



Charles Sturt  
University

Three Rivers  
Department of  
Rural Health

# Rural Physiotherapy Clinical Schools. Perspectives of Students, Clinical Supervisors and Workplace Learning Academics

Final Report 2024

Three Rivers Department of Rural Health and  
School of Allied Health, Exercise and Sports Sciences

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# Background

Clinical placements in rural areas for undergraduate health students is a strategy used worldwide to promote growth of the health workforce in rural and remote areas. Evidence suggests that positive clinical practice experiences during undergraduate medical training may influence intention to practice rurally after graduation, particularly for students of a rural background (Holst, 2020) and during the years immediately following graduation (Gupta et al., 2019). Longer rotations in rural locations increase the association between rural clinical placements and employment of medical graduates in rural locations (Fuller et al., 2021). Less is known about the provision of rural clinical placements for allied health students as a means of promoting the rural allied health workforce (Seaman et al., 2022).

An increase in the number of rural physiotherapy clinical placements in NSW has been demonstrated (Johnston et al., 2017), with physiotherapy students achieving higher clinical placement grades in these rural locations when compared to metropolitan placements (Johnston et al., 2017). This suggests rural physiotherapy clinical placements create positive learning outcomes for undergraduate students, yet little is known about the quality of the student experience. Surveys of medical and physiotherapy students completing rural clinical placements highlight the need to consider factors beyond the clinical placement itself to improve student experience (Elliott et al., 2023; White & Humphreys, 2014). Factors such as financial, social, health, and familial supports contribute to overall student placement experience in rural clinical schools (Elliott et al., 2023). Social-cultural factors have also been identified by physiotherapy students as key contributors to the rural placement experience, specifically accommodation and financial support, and availability of community facilities and activities to reduce isolation on weekends (White & Humphreys, 2014).

In line with these student experience studies, a recently published scoping review (Green et al., 2022) identified features that underpin quality of rural health placements including: (1) learning and teaching in a rural context; (2) rural student placement characteristics; (3) key relationships; and (4) required infrastructure. Against the background of this emerging evidence base, the current project was conducted in partnership between Charles Sturt University and the Rural Physiotherapy Clinical Schools in Western NSW and Murrumbidgee Local Health Districts to better understand the current experiences of physiotherapy students, clinical supervisors, and workplace learning (WPL) academics.

## Context

A Rural Physiotherapy Clinical School (RPCS) model has been in existence in the Murrumbidgee Local Health District (LHD) since 2018 and was introduced in Western NSW LHD in 2022. As clinical placements are limited in number, it is important to use available capacity to best effect. With increasing numbers of allied health degrees and subsequent demand for more clinical placements, securing clinical placements in health settings is increasingly competitive for WPL academics (Department of Education, 2024).

Entry into clinical schools for students is competitive. Student candidates are invited to submit a written expression of interest and candidates are interviewed and selected by clinical supervisors. Little is known about the specific student skills and attributes sought by clinical supervisors when selecting students for a rural clinical school. There is also a lack of data regarding how the RPCS model is experienced by students and how well the clinical schools provide them with the opportunity to develop the skills and attributes required for effective entry level rural practice.

## Initial Consultation

Charles Sturt University physiotherapy WPL academics and physiotherapy clinical school co-ordinators from Western NSW and Murrumbidgee LHDs were invited to attend early stakeholder meetings during September 2022, to determine the scope, activities, outputs and impacts of the project. The project was viewed as an opportunity to share knowledge between clinical schools, plan rural capacity skill building and enhance support structures for students and clinical school supervisors through the university.

Initial stakeholder engagement identified some underlying assumptions regarding the RPCS model:

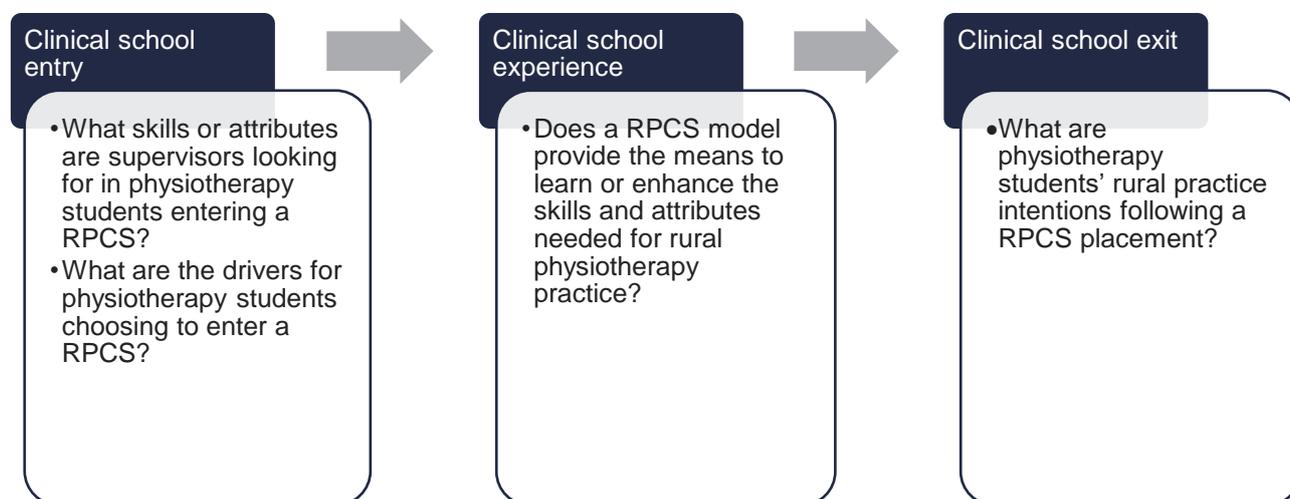
- There are unique elements to physiotherapy practice in rural areas that differ from physiotherapy practice in metropolitan areas.
- There are skills and attributes that support physiotherapy students to practice in a rural context
- A workplace learning experience in a RPCS assists in developing these skills and attributes
- Physiotherapy students who complete a RPCS placement will have a stronger intention to practice in a rural context

Following further consultation with stakeholders, research questions of interest were identified and refined to capture the unique insights of students, clinical school co-ordinators and WPL academics at different time-points of engagement with the clinical schools.



# Methodology

## Research Questions



## Project Design

A mixed methods approach was chosen using on-line survey and on-line focus groups. Three different groups (physiotherapy students, clinical supervisors and WPL academics) were invited to participate by email, after viewing a short presentation that provided an overview of the project aims and methods.

Charles Sturt University 4<sup>th</sup> year physiotherapy students who had completed a placement in 2022 or were on placement in 2023 in one of the clinical schools were invited to participate in the on-line survey.

Clinical program co-ordinators and clinical supervisors involved with the Western NSW and Murrumbidgee LHD clinical schools, who had experience supervising students on clinical placement were invited to participate in both the survey and focus groups.

Physiotherapy WPL academics involved with the Western NSW and Murrumbidgee LDH clinical schools were invited to participate in focus groups.

Students and supervisors were offered a \$30 e-gift card in recognition of their time and interest in the project. The project was granted approval by the Charles Sturt University Human Research Ethics Committee. Protocol number: H23468.

## Surveys

Two on-line surveys were developed for physiotherapy students and clinical supervisors using the Qualtrics software platform (Appendix 1 & 2). The surveys collected demographic information, placement and work specific information and provided the opportunity to give feedback about the clinical schools through open text responses.

Students and supervisors were asked to reflect on a list of competencies and skills required to for entry-level rural physiotherapy practice and to rate the extent to which they felt the clinical schools offered students the opportunity to develop these skills, using a 5-point Likert scale. Exploration of the desired competencies in these surveys is based on the three-round Delphi study conducted by Martin et al (Martin et al., 2021). In this study, a sample of 17 registered physiotherapists working in rural and remote locations across Australia, identified competencies required for entry level rural and remote physiotherapy practice. 19 of these competencies achieved >80% consensus. The knowledge, skills, and attributes related to these

competencies highlight the need for responsiveness to a rural locality, consideration of individual community needs and problem-solving skills when dealing with the challenges of practicing in rural and remote locations. For brevity in our survey, we only included the nine competencies that achieved the highest level of agreement (90-100% agreement) in the study by Martin et al (Martin et al., 2021).

Student surveys asked if the respondent was currently on placement and why they chose to apply to the RPCS. Students were also asked to consider 11 statements regarding aspects of the RPCS and rate their level of agreement using a 5-point Likert scale. These statements explore the impact of the RPCS placement, student expectations of and levels of satisfaction with a rural placement, opportunities for connections to the community whilst on placement, feelings of preparedness for rural practice, including cultural responsiveness, intention to practice rurally and understanding of the employment opportunities post-graduation.

In addition, supervisor surveys asked respondents to list up to 5 attributes or skills that supervisors looked for in applicants to the clinical schools. Supervisors were also asked via open-text response how the clinical schools prepare students for rural clinical practice and the challenges involved in preparing students for rural clinical practice.

## Focus Groups

Clinical supervisors and WPL academics were invited to participate in on-line focus groups, to provide further insight into the RPCS experience. Three focus groups were run with participation from 6 clinical supervisors and 4 workplace learning academics. An interim report including results from the on-line survey was shared with participants prior to the focus groups in order to help deepen discussion around the topics of interest: the experience of the RPCS, the facilitation of skills and competency development of students and the facilitation of employment pathways for interested students post placement.

Participants were asked 4 questions during the focus groups (see Appendix 3). The first question referred back to the list of desired competencies for entry level physiotherapy rural practice. Participants were asked to consider if any competencies were missing from the provided list. Secondly, participants were asked to give examples of how they may have facilitated the opportunity for RPCS students to build these skills and competencies during placement. Thirdly, participants were asked to consider how the RPCS experience could be enhanced for students and clinical supervisors and how the university could better support the RPCS. Finally, the focus group participants were asked for their ideas to convert student intention to practice rurally into a reality.

A multi-level analysis of the transcripts of the focus groups was completed. A content analysis was first completed relating back to the main topic areas of the focus groups: graduate competencies, skill development of students, experience of the clinical schools for students and clinical supervisors, and intention to work rurally. Open text responses from student and clinical supervisor surveys were also mapped to these main areas. Findings mapped to each area were then synthesised into main themes.

# Findings 1 – Survey Responses

## Student survey results

Fourteen students responded to the on-line survey. Six (43%) respondents were 4<sup>th</sup> year students currently on placement. Eight (57%) had completed their final year in the preceding year. All were domestic students. The mean age was 25.4 years (minimum 22 years, maximum 45 years). 70% of respondents were female and 30% were male students. One person identified as being from Aboriginal or Torres Strait Islander background.

### Length of Placement:

Each placement is 5 weeks duration. Respondent either completed 3, 4 or 5 placements (range 15-25 weeks). Average length of placement was 20 weeks.

Combined placement weeks	3 x 5 weeks	4 x 5 weeks	5 x 5 weeks
Number of students	1	7	6

Table 1: Placement duration (combined placement weeks)



### Location of student placements:

Students completed their placements in various hospital and clinical settings which ranged in remoteness as classified under the Modified Monash Model<sup>1</sup> from 3 (Bathurst, Wagga Wagga, Mudgee and Dubbo) to 6 (Hillston). The greatest number of placements were undertaken at Wagga Wagga Health Service (7 placements) with equal numbers at Bathurst, Cowra, Mudgee and Dubbo (3 placements) and smaller numbers for Young, Hillston, Forbes and Echuca.

