Several strategies for clinical partners and universities are perceived to enhance physiotherapy student engagement in non-metropolitan clinical placements: a mixed-methods study

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KEY WORDS
Physiotherapy
Clinical placements
Non-metropolitan Student
Rural and regional

ABSTRACT

Question: What strategies can clinical partners and universities implement to enhance physiotherapy student engagement in non-metropolitan clinical placements? Design: Mixed-method research design combining focus groups and survey. Participants: First-year physiotherapy students from one university at the commencement of their course (n = 26); third-year and fourth-year students who had completed a non-metropolitan placement (n = 39 survey, n = 25 focus group); and clinical educators from three non-metropolitan clinical sites (n = 15). Intervention: The cohort of first-year physiotherapy students was surveyed to establish their perceptions regarding non-metropolitan clinical education placements. A survey and four focus groups were conducted with third-year and fourth-year students after they had attended non-metropolitan clinical placements, to explore recent experiences. Two focus groups were conducted with clinical educators regarding student engagement at non-metropolitan placements. Quantitative data were summarised with descriptive statistics. Qualitative data were analysed using thematic analysis, synthesising the perspectives of students and clinical educators. Results: At the commencement of their physiotherapy course, interest in undertaking a non-metropolitan clinical placement was higher for students with a non-metropolitan upbringing. Concerns about attending non-metropolitan sites included finances, change in living situation, and perceived inferior quality of clinical education. After completing a non-metropolitan placement, four themes were identified in an analysis of student and educator perceptions: individual factors, clinical experience, logistical challenges and strategies for success. Conclusion: Strategies that were perceived to enhance student engagement in non-metropolitan placements included: tailoring preparation for students, paired rather than individual placements, and near-peer presentations for physiotherapy students prior to undertaking non-metropolitan placements. Dedicated clinical coordinator positions at non-metropolitan sites and assistance in accessing affordable accommodation are likely to positively influence the student experience. (Francis-Cracknell A, Maver S, Kent F, Edwards E, Iles R (2017) Several strategies for clinical partners and universities are perceived to enhance physiotherapy student engagement in non-metropolitan clinical placements: a mixed-methods study. Journal of Physiotherapy 63: 243–249) © 2017 Australian Physiotherapy Association. Published by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Introduction

In Australia, there are significant challenges in recruiting and retaining the rural and regional health workforce. This is particularly important given the unmet healthcare needs of communities in non-metropolitan areas.1 There is evidence to suggest that students who have had positive clinical placements in these areas will be more likely to seek employment in non-metropolitan areas on graduation.2–12 As the demand for physiotherapy clinical placements across Australia increases, there is an urgent need to utilise all geographical areas and provide students with positive learning experiences outside of metropolitan areas.13 To better prepare and support students to fully engage in clinical education opportunities, universities and health services need to better understand the challenges that physiotherapy students face.

When physiotherapy students undertake clinical placements, they are supervised by clinical educators. These are physiotherapists who undertake the responsibilities of student supervision, teaching and assessment in a clinical placement. Clinical placements are often overseen by a clinical education coordinator, who is a staff member employed by health services specifically to: coordinate clinical placements; support students and clinical educators; and liaise with university partners. Some clinical placements occur in nearby centres such as metropolitan hospitals, but other placements may be in rural, remote or regional city locations. For the purposes of this study, non-metropolitan clinical placements are defined as placements that occurred outside of metropolitan Melbourne. In practice, these settings may be quite different to one another and present different experiences. Different universities give different amounts of consideration to student preference for placement location.

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Anecdotally, clinicians and education providers have reported resistance by physiotherapy students to give preference to non-metropolitan clinical placements. This has been supported by some research in the broader health field, including one study investigating physiotherapy students. Some of the reported student concerns include finding affordable accommodation, ability to maintain part-time employment, travel, social isolation and being away from social supports. Students have also reported concerns that non-metropolitan placements may provide sub-standard clinical opportunities in contrast to large metropolitan hospitals, with the potential for reduced professional opportunities on graduation.

