

Navigating work-integrated learning and wellbeing in a mental health program for Australian First Nations students

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Work-integrated learning (WIL) is an important component of the Bachelor of Health Science (Mental Health), at Charles Sturt University, Australia. All students in this degree are of Aboriginal or Torres Strait Islander heritage and many are employed by area health services across two different states in traineeship positions that can then be used as WIL experiences in the program. A range of policies have been implemented across Australia and these policies note the importance of culturally safe workplaces for all people engaging in services that promote cultural responsiveness, integration, worker safety and care, collaboration, and innovation. This paper will discuss the complex environments in which these Australian First Nations students engage in WIL. Wellbeing models for Indigenous peoples in Australia and New Zealand and how these can support students during WIL are explored. Implications and recommendations for the use of a wellbeing model to strengthen and support Indigenous students will be provided.

Keywords: First Nations, Indigenous, Aboriginal or Torres Strait Islander, mental health, wellbeing

Work-integrated learning (WIL) has been shown to enhance understanding of the workplace, support the development of professional identity, and ability of students to integrate disciplinary knowledge into practice (Drysdale et al., 2022). Nielsen and colleagues (2022) highlight the importance of having accessible resources that align to student and staff needs while navigating barriers to WIL. Factors that contribute to negative experiences during WIL may include meaningless tasks, minimal social support, and high levels of stress and anxiety (Drysdale et al., 2022). The barriers to effective WIL are discussed further by Nielsen et al. (2022) in reviewing the literature about Indigenous people and past destructive policies that led to genocide of Indigenous people in Canada, which is mirrored in Australia. They highlight the paucity of literature about Indigenous knowledge and ways of doing in the context of WIL (Nielsen et al., 2022). The barriers can be due to lack of awareness of WIL opportunities for First Nations students, and discriminatory structures that further hamper access (Nielsen et al., 2022).

WIL is an important part of the Bachelor of Health Science (Mental Health) program at Charles Sturt University, Australia. In the first year of study, students participate in a three week (120 hours) observational clinical placement, where the focus is on communication skills and clinical practice in mental health services. The second-year placement is six weeks (240 hours) which provides essential opportunities for students to develop skills in mental health assessment, risk assessment, communication, clinical formulation, and care-planning for people attending mental health services. The third-year clinical placement is eight weeks (320 hours), and students further develop their clinical assessment and therapeutic skills that have been scaffolded over the three years of WIL and class-based teaching. Rowe and Winchester-Seeto (2022) suggest that the preparation of students for clinical placement needs to be supported by careful preparation before the placement, supervision during placement, and opportunities to reflect following the placement. This has been achieved in the program by ensuring the theoretical components of clinical practice are taught prior to the WIL placements and clinical supervision and reflective journal keeping is supported by the workplace during the placement (Sharrock, 2021).

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Navigating a clinical placement within a Western framework can be a challenging experience for many First Nations' students where systemic and covert racism and bias may be present. Tujague and Ryan (2023) suggest clinical environments are complex because students are not working within their cultural systems, instead, the health system is one that has been imposed on them due to historical events. Furthermore, high and complex caseloads also contribute to the complexity of the environments in which students are completing their placements (Pallas et al., 2022). In comparison, some students may find the health service in which they are completing their placement may have employees who are uncomfortable working with a person who is Aboriginal or Torres Strait Islander (Pallas et al., 2022). This can be a complex issue for students when there is a lack of understanding of the cultural load that many students carry as well as witnessing the cultural biases that Western medicine structures uphold (Tujague & Ryan, 2023). Unfortunately, this may result in students not achieving the desired outcomes from WIL and feeling like an unappreciated burden to the system.

Wellbeing of students on WIL is an important consideration for WIL staff and workplaces (Drysdale et al., 2022) and supporting First Nations students from a cultural and social perspective is critical (Gee et al., 2014). To retain students in degree programs and within complex WIL workplaces requires careful consideration from the university sector and employers of Aboriginal and Torres Strait Islander people in mental health services across Australia.

This paper will discuss the concept of wellbeing, drawing on First Nations' concepts and other models of wellbeing that have been used to support students in WIL contexts in different countries. While the Bachelor of Health Science (Mental Health) program is a unique degree offered within Australia, the learnings from this program may have relevance for other WIL programs with Indigenous students. Proposals for future directions to improve outcomes for Indigenous students on WIL will, therefore, be outlined.