Location (Modified Monash Model)	Number of student placements
Wagga Wagga Base Hospital (MM 3)	7
Bathurst Base Hospital (MM3)	3
Dubbo Base Hospital (MM 3)	3
Echuca Regional Health (MM 3)	1
Mudgee District Hospital (MM 4)	3
Forbes Hospital Lachlan Health Service (MM 4)	2
Young Health Service (MM 4)	1
Hillston Multipurpose Service (MM 6)	1

Table 2. Location of placement by MMM

<sup>1</sup> <https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm>

## Developing competency for providing effective rural physiotherapy

Students were asked to rate their level of agreement that the clinical schools provide an opportunity to develop entry level competencies for providing effective rural physiotherapy as outlined by Martin et al (Martin et al., 2021). 14 students completed this question.

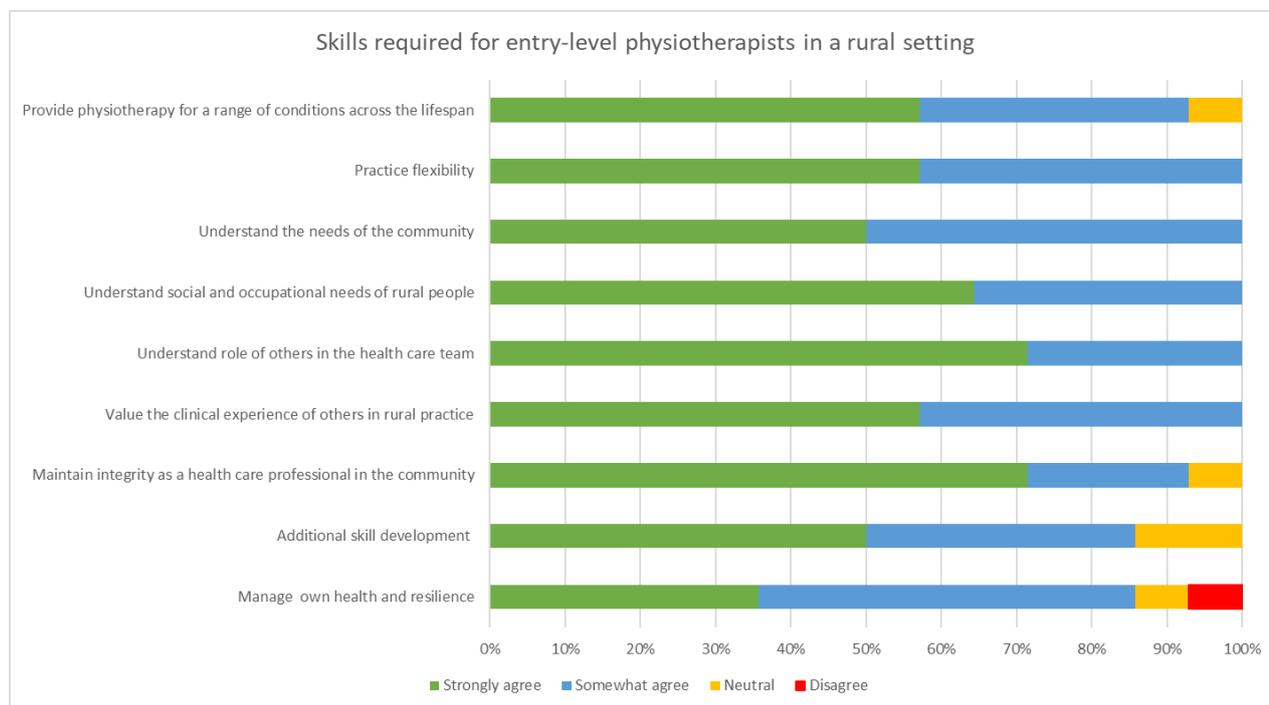


Figure 1. Student responses to rural competency development

All students either strongly agreed or somewhat agreed that the clinical schools provided the opportunity to develop five of the competencies: to practice flexibility; to understand the needs of the community; to understand the specific social and occupational needs of rural people; to understand the role of others in the health care team; and to value the clinical experience of others in rural practice.

The majority of students also strongly agreed or somewhat agreed that that the clinical schools provided the opportunity to develop skills for the remaining four competencies: to provide physiotherapy for a range of conditions across the lifespan; to maintain integrity as a health care professional in the community; to pursue additional skill development including self-directed learning; and to proactively manage their own health and resilience.

A very small number of neutral or disagree responses were returned as seen in the figure above (yellow and red responses).

## Student views about the RPCS

Students were asked to rate their level of agreement with statements about the clinical schools. 13 students completed this question.

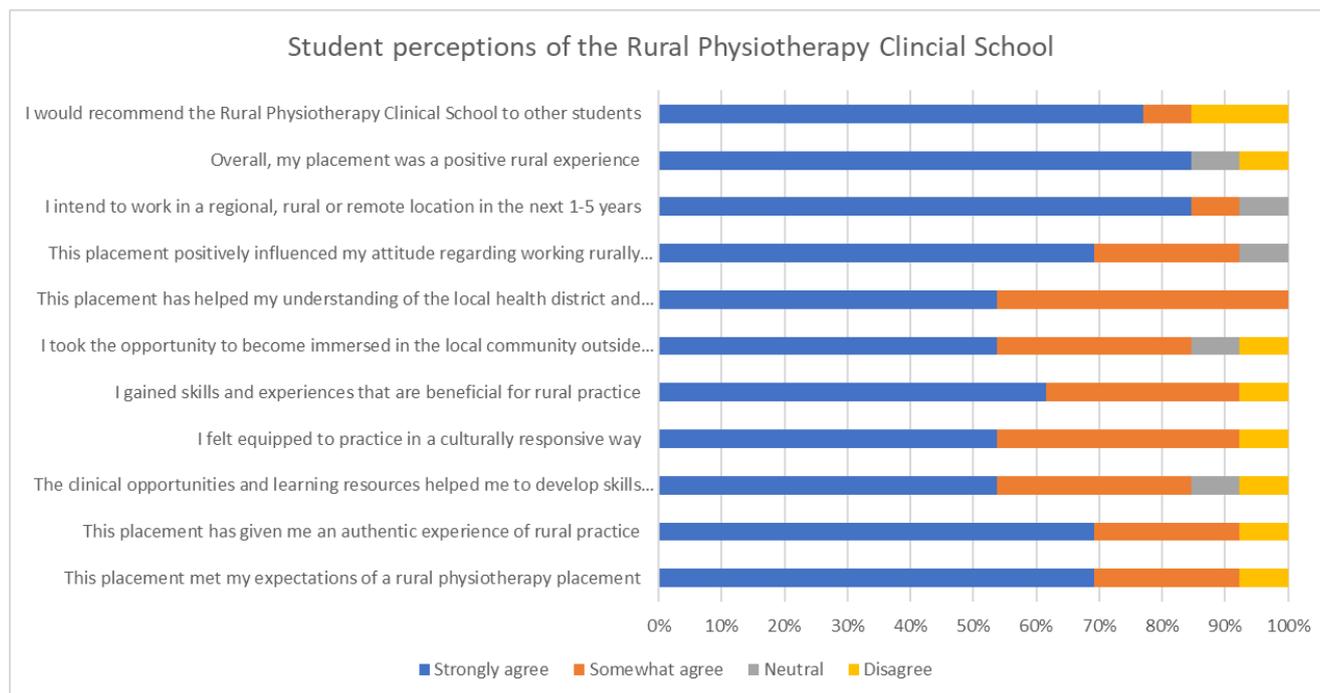


Figure 2. Student responses to the RPCS experience

Overall, students were very positive about their experiences with the clinical schools.

- 85% strongly agree that their placement was a positive rural experience.
- 77% strongly agree that they would recommend the RPCS to other students. 8% somewhat agreed and 15% somewhat disagreed that they would recommend the RPCS.
- 69% of students strongly agree and 23% somewhat agree that the placement met their expectations of a rural physiotherapy placement, the placement positively influenced their attitude regarding working rurally after graduation and had given them an authentic experience of rural practice.
- While 85% of student reported intending to work in a regional, remote or rural location in the next 1-5 years, only 54% of students strongly agree and 46% somewhat agree that the placement helped their understanding of the local health district and the employment opportunities after graduation.
- 62% of students strongly agreed and 31% somewhat that the RPCS allowed them to gain skills and experiences beneficial for rural practice. 8% somewhat disagreed with this.
- 54% of students strongly agreed the that the placement provided opportunities and learning resources to help develop the skills needed for rural practice, and 31% somewhat agreed with this.
- 54% of students strongly agreed that they felt equipped to practice in a culturally responsive way but 38% somewhat agreed with this and 8% somewhat disagreed.
- 54% of students strongly agreed that they took the opportunity to become immersed in the local community outside of work during placements, 31% somewhat agreed with this, 8% neither agreed or disagreed and 8% somewhat disagreed with this.

## Why did students choose to apply to the RPCS?

This open-ended question allowed students to provide a range of responses and most gave more than one reason why they chose to apply to a RPCS.

Several themes emerged in the student responses to this question. The most common reasons given for choosing to apply to a RPCS in order of frequency were:

1. Wanting to work in a rural setting
2. Wanting to stay locally
3. Affordability
4. Being of rural background
5. Intention of working rurally post-graduation
6. Opportunity for work in local area post-graduation
7. Organisational/planning benefits
8. Opportunity to gain rural skills and assist rural communities

*"I have grown up in a small rural community and value these. I also believe there is a large requirement for health care workers within rural communities due to a reduced workforce. I believe opportunities like these are a great way to develop your skill set as you are exposed to a larger range of demographics."*

*"I live in Wagga and love the rural community feeling that a country town has. I think it gives you a different view on the health care system where you face challenges of not offering a lot of services but enough to keep [patients] close to home."*

*"Born and raised in Central Western NSW and then moved to the Northern Rivers NSW, I have always wanted to work in a smaller community setting. I live in Bathurst with a mortgage and wanted to gain experience locally where I could see myself staying in [the] future as a graduate physio while also being financially feasible for my learning experience."*

*"I was very keen to work in a hospital and having all my placement in the same place and organised ahead of time was very beneficial. It allowed me to plan the rest of my year and complete the rest of 4th year subjects."*

*"Security of placements, knowledge of the locations I was attending & experience living in [a rural] community."*



## Clinical supervisor survey results

Fifteen clinical supervisors completed the survey. More than half (57%) reported lived rurally for over 20 years and 21% report living rurally for 6-10 years. Only 14% reported living rurally for less than 5 years.

### Clinical Experience

More than half of the clinical supervisors (53%) had 5-10 years of years of clinical experience, 27% of clinical supervisors have < 5 years of clinical experience, while 7% had 11-15 years of clinical experience and 13% of survey respondents had > 20 years' experience. Supervisors rated the extent of their experience supervising physiotherapy students in a clinical setting as moderate (73%) or significant (27%).

Clinical supervisors had a large variety of clinical practice areas, with the greatest frequency being in cardiorespiratory, rehabilitation and orthopaedic clinical areas, followed by gerontology, musculoskeletal and rural generalist.

### Location of workplace

Clinical supervisors reported working in various hospital and clinical settings which ranged in remoteness as classified under the Modified Monash Model<sup>2</sup> from 3 to 6. Most clinical supervisors (40%) worked in Wagga Wagga.