Strategies to assist with student placements in non-metropolitan areas have been discussed in the medical education literature. Useful strategies have included accommodation assistance, financial assistance for travel, and voluntary allocation of students to non-metropolitan areas. From the university perspective, providing education on what to expect, promoting interprofessional learning opportunities, and offering pastoral care and academic support during placement have contributed to positive experiences for senior medical students. Student-specific enablers may include having: previously lived rurally, previously lived out of home, career goals, and personality traits such as resilience and flexibility. The research in this area is, however focused on medical students, and while it is expected that there may be similarities in student experience, it is not known whether the same strategies would assist physiotherapy students. Also, if given the opportunity, physiotherapy students may come up with different strategies to improve the appeal of non-metropolitan placements, even if the issues faced are the same as those for medical students.

This study aimed to investigate strategies that universities and health services can use to maximise physiotherapy student engagement in non-metropolitan placements.

Therefore, the specific research questions for this mixed-methods study were:

1. What are students’ pre-perceptions and concerns regarding clinical placements at non-metropolitan clinical sites?
2. What are the challenges for students completing clinical placements at non-metropolitan sites?
3. What are the enablers and facilitators to successful non-metropolitan clinical placement experiences?
4. What strategies may be useful to support and prepare students on non-metropolitan clinical placements?

Method

Design

A mixed-method research design was applied; it combined focus group and survey methods of data collection. There were three stages to data collection.

Part A

First-year physiotherapy student pre-placement perceptions were assessed. An online survey of physiotherapy students in the first month of the first year of physiotherapy study was conducted to identify pre-placement perceptions of attending a non-metropolitan placement. The questions included in the survey are presented in Appendix 1 (see eAddenda for Appendix 1).

Part B

Third-year and fourth-year physiotherapy students’ post-placement perceptions were assessed. An online survey of these students was conducted when they had recently completed one or more non-metropolitan placements. Survey items included questions regarding educational experiences, resources and professional considerations. The questions included in the survey are presented in Appendix 1 (see eAddenda for Appendix 1).

All students who had completed a non-metropolitan placement were also invited to attend a focus group. Groups were limited to a maximum of eight students and ran for a maximum of an hour. A semi-structured approach was undertaken, including questions about student concerns, challenges, successes and strategies. The stimulus questions for the focus groups are presented in Box 1. Participants were encouraged to discuss any issues regarding their clinical placement experience. Student focus groups were facilitated by a university staff member (AFC, RI).

Part C

Part C was designed to elicit the perceptions of clinical educators and clinical education coordinators responsible for students in non-metropolitan placements. Focus groups with such clinical educators and clinical education coordinators at three different non-metropolitan health networks were undertaken to gather perspectives of the challenges in providing education in non-metropolitan settings and possible strategies for success. A staff member from each participating physiotherapy department invited clinical educators to participate in a staff focus group lasting 1 to 1.5 hours. Staff focus groups were facilitated by a member of the research team not involved in clinical placement education (FK). A semi-structured approach was taken, using the stimulus questions presented in Box 1. The full interview guide is presented in Appendix 2 (see eAddenda for Appendix 2).

Participants

For Part A, all first-year physiotherapy students were invited to participate in the survey at the commencement of their course in
2016. For Part B, all third-year and fourth-year students who had attended a non-metropolitan placement in 2016 were invited to complete a survey and attend a focus group. For Part C, all clinical educators and clinical education coordinators responsible for student teaching and learning with students placed at three non-metropolitan sites were invited to attend a focus group.

Data analysis

Descriptive statistics were applied to the survey results. Qualitative survey data from the first-year physiotherapists were thematically analysed by two staff members (RI, SM) to inform the latter stages of survey design and the focus group.

Focus groups were audio recorded and transcribed verbatim for analysis. Each focus group transcript was coded independently by at least two researchers, including one representative from the university (AFC, RI, FK) and one from the health service (SM, EE). Codes were inductively derived from the transcripts using open coding techniques to illustrate the phenomenon as described by the participants. Three researchers used NVivo software and two researchers used manual coding. The research team met by teleconference on three occasions: to discuss the codes identified, to discuss the language used in coding, and finally to collapse the codes into common themes across student and staff data.

