

Student and supervisor experiences of health student service learning placements in rural communities

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Rural health work-integrated learning exposes students to the unique features of rural professional practice and provides opportunities to improve students' work-readiness. Service learning placements delivered in rural settings seek to address the dual goals of student learning and meeting community identified needs. This research aimed to evaluate the experiences of students and supervisors who were involved in service learning placements in various rural and regional communities across a range of educational and health settings. Thirty-eight participants completed an online survey, reporting high levels of satisfaction with this placement format. Students experienced a strong sense of belonging within the host organisation, felt welcomed, and engaged in organizational and community activities. Supervisors universally reported feeling well supported. Ongoing attention to supervisory confidence, particularly when supervisors are unfamiliar with the service learning placement format is indicated, along with the need to develop student awareness of and access to interprofessional learning opportunities.

Keywords: Health workforce, health occupations students, service learning, rural communities

Rural Australia has experienced a steady net population influx from metropolitan areas (Bourne et al., 2020). For brevity, the term 'rural' refers to all areas not classified as urban, including regional, rural and remote areas of Australia. Population growth in rural areas may be due to several sought-after advantages of rural living, such as more affordable real estate, better work-life balance, decreased need to commute, proximity to natural environments and close-knit community ties (Ragusa, 2010). However, rural Australian communities face unique challenges with access to health care due to geographical location, limited infrastructure, increased rural health care delivery costs and persistent health workforce shortages (Australian Institute of Health and Welfare, 2022; National Rural Health Alliance, 2021). Australians living in rural communities are also more likely to experience chronic health conditions, have a lower life expectancy or succumb to preventable deaths compared to their metropolitan counterparts (Australian Institute of Health and Welfare, 2022). Social determinants of health contribute to rural Australians' health disadvantage and rural Australians generally have lower educational attainment, lower employment levels, lower income, and increased family, domestic and sexual violence compared to their metropolitan counterparts (Australian Institute of Health and Welfare, 2022; World Health Organisation, 2021).

Rural Australia, therefore, has an opportunity to strengthen the recruitment and retention of medical, nursing, dental and allied health professionals. To this end, the Australian Government funded the Rural Health Multidisciplinary Training program (Battye et al., 2020; Lyle & Greenhill, 2018), to establish Rural Clinical Schools and University Departments of Rural Health (UDRH) in rural and regional locations across Australia (Australian Rural Health Education Network, 2022; Battye et al., 2020). A key UDRH strategy is to support and increase allied health student work-integrated learning

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opportunities in rural Australia as a long-term driver of increasing rural health workforce. Allied health professionals include many health disciplines such as physiotherapy, occupational therapy, speech pathology, dietetics, pharmacy, and podiatry (see Allied Health Professions Australia, 2023). These health professionals are directly involved in patient care and improving health and wellbeing outcomes (Department of Health and Aged Care, 2023). Evidence suggests that students who have positive work-integrated learning experiences in rural areas may have stronger intention to practice rurally in the future (Rogers, 2021; Smith et al., 2018). Additionally, positive work-integrated learning experiences provide opportunities to improve students' work-readiness (Jones et al., 2015) and grow professional networks (Australian Government Tertiary Education Quality and Standards Agency, 2022). Rural health work-integrated learning exposes students to the unique features of rural practice, which is quite distinct from metropolitan practice (Green, Quilliam, et al., 2022). Rural health practice is associated with a more diverse caseload, holistic approaches, and continuity of care (Bourke et al., 2010; Malatzky & Bourke, 2016). Health students hold the opinion that rural work-integrated learning affords them the opportunity to enjoy the natural environment, be exposed to broad clinical practice and enhanced learning opportunities (Bradley et al., 2020), build community connections and work in a welcoming and supportive workplace (Bradley et al., 2020; Rogers, 2021). A key mechanism used by some UDRHs to increase rural work-integrated learning opportunities for health students is the development and delivery of service learning placements (Battye et al., 2020; Jones et al., 2016a; Moran et al., 2024; Rogers, 2021). Service learning placements are a type of work-integrated learning where placement outcomes seek to address a community need (Bringle & Hatcher, 2009). In practice, models of service learning are nuanced and change according to the context and professions involved.