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#### Location (Modified Monash Model)

**Wagga Wagga (MM 3)**

**Bathurst (MM3)**

**Orange (MM3)**

**Dubbo (MM 3)**

**Cowra (MM4)**

**Mudgee (MM 4)**

**Cootamundra (MM4)**

**Tumut (MM4)**

**Young (MM 4)**

**Hillston (MM 6)**

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Table 3. Location of clinical supervisors' place of work

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<sup>2</sup> <https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm>

## Developing competency for providing effective rural physiotherapy

Clinical supervisors were asked to rate their level of agreement that the clinical schools provide students with an opportunity to develop entry level competencies for providing effective rural physiotherapy as outlined by Martin et al (2021). On the whole, supervisors mostly agreed that the clinical schools provide students with the opportunity to develop skills across all nine competencies surveyed. 14 supervisors completed this question.

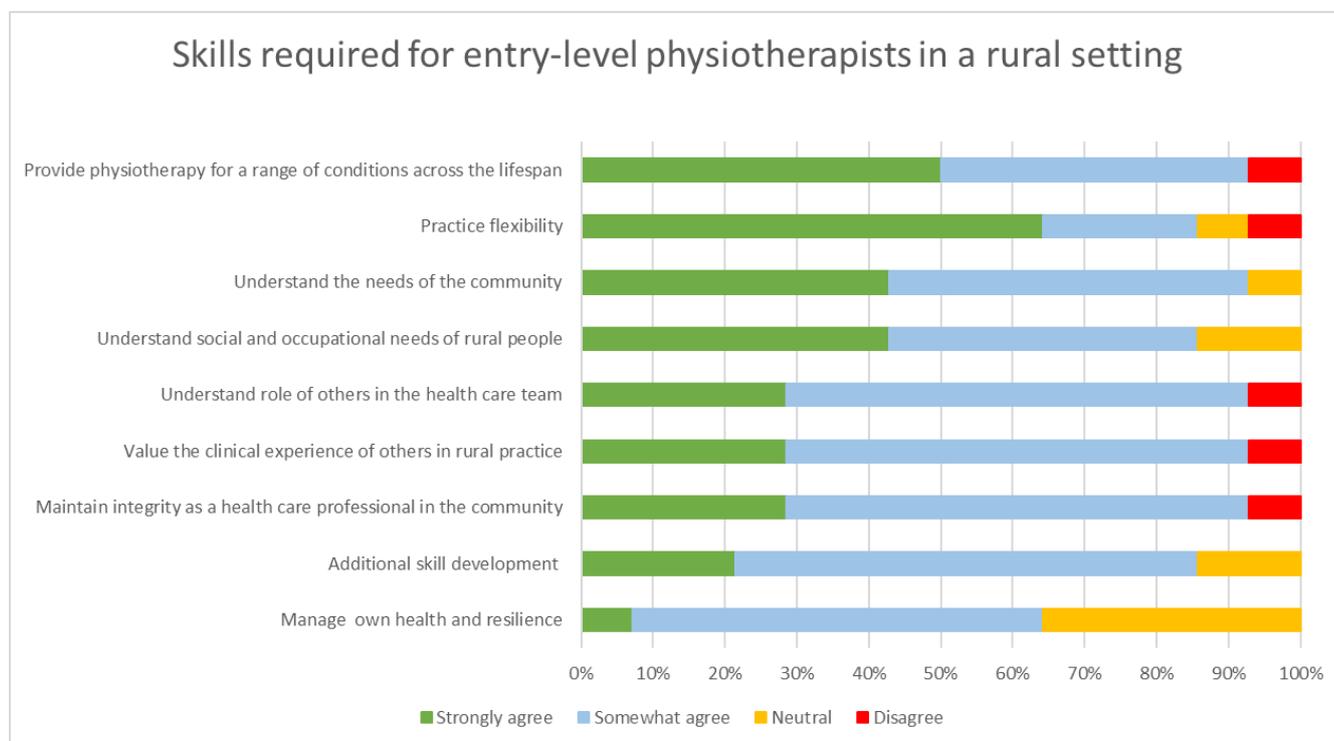


Figure 3. Clinical supervisor responses to competency development

64% of clinical supervisors strongly agreed that the clinical schools provide the opportunity for students to practice flexibility and 50% strongly agreed that it provided students with the opportunity to provide physiotherapy for a range of conditions across the lifespan.

43% of clinical supervisors strongly agreed and 50% somewhat agreed that the clinical schools provided students with the opportunity to understand the needs of the community. 43% of clinical supervisors strongly agreed, 43% somewhat agreed and 14% neither agreed nor disagreed that the clinical schools provided students with the opportunity to understand and the specific social and occupational needs of rural people.

More than half of clinical supervisors somewhat agreed that the clinical schools provided students with the opportunity to develop the following competencies: to understand the role of others in the health care team; to value the clinical experience of colleagues in rural practice; to maintain integrity as a health care professional in the community; to pursue additional skill development including self-directed learning; and to proactively manage students' own health and resilience.

7% of clinical supervisors somewhat disagreed that the clinical schools provided students with the opportunity to develop the following competencies: to provide physiotherapy for a range of conditions across the lifespan; to practice flexibility; to understand the role of others in the health care team; and to value the clinical experience of colleagues in rural practice.

## Clinical supervisor views about the RPCS

Clinical supervisors were asked to rate their level of agreement with statements about the clinical schools. Overall, the clinical supervisors were positive about the clinical schools. 14 clinical supervisors completed this question.

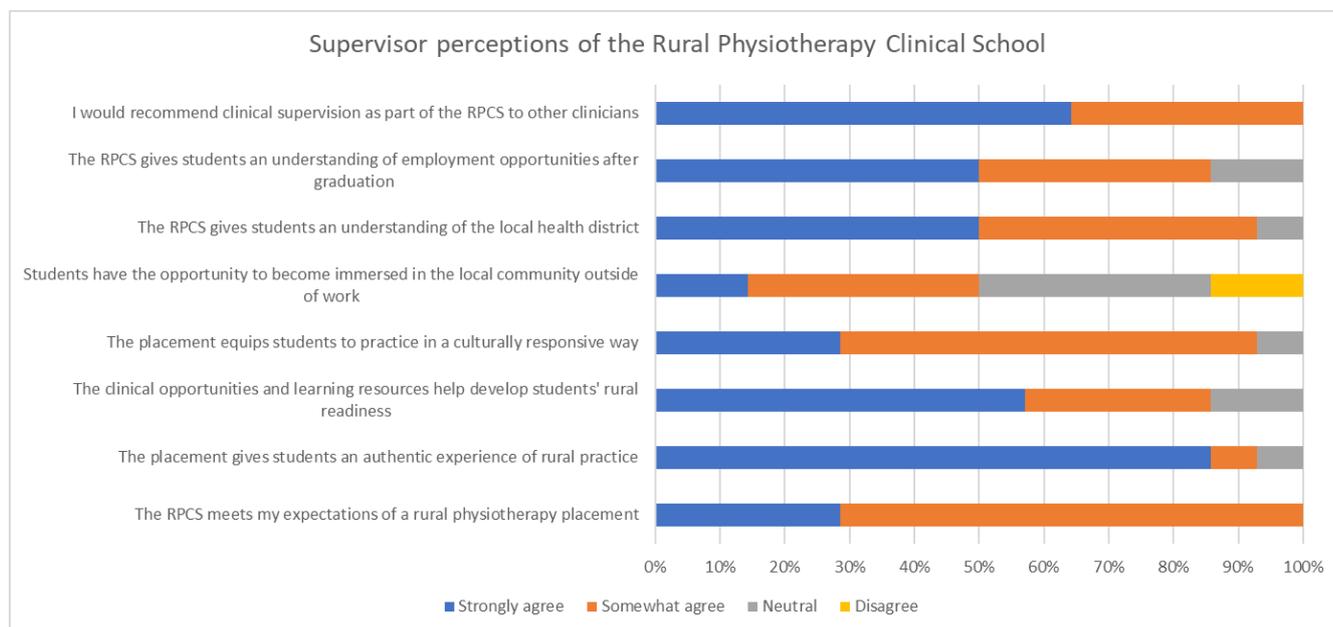


Figure 4. Clinical supervisors' responses to the RPCS experience

86% strongly agree that the placements offered students an authentic experience of rural practice.

64% strongly agree that they would recommend clinical supervision as part of a RPCS to other clinicians, and 71% somewhat agreed that it met their expectations of a rural physiotherapy placement.

Most clinical supervisors either strongly agreed or somewhat agreed that the clinical schools equip students for rural readiness and to practice in a culturally responsive way.

Findings were mixed regarding the opportunity for students to become immersed in the local community outside of work, only 14% strongly agreed, 36% either somewhat agree or neither agree nor disagree, and 14% somewhat disagree with this.

Half of clinical supervisors strongly agree that the clinical schools give students an understanding of the local health district and employment opportunities after graduation.

### Preparation for rural practice

Clinical supervisors were asked how the clinical schools prepare students for rural practice via an open text question.

Supervisors felt that the clinical schools gave physiotherapy students a chance to experience rural practice and to develop an understanding of the diverse range of needs in a rural caseload.

The opportunity to work with experienced rural clinicians across a range of clinical settings including smaller sites was another theme, as were the benefits of working within and across one local health district, enabling familiarisation with the procedures, facilities and staff in a district.

More than one supervisor reported that the clinical schools allowed students to develop generalist skills across a range of clinical areas.

One supervisor felt that the clinical schools prepare students through exposure to the complex discharge planning that may be required for some patients to return to their homes in rural and remote areas, including community visits, virtual care, training of support staff and liaising with other services.

## Desirable student skills and attributes

Supervisors were asked to list the most desirable skill and attributes of students applying to the clinical schools. The most frequently listed were:

	<ul style="list-style-type: none"><li>• Flexibility</li></ul>
	<ul style="list-style-type: none"><li>• Willingness to learn</li></ul>
	<ul style="list-style-type: none"><li>• Willingness to accept feedback</li></ul>
	<ul style="list-style-type: none"><li>• The ability to work independently</li></ul>
	<ul style="list-style-type: none"><li>• Good communication skills</li></ul>
	<ul style="list-style-type: none"><li>• Analytical/problem solving skills</li></ul>
	<ul style="list-style-type: none"><li>• Resilience</li></ul>



# Findings 2 – Qualitative Analysis of Focus Groups and Open Survey Responses

This section outlines the thematic analysis of focus group transcripts and responses to open survey questions. In-vivo quotations are attributed to focus group participants (FG) or survey respondents (SR). Focus group responses are attributed to clinical supervisors (CS) or workplace learning academics (WPL). Survey responses are attributed to clinical supervisors (CS) or students (ST).

## Theme 1: Rural competency building

This theme explores what the desired rural competencies are for entry-level physiotherapists and how the RPCS model contributes to their development. Exploration of the desired competencies is founded on the three-round Delphi study conducted by Martin et al (2021) to identify and reach consensus on rural physiotherapy entry-level competencies in Australia. A purposive sample of 17 registered physiotherapists working in rural and remote locations across Australia identified highly desirable competencies that achieved 90-100% agreement, desirable competencies that achieved 80-90% agreement, and competencies with <75% agreement were deemed not to reach consensus.

Participants in the current research were asked to reflect on these competencies and offer local insights on the relevance of these to practice in the Murrumbidgee LHD and Western NSW LHD.

Findings from focus groups and survey open-response questions have been synthesised into five areas for consideration:

1. Endorsement of previously published competencies.
2. Identification of competencies not achieving consensus in previous study.
3. Identification of additional competencies by local physiotherapists not featured on the original list of entry-level rural physiotherapy competencies.
4. Strategies enacted by RPCS supervisors and coordinators to develop these competencies.
5. Undergraduate curriculum contribution to developing entry-level rural physiotherapy competencies.

### 1. Endorsement of previously published competencies.

Fifteen of the nineteen identified competencies for entry-level rural and remote physiotherapists were endorsed by focus group and survey participants.

