Curtin University

MILLENNIAL STUDENTS IN FIELDWORK: GUIDELINES TO SUCCESS

A guide for allied health students and clinical educators involved in fieldwork

Make tomorrow better.

CONTENTS

KEY TERMINOLOGY

Millennials - People born between the years 1981 and 2000 (although exact dates differ between sources), also referred to as 'Generation Y'.

Fieldwork - The practical work (referred to herein as 'placements') completed as part of a University qualification, usually completed in the professional / clinical community.

Clinical educator - This term is used to describe those health professionals in a clinical educator / fieldwork educator / supervisor / preceptor role, responsible for students on placement at their site in University and/or community settings. This term has been used for consistency, however it is acknowledged that some disciplines do not identify as 'clinical' in nature.

CURRENT PROJECT

Universities, students, and employers have been reported to "...live in parallel universes" due to a lack of shared expectations (Mourshed, Farrell, & Barton, 2012, p.18). Therefore, it is not surprising that anecdotal reports of a gap between the expectations and preferences of current university students and the staff involved in their fieldwork education have been raised with and by Curtin University staff. The majority of students currently attending university have been classified as 'millennials'. To optimise millennial students' learning and transition to practice – be that through fieldwork placements or entry into the workforce – all staff involved in the education of millennial students need to understand the attitudes, values, and preferences of this population. While millennials are the most studied generation to date (National Chamber Foundation, 2012), minimal literature exists which has explored millennial students within the context of fieldwork. To address this gap, the overarching **aim of this project** was to gain an increased understanding of allied health millennial students to facilitate their engagement, learning, and hence success within placements and ultimately enhance their employability in the 21st Century workplace.

Following a scoping review of the literature, focus groups with millennial students, millennial clinical educators and non-millennial clinical educators were held in July and August, 2017. Participants represented a range of allied health disciplines, including physiotherapy, speech pathology, nursing, and radiation therapy.

TARGET AUDIENCE

This guide will be of use to current and future allied health university students, clinical educators, and university academic and fieldwork staff, for implementation throughout curricula. An overview of research into some of the common characteristics of millennials is described, however this is acknowledged to be a generalisation that will not apply to every person within this generation. These guidelines are intended to provide a starting point for shared dialogue between students and clinical educators to **better understand and accept each other**. It is just as important for millennial students to understand and respond to the perspectives and expectations of their clinical educators, as it is for clinical educators to understand the learning needs and preferences of millennial students.

To realise the potential of the next generation is to embrace the natural existence of generational change. Whether we accept that culture and societal influences change the lens we view the world through, or that stereotypes are just qualities that typify life-stages, it is a shared responsibility between student and clinical educator to collaboratively engage; to recognise critical generational predispositions that need to be strengthened, yet encourage the positive attributes and nurture the inherent capabilities that define millennials (Johanson, 2012). Millennial students are the catalysts for change in our professions.

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BACKGROUND: UNIVERSITIES IN THE 21ST CENTURY

University cultures evolve over time, resulting in a need to adapt educational practices. A number of key differences are evident in the 21st Century university, including greater diversity of students, technological advances, and generational differences. This section will describe some of the key characteristics evident in 21st Century universities.

DIVERSITY

Globally, university attendance continues to increase. As a result, 21st Century university students represent a diverse range of cultures, ages, personalities, learning styles and backgrounds, including students from financially and geographically disadvantaged areas (Denman, 2005; Organisation for Economic Cooperation and Development [OECD], 2017). Australia has one of the highest rates of international students attending university which has resulted in a high level of diversity in language, culture, and learning (Denman, 2005; OECD, 2017). Universities need to embrace this diversity in their student populations (Ibarra, 2009).

TECHNOLOGY

Unprecedented advances in technology continue to drive changes in many aspects of university life (Flynn & Vredovoog, 2010). By embracing these technologies higher education is delivered in new and diverse ways. Millennial students' digital citizenship and preference for self-directed, formal, and informal learning has created an environment that fosters experimentation, curiosity, and creativity (Adams et al., 2017).

GENERATIONAL DIFFERENCES

Each generation has been described as having a number of key attributes. For example, in describing the personalities of various generations, the National Chamber Foundation (2012) described baby boomers' as idealists, Generation X as sceptical independents, and Generation Y (millennials) as connected, diverse collaborators. These attributes are thought to be shaped by the economic, political and social context which influence the culture of the period. In their report on the millennial generation the National Chamber Foundation (2012) note that these generational differences can lead to differences in attitudes, values, and expectations.

CHARACTERISTICS OF
MILLENNIAL STUDENTS

The majority of students currently attending university have been classified as 'millennials', with university enrolment rates of millennials in Australia increasing by 15% between 2005 and 2015 (OECD, 2017).

Millennials have been described as:
- technologically competent,
- achievement focused,
- confident,
- conventional,
- pressured,
- sheltered,
- special,
- team-oriented, and
- multi-taskers.

(Holt, Marques & Wray, 2012; Howe & Strauss, 2007; Johanson, 2012; Monaco & Martin, 2007; Pardue & Morgan, 2008; Venne & Coleman, 2010).

