

The development of a quality assurance process for a rural work-integrated learning program

ELYCE GREEN¹

ELISE RYAN

ELSIE DE KLERK

BRENT SMITH

REBECCA BARRY

Charles Sturt University, Wagga Wagga, Australia

The notion of what constitutes a high-quality work-integrated learning experience has received increasing attention in the literature, particularly over the past decade. To date, the definitions of high-quality work-integrated learning have been broad and there remains a need to understand how elements of quality can be operationalized, particularly in niche settings. This paper describes an approach to developing a high-quality work-integrated learning program drawn from the experiences of a team of tertiary academics in the field of rural health. The design approach and quality assurance methods of a rural work-integrated learning program are discussed, including some of the preliminary outcomes. This paper demonstrates the complicated and complex nature of designing work-integrated learning programs in rural health environments. It is intended that this work will provide guidance to others seeking to create similar programs in rural contexts.

Keywords: Quality assurance, rural health, higher education, workplace learning, service learning

Work-integrated learning (WIL) experiences are an integral component of health students' learning and preparation for future practice (Venville et al., 2018). To enhance the integrity and optimise the outcomes of these programs, they must be quality assured. This is a complex undertaking for those delivering these programs in distinct contexts such as in rural communities. There is currently no standardised definition of a high-quality rural WIL program, nor a tested means in which to quality assure these programs (Green, Quilliam, et al., 2022). This paper details the process that has been undertaken by a team of rural health academics working at a University Department of Rural Health (UDRH) in Australia to develop a framework that informs the design of rural WIL experiences and is accompanied by a logic model for evaluation. The development of the framework was a constituted effort to create quality assurance in the rural WIL experiences that the UDRH offers. Part one of this paper describes the iterative process to design and evaluate early offerings of this rural WIL program. The work undertaken in part one led to the development of a framework that underpins the approach to design, delivery, and evaluation of the program and articulates the key stakeholders involved throughout these processes. Part two illustrates and describes the framework. Part three presents the logic model that sits behind the framework and informs ongoing evaluation and research activities. The work detailed in this paper informs quality assurance of this rural WIL program and provides guidance to others who are responsible for designing, delivering, and evaluating rural WIL programs.

BACKGROUND

The quality assurance process that is detailed in this paper is centered on a rural WIL program delivered by one Australian UDRH. The UDRH is funded under the Rural Multidisciplinary Training (RHMT) program which has a key focus of improving the recruitment and retention of rural health professionals in Australia (Department of Health and Aged Care, 2023). Funded under this agreement, the program

¹ Corresponding author: Elyce Green, elgreen@csu.edu.au

is required to meet key performance indicators that focus on providing health students access to WIL in rural areas. In this Australian context, rural is defined using the Modified Monash Model which considers remoteness and population size to classify locations across a scale of Modified Monash (MM) categories where MM 1 is a major city and MM 7 is very remote (see Department of Health and Aged Care, 2021).

Three Rivers Department of Rural Health (DRH) is a UDRH based at Charles Sturt University and has geographical coverage of central and western New South Wales, Australia. The program delivered by this UDRH is governed by the quality assurance requirements for tertiary institutions in Australia. These quality assurance requirements are stipulated in the Higher Education Standards Framework (Threshold Standards) 2021 (Tertiary Education Quality and Standards Agency, 2022) and enforced by a regulator. The Tertiary Education Quality and Standards Agency (TEQSA) acts as the national regulator and requires providers to ensure “WIL experiences and supervisory arrangements are quality assured, methods of assessment are appropriate for the level and nature of learning outcomes, and the provider remains responsible for the student’s safety and welfare” (Tertiary Education Quality and Standards Agency, 2022, para 7).

The rural WIL program facilitated by Three Rivers DRH is largely (but not exclusively) based on the WIL model of service learning. This model has grown in popularity across Australia over the past decade (Jones et al., 2016; Swanson & Quilliam, 2023) and has been defined as “a philosophy of service and learning that occurs in experiences, reflection, and civic engagement within collaborative relationships involving community partners” (Flecky, 2011, p. 1). Health students who undertake service learning in rural areas treat the host organization and community as the client and work to provide them with a service or product that would otherwise not be available. Three Rivers DRH rural WIL program is largely focused on the disciplines of speech pathology, occupational therapy, and physiotherapy students.

