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The Impact of COVID-19 on Student Placements facilitated by University Departments of Rural Health



Lisa Bourke, Barbara Hellwege, Belinda Jessup, Susan Heaney, Lyndal Sheepway,
Ha Hoang, Tegan Podubinski, Annie Farthing, Rohan Rasiah, Robyn Fitzroy,
Kehinde Obamiro, Santosh Jatrana, Geoff Argus and Sabina Knight

February 2021

Acknowledgements

The authors acknowledge and pay respect to the Traditional Custodians of the many lands upon which UDRHs are situated and across all rural and remote regions of Australia where these student placements were planned. We pay our respects to the Elders, past, present and emerging on these many Traditional Lands.

The research team thank all the students who took time to complete the questionnaire and those who participated in an interview. We thank you for sharing your experiences honestly and providing information to assist UDRHs to respond to student needs during COVID-19.

The researchers also thank the Australian Rural Health Education Network (ARHEN) for providing the opportunity for this project and connection between the researchers. The authors thank all UDRHs for their participation in this project and the placement staff who emailed students and promoted the project at each UDRH. We also acknowledge support from the Australian Government Department of Health Rural Health Multidisciplinary Training programme.



The Impact of COVID-19 on Student Placements facilitated by University Departments of Rural Health

Executive Summary

University Departments of Rural Health (UDRHs) facilitate clinical placements in rural and remote settings throughout Australia for students enrolled in tertiary health courses. UDRHs support students to travel to rural and remote regions, provide accommodation, and ensure clinical learning needs are met for students to complete these placements. In 2019, the 16 UDRHs across Australia supported over 16,500 placements (mostly in nursing, midwifery and allied health).¹ Similar numbers of UDRH-facilitated placements were planned in 2020. However due to the risks of COVID-19, associated travel restrictions, biosecurity zones and the constraints within health services, many of these placements were altered, postponed or cancelled. This had repercussions for student progress through their university courses and the types of placements that were offered. As student responses to these placement changes were not well understood, UDRHs were interested in student experiences of their UDRH-facilitated rural or remote placement during 2020. All 16 UDRHs agreed to participate in a study of student perspectives among students who had a placement organised by a UDRH. The aims of the study were to:

- 1) identify student perspectives of impacts to UDRH-facilitated placements due to COVID-19;
- 2) identify student perspectives of UDRH-facilitated placements during COVID-19;
- 3) understand student experiences of UDRH-facilitated placements during COVID-19.

A core project team of researchers from eight UDRHs lead the project, with involvement from all 16 UDRHs asking their students to participate. All students with a planned placement facilitated by any UDRH (regardless of whether or not the placement went ahead) between February and October, 2020 were invited by email to complete an online questionnaire. A total of 1,505 students completed the questionnaire. Of these, 84% identified as female, 4% as Aboriginal and/or Torres Strait Islander and 62% were under 25 years of age. Half were studying nursing or midwifery and half were studying medicine (9%) or one of 19 different allied health disciplines. At the end of the questionnaire, all participants were asked if they were willing to be interviewed. Of those willing, 29 were randomly selected and interviewed. Interviewees included students who planned to undertake placements in all states and the NT.

Of the 1,505 questionnaire participants, 20% did not complete their placement. Of students completing their placement, 60% indicated their placement was impacted by COVID-19 while 20% suggested their placement was not impacted. Where placements were impacted, students talked about their placement being changed to another service, another town, starting and completing the placement from 'home,' or the placement being undertaken from a metropolitan area via telehealth or in the form of a project relevant to a rural or remote location or service. Allied health students were more likely to report that their placement had been cancelled or changed to an online format

or a placement model with less direct client contact than nursing students. The decision to cancel or postpone these placements was said to be made mostly by either the health service or the university where the student studied, rather than students choosing not to go rural.

Importantly, 80% of respondents indicated they had completed a UDRH facilitated placement, of which 84% were satisfied with their placement. Given the travel restrictions in all states, UDRHs have, therefore, continued to provide placements in difficult times. While financial and mental health issues were identified, the key issues raised by students were concerns for their clinical learning and development of their skills involving direct patient care. Stemming from this, students were also concerned about graduating on time and securing employment in their area of study after graduation.

The interviewees outlined the complexity of UDRH-facilitated rural and remote placements during 2020. Students who did not complete their placement talked about the cost of cancelled flights and travel. The students who did complete their rural or remote placement talked about restrictions preventing them from moving around the rural/remote area, being alone in student accommodation, and the restricted duties and activities during placement due to COVID-19 related issues (e.g., lack of personal protective equipment, changes in student tasks, etc.). The many changes and uncertainty of placements also contributed to students' worry about their placement, progress through their course and clinical learning. Similar to the questionnaire respondents, interviewees also raised financial concerns, worries about graduation, fears about finding employment after graduation, mental health and resilience issues, and the many difficulties of juggling work, family, travel and uncertainty during the pandemic.

Overall, most students wanted to go on their UDRH-facilitated rural or remote placement to gain experience and to progress through their course, and the majority of these students completed their UDRH-facilitated placement. While there were changes in placements, locations, accommodation and the types of placement, most students were grateful to complete their planned placement. The cancellation of, and changes to, placements appears to have contributed to student concerns about clinical learning and progression through their course. Many of these concerns are not likely to be specific to UDRH-facilitated placements, but to all placements required in their course. What was clear from this study was the complexity of students' lives throughout COVID-19 due to juggling financial issues, family concerns, seeking clinical experience, worrying about graduation and feeling insecure about future employment. This suggests that significant student support and flexibility is required for current and future cohorts of nursing and allied health students.