Some of these characteristics are explored in more detail throughout these guidelines with relation to fieldwork and findings from the current project's focus groups.

PERSONALITY AND PERSONALISATION

Generally, the way in which millennials think, feel, and behave is reported to have some marked differences to previous generations. Many millennials have experienced a parenting style that has been described as 'child-centric' (Holt, Marques, & Way, 2012) featuring close relationships with their parents and the rewarding of participation over achievement (Monaco & Martin, 2007; Much, Wagener, Breitkreutz, & Hellenbrand, 2014; Sandeen, 2008). As a result, millennials have been described as having an inherent sense of feeling 'special', entitled, and confident (Rickes, 2009; Venne & Coleman, 2010). Millennials are reported to prefer personalisation of their educational experiences (Sandeen, 2008).

Fieldwork Tip
Personalisation in a fieldwork context has been defined as an "emphasis on opportunity of the individual student to interact with clinical teacher/clinician and on concern for student's personal welfare" (Chan, 2002, p. 74). These preferences are evident during fieldwork with millennial students rating personalisation as a very important aspect of their placement experience (Brown et al., 2011; Chan & Ip, 2007). In addition, millennial students' perception of the level of personalisation of their placement experience has been strongly associated with their overall satisfaction with the placement (Berntsen & Bjørk, 2010; Brown et al., 2011; Shivers, Hasson, & Slater 2017). It is important for students and clinical educators to reflect on their expectations and the opportunities for personalisation of the placement, and to communicate this regularly.

DIGITAL NATIVES

A critical skill-set of our current digital age is being technologically competent. Millennial students are characterised by "…their attachment to, understanding of, and comfort with technology" (Bracy et al., 2010, p. 22). A staggering 99% of Australians aged 18-29 years and 96% of 30-39 year olds own a smart phone, with 80 and 89%, respectively, accessing social media at least once a day (Sensis, 2017). Therefore, it is not surprising that technology plays a significant role in millennial students' learning (Bracy et al., 2010; Shih & Allen, 2007).

Millennials are reported to prefer exposure to a variety of technological platforms in their learning environment, such as interactive presentations, social networks, podcasts, group discussions, guest lectures, and video clips (Bracy et al., 2010; Earle & Myrick, 2009). In the university teaching context, millennial students have reported a preference for face to face lectures when compared to web-based learning or group work (Hills et al., 2017). The use of immersive technology in lectures has been shown to improve student recall, participation, attention, and satisfaction (Montenery, 2013).

The sheer volume of data and information available through technology creates a unique challenge for millennial students in terms of sourcing reliable evidence and critically evaluating information (Pardue, 2008). Rather than relying on one information source, millennials are more successful when they have sought, sieved, and synthesised data (Dede, 2005). This approach can lead to problems with decision making (Pardue, 2008). High engagement in technology and extensive exposure to information results in opposing ideals in a generation who seek balance between work and leisure, yet are immersed in a culture characterised by technology and immediacy.

Fieldwork Tip

Given concerns regarding students' use of mobile phones during placements, it is important that expectations around the appropriate use of these devices is discussed and negotiated. Exploration of how students can engage with technology at the placement is also strongly encouraged. This might include students enhancing their educators' use of new technologies.

This technological ability and connectedness was one of the key characteristics identified by both students and clinical educators within the focus groups. Students viewed this as an opportunity to be "young new thinkers who might bring new ideas to the workplace," whereas some clinical educators saw this as an over-reliance on technology. Some millennial clinical educators noted that millennial students were very keen to integrate technology into the workplace.

WELLNESS AND WORK-LIFE BALANCE

Mental illnesses affect 45% of Australians (Australian Bureau of Statistics [ABS], 2010) with anxiety disorders the most prevalent mental illness. Rates of mental health problems are highest in the 16 to 24-year-old age group, followed by 25 to 34-year-olds (ABS, 2010). As a result, mental health and well-being are becoming of universal concern. More than previous generations, millennials are reported to prioritise their personal life and seek to maintain a balance between work and leisure (Werth & Werth, 2011). Only one in seven millennials identify as 'work-centric' compared to one in four baby boomers (Sandeen, 2008). However, millennials have also been described as feeling pressured and being hyper-focused on achievement (Howe & Strauss 2007), often expressing feelings of stress, anxiety, and being overwhelmed (Much, 2014, p. 38).

EXPECTATIONS

Millennials have been reported to prefer fun, informal ('laid back') environments (Bracy et al., 2010) with a focus on practical, hands-on, authentic learning experiences (Venne & Coleman, 2010) where they can see the application of theory and the relevance of what they are learning (Hills et al., 2017).

Millennials tend to approach tasks better when they are broken into components, such as checklists

(Holt et al., 2012) and include active problem-based learning rather than passive listening (Rickes, 2009). However, millennials have also been reported to have a passive approach to solving their own problems and may appear to rely on others to help them navigate these (Much et al., 2014). According to Much et al. (2014), whilst millennials acknowledge the need for rules, many millennials are seen to consider them more as a guide. In line with these findings, authoritarian or hierarchical structures are not conducive to millennials' preferred way of learning or working (Roehling et al., 2010), although the prevalence of hierarchy in many current organisational systems will require millennials to adapt accordingly.

