

RESEARCH ARTICLE OPEN ACCESS

# Allied Health Student Placements in Residential Aged Care: Attitudes, Experiences and Impact

Kristie Matthews<sup>1,2</sup>  | Lisa Barker<sup>3</sup>  | Elizabeth Bourne<sup>4</sup>  | Karen Dixon<sup>5</sup>  | Claire Palermo<sup>6</sup> 

<sup>1</sup>Monash Centre for Scholarship in Health Education, Monash University, Clayton, VIC, Australia | <sup>2</sup>School of Primary and Allied Health Care, Monash University, Frankston, VIC, Australia | <sup>3</sup>Department of Nutrition, Dietetics and Food, Monash University, Notting Hill, VIC, Australia | <sup>4</sup>Faculty of Medicine and Health, University of Sydney, Camperdown, NSW, Australia | <sup>5</sup>Department of Occupational Therapy, Monash University, Frankston, VIC, Australia | <sup>6</sup>Faculty of Medicine, Nursing and Health Sciences, Monash University, Clayton, VIC, Australia

**Correspondence:** Kristie Matthews ([kristie.matthews@monash.edu](mailto:kristie.matthews@monash.edu))

**Received:** 20 August 2024 | **Revised:** 3 December 2024 | **Accepted:** 6 January 2025

**Funding:** The authors received no specific funding for this work.

**Keywords:** aged care | health workforce | interprofessional education | student placement | workplace learning

## ABSTRACT

**Background:** Despite clear needs to prepare allied health professionals to work in aged care to meet community needs, student placements in residential aged care are not commonplace. There is limited evidence that explores allied health students' attitudes to aged care placement learning experiences.

**Objective:** This work aims to examine the attitudes, experiences and impact of a residential aged care placement on allied health professional students.

**Methods:** The study employed an exploratory qualitative approach within an interpretative philosophy. Participants were 14 dietetics, occupational therapy and speech pathology students who had a placement experience in residential aged care in Australia. Students completed a demographics questionnaire, and either an online interview before and after their placement, or a group online interview after their placement. Verbatim transcripts were analysed thematically using an inductive approach.

**Results:** Students acknowledged the usefulness of placement in 'Building Skills,' and proposed how they could translate these skills to future acute setting placements. However, the 'Legitimacy of the Learning Environment' was a concern given the limited in situ role modelling from their own profession. Students clearly identified how they had and could make a meaningful 'Contribution to Care' of the older person.

**Conclusions:** Placement experiences in residential aged care are a legitimate learning opportunity for allied health professional students to develop their capabilities to work with older people; however, the student sense of fit within the workplace was disconnected. Supporting effective student learning in the aged care setting is important to enable students to be prepared to enter the aged care workforce.

## 1 | Introduction

There remains ongoing pressure on Australia's aged care system from a growing ageing population, as well as lack of specialised workers including those from allied health

professions (i.e., health professionals other than from medicine and nursing), available to deliver high quality care to older people [1, 2]. Allied health professional student placement experiences can provide effective student learning and promote future career intention in the sector [3–5], yet there is

---

All authors meet ICMJE authorship criteria and have approved the final version of this work.

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial-NoDerivs](https://creativecommons.org/licenses/by-nc-nd/4.0/) License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2025 The Author(s). *The Clinical Teacher* published by Association for the Study of Medical Education and John Wiley & Sons Ltd.

## Summary

- Placement experiences in residential aged care are a valid learning opportunity for allied health professional students
- Allied health students can build transferable skills in the aged care setting and effectively contribute to the care of older people
- Framing expectations of student learning for allied health students and residential aged care staff is important to optimise experiences

limited understanding of students' perceptions towards aged care placement learning experiences. Understanding the role of aged care placements and the potential implications for student education and preparation for future employment is urgently needed.