The approach to service learning used at Three Rivers DRH is founded on some of the key concepts of Dewey's experience and education, including the principles of continuity and interaction (Dewey, 1938). The application of Dewey's work to the theoretical underpinnings of service learning has been discussed by Giles and Eyler (1994), and there is extensive literature that has discussed the work of Dewey as the foundation for service learning as a pedagogy (see: Deeley, 2015; Lake et al., 2015; Pacho, 2015; Saltmarsh, 2011). Service learning does not have one uniform definition (Chong, 2014) and the definition of service learning as a pedagogical approach operationalized at Three Rivers DRH most closely aligns with Pacho (2015, p. 8) who stated "service-learning is a pedagogy that integrates community service with academic study, reflection, and analysis to enrich the learning experience, teach civic responsibility and strengthen communities." Three Rivers DRH approach to service learning situates collaboration with community-based organizations at the forefront of the placement design (Bringle & Hatcher, 2009; Hyde et al., 2021). The approach to these placements is aligned with the conceptual model presented by Swanson et al. (2024). During these placements, students complete a project or program or create a resource (hereafter referred to as a project) to address a rural health need that has been identified by the host organisation or community (Battye et al., 2020; Jones et al., 2016b). Following the service learning placement, it is intended that the completed project provides ongoing value to the work of the host organisation staff, creating continued benefits to the communities, host organizations and service users². In contrast to other work-integrated learning models that typically adopt an apprenticeship-style supervision relationship between the supervisor and the student (Hyde et al., 2021), service learning placements utilize civic engagement as a driver to achieve student learning outcomes (Jones et al., 2015, 2016b), often in settings where there is no discipline-specific supervisor on site (Hyde et al., 2021). This supervisory approach is ideally suited to rural

² Service users are identified as the people who make use of the completed project delivered by health students as a result of service learning placement, or the people with whom the project, program or resource is implemented by the host organisation. Service users could include patients, clients, or residents at the host organisation.

locations that experience allied health staff shortages, with subsequent shortages of discipline specific supervisors.

This research is based on the service learning placement model used by the rural health education team at Three Rivers DRH and informed by the World Health Organisation framework for interprofessional education and collaborative practice (Hyde et al., 2021). The Three Rivers Placement Model is used as a foundation to increase placement capacity, impact the rural health workforce, meet identified community needs and invigorate current placement models. The model contextualizes rurally focused collaboration and placement co-design with the host organisation, the Three Rivers DRH rural health educators, the clinical supervisor and the workplace learning team at the relevant university (Hyde et al., 2021). Three Rivers DRH service learning placements generally occur in schools, disability services and Aboriginal Community Controlled Health Organizations (ACCHOs) within rural communities. As such, the definition of the community needs in each service learning iteration is determined in collaboration with the host organisation and it is a requirement that students demonstrate the ways they have engaged the host organisation staff, service users and/or broader community members when designing their project. Reciprocity is an essential component of the service learning process (Honnet & Poulsen, 1989). This is demonstrated in every phase of the Three Rivers Placement Model by the foundational aspects of collaboration and community immersion. In addition to meeting pre-identified community needs, students and host site staff learn side by side, resulting in capacity building (Hyde et al., 2021). The placement model is underpinned by the values of social accountability, rurality, and quality learning and teaching. These values are used in the educational approach across the phases of placement design, pre-placement preparation, placement process, and placement evaluation. The Three Rivers Placement Model continues to be refined and improved through regular quality assurance and evaluation which seeks to measure the placement experiences against indicators of quality (Green, Quilliam, et al., 2022). The surveys used in this research are part of the evaluation process that is used for ongoing quality improvement of the Three Rivers Placement Model.