A key consideration when creating this rural WIL program was the definition of quality in rural WIL. Many definitions of high-quality WIL and good practices in WIL have been suggested in the literature and incorporate elements such as student outcomes (academic, professional, and personal) (Campbell et al., 2019; Cooper et al., 2010; McRae et al., 2021; Shah et al., 2011; Sturre et al., 2012; World Association for Cooperative Education [WACE], 2024), positive student experience (Campbell et al., 2019; Shah et al., 2011; Venville et al., 2018), proactive relationship management (Campbell et al., 2019; Council on Higher Education, 2011; Department of Health and Human Services, 2016; Innovative Research Universities Australia, 2008), access to authentic learning environments (Sachs et al., 2016; Shah et al., 2011; Sturre et al., 2012; WACE, 2024), mutual benefits for stakeholders (Shah et al., 2011), integrated supports (Smith, 2012), workforce recruitment (McRae et al., 2021), supervisor preparation (Brightwell et al., 2015; Smith, 2012), appropriate resources and facilities (Brightwell et al., 2015; Council on Higher Education, 2011; Department of Health and Human Services, 2016; Siggins Miller Consultants, 2012), and monitoring and evaluation (Brightwell et al., 2015; Campbell et al., 2019; Sachs et al., 2016; WACE, 2024). These broad features are important but do not consider the nuances of a rural context. Three Rivers DRH rural health education team define high-quality rural WIL as learning experiences that are underpinned by understandings of rurality, social accountability, and quality learning and teaching to create supported education programs that have positive outcomes for all stakeholders. What constitutes positive outcomes is defined at each program planning stage and generally includes features such as being personally and professionally transformative for students, creating a sustainable and useful outcome for the community and host organization, providing a positive supervisor experience, maintaining a safe learning environment, and adhering to university and host organization

governance requirements. In practice, many of these elements of quality can be difficult to measure and this is the ongoing objective of the rural WIL program described in this paper.

PART ONE: THE ITERATIVE PROCESS OF EARLY PROGRAM DESIGN AND EVALUATION

In 2006, Mizikaci proposed a program evaluation model for quality in higher education. This work combined the concepts of quality systems in higher education, program evaluation, and systems approach to define an evaluation model that accounted for the social, technical, and managerial systems related to a program (Mizikaci, 2006). The quality assurance process at Three Rivers DRH Is based on this model.

Social Systems

The social systems considered in the initial design of the program included the environment, services provided/available, methods, people, organizational structure, and the mindset of quality improvement (Mizikaci, 2006). Some elements of the social system were stipulated by the funding body – such as the requirement to deliver student placements in rural areas. Other elements related to the social system were more contextualized and nuanced allowing the team to develop and define their approach to the rural WIL program. This included the methods by which the rural WIL program was delivered, the stakeholders involved and their relationships. The rural WIL program commenced in 2018 and was largely guided by mentorship provided by those who ran similar programs. Three Rivers DRH built from this base of knowledge and the program was refined through practice and experience as it grew.

In 2021, a consultation process was undertaken to collect feedback from key stakeholders and focused on the rural WIL program development, implementation, core values and activities. This process aimed to capture many of the lenses through which the program may be viewed. Feedback was collected through conversations (email, phone, in-person) and a short survey. Feedback was received from eighteen students, eleven academic and professional staff within the university, and five community members. The collated feedback was used internally as a basis for reflection and to make changes to processes and information related to the program. Some of these changes included defining key terms used in the program (such as rurality), revisiting the scope of the program, and placing greater emphasis on students' capability development as a program outcome.

Following these modifications, the team turned their focus to the place-based nature of the program, and the way it influences and is influenced by the rural communities in which it is delivered. The involvement of key stakeholders in rural communities was recognized as a requirement for the program's integrity and relevance. Community partnerships were weaved through the program design, delivery, and evaluation. Hyde et al. (2021, 2022) described the approach and outcomes of the co-design process that have occurred as part of the rural WIL program. The team responsible for the rural WIL program also documented their approach to building partnerships and working with stakeholders (see Green et al., 2023).

From the early design phases to the present there have been informal and formal mechanisms used to capitalize on the knowledge of subject matter experts. The rural WIL program has always been facilitated by an interprofessional group of academic and professional staff. Those with health profession backgrounds include social workers, nurses, a mental health clinician, occupational therapists, a speech pathologist, and a podiatrist. These people have informed (and continue to inform) the program through their experiences and discipline-specific knowledge. Team critical reflection has

been an integral component of the design and evaluation process. Formal reflection sessions are held annually and provide an opportunity to review each of the units that contribute to systems within the overall program.

