Establishing the Research Priorities of Undergraduate Student Nurse Work Integrated Learning in Australia.

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Abstract

Introduction: Research priorities for staff involved in undergraduate nursing work integrated learning (WIL) has not been previously investigated. The purpose of this study was to explore and identify the areas of research priority within undergraduate nursing WIL, as highlighted by members of the National Network of Clinical Coordinators (NNCC) group in Australia.

Method: A modified Nominal Group Technique was utilised including silent generation, round robin, clarification and voting stages. The approach consisted of an online survey, face-to-face meeting, and hardcopy Likert scale survey.

Results: 35 research priorities were identified by the online survey and provided to participants in a face-to-face round robin phase. Further research priorities were added in this phase to make 62 research ideas. Voting occurred, and with the use of SPPS, 10 top research ideas were identified.

Discussion: Six of the top 10 research ideas were focussed on staff that support students during WIL including those who supervise the WIL staff, learning their role, and supportive student feedback. Elements of quality supervision are important for student support. Further ideas generated were mandatory clinical laboratory sessions, how to assess student's fitness for WIL after a break in study, and the appropriate use of inherent requirements.

Conclusion*:* This study has identified research priorities of members of the NNCC group within nursing WIL using a modified NGT research method. This has allowed for a comprehensive understanding of the research focus on WIL nationally which will support members of the NNCC group to explore and investigate areas of research priority for WIL.

Keywords: Work integrated learning, nursing, student, research, priorities

Background

While there is a significant amount of research in nursing being undertaken in Australia and internationally, there is often no clear guidance to areas that require further investigation in particular to work integrated learning (WIL). Discussions which occurred within the National Network of Clinical Coordinator (NNCC) forums in Australia identified that

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participants were unsure what the priorities for WIL research were but were keen to support collaborative research.

The NNCC initially formed as a special interest group in early 2000 with a combination of academic and professional staff invited from various universities in Australia that are involved with undergraduate WIL placements, predominantly in the areas of nursing and midwifery. The group hold annual forums to discuss clinical placement issues, as well as communicate regularly throughout the year via email. The various Australian state networks also hold individual meetings that are integrated into the larger NNCC group. The NNCC communicate through a generic email and a database of clinical coordinators, clinical placement team members and others is updated regularly as roles and positions change within universities. The generic email allows the group to address questions to one another in a collaborative manner allowing for consensus and some benchmarking to occur.

The network was initially developed to support staff and assist with identifying changes in placement requirements throughout Australia. Requirement changes for students undertaking WIL over the time the network has been established include the introduction of mandatory Hepatitis B vaccination, first aid and CPR student certification, as well as the requirement of national police checks and working with children requirements. In 2021 the introduction of COVID-19 vaccinations, the National Disability Insurance Scheme (NDIS) worker screening requirements (NDIS Quality and Safeguards Commission, 2021), and professional inherent requirements have all been debated by the group.

Currently in Australia each university has varying requirements and compliance systems, along with differences in how assessment of nursing students occurs, exampled by Australian universities using either the Australian nursing standards assessment tool (ANSAT) (Ossenberg et al., 2016) or the nursing competency assessment schedule (NCAS) (Brown, 2016). Universities predominantly use either the Sonia or InPlace student placement management software to allocate their students' placement, with no national database for nursing, midwifery, or other health placements existing within Australia. Each university acts individually to negotiate placement requirements with health services and individual agencies and in some instances compete for clinical placements. The development of the NNCC improved communication between universities and in some cases assisted with university collaboration when providing education to health care agency staff who preceptor students.

The NNCC also engages in education sessions from the Australian Nursing and Midwifery Accreditation Council (ANMAC), Australian Health Practitioner Regulation Agency (AHPRA) and the developers of the various clinical assessment tools to gain a greater understanding of the many processes available to support student learning and student outcomes. The Council of Deans Nursing and Midwifery (CDNM) have been provided with minutes of the NNCC National Forums over the last few years so that they are aware of the scope and concerns of the NNCC. Members of the NNCC are also encouraged to provide minutes of meetings to their heads of school so they too can provide feedback to CDNM.

On reflection, little was known about what WIL staff considered as the priorities for research in their field, especially considering the diversity of WIL across the country. Due to this, the idea of exploring this phenomenon was conceived. The purpose of involving the many

members of the NNCC group was to consider the research interests from all appropriate university-based nursing WIL staff members, as well as to increase ownership of the research in the hope to subsequently influence WIL practice (Vella et al, 2000).

