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Peter O'Meara
La Trobe University, Victoria

Helen Hickson
La Trobe University, Victoria

Chris Huggins
Monash University, Victoria

Original Research

Starting the conversation: What are the issues for paramedic student clinical education?

Peter O'Meara, BHA, MPP, PhD¹, Helen Hickson, BSW, MProf Prac, PhD¹, Chris Huggins, DipEd, EdD²

Affiliations:

¹ La Trobe University, Victoria

² Monash University, Victoria

Abstract

Objectives

This paper examines the issues that affect the quality of paramedic student clinical placements. Many of these issues may also be found in other health workplace areas, however we have focused on paramedics, as this is an under-represented group in the health education literature. There may be some issues that are unique to this group as a result of the uncontrolled and mobile nature of the paramedic workplace. Participants included paramedics, paramedic educators, paramedic students and ambulance service managers who had gathered for an Australian conference in Bendigo in central Victoria. The aim of this paper is to highlight issues identified by the participants and to start a conversation about the importance of clinical placement for paramedic students.

Methods

This was a qualitative study utilising 'Community conversations' as a research methodology. 'Community conversations' is an action research approach. This study had 53 participants, who spent around 5 hours in conversation throughout a 3-day conference. The conversation initiated was to discuss and raise issues that related to paramedic student clinical placements, and identify creative and innovative solutions.

Results

In this paper, we focus on three themes that emerged from the conversations: planning and preparation of the placement; continuity of placement experience; and diversity of placements. We argue that better communication is required between the university, the ambulance service, the paramedic educator/clinical instructor and the student.

Conclusions

Clinical education is an essential element of student learning and skill development, yet in Australia there are no mandatory requirements in relation to duration, content or measurement of quality in student clinical placements. We strongly recommend that continuity is an essential element of a quality clinical placement and argue that students should be allocated to work in one location for 1–2 week blocks.

Keywords

student, clinical education, placement, community conversations

Corresponding Author: Peter O'Meara, PO Box 199, Bendigo, 3552, Victoria

Introduction

In February 2013, 53 paramedics, educators, student paramedics and ambulance service managers gathered in Bendigo, an Australian provincial city, to attend a conference titled, 'Paramedic Education and Leadership'. Most of the participants were drawn from the state of Victoria, with a small number attending from three other states. As part of this conference, we used 'community conversations' as an innovative research methodology to approach the complex problem of paramedic student clinical placements. In this study, we were interested in exploring the experiences of student clinical placements from the perspective of the manager, the paramedic clinical instructor, and the student to better understand the issues and to explore creative and innovative solutions. Three themes emerged from these conversations: first, planning and preparation stages are an important time for communication between universities, ambulance services and students; second, continuity in a student placement is essential for meaningful learning to occur and finally, participants expressed their support for the clinical placements to be conducted in a range of health settings that include emergency ambulance services, hospitals, aged care and other community settings.

Background

In Australia, New Zealand and a number of other countries, paramedic education and training is an important issue facing the paramedic profession and employers as the transition from the vocational training model to a university based, pre-employment model of paramedic education is completed (1,2). In Australia and New Zealand, 17 universities use a range of approaches to paramedic education within the accreditation framework (3,4) including their own approaches to paramedic student clinical placements. Paramedic education includes a range of elements that are common to other health and allied health curriculum, including the clinical practicum (5). Universities provide students with theoretical knowledge about anatomy, physiology and patient care (6–8). Clinical placement is supported and augmented by simulations (9–11) and are used for students to develop and practise their clinical skills (12,13). Some writers (5) argue that the clinical placement is the most important element of the student learning experience as it provides the opportunity for students to apply their theoretical knowledge and clinical decision-making skills in an authentic clinical environment (14). However, there is clearly a gap in the literature around paramedic student clinical placements. This research is important to the paramedicine profession as most of the research in relation to clinical placements has been in the disciplines of nursing and medicine and the focus is primarily on clinical placements in a hospital setting (14). In addition, this paper has relevance beyond paramedicine as the focus for placements extends beyond the acute hospital setting.

