

# Nursing Students' Experience of Work Integrated Learning in Nurse-Led Wound Clinics<sup>1</sup>

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## Abstract

**Background:** Chronic wounds are primarily managed by nurses in the community and a skilled workforce is essential towards providing evidence-based care. Education providers are increasingly using non-traditional placements to prepare nursing students for practice as part of their work-integrated learning (WIL).

**Aim:** The purpose of this study is to evaluate undergraduate nursing students' experience in a nurse-led wound clinic as part of their WIL.

**Methods:** A qualitative descriptive study was conducted using semi-structured interviews with a convenience sample of undergraduate nursing students completing WIL in a nurse-led wound clinic (n=4).

**Results:** Three themes emerged from the students' experiences: developing confidence in wound care, recognising the differences in care, and managing specialist placements.

**Conclusion:** Undergraduate nursing students have the potential to gain specialised knowledge and skills in wound care and further research is warranted to determine the best learning environment for this to occur.

**Keywords:** Nursing student, wounds, work integrated learning, non-traditional clinical placement, qualitative

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## Introduction

Nurse-led clinics have shown a positive impact on client outcomes, satisfaction, access to care and mixed results on cost-effectiveness (Dhar et al., 2020). In Australia, nurse-led services have evolved to meet community needs by providing equitable and accessible care outside traditional care settings (Dhar, et al., 2020; Douglas et al., 2018). In response to the increasing need for work-integrated learning (WIL) sites to prepare nursing students for practice, universities are increasingly using non-traditional placement sites including primary care services and specialist outpatient units in hospitals (Coyne & Needham, 2012; Needham

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<sup>1</sup> Acknowledgement of financial support: Metro South Hospital and Health Service (MSHHS) and Brisbane South Primary Health Network (BSPHN) Living Healthier Lives Community Grant.

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& van de Mortel, 2020). Helgesen et al. (2016) found challenges in such placements including a need to provide guidance and structured learning activities for students. Education providers need to prepare students for non-traditional placements by encouraging students to actively seek learning opportunities (Coyne & Needham, 2012; Needham & van de Mortel, 2020). The additional responsibility of supporting nursing students on community WIL placements requires reorganisation of community nurses' workloads. This influences the wider team and clinical staff who are then required to fulfil educational and clinical roles (O'Brien et al., 2019). The aim of this study is to evaluate undergraduate nursing students' experience of work-integrated learning (WIL) in a nurse-led wound clinic.

## Background

Chronic wounds occur when the wound fails to progress through the expected stages of wound healing in a timely manner (Annesley, 2019). This leads to a reduced quality of life and increased cost of care for both the individual and healthcare system. In Australia, there are 400,000 people living with chronic wounds and the cost of chronic wound care accounts for 2% of national healthcare expenditure (Australian Institute of Health and Welfare, 2018). Most of the care for people with chronic wounds is delivered by community nurses (Norman et al., 2016). There is research demonstrating the benefits of evidence-based practice for chronic wounds, however high costs, inadequate reimbursements and a lack of education for nurses prevent evidence-based care being implemented into everyday practice (Dhar et al., 2020). A report by Norman et al. (2016) recommended improved wound care education and financial incentives to improve evidence-based practice within specialty wound clinics and suggested further research into the cost-effectiveness of nurse-led wound clinics.

In Australia, wound management nurse practitioners (WMNP) are primarily employed in the public health sector, with approximately half working in hospitals, a quarter in community nursing organisations, and the remaining in project work and residential aged care (Gibb et al., 2015). Key characteristics of WMNPs are their advanced nursing practice, postgraduate education, expanded scope of practice and autonomy, providing an excellent opportunity for developing knowledge in the area of wound care. Educating students, nurses, doctors and allied health professionals are a common activity performed by WMNPs (Gibb et al., 2015). There is a need for specialised training and education to successfully implement evidence-based wound care into clinical practice (Innes-Walker et al., 2019). The complexity of wound care is expected to rise in the ageing population and the future workforce should be prepared for this demand (Dhar et al., 2020). There is an increasing need for undergraduate nursing students to be equipped with the knowledge and skills to provide evidence-based wound care.