The Impact of COVID-19 on Student Placements facilitated by University Departments of Rural Health

Introduction

University Departments of Rural Health (UDRHs) facilitate clinical placements in rural and remote settings throughout Australia for students enrolled in tertiary health courses. The focus is largely nursing, midwifery and allied health placements but medical and other placements are also included. UDRHs support students to travel to rural and remote regions, provide accommodation, ensure clinical learning needs are met, enable work integrated learning, ensure quality supervision, supplement student education and training, and intervene when problems arise. Placements must be at least two weeks, and are often longer, and undertaken full-time.²⁻⁹ In 2019, the 16 UDRHs across Australia supported over 16,500 placements in 28 different disciplines of study with students from most universities around Australia.¹

The impact of the COVID-19 virus began to be felt in Australia early in 2020. By February, the virus was detected among international travellers in quarantine and in March, Australia recorded the first cases of community transmission. Governments then began to restrict the movements of residents and introduced widespread social distancing rules. By the end of March, all non-essential businesses and activities were 'shutdown' and work and study from home was enforced for most university staff and students. Health services remained open and a surge workforce was recruited. Tasmania closed its borders on March 20, closely followed by the Northern Territory, Western Australia, South Australia and Queensland. These measures were put in place initially to slow the spread of the virus while the health system and hospital intensive care units prepared for an expected rapid increase in the numbers of COVID-19 patients.¹⁰

The restriction on travel, reluctance to move around and a focus on essential services dramatically changed the ability of students to travel to rural and remote areas and across state and territory borders. Further, universities were concerned about the safety of their students undertaking placements in healthcare settings during this time while, simultaneously, rural and remote health services were concerned about the safety of their community if allowing outsiders (students) to come from other areas with known COVID-19 cases. The number of COVID-19 cases was higher in metropolitan regions, and rural and remote communities feared a local outbreak because of limited healthcare capacity to treat infected residents and higher proportions of at risk populations, including Aboriginal and Torres Strait Islander people, older residents, and people with chronic conditions.¹¹ The movement of students into rural and remote regions to undertake a clinical placement became very difficult and, in declared biosecurity zones, impossible.

As placements had been planned and some placements were underway, UDRHs had to quickly respond to the needs of students, local health services, their local communities, universities and government guidelines.^{2,3} In a short amount of time, placements were cancelled, postponed, adapted, moved to online or condensed to enable students to get home, remain safe and to continue their university course if possible. This required changes to placement settings, use of Personal Protective Equipment (PPE), training students in infection control or telehealth, changes to student accommodation to meet social distancing requirements and changes to travel arrangements that had been made, including trying to re-coup costs of cancelled travel. The response was swift, focused on safety and the changes were many. UDRH staff across Australia worked hard to enable

students to undertake placements where it was safe, however many rural and remote placements were cancelled.^{2,3}

As COVID-19 cases eased in Australia, in June placements were re/organised and students began travelling to some rural and remote regions. Placements in Aboriginal and Torres Strait Islander communities were generally halted and a second wave of COVID-19 cases in Victoria restricted travel from July to November into and around the state. As a result, some students were able to undertake a rural or remote placement while others were unable, depending on where the student lived, where the placement had been organised, the setting of the placement and response to students coming in by the rural/remote region. Over time, it became apparent that some students, some disciplines and some regions were more impacted than others, and some students had experienced the cancellation of multiple placements. Anecdotally, some students expressed concern about progression through their university course. Others articulated concerns about a lack of clinical learning and some expressed fear for their safety during placements. Responses from students, universities and rural/remote health services responses were diverse and not well understood.

Because of these many changes and responses to COVID-19 as well as the resulting restrictions, UDRHs were interested in student experiences of their organised placements during COVID-19. To this end, all 16 UDRHs agreed to participate in a study of students who had a placement organised by a UDRH from February to October, 2020. The aims of the study were to:

- 1) identify student perspectives of impacts to UDRH-facilitated placements due to COVID-19;
- 2) identify student perspectives of UDRH-facilitated placements during COVID-19;
- 3) understand student experiences of UDRH-facilitated placements during COVID-19.

How was the study conducted?

All 16 UDRHs have worked together on this research project. A core project team of researchers from eight UDRHs lead the project with all 16 UDRHs asking their students to participate.

In order to identify student perspectives on impacts to their UDRH-facilitated placement and their experiences of their organised rural or remote placement during COVID-19, a mixed methods project was designed.¹² Ethics approval for the research was gained from The University of Melbourne, University of Newcastle, University of Tasmania, La Trobe University, University of Queensland, University of Western Australia and Flinders University. The study design included a survey to capture the responses of students across Australia to ensure diversity of location, student experience and placement impact. To explore student experiences in more depth, individual interviews were conducted to gain an understanding of student perspectives, lived experiences through COVID-19 and stories about their UDRH-facilitated placement.¹³ Student responses were sought regardless of whether or not the placement went ahead to capture students who experienced UDRH-facilitated placements as well as students whose placements were cancelled or postponed.

Data collection was undertaken from June to November, 2020, with all students scheduled for a UDRH-facilitated placement between February and October, 2020 eligible to participate. It is important to note that some students participated during or shortly after their placement or placement cancellation/postponement while others participated several months later.

Questionnaire

A questionnaire was designed by the project team and received ethics approval. An email inviting participation was sent to all students with a UDRH organised placement between February and October, 2020. The email sent by each UDRH to their students included a link to the online, anonymous questionnaire and a Plain Language Statement describing the study, confidentiality and use of data, making clear that participation was voluntary and completing the questionnaire implied consent to participate. Two follow-up emails were sent to each student (one week later and another two weeks after the previous reminder) as well as text message reminders where appropriate.¹⁴ The study was also promoted by UDRHs on social media and in student forums. The questionnaire data were collected and managed using REDCap Electronic Data Capture Tools hosted at The University of Melbourne.

The questionnaire comprised 24 questions, asking students if they completed their placement, if they experienced changes to their placement, what were the impacts of COVID-19, their perspectives of their placement, and impacts to learning, finances, safety and mental health. In addition, a series of general demographic questions were asked including age, gender, Aboriginal and/or Torres Strait Islander identity, year of study, discipline, university enrolled in, distance to placement, UDRH organising the placement and rurality of residence. At the end of the questionnaire, students were asked if they were willing to continue participating in the study by taking part in an interview. Students willing to be interviewed were asked to provide a contact detail of their choice (email address or phone number or something else) which was recorded in a separate database that could not be matched to the previous 24 questions.

A total of 1,505 students submitted a response to the online questionnaire. These responses were transferred to SPSS Version 24 for data analysis and open-ended responses were coded by the project team. Data were analysed using frequencies and crosstabs, which are presented in this report. Associations were statistically tested between questions about student placements and region students grew up in (urban, regional, rural and remote), first or later rural/remote placement, nursing or allied health student, age group (under 25, 25-34 and over 34 years) and gender (female or male) using Kendall's Tau-*b*, where $p < 0.05$. Differences among gender (female/male), nursing or allied health, and first rural or remote placement (or another rural/remote placement) were further tested using a t-test ($p < 0.05$). While most questions (excluding the open ended questions) have been tested for these statistical differences, they are only reported where both a statistically significant and substantive difference was found.