THE PROGRAM

The Bachelor of Health Science (Mental Health) (BHSc MH) was developed as part of the Djirruwang Program that emerged from the Koori Mental Health Outreach Workers Training Program in 1993 in New South Wales (NSW), Australia (Brideson et al., 2014). The key point of difference between this degree and other mental health programs is that cultural affirmation is central to the design and is embedded throughout the program (Brideson et al., 2014). Importantly, the degree is restricted to students of Aboriginal or Torres Strait Islander descent. The guiding principles of the program are the importance of recognizing First Nation culture within the mental health curriculum and engaging with key stakeholders to develop the First Nations' mental health workforce in Australia (Brideson et al., 2014). The Djirruwang Program is linked to the National Practice Standards for the Mental Health Workforce (Australian Government, 2013). These standards include a set of competency measures for students to achieve on clinical placement. The program was initially developed to both improve mental health outcomes for Aboriginal and Torres Strait Islander peoples by providing culturally safe services and also to increase the size of the Aboriginal mental health workforce (Brideson et al., 2014; New South Wales Health, 2020).

Historical events since the colonization of Australia began in 1788 have created many socio-economic and health disparities for Aboriginal and Torres Strait Islander peoples of Australia, including significant and complex health and mental health outcomes due to intergenerational trauma (Wilson & Waqanaviti, 2021). There continues to be systemic bias for many Aboriginal and Torres Strait Islander peoples seeking help within the health systems and this has been clearly demonstrated in the *Closing*

the Gap reports that have been issued yearly since 2008 by the Australian Government (Commonwealth of Australia, 2024).

The research conducted by Rochecouste and her team (2017) identified that for many First Nations students, attending university was an important way to realize their personal and professional hopes for their future. Many First Nations students however are challenged by language and literacy issues while juggling responsibilities of their family, community, and work commitments (Rochecouste et al., 2017). Many First Nations students are of mature age which is reflected in the demographic of students in the BHSc (MH). The demand on students when working full-time, providing for their family, in some cases providing care for extended family by raising children through kinship care while studying, can be overwhelming (Rochecouste et al., 2017).

First Nations students currently complete tertiary qualifications at a lower rate (47%) than their non-Indigenous counterparts (76%) (Australian Institute of Health and Welfare, 2023). This can be due to many contributing factors including socioeconomic status, geographic location, not having completed Higher School Certificate and simply not seeing tertiary education as a valued path. However, one of the more glaring factors contributing to low attainment rates of First Nations students is the ongoing systemic bias that they face whilst participating in both the university setting and the clinical environments in which they complete their placements (Phan, 2022).

Due to past experiences of colonization many First Nations students have experienced poor academic outcomes during secondary school with lower expectations of attending university (Craven & Dillon, 2013). Craven and Dillon (2013) highlight the different pathways to tertiary study for many First Nations students, including 'enabling programs' that assist with the development of the foundational skills necessary for success in academic studies. Many of the students in the BHSc (MH) are supported through the First Nations support team who ensure students are linked with tutors to support their study. There is also an academic writing support team which the students can access as well as academic writing skills being embedded in the subject content.

The students in the program may come to university after being involved in traineeship programs within area health services in New South Wales and Victoria, or having been employed by non-government organizations. Students employed in traineeship programs are full-time employees and are enrolled in study full-time. The university fees are paid by the health services which means that the study outcomes are tied to employment. Students undertaking study independently of the employment model can enroll in part-time studies (Brideson et al., 2014). The flexibility of the program is an important aspect of access as suggested by Nielsen et al. (2022). Students in the program now attend two five-day intensive on-campus courses a year compared to the previous three seven-day courses which has reduced the burden on students who are not in a traineeship program. Weekly online tutorials are also a component supporting flexibility with learning, where the students can review the recorded tutorial if they are not able to attend in person.

WELLNESS AND INDIGENOUS MODELS OF WELLBEING

Health and wellbeing for Aboriginal and Torres Strait Islander people needs to be considered in a broader context than the usual definition of health in the biomedical model (Drummond et al., 2021). For these First Nations people, health and wellbeing are not only related to the physical health of an individual, but also includes the social, emotional, and cultural wellbeing of the whole community. Within this broader context, individuals are able to reach their full potential as a human being thereby

bringing wellness to their whole community (Drummond et al., 2021). This concept of health is important to consider when students are embedded within mainstream health services often within their own communities for their WIL.