Meeting the needs of ageing populations through effective and accessible health services, appropriate infrastructure and a capable workforce is a global concern [6]. In Australia, residential aged care facilities (RACFs) provide supportive care for older people who are no longer able to live in their own home. Various health care professionals play an important role in the care of residents in RACFs. Personal care workers form the largest proportion of the RACF workforce in Australia currently, performing fundamental self-care support and lifestyle activities for residents, whereas clinical care is predominantly supported by university and vocationally trained nurses [2]. The inclusion of Allied Health Professionals (AHP) as part of the residential aged care workforce is fragmented however, arguably influenced by funding arrangements [2]. AHP are uniquely placed to provide clinical care with a focus on prevention of functional decline, along with early intervention and treatment to support a person's function and quality of life [7]. Additionally, AHP have a role in supporting broader resident well-being and in educating the aged care workforce [8]. In Australia, the Royal Commission for Aged Care Quality and Safety recently identified that limited access to AHP services is likely impacting the health and well-being of residents and strongly recommended the need for full time roles for AHP in RACFs to improve outcomes for older people [2].

Although this recommendation is yet to be implemented, to meet the future demand, it is beholden on training providers to graduate AHP with the capabilities and interest to enter the aged care workforce [2]. Professional placement experiences are commonplace in AHP training and course accreditation in Australia [9]; however, it has been proposed that the lack of new graduate AHPs entering work in aged care may be linked to a lack of exposure to the sector during training [4]. Although aged care settings have been shown to be appropriate for AHP students to demonstrate competencies that have traditionally been demonstrated in an acute health care setting [4, 10], they are not typically used [11]. Studies suggest that when health professional students have positive learning experiences with older adults, as well as exposure to working with older adults while on placement, they are encouraged towards a career working in aged care [5, 12]. Research also suggests that more than monthly

social interaction with older adults provides less negative bias towards working with older adults [13].

Currently however, placement experiences in aged care settings for AHP students are often overlooked. There is limited evidence to examine the impact of such experiences, but the studies that are available suggest that outcomes useful to student attitudes and learning are attainable [4]. Evidence from nursing placements in RACFs show that negative perceptions relating to the value of the work and ageist attitudes can shift as a result of a placement experience, although student preparation and the placement learning environment are key contributors [14–19]. Little is known about AHP students' attitudes and experiences of an aged care placement.

*“Placement experiences in aged care settings for AHP students are often overlooked.”*

The aim of this study was to examine the attitudes, experiences and impacts of a residential aged care placement opportunity on student dietitians, occupational therapists and speech pathologists.

## 2 | Methods

We adopted an interpretivist philosophy as our grand theory [20]. The epistemological position of the research was social constructionism [21], acknowledging that learning and meaning is shaped by the interactions occurring within the context of the RACF setting and through our exploratory interviews. Ethical approval was obtained from the Monash University Human Research Ethics Committee (29036) to conduct research with students from two Australian universities. The reporting of this study was guided by the Consolidated Criteria for Reporting Qualitative Research (COREQ) [22].

### 2.1 | Participants

A purposive sample of students were recruited from one university in Victoria and one university in New South Wales, Australia, that had trialled residential aged care placements for AHP students. Students from dietetics, occupational therapy and speech pathology who were undertaking a placement experience in an RACF were invited to participate in the study. Each student cohort attended a different RACF organisation, and two of the three organisations were across multiple sites. Each student attended a single location for the duration of their placement. The structure of the RACF placement varied for each discipline: dietetic students had a full-time placement for 3 weeks; occupational therapy students had a 2 day per week placement for 7 or 9 weeks; and speech pathology students had a 3–4 day per week placement for 4 or 8 weeks. The range of placement days for each student was 14–24 days. Common to each RACF placement was a limited supervision model from a supervisor of the same AHP discipline as the student. Direct discipline specific supervision occurred for a few hours per week, either online via Zoom or in person. Supervisory sessions were held individually or as a group and commonly included a discussion of student experiences and problem solving, demonstration of real or mock practice tasks

and planning for learning opportunities. Daily coordination and supervision of placement was otherwise facilitated by RACF nursing or lifestyle staff.

