings, such as shortages of health professionals and a long waitlist, as expressed by Student 2: "Shortages of services, long waitlist times, shortage of health professionals working within a rural setting."

Category 2: Learnings from a Primary Healthcare Context

Theme (a): Benefits of placement at a primary health center. All students described their experience working at the primary health center as valuable, highlighting that it allowed them to see clients from diverse backgrounds and conditions, gain confidence, be flexible and develop their organizational skills (Figure 3). This was expressed well by the following students who referred to diversity, flexibility and the range of presentations they were able to work with:

We also interacted with various presentations where we could discover areas we liked or may not have liked. I felt safe trying out skills and approaches I wasn't confident using as our supervisor fully supported us. [Student 10]

I have gained a very diverse experience out here. I have gained insight into what it is like working within a rural setting and the types of networks that are in place around this region to help service an individual's health. [Student 2]

The nature of the placement developed my ability to be flexible as things did not always go as planned. From this, I further developed my organizational skills to adapt to the situation where necessary. I also developed a nice rapport with my clients, seeing them regularly. [Student 3]

FIGURE 3: Experience of student placement in a primary healthcare setting.



Theme (b): Challenges of placement at a primary health center. Some of the challenges experienced by students were not receiving enough referrals from GPs at the start of the placement and referrals with limited information as expressed by Student 8, "Some of the challenges that I faced included: - receiving GP referrals with limited information, which impacted our triaging system as it would make it harder to identify any risks if there were any".

Students were also challenged by complex cases presented at the student-led clinic. Thus, despite a referral process being available (see Figure 1), referrals and required details in the referrals impacted their case load:

Initially, we received very few referrals from the clinic, resulting in a small caseload. Towards the end of the placement block, there were many more referrals; however, due to time constraints, these clients were held and will be seen in the next placement block. [Student 2]

Some complex and high-risk presentations were beyond my skill level. However, observing how my supervisor would approach certain situations I felt unsure about was helpful. We were overwhelmed with referrals for Social Work, which were probably above and beyond our capacity to provide services. [Student 9]

Theme (c): Learning about the discipline and multidisciplinary teams. The findings highlight student learning in discipline-specific skills relevant to their professional growth and working within multidisciplinary teams, as expressed by Student 2, “I gained skills in many areas during my placement with adults and children. I developed my assessment and intervention skills, specifically in speech, language, literacy, swallowing and cognition”. The most prominent discipline skills highlighted were assessment and intervention, diverse patient care, and learning about diverse presentations, as described by the following comments:

I gained Communication skills working with the adult population and within an MDT team; how to operate administration tasks/time management skills; organizational skills within different settings; how to work as a team with other disciplines; how to better engage in best practice (research); and referral pathways and options for clients within a rural area. [Student 1]

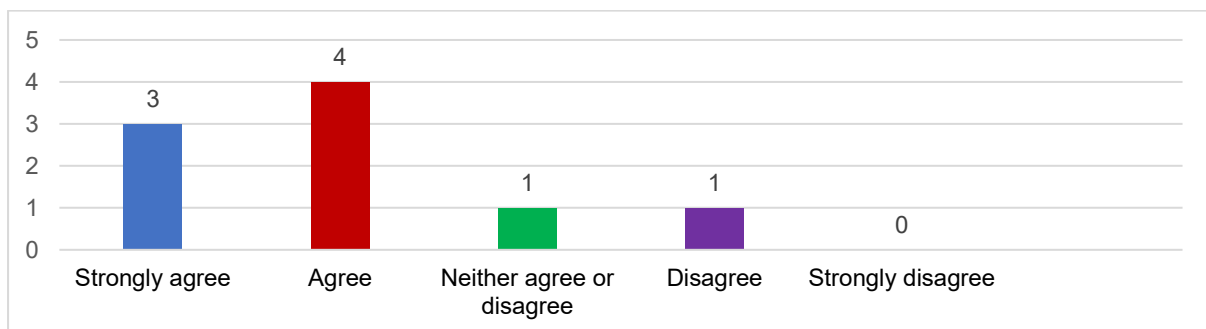
In particular, I was exposed to hand therapy clients. This is a specialized skill within occupational therapy. Being exposed to this area of occupational therapy has given me some unique skills that not all occupational therapist students get access to. [Student 6]

Category 3: Facilitation of Skill Development and Practice Support

Several processes and activities were identified as useful for skills development and support, including peer supervision, orientation, placement modules, interprofessional education, supervision, case conferencing, and practical support.

Subtheme (a): The value of peer feedback. All except one student agreed that peer feedback provided them with support and learning and that they would recommend it to future students (Figure 4). Peer feedback offered students a dedicated opportunity for reflective practice, enabling them to receive constructive insights from their peers that fostered personal and professional growth.

FIGURE 4: Peer feedback.