Millennials have been reported to be conventional, appreciate structure and guidance, and to require clear boundaries to be identified and communicated to achieve success (Howe and Strauss, 2007; Johanson, 2012). However, millennials are said to openly question the reasons why a task or activity must be completed, or performed in a certain way. While this may challenge the style of their educators, it demonstrates their critical thinking and reasoning skills.

Students and clinical educators in our project agreed on the importance of clear, shared expectations for the placement. Establishing expectations early and clearly as they relate to the specific context of that placement will facilitate students being more proactive in their learning, and eliminate clinical educators feeling that they need to 'spoon feed' students throughout the placement. This transparency needs to work both ways, with millennial students themselves needing to prepare and communicate their own expectations, preferences, and goals for the placement.

Millennials have grown up in an environment with easy access to multiple avenues of interaction, consuming extensive amounts of information every day (Sandeen, 2008), which has been reported to result in less exposure to and acceptance of boredom (Roehling et al., 2010). The current culture of immediacy can see the lag time of an email being viewed as an inconvenience, when people are used to others being constantly available (Skiba & Barton, 2006).

LEARNING STYLE

Millennial students tend to focus on the destination of their learning (i.e. the performance/outcome) rather than the journey (the learning itself), thus requiring clear communication of expectations (Howe & Strauss, 2007). Hills et al. (2015b) describes this generation as wanting to become experts immediately, without spending the time and effort that may be required to achieve deep learning.

Millennials may have a preference for collaborating and constructing knowledge with others, making use of technology in the process (Rickes, 2009; Johanson, 2012). This collaborative learning, in which a partnership exists between students and staff, creates better mutual understanding, academic success, and personal growth (Pardue & Morgan 2008; Rickes 2009; Johanson, 2012).

Fieldwork Tip

When possible, expectations should be documented so they are transparent, and both students and clinical educators can be kept accountable to these. If students are unclear about the placement expectations, they should actively seek out this information.

Expectations need to include those for the students (e.g. professional behaviour, deadlines, caseload, level of independence, documentation, self-reflection), those for the clinical educators (e.g. time allocated to the student, how and when feedback will take place, and how the level of guidance and supervision will change over the length of the placement) and those for the relationship (e.g. accessibility, expectations of one another). Some useful tools include:

1. **Placement map / checklist (example template Appendix A)**
   - provides an overall picture of what is expected week by week
   - guided list of competencies that are expected to be developed
   - can include university expectations and assessments to align with competencies.
2. **Supervision contracts (example template Appendix B)**
   - useful for structuring supervision, the placement, and clarifying expectations
   - completion should be collaborative, benefiting both students and clinical educators.
3. **Expectations of fieldwork (Appendix C)**
   - clarifies expectations and preferences
   - opportunity to discuss, clarify, and negotiate
   - identifies differences early.

Millennials value opportunities for group discussion, which allows them to develop their own understanding of concepts (Hills et al., 2017). It follows that when learning practical skills, millennials are reported to like simulated learning, which allows them to gain confidence in applying knowledge in a safe setting before moving into a clinical / professional setting (Montenery et al., 2013).

There is value placed on opportunities for "reverse mentoring" roles in the workplace – the chance to collaborate and teach skills, particularly technology, to older colleagues as well as learn from them (Chaudhuri & Ghosh, 2012; Marcinkus, 2012). Placement sites can gather requests from staff for student projects and mentoring topics, as well as supplying lists of previous presentations to avoid repetition.

The need to engage millennials and introduce "fun" into placements was noted by clinical educators. They also described students' desire for positive feedback that reinforced what they were doing well rather than only suggestions for how they could improve. Some clinical educators reported millennial students had a tendency to be passive learners who expected to be "spoon fed". In contrast, some students described exploring a range of answers to problems.

RELATIONSHIPS

Twenge (2006) identified that the communication style of millennials tends to be more casual than previous generations, with a tendency to speak to people from previous generations in the same way as they do with their peers. This relaxed style is accompanied by a desire for students to feel as if they are part of the team with opportunities to undertake tasks autonomously (Hills, 2015a). However, as described earlier, millennials are also reported to seek detailed, clear explanations and frequent feedback to achieve this, which could place more demands on clinical educators (Hills, 2015b). Additionally, education is felt to be a commodity that students purchase, and thus many adopt a transactional relationship with education. This can lead to millennial students perceiving that staff, including clinical educators, should be highly accessible and approachable (National Chamber Foundation, 2012).

Fieldwork Tip

Students value a sense of belonging but the literature indicates that many placements are linked to a sense of alienation (Levett-Jones, Lathlean, Maguire, & McMillan, 2007). Therefore, the quality of the supervising relationship is extremely important to supervision effectiveness (Kilminster et al., 2000). Millennial students seek a collaborative and supportive relationship with their clinical educator that is not hierarchical or authoritarian (Roehling et al., 2010). Feeling respected and appreciated by their clinical educators is also important. Clinical educators who demonstrate these attitudes are highly respected by students (Holt et al., 2012).