Results

Participants

In Part A, 26 first-year students completed the survey from a total cohort of 97 students enrolled in first year of the physiotherapy program (response rate 27%). In Part B, 39 third-year or fourth-year students completed the survey from a cohort of 55 third-year and fourth-year students completing a non-metropolitan placement in 2016 (response rate 71%). Twenty-five third-year or fourth-year students attended one of four focus groups. In Part C, 15 clinical educators and clinical education coordinators from three non-metropolitan locations attended a focus group.

Part A: Pre-placement perceptions of non-metropolitan clinical placements

At the commencement of their studies, 14 out of 26 students (53%) considered a non-metropolitan clinical placement within their physiotherapy course to be unfavourable. Despite the low first-year survey response rate, the consistency of the concerns raised by students, and alignment of the themes to the published literature, provided justification for proceeding to the second stage of data collection. Concerns focused on the perceived quality of the clinical education experience and the logistical challenges, financial burden and accommodation. Students from a non-metropolitan upbringing were more likely to be interested in completing a non-metropolitan clinical placement (Figure 1).

Part B: Post-placement perceptions of non-metropolitan clinical placements

At the completion of a non-metropolitan placement, 14 (36%) of the third-year or fourth-year students rated the non-metropolitan placement as favourable, 12 (31%) rated it as neutral and 13 (33%) rated it as unfavourable. The financial burden and travel time were the main reasons for negative overall ratings. The educational experience at non-metropolitan settings was perceived as different to metropolitan settings by 23 (59%) of the third-year or fourth-year students and no different by nine (23%), with the remaining respondents unable to compare. However, the qualitative data within the survey reflected an overall positive experience in light of the challenges faced, as summarised by one respondent:

*The culture is fantastic and it is a great experience, however you will be quite out of pocket.*

Four student focus groups were conducted. No new themes were identified in the analysis of the fourth transcript, suggesting that saturation had been achieved. The focus group data are summarised in Table 1 and synthesised below.

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**Box 2. Stimulus questions for focus groups with clinical educators and clinical education coordinators.**

1. What pre-conceptions do you think students come to placements with regarding the regional nature of the placements?
2. Are there any advantages of having students from areas outside of the area of the organisation? (Please list)
3. In contrast, what might be some of the disadvantages? Think from your perspective and the department’s perspective as well as from the students’ perspectives.
4. Have you any personal experiences to share that were made better or worse by the nature of the student being far from his/her normal place of residence?
5. What student qualities do you think make these placements the most successful?
6. Remembering that the purpose of this study is to develop strategies to assist in the engagement of students in non-metropolitan placements, we are interested in your ideas that would assist in improving the student experiences at your service. Thinking in an ideal world and reflecting on your experiences, what would you like to support you on the placements? Consider from the perspective of student, universities and your own department.