Student 8, for example, highlights:

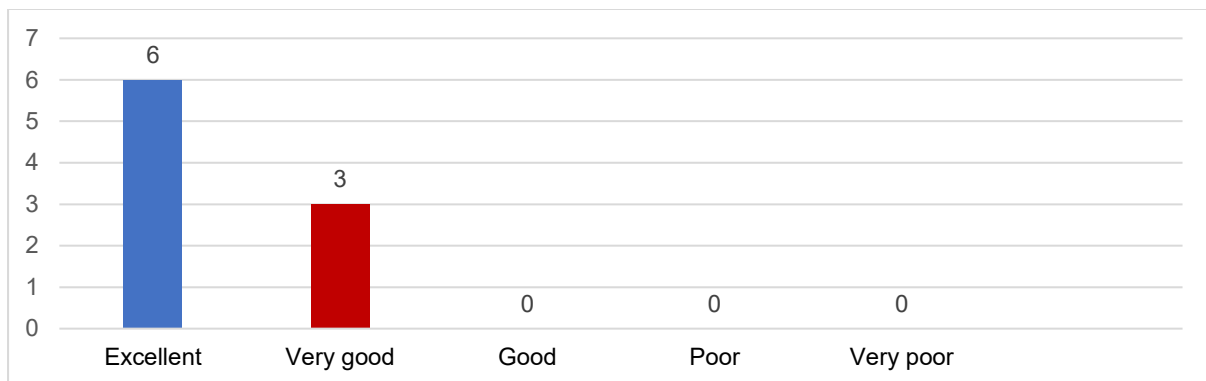
Peer supervision allowed me to unpack how I feel about placement with other students in the same position as me and understand the challenges of a lengthy and rural placement. It also gave me lots of support and advice as the other two social work students were further in their placement than I was; therefore, they could provide advice from a different perspective. [Student 8]

The biggest challenge reported was associated with finding the time, as outlined by Student 9:

I understand the idea behind peer supervision, but we had so much work to do, we struggled to find time each week. I also didn't feel that it was particularly valuable in terms of learning. We learned more from watching each other's sessions and debriefing afterwards than actually filling out the peer supervision form and meeting together each week. [Student 9]

Theme (b): Importance of Orientation. Introduction to the settings and structured modules were utilized in the orientation of the students. All students found orientation useful, allowing them to be comfortable and supported in their placement setting (Figure 5), as expressed by Student 3, "The orientation was very useful. All clinical processes were clearly outlined, and relevant forms were provided as templates (e.g., GP email templates, telephone script, consent forms, REDCap barcode). Information was simply explained and reiterated to solidify understanding".

FIGURE 5: Experience with orientation.



My orientation of the town was a great way to be introduced to different places I could visit during my time here. My 2-day orientation with the clinical lead social worker provided a great insight into what to expect during my placement, including important dates and events during my time on placement. [Student 8]

Theme (c): The usefulness of placement modules. (curriculum) Student feedback about the curriculum highlighted that, overall, they enjoyed the face-to-face induction and interaction more than working through the curriculum, but it was useful. Students found the placement modules helpful in providing insight into practicing in a rural primary health center, as shown in the comments below:

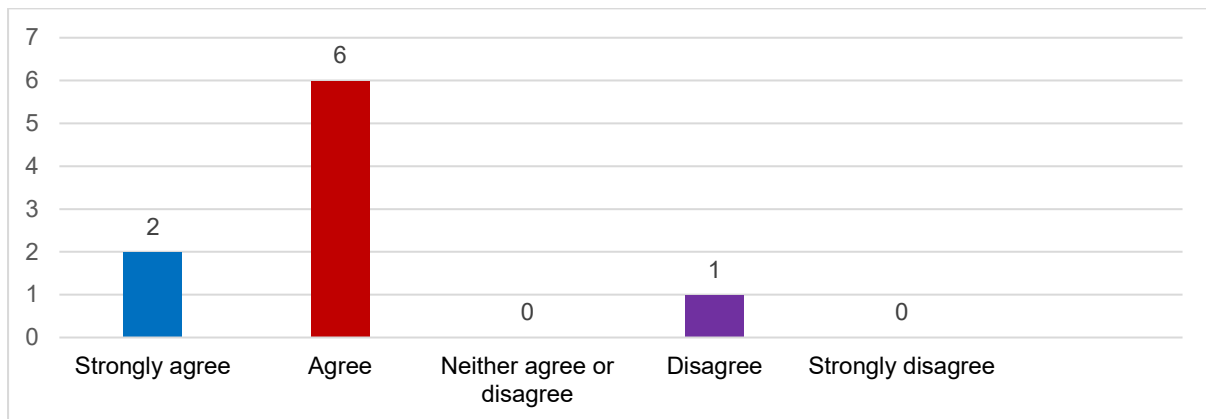
The learning modules were very helpful in preparing for this placement. Understanding the nature of multidisciplinary practice in this setting was particularly helpful. The modules also prepared me for the rural setting. A better understanding of the barriers to accessing healthcare faced by those in rural and remote settings was helpful to understand before I entered the practice setting. [Student 6]