As in the workplace where a health professional's relationship with their manager nurtures ongoing development and optimal performance, a strong supervisory relationship is a critical platform for placement success. Supervision should include clinical management, teaching and research, management and administration, pastoral care, interpersonal skills, personal development, and reflection (Kilminster, et al., 2000). A strong student-clinical educator relationship will help address a student's need for personalisation.

Three strategies to facilitate developing an effective student-clinical educator relationship are:

1. **Initial contact:** Students and clinical educators can write a letter of introduction / welcome to each other prior to the placement commencing.

2. **Initial meeting**: The aim of this meeting is to begin setting up the clinical educator-student relationship. Share something personal about yourself.

3. **Get to know each other:** Students benefit from feeling like a valued member of the team within the placement. Clinical educators can include them in team meetings and activities (when appropriate), and take some time to get to know them and facilitate their development of relationships with the broader team. Students can demonstrate their appreciation for these strategies by demonstrating their engagement in these activities and discussions and initiating these when appropriate.

While it can be difficult to find the time to use such strategies in busy or shorter placements, any investment in the supervisory relationship from both parties will be mutually beneficial.

Creating relationships with their clinical educator(s) was identified by the students who participated in the focus groups as an important factor in the success of their placements. The approachability of these educators was one of the key factors that impacted either positively or negatively on this relationship. The open, friendly approach adopted by many millennial students during placements suggested to some clinical educators that the students lacked respect for their experience and expertise. Clinical educators noted the need to make professional boundaries explicit while still building rapport and trust with the students. At the same time, clinical educators noted the importance of students discussing their personal issues (e.g. anxiety or learning difficulties) so they can assist them develop strategies to support or address these, and thus ensure the student gets the most out of the placement. The lack of equity in the student-clinical educator relationship was also noted, with clinical educators perceived by students as holding 'power over' them.

FEEDBACK

Feedback is "a process whereby learners obtain information about their work in order to appreciate the similarities and differences between the appropriate standards for any given work, and the qualities of the work itself, in order to generate improved work" (Molloy & Boud, 2013, p. 6). Feedback can be formal or informal, delivered via various modalities (e.g. written, electronic and/or verbal) from multiple sources (e.g. self-evaluation, peers, clinical educator, clients/consumers, and/or other members of a multi-disciplinary team).

Feedback is very important to millennial students in an educational setting. Timely, frequent, concise feedback that is specific and offers solutions, guidelines, and reassurance is valued (Bracy et al., 2010; Holt et al., 2012; National Chamber Foundation, 2012; Rickes, 2009). Feedback such as this enables students to see how they can improve on their performance and reasoning.

It also encourages students to address any overconfidence issues that might arise in a practice setting, allowing them to set more realistic goals (Hills et al., 2012; Hills et al., 2016).

Feedback (written or verbal) should be:
- understandable,
- selective (only key points),
- specific,
- timely and regular,
- contextualised,
- non-judgemental (focus on learning goals, not just performance goals),
- balanced (areas of strength as well as areas in need of improvement),
- forward-looking (solution-focussed),
- transferable ('focussed on processes, skills and self-regulatory processes, not just on knowledge content')
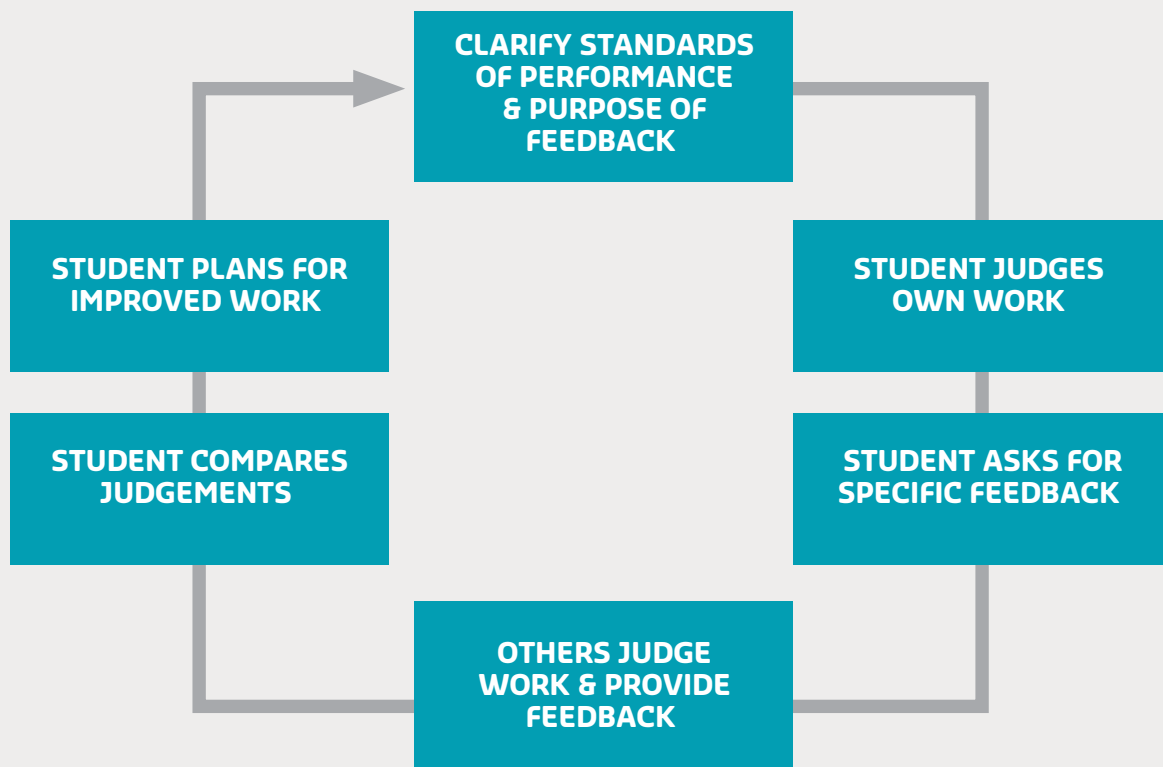- personalised.