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[Figure 1: Pre-placement rating of favourability towards a non-metropolitan clinical placement presented by location of upbringing, demonstrating the relationship between location of upbringing and interest in non-metropolitan placements.]
<table>
<thead>
<tr>
<th>Theme</th>
<th>Codes</th>
<th>Student quote</th>
<th>Staff quote</th>
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<tbody>
<tr>
<td>Individual factors</td>
<td>Anxiety</td>
<td>'It was probably more the anticipation that was more nerve rackng' (Student FG 3)</td>
<td>'I've seen students being quite concerned about the experiences that they're getting, and if they're missing out on this and missing out on that' (Staff FG 1)</td>
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<td>Resilience</td>
<td>'Emotional stuff. That was more of a challenge' (Student FG 1)</td>
<td>'The most engaged ones are the ones that choose to come' (Staff FG 1)</td>
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<td>Motivation</td>
<td>'We didn’t choose this’ [placement location] (Student FG 1)</td>
<td>'They've moved from their usual home, into Kitchener House, have dinner in isolation, having to be independent' (Staff FG 1)</td>
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<td>Isolation</td>
<td>'You’re a lot further away from the support networks' (Student FG 3)</td>
<td>'And some of the students have never really had much time away. They’re often been kids living at home with mum and dad . . . They're simply not being used to being away from home and having to look after themselves' (Staff FG 2)</td>
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<td>Domestic</td>
<td>'Well the four us stayed there in a house, and that was an adjustment for me; going back after placement and doing our shopping. We’d have to cook for ourselves, and then make lunch for the next day’ (Student FG 1)</td>
<td>'Those who are enthusiastic are usually the more rural, who are finding the things that we have to offer are more exciting' (Staff FG 1)</td>
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<td></td>
<td>Non-metro upbringing</td>
<td>'I didn’t want to move out of home’ (Student FG 1)</td>
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<td>Clinical placement factors</td>
<td>Friendly</td>
<td>The entire physio team were really welcoming, they were all really supportive and I think they understand that we’re coming from a completely different place' (Student FG 4)</td>
<td>'... small enough and friendly enough that you have conversations in the team and people are helpful' (Staff FG 1)</td>
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<td>Rural staffing</td>
<td>'It ended up that there were three students to one supervisor and we weren’t allowed to be on the ward without someone there. We spend the whole day just sitting downstairs because we weren’t able to do anything that day' (Student FG 2)</td>
<td>'Staff members have been off on sick leave or annual leave and because we are a small department we haven’t got as much flexibility to make sure that the students are being supervised at all times' (Staff FG 2)</td>
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<td>Workplace culture</td>
<td>'We’re a lot more incorporated into the actual department’ (Student FG 1)</td>
<td>'We do include them as a member of the department when they’re on placement’ (Staff FG 1)</td>
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<td></td>
<td>Case load</td>
<td>'In metro you sort of see the same sort of patients and you get really good at that, but then in non-metro you have a much wider range who have completely different issues' (Student FG 3)</td>
<td>'They are very clearly saying “we are missing out, we’re not getting the good experiences our colleagues are getting in metropolitan” (Staff FG 1)</td>
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<td></td>
<td>Paired placement</td>
<td>'If I was just alone there, by myself I don’t think I would have coped as well as I could have’ (Student FG 2)</td>
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<td></td>
<td>Autonomy</td>
<td>'We pretty much were just thrown in the deep end, we were literally told by our supervisor on the second or third day, ‘You can do and see that patient on your own’ (Student FG 1)</td>
<td>'And in doing so they actually get the experience of working almost as a staff member’ (Staff FG 1)</td>
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<td>Amount of supervision</td>
<td>'I was having patients that I’d seen in ICU and I’d follow them through to rehab. Because they were like my patients’ (Student FG 3)</td>
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<td>Educator skills</td>
<td>'They didn’t offer feedback as much’ (Student FG 3)</td>
<td>'So they’ve got some peer support, two in each clinic so they’re not isolated’ (Staff FG 1)</td>
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<td></td>
<td>Job prospects</td>
<td>'But it puts us at a disadvantage if we want to work in a metro hospital, because we haven’t done a placement there' (Student FG 1)</td>
<td>'And in doing so they actually get the experience of working almost as a staff member’ (Staff FG 1)</td>
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<td></td>
<td>Accommodation</td>
<td>'Finding rural accommodation, trying to get that sorted out with the uni was very stressful’ (Student FG 2)</td>