Interviews

In the questionnaire responses, 145 students provided contact details expressing an interest in being interviewed. Random selection of students at the end of June, July, August and September, 2020 identified 38 students to contact. Five members of the project team were allocated students to interview and used the contact details provided to invite participation. Some students who were contacted did not respond, no longer agreed to participate, or did not attend interviews after multiple attempts. After contacting 38 students, 6 did not respond and 3 declined to be interviewed. The other 29 students provided consent and completed an individual interview via Zoom.

All interviewers undertook interview training to ensure a similar approach and style of interviewing was adopted. Each interviewer set up a time to conduct the interview, provided a Plain Language Statement describing the study and identified that interviews were confidential and recorded. Each participant was asked to give verbal agreement to be interviewed at the beginning of the recorded interview. The data collection was organised so that interviews were conducted by a researcher

from a UDRH other than the UDRH organising the student placement. Interviews were semi-structured, asking nine key questions to all participants and adding further questions based on the discussion to elicit additional information. Question order also varied to ensure the discussion flowed.¹⁵ Questions asked about the participant, their studies, their planned placement, the impact of COVID-19 generally as well as on their studies and placement. In addition, questions were asked about the placement (if it went ahead), changes to the placement, experience of the placement and perspectives of the UDRH-facilitated placement during COVID-19, including any concerns relating to learning, safety and their own wellbeing during placement. Interviews ranged from 40 to 60 minutes in length. All were recorded using the Zoom recording function and audio files were then transcribed using an online transcription service. Each transcript was checked and names were removed to de-identify students, supervisors, health services and places.

Discussion among interviewers identified key issues relating to student preferences, concerns, perspectives and challenges during this time. A content analysis of the 29 transcripts was then conducted by one member of the project team to identify these key issues and others raised by students.¹⁶ The main issues identified from this process have been presented along with descriptive analysis of the quantitative survey data to highlight student perspectives and experiences of the same issues. In addition, 4 case studies (using pseudonyms) are presented throughout the findings to illustrate the complexities of student lives, student decisions and perspectives as well as the multiple ways in which students were impacted simultaneously by COVID-19.

What did the study find?

Who participated in the study?

Questionnaire participants

A total of 1,505 students completed the questionnaire. Of these, 84% identified as female, 15% as male and 1% as non-gender binary. Further, 4% identified as Aboriginal and/or Torres Strait Islander. Ages reported ranged from 18 to 63 with a median age of 23 years. A total of 62% were found to be under 25, 22% aged between 25 and 34, and 16% aged over 35 years.

Students reported studying a range of different courses. The most commonly identified area of study was nursing, midwifery or paramedicine, identified by 52% of participants. The remaining students identified other disciplines of study, including medicine (9%), physiotherapy (8%), occupational therapy (6%), nutrition or dietetics (6%), speech pathology (4%), pharmacy (4%) and the remaining 11% of students were studying one of 14 other allied health disciplines. Students varied in their year and course level of study; 79% of students reported they were undergraduate and 19% identified as postgraduate, while 2% responded studying at the Diploma level.

Participants were asked about where they spent most of their time growing up (0-18years). While 35% indicated a capital city, 25% responded in a regional centre, 37% in a rural area and 3% said in a remote area. They were also asked about the rurality of where they usually live during their study; for 40% this was a capital city, for 37% a regional centre, 21% a rural town and 2% a remote area. Prior to COVID-19, most (74%) said they were studying on campus, 8% online and 18% a blend of on-campus and online. During COVID-19, students indicated this changed to 76% studying online, 17% a blended approach, 4% on campus while 3% said they had put their studies on hold.

Participating students identified that their placement was facilitated by one of the 16 UDRHs. As students are usually required to travel for these planned placements, the questionnaire asked how many kilometres (km) of travel was required. While 16% reported travelling less than 50km, 11% indicated travelling 51-100km, 15% travelling 101-200km, 26% travelling 201-500km and 32% responded that the placement required travelling more than 500km. For over half (58%), the planned placement during COVID-19 was their first rural/remote placement. Of the 530 participants who had previously completed a rural or remote placement, 20% had completed 1 rural/remote placement, 39% had completed 2, 16% had undertaken 3, 11% had completed 4 and 13% had completed between 5 and 11 rural/remote placements.

Overall, the questionnaire participants were found to be mostly female and aged 18-25. Around half were reported to be studying nursing and half allied health, and many had lived in regional, rural or remote areas while growing up or during study. However they reported to differ in where their placements were to be held, distance to their placement, and which UDRH was supporting their placement. This demographic profile is similar to previous cohorts of students undertaking UDRH-facilitated placements across Australia.¹⁷

Interview participants

A total of 29 students completed an individual interview via videoconference (Zoom). Of these, 22 identified as female and 7 as male. When indicating their age, 18 students were 25 years and older while 11 students were under 25 years of age. Overall, 15 were studying nursing, 11 were undertaking an allied health course and 3 were medical students. The 29 students were from nearly all states (not Tasmania) and the NT and ACT. Further, these 29 students included students raised in metropolitan as well as regional, rural and remote areas. Therefore, the 29 interviewees were diverse in terms of their discipline of study and region of origin, although they tended to be older students and slightly more likely to be medical and nursing students than the questionnaire cohort.