In addition, whilst it was felt that the NNCC improved communication between universities, provided a platform for clinical placement discussion, and offered support to group members, it did not necessarily contribute to tangible outcomes for undergraduate nursing WIL within Australia. Building a research culture for the group was therefore considered beneficial, in which research could be used to generate knowledge and potential national processes for undergraduate WIL. (Quitoras & Abuso, 2021). Further benefit to a culture of collaborative research is described as the opportunity for development of research knowledge and skills that come with mentoring and guidance from more senior and experienced members of the group (Sprunger, 2017). Sprunger (2017) highlights that collaboration within research brings together increased and varied expertise and knowledge when looking at a particular research question, which would otherwise be missing if research was undertaken in isolated silos.

Aim

To explore and identify the areas of research priority within undergraduate Nursing Work Integrated Learning (WIL), as highlighted by the members of the National Network of Clinical Coordinators (NNCC) in Australia.

Research Question

What are the research priorities within undergraduate student Nursing WIL as identified by the members of the NNCC group?

Method

To assist with idea-generation and determination of WIL research priorities, a Nominal Group Technique (NGT) was selected. As a research method the NGT has been described as beneficial in increasing the opportunity for all members of a group to put their ideas forward to a bigger group for consideration (Delbecq et al., 1986/1975). It is further suggested that NGT meetings tend to conclude with a sense of closure for participants and interest in future phases of the process (Delbecq et al., 1986/1975). Considering the prioritisation of research is only the start of the research process, it was considered beneficial to utilise a research approach that would also stimulate future interest; this is mainly due to the fact that any research priorities highlighted by the NNCC members would also likely be conducted by the same group members.

Traditionally the NGT consists of four distinct stages, with those being:

1. **Silent generation:** participants during this stage are asked to independently write a list of issues related to the topic being discussed.
2. **Round robin:** participants are brought together as a group, and each asked to highlight one of their ideas to the rest of the group. This stage continues until all participants have exhausted their ideas.

3. **Clarification:** Once all ideas have been put forth in the round robin, participants are then encouraged to seek clarification on ideas not previously understood. This stage therefore requires group discussion and the possibility of participants providing context and defence to ideas previously put forth.
4. **Voting/Ranking:** Once all participants have an understanding of the previous ideas put forward, voting can commence in which the list of ideas are ranked in accordance with the aim of the NGT (e.g., in order of importance as per the current study). This voting/ranking can occur either as a group discussion or via the use of a survey (Arakawa & Bader, 2021; McMillan et al., 2016).

Due to practicality issues such as time and geography, modification to the standard NGT was made and thus consisted of an online survey, face-to-face meeting, and hardcopy Likert scale survey (McMillan et al., 2016). The changes and the comparison to the traditional NGT method can be seen in Figure 1.

Silent Generation

To replace the initial face-to-face silent generation phase, a single question was asked via an anonymous online survey delivered via Microsoft Forms, with the question being both open-ended and qualitative in design; thus, mirroring the silent generation phase within the traditional NGT (McMillan et al., 2016). The purpose of a qualitative first round was to allow participants to 'brainstorm' and allow for new ideas to be put forth by individuals (Hsu & Sandford, 2012; Iqbal & Pipon-Young, 2009). The question used within the first-round survey was: 'Reflecting on your experience in undergraduate Nursing work integrated learning (WIL), what do you believe are the most important areas that require research focus?'

When all qualitative responses were received, they were subjected to qualitative content analysis as discussed by Graneheim and Lundman (2004). Simply, the qualitative data was condensed from its raw form into a shortened statement, and then coded by providing a descriptive label to the statement that described its meaning. Codes that were considered similar or related were then grouped together to form categories (Erlingsson & Brysiewicz, 2017). Moreover, during this analysis additional exclusion criteria was applied and included:

- Duplicate responses removed
- Responses not specific to undergraduate Nursing WIL removed

The online survey used within the silent generation phase of the study provided a list of 45 research priorities, with each of the nine participants providing five suggestions for nursing WIL research. From the list of 45 responses, duplicates and responses not specific to undergraduate nursing WIL were removed. This left 35 research priorities that were drafted into a hardcopy list and provided to the participants within the face-to-face round robin phase of the research.