<td>'I work part time, but I have two full-time students doing placement, so that can be really hard to juggle in terms of making sure that they have something to do when I'm not there' (Staff FG 2)</td>
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<td></td>
<td>Travel</td>
<td>'Transport was very expensive and stressful as well' (Student FG 2)</td>
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<td></td>
<td>Finance</td>
<td>'When I was there on placement I was still renting over here in Victoria, because we were only there for a shorter period of time. I wasn’t able to work there at the same time, so I had essentially no income for 10 weeks. I still had to pay for things like rent and bills and food’ (Student FG 4)</td>
<td>'Because we have less senior staff than some of these larger hospitals, there’s definitely a lot more times that the students may be with a grade one’ (Staff FG 2)</td>
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<td></td>
<td>Job</td>
<td>'You needed to work. That wasn’t pocket money; that was live off money. You’ve got to pay for your petrol to get all the way out there. You’ve got to pay for your groceries and you’ve got to pay for your rent’ (Student FG 1)</td>
<td>'I’ve had a large number of employees over the years who did not originate in Geelong, but ended up coming to live in Geelong’ (Staff FG 1)</td>
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<td>Sports</td>
<td>'I wasn’t able to play for my soccer team’ (Student FG 3)</td>
<td>'We’ve had students who have joined sporting teams’ (Staff FG 1)</td>
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<td></td>
<td>Resources-IT</td>
<td>'People think that you’re just going to freeload or whatever, but you actually spend a lot of time on the Internet, whether it is submitting assignments. A couple of times I did get caught out trying to submit something which I didn’t end up submitting because of connections and stuff like that’ (Student FG 4)</td>
<td>'Computer systems internally and things being slow, which wasn’t an issue two years ago, but it’s a big issue now because all our client information and everything else is on computer’ (Staff FG 2)</td>
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### Table 1 (Continued)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Codes</th>
<th>Student quote</th>
<th>Staff quote</th>
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<tbody>
<tr>
<td>Strategies</td>
<td>Length of placement</td>
<td>‘No more than five weeks’ (Student FG 1)</td>
<td>‘... a huge benefit to the students that come and stay for the whole 15 weeks’ (Staff FG 2)</td>
</tr>
<tr>
<td>Placements in pairs</td>
<td>‘Being actually paired with someone rather doing a placement alone really, really helped’ (Student FG 2)</td>
<td>I would much rather have two students at once than one. I think in terms of they’re supporting each other, but certainly when you’ve got a student that’s struggling, it’s much easier for that student to spend where they should be, when there’s another student about. So I think the ones that I’ve had that have struggled most with one exception would be students on their own’ (Staff FG 2)</td>
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<td>Accommodation assistance</td>
<td>‘If there had been some more help from the uni that process might’ve been more streamlined and I probably would have been able to get accommodation’ (Student FG 3)</td>
<td>‘Free accommodation at the hospital, and I think that made a big difference’ (Staff FG 1)</td>
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<tr>
<td>Funding, financial support</td>
<td>‘More scholarships’ (Student FG 3)</td>
<td>‘Subsidised travel or a train ticket’ (Staff FG 1)</td>
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<tr>
<td>Educator preparation</td>
<td>‘Supervisor or clinical educator training’ (Student FG 3)</td>
<td>‘Advocacy for some funding for it like a clinical educator position’ (Staff FG 2)</td>
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<td>Determine student readiness</td>
<td>‘If I was mentally prepared [for] the fact that being in this school you might be placed interstate for 10 weeks. That would have made it easier’ (Student FG 2)</td>
<td>‘... sending people on the revision courses that you can get on and the ACE supervision a lot of our staff have been through that course’ (Staff FG 2)</td>
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<tr>
<td>Uni-preparation</td>
<td>[‘explanation of benefits] coming from a student who’s done it’ (Student FG 4)</td>
<td>‘There is merit in, before placements are allocated, getting them to fill out something that says I have lived away from home’ (Staff FG 1)</td>
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<tr>
<td>Uni-support</td>
<td>‘Even like a call to check in and make sure people are okay’ (Student FG 3)</td>
<td>‘I think for the kids coming to a rural placement who aren’t from a rural area, making sure that they’re really well equipped to acknowledge that this is a distance away’ (Staff FG 2)</td>
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<td>Dedicated CEC</td>
<td>‘It was the clinical educator ... that linked us up to accommodation there ... she helped to organise all of that’ (Student FG 3)</td>
<td>‘We got a call from the uni halfway as a student, to see how things were going’ (Staff FG 1)</td>
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### Part C: Clinical educators’ and clinical education coordinators’ perceptions