Student Perspectives of Impacts to Placements due to COVID-19

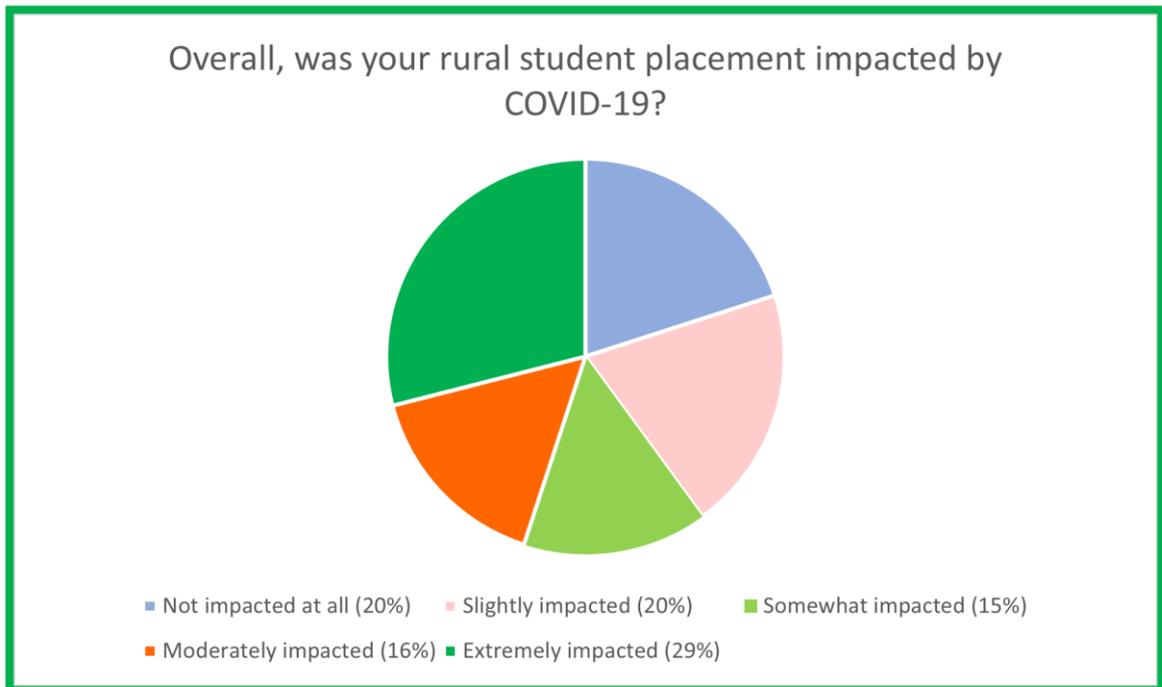
Did placements go ahead?

Of the 1,505 students who completed the questionnaire, 80% indicated that they completed their UDRH-facilitated placement in some form while 20% did not complete their placement. Figure 1 presents responses to the question asking all participants about the extent of impact to their UDRH-facilitated placement by COVID-19. Of those undertaking a placement, 60% stated that their placement was impacted by COVID-19 while 20% stated their placement was not at all impacted by COVID-19. Allied health students were statistically significantly more likely than nursing students to indicate that their placement had been impacted.

When asked about changes to their placement, 65% indicated that they were able to complete their placement in a rural or remote setting as planned. Participants who grew up in remote or rural areas were statistically significantly more likely to have undertaken their rural or remote placement.

Placements were altered in many ways. For 13%, the placement was reported to be changed to another rural or remote location. Another 10% indicated that they started their UDRH-facilitated placement but did not complete the placement. For 5% of students, their placement was completed from their home with a rural or remote focus. Among 5% of the students, their placement was

Figure 1. Student perspectives of impact to their UDRH-facilitated placement



completed but only part of it was undertaken in a rural or remote location, and for 1% their rural or remote placement was changed to an urban location. Younger students, females, those growing up in metropolitan areas and those who had not previously completed a rural or remote placement were statistically significantly more likely to have their placement changed to a project, a virtual, a hybrid online placement, or a placement with less client contact.

Reasons for placement changes

To identify reasons for changes in placements, all participants were asked if some key reasons influenced change to their placement. Responses varied and some students gave more than one reason:

- 29% said their university changed or cancelled the placement;
- 28% indicated their original placement was no longer offered by the health service/health service provider;
- 19% stated they could not or were not allowed to travel to the placement site;
- 19% said the social distancing requirements were the reason for change;
- 12% said the placement was changed due to a lack of personal protective equipment (PPE);
- 6% said there was no accommodation;
- 6% stated their accommodation was changed;
- 4% said they chose not to undertake the placement;
- 4% suggested their family/partner did not want them to travel;
- 2% indicated they did not want to live alone on placement.

Allied health students were statistically significantly more likely to identify being unable to travel and cited social isolation/quarantine requirements as reasons for placement changes while nursing students more frequently cited lack of PPE as a reason for change.

When asked open ended questions about changes to placements, students wrote about their placements being postponed or cancelled, reduced in time, being interrupted, and their learning changing due to being online, having less client contact, changes due to social distancing and changes in tasks and the types of people students worked with. Many suggested there was limited learning, changed health practices, less placement hours and changes to social and community activities.

Responses from those not completing a placement

For the 295 participants who did not complete their rural or remote placement, 6% indicated they chose not to do the placement, 11% responded they were glad not to go on placement and 17% agreed they were glad not to travel to a rural or remote location during COVID-19 (statistically significantly more likely those undertaking their first rural or remote placement). Further, 61% of those who did not complete their UDRH-facilitated placement agreed COVID-19 impacted on their progress through their course. In addition, 54% of these participants said they wanted to do their rural or remote placement after COVID-19. Younger students were more likely to indicate a preference for undertaking their placement post-COVID-19.

Changes among those completing their placement

For the 1,210 participants who completed a placement in some form, around half indicated that the placement was not changed at all. For around one in five, the placement was changed significantly. Allied health students were statistically more likely to indicate that placements were changed and resulted in less access to clients, more likely online and a non-clinical placement.

A range of changes were noted with some students identifying multiple changes, including:

- 48% said it proceeded unchanged
- 41% said they had less access to clients
- 21% said their placement changed to be at least partly online or telehealth
- 18% said it moved to another organisation
- 10% indicated it was changed from a clinical to a non-clinical placement

Participants completing a placement were asked on a five point Likert scale the extent of changes to particular aspects of placement. Responses to these questions are presented in Table 1. Travel around the region and experience of the local community were the aspects most frequently changed. In addition, around one in four identified connection with other students, accommodation and placement setting as changed (see Table 1).

Younger students were statistically significantly more likely to identify changes in accommodation, connection with other students and experiences with the local community. Allied health students, compared to nursing students, were more likely to indicate changes relating to the setting, rural and remote location, travel around the region, placement tasks, accommodation, experience of the local community and connection with other students.

Table 1: Extent of change to aspects of rural/remote placements among participants completing a placement with a UDRH

Was the following changed as a result of COVID-19?	Not changed or changed a little (%)	Somewhat changed (%)	Changed or completely changed (%)
Travel around the region	48	13	39
Experience of the local community	50	15	35
Connection with other students	61	13	26
Accommodation	70	5	25
Placement setting	63	12	25
Placement tasks	62	16	22
Supervisor	77	5	18
Rural or remote location	77	5	18

In an open-ended question about changes during placement, students described challenges of travelling, moving around the area, not being able to travel home, being alone in student accommodation, not undertaking placements with friends, the difficulties of PPE, adapting to an online format and everything being more difficult during COVID-19.