(Molloy & Boud, 2013; Hills et al., 2016)

Fieldwork Tip

Creating a safe learning environment facilitates dialogue between the student and Clinical Educator. This can be achieved by mutual respect and trust, valuing opinions and ideas of others and recognition that there may be several suitable ways of achieving a particular goal. Where safe to do so, allow students to make mistakes and use these as a learning opportunity (reflection and feedback).

In the fieldwork context, the feedback dialogue can be conceptualised as a process/cycle as described in the figure below. See Appendix D for feedback recommendations for students and clinical educators, corresponding with each stage of the cycle.

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        ┌──────────────────────┐
        │ CLARIFY STANDARDS    │
        │ OF PERFORMANCE       │
        │ & PURPOSE OF         │
        │ FEEDBACK             │
        └──────────────────────┘

┌──────────────────────┐          ┌──────────────────────┐
│ STUDENT PLANS FOR    │          │ STUDENT JUDGES       │
│ IMPROVED WORK        │          │ OWN WORK             │
└──────────────────────┘          └──────────────────────┘

┌──────────────────────┐          ┌──────────────────────┐
│ STUDENT COMPARES     │          │ STUDENT ASKS FOR     │
│ JUDGEMENTS           │          │ SPECIFIC FEEDBACK    │
└──────────────────────┘          └──────────────────────┘

        ┌──────────────────────┐
        │ OTHERS JUDGE         │
        │ WORK & PROVIDE       │
        │ FEEDBACK             │
        └──────────────────────┘
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Note: Feedback model adapted by M. Brewer from Molloy & Boud (2013).

FIELDWORK AS A REFLECTION OF CLINICAL / PROFESSIONAL PRACTICE

The strategies described in these guidelines are not only supported by the literature as essential components of successful placements, but the congruence to clinical / professional practice is unmistakeable. Collaboratively setting clear goals and expectations with clients / patients is an essential step in achieving positive outcomes, and a key component of the therapeutic alliance. The importance of developing and nurturing this therapeutic relationship is pivotal for all health professionals, as they support, intervene, facilitate and build capacity of their clients / patients through a cycle of feedback and reflection. It is therefore no surprise that health professionals are truly well equipped to create high quality learning experiences for students, when the same values and principles are applied.

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APPENDIX A: Placement map / Student outcomes checklist (example 7-week placement)

WHEN	WHAT
Week 1: Observation	• The student has read key documentation. • Student observes clinical educator's process of daily planning and caseload management (print and document on patient list, negotiate intervention timetable with other staff). • Student observes routine work practices including assessment and therapy sessions. • The student reads at least X (e.g. 5) patient files and is able to determine details/history that is relevant to current admission. • Student attends all relevant team meetings and observes the process of providing feedback, team dynamics, and discharge planning process. • Student able to articulate the role of their profession in the placement setting. • Student observes clinical educator documentation and completes own draft examples.
Week 2: Developing skills	• Student plans priorities for the day with the clinical educator. Student takes responsibility for knowing what is going on for each day (groups, meetings, etc.). • The student conducts [add tasks] with support from the clinical educator. • Student completes draft documentation with support from the clinical educator. • Student observes patient therapy sessions and participates as appropriate. • The student begins to detail observations and describes these to the clinical educator after patient sessions. Student able to identify key goals for discharge. • Student observes a group therapy session and participates as appropriate. • Student able to provide feedback about their own performance during supervision sessions, with some support.
Week 3: Consolidating Skills	• The student is proficient in planning priority list for the day with minimal support. • Student adequately prepares for patient sessions with minimal guidance from clinical educator. • Student completes [add task] with minimal support/supervision. • The student demonstrates emerging clinical reasoning with support from the clinical educator. • The student conducts therapy sessions with support from the clinical educator. Student observes new assessments/interventions completed by clinical educator. • Student completes documentation with minimal support. • The student conducts home visits with support from the clinical educator. • Student able to actively reflect on patient sessions with minimal prompting, and able to make inference about patients' functional performance/discharge goals. Student able to communicate this to clinical educator after patient sessions. • The student conducts a therapy group with supervision. • **MIDWAY EVALUATION**
Week 4: Consolidating Skills	• Student takes own small caseload (e.g. 2-4 patients) and initiates planning, preparation, and patient goal setting. Clinical reasoning demonstrated through the selection of assessment and interventions. Some support from the clinical educator will still be required. • Student completes regular assessments independently and conducts some therapy sessions independently with patients. • The student begins providing feedback to family, team members and at the multidisciplinary team meetings with clarity, and using language appropriate to the audience. • The student conducts home visits with minimal support from the clinical educator. • The student conducts therapy groups independently. • Student liaises with relevant team members as appropriate. • Student seeks support from clinical educator when required.