Work-integrated learning (WIL) is the practical application of theoretical knowledge as part of an academic curriculum (Berndtsson et al., 2020). In nursing education, WIL is undertaken in the form of clinical placements where students are placed in different healthcare settings to achieve competencies and meet the requirements for board registration. Clinical facilitators support student learning and consolidate the link between theory and practice (Berndtsson et al. 2020). Clinical placements are traditionally undertaken in acute clinical areas, including medical and surgical wards, and high acuity areas including critical care,

emergency, and theatre (Coyne & Needham, 2012). However, to provide nursing students with unique experiences and a deeper understanding of specialised areas, universities are increasingly using specialised, non-traditional placements including renal dialysis, day oncology units and prison services (Coyne & Needham, 2012; Needham & van de Mortel, 2020). This is also beneficial for the workforce as graduating nursing students who have undertaken clinical placement in specialty areas are able to gain employment in these areas with prior exposure (Coyne & Needham, 2012). There is minimal research completed about the experience of nursing students in specialised placements, particularly in wound clinics. Specialised training and education are essential to delivering evidence-based care for chronic wounds and nurse-led wound clinics are a rising model of care providing this. Giving nursing students the opportunity to experience specialised care creates an interest into pursuing a career in this field (Coyne & Needham, 2012). Therefore, this study focusses on understanding nursing students' experience in nurse-led wound clinics which enables universities and healthcare institutions to create an environment that maximises learning opportunities and provides meaningful experiences.

This study aims to evaluate the experience of undergraduate nursing students in a nurse-led wound clinic that was established as part of a larger study known as the 'Wound Clinic Pilot Project'. This project was a collaboration with a non-government community organisation to create an innovative, community-based wound clinic to foster consumer partnerships and improve overall health outcomes for people with chronic wounds. The nurse-led clinic was established in the most-populated hospital and health service area in Queensland that also comprised of a large population of culturally and linguistically diverse people (Australian Institute of Health and Welfare, 2018). The community nurses from the organisation worked in consultation with the WMNP to provide evidence-based care in the wound clinic. Undergraduate nursing students attended the wound clinic as part of their clinical placement.

It is important to understand the experiences of undergraduate nursing students because this informs whether their learning environment is beneficial towards successfully transitioning into practice. There is a paucity of research relating to undergraduate student nurses' experiences in wound clinics in the community setting. However, nursing students on placement in the community setting within a general practice have found their experiences to be well supported, giving them greater knowledge into the role of a practice nurse and potentially improving their employment prospects on graduation (Peters et al., 2015). This is also beneficial because wound care is the second most common procedure conducted in general practice in Australia (Edwards et al., 2013). Community settings have also been found to provide a positive learning environment for nursing students (Peters et al., 2015) as have other non-traditional WIL placements (Needham & van de Mortel, 2020). Non-traditional placements offer the opportunity for the student to engage specifically with one staff member providing one-on-one care to the client and visiting the client's homes when required. The greater autonomy of the WNMPs shows students different career opportunities in nursing. This would suggest that wound clinics are a suitable site for WIL placements. Evaluating the experience of undergraduate nursing students in a nurse-led wound clinic as part of their clinical placement contributes evidence towards the benefits of WIL in preparing students with the skills required to perform wound care in their future practice. Evaluation also provides

information to guide orientation and support requirements for students and staff within non-traditional placements.

## Method

This study used a descriptive, qualitative design to evaluate the undergraduate nursing students' experience of the nurse-led wound clinic. It was conducted during the students' two-week community nursing placement over a 12-month study period. The nurse-led wound clinic in this study was established as part of the Wound Clinic Pilot Project. The wound clinic was open for two days a week and the remaining three days the student would follow a community nurse and complete wound cares within client homes.

Recruitment took place from October 2018 to September 2019. The clinic had an estimated capacity to care for approximately five clients per day, working two days a week, with approximately three registered nurses working in the clinic. A convenience sample of second- and third-year Griffith University undergraduate nursing students were invited to participate in the study. These students received an email invitation to participate in one-on-one interviews to understand their experience of enablers and barriers when undertaking a WIL placement in the nurse-led wound clinic.

The research was conducted in accordance with the National Statement on Ethical Conduct in Research Involving Humans. Approved by the Human Research Ethics Committee from Griffith University, reference number 2018/922, and Anglicare Southern Queensland reference number EC01746.

## Data Collection and Analysis

Telephone interviews were conducted by an external researcher who is a wound care nurse from a separate organisation, completing a Master dissertation, and was not professionally connected with the students or the wound clinic. Telephone interviews were audio taped, professionally transcribed verbatim and de-identified. The interview questions were developed from the study objectives, which were to explore the experience, and enablers and barriers of the nurse-led wound clinic. See Table 1 for interview questions. A summary of themes was offered to participants to view after analysis to validate the resultant themes and no changes were made. Follow-up interviews were not completed due to limited access to the participants.