I found that these modules were useful in refreshing my knowledge in the area. The modules also provided me with the opportunity to develop my knowledge. Aspects I learned from these modules then supported my learning and facilitation of practice during my placement. [Student 2]

Theme (d): Benefits of Interprofessional Education [IPE]. All students agreed that interprofessional education sessions benefited their learning in the primary healthcare setting (Figure 6). Students reported that the IPE sessions helped them understand how different disciplines can work together to

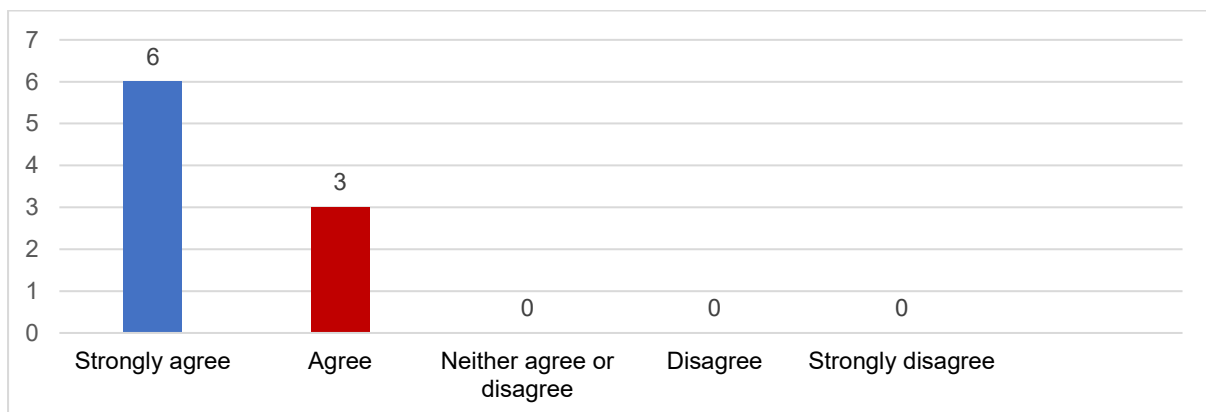
provide holistic client care, as expressed by Student 1, “IPE provided me with insight into how to work as part of a team, the skills I can bring to the table and what role other disciplines have in providing the best possible care to a client”, and Student 6, “IPE sessions helped provide extra education that could be put into practice. This helped us to remain client-centered and expanded our knowledge base.”

FIGURE 6: Benefits of inter-professional education to student learning.



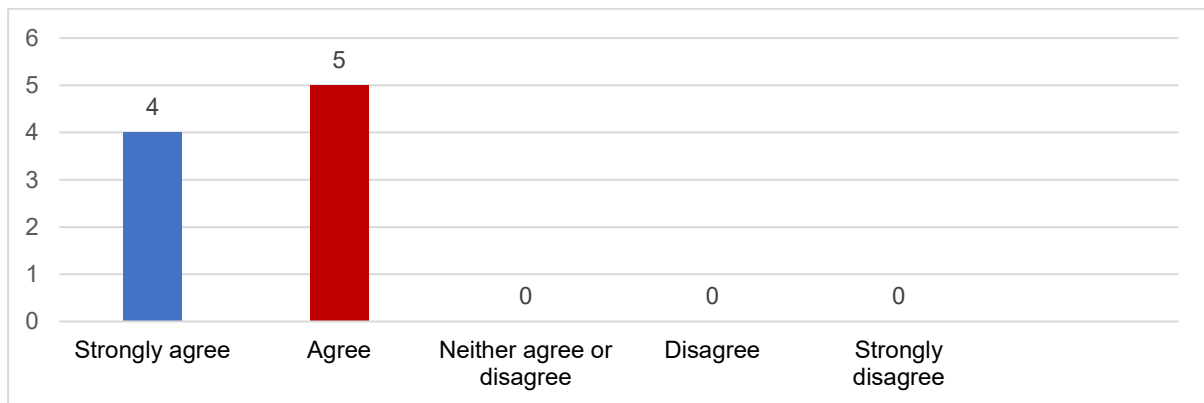
Theme (e): Benefits of Supervision. All students agreed that supervision provided them with support, learning and understanding of their discipline within a primary healthcare setting (Figure 7), as expressed by Student No 2, “I felt incredibly supported by my supervisor, and I felt very comfortable expressing my concerns and asking for assistance”, and Student 8, “Supervision was provided every week through individual, peer and group settings. I thoroughly enjoyed supervision for critical reflection of not only my practice but also of my self-care practices and boundaries throughout placement.”