Round Robin

Once qualitative content analysis was performed, grouping of initial data was completed and extraneous responses removed, a refined list of research priorities was created and provided via a hardcopy list to participants within a face-to-face forum. Within this forum

participants were allocated into several small groups (to assist with later facilitation of discussion) and were asked to review the list and make note of any research priorities that had not been previously mentioned. Each group was then asked to suggest a new research priority idea, one at a time in a round robin type fashion. At this time, no clarification discussion was had except for the provision of new ideas. The round robin continued until no new ideas were identified. This left a final list of 62 research items which were developed into a survey for voting to occur.

Discussion and Clarification

Once all new ideas were generated, each group was asked to review the research priority ideas and suggest any similar ideas that could be grouped together, thus making broader themes. At this time suggestions could also be made for the removal of any research priority ideas that were not considered in keeping with undergraduate Nursing WIL. This activity was facilitated by the primary researcher, and suggestions documented on a white board. With all suggestions clear for groups and individual participants to see, discussion was enabled to clarify any of the recommended suggestions for research.

Voting

Following the above phases, a final list of research priority ideas was collated into a single document consisting of 62 individual statements. Due to the number of participants present at the face-to-face forum (n=31) and the number of individual research priority ideas generated, voting was not conducted verbally. This was mainly due to the time constraints within the forum, as well as the potential for face-to-face voting to provide overrepresentation of the dominant and confident personality types within the larger group, with the more introverted members of the group not likely to be able to fully assert their opinions and thoughts (Whitehead et al., 2020). A 10-point Likert scale was used for voting on the various research priorities, with 0 highlighting the research that was not a priority and 10 showing it was of high priority. Participants were asked to review the collated responses and rate them according to the perceived level of importance they attached to them (Vella et al., 2000). The question posed at this time was: ‘On reflection of your experience in undergraduate Nursing work integrated learning (WIL), how important would research be in relation to the following topics?’

Data from the voting stage was inputted into the latest version of IBM’s Statistical Package for the Social Sciences (SPSS, version 28), with analysis of data focussed on mean scores. As previously stated, a 10-point Likert scale was used to rate the level of importance of the research priorities generated by participants, thus a higher score denoted a higher priority for the research idea.

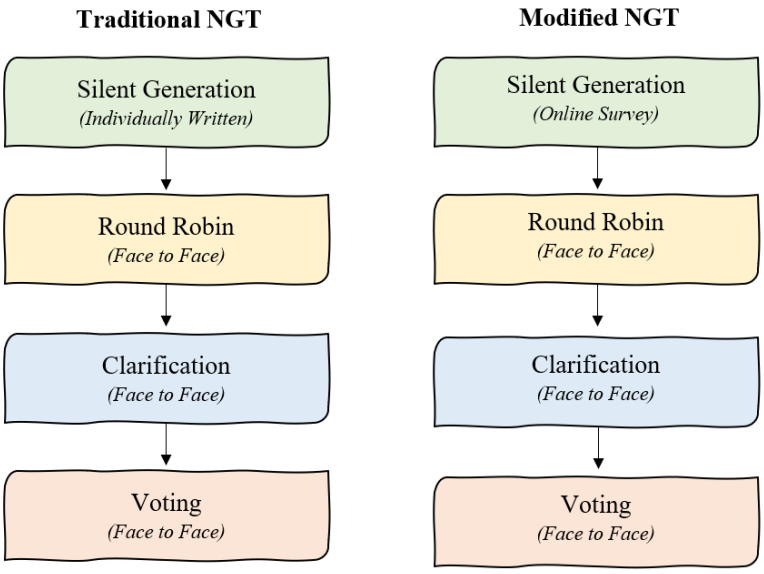

Figure 1: *Comparison of traditional and modified NGT phases used in NNCC research*

Ethical considerations

Ethical approval was obtained from the human research ethics committee (GU-HREC Approval number 2019/751). An information sheet outlining the study background and aims accompanied the initial survey, with return of a completed survey implying consent. A further information sheet was provided at the face-to-face session, with written consent requested at this time also.