WHEN	WHERE
Week 5: Developing proficiency	• Student increases caseload to 4-6 patients and demonstrates appropriate time management strategies and rationale for prioritisation of the caseload. Minimal support from clinical educator required. • The student conducts a home visit with supervision. Some support may be required with clinical reasoning through recommendations. • Student provides most feedback at team meetings. • Student provides feedback at family meetings with support from the clinical educator. • Student makes decisions with minimal support.
Week 6: Proficient	• Student increases caseload to 6-8 patients and independently manages all aspects of planning, selection and completion of assessment/treatment sessions, feedback to team members, and liaison with family members, booking home visits, documentation, and discharge planning with adequate clinical reasoning. • Student takes initiative to ask the clinical educator for support when required. • The student conducts home visits independently. Some support may still be required with complex scenarios/recommendations. • Student provides all feedback at team meetings and family meetings.
Week 7: Proficient	• Student independently manages a caseload of 6-8 patients with confidence and competence. • Student takes initiative to ask for support when required. • Student provides all feedback at team meetings professionally. • **FINAL EVALUATION**

APPENDIX B: Collaborative Supervision Contract - Template

Placement Agency: _____

Student: _____

Clinical Educator: _____

Placement type: _____

Placement dates: _____ to _____

Days of attendance: _____

Hours of attendance: _____

This placement agreement serves as a contract between the student and clinical educator. Completing it must be a collaborative process.

DUTIES: **Discuss placement expectations and detail key activities to be undertaken by the student:**

_____

_____

_____

Discuss and detail the range of practice areas the student is likely to have direct experience within during the placement

SUPERVISION: **The aim of supervision is to enable the student to reflect in depth on their professional practice. The time and place for supervision meetings will be protected by ensuring privacy, time boundaries, punctuality and no interruptions.**

We shall meet regularly as follows:

Frequency: _____ Length of session (approx.): _____

_____

Detail how supervision, feedback and reflection will be structured (e.g. how and where case discussions, student self-evaluations and supervision sessions will take place)

_____

_____

ASSESSMENT: **Detail when assessment will occur** (e.g. how, when and where mid and end of placement evaluations will take place)

_____

_____

DUTY OF CARE: (e.g. students should ensure that they have completed their Fieldwork Orientation Checklist prior to proceeding. The student checklist should now be attached to this document)

STUDENT – I declare that:
- At the commencement of the placement, I will ensure that I complete XXXX
- I have read and discussed [professional body] Code of Ethics with my clinical educator
- I have completed all mandatory documentation
- I will inform the clinical educator of any unsafe situation
- I will implement high standard of hygiene and safety
- I will notify the [university staff member] should I have any concerns about the placement
- I will complete an incident report if injured whilst on placement
- I will meet all expectations discussed and outlined in this contract
- I will ensure that at the conclusion of the placement, I:
  - Ensure all written documentation is completed (i.e.: progress notes, reports, handover summaries)
  - Return any borrowed resources
  - Have my clinical hours signed by the clinical educator
  - Delete all client specific information from my electronic devices and shred or return all hardcopy paperwork
  - Complete the placement evaluation.

CLINICAL EDUCATOR – I declare that:
- I have provided orientation to facilities including toilets, resources, computer and phone access, storage place for personal belongings, etc.
- I have provided information on services, policies and procedures, report requirements, etc.
- I have provided information on safety issues of the facility e.g. emergency numbers and procedures
- I have provided safety instructions for any equipment
- I will ensure student's safety both physically and psychologically
- I will introduce the student to appropriate staff
- I will meet all expectations discussed and outlined in this contract.

Student's Signature: _____

Clinical Educator's Signature: _____

Date: _____

APPENDIX C:
Expectations of Fieldwork

Read each statement below and then estimate your position on each. For example, with statement 1 if you believe strongly that it is the clinical educator's responsibility to manage all aspects of the placement you would ring the number 1. If you think the clinical educator and student should be equally involved in this process you put a ring around the number 3, and if you think it is definitely the student's responsibility then put a ring around the number 5.

Once both the student and clinical educator(s) have completed this separately compare and contracts your ratings, particularly focusing the discussion on where your ratings - and thus your expectations - differ markedly.