This study aimed to evaluate the experiences of students and supervisors who were involved in service learning placements informed by the Three Rivers Placement Model. In the current study, allied health students participated in service learning placements in various rural and regional communities, and in a range of educational and clinical settings including a preschool, primary school, ACCHOs, disability service providers, an aged care facility, and a health service. Consistent with the model, host sites, students, and supervisors received wrap-around support and collaboration from Three Rivers DRH including pre-placement preparation, placement support, debriefing, and evaluation.

METHODS

Study Design

This study provides a descriptive analysis of student and supervisor experiences following involvement in a service learning placement facilitated by Three Rivers DRH. Ethical approval was obtained from the relevant university Human Research Ethics Committee (H22257).

Rural Context

Service learning placements occurred in rural communities in southern and central west areas of New South Wales, Australia. Communities included larger regional centers (MM2), large rural towns (MM3), medium rural towns (MM4), and small rural towns or remote communities (MM5-6) (Department of Health and Aged Care, 2021).

Respondents

As this study sought perspectives of students and supervisors who participated in service learning placements, both stakeholder groups were invited to participate. Students were undergraduate allied health students who had completed a service learning placement facilitated by Three Rivers DRH during the period July 2021 to December 2022. Supervisors were registered allied health professionals who provided supervision to students during service learning placements that occurred in the aforementioned time period. Supervisors were contracted by Three Rivers DRH to provide student supervision. Supervisors were required to meet professional standards (relative to each allied health discipline) for supervision of students.

Data Collection and Data Management

An online, anonymous survey was designed by the Three Rivers DRH rural health education team. The student survey contained 17 experiential based questions with a 5-point Likert style response format (5-strongly agree, 4-somewhat agree, 3-neither agree nor disagree, 2-somewhat disagree, 1-strongly disagree) and one question with four response options to indicate availability of supports during placements (placed in a pair, access to scholarship and/or accommodation support, attended formal support meetings, received informal support check-ins). The supervisor survey contained 12 experiential based questions with a 5-point Likert style response format (5-strongly agree, 4-somewhat agree, 3-neither agree nor disagree, 2-somewhat disagree, 1-strongly disagree). Both surveys contained four open ended questions for the survey respondent to provide general feedback. As part of Three Rivers DRH standard quality improvement process, all staff who coordinate placements are required to send the survey link to students and supervisors via email at the conclusion of the placement. Return responses were stored anonymously on a secured university-based data management platform. Data were provided to the researchers following Charles Sturt University's Human Research Ethics Committee (Protocol number: H22257) for data access.

Data Analysis

Data were imported from Excel to SPSS (Version 29). Data were screened and analyzed descriptively. Initial data screening identified limited use of response category "1-strongly disagree." Subsequently, the five-point response categories were collapsed to three-point response categories (3-agree, 2-neither agree nor disagree, 1-disagree). Data frequencies were analyzed for ten questions. Additional (non-analyzed) questions had been added to the survey instrument during the study period and were, therefore, not administered to all students and thus were excluded from this analysis. Questions common to both student and supervisor experience surveys were analyzed together. Questions unique to student and supervisor surveys were analyzed independently. Responses to the open ended questions were reviewed. These responses did not raise general or specific themes to extend the closed-response questions, and as such, were not further analyzed as part of this study.

RESULTS

A total of 22 service learning placements were offered from July 2021 to December 2022, involving 46 students, 18 supervisors and 13 host sites. Thirty-eight out of a possible 64 respondents (58%) completed the survey.

Respondents

Students (n=27) completed service learning placements at a range of facilities including preschool or primary school settings (52%), ACCHOs (22%), disability services (11%), aged care facilities (7%) and health services (7%). Supervisors (n=11) were registered occupational therapists (45%), physiotherapists (45%) and speech pathologists (10%). The students were physiotherapists (58%), occupational therapists (29%), and speech pathologists (13%).