Participants

Purposive sampling was utilised, with the intention to select knowledgeable participants in relation to university delivered nursing WIL. The NNCC formed this participant group due to the focus of the participants' roles, and subsequent experience related to the topic being researched. In this regard the NNCC members can be considered as experts in the field of university delivered nursing WIL. As described by Hasson et al. (2000) the term expert is rather nebulous and lacks detail as to why individual participants are experts, as it could be argued that other university staff members could have the requisite knowledge needed for the current study. It should be noted however, that most undergraduate nursing WIL in Australia is organised by and is the responsibility of the various members of the NNCC which consist of membership from 34 (94.4%) of the 36 universities in Australia that have an approved program of study for undergraduate nursing (Australian Health Practitioner Regulation Agency, 2021); thus, attesting to the expert title provided to this group. As the NNCC's membership consists of both academic and professional university staff with a multitude of specific job titles, no stipulation was made regarding participant job title or their qualifications.

In October 2019, there were 128 members within the NNCC group email list, with all 128 members invited via email to participate in the silent generation (Microsoft Forms online survey) phase of the research. From the invited participants, 9 (7.02%) completed the survey. Although surveys delivered online are reported to have a very low response rate (Polit & Beck,

2017), nine participants were considered a poor response. An email reminder was sent out two weeks after the initial invitation; however, this did not result in any further participation. It should be noted that the end of the year is traditionally a busy time within undergraduate nursing WIL, as staff are ensuring that final year students have completed all clinical requirements ready for graduation. This may in some part account for a low response rate to the survey. Later phases of the research (round-robin feedback, clarification and evaluation, and individual voting on priority ideas) were undertaken at a NNCC forum in mid-November 2019, with all attendants at the forum (n=31) being involved. The forum attendees accounted for 24.2% of all NNCC members and were made up from 17 different universities from most states and territories within Australia except for Western Australia and Northern Territory. Table 1 outlines the state representation.

State/Territory	Number of Participants
Queensland	10
Tasmania	8
New South Wales	7
Victoria	4
South Australia	1
Australian Capital Territory	1

Table 1: *State representation*

Results

The total list of 62 research priority areas can be found in appendix one, provided in overall order of priority from highest to lowest. As a crude measure of positive or negative priority, a total mean score of <5 indicated a negative priority, with a score of >5.1indicating positive priority for a given item. Of the 62 research ideas, 58 scored an overall mean score of >5.1 and therefore indicated that positive agreement was seen toward these ideas being a priority for nursing WIL research in Australia. The top 10 WIL research priority areas are provided below in table 1.

Table 2: *Top 10 research prioritise*

Research Idea	Mean	Std. Dv
1. Who supervises facilitators? How is their ongoing performance assessed and developed?	8.2593	1.85208
2. Should clinical labs be mandatory for clinical placements?	8.1111	1.84669
3. How do facilitators learn the role?	8.0741	1.87956
4. What are the elements of quality supervision?	7.5926	2.20592
5. Does training RNs, facilitators, educators in educational pedagogy improve outcomes for students?	7.5185	1.96841

Research Idea	Mean	Std. Dv
6. How we use inherent requirements to assess student suitability for our profession?	7.5	2.36487
7. The importance of supporting RNs/buddies to give appropriate feedback.	7.4815	2.73679
8. Best practice for ensuring student nurses are fit for placement when returning after a break in studies.	7.4643	2.48674
9. How specific should inherent requirements be? Should this prevent admission to program?	7.4643	2.34887
10. Supervision models (pros and cons of the different models), what really works best?	7.4074	1.90665

Only four research ideas scored an overall mean score of < 5 and therefore indicated a negative agreement toward these ideas being a priority for Nursing WIL research; these research ideas are presented below in table 3.

Table 3: *Research ideas scoring 5 and below*

Research Idea	Mean	Std. Dv
59. Do we need skills list for clinical placement?	5	3.03071
60. A fourth year, is it necessary?	4.8148	3.199
61. The role of ATAR in successful WIL and ability for clinical preparation.	4.2963	2.86645
62. Why do students not apply for graduate programs?	3.7037	2.94586

Discussion

The purpose of the research was to explore and identify the areas of research priority within undergraduate WIL, as highlighted by the members of the NNCC group in Australia. This research identified that there was significant agreement amongst this expert group, with most research ideas (93.5%) obtaining an overall mean score of >5.1, and therefore indicated a level of positive agreement to the priority of these research ideas. This could in some part be explained by the enthusiasm of the members of the NNCC group in relation to nursing WIL, combined with the ongoing responsibility they have in this area. A high priority agreement toward the need for WIL research could also indicate the perceived lack of nationally focussed research in the Australian context. This is not to say that high-quality Australian nursing WIL research does not exist, but often this is undertaken on a small scale and limited to small geographical areas, and often a single university study. Examples of this include Henderson et al.'s (2020) study 'Clinical facilitators' experience of near peer learning in Australian undergraduate nursing students: A qualitative study' and Needham et al.'s (2016) study on best practice in clinical facilitation of undergraduate nursing students. These studies now have the potential for national collaboration, if replicated within the NNCC, subsequently increasing the generalisability and application of findings. It is this promise of collaboration and national

focus toward such research that may have prompted a higher level of interest in research priorities not previously considered by the members of the NNCC group.