FIGURE 7: Experience with supervision to support student learning.



Theme (f): The role of Case Conferencing. All students agreed that case conferencing benefited their learning and helped them understand the client’s needs from a multidisciplinary perspective (Figure 8), as expressed by Student 6, “Case conferencing was invaluable in understanding the needs of a client. This also helped in better understanding the scope of each allied health discipline.”

FIGURE 8: Experience with case conferencing.



I believe that case conferencing allowed me to further reflect on the client and identify aspects of their case that may warrant further investigation from other professionals. It was interesting to gain perspectives from other professionals to reflect and adapt my practice. [Student 2]

Subtheme (g): Practical supports on placement. All students valued free accommodation, support from their peers and housemates, and opportunities to be involved in community activities while on placement as expressed by Student 1, "Housing, support from peers and students in other disciplines, support from other supervisors and JCU staff, connection to the community through community events, and supervisory sessions to help my learning", and Student 10, "I was provided with housing for the duration of my placement, which was a great benefit. There is also a great student network and plenty of activities in the community. The central highlands is a great region to explore."

Some students also mentioned that the provision for financial bursaries for rural and remote placements will be highly regarded, as expressed by Student 10, "Financial assistance or bursaries for students to access would make the placement much easier, particularly for students travelling interstate".

DISCUSSION

This article reports on a survey of students who have undertaken a placement model for multidisciplinary allied health student placements co-located within general practice to meet the increasing health needs of people living in rural and remote areas. The findings of this study provide valuable insights into the benefits and challenges of implementing a multidisciplinary student-led allied health clinic in rural areas. Student responses indicate an increase in the knowledge and skills necessary for rural practice. The results of this study suggest that a multidisciplinary student-led allied health clinic is a useful model for developing specific discipline- and rural-practice skills, addressing limited allied health services in rural communities, and as a potential workforce strategy. To our knowledge, this pilot project of co-locating allied health students in a rural primary healthcare center is the first of its kind in Australia.

Our allied health student-led clinic focused on the multidisciplinary model of practice. While student feedback highlighted that this benefited their learning, extending the student-led clinic to an interprofessional practice (IPP) delivery model could expand students' learning with and from other disciplines in a real-world setting. Several studies have highlighted that although multidisciplinary teams bridge diverse expertise, each discipline often has individual and discipline-specific client goals.

In contrast, the principles of IPP would require students to work jointly to implement holistic, integrated care, actively integrating knowledge and approaches to achieve a shared goal through deeper collaboration (Lennox-Chhugani, 2023; Newhouse & Spring, 2010). Furthermore, IPP could lead to enhancements in healthcare, including, but not limited to, increased quality of care, patient safety, improvements in clinical and patient outcomes, cost-effective service provision, and improved patient satisfaction (Reeves et al., 2013).

The student cohort reported that Interprofessional Education (IPE) sessions were beneficial. IPE is a necessary component in preparing students for interprofessional practice in their future health careers (Boshoff et al., 2020) and is facilitated when students from two or more professions learn about, from, and with each other. (Gilbert et al., 2010). A review by Kent and Keating (2015) found that students benefited from completing IPE activities as a part of their primary care placements. Hammick et al. (2007) found that IPE initiatives responsive to genuine patient care needs correlate with positive student experiences (Hammick et al., 2007). In this study, IPE was delivered as a formal education session once a month. Studies focusing on an interdisciplinary model of practice embedded in student-led allied health clinics are necessary to explore components of student learning most relevant to future interprofessional practice.

Along with IPE, targeted education and orientation played a key role in preparing students for a rural primary healthcare placement. Feedback from students highlighted that the modules provided were useful in preparing for their rural placement, along with the orientation, which was reported to be a fundamental component that introduced and familiarized students with placement expectations, processes and rural context. Earlier studies support these findings, highlighting the importance of providing students with information and education specific to practice settings and learning environments, alongside a welcoming orientation to introduce students to processes and settings (Forbes et al., 2022; Sen Gupta et al., 2011; Zuchowski et al., 2023). To better support student engagement, accountability and learning, future projects may consider creating an online platform to increase student engagement and participation in learning pre-placement. This would allow students to expand their learning through engagement tasks, discussion platforms, and opportunities to engage with peers before placement commencement.

In addition to educational resources, quality supervision on rural and remote placements significantly contributes to students' placement experience and consideration of remote practice in the future (Campbell et al., 2021). Clinical supervision for allied health professionals is crucial to healthcare, ensuring high-quality, accountable, and safe clinical practice (Wilson & Taylor, 2019). Furthermore, it promotes the students' professional development and lifelong learning. Student-led clinics allow students to gain hands-on, real-world experience with clients in a setting where clinical educators support them (Bostick et al., 2014). This study reflects research showing that all students found clinical supervision valuable, providing them with support and opportunities to learn and understand their discipline in primary healthcare. Student experiences of quality supervision can positively impact a student's placement experience and, ultimately, the retention and recruitment of these students for future rural and remote practice (Campbell et al., 2021; Chan, 2004; Jokelainen et al., 2011).

