EDITORIAL Implementing work integrated learning early in health professional programs

The value of early work integrated learning (WIL) placements is highlighted in this issue by Forbes, Reinke, Paquet-Fifield, Masters and Kusljic. These authors welcome the federal government's support of WIL as part of steps to increase the health workforce. However, they are concerned that the government's intervention may preference WIL placements at the end of health professional programs and reduce early experiences.

WIL placements from early years enable students to consolidate classroom knowledge and apply it in healthcare settings, ensuring graduates are prepared for practice with the requisite knowledge, skills and attitudes. WIL placements throughout health professional programs contribute to students' emerging professional identities as they move towards graduation. Through early WIL placements, students become comfortable in healthcare settings, appreciate patients' and communities' perspectives on illness (Yardley et al., 2010) and develop an understanding of their profession and interprofessional collaborative practice. In this issue, Kent, Cardiff, Clark, Maundu, Wilkinson and Meiklejohn outline a framework for current and desired attributes of interprofessional collaborative practice in healthcare.

Opportunities for students to select WIL placements can facilitate individualisation of programs to areas of student interest (Barrett et al., 2022). If students have multiple WIL opportunities throughout their programs, they have more scope to explore diverse areas of interest. These interests may include general or specialty practice and locations of practice. This has important implications for increasing the size of the rural health workforce, given that students who undertake substantial rural WIL placements are more likely to return as rural practitioners (Murray & Craig, 2023).

One of the other ways for students to pursue personal interests in their health professional program is through special interest groups (SIGs). In this issue, Nguyen, Young, Armstrong, McBlane, McCann and Parsons outline a student-led SIG for occupational therapy students to help students prepare for practice in specialist areas. Students reported developing their knowledge and skills in the areas addressed at the SIG meetings.

Also in this issue, student-initiated research by Mausolf, Beare, Ullah and Lim surveys medical students' perceptions about their competency and confidence in treating patients with diverse sexuality and gender (DSG), experiences of discrimination and/or biases regarding DSG and perspectives on DSG content in the curriculum. Strategies for including LGBTQIA+ health content in the medical curriculum are discussed by Uden, Vaughan and Wilcox, who propose case-based learning for developing students' knowledge, skills and attitudes. Finally, Edgar, Estaphan, Chong, Armitage, Ainge and Corrigan outline their use of process mapping to explore optometry students' clinical reasoning during a digitally simulated assessment.

In this final issue for the year, we would like to thank the peer reviewers who have provided such valuable service to FoHPE. We invite you to read the list of reviewers in this issue.

Best wishes for a relaxing and enjoyable summer break.

A/Prof Karen Scott

Editor, FoHPE

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