Over half (six) of the top 10 research ideas were focussed on the staff that support student learning during WIL experiences (clinical facilitators [CFs], registered nurses [buddy nurses], educators). The focus of these ideas included who supervises the WIL staff, how they learn their role, if pedagogical training improves student outcomes, appropriate support to provide student feedback, as well as the elements of quality supervision and the best supervision models. Lee et al. (2018) reports that the most influential people within students' learning are the nurses that engage in clinical placement education, therefore, it is understandable that research on staff that support students was of significance for the members of the NNCC group. Ryan and McAllister (2019) further this point by stating that Australian nursing students feel that they learn more from CFs compared to other learning experiences and educators. Not only do clinical educators wield a great degree of influence on the quality of a student's WIL experience, but it is also reported that this experience is more effective for the student if these facilitators/mentors are thoughtfully prepared (Abbey et al., 2006); with Blitz et al. (2019) describing that student performance can be directly related to the competence of the clinical educator.

However, despite the perceived importance of this clinical supervisory role, professional development for CFs is often informally provided and not always consistent or targeted to the needs of individuals (Ryan & McAllister, 2021). No apparent standardised or universally recognised training programs exist to provide staff with professional development in this area (Mackay et al., 2014). Whilst clinical nurses may be drawn to the role of the CF due to the appeal of and satisfaction found in clinical teaching, this is not necessarily associated with the clinician being well-prepared for undertaking the role (Andrews & Ford, 2013), with many lacking knowledge regarding teaching strategies and educational principles (Blitz et al., 2019).

The apparent limited teaching preparation and understanding of clinical nurses would certainly mirror the research priority raised by the NNCC regarding pedagogical training for Registered Nurses (RN)s and CFs. Interestingly, when clinical supervisors self-identified learning and development needs, being able to structure and organise teaching as well as skills/knowledge in teaching were ranked highly as areas that needed improvement (Bearman et al., 2018). How pedagogical training can be provided to CFs and the impact that this makes on student outcomes would however appear lacking in the literature. From a wider perspective when examining the needs of the international WIL community, being able to evaluate the quality and impact of WIL has been demonstrated to be the number one professional development need among WIL staff; with pedagogical practices such as designing learning outcomes, WIL curricular design, and assessment design all being in the top five (Zegwaard et al., 2019).

Regarding supervision models and the elements of quality facilitation, various supervision models exist for nursing students during WIL. These include supervisory staff employed by the academic institution and supervisors employed by the health care facility. The main difference between these models is the student to staff ratio, which can affect the support

available for the student (Grealish et al., 2018). Traditional supervision models utilise a 1:8 staff to student ratio; however, it can be described as creating an unrealistic learning experience (Hendricks et al., 2013). The preceptor model on the other hand pairs a student with an experienced registered nurse and is stated as providing a more realistic WIL experience that provides more hands-on learning (Hendricks et al., 2013). This model is popularly used in rural placements where fewer students are situated for clinical placement (Needham et al., 2020).

Another supervision model, the dedicated education unit (DEU), is a collaborative model between the health care facility and education provider. Within this model, the health care facility provides clinical staff who become the students' clinical facilitator/educator, with university faculty supporting the clinical staff with knowledge of teaching and learning approaches as well as monitoring of student outcomes (Goslee et al., 2020; Pryse et al., 2020). The collaborative clusters education model (CCEM) is another example of a supervision model, whereby the hospital-employed facilitator is assigned to several clinical wards/units and provides assistance and guidance to ward-based registered nurses involved in supervision and support of students (van de Mortel et al., 2020). This model suggests that students work as part of a team in a more authentic learning experience and is structured to enable the student direct access to clinical practice as well as providing for the ability to make sense of their experience (Grealish et al., 2018).