When Gee et al., (2014) examined Social and Emotional Wellbeing (SEWB) for Aboriginal and Torres Strait Islander people they identified important concepts that still hold relevance. They set out a framework that included the following guiding principles that underpin social and emotional wellbeing for First Nations' people in Australia:

1. Health as holistic,
2. The right to self-determination,
3. The need for cultural understanding,
4. The impact of history in trauma and loss,
5. Recognition of human rights,
6. The impact of racism and stigma,
7. Recognition of centrality of kinship,
8. Recognition of cultural diversity, and
9. Recognition of Aboriginal strengths (Gee et al., 2014, p. 57).

Their framework illustrated that individuals, families and communities are shaped by connections to body, mind and emotions, family and kinship, community, culture, land and spirituality (Gee et al., 2014). The social and emotional wellbeing of First Nations people has been severely impacted by colonization in Australia. While some people may have grown stronger through the adversity associated with colonization, others live with the negative consequences of the destruction of their culture (Wilson & Waqanaviti, 2021). Gee and colleagues (2014) suggest that the social and emotional wellbeing of First Nations people "is a complex, multidimensional concept of health that includes but extends beyond conventional understanding of mental health and mental disorder" (p. 63).

Similarly, Wilson and Waqanaviti (2021) suggest that the connection to culture and the natural environment is an essential component of First Nations' people having a connection to the life-death-life cycle. In many communities across Australia this has been interrupted due to dispossession of traditional lands. This is also an important component to consider when students are on WIL off country (their homeland). Trauma-informed understandings, the promotion of resilience, and using a strengths-based approach may assist First Nations' people to feel understood within the mental health system and to ameliorate some of the difficulties they experience when requiring support within mainstream mental health services (Wilson & Waqanaviti, 2021).

Wellbeing for Indigenous populations may have a different focus to that of the non-Indigenous populations in countries where colonization has occurred. Scheyvens and colleagues (2023) for example, developed the Frangipani model which incorporates similar domains as Gee et al. (2014). They highlight the interconnectedness and importance of social, spiritual, mental, physical, financial wellbeing and environmental security. Both Gee and Scheyvens et al.'s (2023) models emphasize the importance of community, family, spirituality (connection to ancestors), and connection to land as key components of wellbeing. Hay and Mafile'o (2022) also incorporated many aspects of wellbeing when considering supervision for Pacific Island WIL students in New Zealand. They noted the key domains of personal, cultural, and professional identity for WIL students. These models will be discussed further when considering how First Nations students on WIL placements in Australia could be supported in a culturally sensitive way.

WORK-INTEGRATED LEARNING AND COMPLEX HEALTH ENVIRONMENTS

By working and participating within health spaces where systemic bias is not actively acknowledged, First Nations students can be caught within the binary space between their own cultural identity and beliefs and the Western systems which actively seek ways to assimilate and segregate their people, whilst also dictating the way that they should be working within a cultural framework which is evidently not working (Altman, 2009). This is clear as First Nations people of Australia have a life expectancy 10 years less than their non-First Nations counterparts (Williams-Mozley, 2013) due to poorly implemented strategies, initiatives and programs from a Western framework that has no relevant cultural standpoint for them (Dodson, 1996). The binary space within which students sit whilst engaging in WIL is one littered with tension, conflict, lack of self-determination, and lack of an identifiable voice, either their own or any First Nations person's (Mills, 2022). It is this unsafe space that is established on the foundations of both conscious and unconscious systemic bias that creates a lack of cultural safety for students whilst they attempt to actively learn within the space.

A clear example of a culturally unsafe space is the incompatibility between a cultural standpoint and the Western child protection system (Lonne et al., 2020). The historical and ongoing removal of First Nations children has demolished families' cultural identity, cultural connections, and trust of government operated services (Waters et al., 2002). This understanding of how the Stolen Generations has impacted on First Nations families and communities is one which is comprehensively acknowledged and understood by First Nations students. However, regardless of this understanding, WIL students may regularly be placed in difficult and confronting situations where they are required to make child protection reports within the guidelines which only consider the Western perspective of how to raise and look after a child (Grace et al., 2019). It is the lack of cultural understanding within systems that are not appropriately resourced for First Nation students participating in WIL, that contributes to high levels of vicarious trauma, cultural burnout, and compassion fatigue (Tujague & Ryan, 2023).