Interviewee perspectives of placement changes

Interviewees also discussed many and varied changes to their placements. The changes impacted all aspects of placement, from planning, assessment, patient contact, accommodation, interactions with community and so on. Many students were worried about their opportunity for a placement: *“But that initially scared me, because I was like wow, hey like, people are actually getting placements cancelled. And then it got all the way through to August, the end of August, and we still hadn’t been told where we were being placed.”* Confusion was paramount with many students waiting anxiously to find out if their placement (UDRH-facilitated or other placement) would go ahead or continue:

So there was a lot of inconsistency with precautions and that’s just simply because things were changing literally, you know, what was happening in the morning changed in the afternoon and what happened yesterday, you know, it was different today and so there was just a lot of unknowns and inconsistency.

Nursing students spoke about the changes at their rural or remote placement sites that decreased clinical time. For example, one student talked about disruption to briefing sessions and access to patient consultations due to social distancing requirements in the hospitals: *“So when they were doing handover between shifts, as students, we were generally told to leave the room and we can come back in, like once they have all done handover, we can get a hand over ourselves, just because... there’s already seven people, it was in a quite a small room.”*

Case Study 1: *Many changes to placements*

Claire, a final year student studying a Bachelor of Nutrition and Dietetics, talked about the culmination of changed and reduced placements. While normally a final year Nutrition and Dietetics course includes 21 weeks of clinical placement in four blocks, Claire described how each of the four blocks was changed. The first block was in aged care and shortened when the aged care facility went into lockdown: *“So I didn't get to finish that placement. It got cut short a week early.”* The second placement also had to be moved because the original facility did not have enough office space to provide suitable social distancing:

...that had a bigger office area.....we kind of jumped between two hospitals and a community health centre, rather than just staying at the one hospital.....every day is different, and in a different place, rather than the one day being at the base hospital.... It's a very small hospital, only 88 beds or something like that, and they don't really do many complex cases there.

The final two placements were virtual.

I found it quite challenging to do placement... staying motivated and in that mindset, that I am on placement when I'm at home, in my room, doing things virtually, and not in the community... Although it's a skill to learn to do things virtually and communicate to patients, you know, via telehealth and things like that. I've learned, I think, the downfall is not getting as much engagement with, you know, people from the community or just observing consults with another dietitians.

While Claire recognised the impact of these changes on her learning and had concerns about her clinical skills, she maintained a generally positive outlook overall: *“...my placements have been impacted, big time. But I've still... gotten great variety.”*

To enable placements to occur, some universities have rescheduled student placements and shuffled the academic year, altering student workloads. One student described:

going into this next semester, um, because most of the students are having to do two practice placements to make up for the ones that were cancelled, our content has been condensed this semester from the nine weeks to five weeks... So usually, like every, you would cover a module, one module per unit per week. And now we have four weeks that have got two modules per week per unit. So it's essentially dumped like a full time load is like 30 to 40 hours of content a week. And so that's been doubled. So we're doing, we've got like 60 to 80 hours of content.

The forced move to online studies for universities has had mixed benefits for students with some welcoming the flexibility it provided and others struggling with the changed format. Motivation was also a concern for students with their studies moving online. One student stated: *“With it being online, um, I'm definitely not as engaged as I would be, if I was in the classroom. It's a lot easier to just like, stand up and walk away from my laptop, and stop listening to what's going on.”*

Changes to placements have also left students feeling underprepared for life after graduation, with students concerned about missed clinical learning. *“We had placements cancelled, that were*

converted to theory units, but that doesn't at all, replace, you know, the hours that we would get interacting with the community, interacting with patients and facilitators and that sort of stuff." However, there were also examples of new learning opportunities and displays of resilience. An occupational therapy student had her rural placement converted to an online placement where she communicated with her clients from her bedroom over 800 kilometres away from their primary school:

At the end of placement, I felt like my skills had improved so much, from not knowing how to use zoom at all, by the end of it, I was able to conduct a full therapy session by myself, do all the documentation after and presented it to my supervisor and her saying yes you, you've done it right this time, finally.

Student perspectives of rural and remote clinical placements during COVID-19

Of the 1,210 participants who completed a UDRH-facilitated placement, experiences were varied. When asked in open ended questions about impacts to placement, the key issues related to general worry about completing the placement (25 participants) and limited learning opportunities (23 participants). However, 43 respondents identified positive experiences of their UDRH-facilitated placement during COVID-19.

Of those completing their placement, more than eight in ten were satisfied with their placement (statistically significantly more likely men, older or nursing students) and agreed they were lucky to be able to complete a placement during COVID-19 (see Table 2). Similarly, more than eight in ten agreed that they met their learning objectives and learned a lot throughout their placement. Older students were statistically more likely to agree that they met their learning objectives. Most disagreed that they did not provide direct care (more likely males and nursing students) and disagreed that more clinical activities resulted from COVID-19, particularly among allied health students. Over half disagreed that they felt lonely or isolated during their placements. Around half indicated their placement was innovative and this was associated with students undertaking their first rural/remote placement. Further, two-thirds disagreed that their supervisor did not have time for their learning and this was statistically associated with those on their first rural/remote placement and allied health students.

While around one-third agreed that doing their placement during COVID-19 was less busy and difficult (more frequently allied health students), around four in ten disagreed with these statements. Most indicated feeling supported by their supervisor and other clinicians, six in ten felt supported by their university and half felt supported by the UDRH. Males, allied health students and those undertaking their first rural/remote placement were statistically significantly more likely to agree they felt supported by their supervisor and their university. Most agreed that they chose to undertake their placement and disagreed that they were concerned for their safety.

Table 2: Participants agreeing or disagreeing with statements about their placement experience during COVID-19

Statement about placement experience	Disagree ^a (%)	Neither agree nor disagree (%)	Agree ^b (%)
Placement overall			
I felt lucky to have been able to complete a placement during COVID-19	5	11	84
Overall, I was satisfied with my placement	7	10	83
I thought my placement was innovative	11	35	54
Learning from placement			
I learned a lot during my placement	6	11	83
I met the learning objectives of my placement	8	8	84
As a result of COVID-19, I was able undertake more clinical activities	56	30	14
As a result of COVID-19, my supervisor had little time for my learning	67	21	12
As a result of COVID-19, I did not provide any direct patient/client care	81	12	7
Wellbeing during placement			
I felt isolated during my placement	58	22	20
I was lonely in the accommodation during placement	57	24	19
I found doing my placement during COVID-19 difficult	40	24	36
As a result of COVID-19, my placement was not busy	44	25	31
Support during placement			
During my placement, I felt supported by my supervisor and other clinicians	5	8	87
During my placement, I felt supported by my university	17	22	61
During my placement, I felt supported by the UDRH	10	40	50
Safety and choice			
I chose to undertake a placement during COVID-19	6	17	77
I was concerned for my safety during my placement	70	15	15

a Disagree includes participants responding either disagree or strongly disagree on a 5 point Likert scale.

b Agree includes participants responding either agree or strongly agree on a 5 point Likert scale.