The need to *practice flexibly* was a central discussion point in all focus groups and repeated on many surveys. This involved being aware of the complexity of individual clients and their individual situations, the ability to work in different locations and with different communities across the health district, and to understand the differing systems, structures, and resources available at different locations.

One clinical supervisor described the need for *practice flexibility*, when understanding clinical guidelines but also needing to accommodate local and contextual realities:

*“This is what the guidelines tell me, however you know, that's not how it necessarily goes. So, we were talking about practicing flexibly with our expectations and our priorities of our treatment.”* FG-CS

The need for *practice flexibility* was also described when working across different locations:

*“...the flexibility to move across different sites and understand the different communities.”* FG-CS

*“Cause you have to know the personnel structure, you have to have understanding of what's available across different sites.” FG-CS*

In the context of working at smaller healthcare facilities, physiotherapists also reported often being the only allied health staff member present on a particular day and therefore needing to take on the role of “allied health representative” and the ‘eye and ears’ for allied health colleagues. This reinforces the graduate competency requirement to understand the role of other members within the healthcare team, and the need for rural physiotherapists to adopt a wider healthcare lens.

*“I feel that you tend to then become more of an allied health representative at some of the other sites too, and then you might, you start to talk from an occupational therapy perspective... if they're not there on that day, you'd be thinking about pressure care and those types of things that aren't necessarily physio, although we do have a bit of a role.” FG-CS.*

*“...it's like shared scope, but knowing the difference yeah, and not crossing the line of what you shouldn't be doing.” FG-CS*

Focus group participants endorsed the competency *to provide effective physiotherapy care for a range of clinical conditions across the lifespan*, however wanted to emphasise the complexity and diversity of clinical caseloads that are typical in their contexts, suggesting the wording of this competency may not capture the essence of the required clinical management. Survey respondents frequently noted the need for “generalist skills and knowledge.”

*“Exposure to a variety of clinical areas in rural hospitals, working with experienced rural clinicians.” SR-CS*

*“Great exposure to a generalist caseload and a wide variety of conditions and living circumstances.” SR-CS*

*“Developing generalist skills across a range of areas.” SR-CS*

Diversity also extended to *understanding the needs of rural communities* the practitioners may work with. In particular, discussion focused on understanding the available services and resources in different communities.

*“I think that's being highly attuned to some of those differences that perhaps you may not see in another setting.” FG-WPL*

*“.. having that adaptability I guess, with the needs of the community and how diverse and far and wide it might be with the very restricted service, or linking all of that.” FG-CS*

*“So rather than just providing physiotherapy for a range of conditions, actually, that personal level of practice with clients or with their families, because, you know, they are in potentially in an environment where they might be more rural or remote and needing maybe needing different types of services, different ways that services are delivered. So I guess part of that is understanding the needs of the community.” FG-WPL*

Considerations are required when a mismatch occurs between what the client's preferred plan might be and what may be possible within the resources available in the local community. It was acknowledged that discharge planning is a particularly complex area in rural practice, even though it may be initially perceived as simple. Supervisors felt this provides a good learning opportunity for RPCS students but may also be challenging or confronting for students.

*“the reality is more complex and takes lots of people to achieve... then we are talking about community options. You know, if and when this person goes to either a facility or potentially home, what the options are in the community, and just how limited they are.” FG-CS*

One focus group discussed *the potential for ethical conflicts when practicing in a rural setting*, highlighting the need to maintain professional boundaries, and maintaining integrity as a health professional.

*“...something around boundaries, and their role within the community can sometimes be blurred within their role in the community and being practitioners in the community.” FG-CS*

Focus group participants unanimously agreed that entry-level physiotherapists were not expected to know everything and that a more important competency was knowing where to *seek the expertise of others* for support, guidance, or mentoring.

*“you're not expecting a rural, an entry level physio to know everything when they're going out there” FG-CS*

The need to establish a wide network to draw upon was frequently endorsed. Focus group discussion reflected the need for rural entry-level physiotherapists to go beyond *valuing the clinical experience of colleagues in rural practice* to actively seek expertise of non-healthcare professionals in their local community and to draw on the lived experience of community members.

*“There are lots of other professions out there trying to navigate working in those settings, and it could be the pharmacist, it could be the school teacher, it could be the farmer down the road. I think sometimes it's the experience of others in that rural setting, actually also help support the clinician in that setting. So not just looking at the value of the clinical experience, but also the values of others' experiences in rural settings or rural practice.” FG-WPL*

## **2. Identification of competencies not achieving consensus in previous study (<75% agreement).**

The need to *practice in a culturally aware and responsive way* was highlighted in one focus group. This competency did not achieve consensus in the Martin et al (2021) Delphi study, however focus on cultural competency within the undergraduate university curriculum was highlighted.

*“to be more culturally aware, and understanding that side of things as well” FG-WPL*



### **3. Identification of additional competencies by local physiotherapists not featured on the original list of entry-level physiotherapy competencies.**

Being an evidence-based practitioner was identified as an important new-graduate competency in one focus group and several survey responses. This discussion focussed on understanding the evidence underpinning selection of appropriate interventions for specific clients and enabling RPCS students to take the lead on finding relevant evidence to promote adult learning and independence.

*“having that understanding of the evidence for the, the treatments that you're doing.” FG-CS*

*“Qualities include critical thinking, ability to consider and implement evidence base practice.” SR-CS*

The need for strong communication skills was raised in all three focus groups and many survey responses. This included general written, verbal, and non-verbal communication skills, and examples were provided of specific communication needs for working directly with clients and more broadly with the healthcare team and wider networks.

*“I actually think we need to probably have some additional capabilities that are relevant for practitioners in rural and regional and remote communities...capabilities like communication skills... possibly empathy with a range of different client groups.” FG-WPL*

*“we're able to talk about simplifying things and really focusing on function, not big, long explanations.” FG-CS*

*“...it's being acutely aware of the diverse populations that you will have to work with and being able to adapt your styles and be also with communication, picking up a lot more of the non-verbal skills.” FG-WPL*

*“I think having good communication skills is probably quite vital as well, because you're going to have to be willing to contact lots of, you know, almost cold contact, lots of different agencies and people and things like that. So, I think, having skills and a willingness to engage, you know, other health professionals or other people with expertise, is fairly vital.” FG-WPL Focus Group discussion*

*“Having good/effective communication skills & able to work well with the wider MDT.” SR-CS*

The need for entry-level physiotherapists to be adaptable in various workplace situations was discussed in one focus group and mentioned in several survey responses. Examples included working with allied health assistants, telehealth service delivery, meeting diverse community needs, and overlapped with other competencies such as flexibility working at different sites and with the multidisciplinary team.

*“... using the telehealth.... clarity of communication using telehealth, because you might need to be using an allied health assistant at a remote site whilst providing that service.” FG-CS*

*“Being open minded & easily adaptable to different situations.” SR-CS*

*“Adaptability - being able to manage different caseloads/ different supervisors.” SR-CS*

*“Be flexible/ able to adapt as plans often change.” SR-CS*

### **4. Strategies enacted by RPCS supervisors and coordinators to develop these competencies.**

Focus groups discussions also extended to examples from supervisors, placement coordinators, and workplace learning academics on how these competencies are currently being developed or could be further developed as part of a RPCS. The approaches discussed below focus on the key areas of structure,

exposure, modelling, self-directed learning, coaching and reflective practice. While these educational approaches are not unique to the clinical schools, examples highlight how these are currently integrated into the supervisory practices of the clinical schools.

The need for structure during placement to support student learning was discussed in all focus groups. Weekly meetings with a RPCS coordinator and weekly in-services/tutorials were described as examples of structure. Orientation to the placement site was also described, in one instance focusing on orientation to the wider geography of the health district to help students understand the diverse locations, services available, referral processes and resources available for discharge planning.

*"We do also when they start, to give them little map of the MLHD, and how far and wide it goes so that they have an understanding of the physiotherapy services that are available [when] working on referral processes, discharge planning, and that sort of thing." FG-CS*

Examples of exposure-based learning often focused on ward-based processes, such as multidisciplinary or team meetings to initially observe and then participate in a facilitated or more active way over the course of the placement. Expectations were scaffolded by supervisors as students developed increased confidence over the placement period. Exposure based learning also included joint therapy sessions with other health professionals, to better understand roles and scope of practice, and how this may change based on different practice settings and contexts.

*"We did joint sessions with the OTs for this specific patient. So that was like a little bit more hands-on, I guess, after they knew the OTs would do the wheelchair, and then, "Oh there's cognitive issues they might need to get involved with, with some of that screening." FG-CS*

Examples of modelling included modelling of client-centred care or client collaboration, particularly with respect to prioritisation of clients and managing caseloads using a prioritising listing tool.

*"when you go in and you see that the patient isn't maybe their best self today, let's kind of um prioritise our treatments and, and rein in, maybe what we were hoping to achieve. And that's that patient collaboration, we use that a lot." FG-CS*

*"So then they get their case load and I say, "You write down what all the priorities are and tell me where you're headed first"." FG-CS*

It was acknowledged that part of student supervision was modelling how to ethically manage caseloads and to manage client expectations for therapy.

*"A lot of them get stuck with prioritising in the sense that they feel like they have to see everyone for the same amount of time. Or you know, if they prioritise patients, someone's missing out, and therefore they're not doing their job properly. And so I think there's some internal tensions around learning about how to prioritise in an ethical way." FG-WPL*

*"Try not to be thinking about the fact that you're not seeing that patient. Think about the fact that you're able to assess another one who hasn't been seen and set them up. That patient's set up; they're getting up with the nurses." FG-CS*

Modelling curiosity and 'not knowing' was discussed in one focus group as a way to show students that it is okay to not know everything, and seeking answers was more important.

Supervisors shared examples of using coaching to minimise the use of a didactic model of teaching, to promote and enable self-reflection and critical thinking, and to lead students to their own understandings.

*"It kind of makes it feel a bit less like, it's they've come to that realisation on their own, I guess. It's not that they're being told, "Oh you could have done this better", but it encourages that self-reflective practice as well, I guess." FG-CS*

Coaching was also used in different ways to support reflection on specific client interactions, and conversely, to draw students out of the details of a clinical interaction to see the bigger picture.

*"we talk about this simple questioning of "What do you think went well in the session?" FG-CS*

*"Sometimes when students are in a session, obviously they're thinking about the checklist, and getting a little, sometimes bogged down in the details.... the coaching and the self-reflective kind of chat afterwards helps them to think of the bigger picture stuff." FG-CS*

All focus groups discussed promotion of self-directed learning as an educational strategy. This typically centred on asking students to take the lead in looking for evidence or new information related to a client condition or interaction and circling back to the supervisor prior to seeing the client again. This approach was felt to enable supported and collaborative decision making between the student and supervisor.

## **5. Undergraduate curriculum contribution to developing entry-level rural physiotherapy competencies**

Physiotherapy academics in each focus group highlighted the way in which rural focused content is embedded across the four years of the undergraduate curriculum. This approach was intended to scaffold learning with a focus on person-centred care and rural contexts of practice. The intent to prepare all students for the possibility of working in a rural context was prioritised over specific preparation for students intending to complete a RPCS placement.

*"There isn't actually anything specific that's taught within the program that's just aimed at those going to the clinical school... a good reason for that is any one of our graduates could end up in a rural area and so it's important that everybody gets exposure to the theoretical content." FG-WPL*



## Theme 2: Experiences of the clinical schools

This theme explored the experience of the clinical schools and specifically how it may be improved for both students and supervisors. Participants in each focus group were asked to consider how the experience could be improved and what support or assistance they felt the university could provide to assist with this. As the student and supervisor surveys included the question *“How can the Rural Physiotherapy School be improved?”*, responses to this question have been included in findings below. Many respondents felt RPCS experience to be a positive experience as it currently is and these responses are also included below.