Technical Systems

Operational data related to student numbers, disciplines, location of placement (including specialty area and measurement of rurality using the Modified Monash Model) have continually been reported to the funding body as key performance indicators and evaluated against pre-determined targets. Other pre-determined key performance indicators evaluated as part of the technical systems include financial support provided to students, accommodation support, and pastoral support during rural WIL.

Technical systems considered in the design and evaluation of the rural WIL program that sit outside of operational data were the inputs, transformative process and outputs related to the design of the rural WIL program. Evaluation of these elements considers rural WIL as a distinct learning environment underpinned by a unique pedagogical approach. The rural WIL program implemented by Three Rivers DRH is based on a combination of theoretical approaches to learning. These are summarized in Table 1. In addition to the operational data that has informed the evaluation and ongoing program design, research has been conducted to explore the inputs, transformative process, and outputs of the rural WIL program in relation to the pedagogical approach taken (Green, Hyde, et al., 2022; Green, Seaman, & Smith, 2022).

TABLE 1. Theoretical and pedagogical underpinnings of Three Rivers rural WIL program.

Pedagogical theory or approach	Relationship to rural WIL program	Design features of the rural WIL program
Vygotsky's Zone of Proximal Development – particularly the need to learn from a more knowledgeable other and the scaffolded approach to learning (Vygotsky, 1978)	Learning outcomes influenced by Zone of Proximal Development Scaffolded approach to learning in which students are supported to become more autonomous across the placement period Access to multiple knowledgeable others	Activities support students to reach their level of potential development Placement schedules reflect scaffolding Student learning opportunities and formal supervision are based on access to multiple professions and various subject matter experts including community members and First Nations peoples
Professional identity and role fluidity: chimera and chameleon (Leedham-Green et al., 2020) Identity experimentation (Ibarra, 1999)	Program provides opportunities to explore professional identity Professional identity is viewed as fluid and impacted by context and role Students are welcomed by the host organisation and community Students are valued as partners in learning and health provision	Students are treated as health professionals working in the context of a whole community Student projects require them to articulate their role as health professional Placement schedule includes critical reflection Students are encouraged to identify and maintain professional boundaries Students present their work to key stakeholders
Practice development crucible metaphor (Patton et al., 2018)	Workplace influences clinical supervisors' intentions and actions, students' disposition and experiences, and engagement in professional practice influence placement process and design	Student allocations aim to be on a preference basis Students are provided with pre-placement education focused on cultural awareness and preparing for rural practice Placement is designed in collaboration with host organisations and supported by the academic team Clinical supervisors receive mentorship and are provided resources relevant to placement activities and expectations
Experience and education (Dewey, 1938) Situated learning theory (Lave & Wenger, 1991) (Wenger, 2010) Localised learning in rural areas (Green, Seaman & Smith, 2022)	Learning is viewed as a social process Learning occurs as part of the continuum of a person's life Educators influence the direction of education through objective conditions Practice opportunities are viewed as integral to learning Group and individual knowledge are accessed and influence learning Program aims to support learners to view activities as authentic to their profession	Placement outcomes focus on discipline-specific skills and professional capabilities Activities scheduled in the placement authentically reflect the role of a rural health professional and are informed by subject matter experts Guidance from multidirectional sources is provided to students in the form of regular supervisor contact, stakeholder consultation, community immersion, and being placed in pairs

Managerial Systems

Structures and processes that govern the rural WIL program were created in line with the operational capabilities of the department and consideration of system constraints of the wider university. For example, placement administration within the university is coordinated in a standardized way and occurs outside of the rural WIL program. This reflects the importance of relationship building and ongoing collaboration with key stakeholders. The vision and strategic direction of the university are reflected in the rural WIL program design and a set of core values that govern the program at a more operational level were developed in 2021. These core values of quality learning and teaching, social accountability, and rurality were developed by the team responsible for facilitation of the rural WIL program. The values reflect learnings throughout the program's infancy, and the collective vision of the team who are an interprofessional group of health professionals who live and work in the rural communities they serve.