McGrath and Reavey (2016) highlight the idea that mental health professionals and other frontline health care service providers need to 'armor up' as a way for the individual to prepare themselves to be present with their consumers whilst listening to traumatic stories. This concept is also true for First Nations students in mental health programs. Not only do First Nations students need to overcome the barriers associated with systemic bias, racism, and the social, emotional, and physical effects of historical events (Harris, 2003), they must also manage their own trauma and intergenerational trauma whilst engaging in situations which lead to vicarious trauma, cultural burnout, and compassion fatigue, such as the example noted above. Many First Nations students will have their own experiences like the consumers they are attempting to support, due to the ongoing mental and physical implications of colonization, the Stolen Generations, racism, and assimilation experienced by First Nation communities (Atkinson et al., 2014). The unfortunate reality of these complex and intergenerational implications, both personally and as experienced vicariously through consumers, are often exacerbated by the fact that the systems and services where First Nations students are completing their WIL placements are simply not created or resourced appropriately to support the needs of First Nation consumers, let alone First Nation students and staff.

The high turnover of the Aboriginal and Torres Strait Islander mental health workforce is evidence of the health care systems not being appropriately resourced to support the needs of First Nation staff, with 43% of Aboriginal health practitioners and health worker positions vacant as of June 2022 (Australian Institute of Health and Welfare, 2024). A factor that plays a part in this high turnover is the

excessive and complex caseloads that are held by First Nations staff and students, leading to high levels of burnout, both culturally and professionally (Tujague & Ryan, 2023). In addition, where services and systems are not adequately resourced or funded to work with Aboriginal and Torres Strait Islander people, students may feel undervalued and underappreciated due to services not acknowledging the unique perspective and experiences which they bring (Gatwiri et al., 2021). Both the high caseloads and the lack of acknowledgment of the unique skills that First Nations staff and students bring to health care services indicate ongoing systemic racism and bias (Phan, 2022). The discrimination that students may be experiencing during WIL can significantly influence their experiences within the workforce and the mental health field, therefore, it is important to consider the services where students are completing placements. There are significant risks to students' wellbeing when they are doing WIL in an environment that is not culturally safe or understanding of the complex cultural issues that students and clients may be facing (Layson, 2023).

Pallas et al., (2022), in their scoping review of the literature on Indigenous students doing clinical placement, noted that there were often different levels of awareness of culturally safe practice in an organization. While all employees of health services are required to undertake cultural safety awareness training the integration of this knowledge can vary. Loue (2022) has suggested that cultural humility is the "key to decolonizing planning theory" (p. 105) and this approach is perhaps an important concept to embrace if true cultural understanding is to be achieved. As Tujague and Ryan (2023) highlight, racism can have considerable impacts on First Nations people. It can leave people feeling isolated and undervalued due to dehumanizing and 'othering' of people who are not the predominant culture. These behaviors can be everyday occurrences within health services with many racial microaggressions or micro insults towards service users, other employees or even students (Tujague & Ryan, 2023). This is despite New South Wales Health (2020) recognizing the importance of supportive, safe and functioning workplaces wherein "Aboriginal workers [are] supported by a system that promotes cultural responsiveness, integration, worker safety and care, collaboration and innovation" (p. 14).

THE APPLICATION OF INDIGNEOUS MODELS OF WELLBEING IN THE PROGRAM

As highlighted by Gee and his team (2014) the importance of connection to culture and spirituality is a significant component of Aboriginal and Torres Strait Islander wellbeing. The mental health program at Charles Sturt University recognizes this connection because cultural affirmation is central to the design of the curriculum and is embedded throughout the program (Brideson et al., 2014). For instance, all the cultural components of the degree are taught by First Nations academic staff. Engaging Elders to co-design and deliver the cultural components is another important aspect of traditional learning (Nielsen et al., 2022). Incorporating *Yindymarra Winhanganha* ("the wisdom of respectfully knowing how to live well in a world worth living in," gifted by Wiradjuri elders to Charles Sturt University) into the learning space is essential for First Nation students to understand the importance of the learning and work that they are undertaking for their families and communities (Mlcek, 2020). The path to recovery through self-determination, reconnection to community, and cultural restoration is essential for improved wellbeing for all First Nations people and is a key focus in the program (Dudgeon et al., 2022).

The program also incorporates important ways of thinking and being by using tools such as deep listening (*dadirri*) (Ungunmerr-Baumann, 2017, as cited in Tujague & Ryan, 2023). The ability to sit quietly with someone and just be is an important way for First Nations people to live in two worlds. In Western tradition mindfulness is a similar process. Aunty Miriam Rose explains this important process

as sitting and being with someone in order to listen deeply to understand and when *dadirri* is used in yarning circles each member of the group is heard (Tujague & Ryan, 2023). Teachers and students in the program engage in this important framework to ensure we not only understand each other but also become more connected (Tujague & Ryan, 2023).