### Positive feedback on the RPCS experience

The majority of student survey responses reported the clinical school experience to be currently a very positive one.

*“It was great.” SR-ST*

*“I enjoyed it as is.” SR-ST*

*“A break half way [would be good]. Other than that, it was great!!” SR-ST*

*“I really enjoyed my placements. They were really organised and gave me great exposure to most areas in the hospital. I am very excited for hospital work based off these placements and will hopefully work rurally soon.” SR-ST*

*“The co-ordinator was amazing.” SR-ST*

The flexibility of the clinical schools was highlighted as a benefit to students who are wanting to gain experience in a particular clinical area prior to making decisions about new graduate employment.

*“We had a student who had an interest in paediatrics who ended up doing an element of their placement in paediatrics. So, there was, you know, that flexibility of the site to be able to offer the students something that they were interested in working, or at least be exposed to determine, if that might be an area that they want to practice in upon graduation.” FG-WPL*

Survey responses from supervisors indicated that despite challenges due to staffing and patient factors, the experience was mostly a positive one, however supervisors also gave feedback on perceived limitations and challenges of the school.

*“The rural clinic school is a project I am passionate about. Being from a rural background, rural [university] and now living and working rurally, I am extremely passionate about rural healthcare. I think anything that shows students what we do and offers incentive for them to come out here to work is of benefit to the local health district in terms of employment opportunities. My only consideration is that it would be even better to extend the rural clinical school to difference universities in other areas e.g. more metro.” SR-CS*

*“I think the rural clinical school ...is great. It gives students quality placements while also challenging the staff in positive ways to facilitate development.” SR-CS*

*“I think the rural physiotherapy clinical school was well supported by clinicians... This was my first opportunity to have students & as I work between a few different sites which makes accommodation students difficult when I stay away from home to work several times a fortnight. I love the idea of students having rural placements as it is vital skills which will help them with discharging clients, which are often overlooked as bigger sites have discharge planners & social workers to hand. Whereas more rurally there are allied health clinicians - particularly having more input with discharge plans.” SR-CS*

*“Thoroughly enjoy the opportunity to work with future Physiotherapists in a rural setting.” SR-CS*

Rural health care was reported to be challenging at times. Variation, problem solving and finding realistic solutions for patient concerns is a feature of rural and regional health care. Supervisors reported additional limitations for students on placement in more remote sites of less variety of patients and the increased difficulty in supervising students in these locations.

*“Every case is unique. We utilise our regional and rural network of clinicians and the expertise of those around us to problem solve. Delivering healthcare and optimal recommendations is often “sub-optimal” + lots of problem solving in the rural and regional environment.” SR-CS*

*“Depending on the rural placement, [it] will change the experience for each student - staffing challenges to provide best learning experience for students.” SR-CS*

*“Emphasis is required on promoting ongoing skill development and education to promote staff and student retention in rural areas.” SR-CS*

### **Experiences of students and opportunities for improvement**

Focus group discussions considered how the RPCS experience may be improved at different time points of the clinical schools. The first 5 points relate to discussion around the experience for students **prior** to going on placement, while points 6-9 relate to the experience **during** the placement.

#### **1. Access to information about the RPCS**

Both focus group discussions and student survey responses highlighted the importance of offering 3rd year physiotherapy students interested in applying to a RPCS the opportunity to meet with a clinical supervisor and a current or former student of the clinical schools. This strategy would enable prospective students to learn about the Murrumbidgee and Western NSW LHD RPCS model and have the opportunity to ask questions. This strategy has been effective in the past in raising the number of applications to the school as well as allaying some student concerns about limited scope of practice, variety of caseload and acute care opportunities.

*“We had about 40 students there, so it was pretty well attended. I think that's got better over time.. there was certainly one year we didn't even get enough applications to fill our spots... whereas I think it's definitely getting better and I've had new emails from students just asking for questions about the school, and I'm up to 8 applications, which is our number.” FG-CS*

*“Give students more of an idea of what they will be seeing. Either get a supervisor from a rural placement or previous students to give their thoughts on the rural placement.” SR-ST*

#### **2. Streamlined application process**

One focus group participant felt that there was an opportunity to have a single interview and application process for both clinical schools with students nominating their preferred location during interview. This would enhance collaboration and strengthen ties between schools as well as simplifying the process for students.

*“If they wanted to apply to all the schools they could, and they just have to do one interview, and then we'd ask their preference.” FG-CS*

#### **3. Outline expectations at the beginning**

The importance of setting clear expectations with students at the start of the clinical schools to improve the student experience was a common theme across focus groups. Several participants felt that the university had an increased role to play in the formation and preparation of students for placement with specific focus on:

- Being aware of the demands of fulltime work and managing outside commitments
- Educating students and providing them with strategies to reduce stress and mental health leave when on placement

*“Further development/ preparation re: expectations of fulltime work, and students taking mental health days frequently. Provision of ongoing strategies to manage stress and work expectations.” SR-CS*

- Maintaining professional standards of behaviour (of students and clinical supervisors)

*“Setting expectations/ having discussions about above and below the line behaviours re: prevention of gossiping between students about other supervisors, comparing marks etc.” SR-CS*

*“Supervisors should also learn how to teach respectfully.” SR-ST*

*“Better training for educators and having educators who actually want to teach.” SR-ST*

- Managing fluctuating caseloads and making use of quiet times.
- Becoming adult learners, using time productively and taking responsibility for own learning.

*“Ongoing education around the expectations of clinical load, for example there will not always be patients to see so being proactive and using time efficiently.” SR-CS*

#### **4. Improved communication between the university and RPCS sites**

One student survey response highlighted the importance of good communication between students, WPL staff and RPCS co-ordinators to ensure compliance prior to commencement.

*“The only negative experience I have had has come from the communication between the university and my local hospital head of allied health, whereby I had done all necessary things on my end (flu shot, police report etc uploaded AND emailed), but was told that my placement could be terminated. All was miscommunication (nothing to do with me) but caused immense unnecessary stress during an already stressful time.” SR-ST*



## 5. Assist with student accommodation and financial concerns

Finding and paying for accommodation on clinical school placement was highlighted in focus group discussion and student survey responses as a source of stress. Some students responses requested further information about available accommodation options and financial assistance with accommodation. Students reported that the convenience and affordability of accommodation on placement was a key enabler in choosing to apply to a RPCS.

*"Having supported accommodation and getting back to the students, I just want to add, that, it that makes a big difference to their experience, it reduces their stress levels enormously." FG-WPL*

*"Financially I would struggle to have to rent in multiple places over a year." SR-ST*

*"You don't have any money when you're a student to be spending on accommodation, so accommodation support." FG-CS*

*"Because I already lived in Wagga and was travelling to Albury for classes, so it made sense to apply from a logistical and financial perspective for me. I would not have been able to afford to attend placements if I wasn't doing the clinical school." SR-ST*

## 6. Structure of the clinical schools

Several suggestions were offered for improving the format of the clinical schools for students. Supervisors acknowledged that students favoured a structured and predictable approach to all aspects of the clinical school including clinical rotations and locations, meeting times, student tutorials and presentations and scheduled feedback from supervisors. Reducing split rotations and allowing students to spend more time in each rotation was suggested. Ensuring the inclusion of more rural rotations and opportunities to travel to different locations was also suggested, as students were felt to thrive in more rural locations.

*"I feel like students like to be able to have a better timetable which I feel like [for] some placements it's not as relevant, you're on the same ward each day [but] having a bit more consistency, students having that transparency with exactly what they're going to be doing." FG-CS*

*"They like a bit of a prescriptive timetable of what they're going to be doing, you know, every day of the week, in the mornings they'll be doing this, and in the afternoons they'll be doing that ... I think that they find that really useful." FG-CS*

*"I feel allowing students to have a wider variety of rural & remote placements as able." SR-CS*

The length of clinical placements was felt by some respondents to the survey to be too short to allow students to gain a deep understanding of the specific needs of the local rural community and for to necessary skill development for effective rural practice.

*"The students being on these placements long enough to gain enough of an understanding of rural areas & how this differs from city life. Often by the end of the placement they are beginning to work through the challenges easily, but it can take a while. For many students it is very different to previous placements/where they are currently from - like seeing patients in the community regularly." SR-CS*

*"The COVID-19 pandemic has provided challenges for some students who report less face-to-face opportunity to develop practical skills with their cohort. 5 week blocks can be difficult to cover all necessary skills, and put these into practice." SR-CS*

Challenging patient factors included number of referrals (high, low and fluctuating) and suitability of patients for student level of competency. At times, due to staff shortages or lack of patients, students may find themselves in a clinical area in which they have already worked, rather than having the opportunity to gain

exposure in new areas. Supervisors reported additional limitations for students on placement in more remote sites, with less variety of patients and increased difficulty for clinical supervisors in supporting these students.

*“Fluctuating but often high number of referrals, with limited staff, can make it challenging to provide appropriate supervision of students without compromising clinical care.” SR-CS*

*“Sometimes we can struggle to have enough suitable patients on our outpatient wait list to give students a wide range of experience. Sometimes staff shortages mean we have to change and do more clinical work, not supervising students as closely and sometimes meaning students have to help with caseload in areas they already have experience in e.g., general inpatients. Clinical placements are not as structured or specific to a particular area. It is hard to make sure they have covered all areas.” SR-CS*

## **7. Extended learning opportunities**

Supervisors recognised that students looked for variety on placement and were keen to participate in opportunities to extend their learning. One focus group participant reported that as well as having dedicated tutorial times, students also desired time in operating theatre and in practical sessions e.g., casting/plasters. Both student and supervisor survey respondents gave several suggestions for other learning opportunities to be included in the clinical schools including community physiotherapy and musculoskeletal outpatients:

*“More opportunities to directly engage with community-opportunities to complete volunteer or support local programs.” SR-CS*

*“Maybe some more variety in scopes of practice? Not many of us got to experience community or musculoskeletal physio when working in the clinical school”. SR-ST*

*“Increased upskilling in use of telehealth.” SR-CS*



## 8. Increased university support for students on placement

Focus group participants highlighted the need for increased university support of students during placements, particularly for student struggling with stress, mental health issues or support for low performing students. University resources, supports and an off-site support person for student mentoring and welfare were suggested.

*“Having a contact as well for the students’ welfare. Someone that’s not associated with their education...someone that’s just more readily available to check in about welfare onsite, or from the uni that’s not their clinical [supervisor].” FG-CS*

WPL academics play an important role as mediator between students and clinical supervisors in situations where a student may require extra support as they have the advantage of being trusted and familiar by students.

*“Having good relationships with the sites between the site and someone at the uni that they know they can ring and we’ll help them work through what has to happen next... and we often know the students a little bit as well, so that’s always useful” FG-WLP*

*“I can have a like an independent conversation with them and say “What’s going on? How are you going?”... and often that sort of repairs, that communication, or the misunderstanding, or if they’re not doing well enough, and they haven’t quite grasped [something]. They seem to take it a bit easier, and it’s easier for me to deliver that message sometimes than the supervisor.” FG-WLP*

## 9. Partnership with local private physiotherapy practices

Participants in two focus groups spoke about the possibility of including a partnership with a local private physiotherapy practice as part of the RPCS, due to strong student interest in this area. Students seek exposure to a variety of patients and disciplines on placement, including private practice. Focus group participants felt that this strategy may help reduce the loss of graduates to the private sector immediately after graduation. The discussion noted that students feel that they should “try” private practice and that after doing so, a proportion then return to work in local health districts. WPL academics in the focus group felt that a public-private partnership was “not totally impossible”.