Along with high-quality clinical supervision, peer feedback was identified as an essential component of students' placement experience, offering support and learning opportunities. Students felt that peer feedback gave them a space to reflect on their practice and gain valuable insights from their peers. This is consistent with the existing literature highlighting the value of learning from a peer (Maple et al., 2023). Most of the students in our study agreed that peer feedback provided them with appropriate

support and learning. However, while they valued peer learning, the students' biggest challenge was finding time to complete peer feedback sessions.

The role of community immersion and support in enhancing rural placement experiences and future practice intention was evident from the results. The students highlighted that community immersion was key to overall placement satisfaction and to future intentions for rural and remote practice. Our findings are consistent with the broader literature highlighting the importance of community engagement and social activities as contributing factors to overall positive rural exposure and increased 'sense of community'– community connection (May et al., 2018). Community immersion through local engagement activities positively adds to the placement experience, increasing connectedness with the community and immersion in a rural lifestyle (Rogers, 2021). Research highlights the importance of rural immersion through placements for future intentions to practice in rural areas. However, limited research is available regarding the impact of community engagement and immersion outside of placement requirements on experience and rural practice intention.

Access to accommodation and financial support to supplement clinical placements are additional components of a positive rural placement experience (Green et al., 2022). In our study, providing free accommodation for students on placement enabled an accessible rural placement opportunity that may not have been possible if the accommodation had an associated cost. A systematic review of the literature on rural clinical placements for allied health students highlighted support for students, including accommodation, as the primary mechanism for delivering successful rural allied health clinical placements (Moran et al., 2020). Students identified that having free accommodation available for their placement made the rural placement more accessible; however, not having access to scholarships or bursaries was a continuing stress factor throughout their placement. Placement poverty is a significant challenge, with costs associated with unpaid clinical placements exacerbating existing financial hardship and burden (Beks et al., 2024; Morley et al., 2024). There is a need to address these financial stressors for unpaid placements within the allied health arena (Bradley et al., 2020). Accessing sustainable funding to support student bursaries is challenging; however, there are some models, such as the Rural Immersion Placement Program Allied Health (RIPPAH), which are currently being implemented for SP, dietetics and OT students in rural and remote locations of Queensland, which enable students to access financial assistance through bursaries, in addition to free accommodation and community immersion (Health, 2024).

STRENGTHS, LIMITATIONS AND FUTURE RECOMMENDATIONS

A core strength of the project is that it was conducted in a rural setting, providing context-based WIL insights. The collaborative approach of local GPs and health professionals suggests that the findings from this project are grounded in real-world clinical and interdisciplinary expertise. This ensures that the learnings from this project can be adapted to similar locations and other healthcare disciplines.

The study, however, still has several limitations. The study was conducted in specific rural locations with a small sample, and the findings may not be generalizable to other rural and remote contexts due to significant differences in healthcare access and socioeconomic and historical factors across rural and remote areas. Despite this limitation, our study has provided useful information regarding the co-location of a student-led clinic in a rural general practice. Secondly, using self-reported information introduces potential biases that may influence participants' responses and power dynamics between students and supervisors. To mitigate this situation, our survey was conducted at the end of the students' placement period. Additionally, our research focused only on a mix of three allied health

disciplines, excluding other disciplines. Further studies are required to determine the feasibility of other allied health disciplines co-locating in a rural general practice.

CONCLUSION

A student-led multidisciplinary placement model that exposes students to pre-placement educational resources, supportive supervision, community immersion, and accessible accommodation contributes to a positive placement experience. The student-led placement model supports the community by delivering needed access to healthcare services. However, multidisciplinary models of practice may impact the sustainability of services. Future projects could consider using group sessions for clients and an interprofessional practice model to provide shared support for students across multiple allied health professions.

ACKNOWLEDGMENTS

During the writing of this manuscript, the authors have used Grammarly for language clarity and grammar refinement.