1	It is the clinical educator's responsibility for managing all aspects of the placement	1 2 3 4 5	The student is responsible for managing all aspects of the placement
2	It is the clinical educator who decides on the learning objectives for the placement	1 2 3 4 5	It is the student who decides on the learning objectives for the placement
3	The clinical educator should develop an appropriate timetable for the student	1 2 3 4 5	The clinical educator should leave the development of an appropriate timetable to the student
4	The clinical educators is responsible for ensuring the student is introduced to the appropriate staff, facilities, services, policies & procedures of the placement host organisation	1 2 3 4 5	It is the student's responsibility to ensure they have been introduced to the appropriate staff, facilities, services, policies & procedures of the placement host organisation
5	A warm, supportive relationship between the clinical educator and students is important to the success of the placement	1 2 3 4 5	A warm, supportive relationship is inadvisable because it may obstruct the objectivity for both the student and the clinical educator
6	The clinical educator should insist on regular meetings with the student	1 2 3 4 5	The student should decide when they meet with the clinical educator
	The clinical educator is responsible for the student's safety during the placement	1 2 3 4 5	The student is responsible for their own safety during the placement
	The clinical educator is responsible for the safety & quality of the services the student provides to patients/clients/etc.	1 2 3 4 5	The student is responsible for the safety & quality of the services they provide to patients/clients/etc.
7	The clinical educator should provide regular, timely & constructive feedback to the student	1 2 3 4 5	The student should work independently and not rely on the clinical educator for feedback on their performance & progress
8	The clinical educator should insist on seeing all drafts of written work to ensure the student is on the right track	1 2 3 4 5	The student should only submit drafts of work when they want constructive criticism from the clinical educator
9	The clinical educator is responsible for providing emotional support & encouragement to the student	1 2 3 4 5	Personal counselling & support are not the responsibility of the clinical educator; the student should look elsewhere for this.
10	The clinical educator is responsible for decisions regarding the standard of the student's performance	1 2 3 4 5	The student is responsible for decisions regarding the standard of their performance

Adapted by M Brewer, Director Practice & Interprofessional Education from H Kearns.

APPENDIX D: Feedback Recommendations for Students and Clinical Educators

The following recommendations correspond to each stage of the feedback cycle that is presented in the Feedback section of this document.

CLARIFY STANDARDS OF PERFORMANCE & PURPOSE OF FEEDBACK

STUDENTS

- Try to focus on learning outcomes and not the final grade for a placement. If your learning outcomes are aligned with the placement expectations, the grade at the end becomes less important.
- You must play an active role in your learning. Feedback is a critical component of this learning process so seek it out and value it (even if it is not delivered as you would like it to be delivered).
- Making mistakes is normal and part of the learning process so try seeing all feedback (even critical feedback) as an opportunity to learn.
- Monitor whether your actions have had an effect on your performance and the learning outcomes through a process of continual self-reflection and evaluation.

CLINICAL EDUCATORS

- See yourself as primarily a mentor not an assessor (i.e. try to minimise the power relationship between yourself and the student).
- Schedule regular formal feedback (e.g. weekly, fortnightly, mid-placement, end of placement) in addition to informal feedback provided.

STUDENT JUDGES OWN WORK

Self-reflection encourages deeper critical thinking which in turn allows you to have deeper insight into your learning process and practice (Wigens & Heathershaw, 2013). Australian health practitioner regulations have strongly embedded the requirement for reflective practice into discipline standards to ensure that health practitioners are accountable for their current and future actions (Andre, Heartfield, & Cusack, 2017).

STUDENTS

- Start with consideration of an event (e.g. a clinical encounter), the expected standards and your performance from your perspective (self-reflection). Self-reflection is a powerful learning skill that involves the conscious process of critical review, clarification and actions of an issue of concern.
- Share your self-reflection with your clinical educator.

CLINICAL EDUCATORS

- Before providing your thoughts/feedback, allow the student time to reflect and self-evaluate. This allows them to demonstrate their own insight into their performance, a critical skill for lifelong learning.

STUDENT ASKS FOR SPECIFIC FEEDBACK

STUDENTS

- Be specific with aspects of your practice you wish to receive feedback on (e.g. a particular task or component of an assessment).

OTHERS JUDGE WORK & PROVIDE FEEDBACK

STUDENTS
- Record the key messages received during feedback sessions
- Listen attentively when feedback is provided. Ask questions to clarify areas of uncertainty.
- Practice giving feedback to peers – this not only aids your learning but also builds a better understanding of the clinical educator's role and challenges
- Paraphrase/summarise feedback to demonstrate your understanding.