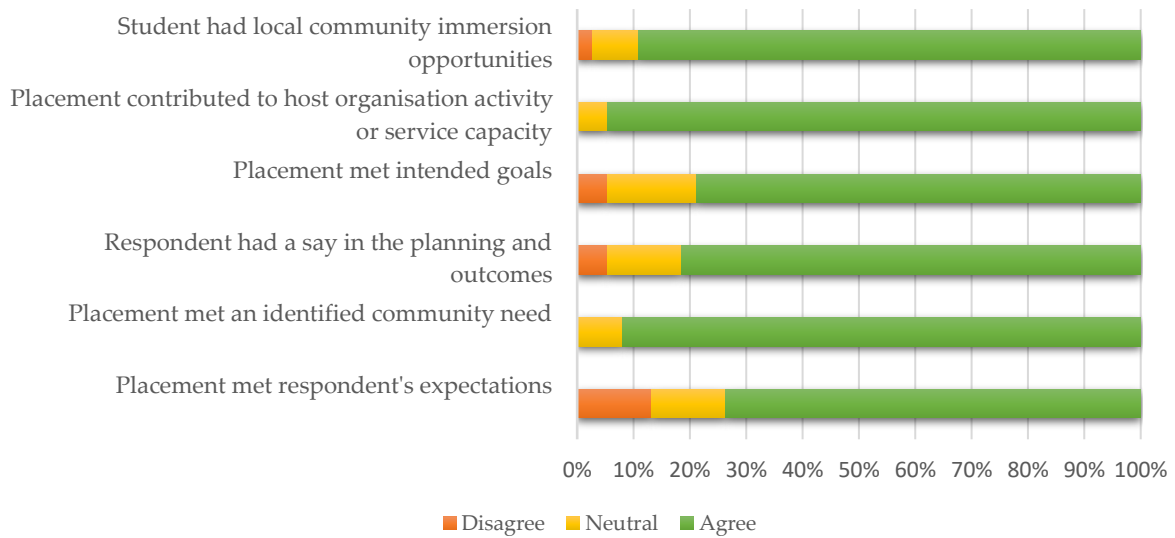
Geographical Context

The student placements were located across regional and rural sites in southern and central west areas of New South Wales, Australia. The Modified Monash Model (Department of Health and Aged Care, 2021) was used to classify these sites in terms of rurality. This model is utilized by the Australian Government to 'define whether a location is metropolitan, rural, remote or very remote.' MM1 being metropolitan (major cities) and MM7 is very remote (Department of Health and Aged Care, 2021). The majority of students had attended a placement in a rural area (MM3-6), with only three students having placements in a regional center (MM2). Of those in rural areas, 12 students had been on placement in a large rural town (MM3), eight students had attended placement in a medium rural town (MM4), and four reported their placement was in a small rural town or remote community (MM5-6).

Survey Findings

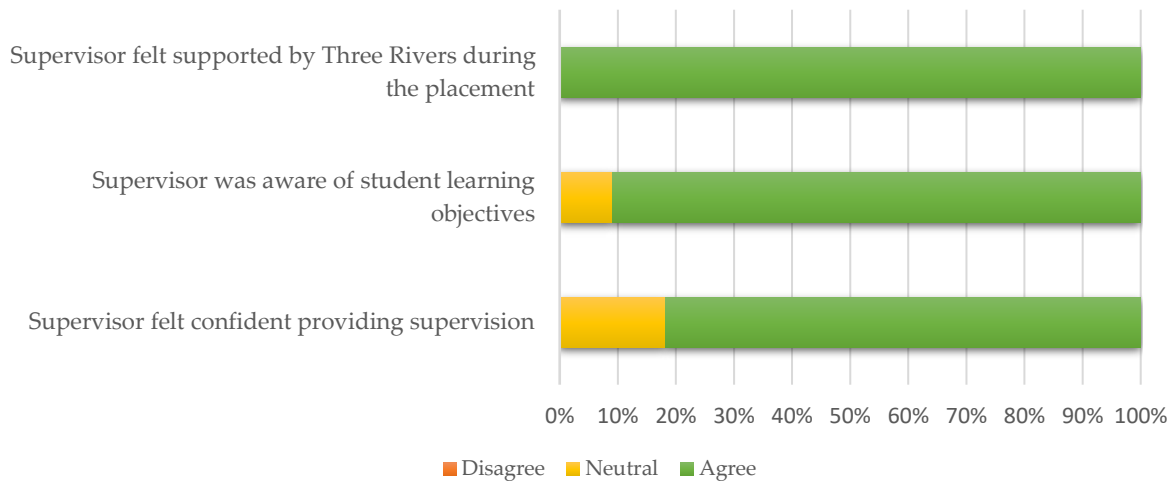
Six questions were common to the supervisor and student surveys. As seen in Figure 1, student and supervisor respondents reported a positive experience with service learning placements including opportunities for immersion into the local community, the placement meeting intended goals, the respondent being an active participant in the planning stage of the placement, and a generally positive feeling that the placement met respondents' expectations. Respondents consistently agreed (95%) that students contributed to activity or service capacity at the host organisation and that the placement met an identified community need (92%).