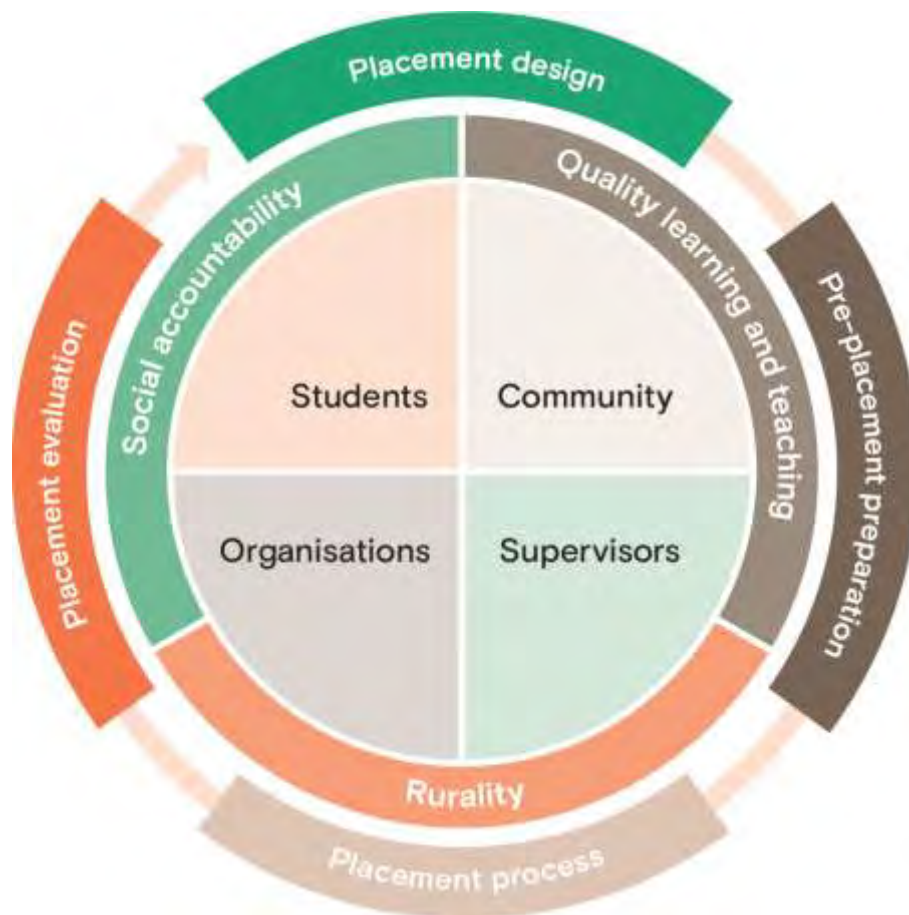
PART TWO: THREE RIVERS RURAL PLACEMENT FRAMEWORK

The Rural Placement Framework is presented in Figure 1 (see below) and illustrates the stakeholders, core values and process that are considered in the design of rural WIL at Three Rivers DRH. Central to the Rural Placement Framework are the stakeholders integral to these placement activities. The Three Rivers approach is fundamentally respectful of the knowledge that stakeholders share during these placements, and the importance of reciprocity and collaboration. Stakeholders included are the diverse rural communities who host placements, health students, WIL discipline contacts, placement supervisors, and organizations (inclusive of the host organizations and the tertiary organization). Three Rivers DRH approach to evaluation incorporates feedback received from each of these stakeholder groups using formal and informal mechanisms which are outlined in part three of this paper.

The core values that underpin the Rural Placement Framework are quality learning and teaching, social accountability, and rurality. These values are reflective of Three Rivers DRH context, which weaves together WIL, rural health, and a desire for equitable access to health services. Quality learning and teaching is fundamental to the provision of rural WIL and reflects the policy and organizational environment in which it takes place. Quality learning and teaching within the Rural Placement Framework is also fundamentally focused on learning as a reciprocal activity that occurs in multiple directions. High-quality supervision is integral to the Rural Placement Framework and supporting those who provide student supervision is an imperative component of the program. An input and an outcome of the Rural Placement Framework is enabling students to build their discipline-specific skills while also enhancing their professional capabilities. The learning activities included in the placement schedule are reflective of these diverse skills sets and the overall context of the placement being interprofessional, team-based, and community focused organically creates rich learning opportunities. Placing value on social accountability reflects respect for the diverse rural communities Three Rivers DRH works with, including many First Nations communities. Embedded within the value of social accountability is a commitment to deliver programs that embrace diversity, are relevant to the community, and maintain cultural sensitivity. The focus on rurality takes a strengths-based approach (see Myende & Hlalele, 2018) and capitalizes on the opportunities that living and working in rural areas provide and the opportunity for rural WIL to have a lasting impact on the community and the student. This approach to WIL recognizes elements such as belonging, connection, immersion, and empowerment as important for enhancing students' ability to engage with learning.