**Table 1:** *Interview Guide for Student Nurses*

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1. How many days did you spend in the wound clinic?
  2. How confident were you with wound care prior to attending this placement?
  3. What were your expectations of this placement?
  4. Can you share your experience of attending the wound clinic placement?
  5. Would you recommend other students complete this wound clinic placement?
  6. Can you share challenges you experienced during this placement?
  7. Do you have any suggestions for the wound clinic?
  8. Can you explain the impact the wound clinic had on the clients?
  9. Is there anything you would like to add about your experience throughout the nurse-led wound clinic?
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A descriptive analysis was undertaken to explore the student experiences of the nurse-led clinic (Creswell & Poth, 2018). The steps to complete the analysis included reading the data for understanding, highlighting data which linked to the research question and aspects within the data which became patterned responses. The researchers [Dhar, Coyne and Needham] independently read and coded the de-identified transcripts. The interviewer attended the wound clinic and took field notes to provide context for the interview transcripts. The development of a table enabled the research team to extract common themes and experiences to bring the context of the transcript together. Emerging themes were then discussed with the group and final coding decisions were based on consensus amongst the research team. An audit trail was maintained by the main researcher including audio files of the interviews, field notes, transcripts and the data extraction table outlining the development from transcripts to final themes.

## Results

There were 20 students eligible to participate in the study and four agreed to be interviewed, yielding a response rate of 20 per cent. Two students declined to participate due to personal time constraints and the remaining fourteen students did not respond to the initial study invitation or follow-up telephone call. The recruited students were third-year students who attended the wound clinic for part of their community nursing placement. The time they spent in the clinic ranged from two to four days over the two-week period. Three common themes emerged from the data: developing confidence, recognising the differences, managing specialist placements.

The participants all stated they were not confident in dressing wounds prior to the placement:

I actually changed my placement to go to [the] wound clinic so that I could get some more experience with it. (s4)

The students were exposed to a wide range of wounds and dressing products during the placement. On completion of the placement, all participants shared they were more confident in dressing wounds:

I think I'm in a better spot to care for wounds in the future so, yeah, I think it will be easier for me to do so, because of placement. (s3)

One participant reported they were confident enough to dress wounds on their own: "diabetic ulcers and those, I could confidently dress that by myself now I think." (s4). The experience of the nurse-led wound clinic had one participant contemplate a future career as a specialist wound-care nurse:

I just wanted to see how they ... clean the wounds, the different types of dressings that they put on different wounds. I was just fascinated [by] it. I actually would like to specialise in that area now. It's just been really interesting and it's great watching a wound, like, go from a really bad state and progress back to healthy, normal skin. (s2)

One participant described their experience of providing care in a client's home and how this contributed to improving their confidence in client communication.

Like I guess it was just weird being in their house. You know, in my head, we were guests there... It was just kind of getting that like confidence with communication and realising what you were there for. (s4)

The participants experienced wound care in both the clients' homes and the nurse-led clinic during this community placement. In the clients' homes, the students experienced less resources being available as their clients were unable to afford the cost of dressing products. They described clients using sanitary pads rather than dressings to absorb wound exudate and using 'Chux' cleaning wipes instead of medical gauze. One student described feeling challenged by this.

I didn't want to just be like, oh, I'm going to go look through your kitchen to try and find something to use for your leg. (s4)

However, this participant used this challenge as a benefit when their preceptor encouraged them to use critical thinking to reach a solution.

she kind of encouraged me to think out of the box and just...the things that we could use...you know, using like 'Chux' as gauze...as long as things are clean, like...a 'Chux' out of the packet. (s4)

The wound clinic had a wide range of resources for the treatment of chronic wounds; however, these resources came at a cost for the clients because they had to pay for the dressings used. The participants were not expecting this cost because they had not previously experienced this during their hospital-based WIL placements. One participant reported the clinic only accepted payments via electronic transfer, which caused inconvenience and distress to clients who were more accustomed to using cash:

it caused a lot of stress, to a lot of patients, not being able to pay and then stressing about how they're going to come back in, how they're going to get the money. (s2)

The participants expressed their sympathy for the clients because of this cost:

I felt sorry for a lot of the patients...they have to pay for dressings. Whereas in the hospital... gets given to them,...it sort of upset me a little bit... because I could see how they were struggling. (s2)

Participants stated that the clinic was a more hygienic setting to perform wound care in comparison to the clients' home: "One time I had a patient that had, ah, lots of maggots [in their wound]." s1. This participant felt that they developed self-control and confidence from dressing that particular wound. They felt more confident dressing wounds in the clinic setting and would have liked to spend more of their placement within that setting: "I chose that placement mainly for the wound clinic side of things and I think just a little bit more time there would have been really good." (s4).