CLINICAL EDUCATORS
- Provide feedback as soon as possible.
- Consider best location and timing for feedback (i.e. not in front of the client on some occasions; might not be the best time to provide feedback when student is very upset).
- Focus your feedback on observations and deliver feedback in a non-judgemental manner (i.e. comment on what you see and avoid negative judgements about the student), relate feedback to learning goals not just to performance goals, provide 'pointers' for improvement (i.e. specific things that could be done differently or that you will be wanting to observe in future sessions).
- Feedback must be delivered in a way that preserves dignity and fosters ongoing communication between yourself and the student.
- Students value small amounts of feedback so utilise opportunities to provide this rather than always large chunks of feedback that can be harder to process.
- Engage in an ongoing dialogue with students, matching feedback with their learning goals and the expected standards outlined earlier in the placement.
- Focus on strategies for change rather than deficits in learner performance.
- Feedback needs to be accurate and honest.
- Try avoiding terminology such as 'positive' and 'negative' feedback and rather focusing on 'areas of strength' and 'areas in need of improvement'. Do not avoid face-to-face honest feedback as this is the essence of what is required to develop and improve.
- At formal feedback sessions, avoid providing 'surprise' information i.e. something that you haven't discussed with the student previously.
- Where there is more than 1 clinical educator involved in fieldwork, consistency with feedback is important so that students don't receive confusing/conflicting messages.
- Don't forget to seek feedback from multiple sources (e.g. receptionist, clients, peers, and other staff).
- Take time to reflect on your feedback practices and adapt these to maximise student learning.

STUDENT COMPARES JUDGEMENTS

STUDENTS
- Offer your ideas and thoughts in a productive manner so that feedback sessions are a discussion between student and clinical educator with a goal of identifying actions required in the future.
- Take time to reflect, to evaluate and make sense of your own internal judgements and how this measures up to external judgement/feedback received.

CLINICAL EDUCATORS
- Offer students the opportunity to provide their perspective and understanding to ensure that the feedback discussion is a productive dialogue.

STUDENT PLANS FOR IMPROVED WORK

STUDENTS
- Considering the feedback received, develop proposed actions (i.e. what you would do differently if given a similar situation) in response to this.

CLINICAL EDUCATORS
- Allow opportunities for closing the loop (i.e. chances for student to implement feedback and make changes).

MILLENNIAL STUDENTS IN FIELDWORK:
GUIDELINES TO SUCCESS (SUMMARY)

Key characteristics of millennial students (those born between 1981 and 2000) are summarised below, with strategies for both students and clinical educators to consider. These descriptions are acknowledged to be generalisations that will not apply to every person within this generation. Please use this information as a starting point for a shared dialogue between students and clinical educators to better understand and work with each other.

Clinical educators may need to adapt their style to maximise the opportunity for their students to succeed and contribute to the placement site. This may contrast with how clinical educators were supervised themselves, and/or how they have supervised in the past. At the same time, students may need to adapt to the differing approaches of their clinical educators, acknowledging any generational differences and the constraints of the placement context.

CHARACTERISTIC	FOR CLINICAL EDUCATORS TO CONSIDER	FOR STUDENTS TO CONSIDER
Clear expectations	• Set and communicate clear expectations at the start of the placement, and encourage regular discussion about these • Avoid making assumptions about what expectations students should already be aware of • Provide clear and thorough orientation to placement, using placement agreements and learning contracts where possible	• Always communicate with your clinical educator if you are unsure of what is expected of you • Avoid making assumptions • Show initiative to demonstrate your independence and maturity
Digital natives	• Recognise that students are synthesising large quantities of available information and this may influence their reasoning depth and speed • Set clear boundaries for use of devices on placement and ensure other staff model this • Acknowledge that technology is inherent in students' day to day life and they use it as a tool to access knowledge	• Understand and follow the expectations set for you for using devices on placement and ask if you're unsure • Acknowledge that regular access to information and technology is not always practical or professional in some contexts • Be patient with your email communication, respecting that your clinical educator has other priorities and may not access or respond to emails as often or quickly as you might
Work/life balance	• Ensure clear and mutual understanding of deadlines with no hidden assumptions • Model work/life balance wherever possible as an important strategy for retaining the future workforce • Acknowledge and be sensitive to the rising rate of mental health issues in students at university	• Ensure you have understood and noted all deadlines and communicate regularly about how you feel you are managing your workload • Negotiate extensions well in advance • Demonstrate a work/life balance but consider how this may be perceived if you do not meet deadlines
Feedback	• Feedback is best if it is understandable, selective, specific, timely and regular, contextualised, non-judgemental, balanced, solution-focussed, transferable and personalised (Molloy & Boud, 2013; Hills et al., 2016) • Feedback should be a dialogue, and a safe space for discussion	• Consider the time constraints of your clinical educator and that you may not receive as much feedback as you would like • Communicate specific priority areas that you would like feedback on • Demonstrate self-reflection and insight, and take ownership of your learning
Value the relationship	• Invest in building the student-clinical educator relationship with a focus on collaboration and mutual respect • Try not to misinterpret a more casual approach as disrespect but do ensure that boundaries and professional expectations are clear • Encourage critical thinking and questioning but expect this to be carried out appropriately and professionally	• Acknowledge and respect organisational hierarchies that may exist • Be clear on and stick to professional / personal boundaries • Communicate any issues affecting your performance with your clinical educator or university contact • Always consider how your behaviour may be perceived by others, regardless of whether this is your intention

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