Student experiences of rural and remote clinical placements during COVID-19

Interviewees talked in detail about their experiences of UDRH-facilitated placements. Generally, students wanted to take any placement available (rural or urban) and were grateful for rural and remote placements that were offered, regardless of their type. Students were also appreciative that universities had “*bent over backwards*” to provide placements. Some interviewees, particularly mature-age students, noted the value of undertaking placements during a pandemic and the learning gained from this.

Interview participants who had undertaken rural or remote placements previously talked about the lack of distractions in new rural/remote settings that previously allowed focus on their placement; however, during the pandemic, these students suggested there was greater isolation due to restrictions in rural and remote settings and services as well as their distance from home, family and friends. While feelings of isolation from family and friends was heightened, students were usually appreciative of the opportunity to undertake a placement. Further, despite the lack of rural community interactions and experiences, students said they felt it was “*worth*” going rural for a placement. “*It’s as good as an experience that we would have got prior to COVID... I’m fully aware that COVID is restricting a bit.*”

Case Study 2: *Placement, training and graduation concerns*

Jessica initiated two remote placements and both of these placements were cancelled to protect the community from outsiders bringing in COVID-19. “*I’m Indigenous myself and I have a really big interest in working in the Northern Territory. I’ve spent quite a bit of time volunteering up there. So I just thought, if that’s where I’d like to be at the end, I think that I should get a little taste of what I’m going into.*”

Being a final year nursing/paramedic student, the disappointment of these cancelled placements was accompanied with anxiety about gaining any placement to enable her to complete her qualification on time.

I need... six more weeks to finish the nursing side of my degree. And if that’s been cancelled, where do I go from here? With the new APHRA registration guidelines, we weren’t sure if there was specific hours we needed to meet as well, to get to graduation and how cancelling would affect that. So it just became this flow on effect of anxiety, went from heartbreak to anxiety. Very quickly.

The two cancelled remote placements were replaced by a private hospital nursing placement in a metropolitan hospital and a ten week theory unit as a paramedic placement, which should enable Jessica to qualify. However, she feels very underprepared for future employment in nursing and underprepared to work as a paramedic.

But again, that’s just no compensation for losing 240 hours on-road, working in the community... at the moment, I’m on my final paramedic placement and my consolidation of skills, my confidence just isn’t there, where I’d like to think having that extra placement would have had me feeling more confident as a healthcare practitioner.

A reduction in clinical experiences and learning from remote placements has led to “*a knowledge gap and a clinical judgment gap that I think [many] students are experiencing.*” But

there is acknowledgement of the difficult role of her university in ensuring students would graduate.

The communication between our unit coordinators and ourselves was quite sparse. But you know, they were working on the fly as well, so I can't really, you know, it'd be too easy to blame them, like with that, so. They pulled it together very quickly. And at least we had something to complete instead of having to extend our degrees by six months.

Jessica has family commitments that added another layer to her life and during the pandemic she has taken on the responsibility of keeping her grandparents safe.

When we went to online classes, so right at the start of March, and all of the restrictions were starting to come out, I actually relocated down to regional New South Wales to help out my grandparents out of, you know, out of concern that they're both over 70, Indigenous... the media had made it that this was going to spread everywhere and spread very quickly and, and I was sort of the only one that was able to go down and help my grandparents.

She was only with them for 2 weeks before her university contacted her with a replacement for one of the cancelled placements, which necessitated crossing the border and going into quarantine for two weeks. Life has become very complicated and stressful for Jessica and even more so when faced with the realities of the current job market.

With everything that happened, it was like, well, we'll be guaranteed jobs... and Queensland Ambulance Service hasn't even opened their paramedic positions for this year, because of the large hiring that they did. So it's, you know, it's already very, very competitive. And it's just added this whole extra layer on top... It's just, you know, you're looking at it every day, or listen to the news every day. It's exhausting, trying to keep up with everything that's happening on top of, you know, everything else that I'm doing.

Generally students liked their rural placement. In the interviews, most students talked about health services being “quieter,” as local residents were not using the service as much as usual. Students did not view this negatively: “It mightened have been as busy but we were still learning.” Another commented: “Having the extra downtime can help sometimes. Like being able to study before and after you have to do something.” An additional student stated: “Whereas, like, being really flat chat, having to see 40 patients and do 100 showers, being more busy is not necessarily learning.” While generally positive, there were some concerns about meeting learning objectives, particularly among students whose placements had been changed or cut short.

Students also made comments about their placement sites, indicating that PPE varied in different locations. While some students talked about having to wear multiple forms of PPE, other students talked about the scarcity of PPE in their health service. Students also noted that staff in these health services had a heightened sense of anxiety and some students felt they took “second place” to this. Students described supervisors who were distracted, worried or having to take on extra work related to COVID-19 planning. A few students talked about sometimes “having to be assertive” to gain what they needed. Despite these issues, overall students were grateful for a placement, positive about going rural and keen to progress their learning.

Other impacts for students due to COVID-19

Participants were asked about other impacts to their lives as a result of the pandemic. Just under half of the survey respondents chose to write a comment regarding other ways that COVID-19 has impacted their studies or life in general. The most frequent responses were moving to online learning, financial impacts, family concerns and feelings of isolation.

Students were asked to agree or disagree with a range of issues and concerns resulting from COVID-19; responses are presented in Table 3. While most were able to continue studying, half were concerned about graduating on time and getting enough clinical training. Nursing students were more likely to express concerns about graduating on time. Two-thirds of participants had found COVID-19 to be stressful and over four in ten indicated their wellbeing had declined and were concerned about their mental health (see Table 3).