*“The one sticking point that they’ve really wanted is a little bit of experience in that private space, private practice space. So with our clinical school, they are mostly doing the public hospitals based. They do get the experience of all patients, but not private practice in rural practice. So little bit of that private public partnership would be beneficial to the students.” FG-CS*

*“Some of the feedback that we got after probably our first or second group, when none of them applied for the public hospitals positions that were available, the feedback was, they just never experienced private practice, so they thought it would be best to try private practice. A couple of them of then, come back to the public system after trialling that so a little bit of that exposure as a student to have a true, wide variety, knowledge of what clinical area they want to actually be in when they do start.” FG-CS*

## Experiences of clinical supervisors and opportunities for improvement

Discussions considered how the RPCS experience may be improved for clinical supervisors **during** the placement. Focus groups highlighted the potential for increased partnership between the university and clinical schools in a range of areas including the pastoral care of students on placement, provision of supervisor professional development opportunities and student education.

### 1. Increased university support for supervisors

The role of the RPCS co-ordinator was highlighted in one focus group as important in the facilitation of communication between the university and placement sites. One suggestion was to give RPCS co-ordinators associate membership to the university to assist with knowledge of student coursework and current pedagogy.

*“Having the coordinator obviously has enhanced it at our site... having that central person on on-site and I guess a conduit between the uni and the educators, that's enhanced for us, anyway.” FG-CS*

*“Someone having an associate membership [to the university] too would actually be really beneficial” FG-CS*

Communication with the university was felt to be challenging for busy supervisors. Feedback from all focus groups was for contact details and course information from the university to be current and regularly updated in order to support and facilitate communication. Specifically, supervisors suggested that having regularly updated contact details of the following would be beneficial:

- WPL academics
- Student mental health and pastoral care liaison
- Academic subject co-ordinators

Survey responses from supervisors identified concerns regarding student wellbeing and coping, including the difficulty for students to manage fulltime work and fatigue, being away from usual support networks and isolation/trying to engage with a new community.

*“Students managing fulltime work and fatigue, mental health concerns and adjusting from student to work/life balance” SR-CS*

Focus group discussions also revealed that supervisors may not always be aware of students who are not coping, as students may be unwilling to share their feelings and supervisors may miss emotional cues in a busy work environment. Discussion from one focus group participants revealed that supervisors may not have the time or feel adequately equipped to be able to manage students' emotional needs. Some participants reflected that they may be hardened to situations which a student may find confronting, and a busy clinical setting may limit the support supervisors can offer to students who are exposed to confronting situations.

*“I find that hard, particularly when we're on that busy environment...you know, you're trying to have that intuition, but it can be tricky if maybe you're early [on] in the placement, or you don't know the student well [enough] to know [if] they are OK. And sometimes, we're a bit immune now after so many years, too.” FG-CS*

*“There was something last week that the student mentioned. We chatted about it, and then I thought I wouldn't have even thought of that, you know, like a bit stressful or whatever, just because it wasn't on my own personal radar. I guess, having to think a little bit more about what it it's like when you're first in situations.” FG-CS*

*“We had a couple of really heavy cases in ICU and I did, say a couple of times that week to the students, “If you need to, step out”, and then afterwards, “Are you OK?” Like, I know it's not a lot but I will admit, beyond that I didn't take it much further” FG-CS*

Supervisors felt that the university could offer practical resources and support for struggling students. Discussions with WPL academics stressed the importance of early university involvement when a student is not performing well or at risk of failure, as supervisor stress also increases at this time. University support for supervisors to fail students when necessary was also discussed.

*“They don't always realise that there's ways of, you know, getting the uni involved, as early as possible, when a student is not performing at the level of expectation.” FG-WPL*

*“I think Charles Sturt does have some resources that they let the students know, and they've let clinical educators know in the past that I've been aware of, links to go to, Lifeline being one and things like that, but yeah, I just think, making a bit more vocal as well, could be from the start of their placement, so they know when they fall into trouble, there's avenues.” FG-CS*

## **2. Professional development of supervisors**

University assistance with the professional development of clinical staff interested in becoming supervisors with the clinical schools and with the on-going professional development of supervisors, was seen as valuable and discussed in all focus groups as a means of improving the supervisor experience. More frequent meetings and professional development sessions with university academics was suggested as well as creating a database of videos and resources for any new staff member or to be used as a “refresher” by current supervisors when needed. Common suggestions across focus groups for professional development opportunities for supervisors included:

- The APP assessment tool as current documentation is regarded as challenging.
- Assessment of and how to deal with a marginally performing or at-risk student
- Mentoring and supporting students

*“Once, probably in a year, sort of catch up on supervision guidelines how to supervise, how to watch out, to mentor or to support a marginally performing student for the relatively newer clinical supervisors would probably be beneficial.” FG-CS*

Participants from one focus group suggested that supervisors from both clinical schools could come together in a shared space to workshop ideas and to talk about current issues.

*“At my other hospital, we had a monthly meeting... about education. So people interested in being clinical educators and clinical educators would attend. And we'd do workshops on how to become better clinical educators, we'd get speakers in that had experience in education, we'd get people from uni and that was really helpful to me... we'd have sessions on what to do with do difficult students, people could workshop problems they were having as educators, that was really valuable. So potentially, something could be developed through the rural schools? Maybe even clinical educators across sites could have that as a space for education and support?” FG-CS*

Another supervisor recognised the existing strong support network and knowledge base amongst educators of the clinical schools.

*“We support our students and we get assistance from the universities when we need it. But, we're a pretty strong group here, supporting each other. We're not beyond saying, “Look, I'm having issues with students. Where do I go? What do I do?” And you know there's a few of us with lots of education and there's a few new educators. So that clinical supervisor role is pretty strong here because we've got the support networks for us as well.” FG-CS*

## **3. Student education and presentations**

Student prior theoretical knowledge, tutorial planning and delivery, and presentations emerged as areas of burden for supervisors. One focus group felt that supervisors would benefit from having access to a subject co-ordinator and student coursework to improve understanding of students' prior knowledge and current

methods of teaching. A student survey response also indicated that clinical supervisors could be better informed about student theoretical knowledge and gaps prior to placement.

*"We have previously asked about the hospital getting access to the course work, particularly their third-year course...so we develop a better understanding of what they've seen. But it also becomes something that we can make sure we're talking in a language that they also have seen. So that's something that's come up in the past, but it's never really gone anywhere for whatever reason...."* FG-CS

*"And even a contact person for the particular units. So that if you've got someone from, I mean if you're needing someone from intensive care, having someone giving you advice on what students should know from cardiothoracic education."* FG-CS

*"Supervisors should be updated as to what the student has and has not already learned at University and not expect the student to already know everything."* SR-ST

While students are keen for tutorials as part of the clinical schools, staffing levels may affect ability to deliver tutorials as planned. A structured and shared timetable of tutorials over the duration of the clinical schools would allow for shared teaching between departments and reduce the need to repeat tutorials in each 5 week block. The possibility of sharing the planning and delivery of the tutorials between clinical schools was also put forth by one participant, as was the idea of the university providing administrative support during on-line tutorials. One supervisor survey response also noted that university coursework requirements for students whilst on placement can be counter-productive to student learning.

*"They love [tutorials]. They want to be told some of the theory stuff which I think is good, and I think it can support learning but.. it can't be an expectation that we're going to rehash all of the theory, that's sort of not possible... we're expecting that some of that's self-directed, learning that they are completing... but we can maybe pick out some specific things, and do that to support [them]."* FG-CS

*"Consideration of the demands placed on the students already by uni- students having anywhere from 1-4 other assignments due while on placement puts students under too much stress, reducing the learning opportunities while on the placement."* SR-CS

The expectation to attend student presentations as well as usual staff in-services was identified in one focus group as placing an extra burden on clinical staff. Student presentations can be challenging for busy clinicians to attend. One focus group participant reported the difficulty of juggling the in-service schedule of students and clinical staff. Student presentations covering theoretical background to a topic or condition are viewed as being of low value for time poor clinicians. A more desirable approach is for student presentations to include a summary of current literature on a topic combined with a case presentation or practical application of evidence.

*"Kind of to move away from just having these Power Points on Parkinson's, you know... it's great to have background knowledge around a topic...[but] what is the evidence around the topic? And then, push towards the journal, and then also then link it back to a patient example."* FG-CS

### Theme 3: Intention to work rurally

*"It's a really good way to basically have a really long interview having a student....a 25 week interview!" FG-WPL*

*"I ended up with a job offer." SR-ST*

The RPCS model is viewed as an opportunity for students and clinical staff to meet and may lead to employment opportunities for students post-graduation. This theme explores ways of making the wish of some RPCS students to work rurally after graduation into a reality. Focus group participants were asked about strategies or supports which are currently being used or could be used to recruit students of the RPCS who expressed interest working rurally, into positions for new graduates. Findings from focus groups and survey open-response questions have been synthesised into five areas for consideration:

#### 1. Offering students an allied health assistant position

Participants of one focus group described the benefits of offering 4<sup>th</sup> year students the possibility to work as an allied health assistant (AHA) throughout their RPCS year, particularly during "off blocks" when students are not on placement. This has been intentionally used as a successful strategy to enhance recruitment post RPCS. Students employed as AHAs also benefit by becoming familiar with LHD, allied health departments, staff members, equipment and procedures. This valued departmental role builds confidence in students and reduces the time needed to become familiar with these factors on placement.

*"One student for example, maybe struggled a little bit in the first two placements, has had a couple of blocks as AHA, and smashed the last placement. Just gave her the confidence, I don't think it was any issue with the student as such, it just seemed to give her that confidence, you know "I know where things are, I know where I'm going" and all that time management and all things have become so much easier for her." FG-CS*

*"It's less stressful [as an allied health assistant], cause you're not, well, you're not feeling like everyone's watching you, you know? In terms of judging you, you're just doing a job... you've got an opportunity to sort of look and see the workplace differently." FG-WPL*

The AHA position allows students to become an integrated member of the physiotherapy department, providing opportunities for mentorship and may facilitate the interview and application process.

*"We also employed a bunch of them as casual AHA's, so on their off blocks, they're now working for us as AHA's, and they're part of our team." FG-CS*

*"...half of them are wearing our colours now, yeah, because they're AHA's, so it's been hopefully that real integration type of thing." FG-CS*

*"The benefits are, you know the work the environment you're going to be being a part of, and we'll be [referees] for you." FG-CS*

Focus group participants reported that year when employed as AHAs, students stay in the local area, building links with the community through activities outside of work.

*"Then they stay in Wagga for their off [placement] blocks, then they make more friends and join a sports team, make friends and it just goes from there!" FG-CS*

## 2. Encourage social connection

Student open text responses to surveys demonstrate that existing social connections in a town and familiarity with a rural area was an important consideration when applying to a RPCS and may be important when considering work after graduation. The clinical schools were seen to be an opportunity to try working locally in rural communities for some students.