It is expected that paramedic students will spend some time

undertaking experiential learning in their profession as part of their pre-employment education, but there is a surprising lack of literature about how to evaluate and measure these placements (15). As previously mentioned, most of the literature is related to clinical placements in hospitals for nursing students, and this leaves a gap in the literature as research about hospital placements do not easily capture the settings in which paramedics practice. While paramedics and ambulance services agree that clinical placements are an essential element of learning and development for undergraduate paramedic students (16–19), there are currently no standards in Australia that set out the requirements of how to manage, evaluate and measure paramedic student clinical placements. In the United Kingdom, there are defined standards for paramedic clinical placements and there is a commitment from ambulance services that half of the courses consist of clinical placements with ambulance services (18–20). It is widely accepted that clinical placements provide effective practice learning opportunities for health and allied health students and it is timely to explore these issues. This research forms part of a larger project conducted in Australia and New Zealand to examine the way clinical placements are organised and delivered, with particular emphasis on the quality and duration of paramedic student clinical placements. We will focus on three themes that were identified by participants as important issues and challenges for paramedic student clinical placements: communication, continuity and placement setting.

Methods

Community conversations are structured, inclusive conversations that are designed to bring together stakeholders to engage in meaningful conversation, share their knowledge and ideas and discuss solutions to complex problems. Community conversation methodology was developed by Brown and Isaacs (21), is influenced by collaborative and participatory research methodologies (22–25), and builds on Wenger's (26) well known work on communities of practice. The model has been used successfully in a range of cultural contexts around the world (27,28) to explore climate change policy (29), in Singapore as a way to engage people in more open conversations (30), in Africa as a key feature of Nelson Mandela's leadership programs to engage the community to talk about violence and HIV/AIDS (31,32), and in Australia with Indigenous leadership groups (33) and to discuss sustainability in an outback mining town (34).

There were 53 potential participants in this research, made up of paramedics, paramedic educators, paramedic students and ambulance service managers who had gathered for a paramedicine conference in the Australian provincial city of Bendigo in Victoria. Before the first conversation, the research aims and the community conversation methodology were explained to all participants, who then signed a consent form to be part of the study. Participants had been randomly allocated to colour coded groups during the conference registration, and these groups formed conversations groups. There were 5–8 people in each group, with five groups in total. Data was collected at a

group level and identified by a colour code. Paramedic students were recruited as 'wizards' to take a group leadership role.

In the first stage of the process (90 minutes), each group spent time introducing themselves and getting to know one another. Following this, participants were asked to identify what they considered to be important paramedic clinical placement issues. For each group, a note taker was selected to record the issues and, at the end of stage 1, each group was asked to summarise the discussion and prioritise the issues. In the second stage, the chief investigators read through the material from the groups to identify themes and develop a list of questions (Appendix 1) that would be presented back to the group the following day. This process was similar to thematic data analysis, although only a few hours were available to work with these data. For example, a number of issues were raised about non-ambulance service placements and a question was developed: 'What type of clinical placements should paramedic students be exposed to?' Overall, eight questions were developed. Stage 3 of the community conversation was conducted in two parts (one in the morning and one in the afternoon), with two 90-minute conversation sessions scheduled. The groups reassembled and the questions developed in stage 2 were randomly distributed. Each group spent 30–60 minutes discussing one question, and then were allocated another question. This meant that each question was presented to at least two different groups for their discussion.

Participants moved seamlessly from the conference presentations to the community conversations, as the community conversation approach was interwoven with the conference program. Conversations took place over 3 days, with participants spending 5 hours directly talking about issues related to paramedic student clinical placements, and identifying creative and innovative solutions. There are a number of advantages of utilising this approach, including the depth of conversation and relative ease of data collection. The research was funded, in part, by an Office of Learning and Teaching Grant titled: 'The Australian and New Zealand Paramedic Learning and Teaching Network' (SI11-2128), and was approved by La Trobe University Human Research Ethics Committee (approval FHEC 12/209).