While many aspects of the current program support cultural wellbeing, further developments would add value. Providing students with training on being resilient early in the degree, could strengthen their wellbeing especially during WIL when they may be confronted with workplaces that are not closely aligned with their cultural perspectives (Rowe & Winchester-Seeto, 2022; Toombs, 2011). Currently on average one third of students do not complete the program, and enhanced resilience could increase retention of students because they would have better skills to cope with adversity prior to WIL. Employers and organizations also have a responsibility to provide a safe, secure, and flexible work environment which can contribute positively to staff and student wellbeing (Foster et al., 2019). Employers could also better recognize the importance of connection to country and culture as a protective factor which is also an important part of resilience and wellbeing (Tujague & Ryan, 2023). Dudgeon et al. (2022) suggest that it is essential to maintain a secure sense of cultural identity and to participate in cultural practices to strengthen social and emotional wellbeing. Self-care was also an important component of wellbeing that McGarry and Storey identified (2020). Tujague and Ryan (2023) discuss this further suggesting that everyday actions of self-care help to refill your 'cup of joy.'

Students who are employed as trainees and then complete their WIL in their workplace may be especially vulnerable in terms of their wellbeing. Their role as a student may not be clearly defined within the multidisciplinary team and this can create confusion for both the student and their colleagues. McGarry and Storey (2020) suggest that the multidisciplinary team has grown from its historical beginnings and there is a wider range of disciplines now involved in mental health care. They also identify the importance of the inclusion of Aboriginal mental health workers in the interprofessional mix, as this can assist First Nations service users to have the richness and complexity of their culture better understood (McGarry & Storey, 2020). It is critical, however, for everyone to know the parameters of the WIL students' responsibilities and also whether they are to be called upon as a 'cultural expert' during their WIL placement.

For WIL students to be well supported in their clinical placement they also require clinical supervision. Consistent supervision is important for supervisees to feel it's relevance (McGarry & Storey, 2020). Tujague and Ryan (2023) recommend culturally appropriate group supervision to facilitate a sense of a healthy, culturally safe workplace, which is necessary to reduce the risk of vicarious trauma and compassion fatigue. For First Nations students it is also important to have a space to discuss the complex cultural issues that they face in the workplace. Cultural supervision or connecting with Elders within the community can be an important component of wellbeing (Tujague & Ryan, 2023).

The model of Pacific WIL that Hay and Mafile'o (2022) have recommended incorporates cultural supervision and a recognition of the interconnectedness of the personal, professional and cultural domains of a student. Their participants emphasized how important support is in the preparation for WIL placements, not only for the students but also their families, because of the responsibilities that students have within family and community. WIL workplaces also require education on the needs of Pacific students so that learning opportunities and support of students can be maximized. In preparing students for WIL, they also suggested that intentional learning opportunities be used to undertake cultural preparation. This is not often considered for Indigenous students. If services do not have access to appropriate people to provide cultural supervision, then external cultural supervisors can also

be used to strengthen personal and professional learning (Hay & Mafile'o, 2022). This could also be a consideration in WIL with First Nations or other Indigenous peoples.

IMPLICATIONS

There are important implications for the future of First Nation students working and attending WIL in mental health services. As discussed earlier in this paper they are at higher risk due to systemic bias and racism due to colonization and past government policies. The program discussed in this paper has the potential to make significant changes for mental health outcomes in First Nations communities (Brideson et al., 2014, p. 528). While there are challenges for many of the students, especially in respect of their wellbeing during WIL, several strategies can be implemented to better support students, and these have relevance for other programs that are supporting Indigenous students.

Ensuring that learning spaces are suitable for First Nations students would be beneficial especially when co-designing and developing programs with Elders. Formalized mentorship programs for students would also reduce the barriers for students seeking help and support.

Increasing engagement with the health services who provide clinical placements for First Nations students in mental health could enable opportunities for education around student cultural, personal and professional needs. This may then enhance access, retention, and success in WIL (Nielsen et al., 2022). Currently this happens to some extent with non-trainee students when placements are negotiated, but not with trainee students because managers organize their WIL within their services. Employers and WIL staff need to work together to create culturally safe and sensitive work environments for students on WIL.