FIGURE 1: Combined student and supervisor responses (n=38).



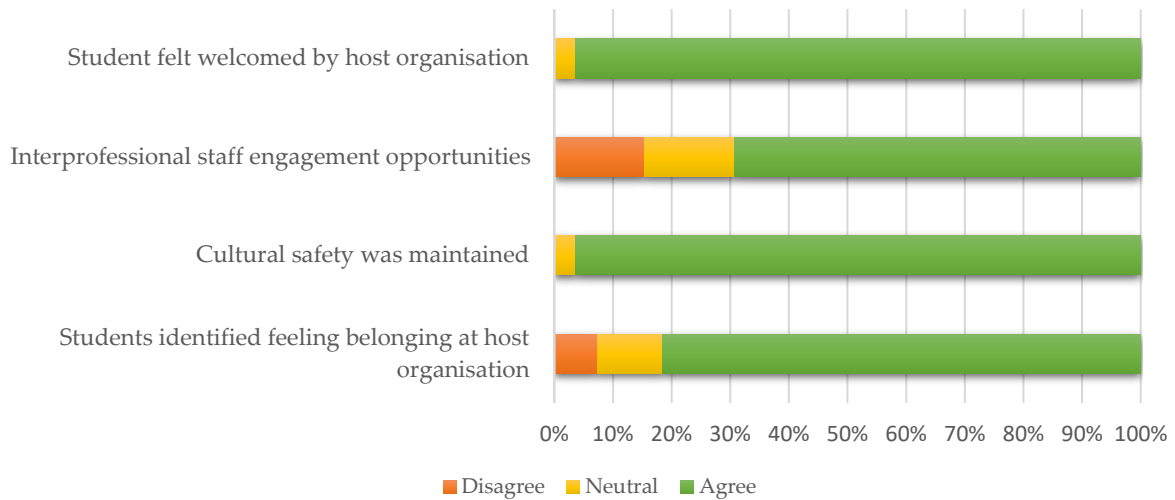
Three questions were unique to the supervisor survey. As seen in Figure 2, all supervisor respondents (100%) reported feeling supported by Three Rivers DRH during the placement, 91% were aware of student learning objectives and 82% felt confident in providing supervision.

FIGURE 2: Supervisor survey responses (n=11).



Four questions unique to the student perspective were analyzed and are presented in Figure 3. Most students (96%) felt welcomed by the host organisation and agreed that cultural safety was maintained during the placement, 82% reported a feeling of belonging at the host organisation and 70% reported having opportunities for interprofessional engagement.

FIGURE 3: Student survey responses (n=27).