Table 3: Participant perspectives on issues relating to COVID-19

Statement about COVID-19 impact	Disagree^a (%)	Neither agree nor disagree (%)	Agree^b (%)
Issues relating to study			
I was able to continue my course during COVID-19	6	8	86
I have concerns about graduating on time	34	17	49
I am concerned I am not getting enough clinical training due to COVID-19	35	16	49
I would prefer to halt my studies and start again next year	86	10	4
Issues relating to wellbeing			
I have found the COVID-19 time stressful	15	19	66
I was concerned about my financial situation during COVID-19	29	16	55
My wellbeing declined during COVID-19	32	25	43
I have been concerned about my mental health during COVID-19	33	23	44
I found the restrictions very difficult	35	28	37
I have felt connected during COVID-19	29	37	34
Issues relating to safety and choice			
I would prefer to stay home during COVID-19	61	23	16
I have felt safe during the COVID-19 time	13	34	53

a Disagree includes participants responding either disagree or strongly disagree on a 5 point Likert scale.

b Agree includes participants responding either agree or strongly agree on a 5 point Likert scale.

Younger students were more likely to indicate their wellbeing had declined during COVID-19. Further, over half were concerned about their financial situation, more frequently nursing students. Regardless, half felt safe (more likely males) and few wanted to stay home during the pandemic, particularly nursing students. Females were statistically significantly more likely to agree that they would prefer to stay home during COVID-19, that they are concerned about graduating on time, that they found COVID-19 stressful, that their wellbeing had declined, that they found the restrictions difficult, and they were concerned about their mental health and financial situation.

Graduating and finding work

In the interviews, students frequently expressed concerns about graduating on time and being confident that their clinical skills are adequate. One student whose rural placement was changed to a research placement in a metropolitan setting commented:

That was one of my main concerns in placement itself, that I will not graduate with the skills I need to be like, to start my career with the yeah, essentially, I will not graduate in a way that will effectively build up my skills, that I won't be on the same standard as graduates of the previous years.

While being concerned about graduating on time, students also recognised the difficulties being faced by their universities:

But like I said, you just don't know what's going to happen. And, yeah, it would be devastating to not be able to graduate on time. So I don't know, I don't even know how they're organising other placements for students, because they have enough trouble getting enough places in the best of times.

Final year students were worried about a lack of jobs being available, following large recruitment within state health departments in preparation for COVID-19 earlier in 2020 coupled with financial strain and border closures.

I was very concerned when I was, had a decrease in work, I thought, I don't know how I'm going to get a job. I'm really concerned for the outcome of my, I'm very concerned that I'm not going to not only finish my degree on time, but I'm also going to finish my degree and not be able to get work because they're trying to provide the staff who were already employed with hours.

Financial concerns

When asked in the questionnaire, 37% of students indicated that their financial position worsened during COVID-19 (more frequent among nursing students) while 50% indicated it stayed the same and 13% suggested their financial position improved.

In another question about their employment situation, students responded in the following ways:

- 32% continued their employment as usual
- 25% reported that their usual paid employment was lessened
- 23% said they were not in paid employment prior to COVID-19 and this has remained
- 18% stated that their usual paid employment ceased
- 2% indicated they were able to access a paid student health professional position to assist with the COVID-19 pandemic

The interviews also explored income and employment. Financial concerns were discussed, although comments on the financial impacts of COVID-19 were diverse. A few students felt quite stretched, particularly when job losses occurred: *“because we got given an option to go closer if we have extenuating circumstances. And I just couldn't afford to go.”* Others were able to access government subsidies: *“No, I have more savings than I've ever had in my life. So it's been good that yeah, Job Keeper has been fantastic. And I have still been able to work as per usual....and like, having nothing opened, I've just been saving and being focusing on my study.”* However, this was not always positive, as one student explained: *“Yeah, so what happened is they shut down. And then the Job Keeper's kicked in. But it took about a month and a half. So for a month and a half you're sitting there and I'm a part time worker 20 hours a week.”* Some students had to move home to family: *“So I've recently just moved back to [home]. Just because financially, this has been pretty tough.”* While financial issues were serious for a few, for most interviewees, finances were not major issue in their lives or relating to their study.

Case Study 3: *Feeling clinically under-prepared and financially stretched.*

Sarah, a final year student studying Nursing, had her scheduled four week rural placement cancelled. She talked about how she felt under-prepared for work after graduation as a result.

I feel like the reason that I wanted to do the placement is because I'm quite interested in Aboriginal health and mental health... because xxxx hospital has quite a large Aboriginal community and they have the psychiatric ward and ED there... and my placement's been replaced with aged care. So like, I've done my last three places in aged care.

Having had so many placements in aged care, Sarah said she feels at a disadvantage when applying for jobs.

Sarah's university encouraged her to organise flights and accommodation prior to her placement; when the placement was cancelled by the health service at short notice, Sarah has struggled to get refunds for airfares and accommodation.

The reason I applied for the placement ... students attending a placement in that region would get a grant through the government to cover accommodation and flights...counting on that money wise to be able to afford the placement. But then because it didn't go ahead. I was never reimbursed for it. So that's a bit disappointing.

In talking about the financial stress resulting from this, Sarah added: *“And I think being in isolation has made that a lot harder, and then add uni on top of that. It's just a bit of.... my husband lost his job as well.”*

Stress

The interviewees noted that their feelings of stress and anxiety had increased during recent months. A few identified that they felt very stressed, usually because of issues in their life other than study or placements. Some were worried and apprehensive about their placement, their study and completing the required work. However, most students were understanding of the changes and did what they could to progress through their course. They talked more about the anxiety of others, including health service staff. One noted that *“It’s not just me, everyone’s feeling anxious because everything’s changing all the time. Not just the placements, but like your way of study and like timing of everything.”* Some students talked about being nervous in areas where COVID-19 testing or COVID-19 patients were present. Identifying the irony of cancelling rural placements, a student described how after her rural placement was cancelled, she was sent to a metropolitan hospital where they had COVID-19 cases; she commented she would have felt safer going to a rural placement. Despite these specific concerns, most students were relieved to have a placement.

General concerns

Another common concern expressed in student interviews was their potential role in transmission of COVID-19: *“I don’t think we thought we were going to get sick. I think our main concern was catching it and transmitting it in the community. That was the main thing that we were worried about.”* Students also expressed concerns for their families, particularly those who were separated from their family by travel bans and/or border closures. An international student was very concerned for his family in New York: *“Early on in COVID, ...I have family that lived in some of the high hit areas. So we were checking in daily to see how they were doing. I know my uncle had about 14 neighbours die within a week span from COVID. So really, yeah.”*

Furthermore, it was evident from the interviews that some of these issues co-existed for students. Some students had financial worries, felt anxious about completing their placements, their course and finding employment. Many of these issues were not directly related to undertaking a rural or remote placement but rather the complexity of their lives during COVID-19. This is illustrated by Anna’s story.