REFERENCES

- Abuzar, M. A., & Owen, J. (2016). A Community Engaged Dental Curriculum: A rural Indigenous outplacement programme. *Journal of Public Health Research*, 5(1). <https://doi.org/10.4081/jphr.2016.668>
- Allied Health Professions Australia (2025). *What is allied health?* Retrieved 09/10/2025 from <https://www.ahpa.com.au/allied-health-1>
- Aprile, K. T., & Knight, B. A. (2020). The WIL to learn: students' perspectives on the impact of work-integrated learning placements on their professional readiness. *Higher Education Research and Development*, 39(5), 869-882. <https://doi.org/10.1080/07294360.2019.1695754>
- Argus, G. (2024). Sustaining multidisciplinary teams in rural and remote primary care. *The Australian Journal of Rural Health*, 32(3), 606-607. <https://doi.org/10.1111/ajr.13144>
- Australian Bureau of Statistics. (2023). Regional Population by Age and Sex. <https://www.abs.gov.au/statistics/people/population/regional-population-age-and-sex/latest-release>
- Australian Institute of Health and Welfare (2025). *Primary Health Care in Australia*. Retrieved 15 March from <https://www.aihw.gov.au/reports-data/health-welfare-services/primary-health-care/overview>
- Bajorek, B. V., Krass, I., Ogle, S. J., Duguid, M. J., & Shenfield, G. M. (2005). Optimizing the use of antithrombotic therapy for atrial fibrillation in older people: A Pharmacist-Led Multidisciplinary Intervention. *Journal of the American Geriatrics Society (JAGS)*, 53(11), 1912-1920. <https://doi.org/10.1111/j.1532-5415.2005.53564.x>
- Beks, H., Walsh, S., Clayden, S., Watson, L., Zwar, J., & Alston, L. (2024). Financial implications of unpaid clinical placements for allied health, dentistry, medical, and nursing students in Australia: a scoping review with recommendations for policy, research, and practice. *BMC Health Services Research*, 24(1), 1407-1424. <https://doi.org/10.1186/s12913-024-11888-y>
- Boshoff, K., Murray, C., Worley, A., & Berndt, A. (2020). Interprofessional education placements in allied health: A scoping review. *Scandinavian Journal of Occupational Therapy*, 27(2), 80-97. <https://doi.org/10.1080/11038128.2019.1642955>
- Bostick, G., Hall, M., & Miciak, M. (2014). Novel clinical learning from a student-led clinic. *The Clinical Teacher*, 11(7), 512-515. <https://doi.org/10.1111/tct.12214>
- Bradley, D., Bourke, L., & Cosgrave, C. (2020). Experiences of nursing and allied health students undertaking a rural placement: barriers and enablers to satisfaction and wellbeing. *Australian and International Journal of Rural Education*, 30(1), 51-63. <https://doi.org/10.47381/aijre.v30i1.239>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589-597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Briggs, L., & Fronek, P. (2020). Student Experiences and perceptions of participation in student-led health clinics: A systematic review. *Journal of Social Work Education*, 56(2), 238-259. <https://doi.org/10.1080/10437797.2019.1656575>
- Buckley, E., Vu, T., & Remedios, L. (2014). The REACH project : Implementing interprofessional practice at Australia's first student-led clinic. *Education for Health (Abingdon, England)*, 27(1), 93-98. <https://doi.org/10.4103/1357-6283.134360>
- Campbell, N., Moore, L., Farthing, A., Anderson, J., Witt, S., Lenthall, S., Petrovic, E., Lyons, C., & Rissel, C. (2021). Characteristics of nursing and allied health student placements in the Northern Territory over time (2017-2019) and placement satisfaction. *The Australian Journal of Rural Health*, 29(3), 354-362. <https://doi.org/10.1111/ajr.12713>