The outer ring of the Rural Placement Framework illustrates that key stakeholders and core values must be considered throughout the entire WIL (placement) process. The framework reflects that the Three Rivers DRH approach to facilitating placements begins before students commence their WIL experience and continues after they leave. Each stage of the placement cycle helps to inform the next and evaluation of each iteration is used as a means of reflection and learning. In essence, the cycle does not stop as there is constant evaluation of each iteration of WIL offered.

FIGURE 1. Three Rivers Rural Placement Framework.



Implementation of the Three Rivers Rural Placement Framework has required the educational team to consider the learning outcomes applied to various WIL subjects and the institutional governance requirements for each course and map them across the WIL program. Currently, the framework is used as a guide for speech pathology, physiotherapy, and occupational therapy WIL experiences of 5-8 weeks in length. An example of how the framework is mapped across a WIL program is shown in Table 2, using a seven-week occupational therapy placement as an example.

TABLE 2. The Three Rivers Rural Placement Framework applied to a seven-week occupational therapy service learning placement.

Core values considered	Framework Phase	Placement Week	Service learning program stage	Activities	Stakeholders involved
Quality learning and teaching Social accountability Rurality	Design and preparation	Pre	Preparation	Placement design including broad scope of student project to ensure it meets host/community need, and meets student learning objectives Social and educational preparation of students Expectation alignment with hosts, supervisor, and students Student support information provided (accommodation, grants, etc.)	
	Process	1	Consultation	Orientation, stakeholder consultation, reflection	Students Community (primarily those who access the host organisation's services and those who facilitate community immersion activities) Supervisor
		2		Organisational analysis, community assessment, preparation of project brief	
		3	Development	Project development, community immersion, reflection	Organisation (host organisation, university WIL staff)
		4		Project development and implementation plan commenced, mid placement assessment and feedback	
		5		Project finalised, implementation plan complete, reflection	
		6	Implementation	Presentation to stakeholders, changes made according to stakeholder feedback	
		7		Project implementation, end of placement assessment and student feedback Placement debrief and reflections	
	Evaluation	Post	Feedback	Feedback data submitted	

PART THREE: APPROACH TO QUALITY ASSURANCE

As was described in part one, the team delivering this rural WIL program has spent several years consulting, reflecting, collating, and conducting quality assurance. In the infancy of the program, these activities were used to guide the formation of the program. Activities such as collecting stakeholder feedback enabled the team to mould the rural WIL program into one that reflected stakeholder needs, followed procedure and policy of the university, and achieved the key performance indicators required by the funding body. Now that the program has matured and the Rural Placement Framework has been solidified, there are several mechanisms for evaluation that are embedded across the program and informed by the logic model presented in Table 3. Overall, the logic model defines expectations around the way the rural WIL program is delivered at Three Rivers DRH. The inputs are used to inform and resource the activities that are undertaken, while the outputs, impacts and outcomes are used as a standard against which the program is delivered, and quality assured. The logic model is used for two main evaluative activities; the ongoing review and reporting of operational data, and the design of research that seeks to further explore the concept of quality in rural WIL. Stakeholder surveys are used to capture feedback related to the placement program and are administered for students, host organisations, and supervisors. The questions used in the surveys are mapped across the logic model and are one mechanism used to measure the extent to which the rural WIL program meets its intended outcomes. Results from the surveys are used for internal quality improvement processes and as an item for reflection at annual intervals when iterations of the program are being designed for the following year. This also enables the Three Rivers DRH team to share and be responsive to any changes in the community or educational context, such as accreditation or course alterations.

TABLE 3. Logic model to guide quality assurance of the rural WIL program.