Students were notified of the study via an invitation sent through the electronic learning management system or via email from an educator not directly associated with their RACF placement. Participants were advised their participation was voluntary, and their withdrawal from the study was only possible before data transcription. No incentives were provided for participants, and students were informed that their comments would not affect their progression through the course or their grades in any way. Formalising student consent and facilitating interviews were conducted by a member of the research team (KM, EB or CP) who was not directly involved in placement assessment, to minimise concerns of any perceived power imbalance.

## 2.2 | Data Collection

All students answered a short demographic questionnaire at the time of study enrolment. Students participated in either a preplacement and postplacement individual semistructured interview (occupational therapy) or a postplacement group semistructured interview with students from their same discipline (dietetics and speech pathology). Choice of interview method was a convenience decision reflecting the timing of recruitment, consent and student availability prior to placement commencing. The same interview questions were used to guide the discussion irrespective of interview method. Interviews lasted between 20 and 60 min and occurred between July 2021 and December 2023 to correlate with different cohorts of students attending RACF placements at different times.

Interview questions using an open-ended format were developed based on a preliminary analysis of the literature and to align with the aims of the research. The semistructured approach

enabled additional follow-up questions in situ to elaborate ideas (Table 1).

Interviews were conducted via Zoom (Zoom Video Communications, California) and were audio recorded. Written transcriptions were automatically generated using Otter.AI (Otter.AI, California) and corrected for accuracy by KM. Any participant or organisation identifiers were removed from written transcripts and recoded prior to analysis.

## 2.3 | Data Analysis

The six phases of thematic analysis [23] were used to inform data analysis procedures. NVivo 14 was used to facilitate transcript organisation and team coding. Familiarisation was achieved through reading transcripts and listening to audio files. KM and KD independently coded the dataset using an inductive approach to generate initial themes, then conferred to explore findings. Revised themes were then reviewed against the full dataset by KM and KD and subsets of the dataset by LB and EB, with further refinement and documentation of themes occurring through regular team discussions. Establishing the final themes occurred during the writing of this manuscript, with the input of all authors.

## 2.4 | Research Team

As researchers, we brought experience in health professions education in dietetics (LB, CP), occupational therapy (KD) and speech pathology (EB), as well as in qualitative research (KM, LB, KD, EB, CP). Reflexivity within the team was actively pursued during data analysis collaborative meetings, facilitated by KM who has a different health profession background and was not involved in the placement experience. Reflective memo writing was also used to support individual reflexivity during the evolving analysis, with the intention to

**TABLE 1** | Primary interview questions showing alignment to the research aim.

Time period	Question	Research aim
Preplacement	How are you feeling about your upcoming placement in aged care? Why are you feeling that way?	Attitudes
	What role do you think [your profession] can have in improving older person health and well-being in aged care?	Attitudes
	What are you hoping to learn during this placement? What concerns do you have about learning during this placement?	Attitudes
Postplacement	Can you describe your learning and development during the placement? In what way did it meet your expectations, or not?	Experiences; impact
	What skills did you develop during placement? What was your experience of supervision during placement?	Experiences; impact
	Reflecting on some of the thoughts you had prior to this placement, have these perspectives changed in any way? What has influenced this?	Attitudes; experiences
	What role do you think [your profession] can have in improving older person health and well-being in aged care?	Attitudes
	How well prepared do you feel for your next placement?	Experiences; impact

make visible any preconceptions or perspectives in line with our interpretive approach.

### 3 | Results

Fifteen students who had a placement experience in an RACF for 14–24 days consented to participate in the study. Of these, 14 students participated in the interviews: five from dietetics (DT), four from occupational therapy (OT) and five from speech pathology (SP). One student was unable to participate in an interview after consent. Demographics of participants are presented in Table 2. Only four students (29%) had previous experience in an aged care environment, as a prior placement ( $n = 2$ ), employed work ( $n = 1$ ) or volunteer experience ( $n = 1$ ).

Three main themes were identified from the data: (a) building skills, (b) legitimacy of the learning environment and (c) contribution to care. Sufficiency of data was assumed from the participant cohort as findings were consistent across the three representative AHP disciplines.