While participants felt that clients benefited from attending the clinic, one acknowledged that travel to and from their homes was difficult and expensive for some clients. They also found that the clinic lacked some equipment (such as a bed for patients who were frail or had back wounds to lie down on), effective ventilation and air conditioning. One participant mentioned a lack of connectivity with client records outside the clinic: "We couldn't

get the computer to connect to the system that they were using so we didn't have any patient records." (s4). However, the participants acknowledged that the clinic was newly established and hoped these problems would soon resolve. The participants also reported that there were large gaps between client appointments at the beginning stages of the wound clinic. They attributed this to the community not knowing about the clinic and found this frustrating and a waste of time. None of the participants mentioned that nursing staff used this time as an educational opportunity.

Participants had a range of experiences with the nursing staff on the placement. They highly valued the time they spent with the WMNP in the clinic who exhibited a high level of knowledge and expertise in wound assessment and treatment:

she was really good, like she took the time to explain ... why we were using a particular dressing and the importance of this. ...she was really thorough, full of knowledge, whereas the other nurses in the clinic weren't up to her level. (s2)

Other participants recognised the lack of expertise from other nurses, leading to clients experiencing differences in the level of nursing care provided:

[The expert] got one of the other nurses to put [a compression dressing] on because that nurse wasn't experienced in it. So [the expert] was like trying to teach another nurse how to do it and that nurse put the compression stocking on too tight, and even though it healed the wound [the patient] had some irritation and it kind of started to, make a pressure sore in a different area where there was no wound.... [The patient] was happy with the actual wound compression but he was obviously a little bit upset. (s4)

One participant experienced inconsistent clinical supervision: "there were a couple of days, I actually didn't get to see the... clinical nurse that was supposed to be in charge of the... wound stuff." (s3). However, most participants were satisfied with their interactions with nursing staff: "but otherwise it was good, like the nurses there tried to teach me about wounds and stuff.... it was good... nothing too bad." (s3).

Two participants witnessed conflicts between the clinic staff and management: "I noticed amongst the staff and the managers, there [was] a lot of conflict." (s2). One felt this negatively impacted their learning:

Some staff members were like talking with each other like they had a problem with staff members, and they were chatting with me ... I don't want to hear about if they're fighting. It's their personal life. I [felt] "Oh, my God, what are they going to teach me if they're fighting each other? (s1)

## Discussion

Developing confidence in wound care was a common theme among all students and some students pre-emptively selected this placement knowing they would be exposed to wounds. This potentially demonstrates that previous placements and university education was not sufficient enough to consolidate student learning in wound care, in order to support students in managing wounds in their future practice. Similar findings can be found in a British study where final year nursing students received less than 10 hours of formal teaching about skin

integrity over their three-year course (Ousey et al., 2014). This was supported by Kielo et al. (2018), who noted that nursing students demonstrated a positive attitude towards wounds but their competence in wound care was inadequate. Nursing students are not expected to be proficient in specialty areas, however wound care is a growing specialty and nurses are likely to encounter wounds at some point in their career (Kielo et al., 2018).

The problem surrounding the lack of wound-related education in undergraduate programs is already known (Tulleners et al., 2019). Therefore, completing placement in specialty areas is beneficial because it provides students with an insight into clinical areas that were not previously available to them. Gaining experience in specialty areas provides nursing students with the increased desire to fulfil a career in the field and this is beneficial towards preventing shortfalls in the future workforce (McInnes et al., 2015). The current study supports this finding when one student mentioned considering a career specialising in wound care after working in the nurse-led clinic.

On-campus teaching prepares nursing students for placement where theory is linked into practice through hands-on learning in laboratory classes. Utilising simulated wounds that realistically depict different types of tissue, exudate and physiology allows nursing students to effectively develop knowledge and skills in wound assessment and debridement (Silva et al., 2020). This can be supplemented with digital learning that reinforces the theoretical knowledge of wound care (Silva et al., 2020). With this information, nursing students are more prepared for clinical practice during their placement.

However, on-campus teaching cannot prepare nursing students for every aspect of clinical practice. In this study, participants were not expecting to encounter clients who were required to pay for their care. In Australia, there is inadequate funding for chronic wound care and poor reimbursements mean the consumer is left to bear the cost (Pacella, 2017). This would have been surprising for the participants because WIL placements are traditionally completed in areas such as hospitals where there is no payment expected at the point of care and is usually free. Nursing students learn to build therapeutic relationships, experience, empathy and compassion for their patients and are emotionally connected to their experiences (Hurley et al., 2020). The participants empathised with clients who were struggling to fund their wound care, using household items as dressing products and experiencing difficulty travelling to the clinic. Encouraging nursing students to reflect on these unique experiences in non-traditional placements enables them to formally process their feelings and build resilience (Hurley et al., 2020).