*"I always knew that I wanted to work rurally so I wanted the experience. I come from a small rural town in Central NSW, so I was already familiar with rural healthcare and was ready to dive in!" SR-ST*

*"The rural placement was located within my hometown, and I thought it would benefit my chances of employment within my local community." SR-ST*

*"I already am involved in the [local] community... I wish to try working rurally as I will likely live rurally after my placement." SR-ST*

*"Echuca was close to home. I saw it as an opportunity to get experience in my local area." SR-ST*

*"Rural community and being able to learn in the same environment." SR-ST*

*"[I] want to be able to continue to coach and play sport." SR-ST*



All three focus groups discussed the importance of building connections through work and also importantly, outside of work, to encourage students considering a new graduate position with the LHD after the clinical school. Welcoming students and including them as “part of the team” was highlighted as important to making students feel comfortable. Participants from one focus group explained the importance of incorporating weekly discussion about students’ weekend participation in local social and sporting activities for graduate recruitment.

*"I think the biggest driving factor is always going to be the connection to that area." FG-CS*

*"They're invited to all the social things, and just really making sure that it's not students and staff, it's just all of us together." FG-CS*

*"One thing that they do really well here is integrate the students into the department really well, so they're not kind of like, "Oh, you students have your lunch over here by yourselves", like they're really well integrated and made already to feel part of the team." FG-CS*

*"I think that's why they do feel like we are so welcoming as well, because we just get to know them so well, and we don't want to lose them by the end of the clinical school." FG-CS*

*"Now [every] Monday meeting is about anyone playing sport. "How did you go with your sport? How did you go with this team?" You know, just a little bit of a social catch up to encourage that social aspect." FG-CS*

### **3. Early advertising of new graduate positions**

Early advertising of new graduate physiotherapy positions was seen as a key strategy to recruit RPCS students to new graduate positions in all focus groups. It was felt that in previous years LHDs have lost students to other physiotherapy employers who were able to capitalise on student desire to secure post-graduate employment through early advertising of vacancies. Participants in two focus groups reported shifting to earlier advertising of new graduate positions to attract 4<sup>th</sup> year students seeking to ensure employment after graduation.

*"Jobs need to be advertised at the right time for when they're thinking about that. NSW Health probably needs to be more strategic in when and how they advertise jobs to get people who are starting to think about jobs and then segway nicely into those jobs." FG-CS*

*"We've started our advertisements for the new grad level a bit earlier on that when we used to. So they know they've got that job secured a little bit earlier on, and don't have the pressure to want to get a job secured in another area before we've opened up our application. So we've done that this year, and I think we already have one of our rural clinical school students lined up." FG-CS*

*"I know [one LHD] has already employed their grads for next year, they employed them about 2 months ago. The positions existed, they interviewed for them, and the students transitioned straight from being in the clinical school to being employed there. But yeah, really, just from the second half of the year onwards, put the feelers out." FG-CS*

One strategy discussed in a focus group was notifying RPCS students of up-coming vacancies in the LHD and supporting the students to apply by encouraging them and offering to be referees.

*"So when we advertised early, we stuck it under all their noses, and we talked about it at the tutorial that week." FG-CS*

*"[We said] "Well, maybe you guys should consider applying for this?" And so then we had quite a few, and they felt that sense of security, I guess in locking in a job in early." FG-CS*

The timeliness of advertising and the importance of employment security to 4<sup>th</sup> year students are key factors in attracting RPCS students, who may be considering working in the area. Several clinical supervisors mentioned that private practices in the local area were more agile and competitive in attracting students, resulting in a loss of potential staff due to a lack of a clear and timely pathway to employment with the LHD.

*“So we advertised our new grad positions super early, because we were finding that a lot of our clinical schools were getting to the end... and [the students] were already employed by private practice!” FG-CS*

*“There’s no point us advertising in December because they might already have been able to have conversations with the private practice who can take them on as soon as they’re registered.” FG-CS*

These thoughts were also echoed in a student open text survey response, suggesting a that a clearer pathway from the RPCS to employment in the LHD could be made.

*“Not so much a comment on the placement, more on NSW Health recruitment. It would be great if applications and confirmation of a job happened earlier in the year to compete with private places. The results were so late that if I had been unsuccessful, it would have been too late to look for another competitive job. Also, perhaps if the physio team were pleased with your work, you could be offered a new grad position before interviews, based off clinical school performance.” SR-ST*

#### **4. Attractive and supported new graduate position**

Participants in two focus groups discussed the importance making rural new graduate positions attractive to RPCS students. One focus group participant felt that the position should include rotations through multiple sites, to allow exposure to different clinical areas of interest as gaining experience in multiple areas is often a high priority for new physiotherapy graduates. Another participant felt that a new graduate position could be located in one regional location, with the opportunity to be seconded to more rural satellite locations as part of the position to increase rural exposure. Participants felt that any advertised new graduate position must appear to be well supported with increased assistance for more rural locations to attract applications from students.

*“But I think those jobs also have to demonstrate that they’re really well supported jobs. They’re not just a sole practitioner being stuck out 2 hours from the nearest hospital. Probably the Health Service has to demonstrate that there’s a network of support that they’d be going into as well.” FG-CS*

*“Having really clear pathways of support because they will be attracted to that. They will want to stay rural, they’ll be attracted to it... it’s such a steep learning curve as a sole practitioner or just a only physio on-site, as New Grad, versus someone who’s had a few years’ experience.” FG-CS*

Having financial incentives to help cover costs of moving to a rural location was discussed in one focus group.

*“Packages for relocation to rural sites can also look quite attractive - assistance in accommodation, and all of those things in those first few months of moving to a new rural location. May also look attractive to new grad students as well.” FG-CS*

#### **5. Mentorship for RPCS graduates**

Networking and setting up a mentoring program for clinical school students who chose work rurally after graduation, to help with any challenge or problem, was discussed in more than one group. One participant mentioned that having a mentor in a specific rural location can lead to students being more confidence to apply for a job in the same location. Focus group participants felt that it is more important for students who are considering working rurally, to know where to turn for assistance rather than being confident in all areas or techniques.

*“I don’t want physios going out into rural thinking “I know everything, I can do everything”, because none of us can do that, but they need to know who they can talk to.” FG-CS*

*“I will always tell my students “Look I don’t mind where you are working, if you need assistance, give me a call” and I think that’s developing a network of people helping... because you’re not expecting a*

rural, an entry level physio to know everything when they're going out there. I think we might, as educators, set up some networking- someone for the for the new grad to talk to.” FG-CS

“Maybe offering new grad rural mentorship? So the clinical schools, for those students who go through the clinical school, being offered upon graduation, a mentor that they can contact and work with throughout their first new grad year, which may, you know whether that be, you know those new grads who decide to come back to work in the same place as the clinical school, or maybe in another rural place.” FG-WPL

“When new positions become available, or locum positions come up, you know, you've already got some contacts there, and people might feel more comfortable in applying for those [positions] if they've already got a mentor that they can talk to.” FG-WPL



# Conclusion

The Rural Physiotherapy Clinical Schools in Murrumbidgee LHD and Western NSW LHD provide opportunities for undergraduate clinical placement in regional and rural settings within NSW. While the greatest number of learning opportunities are located in large regional centres (e.g., Wagga Wagga and Bathurst), opportunities for students to experience working in smaller, more rural communities are evident.

Overwhelmingly, physiotherapy students were very positive about their RPCS experience, felt it was an authentic experience of rural practice, met their expectations of a rural placement, and positively influenced their attitude regarding working rurally after graduation. Similarly, physiotherapy clinical supervisors agreed that the RPCS offered students an authentic rural experience. Students and supervisors agreed the RPCS provided an opportunity to learn about the local health district and equipped students to work in a culturally responsive way. Findings were mixed regarding the level of student engagement and immersion in the local community outside of work.

Generally, supervisors were less confident than students that the RPCS created 'rural ready' graduates. Defining the key components to being 'rural ready' was nuanced, and supervisors held specific personal and professional opinions about this.

Previously published "Competencies for Entry-Level Rural and Remote Physiotherapy Practice" were used to frame discussions with students and supervisors about rural readiness of students. While many of the proposed competencies were endorsed by students and supervisors (15/19 competencies endorsed), specific strategies or a framework to design explicit learning activities or opportunities to build these competencies was not clear.

Clinical supervisors employed a range of educational strategies including experiential learning, scaffolding, coaching and mentorship. These approaches were described as generic learning strategies that were enacted *in* a regional or rural health setting, not as strategies designed *for* a regional or rural health setting, or with 'rural readiness' as an explicit learning outcome.

Opportunities to strengthen a student's sense of connection to the rural location of the clinical school could be further enhanced and developed to build sense of belonging and increase the likelihood that graduating students will seek employment in the regional area. Students and supervisors recognise the key role that rural clinical schools play in creating a pipeline from undergraduate learning experience to post-graduate employment.

# Recommendations

The following recommendations are taken from responses to surveys and from focus group discussions and represent the views of participants in the study. They are grouped for consideration into three time points; prior to entry to the RPCS, during and post the RPCS. Recommendations are outlined for:



Students



Supervisors



WPL academics

## Clinical school entry

	<ul style="list-style-type: none"> <li>Provide information sessions for third-year undergraduate physiotherapy students about the RPCS. Specifically, students would like to meet with and hear from fourth-year students and clinical supervisors or clinical coordinators to ask questions.</li> </ul>
	<ul style="list-style-type: none"> <li>Implement a unified application process with a single interview for the clinical schools in MLHD and WNSW LHD to simplify the process for students and enhance collaboration between the clinical schools.</li> </ul>
	<ul style="list-style-type: none"> <li>Students considering the RPCS require more information about accommodation options including availability, location and subsidies.</li> </ul>
	<ul style="list-style-type: none"> <li>Strengthen the educational opportunities offered to clinical staff interested in becoming clinical supervisors and offer further professional development of existing clinical supervisors</li> <li>Professional development is seen as a valuable way to improve the supervisor experience, strengthen supervisor skills and expertise, and to ensure supervisors have up to date information on processes such as the APP assessment.</li> </ul>
	<ul style="list-style-type: none"> <li>Improve the compliance process for students with assistance from the university. Good communication is needed between WPL academics and RPCS Co-ordinators around student compliance requirements to reduce student stress.</li> </ul>
	<ul style="list-style-type: none"> <li>Stronger partnership between Charles Sturt University and clinical supervisors/clinical coordinators to enhance communication processes, single contact/liaison person with the Physiotherapy WPL team, and further exploration of how course content can be shared or accessed by clinical supervisors is desired to ensure supervisors have realistic and well-informed expectations of student knowledge and prior learning.</li> </ul>
	<ul style="list-style-type: none"> <li>Additional pre-placement preparation of students by WPL academics to set clearer expectations and understanding of the demands of fulltime clinical work, professional standards of behaviour, self-directed learning on placement, and strategies to self-manage stress, mental health, and wellbeing whilst on placement.</li> </ul>