#### 3.1 | Building Skills

Despite an RACF not being a common choice for placement experiences, students were able to build a range of useful skills within the context over time, particularly approaches to delivering complex person-centred care, working within an interprofessional team and educating others about their AHP role. Skills development was most impactful in the area of person-centred communication, with students enhancing their confidence and capability around modifying and personalising communication to suit the individual needs of the older person:

I know our [sic] first resident that we visited, I got a huge wake-up call because I walked in speaking at a regular pace and tone and volume and got nothing back ... I worked out I had to adapt a lot.

(ST5- DT)

**TABLE 2** | Participant demographics. Age presented as mean (SD). All others presented as number (percentage).

Demographic	Result
Age (years)	27.9 (10.6)
Female gender	13 (93%)
Cultural background	
Oceanic	7 (50%)
North African and Middle Eastern	1 (7%)
North East Asian	3 (21%)
Southern and Central Asian	1 (7%)
North West Europe	2 (14%)
Previous experience in aged care	4 (29%)

Building skills required self-directedness on the part of the student, where they were often required to self-manage completing tasks and seeking opportunities for learning. Within the context of the limited supervision model, some students were uncertain if their discipline specific skill development was optimised as they were reliant on reporting back experiences to supervisors without the opportunity for direct observation:

I know about the theory, but how can I apply the theory to practice in aged care without a supervisor? ... I think we need an onsite supervisor [as] I don't have [an] OT view at the moment.

(ST6–OT)

For others however, the requirement for independent actions encouraged growth and meant they ‘actually feel like I can do anything now’ (ST9–OT). This variation was also apparent in student perceptions around their preparedness for their next placement. All students were able to project useful skills application in a future placement, but some students were able to envisage a confident transferability of learnt skills, whereas others were concerned that they would be disadvantaged in a faster paced acute healthcare environment:

You can never be prepared for, I think, the next placement, but I've definitely gained some skills being able to adapt better.

(ST10–SP)

Overall, students were able to build personalised care skills for an older person population as a result of placement and could envisage future application of these skills. However, despite the apparent growth in skills, all students desired more frequent opportunities for direct observation and feedback from their own discipline in order to feel more confident in the nuanced skills of practice.

“Students were able to build personalised care skills for an older person population as a result of placement.”

#### 3.2 | Legitimacy of the Learning Environment

Students recognised that the context of care in an RACF was different to an acute setting and that AHP were not a core part of the workforce. As a result, students had contrasting perceptions as to the legitimacy of a placement in a RACF and how the environment might influence their learning, experiences and capability development. Prior to placement, some students perceived aged care as a positive opportunity, where they could consolidate application of theory and build fundamental skills in a quieter practice environment:

I feel lucky to be allocated to aged care for my first placement ... I think in the other areas it's more difficult than in aged care, because I think the working environment is more challenging in a hospital.

(ST7–OT)



Others however expressed concerns around the legitimacy of an aged care placement when compared with an acute setting, particularly if there would be enough opportunities to develop the breadth of skills required for their future practice and the impact this may have on career options:

I was worried that we wouldn't have the same experiences as other students ... or worried about being ready ... and not having experience in a hospital to know what to expect for the next placement.

(ST2-DT)

However, this attitude did shift after placement when students reflected on the breadth of their experiences:

Now looking back, I'm like, this was good, because we did get to see a lot more than I thought we would.

(ST1-DT)

Students also expressed uncertainty about what their role and scope might be within the RACF and if their professional role would be clearly understood by others given the limited AHP workforce. Misunderstandings around the role of the AHP student and learning goals within the aged care setting did influence learning opportunities. Students perceived they were 'not clinical enough' (ST8-OT) in the activities they were enabled by RACF staff to engage in, because:

a lot of the [RACF staff] didn't really understand why we were there ... it sort of felt like they looked at us like we were volunteers or something, rather than providing anything useful.

(ST13-SP)

However, when RACF staff, particularly nurses, welcomed students to interact with and learn from them, this enhanced student capacity to build shared understanding of the scope of their AHP role and provided the opportunity for multiprofessional care delivery:

When you met the team members [RACF staff] who were on board ... they were gold, like they were so useful there as a resource.