Results

Community conversations proved to be an effective way to bring together a group of interested people, in a way that they would not ordinarily meet, to discuss issues and solutions to complex problems that directly affect them. While it is agreed that clinical placements are an essential element of learning and development for undergraduate paramedic students, there are currently no standards in Australia for the duration or quality of clinical placements. Although there are expectations implied in the Council of Ambulance Authorities accreditation guidelines (3), there is no evidence of the rationale, nor any framework to ensure quality of placements. In contrast, in the United Kingdom there are defined standards for clinical placements and there is

an expectation that half of paramedicine courses at universities consist of clinical placements with ambulance services (18–20). In this paper, we focus on three themes that have emerged from these conversations: planning and preparation of the placement, continuity and placements undertaken in a variety of health settings. Our findings address a gap in the evidence base and the literature, and are consistent with those reported in the Siggins Miller (14) report for all health professions.

Preparing for placement

Participants identified a range of problems from the perspective of the university, the ambulance service, the paramedic educator or clinical instructor and the student. All participants agreed that more needs to be done to improve the way that paramedic student placements are arranged to enhance the clinical placement experience for both the student and the instructor. In the conversations, paramedics recalled occasions of arriving for their shift to find that they had been allocated a student for the day. Similarly, students reported arriving at an ambulance station and feeling like nobody knew they were coming. Participants in this research reported that what happens is, at times, unsatisfactory from the perspective of both the student and the paramedic. Good communication and clear, consistent expectations between the university and the ambulance service is a pre-requisite of productive collaboration (14). Organisational culture influences the attitudes and behaviours of instructors (14) and in the ambulance services the culture needs to implicitly and explicitly be supportive, welcoming and inclusive for students (18,19).

Continuity

In this study, one theme that emerged was that greater continuity of the clinical placement would be beneficial for both the student and the instructor. This observation may be specific to the state of Victoria, where paramedicine students are rostered to clinical placements, usually for short periods of time (sometimes for as little as one or 2 days at a time) at a number of different ambulance stations. The principal reason given was that greater continuity would facilitate the establishment of a healthy and productive relationship between the instructor and the student. Without a strong preceptor-student relationship, work-based learning is difficult to support and encourage (14). Participants, including students, educators, paramedics and ambulance service managers agreed that allocating students to work with a paramedic crew for a longer period of time would be beneficial to all concerned.

For students in the health and allied health sector, continuity and longer placements are recognised as essential to a quality clinical placement that improves the student's experience and skill development (14). While in the ambulance service setting it may be impractical for a student to have the same level of continuity with the same crew or clinical instructor, there are benefits in placing students in the same station or group of stations for longer periods of time.

As it currently stands, the combination of student clinical placements being held during day shifts and paramedics working rotating shifts means that many students find themselves working with a different crew each day, and often in a different ambulance station. Students reported that in some cases, station locations were considerable distances apart, which often leaves the student with significant travel and accommodation expenses. In addition, this can mean that the opportunity to build on learning and share reflections and feedback on the previous day's activities is lost. Longer ambulance service placements are more cost-efficient and would help students to develop confidence in their clinical skills in a consistent practice and learning setting (14).

Placement settings

Participants described a range of health settings that could be used for paramedic student clinical placements to target knowledge and skill development. For example, in the pre-hospital setting, students could work in primary healthcare or general practice clinics to learn about wound management and varied patient presentations, in aged care facilities to learn about the different types of elderly patients and to polish their communication skills with elderly patients and their families, or with a community based mental health team to practise engaging with people living with mental illness, and their families. In the hospital setting, participants described placement experiences in theatre/day surgery for IV and airway management and managing comatose patients, midwifery and birthing experiences, as well as intensive care, critical care and emergency departments. These suggestions are consistent with the recommendations in the literature (4).