- Campbell, N., Stothers, K., Swain, L., Cairns, A., Dunsford, E., & Barker, R. (2020). Allied health service-learning student placements in remote northern Australia during COVID-19. *The Australian Journal of Rural Health*, 28(5), 514-520. <https://doi.org/10.1111/ajr.12661>
- Chan, D. S. K. (2004). The relationship between student learning outcomes from their clinical placement and their perceptions of the social climate of the clinical learning environment. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 17(1-2), 149-158. <https://doi.org/10.5172/conu.17.1.2.149>
- Forbes, R., Dinsdale, A., Hill, A., Booth, J., Cain, D., Crabb, M., Dunwoodie, R., Hunter, L., Sher, A., & Copley, J. (2022). Strategies used to host allied health students in private practice placements : The perspective of private practices and clinical education coordinators. *International Journal of Work-Integrated Learning*, 23(1), 31-47.
- Gilbert, J. H. V., Yan, J., & Hoffman, S. J. (2010). A WHO Report: Framework for Action on Interprofessional Education and Collaborative Practice. *Journal of Allied Health*, 39(3), 196-197.
- Gittell, J. H., Fairfield, K. M., Bierbaum, B., Head, W., Jackson, R., Kelly, M., Laskin, R., Lipson, S., Siliski, J., Thornhill, T., & Zuckerman, J. (2000). Impact of relational coordination on quality of care, postoperative pain and functioning, and length of stay: A nine-hospital study of surgical patients. *Medical Care*, 38(8), 807-819. <https://doi.org/10.1097/00005650-200008000-00005>
- Green, E., Quilliam, C., Sheepway, L., Hays, C. A., Moore, L., Rasiyah, R. L., Bailie, J., Howard, C., Hyde, S., Inyang, I., Matthews, K., Ferns, J., Brown, L. J., Jones, S., & Collett, M. (2022). Identifying features of quality in rural placements for health students: scoping review. *BMJ Open*, 12(4), e057074-e057074. <https://doi.org/10.1136/bmjopen-2021-057074>
- Hammick, M., Freeth, D., Koppel, I., Reeves, S., & Barr, H. (2007). A best evidence systematic review of interprofessional education: BEME Guide no. 9. *Medical Teacher*, 29(8), 735-751. <https://doi.org/10.1080/01421590701682576>
- Harris, P. A., Taylor, R., Minor, B. L., Elliott, V., Fernandez, M., O'Neal, L., McLeod, L., Delacqua, G., Delacqua, F., Kirby, J., & Duda, S. N. (2019). The REDCap consortium: Building an international community of software platform partners. *Journal of Biomedical Informatics*, 95, 103208-103208. <https://doi.org/10.1016/j.jbi.2019.103208>
- Harris, P. A., Taylor, R., Thielke, R., Payne, J., Gonzalez, N., & Conde, J. G. (2009). Research electronic data capture (REDCap)—A metadata-driven methodology and workflow process for providing translational research informatics support. *Journal of Biomedical Informatics*, 42(2), 377-381. <https://doi.org/10.1016/j.jbi.2008.08.010>
- Health, Q. (2024). Rural Immersion Placement Program – Allied Health (RIPP AH). Queensland Government. Retrieved 20/02/2025 from <https://clinicalexcellence.qld.gov.au/improvement-exchange/rural-immersion-placement-program-allied-health-rippah>
- Hopkins, S., Bacon, R., & Flynn, A. (2022). Student outcomes for interprofessional education in student led clinics: A rapid review. *Journal of Interprofessional Care*, 36(2), 234-244. <https://doi.org/10.1080/13561820.2020.1858767>
- Jokelainen, M., Jamookeah, D., Tossavainen, K., & Turunen, H. (2011). Building organizational capacity for effective mentorship of pre-registration nursing students during placement learning: Finnish and British mentors' conceptions. *International Journal of Nursing Practice*, 17(5), 509-517. <https://doi.org/10.1111/j.1440-172X.2011.01964.x>
- Jones, D., McAllister, L., & Lyle, D. (2015). Interprofessional academic service-learning in rural Australia: Exploring the impact on allied health student knowledge, skills, and practice. A qualitative study. *International Journal of Practice-Based Learning in Health and Social Care*, 3(2). <https://doi.org/10.18552/ijpblhsc.v3i2.217>
- Kent, F., & Keating, J. L. (2015). Interprofessional education in primary health care for entry level students — A systematic literature review. *Nurse Education Today*, 35(12), 1221-1231. <https://doi.org/10.1016/j.nedt.2015.05.005>
- Lennox-Chhugani, N. (2023). Inter-disciplinary work in the context of integrated care – a theoretical and methodological framework. *International Journal of Integrated Care*, 23(2), 29-29. <https://doi.org/10.5334/ijic.7544>
- Maple, M., O'Neill, K., Gartshore, S., Clark, J., White, J., & Pearce, T. (2023). School-based multidisciplinary student-led clinics in health and Australian accreditation standards: A scoping review. *The Australian Journal of Rural Health*, 31(6), 1168-1183. <https://doi.org/10.1111/ajr.13051>
- May, J., Brown, L., & Burrows, J. (2018). In-place training: optimizing rural health workforce outcomes through rural-based education in Australia. *Education Sciences*, 8(1), 20. <https://doi.org/10.3390/educsci8010020>
- McAlister, F. A., Stewart, S., Ferrua, S., & McMurray, J. J. V. (2004). Multidisciplinary strategies for the management of heart failure patients at high risk for admission: A systematic review of randomized trials. *Journal of the American College of Cardiology*, 44(4), 810-819. <https://doi.org/10.1016/j.jacc.2004.05.055>
- Mitchell, G. K., Tieman, J. J., & Shelby-James, T. M. (2008). Multidisciplinary care planning and teamwork in primary care [Paper in Supplement: Evidence into Policy in Australian Primary Health Care]. *Medical Journal of Australia*, 188(8 Supplement), S61-S64. <https://doi.org/10.5694/j.1326-5377.2008.tb01747.x>
- Moran, A., Nancarrow, S., Cosgrave, C., Griffith, A., & Memery, R. (2020). What works, why and how? A scoping review and logic model of rural clinical placements for allied health students. *BMC Health Services Research*, 20(1), 866-866. <https://doi.org/10.1186/s12913-020-05669-6>
- Moran, M., Miles, S., & Martin, P. (2024). Australian rural service learning student placements: a national survey. *BMC Medical Education*, 24(1), 216-216. <https://doi.org/10.1186/s12909-024-05172-0>