(ST12-SP)

Engaging primarily with other health care workers required self-directedness from students and a flexible approach to learning. For some, it was challenging navigating such expectations, whereas for others, this environment fostered effective learning:

I think it was good that we had so much independence, and we could really just go in and learn on the go.

(ST4-DT)

The learning environment enabled students to achieve their learning goals and facilitated student engagement with other health disciplines. Students acknowledged that effective

learning occurred, but equally that it was better as a singular experience—traditional AHP role specific placements were preferred for learning what they perceived as the expectations of their future career.

*“The learning environment enabled students to achieve their learning goals.”*

### 3.3 | Contribution to Care

Students clearly described experiences where they contributed to enhanced care in the aged care setting. Primarily, students reflected that having the flexibility and scope to make meaningful and repeated connections with the older people was most impactful to care. Students were able to draw on these connections and discipline specific knowledge to support person centred environment modification, individualised activities and tailored outcomes. Additionally, students viewed staff education and advocacy for older people as within the scope of their AHP student role and were able to draw on their profession specific knowledge to overtly pursue opportunities to enhance care for older people:

Maybe they're [RACF staff] a little confused with what [a dietician] did ... they had such an issue with [providing dietary supplements to residents], and we talked to the nurse in charge, and she said that they needed like a full education about what it was used for.

(ST3-DT)

Students were observant when the implementation of AHP prescribed interventions were different to that learnt during coursework. They were able to identify missed opportunities for individualised AHP referrals and explore this with members of the multi-professional team. At times however, students were disempowered to influence change, and when faced with care delivery that they perceived as substandard, students felt conflicted navigating the expectations of staff against advocacy for the older person:

It didn't sit well with me at all ... I wouldn't have known sort of what to do or say [when hearing a resident complaint], because I've been told [by staff], just tell them that they're [the resident] fine, but morally, I would not be able to do that.

(ST9-OT)

Although many students felt uncertain about their potential contribution to care prior to placement, after placement, students clearly identified how greater input from an AHP student and practitioner from their discipline might contribute to the quality of care of older people, particularly in relation to individualised assessment and intervention, advocacy and education of the multiprofessional team—'there's so much scope for where you could make a positive change in people's day-to-day lives' (ST12-SP).

*“Students clearly identified how greater input from an AHP student and practitioner from their discipline might contribute to the quality of care.”*

## 4 | Discussion

The aim of this study was to examine the attitudes, experiences and impact of a residential aged care placement experience on student dietitians, occupational therapists and speech pathologists. The findings showed that students were able to build effective skills for practice in an aged care context and actively contribute to the care of the older person, although the learning environment was perceived by students as less legitimate when compared with other settings. Given the ageing population and the need for a more diverse and expanded workforce in this sector [2], this study has shown that AHP placement partnerships between universities and aged care providers can be an effective strategy to better enable students to work with older people as graduates. However, further engagement with AHP students is needed to normalise RACFs as a placement option.

### 4.1 | Integrating Students in RACFs

The lack of AHP routinely working in aged care does present a challenge for students and educators pursuing placements in aged care. For RACF staff, this poses a potential issue with respect to their understanding of the AHP role and how the students may be able to contribute to care. Similarly, the students in this study were not confident what their role may look like in the aged care setting, which created some uncertainty around placement opportunities and learning experiences. Health practitioner students value role models from their same profession [24], and students in this study were instead reliant on connection and guidance from other disciplines given active engagement from their same profession was more occasional. Although many students found this experience disconcerting and expressed that learning would be enhanced with more frequent same discipline oversight, this more opportunistic approach to self-directed learning from the broader multi-professional team has been shown to be an effective strategy during placements [25]. There is a role for universities to make clearer the expectations of placement in regards to the structure and value of broader multidisciplinary learning [26], for the students and the RACF staff.