Recent literature suggests that inter-professional placements are the key to improved clinical skills development for health and allied health students, and better outcomes for patients (4,14). Inter-professional placements give students the opportunity to collaborate with other healthcare students, staff and patients in a range of settings. It means that students need to appreciate the importance of developing strong communication skills, and of working collaboratively to improve the experience and outcomes for the patient.

Discussion

Previous studies (1,5,17) have highlighted the expectations and experiences of pre-employment paramedic students with clinical placements. In addition, recent studies (14,18) describe the elements of 'a quality clinical placement'. The findings of this research are consistent with these studies. As we complete the transition to a pre-employment model of paramedic education, it is essential that we are clear about what is important in clinical placements and endeavour to ensure that students are exposed to successful, quality clinical placement experiences. While it is acknowledged that standards can also restrict options,

maybe it is time to establish standards for paramedic student clinical placements in Australia? Defined standards will provide a framework for placement providers and universities to make sure that students have opportunities to experience key practice skills and to explore the complexities and contradictions of practice in a range of settings.

To achieve this we need to establish better communication and partnerships between universities, ambulance services and students. One example of this is a clinical placement booklet that was developed by paramedicine staff at La Trobe University, Victoria, with the support and encouragement of Ambulance Victoria (35). This resource was launched in 2012 and since 2013, is used by paramedic students on placement from all Victorian universities (36). All parties claim to be committed to improving communication, but this does not always translate into improved outcomes. One way to achieve this might be if students were allocated to a paramedic crew for a longer period of time, for example 1–2 weeks. This would mean that less time would be spent on paperwork and making arrangements and students would have the opportunity to get to know the paramedicine staff, feel more comfortable about asking questions, and learn more about the culture of paramedic practice. Through reflection, students will develop an enhanced understanding of professionalism, which will have an ongoing influence on the culture of the organisation as these students transition into the profession. The development of the student/teacher relationship is an essential element of a quality clinical placement (14) and supports the instructor, through interaction and observation, to acquire sufficient knowledge to make an assessment. Clinical instructors will be better able to assess the skills and learning needs of students, support students to develop their knowledge and skills by addressing identified learning needs, and to provide constructive feedback.

This argument is explained in the literature by Tuckman's (37) theory of group development, Mezirow's (38) transformative learning theory and Billett's (39,40) ideas about workplace participation and learning. Tuckman (37) suggests that people in small groups go through stages of forming, storming, norming and performing. As it currently stands, many students may not get to experience past the relationship 'forming' stage as more time is needed to allow the relationship between student and instructor to develop. Mezirow's (38) ideas help us to understand how adult learners develop their skills and make the connections from the learning environment into practice. Billett's work adds the elements of continuity to workplace learning and participation, suggesting that we need to conceptualise workplaces as a learning environment that have a range of cultural practices and social norms that need to be understood (39,40). Given that learning arises from participation in the workplace, continuity is an essential element of establishing a strong student/teacher relationship. Given that learning arises from participation in the workplace, continuity is an essential element of establishing a strong student/teacher relationship.

Once the working relationship has been developed, improved confidence and productivity will reduce the possibility of patient harm through poor communication. It is not known how much time that needs to be, and further research is required in this area. However it is clear, that working with a different crew and/or a different location during each placement period is not an efficient use of time, and not an effective way to establish a relationship that facilitates learning. We advocate for quality in clinical placements, rather than quantity.

In this research, participants cited the lack of continuity as a significant cause of frustration. Students described their experiences of travelling considerable distances to undertake one or two shifts, and their next placement could be with a different crew at a different station. This practice raises health and safety concerns for students who are driving long distances after completing extended shifts. In addition, lack of timely notice of shifts leads to significant costs to the students through travel and ad hoc accommodation arrangements. Clinical instructors described working with one student today, and then having a different student for their shift tomorrow. While students can observe tasks during this time, the opportunity for the development of skills and knowledge and a supported learning relationship can be missed. This could be addressed with standards that require, for example, that the minimum duration of a paramedic student clinical placement is 1 week.