Program aim				
To provide high-quality rural work-integrated learning experiences for students and key stakeholders.				
Core values				
Quality learning and teaching, social accountability, rurality				
Inputs	Activities	Outputs	Impacts	Outcomes
Program funding through RHMT	Preference WIL program locations of greater rurality and/or in First Nations communities	Expansion of health student WIL in rural areas	Student wellbeing and safety during rural WIL is maintained	Improved rural health
Staff planning, designing, supervising, implementing, and evaluating rural WIL program	Design rural WIL experiences in consultation with subject matter experts, including community	Rural WIL experiences that meet students' learning needs	Students feel valued and have a sense of belonging in the rural community	Increased number of student placements in rural areas
Access to subject matter experts to co-design and/or consult on program	Scaffold support mechanisms across the WIL process	Each WIL program complies with minimum expectations for placement support	Rural communities benefit from the presence of health professionals	Increased number of rural health professionals
Student support mechanisms including scholarships and accommodation	Facilitate supervisor capacity building activities, i.e., mentorship, education	Pre-placement preparation meetings are held for every placement	Communities have greater access to health prevention and promotion	Rural WIL program is quality-assured
Access to resources including internet, printing, office equipment, vehicles for travel	Engage with learning theories relevant to rural WIL	Interprofessional supervision is incorporated in WIL program design	Practicing rural health professionals have increased job satisfaction	
Management of internal stakeholder relationships including WIL staff and students	Act as a conduit between key stakeholders to foster communication and identify shared goals	Professional development opportunities are available to all supervisors	Health students have increased understanding of rural health	
Management of external stakeholder relationships including rural communities, university partners, host organisations and supervisors	Access cultural mentorship	Risk assessments are conducted on all WIL sites	Students are exposed to potential rural career options	
	Facilitate cultural awareness training for all students	Structures are in place to encourage student immersion in rural community	Students' professional capabilities and discipline-specific skills are enhanced	
	Collect feedback from key stakeholders at regular intervals	Evaluation processes are embedded in program design	Health students practice cultural awareness	

Program Impacts and Outcomes

The quality of the program being delivered by Three Rivers DRH is an ongoing and iterative evaluation activity. Research (published and in progress) has been conducted to explore elements of the Rural Placement Framework in more depth and further understand the concept of quality in rural WIL. To date, this enquiry has sought to understand the impacts and outcomes of the program such as whether the program influences the work location of health professionals, what the impact of the program is on health outcomes, methods of working with diverse stakeholder groups, and what mechanisms influence students' ability to engage with learning during rural WIL, the results of which are published elsewhere (see Green et al., 2023; Green, Seaman & Smith, 2022; Hyde et al., 2021, 2022).

Operational data is also collected for ongoing quality improvement as defined by the National Health and Medical Research Council (2014) and in line with the recommended oversight requirements (p. 2-3). Operational data from 2021-2022 approved for use in a current research project (ethics approval number H22257) demonstrated that 79% of students and supervisors (n=38) felt the placement met its intended goals and 92% of students and supervisors (n=38) reported that the placement met an identified community need. 100% of clinical supervisors (n=11) reported they felt supported by Three Rivers DRH during the placement. The results of these research and evaluative activities, while preliminary, are promising as the team endeavors to continue working towards the pursuit of high-quality rural WIL experiences. Future research will focus on exploring how specific elements of the placement program contribute to intended outcomes. Three Rivers DRH seeks to further explore whether elements of the rural WIL program contribute to the likelihood of future rural practice, the experience of rural communities who host the rural WIL program, and features of the rural WIL program that are important for it to be considered a high-quality experience for key stakeholders.

CONCLUSION

Quality assurance of WIL is required by national regulators but there is little guidance on how to undertake this process in a rural context. This paper has described the process undertaken by one University Department of Rural Health in Australia to design a quality assurance process used to govern a rural WIL program that facilitates service learning for health students. The rural WIL program draws on theoretical and pedagogical approaches to WIL to inform the assumptions and design of the program. The first stage of designing the rural WIL program was iterative and focused on early program design and evaluation. As the program matured, the quality assurance process was refined. A rural placement framework was designed that illustrates the key stakeholders, core values, and cycle of WIL delivery. The framework is underpinned by a logic model that concurrently informs activities and maps evaluation. Using a structured and documented approach to quality assurance in rural WIL has enhanced integrity and optimized outcomes of the program. This approach could be used by other tertiary education providers in rural areas to provide quality assurance in program delivery and evaluation.