Evidence suggests that AHP student placements in aged care may have an influence on the future career intentions of students to work in the sector [4]. In addition to student exposure to aged care settings, perceiving a positive learning environment during the placement can also influence career choices [3, 27–29]. Relevant to this study, clear expectations [15, 30], effective mentoring [16, 19] and opportunities to learn and contribute to care [16, 17, 31] can all foster a positive experience during student placements in aged care settings. Although these desirable attributes were observed in this study, it was inconsistent, and some students felt disconnected from the aged care setting. If AHP students are to be encouraged to view RACF placement as a

legitimate option and in turn develop the necessary capabilities to support projected workforce demands, attention needs to be given to better integrate the student into the aged care service.

*“Attention needs to be given to better integrate the student into the aged care service.”*

### 4.2 | Enabling Learning in RACFs

It is vital to integrate RACF placements for AHP students into programmes if student capabilities are to effectively align with future workforce demands. Further work in building workforce capacity in aged care settings for AHPs will benefit not only residents [2, 32] but also AHP student placement and employment opportunities in the future. However, given the limited reach of AHP activity in RACFs currently [8], traditional models of in-situ same discipline placement supervision may not be feasible, so it is important to explore alternative approaches. Providing aged care facilities funding for a clinical educator could be a feasible strategy [33], and the possibility of AHP educators collaborating to share supervision of multidisciplinary students with pooled resources is practical. Another effective approach is increased collaboration between universities, students and RACF staff to enrich the learning environment [34], although planning and preparation of students and RACF staff to effectively support innovative placement models is vital [15, 35]. The impact of interprofessional student placements in RACFs are also valid to explore, as positive impacts on residents and staff of such models have been demonstrated [36]. The economic impact of innovative placements are also an important facet to examine [37]. Overall, a collaborative and interprofessional model of shared supervision within RACFs has been shown to be feasible and beneficial. Intentional approaches to collaborative AHP student placement in the hospital setting has been shown to positively impact patient care outcomes [38], and there is value in similarly co-designing placement models in the aged care setting.

### 4.3 | Limitations

Although this research is limited to the experiences of a small number of AHP students on an RACF placement, the findings are rich and consistent across allied health disciplines, demonstrating the potential opportunity for learning and impact from such an experience. There is a need to examine further how these experiences influence career intentions on graduation if we are to meet future workforce demands.

## 5 | Conclusion

This study has demonstrated that placement experiences in RACFs are legitimate learning opportunities for AHP students, with the potential to build their capabilities for future work in the aged care setting while contributing to the care of older people. The findings of this study support the use of more intentional approaches to pedagogical design to maximise the potential outcomes for students, older people and RACF staff.

---

## Author Contributions

**Kristie Matthews:** conceptualization, methodology, investigation, formal analysis, writing – original draft, writing – review and editing, project administration. **Lisa Barker:** formal analysis, writing – original draft, writing – review and editing. **Elizabeth Bourne:** investigation, formal analysis, writing – review and editing. **Karen Dixon:** formal analysis, writing – review and editing. **Claire Palermo:** conceptualization, methodology, formal analysis, investigation, writing – review and editing, supervision.

## Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

## References

1. Australian Institute of Health and Welfare, “Older Australians,” (2023).
2. Royal Commission Into Aged Care Quality and Safety, “Final Report: Care, Dignity and Respect,” (2021).
3. E. Anyango, I. Ngune, J. Brown, and E. Adama, ““I Changed My Mind After My Placement”: The Influence of Clinical Placement Environment on Career Choices of Final-Year Pre-Registration Nurses,” *Collegian* 31, no. 2 (2024): 69–76.
4. K. Bartrim, C. Waite, L. T. Williams, and M. C. O’Shea, “Allied Health Students’ Experiences of Older Adults in Residential Aged Care Placements: A Scoping Review,” *Nutrition & Dietetics* 81 (2024): 107–119.
5. R. Robert and P. M. Mosher-Ashley, “Factors Influencing College Students to Choose Careers Working With Elderly Persons,” *Educational Gerontology* 26, no. 8 (2000): 725–736.
6. E. Mitchell and R. Walker, “Global Ageing: Successes, Challenges and Opportunities,” *British Journal of Hospital Medicine* 81, no. 2 (2020): 1–9.
7. Allied Health Professions Australia, “Submission to Aged Care Taskforce,” (2023).
8. I. Meulenbroeks, M. Z. Raban, K. Seaman, and J. Westbrook, “Therapy-Based Allied Health Delivery in Residential Aged Care, Trends, Factors, and Outcomes: A Systematic Review,” *BMC Geriatrics* 22, no. 1 (2022): 712.
9. L. McAllister and S. Nagarajan, “Accreditation Requirements in Allied Health Education: Strengths, Weaknesses and Missed Opportunities,” *Journal of Teaching and Learning for Graduate Employability*. 6, no. 1 (2015): 2–24.
10. R. Bacon, L. Williams, and L. Grealish, “Aged Care Facilities and Primary Health-Care Clinics Provide Appropriate Settings for Dietetic Students to Demonstrate Individual Case Management Clinical Competence,” *Nutrition & Dietetics* 72, no. 1 (2015): 54–62.
11. C. Taylor, L. Angel, L. Nyanga, and C. Dickson, “The Process and Challenges of Obtaining and Sustaining Clinical Placements for Nursing and Allied Health Students,” *Journal of Clinical Nursing* 26, no. 19–20 (2017): 3099–3110.
12. D. Heliker, E. B. Brophy, M. Naughton-Walsh, et al., “A Study of Professional Health Care Students’ Attitudes Toward Older Adults,” *Journal of Nursing Education* 32, no. 8 (1993): 370–373.
13. J. J. Stewart, L. Giles, J. E. Paterson, and S. J. Butler, “Knowledge and Attitudes Towards Older People: New Zealand Students Entering Health Professional Degrees,” *Physical & Occupational Therapy in Geriatrics* 23, no. 4 (2005): 25–36.
14. M. Algosio, K. Peters, L. Ramjan, and L. East, “Exploring Undergraduate Nursing Students’ Perceptions of Working in Aged Care Settings: A Review of the Literature,” *Nurse Education Today* 36 (2016): 275–280.
15. J. Cooke, K. Greenway, and S. Schutz, “Learning From Nursing Students’ Experiences and Perceptions of Their Clinical Placements in Nursing Homes: An Integrative Literature Review,” *Nurse Education Today* 100 (2021): 104857.
16. A. M. L. Husebø, M. Storm, B. B. Våga, A. Rosenberg, and K. Akerjordet, “Status of Knowledge on Student-Learning Environments in Nursing Homes: A Mixed-Method Systematic Review,” *Journal of Clinical Nursing* 27, no. 7–8 (2018): e1344–e1359.
17. L. Keeping-Burke, R. McCloskey, C. Donovan, L. Yetman, and A. Goudreau, “Nursing Students’ Experiences With Clinical Placement in Residential Aged Care Facilities: A Systematic Review of Qualitative Evidence,” *JBI Evidence Synthesis* 18, no. 5 (2020): 986–1018.
18. M. McAllister, C. Ryan, L. Dodd, M. Goldenberg, and D. L. Brien, “A Thematic Literature Review of Innovative Strategies to Prepare Nursing Students for Aged-Care,” *Nurse Education Today* 87 (2020): 104355.
19. H. Splitgerber, S. Davies, and S. Laker, “Improving Clinical Experiences for Nursing Students in Nursing Homes: An Integrative Literature Review,” *Nurse Education in Practice* 52 (2021): 103008, <https://doi.org/10.1016/j.nepr.2021.103008>.
20. C. Rees, L. V. Monrouxe, B. C. O’Brien, L. J. Gordon, and C. Palermo, *Foundations of Health Professions Education Research: Principles, Perspectives and Practices* (Wiley-Blackwell, 2023).
21. M. Crotty, *The Foundations of Social Research Meaning and Perspective in the Research Process* (Crow’s Nest, NSW: Allen & Unwin, 2003).
22. A. Tong, P. Sainsbury, and J. Craig, “Consolidated Criteria for Reporting Qualitative Research (COREQ): A 32-Item Checklist for Interviews and Focus Groups,” *International Journal for Quality in Health Care* 19, no. 6 (2007): 349–357.
23. V. Braun and V. Clarke, *Thematic Analysis: A Practical Guide* (London: SAGE, 2022).
24. K. Jack, C. Hamshire, and A. Chambers, “The Influence of Role Models in Undergraduate Nurse Education,” *Journal of Clinical Nursing* 26, no. 23–24 (2017): 4707–4715.
25. L. Greenstock, P. Brooks, E. Malloy, P. Fiddes, and C. Fraser, “Medical Students’ Perceptions of Role Models on Clinical Placements,” *Clinical Teacher* 11, no. 2 (2014): 104–108.
26. M. O’Keefe, T. Burgess, S. McAllister, and I. Stupans, “Twelve Tips for Supporting Student Learning in Multidisciplinary Clinical Placements,” *Medical Teacher* 34, no. 11 (2012): 883–887.
27. E. Lea, R. Mason, C. Eccleston, and A. Robinson, “Aspects of Nursing Student Placements Associated With Perceived Likelihood of Working in Residential Aged Care,” *Journal of Clinical Nursing* 25, no. 5–6 (2016): 715–724.
28. L. McKenna, L. McCall, and N. Wray, “Clinical Placements and Nursing Students’ Career Planning: A Qualitative Exploration,” *International Journal of Nursing Practice* 16, no. 2 (2010): 176–182.
29. C. E. Seaman, E. Green, and K. Freire, “Effect of Rural Clinical Placements on Intention to Practice and Employment in Rural Australia: A Systematic Review,” *International Journal of Environmental Research and Public Health* 19, no. 9 (2022): 5363.
30. K. Laugaland, K. Kaldestad, E. Espeland, B. McCormack, K. Akerjordet, and I. Aase, “Nursing Students’ Experience With Clinical Placement in Nursing Homes: A Focus Group Study,” *BMC Nursing* 20, no. 1 (2021): 159.
31. E. Lea, A. Marlow, M. Bramble, et al., “Learning Opportunities in a Residential Aged Care Facility: The Role of Supported Placements for First-Year Nursing Students,” *Journal of Nursing Education* 53, no. 7 (2014): 410–414.