Three Rivers DRH provides a variety of supports to students while on placement and accessing these is optional. More than half (60%) of the student respondents attended scheduled fortnightly online support meetings with Three Rivers DRH clinical educators. These pre-scheduled meetings are in group format and openly available to all students on placement within the Three Rivers DRH footprint at that time. More than two-thirds (70%) of the student respondents accessed Three Rivers DRH accommodation or financial support via scholarship. Almost all (96%) of student respondents received placement specific support by a clinical educator (either face to face or online) during their placement. As per the Three Rivers Placement Model, 26 out of 27 students were placed in pairs to facilitate peer support.

DISCUSSION

This descriptive analysis of undergraduate health student and supervisor experiences following service learning placements conducted in rural locations suggests a high level of satisfaction with this placement model from the perspectives of students and supervisors. Overall, survey respondents (supervisors and students) felt the placement met community needs, and students reported a sense of belonging and connection to the community in which the placement occurred. Positive student experiences were underpinned by a high level of student preparation and goal setting which ensured students felt prepared to learn. Supervisors felt well supported and additional opportunities for extending that support, and building supervisor confidence are discussed below. Creation of interprofessional learning experiences and proactively managing student and supervisor expectations of this placement format were also highlighted as an area for further development and are discussed further below.

This research found that 92% of survey respondents felt the service learning placement met an identified community need. Considering the aim of these rural health service learning placements is dually focused on student learning and promoting health in rural communities, this demonstrates the work undertaken to co-design these placements is likely to be contributing to valuable outcomes. Three Rivers DRH service learning placements are focused on community and academic (students and universities) partnerships, strategically located in places that combine student learning opportunities

and an identified community need (Salam et al., 2019). The importance of co-created student placement opportunities has previously been discussed in the literature as a mechanism to enhance positive outcomes and contribute to sustainability (Dorado & Giles, 2004; Jones et al., 2018; Tinkler et al., 2014). Gresh et al. (2021) also found these dual learning/community outcomes when describing university-community partnerships to deliver a service learning placement where student nurses participated in a program to reduce social isolation during the COVID-19 pandemic. There are also examples of co-designed student placements from rural Australia, such as the work of Bird et al. (2022), who explored student learning during an eight week placement in the East Arnhem Region of the Northern Territory, Australia and found that through community connection and co-creation, students were able to apply their professional skills to provide a holistic health service that met community needs and achieved personal and professional growth (Bird et al., 2022).

While the benefits of co-creation of service learning placements are two-fold, it is likely they are also interactional. This was demonstrated by Green, Hyde, et al. (2022) who described how students' observations of their community impact had a positive effect on their learning experience. For service learning, the deliverables created by the students may be considered social capital that supports the service delivery and/or capacity of the host organisation (Craig et al., 2016). The student and supervisor respondents indicated that the placement had contributed to the host organizations service capacity or activity and that the placement had met an identified community need. This emphasizes the importance of co-design when creating rural placement opportunities and demonstrates that the overall success of the placement can be directly linked to the perceived benefit and/or impact of students' work at the host organisation and overall satisfaction of the placement (Eyler & Giles, 1997; Tanna et al., 2020). The perspectives and experiences of the host organizations and community members were not able to be explored as part of this study. As integral stakeholders in service learning programs, it is important that these stakeholders are included in future research.

Despite the high rates of agreement across all survey questions, it was notable that one of the lowest rates of agreement was in response to the question about whether the placement met the respondents' expectations. This finding may relate to the relatively unfamiliar nature of service learning in rural health placements in Australia for both students and supervisors. It could also signify that pre-placement briefings are not efficacious in preparing students and supervisors for these experiences. Across the professions, previous research has demonstrated the importance of the relationship between student expectations and their learning outcomes and placement satisfaction (Knecht et al., 2020; McClam et al., 2008; Muturi et al., 2013). Aligning student and community expectations of service learning outcomes has also been identified as an important factor for the maintenance of the university-community partnership (Lear & Abbott, 2009). This presents an opportunity to review the processes of pre-placement preparation to ensure expectations match affordances.