- Morley, C., Ryan, V., Hodge, L., Higgins, M., Briskman, L., & Martin, R. (2024). Re-Envisioning Field Education in Australian Social Work to Combat Placement Poverty: Students', Educators' and Practitioners' Perceptions. *The British Journal of Social Work*, 54(3), 1211-1235. <https://doi.org/10.1093/bjsw/bcad229>
- Newhouse, R. P., & Spring, B. (2010). Interdisciplinary evidence-based practice: Moving from silos to synergy. *Nursing Outlook*, 58(6), 309-317. <https://doi.org/10.1016/j.outlook.2010.09.001>
- Nissen, L. M., & Tett, S. E. (2002). Community pharmacists improving health outcomes in rural and remote Queensland. *Australian Pharmacist*, 21(11), 874-880.
- Pascoe, T., Mudholkar, A., Burke, S., Obamiro, K., & Zuchowski, I. (2025). Allied health student-led clinics: An opportunity for workforce development. *The Australian Journal of Rural Health*, 33(2), e70034-n/a. <https://doi.org/10.1111/ajr.70034>
- Patrick, C.-j., Peach, D., Pocknee, C., Webb, F., Fletcher, M., & Pretto, G. (2009). *The WIL (Work Integrated Learning) report: A National Scoping Study*. <https://eprints.qut.edu.au/216185/1/WIL-Reportgrants-project-jan09.pdf>
- Reeves, S., Perrier, L., Goldman, J., Freeth, D., Zwarenstein, M., & Zwarenstein, M. (2013). Interprofessional education: effects on professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, 2018(8), CD002213-CD002213. <https://doi.org/10.1002/14651858.CD002213.pub3>
- Robertson, S., Thomson, K., & Bannigan, K. (2024). Characteristics of student-led clinics in the allied health professions: Protocol for a scoping review. *JMIR Research Protocols*, 13, e58084. <https://doi.org/10.2196/58084>
- Rogers, C. (2021). Supporting health students on rural placements: A scoping review. *The Australian Journal of Rural Health*, 29(3), 319-331. <https://doi.org/10.1111/ajr.12701>
- Sen Gupta, T. K., Hays, R. B., Kelly, G., & Buettner, P. G. (2011). Are medical student results affected by allocation to different sites in a dispersed rural medical school? *Rural and Remote Health*, 11(1), 1511-1511. <https://doi.org/10.22605/RRH1511>
- Sibbald, B., Laurant, M., & Scott, A. (2002). Changing Task Profiles. In R. Saltman, Rico, A., Boerma, W. (Eds.), *Primary care in the driver's seat? Organizational Reform in European Primary Care* (pp. 149-164).
- Versace, V. L., Skinner, T. C., Bourke, L., Harvey, P., & Barnett, T. (2021). National analysis of the Modified Monash Model, population distribution and a socio-economic index to inform rural health workforce planning. *The Australian Journal of Rural Health*, 29(5), 801-810. <https://doi.org/10.1111/ajr.12805>
- Walsh, S. M., Versace, V. L., Thompson, S. C., Browne, L. J., Knight, S., Lyle, D. M., Argus, G., & Jones, M. (2023). Supporting nursing and allied health student placements in rural and remote Australia: a narrative review of publications by university departments of rural health. *Medical Journal of Australia*, 219(S3), S14-S19. <https://doi.org/10.5694/mja2.52032>
- Watts, S. A., Gee, J., O'Day, M. E., Schaub, K., Lawrence, R., Aron, D., & Kirsh, S. (2009). Nurse practitioner-led multidisciplinary teams to improve chronic illness care: The unique strengths of nurse practitioners applied to shared medical appointments/group visits. *Journal of the American Academy of Nurse Practitioners*, 21(3), 167-172. <https://doi.org/10.1111/j.1745-7599.2008.00379.x>
- Wilson, E., & Taylor, N. F. (2019). Clinical supervision for allied health professionals working in community health care settings: Barriers to participation. *Journal of Allied Health*, 48(4), 270-279.
- Zuchowski, I., McLennan, S., Buchta, K., Cordes, K., Sen Gupta, T., Ladesma, C., Lee, R., & McArthur, L. (2024). Curriculum development for social work student placements in primary health care. *Social Work education*, 43(4), 1173-1190. <https://doi.org/10.1080/02615479.2023.2170347>
- Zuchowski, I., McLennan, S., & Sen Gupta, T. (2023). Evaluation of social work student placements in general practice. *The British Journal of Social Work*, 53(5), 2762-2783. <https://doi.org/10.1093/bjsw/bcac244>



International Journal of Work-Integrated Learning

ISSN: 2538-1032

www.ijwil.org

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.

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Reference

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. <https://doi.org/10.4324/9781003156420-4>

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International Journal of Work-Integrated Learning

ISSN: 2538-1032

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