32. I. Meulenbroeks, K. Seaman, M. Z. Raban, N. Wabe, and J. Westbrook, "Just Visiting: A Qualitative Study of Australian Allied Health Professionals' Experiences Working in Residential Aged Care Facilities During the COVID-19 Pandemic," *Australasian Journal on Ageing* 42, no. 4 (2023): 690–697.
33. A. Ferguson, A. Haantjens, and M. Milosavljevic, "Evolution of the Clinical Educator Role to Increase Student Placement Capacity: From Traditional to Innovative: The Evolution of the Clinical Educator Position," *Nutrition & Dietetics* 71 (2013): 51–56.
34. R. McCloskey, L. Keeping-Burke, C. Donovan, J. Cook, R. Witherspoon, and N. Lignos, "Teaching Strategies and Activities to Enhance Students' Clinical Placement in Residential Aged Care Facilities: A Scoping Review," *JBI Evidence Synthesis* 18, no. 11 (2020): 2302–2334.
35. A. Robinson, C. See, E. Lea, et al., "Wicking Teaching Aged Care Facilities Program: Innovative Practice," *Dementia* 16, no. 5 (2017): 673–681.
36. K. L. Seaman, C. E. Bulsara, and R. D. Saunders, "Interprofessional Learning in Residential Aged Care: Providing Optimal Care for Residents," *Australian Journal of Primary Health* 21, no. 3 (2015): 360–364.
37. K. H. Nguyen, K. Seaman, R. Saunders, E. Williams, J. Harrup-Gregory, and T. Comans, "Benefit–Cost Analysis of an Interprofessional Education Program Within a Residential Aged Care Facility in Western Australia," *Journal of Interprofessional Care* 33, no. 6 (2019): 619–627.
38. G. Nisbet, T. Thompson, S. McAllister, et al., "From Burden to Benefit: A Multi-Site Study of the Impact of Allied Health Work-Based Learning Placements on Patient Care Quality," *Advances in Health Sciences Education* 28, no. 3 (2023): 759–791.