The sense of belonging explored in this survey refers to feeling safe, supported, and valued in the placement environment, a process by which the students experience enhanced self-efficacy, self-esteem, cognitive and emotional capacity, empowerment, and motivation to learn (McKenna et al., 2013; Pienaar et al., 2022; Singer et al., 2022). These elements were represented in the surveys whereby 82% of students identified feeling that they belonged at the host organisation, 97% of students felt welcomed by the host organisation, and 89% of the students and supervisors reported the student had local community immersion opportunities. The sense of belonging concept has previously been explored in the Australian healthcare context by Levett-Jones and Lathlean (2008) in undergraduate nursing students and their hospital based clinical placements. They found a sense of belonging is associated with four main themes: motivation to learn, self-directed learning (self-efficacy and confidence),

reduced anxiety, and confidence to ask questions (critical thinking and problem solving) (Levett-Jones & Lathlean, 2008). Service learning programs can provide an important platform for students to develop a sense of belonging in rural communities and, therefore, affect their engagement in learning. This is an important topic and could be further explored in future research.

Service learning undertaken in collaboration with First Nations³ communities provides students with an opportunity to learn with and from First Nations peoples and increase students' awareness, understanding and cultural safety as emerging health professionals. This learning is invaluable for students and "First Nations cultural training for staff has been recognized as essential by government, numerous healthcare organizations, tertiary education facilities and extended training programs" (Rissel et al., 2023, p. 102). Almost all students (96%) responded that they felt that cultural safety was maintained during these placements. This high, positive response may reflect the planning and preparation of students for placements in which they work with First Nations peoples. For example, a requirement of the students undertaking these placements was to complete an online module on cultural awareness and preparation for placements. This learning was pertinent for students commencing placements to reflect on their existing knowledge and attitudes. Cultural immersion opportunities have the potential to provide rich learning experiences for students and communities (Thackrah et al., 2014) and be an indicator of quality in rural health placements (Green, Quilliam, et al., 2022). The supervisor and student responses to the surveys indicated that 90% felt students had local community immersion opportunities. This could contribute to students' general satisfaction with the quality of the placement and rural learning opportunities. The perspectives of First Nations peoples on the impact of working with health students was not explored in this research and should be a priority in the design of future research.

Supervisors responded that they felt supported by Three Rivers DRH during the placement (100%), whilst only 82% responded that they felt confident in providing supervision. For many supervisors engaged to provide supervision for the service learning placements, this model of placement may be new and unfamiliar. The supervisors engaged in the Three Rivers DRH program were all experienced in supervision of students on apprentice-style placements, but not always experienced in service learning supervision. The importance of preparing supervisors prior to the service learning placement has been highlighted as necessary to facilitate communication and expectations of the placement (Boniface et al., 2012; Naidoo et al., 2019). The adequate preparation of students for service learning placements can also impact on the experience for the supervisor (Boniface et al., 2012). Supervision of students on service learning placements requires a different skillset including supervising students remotely (often whilst juggling the demands of clinical work), overseeing projects, providing support to students in host sites where there may be limited to no other allied health professional support, as well as working with host sites and students who may be new to service learning placements. . This finding demonstrates there are opportunities to introduce other forms of support for supervisors to increase their confidence. One of these options is to offer mentoring support whereby a supervisor who has greater experience in service learning supervision, becomes a mentor to a supervisor who is new to this model of placement. A mentoring program provides the new supervisor with more frequent, discipline specific support and facilitates sharing of knowledge and insight, as well as a safe space for reflection and problem solving. A peer-assisted learning arrangement for supervisors can contribute to the success of the placement (Boniface et al., 2012). Other options for support for new

³The terminology of First Nations peoples/communities refers to the Aboriginal and Torres Strait Islander peoples of Australia (see The Australian Institute of Aboriginal and Torres Strait Islander Studies. (2023). Australia's First Peoples. <https://aiatsis.gov.au/explore/australias-first-peoples>)

supervisors may include additional education offered by the Three Rivers DRH rural health education team and access to professional development to guide students undertaking project work. This will be explored in future iterations of the program.