A total of 15 clinical educators and clinical education coordinators participated in two separate focus group from three non-metropolitan centres in Victoria. The focus group data is summarised in Table 1 and synthesised below.

#### Qualitative data synthesis

Analysis of the student and staff focus group data revealed four key themes: individual factors impacting the experience of a non-metropolitan placement, the clinical experience in a non-metropolitan setting, logistical challenges of non-metropolitan placements, and strategies that could improve the student experience of a non-metropolitan placement. Table 1 summarises the codes related to each theme, and quotes from the student and supervisor focus groups to illustrate sub-themes.

#### Strategies for individual factors

Individual factors included the various personal attributes of students that may have contributed to the success or difficulty of a non-metropolitan placement. Initiative, confidence, resilience, and having lived out of home prior to placement contributed to successful experiences, whilst the perceived isolation and domestic challenges were difficulties reported by others. Whether a student had opted into, or been allocated into a non-metropolitan placement contributed to the success.

#### Strategies for clinical placement experience factors

Clinical placement factors contributing to the success or challenge of non-metropolitan placements were identified. Positive attributes related to both the clinical work and the positive work environment. Students described that exposure to different caseloads in non-metropolitan placements sometimes presented different socio-economic challenges than the metropolitan setting. Difficulties related to the non-metropolitan placements included staff shortages, where one absentee in a small department reduced the ability to provide useful learning opportunities and greater likelihood of supervision by less experienced staff. Students also expressed concern regarding their job prospects upon graduation if they had completed the majority of placements in non-metropolitan settings.

#### Logistical challenges

Logistical challenges dominated the discussion in all focus groups. Accessing affordable accommodation, travel costs, and the inability to maintain part-time metropolitan employment and sport were identified as concerns for students. Many students reported being significantly out-of-pocket following a non-metropolitan placement. Both students and clinical educators made the case for financial assistance to support the expenses of a non-metropolitan placement.

#### Strategies for universities and health services

Multiple strategies were identified for consideration by both universities and health services to facilitate successful non-metropolitan clinical placements. Paired placements were identified as beneficial for students who reported feeling socially isolated, as well as providing the opportunity for peer learning. An on-site dedicated person (clinical education coordinator) to assist with finding affordable accommodation, funding assistance and providing pastoral care and support over the duration of the non-metropolitan placement was also considered a benefit by all participants. Students also felt that having previous students report on their positive experiences and learnings from non-metropolitan placements to future students would be a useful preparation strategy. This would serve to highlight the positive aspects of placement as well as provide help with logistical challenges. Finally, placements were deemed more successful when students had some flexibility in offerings rather than random allocation.
Discussion

Overwhelmingly, students attending non-metropolitan placements reported positive experiences and would recommend these placements. While this was consistent with previous studies, it was in contrast with pre-placement perceptions, where concerns about the logistics of non-metropolitan placements dominated. The challenges identified by physiotherapy students also largely echoed those reported in the medical education literature. When reflecting on existing challenges, participants raised multiple strategies for success.

Among the strategies related to individual factors, one important strategy that was identified was for students to be better prepared for non-metropolitan placement allocations, and for universities and health services to have awareness of students’ individual circumstances. For example, some students had experience living out of home and/or away from their usual supports, and others had none. This alone could have a significant impact upon the student learning experience during a non-metropolitan placement. Some preparation could occur prior to placement allocation to better identify students’ readiness for non-metropolitan placements. This could be followed by further, more focused content determined by the individual students and their level of ‘readiness’. This may also serve to maintain the focus of the placement experience upon the individual student’s learning journey rather than other challenges.

Prioritising the placement of students in pairs or connecting them with other students in the area is a strategy that could be employed and promoted by both universities and by clinical placement providers, and may be best conducted collaboratively between the two. Universities are positioned to connect students within and across professions from their own institution, but may not be aware of other students also attending a particular non-metropolitan site from other education providers. Timely and proactive information of this nature might enable students the opportunity for peer support and potential for shared logistical costs such as transport, parking and accommodation.

Careful consideration of scheduling and the length of time spent in a non-metropolitan location is important for non-metropolitan placements. A balance between the advantages of a clinical school model, where students stay for multiple placements in the same setting, needs to be balanced with the students’ individual circumstances. Students described the preference for some involvement in the decisions around timing and location of non-metropolitan placement allocations. The preference for voluntary, rather than mandated non-metropolitan placements, has been previously reported in other health professional groups.2,7-11 In practice, this needs to also be balanced with the capacity for universities to cater to individual student preferences and, most importantly, the capacity of non-metropolitan placement providers to offer placements. An important step may be to acknowledge that student choice is optimal, and to also describe and explain to students the underlying factors that contribute when this is unmanageable.