Case Study 4: Disruptive COVID

Anna, a Speech Pathology student, had a rural placement terminated with 24-hours’ notice. She then flew back into a Melbourne during the first lock down.

So I was living in Melbourne. And I was given the opportunity to go to xxxxx Western Australia to complete my rural placement. And it was the most magical, fabulous experience I’ve ever had in my life. And I want to work back in xxxxx because it was just fantastic. I was able to work with the Indigenous population and kind of working towards bridging that gap. It was abruptly cut short on the 16th of March. And we were given 24 hours to leave.

The impact of this sudden change was difficult for Anna. *“We were so upset, so I just felt so helpless and like a rush of anxiety, like yeah, was in my body because I was like, when am I going to finish?”*

Upon returning, the Melbourne campus of Anna's university indicated they could not promise future placements and there was a high probability that she would not graduate this year. This was coupled with personal struggles.

...because I originally moved to Melbourne for a relationship. My boyfriend lived in Melbourne and then during COVID, yeah, we split... And that was hard. I came back from xxxxx, yeah, we, yeah, didn't really work out. And so then, I then, I had to move out of the house that I was in find somewhere during COVID. Nowhere does inspections, had to sell all my belongings like big items, like beds and stuff, and then move into a share house. So COVID has really impacted me.

Determined to finish her course in 2020, Anna negotiated a transfer to another campus of the same university where she was able to secure a paediatric placement. *"If I had a placement down in Melbourne, I wouldn't have come back home... Because I was just like, I was working. I am still working with two speech pathologists. I have three jobs... so I wouldn't have moved back. No, because I was just getting so much experience down there."*

The move home required negotiating a border crossing and quarantine, but also moving back in with family. *"Really nice to come back home and just feel like yeah, it's been really nice to have some support and debrief and yeah, just kind of hug. I haven't hugged anyone in so long."*

Throughout her determination to complete her studies, Anna admits: *"Yes...there's been a lot of learning. And I wouldn't change it. It's, yeah, it's there's been a lot of learning."*

What do these findings suggest?

Governments have clearly stated that students need to be able to continue their clinical studies during this pandemic environment. There is a need for students to graduate in order to ensure there is not a shortage in the healthcare workforce in the future.¹⁸ Further, many suggest students are able to make valuable contributions should the pandemic worsen.^{2,3,18} This study found that students did want to be able to undertake their UDRH-facilitated placements during COVID-19 and many students were concerned about their clinical learning and skill development as a result of placement changes during COVID-19.

Overall, one in five of the student respondents had their UDRH-facilitated placement cancelled as a result of COVID-19 and the associated restrictions. Students reported that allied health placements were more likely to have been cancelled or changed to online placements or those with less direct client contact than nursing placements. Allied health students identified more changes to their UDRH-facilitated placement and also more support from supervisors and universities.

Importantly, 80% of respondents had completed a UDRH-facilitated placement, of which 84% were satisfied with their placement and felt their learning objectives were met. This is lower than in recent years where levels of satisfaction with UDRH-facilitated placements were around 90%.^{17,19,20} Given the travel restrictions in all states and territories, including state border closures and long-term restrictions in Victoria and to remote Aboriginal and Torres Strait Islander communities, UDRHs have continued to provide placements in difficult times. While financial and mental health issues were identified, the key issues raised by students were concerns for their clinical learning and development of their skills involving direct patient care. Stemming from this, students were also concerned about graduating on time and securing employment in their area of study after

graduation. These concerns were more related to their course overall than specific to their UDRH-facilitated placement.

More specifically, students who had previously undertaken a rural or remote placement were less concerned about safety, travel or other issues. Those who undertook their first rural or remote placement seemed more worried about the travel, but also indicated they felt supported, that the placement was innovative and they learned from their placement. This suggests that despite uncertainty among students who had not previously undertaken a rural or remote UDRH-facilitated placement, most were satisfied with their placement experience. Further, females had more concerns for their mental health, wellbeing and safety while males were more likely to feel supported during, and satisfied with, their UDRH-facilitated placement. The study also highlighted the complex lives of students and the many aspects of life they juggle to undertake a rural or remote placement and to progress through their studies.

Limitations

This study was implemented rapidly to capture the perspectives and experiences of students during the pandemic. This resulted in some limitations relating to the methods of data collection and timing of the study. Firstly, some students were surveyed just after their placement while others (those undertaking placements in February-May, 2020) were surveyed several months later. Secondly, there is potential bias in which students self-selected to participate. While there was diversity in both the questionnaire and interview samples, most interviewees had a complex story to tell, which may indicate which students chose to participate in an interview. Third, despite attempts to calculate a response rate for the questionnaire, it was difficult to determine the number of students asked to complete the questionnaire across 16 different UDRHs who support students in many different ways. Fourth, there is a lack of knowledge of the placement context and detail, given the amalgamation of students across Australia. Fifth, it was not possible to identify differences between Aboriginal and Torres Strait Islander students and others due to a low number of Aboriginal and Torres Strait Islander participants. Despite these limitations, findings report on the perspectives of 1,505 students and their experiences of a planned UDRH-facilitated rural or remote placement. The mixed method approach provides more detail from 29 students about their placements. In addition, the demographic profile of students in this study is similar to previous cohorts of students undertaking a UDRH-facilitated placement across Australia.¹⁷ Further analysis will follow this report in more detailed publications on specific issues.

Conclusion

Most health students wanted to go on their rural and remote placement to gain experience and to progress through their course. Despite some student concerns about travel and community transmission of COVID-19, there was a general desire among students to undertake their UDRH-facilitated placement. While there were changes to placements, locations, accommodation and the type of placement, most of the students participating were satisfied with, and grateful for, their UDRH-facilitated placement. The cancellation of, and changes to, placements has contributed to broader concerns about clinical learning and progress through their course. What was also clear was the complexity of students' lives throughout COVID-19, juggling financial issues, family concerns, seeking clinical experience and worrying about graduation and securing employment. This suggests that significant student support and flexibility is required for current, as well as future, cohorts of nursing and allied health students. Clear communication with students about their placement and associated changes along with the opportunity for students to have input on placement choice based on their individual circumstances could assist in supporting student placements during times of rapid change.

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