## During a RPCS placement

	<ul style="list-style-type: none"> <li>• Provide a structured timetable for RPCS students including:             <ul style="list-style-type: none"> <li>– Rotations</li> <li>– Locations</li> <li>– Student presentations/in-service</li> <li>– Staff in-services</li> <li>– Planned feedback and assessment</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Increase variety of placement settings and caseload across the placement blocks.</li> <li>• Extend learning opportunities in areas beyond physiotherapy practice, such as observing operating theatres.</li> <li>• Extend learning experiences in community settings and using technologies such as telehealth to engage with more remote locations.</li> </ul>
	<ul style="list-style-type: none"> <li>• Public hospital-private practice partnerships are another avenue to increase student exposure to a variety of workplace settings whilst on placement. Models trialled in other NSW local health districts (Schmidt &amp; Dmytryk, 2017) could be adapted to fit the identified needs of MLHD and WNSW LHD.</li> </ul>
	<ul style="list-style-type: none"> <li>• Reduce university coursework requirements including assessments whilst students are on placement to reduce student stress and allow them to benefit from opportunities on placement.</li> </ul>
	<ul style="list-style-type: none"> <li>• The RPCS co-ordinator role is useful as a conduit between the university and LHDs. This role would be strengthened through access to course content through an associate staff position with the university.</li> </ul>
	<ul style="list-style-type: none"> <li>• Student tutorials could be planned across the entire RPCS block to reduce repetition every 5 or 6 weeks for supervisors in each rotation. While this may not coincide with each individual student's needs, it will reduce the time cost for supervisors.</li> <li>• Student tutorials could be shared across the two RPCS allowing opportunity for networking for both students and staff. Staff from other departments in the LHDs could also be approached to assist with delivering student education sessions.</li> </ul>
	<ul style="list-style-type: none"> <li>• Supporting the mental health of students whilst on placement is critical. Pastoral care by someone not involved in direct clinical supervision of the student was highlighted as an increasing need to support student welfare.</li> </ul>
	<ul style="list-style-type: none"> <li>• WPL academics are an important mediator between the student and clinical supervisor. Strengthening communication between the hospital sites and the university will ensure students and supervisors know who to contact, have multiple avenues for making contact and seeking support, and the crucial need to engage support early.</li> <li>• Clear up-to-date contact lists (names, telephone, email) from the university for Supervisors are required and need to be regularly updated, including Subject Co-ordinators, student welfare/pastoral support, WPL academics</li> </ul>
	<ul style="list-style-type: none"> <li>• Early involvement of the university and WPL staff is required with at-risk or marginally performing students to assist with the student's needs and to reduce supervisor stress. Support for supervisors is required when the decision to fail a student is reached.</li> </ul>
	<ul style="list-style-type: none"> <li>• Professional Development from the university for all RPCS supervisors but especially new supervisors. Personal Development sessions would be an opportunity for staff from the two RPCS to come together and network and sessions could be recorded to be used as a resource for future supervisors or as a "refresher." May be offered in a workshop format to allow supervisors to role play scenarios. Topics to include:             <ul style="list-style-type: none"> <li>– The APP assessment tool</li> <li>– Mentoring and supporting students</li> <li>– Managing at-risk students</li> </ul> </li> </ul>

## Post RPCS placement – improving transition from RPCS student to rural new graduate

	<ul style="list-style-type: none"> <li>Build opportunities for students to connect with the local community outside of work. Supervisors can dedicate time every week to encourage and talk out activities in the local area e.g., sport, volunteering, community events, and (if appropriate) invite students to activities outside of work.</li> </ul>
	<ul style="list-style-type: none"> <li>Consider offering students the opportunity to apply for a position as an Allied Health Assistant during their 4<sup>th</sup> year, in particular, working during “off blocks”. The AHA position allows students to become familiar with the LHD, hospital and department processes and staff which may help students to gain confidence whilst on placement.</li> </ul>
	<ul style="list-style-type: none"> <li>Include a rotation with a local private practice as part of the RPCS. This may give students the opportunity to “try private practice” prior to making decisions about employment after graduation.</li> </ul>
	<ul style="list-style-type: none"> <li>Consider offering students a new graduate position based on performance whilst on placement with the RPCS.</li> </ul>
	<ul style="list-style-type: none"> <li>Earlier timing of advertising new graduate positions is key to competing with private practices who may be more nimble in offering timely positions to students approaching the end of their degree.</li> </ul>
	<ul style="list-style-type: none"> <li>New graduate positions need to be seen as well supported, particularly if in a more rural or remote location.</li> </ul>
	<ul style="list-style-type: none"> <li>Offer continuing mentorship to graduates of RPCS who choose to work rurally after graduation. This may encourage students to consider rural and remote positions.</li> </ul>
	<ul style="list-style-type: none"> <li>Offer financial assistance for re-location to rural and remote locations.</li> </ul>



# Appendix 1. Student Survey Questions.

## Section 1: Welcome

Welcome! You are invited to participate in a research study exploring student and staff perspectives and experiences of the Rural Physiotherapy Clinical Schools of WNSWLHD and MLHD. The findings of the study will be used to inform future rural physiotherapy placements. The study is being conducted through Charles Sturt University. Before you commence the survey, please take the time to read through the Participant Information Sheet, available [here](#) to ensure you understand what participation in the study entails and how your information will be used. The research team will take all measures necessary to maintain your confidentiality and identifying information will not be included in reports, presentations and publications. By clicking on "**Go to survey**" below, you are providing consent to your participation in this study.

## Section 2: About you

1. Please enter your age
2. How do you describe your gender identity?
  - Man
  - Woman
  - Non-binary/non-conforming
  - Prefer not to say
3. Do you identify as an Aboriginal or Torres Strait Islander person?
  - Aboriginal
  - Torres Strait Islander
  - Both Aboriginal and Torres Strait Islander
  - Neither Aboriginal nor Torres Strait Islander
  - Prefer not to say
4. Are you an international student?
  - Yes, I am international student
  - No I am a domestic student
5. What year of your degree are you currently in?
  - Fourth year
  - I have completed my degree (*if this is selected, Where was your Rural Physiotherapy School placement is the next question*)

## Section 3: About the Rural Physiotherapy Clinical School

6. Are you currently on a Rural Physiotherapy School placement?
  - Yes
  - No
7. Where was your Rural Physiotherapy Clinical School placement? You can write more than one town if your placement involved working in different locations.
8. How long were your Rural Physiotherapy Clinical School placements? Please provide number of weeks.

9.

Recent research has outlined a set of skills required for entry-level physiotherapists to provide effective physiotherapy in a rural setting (Martin et al 2021). Please indicate to what extent you agree or disagree that your Rural Physiotherapy School placement provided you with the opportunity to develop these competencies.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
To provide physiotherapy for a range of conditions across the lifespan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To practice flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To understand the needs of the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To understand the specific social and occupational needs of rural people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To understand the role of others in the health care team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To value the clinical experience of others in rural practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To maintain integrity as a health care professional in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To pursue additional skill development including self-directed learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To proactively manage my own health and resilience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.

Please consider the following statements regarding your Rural Physiotherapy Clinical School Placement and indicate your level of agreement or disagreement.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
This placement met my expectations of a rural physiotherapy placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This placement has given me an authentic experience of rural practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinical opportunities and learning resources helped me to develop skills needed for rural practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt equipped to practice in a culturally responsive way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I gained skills and experiences that are beneficial for rural practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I took the opportunity to become immersed in the local community outside of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This placement has helped my understanding of the local health district and employment opportunities after graduation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This placement positively influenced my attitude regarding working rurally after I graduate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I intend to work in a regional, rural or remote location in the next 1-5 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, my placement was a positive rural experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend the Rural Physiotherapy Clinical School to other students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Please tell us why you chose to apply for the Rural Physiotherapy Clinical School?

12. How can the Rural Physiotherapy Clinical School be improved?

13. Please provide any feedback you feel is relevant

Thanks for completing this survey! If you like us to send you a \$30 electronic gift voucher as reimbursement for your time, please provide an email address below.

# Appendix 2. Clinical Supervisor Survey Questions.

## Section 1: Welcome

Welcome! You are invited to participate in a research study exploring student and staff perspectives and experiences of the Rural Physiotherapy Clinical Schools of WNSWLHD and MLHD. The findings of the study will be used to inform future rural physiotherapy placements. The study is being conducted through Charles Sturt University. Before you commence the survey, please take the time to read through the Participant Information Sheet, available [here](#) to ensure you understand what participation in the study entails and how your information will be used. The research team will take all measures necessary to maintain your confidentiality and identifying information will not be included in reports, presentations and publications. By clicking on "**Go to survey**" below, you are providing consent to your participation in this study.

## Section 2: About you

1. How do you describe your gender identity?

- Man
- Woman
- Non-binary/non-conforming
- Prefer not to say

2. Do you identify as an Aboriginal or Torres Strait Islander person?

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Neither Aboriginal nor Torres Strait Islander
- Prefer not to say

3. How many years of clinical physiotherapy experience do you have?

- < 5 years
- 5-10 years
- 11-15 years
- 16-20 years
- >20 years

4. How would you describe the extent of your experience supervising physiotherapy students in a clinical setting?

- Minimal
- Moderate
- Significant

5. What is the area of clinical practice you work in the most? Please select up to 3 areas

- Aquatic/hydrotherapy
- Emergency Department
- Cancer & Lymphedema
- Cardiorespiratory
- Disability
- Gerontology
- Musculoskeletal
- Neurology
- Occupational Health

- Orthopaedic
- Pain clinic
- Paediatric
- Rehabilitation
- Rural Generalist
- Sports and exercise
- Women's, men's & pelvic health
- Other

6. Which town do you work in? You can write more than one town or postcode if you work in different locations

7. How long have you been living in a regional, rural or remote area?

- <5 years
- 6-10 years
- 11-15 years
- 16-20 years
- >20 years

### Section 3: About the Rural Physiotherapy Clinical School

8.

Recent research has outlined skills for entry-level physiotherapists to provide effective physiotherapy in a rural setting (Martin et al 2021). Please indicate to what extent you agree or disagree that the Rural Physiotherapy Clinical School provides students with the opportunity to develop these skills.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
To provide physiotherapy for a range of conditions across the lifespan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To practice flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To understand the needs of the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To understand the specific social and occupational needs of rural people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To understand the role of others in the health care team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To value the clinical experience of colleagues in rural practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To maintain integrity as a health care professional in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To pursue additional skill development including self-directed learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To proactively manage students' own health and resilience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.

Please consider the following statements regarding the Rural Physiotherapy Clinical School and indicate your level of agreement or disagreement.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The Rural Physiotherapy Clinical School meets my expectations of a rural physiotherapy placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The placement gives students an authentic experience of rural practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinical opportunities and learning resources help develop students' rural readiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The placement equips students to practice in a culturally responsive way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students have the opportunity to become immersed in the local community outside of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Rural Physiotherapy Clinical School gives students an understanding of the local health district	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Rural Physiotherapy School gives students an understanding of employment opportunities after graduation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend clinical supervision as part of the Rural Physiotherapy Clinical School to other clinicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. In what ways do you think the Rural Physiotherapy Clinical School prepares students for rural clinical practice?

11. What do you think are the challenges of the Rural Physiotherapy School in preparing students for rural clinical practice?

12. What do you think are the most important skills or attributes for students who apply for the Rural Physiotherapy Clinical School? Please list up to 5

13. How can the Rural Physiotherapy School be improved?

14. Please feel free to provide other feedback here regarding the Rural Physiotherapy Clinical School

Thanks for completing our survey! If you would like a \$30 electronic gift voucher as a re-imbusement your time, please provide an email address below.

# Appendix 3. Online Focus Group Questions.

## Competencies for effective entry level rural physiotherapy practice

Competency
To provide physiotherapy for a range of conditions across the lifespan
To practice flexibly
To understand the needs of the community
To understand the specific social and occupational needs of rural people
To understand the role of others in the health care team
To value the clinical experience of colleagues in rural practice
To maintain integrity as a health care professional in the community
To pursue additional skill development including self-directed learning
To proactively manage my own health and resilience

1. Do you feel that there is anything missing from this list?

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2. Can you share with us an example of how you have facilitated the development of these competencies for a student of the Rural Physiotherapy Clinical School?



Presentation Title

Charles Sturt University

### 3. How could the Rural Physiotherapy Clinical School **experience** be enhanced for:



**Students?**



**Clinical supervisors?**

**How can workplace learning academics at Charles Sturt support this?**



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## Intention to practice rurally

### Question 4



Do you have ideas on how to convert student intention to practice rurally into reality following graduation?

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