Preparing and supporting resilient students in WIL requires a multi-systemic approach. It is not just what is being taught within the university sector and the preparation of students to manage complex work environments, it has significant implications in increasing student employability as well as the transition to the workplace (Drysdale et al., 2022). Ensuring students are resilient and able to manage changing workplace environments has significant implications for short and long-term economic and overall wellbeing. Peer support programs could be valuable for First Nations students in mental health programs to break down the sense of isolation which is often experienced (Drysdale et al., 2022; Nielsen et al., 2022; Pallas et al., 2022). Finally, implementing tailored models of cultural supervision could be of considerable benefit to WIL students as well as assisting First Nations' employees to gain greater support within the workplace (Hay & Mafile'o, 2022).

CONCLUSION

The Djirruwang program has been operating for 30 years and there has been 265 graduates from the Bachelor of Health Science (Mental Health). There are, however, still significant gaps in the support available to students while on WIL, especially students who are employed as trainees of Area Health Services. There has been a recent review of the traineeship program within New South Wales Health, however, the findings and recommendations have not yet been released. Students come into the mental health program with the goal of wanting to improve outcomes for their families and communities, but many do not complete the program. Greater support is needed to facilitate safe supportive environments for students to be undertaking their WIL learning and in turn this will assist with the retention of students and ultimately an effective and sustainable First Nations' workforce in mental health in the future.

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About the Journal

The International Journal of Work-Integrated Learning (IJWIL) publishes double-blind peer-reviewed original research and topical issues related to Work-Integrated Learning (WIL). IJWIL first published in 2000 under the name of Asia-Pacific Journal of Cooperative Education (APJCE).

In this Journal, WIL is defined as:

An educational approach involving three parties – the student, educational institution, and an external stakeholder – consisting of authentic work-focused experiences as an intentional component of the curriculum. Students learn through active engagement in purposeful work tasks, which enable the integration of theory with meaningful practice that is relevant to the students' discipline of study and/or professional development (Zegwaard et al., 2023, p. 38").

Examples of practice include off-campus workplace immersion activities such as work placements, internships, practicum, service learning, and cooperative education (co-op), and on-campus activities such as work-related projects/competitions, entrepreneurships, student-led enterprise, student consultancies, etc. WIL is related to, and overlaps with, the fields of experiential learning, work-based learning, and vocational education and training.

The Journal's aim is to enable specialists working in WIL to disseminate research findings and share knowledge to the benefit of institutions, students, WIL practitioners, curricular designers, and researchers. The Journal encourages quality research and explorative critical discussion that leads to the advancement of quality practices, development of further understanding of WIL, and promote further research.

The Journal is financially supported by the Work-Integrated Learning New Zealand (WILNZ; www.wilnz.nz), and the University of Waikato, New Zealand.

Types of Manuscripts Sought by the Journal

Types of manuscripts sought by IJWIL is primarily in two forms: 1) *research publications* describing research into aspects of work-integrated learning and, 2) *topical discussion* articles that review relevant literature and provide critical explorative discussion around a topical issue. The journal will, on occasions, consider good practice submissions.

Research publications should contain; an introduction that describes relevant literature and sets the context of the inquiry. A detailed description and justification for the methodology employed. A description of the research findings - tabulated as appropriate, a discussion of the importance of the findings including their significance to current established literature, implications for practitioners and researchers, whilst remaining mindful of the limitations of the data, and a conclusion preferably including suggestions for further research.

Topical discussion articles should contain a clear statement of the topic or issue under discussion, reference to relevant literature, critical and scholarly discussion on the importance of the issues, critical insights to how to advance the issue further, and implications for other researchers and practitioners.

Good practice and program description papers. On occasions, the Journal seeks manuscripts describing a practice of WIL as an example of good practice, however, only if it presents a particularly unique or innovative practice or it was situated in an unusual context. There must be a clear contribution of new knowledge to the established literature. Manuscripts describing what is essentially 'typical', 'common' or 'known' practices will be encouraged to rewrite the focus of the manuscript to a significant educational issue or will be encouraged to publish their work via another avenue that seeks such content.

By negotiation with the Editor-in-Chief, the Journal also accepts a small number of *Book Reviews* of relevant and recently published books.

Reference

Zegwaard, K. E., Pretti, T. J., Rowe, A. D., & Ferns, S. J. (2023). Defining work-integrated learning. In K. E. Zegwaard & T. J. Pretti (Eds.), *The Routledge international handbook of work-integrated learning* (3rd ed., pp. 29-48). Routledge. <https://doi.org/10.4324/9781003156420-4>



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