All participants agreed that clinical placements with the ambulance service were an essential requirement in learning about the workforce and the culture of the organisation, and how to translate theory into practice in a realistic workplace setting. This is consistent with other health and allied health disciplines (14). However, some participants cited examples of how clinical placements in ambulance service settings are not always the best way to develop knowledge and clinical skills due to the predictable nature of the work. For example, one student on placement in a rural ambulance service explained that during a 10 hour shift there was only one call out and that involved a significant amount of travelling and waiting at the hospital, while on a metropolitan ambulance service placement there were many more call outs during one shift.

The challenges of paramedic placements are unique and highlight the importance of innovation in the way they are managed, as well as a commitment to offering placements in more controlled and predictable environments to provide the opportunity for different types of learning and skill development. Participants suggested that ambulance stations could be ranked according to workload so students can be confidently exposed to a reasonable volume and mix of clinical situations during their placements. It was reported that Ambulance Victoria has already undertaken this process as part of their graduate induction program. However, workload should not be the only measure of educational value. Students and paramedic instructors need to reflect on the cases seen to synthesise this into their epistemology of practice.

Similarly, paramedic students should be exposed to clinical placements in a range of diverse practice settings, and reflect on these cases to explore how to apply clinical practice skills in a range of different environments.

Generally, the participants agreed that student placement in a variety of health settings provides useful learning. It is acknowledged that the hospital setting is resource rich and different to the usual places where paramedics practise. Exposure to diversity in clinical placement settings and the opportunity to practise in an interdisciplinary team promotes the development of essential clinical practice skills. This learning should translate into valuable knowledge and skill development that can inform clinical practice within the paramedicine environment. It is these quality learning experiences that influence organisational culture, and inform and develop future practice.

Conclusions

In a profession such as paramedicine, clinical education in the workplace is a key element of student learning and development. Currently, in Australia, there are no mandatory requirements in relation to duration or quality of clinical placements. The development of standards must be the next step. It is timely to explore this issue and take the opportunity to consider the views of the various stakeholders. More research is required before we are able to be clear about the elements of an ideal paramedicine clinical placement. In addition, we need to consider the role of simulation to enhance and complement practice learning for paramedicine students.

In this study, we have explored the experiences of student clinical placements from the perspective of the manager, the paramedic clinical instructor, the university educator and the student to better understand the issues and to talk about creative and innovative solutions.

We have discussed three themes that have emerged from these conversations: the importance of planning and preparation for the placement; continuity of placement experience; and explored a range of health settings where interdisciplinary placements can occur.

If we agree that the aim of a successful clinical placement is to provide the student with a realistic insight into paramedic practice and day to day operations of ambulance services, and an opportunity to develop theoretical knowledge and clinical skills, then we need to better manage, evaluate and measure the quality of paramedic student clinical placements. Continuity is the key issue here, as well as the urgent need to establish standards for paramedicine clinical placements in ambulance services. We could do worse than consider the United Kingdom standards as an aspirational starting point. The duration of placements is a challenge for another day.

Competing interests

The authors declare they have no conflicts of interest.

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Appendix 1. Questions (see below) were used for discussion in stages 2 and 3. These questions were developed by thematic analysis of issues generated in stage 1.

Participants were asked to explore the issue presented, and discuss action/proposed solutions

1. How should universities communicate with ambulance services? How should ambulance services communicate with ambulance stations and clinical instructors?
2. When preparing for placement, what is needed from the perspective of:
 - the student
 - the university
 - the ambulance service
 - clinical instructors?
3. What should be the goals, objectives and expectation of students whilst on placement? How do we measure this?
4. What are the barriers to effective communication whilst on placement? How do we overcome these?
5. Define a quality clinical placement. How should it be measured?
6. What type of clinical placements should paramedic students be exposed to?
7. What is useful in transition from student into paramedic practice?
8. How should students reflect on clinical placements? How should this be measured?