Among the strategies related to clinical placement experience factors, an important consideration was that some students’ preconceived perceptions regarding non-metropolitan placements indicated concern about the quality of clinical practice and a mismatch with desired employment post-graduation. However, after placements had occurred, some students did report that the opportunity to participate in a non-metropolitan placement positively swayed their interest in seeking employment in non-metropolitan locations on graduation. This finding has been reported in other professional groups,2,4,12 and signals the importance of positive non-metropolitan clinical placements in the development of the rural and regional workforce. It was demonstrated that despite the challenges of a non-metropolitan location, students could identify the educational benefits of the non-metropolitan environment.

Several specific aspects of the clinical experience were identified as enhancing the non-metropolitan placement experience by students and staff. These included departments that were friendly and welcoming, the way departments responded to varying staffing levels, and variety of caseload mix. Greater levels of student autonomy occurring earlier in placements in non-metropolitan placements was reported by students compared with their metropolitan counterparts, also potentially enhancing the experience.

A strategy of particular note was having a dedicated clinical education coordinator role with sufficient time and resources allocated. These roles were significant in determining the successful implementation of non-metropolitan placements for both students and staff, but were also pivotal in streamlining processes and communication between clinical sites and the university, and are supported in the literature.2,5-7

Universities can enhance these placement experiences by providing comprehensive education preparation for students and clinical educators and by providing intentional support during placement. This simple but important strategy, such as end of first week or mid-placement contact with both students and staff, could promote active two-way communication and address emerging issues early and proactively, thus reducing the need for reactive responses later.

Even at the commencement of the physiotherapy course, first-year students from a metropolitan upbringing expressed concerns about how they would manage the logistical challenges of attending a non-metropolitan placement. Specifically the following were raised: securing affordable accommodation and travel, and the impact of living away from home and having appropriate access to resources such as the Internet and high-speed Wi-Fi. These costs and resource considerations are realities that could significantly hamper student engagement in participating in non-metropolitan placements; further advocacy for equitable access to financial support for these student costs is important. Along with this, it is paramount to provide students with secure suitable accommodation options for the duration of their placement. This is information that is best formulated collaboratively with universities and clinical placement providers to offer breadth and choice of university, health service or private accommodation options for students, along with local transport and parking information.

Well-timed and strategic university planning processes can also contribute to best position students to manage these logistical challenges. Providing adequate planning and notification lead-time enable students to plan for and save towards associated costs, and to be eligible to apply for external scholarship opportunities to further support these logistics.

In conclusion, non-metropolitan placements can provide very rewarding and high-quality learning placement opportunities for physiotherapy students, despite legitimate challenges posed for students. As well as providing much-needed placement capacity, these placements may also contribute to future workforce capacity in non-metropolitan areas, and hence require active support for success. Tailored student preparation, proactive and timely liaison with non-metropolitan health services, near-peer support and dedicated clinical education coordinator roles may go a long way towards enhancing student engagement in non-metropolitan clinical placements. Equitable financial assistance to contribute to student costs across all health disciplines is worthy of further discussion.

What is already known on this topic: In Australia, there are significant challenges in maintaining a rural/regional healthcare workforce and in finding sufficient clinical placements for physiotherapy students. Students who have positive clinical rural/ regional clinical placement are more likely to seek employment in non-metropolitan areas, but many physiotherapy students have reservations about undertaking such placements.

What this study adds: Stakeholders in physiotherapy student placements perceive that non-metropolitan placements could be enhanced by tailoring preparation for students, paired rather than individual placements, and near-peer presentations for physiotherapy students prior to undertaking non-metropolitan placement. Dedicated clinical coordinator positions and affordable accommodation may also assist.
Footnotes: * NVivo software, QSR International Pty Ltd, Version 10.5, Melbourne, Australia.

**Eddenda:** Appendices 1 and 2 can be found online at: http://dx.doi.org/10.1016/j.jphys.2017.08.008

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