Nursing students need adequate support from preceptors to consolidate their learning and experiences during WIL. Without this support, nursing students experience feelings of self-doubt, incompetence and burn-out (Hurley et al., 2020). In this study, the wound nurse practitioner was highly regarded, and the student nurses described positive, supportive experiences. The wound nurse practitioner is an advanced practice nurse with postgraduate education and this reflects the high quality of support given to the student nurses and clients (Coyne et al., 2020b). Other nursing staff were shown not to maximise learning opportunities, and this was a drawback for the students. The newly established wound clinic was a new



environment for the nursing staff, and they were also becoming familiar with the physical setting and knowledge requirements.

Registered nurses working with students as preceptors bridge the gap between clinical practice and tertiary education (Wardrop et al., 2019). Competent nurse preceptors are equipped with effective communication and evaluation skills to address student learning (Wardrop et al., 2019). Compared to traditional hospital-based WIL, community placements present different challenges and the focus of learning shifts towards developing skills relevant to community nursing practice (Wardrop et al., 2019). Registered nurses shared their experiences of precepting nursing students and discussed their preparedness for the role with challenges such as how to balance support with teaching (Wardrop et al., 2019). The nurses expressed uncertainty in their role because no-one had assessed their teaching skills and competency in precepting. There needs to be a greater collaboration between universities and the management of service providers to ensure there is adequate support and preparedness given to nurses precepting students in specialty placements. This can be achieved through tailored education of the registered nurses to increase their confidence in providing feedback, assessing clinical skills and working with students (Needham & van de Mortel, 2020).

Nursing students will benefit by being prepared for specialty placements, understanding expectations and the specialist knowledge ensures students transition into the clinical area (Needham & van de Mortel, 2020). The feeling of being unprepared and lacking knowledge in specialist areas is a common theme for nursing students completing placement in specialty areas (Needham & van de Mortel, 2020). Using simulation prepares nursing students for aspects of clinical practice including documentation, multidisciplinary teamwork, familiarity with equipment and interacting with real-life simulated patients (Coyne et al., 2020a). However, further research is required to determine the prior level of knowledge and orientation needs essential for nursing students attending placement in wound clinics.

The participants in this study expressed they felt time was wasted when there were less clients during quiet periods. The concern raised by the students in relation to staff conflict highlights that a supportive environment is required to enhance learning and confidence of students and staff (McInnes et al., 2015). In Helgesen et al. (2016), Norwegian nursing students were given structured learning activities during clinical placement in an outpatient unit and this encouraged them to actively seek learning opportunities and establish therapeutic relationships with patients. Structured learning activities enable continued learning throughout specialty placements and maximises the learning opportunities of nursing students and empowers them to have more meaningful experiences during clinical placement.

### **Limitations**

This small study lacks generalisability and the response rate to participate in this study was only 20 per cent. There was less exposure to wound care for students throughout the opening stages of the nurse-led clinic in comparison to the students towards the end of the study period. The organisation was actively engaging new clients; however, there was an established clientele who were being transitioned from home care to the clinic and by the end of the study there were forty people attending the clinic. As all students found their knowledge and confidence increased in this setting, the study indicates that nurse-led wound clinics are an

appropriate area for future WIL placements. Further research is required to determine the orientation required for students in this area and the level of understanding that registered nurses need to adequately support student learning in nurse-led clinics.

## Conclusion

This study confirms previous findings that students can gain positive learning opportunities in community WIL placements. The students were not confident in their ability to dress or manage wounds prior to this placement, which highlights that nursing students do not always experience quality education with respect to wound management in the clinical settings where they have traditionally been placed. The students gained confidence in their wound care skills and found that their greatest learning occurred in the wound clinic with the WMNP. Other nursing staff in this setting appeared to not engage students in learning opportunities when no clients were present which was a drawback. An established nurse-led clinic may have used such time more effectively than this newly established facility. Further studies across multiple sites with a larger cohort would confirm the nursing students' experience in nurse-led wound clinics.

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# Work Integrated Learning

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## in Practice

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WIL in Practice exists to disseminate good practice and learnings in work integrated learning (WIL), forming a valuable resource for NAFEA members and the broader WIL community. Publishing research and other suitable publications from academics, administrators and others whose interests align with the practice and administration of WIL, the journal will add to, and enhance, the existing body of knowledge that currently exists about WIL in all its various forms.

Early-career and emerging researchers and writers are also encouraged to submit their work. WIL in Practice provides an outlet for professionals to publish in a variety of formats.

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