The level of interprofessional engagement opportunities reported by students participating in these service learning placements (70%) was slightly lower than other similar placements in rural healthcare (83%) (Walker et al., 2019). Interprofessional learning opportunities are instrumental for improving health students' understanding of interprofessional practice, competency, autonomy, teamwork skills, interprofessional cooperation, and work readiness (Walsh et al., 2023). Service learning placements offer an opportunity for students of different disciplinary backgrounds to work together in healthcare or educational settings; for example, occupational therapy and speech pathology students working together in primary schools (Jones et al., 2015). Fostering interprofessional learning opportunities and preparing students for interprofessional practice is critical in rural locations where recruitment and retention of health professionals is challenging, and there is a greater need for clinicians to engage in interprofessional practice. For further exploration is student respondents' understanding of the term 'interprofessional engagement.' Terms such as multidisciplinary, interdisciplinary, and interprofessional remain poorly understood (Flores-Sandoval et al., 2021), and in the context of service learning placements with community-based organizations, can extend beyond healthcare professionals to also include educational professionals, welfare and disability professionals, social services providers, organizational managers, and other professionals.

IMPLICATIONS FOR FUTURE PRACTICE

A sense of belonging cannot be underestimated and the importance of designing placements that promote feelings of belonging should be a priority. Supporting students to feel that they belong in the host organisation and community can have a strong influence on the overall success of the placement. Sense of belonging can be fostered in ways such as promoting upcoming placements to staff and community, preparedness of the host organisation and supervisor, inclusion of the student in daily activities and community events.

First Nations cultural immersion experiences and cultural safety are important components of rural service learning placements. The opportunity to learn from and with First Nations people is a unique and valuable opportunity for students undertaking placement in rural areas, and for their future practice.

To ensure transparency and create realistic expectations, the goals and outcomes of the placement should be identified by all relevant stakeholders, and clearly articulated prior to placement. Opportunities for goalsetting could include pre-placement meetings with the supervisor, host organisation and students, dissemination and discussion of placement specific documentation (e.g., handbook, resources pertaining to service learning placements), providing ample opportunity for raising questions and concerns, and maintaining open communication channels.

As a measure to improve supervisor confidence, discipline specific mentoring for clinical supervisors should be considered for those new to non-traditional placement models. This could be in the form of academic mentoring from the university or peer-mentoring from experienced service learning clinical supervisors. Psychological and material (accommodation, scholarships, etc.) student supports are integral to rural service learning experiences. It is recommended that it should be a compulsory component of these programs.

LIMITATIONS

Results from this study provide an overview of some experiences of students and supervisors involved with service learning placements informed by the Three Rivers Placement Model. The sample size was small and results cannot be generalized to reflect the experiences of students or supervisors elsewhere. The survey had a high response rate (58%), but a positive reporting bias could be present if students and supervisors who had a positive experience were more inclined to participate. It should also be considered that in a placement program where many participants opted to be involved in this type of rural experience it is likely they already had favorable opinions of rural practice which may have influenced positive outcomes in the survey. It is possible that supervisors (as contracted university employees) may have been more inclined to provide positive reflections on the placement experience due to their employee status. An in-depth analysis of student experiences who undertook placements informed by the Three Rivers Placement Model, and the impact on their learning is explored elsewhere (Green, Hyde, et al., 2022).

CONCLUSION

This research described high levels of satisfaction with service learning placements in rural settings, from the perspective of health students and supervisors. Placements were found to meet the dual requirements of student learning and addressing identified community needs. This is particularly noteworthy in the context of rural healthcare delivery where resources are often limited, and needs are high. Students experienced a strong sense of belonging within the host organisation, felt welcomed by the host organisation, and engaged in community immersion opportunities, which may all be important factors in enhancing student experience whilst on placement. Ongoing attention to supervisory confidence, particularly when supervisors are unfamiliar with the service learning placement format, is indicated, along with the need to develop student awareness of and access to interprofessional learning opportunities.

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