Despite the various supervision models used within the clinical environment, "there appears to be a lack of direction from educational and healthcare leaders about which clinical supervision model is considered the 'best' choice" in relation to the learning needs of undergraduate students (Franklin, 2012, p14). With limited consistency observed in the use of the various models, difficulty is seen when attempting to evaluate their quality and effectiveness in clinical practice (Dickson et al., 2006). It therefore would appear timely that such models are examined and better understood in the context of quality and effectiveness, in relation to undergraduate nursing students WIL.

In addition to research ideas related to the staff that support student learning during WIL experiences, the NNCC's top 10 list of research priorities included ideas specific to undergraduate learning and the educational institutions that support this learning. These research ideas focussed on mandatory clinical laboratory sessions related to WIL, how to assess student's fitness for WIL after a break in study, and the appropriate use of inherent requirements (for suitability to the Nursing profession and use for admission into a Nursing educational program).

Throughout undergraduate nursing degrees, students are expected to attend a number of clinical skills laboratory (CSL) sessions where they can develop practical skills though simulation exercises (Ewertsson et al., 2015). Ewertsson et al. (2015) suggest that whilst a lack of laboratory attendance does not necessarily correlate with clinical competence, it is proposed that repeated learning in the CSL can give students a feeling of being prepared for practice in WIL. The members of the NNCC group suggested that a lack of CSL attendance could potentially contribute to poorer performance in WIL, but that such presumptions warrant further investigation and research.

Inherent requirements were also discussed as a research priority in the NNCC's top 10 list and interestingly were mentioned twice. The definition of inherent requirements used by ANMAC is taken from the Australian Human Rights Commission (2021, para 3) who state that inherent requirements relate to "the ability to perform tasks which are essential to perform a job productively and to the required quality".

ANMAC within its updated accreditation standards (2019) also indicate the need for universities to make clear to prospective nursing and midwifery students the program's inherent requirements. This requirement appears within standard one of the document (safety of the public) and would appear to be a new addition if compared to the previous accreditation standards developed in 2012 (ANMAC, 2012). It is noted that whilst inherent requirements are highlighted in the 2019 accreditation standards and thus are an expectation of universities, the specifics of what these inherent requirements should include is not mentioned. With inherent requirements being made a standard for universities to achieve in the same year that the current research was undertaken, this could account for the fact that NNCC members in the current research ranked inherent requirements twice in the top 10 research priorities.

Limitations

As with most research limitations exist, which is true for the current study. These limitations should therefore be taken into account when interpreting any results. Firstly, the discrepancy of participant numbers between the silent generation (n=9) and later research phases (n=31) should be noted. Benefit may have also been seen in a more inclusive round-robin discussion. McMillan et al. (2016) suggest that round robin participation can be an issue when there are participants in the group who feel unable to share their views due to power differentials and therefore decline to comment. A modified NGT can support this process where participants write down their responses, share, develop group consensus of rankings and then provide an additional personal rank for the priority of each research idea (McMillan et al., 2016).

The purpose of conducting the face-to-face phases of the research during a NNCC forum was due to practicality, as this is the only event in the year that individual NNCC members across Australia come together as a group. This however does mean that the forum is often time pressured with an extensive agenda. As such the current research project was not the main focus of the forum and was impacted by limited time. From a practical level this resulted in the final list of research ideas containing several similar points. Although grouping of ideas and the removal of extraneous responses was undertaken in the discussion and clarification stage, the shortened time allocation during this phase did not allow for all individual points to be addressed. An example can be seen in the top 10 list of research ideas, which contains two research ideas related to inherent requirements. Although these ideas are focussed on different outcomes, further time could have resulted in such ideas being combined into broader ideas, thus making the final list more streamlined.

Conclusion

This study has identified the research priorities of the members of the NNCC group within undergraduate student nursing WIL in Australia and was able to capture individual

perceptions of research priorities using a NGT research method. Identification of the research needs by a national group has allowed for a comprehensive understanding of the research focus of WIL nationally which to date has not been explored. This understanding will subsequently allow members of the NNCC group to concentrate their efforts into exploring and investigating areas of research priority, with national collaborative WIL likely leading to more timely research conclusions, better generalisability of research, and improved application of research findings.

Identifying that over half of the top 10 research ideas were focussed on the staff that support student learning during WIL experiences is important, as this will allow the researchers to concentrate their research endeavours into identifying who supervises the WIL staff and how they learn their role, including the elements of quality supervision and the provision of appropriate support in this role.