ACKNOWLEDGMENTS

This work was undertaken by staff employed at Three Rivers Department of Rural Health which is funded by the Australian Government under the Rural Health Multidisciplinary Training Program.

The authors would also like to acknowledge the members of our rural health education team who have joined us since this work was undertaken and are committed to the ongoing development, delivery, and evaluation of our rural WIL program. These colleagues include Cassie Biggs, Julie Schubert, Latitia

Kernaghan, Lucinda Derrick, Lucy Zuman, Chelsea Lander, Louise French, Natalie Ellis, Kathryn Castelletto, and Annie Hartley.

REFERENCES

- Brightwell, R., Sim, M., Lord, B., Maguire, B., Holmes, L., & Page, D. (2015). *Quality standards for intra and inter-professional experiential clinical practice*. Department of Education, Office for Learning and Teaching. <https://nla.gov.au/nla.obj-3070903455/view>
- Campbell, M., Russell, L., McAllister, L., Smith, L., Tunny, R., Thomson, K., & Barrett, M. (2019). *A framework for the institutional quality assurance of work integrated learning*. Australian Collaborative Education Network. <https://research.qut.edu.au/wilquality/wp-content/uploads/sites/261/2019/12/FINAL-FRAMEWORK-DEC-2019.pdf>
- Cooper, L., Bowden, M., & Orrell, J. (2010). *Work integrated learning: A guide to effective practice*. Routledge. <https://doi.org/10.4324/9780203854501>
- Council on Higher Education. (2011). *Work-integrated learning: Good practice guide*. https://www.che.ac.za/sites/default/files/publications/Higher_Education_Monitor_12.pdf
- Department of Health and Aged Care. (2021). *Modified Monash Model*. Australian Government. <https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm>
- Department of Health and Aged Care. (2023). *Rural Health Multidisciplinary Training (RHMT) program*. Australian Government. <https://www.health.gov.au/our-work/rhmt>
- Department of Health and Human Services. (2016). *The best practice clinical learning environment framework: Delivering quality clinical education for learners*. State of Victoria. <https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/b/bpcle-framework--march-2013---pdf.pdf>
- Dewey, J. (1938). *Experience and education*. Free Press.
- Flecky, K. (2011). Foundations of service-learning. In K. Flecky & L. Gitlow (Eds.), *Service-learning in occupational therapy education: Philosophy and practice* (pp. 1-12). Jones Bartlett.
- Green, E., Barry, R., Lawrence, J., Smith, B., Carey, A., Peelgrane, M., & Crawford, Z. (2023). Building sustainable partnerships and managing expectations of work-integrated learning stakeholders. In K. E. Zegwaard & T. J. Pretti (Eds.), *The Routledge international handbook of work-integrated learning* (3rd ed., pp. 395-412). Routledge. <https://doi.org/10.4324/9781003156420>
- Green, E., Hyde, S., Barry, R., Smith, B., Seaman, C. E., & Lawrence, J. (2022). Placement architectures in practice: An exploration of student learning during non-traditional work-integrated learning in rural communities. *International Journal of Environmental Research and Public Health*, 19(24), Article 16933. <https://www.mdpi.com/1660-4601/19/24/16933>
- Green, E., Quilliam, C., Sheepway, L., Hays, C. A., Moore, L., Rasiyah, R. L., Bailie, J., Howard, C., Hyde, S., & Inyang, I. (2022). Identifying features of quality in rural placements for health students: Scoping review. *BMJ Open*, 12(4), Article e057074. <https://doi.org/10.1136/bmjopen-2021-057074>
- Green, E., Seaman, C. E., & Smith, B. (2022). Exploring localised learning during a short-term rural placement. *International Journal of Work-Integrated Learning*, 23(4), 527-542.
- Hyde, S., Smith, B., Lawrence, J., Barry, R., Carey, A., & Rogers, C. (2021). Co-designing community-focused rural placements for collaborative practice. *Australian Journal of Rural Health*, 29(2), 284-290. <https://doi.org/10.1111/ajr.12718>
- Hyde, S., Smith, B., Lawrence, J., Rogers, C., Carey, A., Marjoram, J., Barry, R., & Green, E. (2022). Community focused interprofessional education and collaborative practice in rural Australia. In D. Joosten-Hagye & H. Khalili (Eds.), *Interprofessional education and collaborative practice: International micro, meso and macro levels* (pp. 167-190). Cognella Academic Publishing.
- Ibarra, H. (1999). Provisional selves: Experimenting with image and identity in professional adaptation. *Administrative Science Quarterly*, 44(4), 764-791.
- Innovative Research Universities Australia. (2008). *Work-integrated learning: Principles of good practice to guide member universities in the strategic development and management of WIL*. <https://iru.edu.au/wp-content/uploads/2009/04/apr-09-wilprinciplesofgoodpractice.pdf>
- Jones, D., McAllister, L., & Lyle, D. (2016). Community-based service-learning: A rural Australian perspective on student and academic outcomes of participation. *International Journal of Research on Service-Learning and Community Engagement*, 4(1), 181-198.
- Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. Cambridge University Press.
- Leedham-Green, K., Knight, A., & Iedema, R. (2020). Developing professional identity in health professional students. In D. Nestel, G. Reedy, L. McKenna, & S. Gough (Eds.), *Clinical Education for the Health Professions* (pp. 1-21). Springer.
- McRae, N., Pretti, J., & Church, D. (2021). *Work-integrated learning quality framework, AAA*. University of Waterloo. https://uwaterloo.ca/work-learn-institute/sites/default/files/uploads/files/wil_quality_framework_-_aaa_-_for_posting.pdf