Appendix One: The total list of 62 research priority areas

Research Idea		**Mean**
1.	Who supervises facilitators? How is their ongoing performance assessed and developed?	8.2593
2.	Should clinical labs be mandatory for clinical placements?	8.1111
3.	How do facilitators learn the role?	8.0741
4.	What are the elements of quality supervision?	7.5926
5.	Does training RNs, facilitators, educators in educational pedagogy improve outcomes for students?	7.5185
6.	How we use inherent requirements to assess student suitability for our profession?	7.5
7.	The importance of supporting RNs/buddies to give appropriate feedback.	7.4815
8.	Best practice for ensuring student nurses are fit for placement when returning after a break in studies.	7.4643
9.	How specific should inherent requirements be? Should this prevent admission to program?	7.4643
10.	Supervision models (pros and cons of the different models), what really works best?	7.4074
11.	What are clinical facilitators focused on teaching during placement?	7.3704
12.	What is quality clinical placement and how are we measuring it?	7.3214
13.	Preceptorship in non-facilitated environments.	7.2593
14.	Comparison between in-house and EP provided facilitation.	7.25
15.	Benefit of length of placement.	7.25
16.	How do preceptors learn their role of preceptorship?	7.2222
17.	Pre employment preparation for CFs.	7.1481
18.	What is the role and benefit of facilitation?	7
19.	Many students understand/think feedback is bullying behaviour. Students are not used to taking on feedback about performance.	7

	Research Idea	Mean
20.	What is the ideal ratio of facilitator to students? Is this affected by location, specialty areas, student year?	7
21.	What is the shared understanding of clinical supervision?	6.963
22.	Are students provided sufficient support to undertake clinical placements, how are students assessed?	6.8571
23.	What do facilities mean by work ready graduates?	6.8519
24.	Role of the clinical coordinator/practice coordinator.	6.8214
25.	Are students truly prepared for clinical placements? What could be done better?	6.75
26.	Students understanding the standards.	6.7143
27.	Support on the floor for students and graduates. Is it adequate?	6.6296
28.	Understanding and Engaging with feedback.	6.6071
29.	What is the role of the preceptor?	6.5926
30.	Managing the mental health of students in the workplace- challenging conversations.	6.5714
31.	Work integrated learning experiences and support of students for whom English is a second language.	6.5713
32.	What makes a student work ready? How do universities assess students in practice?	6.5556
33.	Clinical placement hours in nursing programs. How many hours is sufficient?	6.4643
34.	Work integrated learning linked to employability.	6.4643
35.	Optimal assessment of student clinical skills development.	6.4074
36.	Per year of study what are education providers and the health service hoping the student has achieved? What is it that a day 1 RN (new grad) look like?	6.4074
37.	Why are students failing placement and what strategies could limit this?	6.3929
38.	Does providing workplace mentor training for staff improve outcomes?	6.3704
39.	CF mental health and self-awareness.	6.3571
40.	Managing the generational shift in the clinical environment.	6.2222
41.	Current models of supervision in practice.	6.2222
42.	Resilience.	6.1852
43.	Support on the floor for International students and graduates. Is it adequate?	6.1111
44.	How are we teaching non-technical skills during clinical placement?	6.1071
45.	Work integrated learning quality versus quantity.	6.1071
46.	Simulation learning strategies and effectiveness.	6.037
47.	How to use strengths-based feedback for transformational learning.	6.037
48.	Rural health and the perceived benefits to metropolitan students learning outcomes and employment opportunities.	6
49.	What do students feel is important for their preparation for placement?	6
50.	Does a student's placement experience impact career?	5.9643

Research Idea		Mean
51.	Definitions of clinical preparedness. There are many in WIL. What is it that organisations require?	5.9286
52.	What are the clinical competency requirements in BN?	5.8462
53.	Variety and adequacy of clinical placement experiences for students. What are the best and worst placements for students?	5.8214
54.	What does the student hope to gain out of clinical placement? What is their overall vision?	5.75
55.	Benefits/challenges of international placements.	5.6071
56.	Social media and professional identity.	5.5357
57.	Exploring non-traditional placements options.	5.5357
58.	Professional behaviours of student Registered Nurses. This includes NMBA/AHPRA guided behaviours NMBA/AHPRA and general professional behaviours in the workplace.	5.4815
59.	Do we need skills list for clinical placement?	5
60.	A forth year. Is it necessary?	4.8148
61.	The role of ATAR in successful WIL and ability for clinical preparation.	4.2963
62.	Why do students not apply for graduate programs?	3.7037

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