- Mizikaci, F. (2006). A systems approach to program evaluation model for quality in higher education. *Quality Assurance in Education*, 14(1), 37-53.
- Myende, P. E., & Hlalele, D. (2018). Framing sustainable rural learning ecologies: A case for strength-based approaches. *Africa Education Review*, 15(3), 21-37.
- National Health and Medical Research Council. (2014). *Ethical considerations in quality assurance and evaluation activities*. Australian Government. <https://www.nhmrc.gov.au/about-us/resources/ethical-considerations-quality-assurance-and-evaluation-activities>
- Patton, N., Higgs, J., & Smith, M. (2018). Clinical learning spaces: Crucibles for practice development in physiotherapy clinical education. *Physiotherapy Theory and Practice*, 34(8), 589-599. <https://doi.org/10.1080/09593985.2017.1423144>
- Sachs, J., Rowe, A., & Wilson, M. (2016). *2016 good practice report: Work integrated learning (WIL)*. Australian Government, Department of Education and Training. https://ltr.edu.au/resources/WIL_Report_2016.pdf
- Shah, M., Nair, S., & Wilson, M. (2011). Quality assurance in Australian higher education: Historical and future development. *Asia Pacific Education Review*, 12, 475-483.
- Siggins Miller Consultants. (2012). *Promoting quality in clinical placements: Literature review and national stakeholder consultation*. Health Workforce Australia. <https://docplayer.net/10887025-Promoting-quality-in-clinical-placements-literature-review-and-national-stakeholder-consultation-final-report.html>
- Smith, C. (2012). Evaluating the quality of work-integrated learning curricula: A comprehensive framework. *Higher Education Research & Development*, 31(2), 247-262. <https://doi.org/10.1080/07294360.2011.558072>
- Sturre, V., Keele, S., Von Treuer, K., Moss, S., McLeod, J., & Macfarlane, S. (2012). Construction of an instrument to measure effectiveness of placement settings and experiences. *Asia-Pacific Journal of Cooperative Education*, 13(4), 225-238.
- Swanson, C. L., & Quilliam, C. (2023). Health professional service-learning innovations in rural contexts. *Focus on Health Professional Education: A Multi-Professional Journal*, 24(4), 75-79.
- Tertiary Education Quality and Standards Agency. (2022). *Guidance note: Work-integrated learning*. Australian Government. <https://www.teqsa.gov.au/guides-resources/resources/guidance-notes/guidance-note-work-integrated-learning>
- Venville, A., Lynch, B., & Santhanam, E. (2018). A systematic approach to the evaluation of the student experience in work-integrated learning. *International Journal of Work-Integrated Learning*, 19(1), 13-21.
- Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Harvard University Press.
- WACE [World Association for Cooperative Education] . (2024). *Global quality WIL framework*. <https://waceinc.org/Global-Quality-WIL-Framework>
- Wenger, E. (2010). Communities of practice and social learning systems: The career of a concept. In C. Blackmore (Ed.), *Social learning systems and communities of practice* (pp. 179-198). Springer.